

The Public Defender (Ombudsman) of Georgia
Input Submitted for the 13th session of the UN General Assembly Open-ended
Working Group on Ageing

February 2023

Right to health and access to health services

The legal provisions and policy framework that guarantee the right of older persons to the enjoyment of the health are not regulated by separate legislation in Georgia, although the right to healthcare is recognized by various legislative acts for everyone, including the older persons.

In 2018, the Georgian parliament adopted **the concept of state policy on ageing population in Georgia**. The document sets out an outline for a policy approach in the country. It creates a certain framework for health protection and welfare provisions for older people. However, the action plan which was adopted based on this concept paper expired in 2018 and a new one has not been developed yet. Therefore, the provisions remain unenforceable and relevant measures cannot be taken.

The National Health Protection Strategy, adopted in 2022 establishes a clear path for the development of the country's health care system until 2030 and defines the strategic directions necessary for its implementation. The strategy mentions that the age structure of the population has changed. Georgia is experiencing the demographic "aging" process. It should be considered that with age, the need to use health services increases. Therefore, promoting a healthy and active aging policy is critical for Georgia. To ensure equal access to health care services and effective health care planning, the need of medical services will be determined based on geographic locations, clinical areas, etc. According to this, special emphasis will be placed on the needs of vulnerable groups (persons with disabilities, older population, etc.). Given that the average life expectancy of the population has increased significantly over the last century and more older persons seek medical services for various chronic diseases, it is especially important for primary care to establish quality geriatric care practices.

In 2013, **the universal healthcare program** was launched in Georgia. The beneficiaries of the program are citizens of Georgia including older persons, who do not have private health insurance. Primary health care program is an approach tailored to public health that aims to ensure the best possible state of health and well-being and the equitable distribution of health resources. As a result, every person should receive the help they need in the environment desirable for them. Based on the results of the program monitoring Office of the Public Defender considers that the equal access to health care services for older people is not ensured in both rural and urban areas. Ensuring the geographic availability of medical services is important for the effective implementation of state medical programs. In this regard, older persons living in mountainous regions (the population of mountainous regions is made up mostly by older people) face certain challenges. They have limited access to local comprehensive medical services and have to refer to distant medical facilities. In terms of improving the knowledge and skills of healthcare personnel, especially, education (including continuing medical education) about managing the condition of older patients, there are no effective measures taken in the country.

The high mortality and morbidity caused by non-communicable diseases, as well as the large share of out-of-pocket payments for medicines, led to the implementation of **the drug provision program** for people with chronic diseases. The beneficiaries of which are persons registered in unified data of "socially vulnerable families" and accordingly older persons living in these families. Within the framework of the program, it is envisaged to provide patients with certain drugs for the treatment of chronic cardiovascular diseases, chronic lung diseases, diabetes, and thyroid gland diseases. Different vulnerable groups can benefit from the drugs provided by the universal program, including pensioners - citizens who have reached the retirement age (women - from 60 years old, men - from 65 years old). The government announced to cover at least 92% of the cost of drugs for chronic conditions for the population by 2026.

The Public Defender points out that it is important for the state to increase access to medicine and to provide regular oversight of physical access to medicines. Based on this recommendation, the Competition Agency was briefed to develop an annual action plan for detecting and monitoring illegal competition in the pharmaceutical market.

As for the challenges faced by older persons in their enjoyment of the right to health, including the impact of intersectional **discrimination and inequality based on age**, the Public Defender studied a case where an insurance company had a general rule that people aged 70 and over would not be reimbursed for medical expenses under their travel insurance policy. According to the insurance company, the basis of such an approach was the fact that persons of the appropriate age are unconditionally considered to bear increased risk, therefore, under standard conditions, only the expenses related to the death of the insured are covered. The Public Defender considers that the establishment of a threshold age by the insurance company, beyond which a person is automatically considered to have a certain health condition, is unjustified. This approach

excludes the scheme of individual assessment of a person's condition. And private companies have an obligation to implement dignity-based policies towards the older population based on the principle of equality.

Social inclusion

Older persons in Georgia are experiencing increasing isolation and marginalization. According to the data of National Statistics office of Georgia the share of the population aged 65 and older in the entire population is 15.5% as of 2022. Most of them have reached the poverty line. Some of them are loneliness, some are abandoned, some, although they live with their families, are still lonely because they are a "burden" for the family.

The pandemic put older persons at the risk of poverty, discrimination, and social isolation. Restrictions imposed to prevent the spread of the virus among older people on the free movement of persons aged 70 and above as well as stay-at-home regulations and social distancing, led to a threat of social exclusion of older persons living alone. Long social isolation has a negative impact on the mental health of older persons. The risk was higher with those suffering from cognitive decline and dementia and those dependent on care. To avoid this threat, psychosocial support programmes should be implemented for older persons. It is also important to improve the access of older people to mobile telephones and modern technologies in general to increase their access to digital technologies.

To provide older persons, placed in care institutions, with psychological support and enable them to cope with the stress caused by the high risk of disease, they were given the opportunity to have remote sessions with psychologists. However, older persons who live outside the care institutions did not receive such support. Increasing the access of older persons to counselling, especially of those living alone, is very important for their mental health.

Aged care and care facilities often lead to feelings of loneliness and exclusion among the older persons. According to the existing standards in the country, a component of care for the older persons in the care institutions should protect older persons from exclusion. The initial aim of the standard is promoting participation of the beneficiaries in cultural, recreational, and other programs. This positively impacts their physical, social, intellectual, and creative activity. Unfortunately, this standard is not properly observed in practice. The monitoring carried out by the Office of the Public Defender showed that the motivation of older persons is low to engage in relevant activities.

A significant challenge was lockdown of aged beneficiaries during the first phase of pandemic which has resulted some negative consequences even after easing these regulations.