

A Statement Submitted to the Thirteenth Session of the UN-OEWGA on the Right to Health and Access to Healthcare and Services

Submitted by: Ethiopian Human Rights Commission
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National legal and policy framework

1. The 1995 FDRE Constitution recognizes fundamental rights and freedoms, including the right to health and access to health care. Article 41 (5) and 90 (1) of the Constitution states that the State shall, within available means, allocate resources to provide rehabilitation and assistance to older persons and aim to provide all Ethiopians access to public health, clean water, housing, food, and social security. By adopting a National Social Security Policy (NSSP) which identifies several social protection interventions and prioritizes broad categories of society that require social protection including older persons, the government reinforced the constitution stipulations. The National Plan of Action on Older People (2006–2015), the Five-Year Strategic Framework for the Prevention and Control of Non-communicable Diseases (2012), and its Action Plan (2012) are among the most relevant policy documents that could considerably mitigate the problems older persons faced in enjoying their right to health if implemented as envisaged. However, some of the policies' implementation periods have expired, and research indicates that there is an implementation shortfall in programs and policies for older persons.

2. The NSSP recognizes that older persons are among the most vulnerable and affected segments of society. It specifically establishes a social safety net system for the benefit of older persons with no care and support. Although particular attention has been paid to the expansion of health facilities in Ethiopia, there are still significant deficiencies in terms of the quality of healthcare services and their average proximity to those seeking the service. Recently, the Government has adopted a Community-Based Health Insurance Proclamation, which is expected to ensure access to equitable, quality, and sustainable health services to accelerate the move toward Universal Health Coverage. The law makes some provisions to address the issue of healthcare affordability for the "poorest of the poor," which includes older persons living in rural areas and without pensions. Yet, older persons in conflict and disaster-affected areas continue to deal with the problem of accessibility and affordability of health expenses.
3. Regarding the Health Management Information System, the Ministry of Health identified digital transformation and its governance as one of the major pillars of its Health Sector Transformation Plan II (2020–2025), and research indicates as progress has been made in efforts toward an optimized HMIS.
4. Although it needs to be strengthened, information obtained from the concerned Ministry indicates that limited training has been provided to junior government officials on older persons' rights in general and the health rights in particular. The government should work on enhancing its capacity to provide such training to healthcare professionals and legislators.

Progressive realization and the use of maximum available resources

5. Among the Ten Years Development Plan of Ethiopia (2021-2030) ambitious targets set to achieve the main objectives of social justice and social security as

well as population and human development plans, there are only four targets that align with the right to health in general. These targets are related to safety net programs, social rehabilitation services, ratio of health professionals, and community health insurance coverage.

Equality and non-discrimination

6. Limited availability of health services in rural areas, unaffordable healthcare costs, physical inaccessibility of facilities, a limited social security package, de-prioritization of older persons for essential services, and barriers to transportation and communication are also major challenges older people in Ethiopia face in enjoying their right to health. Lack of specialized policies, programs, and staff, and limited monitoring and a dearth of information on older persons' needs and health status make the problem worse. In recent years, thousands of health facilities have been affected by recurring conflicts, making it difficult for older persons and internally displaced to access quality healthcare.
7. To reduce the vulnerability of older persons with low economic status and those living on the streets to deprivation of health rights, the government has issued a minimum standard that care centers must comply with in the provision of care services for vulnerable older persons. For its effective implementation, the government should support the centers and strengthen their capacity.

Accountability

8. Depending on the case, anyone deprived of the right to health, can seek redress before the Federal Health Professionals Ethics Committee, the Ethiopian Food, Medicine and Healthcare Administration and Control Authority, regional health bureaus or a court of law.
9. Although the existence of vibrant associations is a guarantee for ensuring the

right to participation, there are not many strong older persons' associations in Ethiopia. Hence, it is difficult to ensure the effective and meaningful participation of older persons in matters that affect them.