

PANEL
RIGHT TO HEALTH OF OLDER WOMEN

Statement by Dragana Korljan
Economic, Social and Cultural Rights Section
Special Procedures Branch, OHCHR

on behalf of

Mr. Anand Grover
Special Rapporteur on the right of everyone to the enjoyment of the
highest attainable standard of physical and mental health

26 September 2011

13:00-15:00

Palais des Nations, Room XXI

**Madame Chairperson,
Distinguished Delegates,
Ladies and Gentlemen,**

I am pleased to address you on behalf of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover. The Special Rapporteur on the right to health could not be present with us today because of prior commitments, and he wished to thank organizers for putting together a distinguished panel on such an important subject.

Without further ado, I would like to share with you the work carried out by the Special Rapporteur in pursuance of the Human Rights Council resolution 15/22, which mandated him to prepare a thematic study on the realization of the right to health of older persons.

In that context, the Special Rapporteur invited States, relevant United Nations agencies, national human rights institutions and other relevant stakeholders to submit information and comments on the main existing challenges and good practices on the realization of the right to health of older persons. In April 2011, the Special Rapporteur convened a meeting in Geneva with a number of prominent experts to discuss challenges posed by ageing and explore measures to address them from a human rights perspective. He also held a public consultation on the right to health of older persons in Geneva, during which he had an opportunity to engage in an open dialogue with representatives of nearly 30 States and international organizations.

The Special Rapporteur presented his study (A/HRC/18/37) to the Council at its current session on 16 September. I would like to highlight some of the pertinent issues and recommendations that emerged from the study.

Madame Chairperson,

A rapidly ageing population presents significant challenges for the global community, including a pressing one to ensure the enjoyment of human rights of older persons. The Special Rapporteur emphasized that older persons are regularly discriminated against, and their particular needs often remain unrecognized. Discrimination against the elderly may take

a number of forms, many of which result in violations of the right to health. While both men and women experience discrimination as they become older, the discrimination that older women experience is often a result of unfair resource allocation, maltreatment, neglect and limited access to basic services.

Unfortunately, older women have also been considered a “social burden”, reliant on public or private charity to address their needs. Dismissing it as a misguided conception of the elderly, the Special Rapporteur encourages to view older persons as rights-holders who may, at times, require support in order to claim their rights in a fashion similar to other populations. He warned that failure to recognize **older persons as rights-holders** may lead to continued prejudice and discrimination against them with profound consequences for their future health and welfare.

The enjoyment of the right to health is not age-dependent. It does not cease to exist once a person reaches a certain age. The Special Rapporteur recommended implementing **the right-to-health approach as indispensable** to the design, implementation, monitoring and evaluation of health-related policies and programmes. Accordingly, health facilities, goods and services should be made available, accessible, affordable, acceptable and be of good quality for older persons. Shifting the discourse from a needs-based to a human rights-based approach, States should take immediate measures to ensure that older persons receive age-friendly health care of a quality commensurate with that provided for other groups.

The right-to-health approach should be accompanied further by **a paradigm shift** in the perception of ageing and older persons. The Special Rapporteur urges to move beyond striving only for healthful ageing and, instead, work towards a broader conception of ageing that is **active and dignified**, which should be planned and supported in a manner similar to any other stage of life. We must focus on the continued participation of older women in the social, economic, cultural, political and civic life of society.

Distinguished delegates,

As life expectancy increases, older persons already stay active longer than ever before, both in terms of occupational and non-occupational activities. The Special Rapporteur and other experts in the field suggest that encouraging older persons **to remain physically, politically,**

socially and economically active for as long as possible will benefit not only the individual, but also society as a whole. He also encouraged States to allocate **more resources to the provision of geriatric healthcare** and ensure that all healthcare workers, irrespective of specialty or profession, are adequately trained to understand the right to health and appropriately deal with particular health issues that may arise from ageing. This will ensure that they interact with elderly patients in an appropriate, considerate and non-discriminatory manner.

As chronic illnesses and disability often increase with advancing age, **primary care** is generally the most appropriate point of coordination for the health-related needs of older women, given its centrality to monitoring health, and preventing and/or managing chronic conditions. As such, ensuring equitable access to quality primary health care that addresses the specific needs of the elderly is a core requirement in realizing the right to health. **Palliative care** is another aspect of health care which disproportionately affects older women. Palliative care and treatment for the reduction of long-term or chronic pain is a necessary component of the right to health, but it unfortunately remains a generally neglected area. In particular, access to palliative care in many countries is substantially limited due to lack of knowledge and education around palliative care and insufficient access to analgesic medicines necessary for the control of pain.

As greater numbers of older persons enter long-term home and institutional care, the Special Rapporteur expressed concern about **reported and unreported violence** directed against older persons while in such care. Special attention is needed to protect older women from abuse and to ensure that their rights are not violated in settings where they might be especially prone to violations. The Special Rapporteur recommends establishing **a system of social protection** that affords older persons access to long-term care, whether institutional or home-based, and urges putting in place policies and procedures for reporting, addressing and preventing abuse of older persons.

The issue of **informed consent** for treatment of older persons is becoming increasingly important. Older persons are often taken advantage of due to perceived ignorance and helplessness, as well as actual physical or mental frailty resulting in decreased ability. Older persons more frequently face situations in which informed consent may be necessary, and the possibility of infringement and abuse is therefore greater. International guidelines and

national systems should therefore be developed to regulate these practices and ensure that older people are supported in making informed health-care decisions. The Special Rapporteur recommended establishing and implementing **safeguards to ensure that free and informed consent** is required for any treatment or medical intervention, and that this is guaranteed to all patients, whatever their age, condition and treatment proposed.

Finally, the Special Rapporteur strongly believes that the **increasing of rights-related awareness and empowerment** of older persons necessary in order to strengthen their participation in health policymaking and promote networks of older persons. He therefore encourages establishing and supporting **organizations of older persons** in order to ensure their participation in the development and improvement of social protection and healthcare, which recognizes and ensures the enjoyment of the right to health.

Madame Chairperson,

I have just highlighted some of the key observations and main recommendations from the study of the Special Rapporteur on the right to health of older persons. I would like to conclude my statement by welcoming any comments and questions.

Thank you.