



**Workshop on the Social Integration
and the Rights of Older Persons in
the Asia-Pacific region**
30 September-2 October 2014, Bangkok



Guidance Note: Session on “The Right to Health of Older Persons”

A rapidly ageing population in the Asia-Pacific region includes increases in the prevalence of chronic and non-communicable diseases and disabilities, which, if left unaddressed, as is currently the case in many developing countries, will place an avoidable heavy burden on health and social security systems, whilst increasing the demand for primary health care and straining the availability and affordability of long-term care.¹

The Universal Declaration of Human Rights, Article 25, sets out the right to a standard of living adequate for health and well-being, including medical care and necessary social services. Furthermore, the enjoyment of the right to the highest attainable standard of physical and mental health is recognized in numerous international human rights instruments, including article 12 of the International Covenant on Economic, Social and Cultural Rights. The Covenant provides for the progressive realization of the right to health and acknowledges the constraints due to the limits of available resources, while also imposing certain obligations of immediate effect, such as non-discrimination and the obligation to take deliberate, concrete and targeted steps towards the full realization of the right to health. The right to health contains both freedoms and entitlements. Freedoms include the right to make independent decisions about one’s health - for older persons this can relate particularly to issues such as informed consent, autonomy, and guardianship. Entitlements include for example the provision of primary health care and social protection which recognize and take into account age-related elements.²

A rights-based approach to health requires that health-care facilities, goods and services should be available, accessible, affordable, acceptable and of good quality. This means that health-care should be available in sufficient quantity and accessible to all without discrimination. In addition, it must be available in terms of physical and financial accessibility, and access to appropriate information about health issues. Furthermore, health facilities, goods and services should be respectful of medical ethics, culturally appropriate and sensitive to gender and life-cycle requirements, while at the same time be scientifically and medically appropriate and of good quality.³

The Committee on Economic, Social and Cultural Rights (CESCR) emphasizes the value of an integrated approach in the delivery of health care for older persons – that is, ensuring preventative, curative and rehabilitative health care, aiming at maintaining the functionality and autonomy of older persons. However, health systems in many countries are designed to deal with acute medical conditions and have failed to adapt to prevent or manage the increasing number of chronic illnesses, and the related need to train healthcare professionals specifically in the health needs of older persons. Chronic and terminal non-communicable illnesses as well as palliative care, as related to older persons, are also integral parts of the right to health framework.⁴ Many age-related conditions such as cataracts and glaucoma, certain types of diabetes, and hearing loss, left untreated, lead to dependency, disability and more rapid health status decline.⁵

¹ UN Human Rights Council, “Thematic study on the realization of the right to health of older persons by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”, 4 July 2011 (A/HRC/18/37), para. 7.

² Committee on Economic, Social and Cultural Rights, General Comment No. 14, 11 August 2000 (E/C.12/2000/4), paras. 8, 30-31.

³ Ibid, para. 12.

⁴ Ibid, para. 25.

⁵ A/67/188 Follow-up to the Second World Assembly on Ageing: Report of the Secretary-General

The right to health also needs to be understood in relation to the underlying determinants of health. For instance, failure to recognize older persons as rights-holders causes discrimination and exclusion, leading to the denial of a range of rights affecting health, such as access to water and sanitation, food and nutrition, education and housing. As noted by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, poverty and limited access to safe drinking water or adequate nutrition can be a root cause of deterioration of older persons' health.⁶

In the context of the right to health of older persons, special attention should be given to older women, who are particularly vulnerable to discrimination throughout the life-course, impacting negatively on their health status. Several factors limit women's ability to provide for their own health-related needs later in life, such as discrimination of girls in access to food and care, barriers to education, low incomes and poorer access to decent work, care-giving responsibilities as mothers and wives, domestic violence, widowhood, cultural traditions and attitudes limiting access to health care of older women and cumulative discrimination during working life leading to financial vulnerability at old age.⁷

The region has seen some progress as most countries in Asia and the Pacific refer to the principle of universal health care coverage in their health policies. However, in practice the full realization of the right to health is varied and far from satisfactory across the region.⁸ There is also an increasing awareness of the need to ensure a paradigm shift in relation to the health of older persons. As outlined in the WHO Policy Framework (2002), there is realization of the need to move beyond seeking simply healthy ageing for citizens, and work towards active and dignified ageing, which should be planned and supported just like any other stage of the individual's life course.⁹ In this context, older persons should be encouraged to remain physically, politically, socially and economically active for as long as possible in order to ensure their continued participation and contributions to society. Moreover, the right to health requires the participation of the population in all health-related decision-making¹⁰

Health needs of older persons vary greatly depending on economic, social and cultural factors. Therefore, it is imperative to collect and analyze disaggregated data on the health needs and outcomes of diverse groups of older persons in order to develop effective, evidence-based policies and programmes to ensure the right to the highest attainable standard of physical and mental health for all.¹¹

Guiding Questions

1. What are the gaps in national frameworks to promote and protect the right to health of older persons? What are the challenges in the implementation of these frameworks? How can these gaps and challenges be addressed?
2. What are the key priorities with regard to the delivery of health care services in order to protect and promote the right to health of older persons?
3. Are there particular groups or segments of older persons who encounter specific problems in relation to the right to health in your country? How can this be addressed?

⁶ A/HRC/18/37, para. 40.

⁷ Committee on the Elimination of All Forms of Discrimination Against Women General recommendation No. 27, 16 December 2010 (CEDAW/C/GC/27); E/C.12/2000/4; A/HRC/18/37, para 29; and WHO, "Women, ageing and health: a framework for action: focus on gender", Geneva, WHO, 2007, p. 5.

⁸ ESCAP, "Development of Health Systems in the Context of Enhancing Economic Growth towards Achieving the Millennium Development Goals in Asia and the Pacific", 2007.

⁹ WHO Policy Framework (2002).

¹⁰ E/C.12/2000/4, para. 1.

¹¹ A/HRC/18/37.

4. What should the roles of stakeholders (government, CSOs, national human rights institutions) be in the promotion and protection of the right to health of older persons?
5. Would the creation of an international instrument on the rights of older persons contribute towards the realization of the right to health of older persons?