**OLDER WOMEN & PROTECTION OF THEIR HEALTH RIGHTS**

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On October 1, 2011, the world celebrates the 21 anniversary of the International Day of Older Persons. This is a significant moment to assess the global ageing situation, particularly from the point of view of older women’s health rights. Especially after two decades of UN recognition, how older women are discriminated on the basis of age and gender and deprived of their human rights, limited access to justice and lack of social and political protection to ensure their basic needs.

The gendered nature of ageing reveals that women tend to live longer than men and more older women live alone than men. As per recent UN DESA report, there are 83 men for every 100 women over the age of 60; there are only 59 men for every 100 women over the age of 80.

The then UN Secretary General KOFI ANNAN stated at the 2nd UN World Assembly on Ageing in Madrid in 2002 that “The world is undergoing an unprecedented demographic transformation. Between now and 2050, the number of older persons will rise from about 600 million to almost two billion. In less than 50 years from now for the first time in history, the world will contain more people over 60 years old than under 15”. In fact demographic ageing is happening faster than predicted.

This unprecedented demographic ageing, owing to the improvement of living standards and basic health-care systems as well as decline in fertility and rising longevity, can be considered as a success of development efforts and is set to continue, making the twenty-first century the century of ageing. But those changes in population structures have profound human rights implications and increase the urgency of addressing the discrimination experienced by older women in a more comprehensive and systematic manner.

In recent years, there have been significant advocacy efforts calling for enhanced international thinking and action on the human rights of older women. Various stakeholders have called for more visibility and increased use of international human rights standards to address the dire situation of millions of older women around the world especially their vulnerability in the health sector.

Article 12 of the CEDAW Convention stipulates that States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure equal opportunity of access for men and women to health care services.

General Recommendation 27 of the CEDAW Convention on the protection of human rights of older women mentions in detail about the health rights of older women. This International Instrument in Para 45 and 46 clearly mentions that States parties should adopt a comprehensive health care policy for the protection of the health needs of older women in keeping with General Recommendation 24 on women and health. This should ensure affordable and accessible health care to all older women through, where appropriate, the elimination of user fees for them, the training of health workers in geriatric illnesses, the provision of medicine to treat age-related chronic and non-communicable diseases, long term health and social care, including care that allows for independent living, and palliative care.

This should also include interventions promoting behavioural and lifestyle changes to delay onset of health problems, such as healthy nutritional practices and active living, and affordable access to healthcare services, including screening and treatment for diseases, in particular those most prevalent among older women. Health policies must also ensure that health care provided to older women, including those with disabilities, is based on the free and informed consent of the person concerned.

States parties should adopt special programmes tailored to address the physical, mental, emotional health needs of older women with special focus on women belonging to minorities and women with disabilities and those tasked with caring for grandchildren and other young family dependants due to the migration of young adults or caring for family members living with or affected by HIV/AIDS.

The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, healthy occupational and environmental conditions, and access to health-related education and information, including those on sexual and reproductive health.

Older women are very much vulnerable to various health risks as they grow older towards the age of 80 and beyond. Availability and affordability of long term care in the home settings or institutional care is a real challenge. Access to free health care services is very important for older women in order to enjoy a satisfactory standard of mental and physical health. Post menopausal difficulties and diseases, neglect in disability and absence of geriatric medicine require special attention. Older women face a higher risk of chronic illness and disability as well as risk from degenerative diseases such as osteoporosis, cervical cancer. In many countries health care for older persons have been marked with inadequate supply and services, which amounts to denial of affordable medical care for people especially in rural settings. Inadequate provision for long-term care services remains a persistent concern in many countries.

Postmenopausal conditions and diseases tend to be neglected in research, academic studies, and public policy and service provisions. In many countries, few health personnel are trained in geriatric medicine and so health care service provision remains inappropriate to older women’s physical, functional and mental health needs. Many poor older women with no private health insurance or access to formal social security cannot afford health care, particularly in rural areas where health posts may be long distance from where they live in and they cannot afford the transport costs.

Older people face discrimination and abuse in the health sector in a various forms in many African countries. The HIV and AIDS epidemic has had a significant impact on elderly women in a number of ways. In many cases, older women have to act as a full-time caregiver of relatives living with HIV or AIDS, often to the detriment to their own quality of life. In the cases where older women are living with AIDS themselves, it may be the case that there is no one to take care of them. Furthermore, older women whose children have died of AIDS are often left destitute.

In Tanzania, older women in many occasions are prevented from accessing to free health care facilities, as they need proper identification documents to prove their eligibility. High levels of illiteracy can further disadvantage them in the situation. The costs of traveling long distances to the health posts also discourage women to get health services. Furthermore, older women continue to be excluded from HIV and AIDS programmes both as recipients of prevention and care information.

In the UK, shortfalls in the availability of quality health care for older people affect particularly the women. Women constitute the great majority of the oldest people who are the main user of those facilities.

In 2001, the CEDAW Committee voiced concern regarding the marginalization of older women in health insurance in the Netherlands, and called for special attention to be paid to older women in “Daily Routine” programmes. In 2008, the medical needs of older were mentioned in the list of issues and questions of Japan by the CEDAW Committee.

States Parties should adopt a comprehensive health policy for the protection of health needs of older women as stated in the General Recommendation 24 of the Committee. Governments should provide free and appropriate health care to all older women. This should include the training of health personnel in geriatric illness, the provision of medicine necessary for the treatment of age related illness including chronic illness and non-communicable diseases, and palliative care to ensure that all older women die with dignity.