

Healthy lives and wellbeing for all at all ages:

a call to action



HelpAge

International

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Key messages

- The Sustainable Development Goals' commitment to ensure healthy lives and promote wellbeing for people of all ages offers an important opportunity for more age-inclusive health systems and services.
- Health systems must be strengthened and re-oriented to protect and promote older men and women's right to health, prioritising an integrated, holistic and people-centred approach that includes accessible health services and long-term care.
- Efforts to achieve universal health coverage must address the barriers older people face in accessing appropriate, targeted health and care services and support, and protect them from financial hardship.

Introduction

Population ageing is a triumph of development, in particular global progress on key health issues. But as people get older, their health and care needs are likely to become increasingly complex. To date, health systems have responded inadequately to the changing requirements of older populations, and older people face unacceptable barriers to accessing services.

The Sustainable Development Goals (SDGs) and the commitment to implementing universal health coverage¹ (UHC) provide important opportunities for governments to step up their response to the world's ageing population. Eliminating the barriers faced by older people and investing in integrated, people-centred and age-inclusive health and care services will better serve current and future older generations.

This briefing outlines the challenges faced by older people in accessing health services and provides recommendations for how policies can help overcome them. It also outlines how data systems must adapt to monitor progress on older people's access to health.

Ageing and universal health coverage

For the first time in human history most people can expect to live into their 60s and beyond.² However, there is little evidence to suggest that people can expect to live these extra years in any better health than previous generations.³

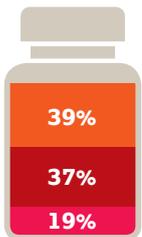
Health systems in many countries are ill-prepared to cope with the increasingly complex health and care needs of people as they age. These include increased risk of multiple chronic conditions (known as multi-morbidity) and the need for increased support with day to day tasks.

The considerable momentum behind efforts to achieve UHC can help address these challenges. To ensure older men and women are not left behind, these efforts must:

1. address the barriers older people face in accessing services and support;
2. ensure the inclusion of appropriate, targeted services and support, including long-term care; and
3. protect older people from financial hardship associated with out of pocket payments and exacerbated by income insecurity often experienced in older age.



Less than a quarter (22%) of survey respondents in Mozambique were able to get the medication prescribed to them during their last visit to a health centre. The main reasons were:



39%: medication was not available at the health facility

37%: the patient could not afford it

19%: the patient could not afford the transport costs to collect the medicine from another health facility

Source: HelpAge International, *Cash transfers and older people's access to healthcare*, 2017

Barriers to accessing health

Older people face multiple challenges when accessing services. Even where policies and programmes guarantee free health services for older people, there are high costs for older people in low- and middle-income countries.

Poor physical access

With weak primary healthcare infrastructure – and in the absence of outreach services delivered in the community – accessing health services for many older people in low- and middle-income countries often means travelling to a distant health facility. A study in rural Tanzania⁴ found that older people's access is substantially affected by transport costs and availability. The most common means of reaching health facilities for older people was walking, with journeys taking up to four hours. For older people with declining levels of mobility, these services are simply out of reach.

Prohibitive costs

Poverty is one of the main threats to the wellbeing of older people worldwide. Surveys show that in most Latin American and sub-Saharan African countries, older people are over-represented among the poor.⁵ In addition to transport-related costs, older people are often faced with prohibitive costs for consultations, medicines and any diagnostic tests and additional services they may need.

Where out-of-pocket payments for consultations are high, older people are less likely to seek medical help. For example, in China, nearly 62 per cent of older people who reported illness did not seek medical help for financial reasons.⁶ In Ghana, households with older members were more likely to experience catastrophic expenditure and impoverishment. In a household with one or more members aged 65 or over, the risk was 28 per cent higher than in a household without any adults aged 65 or over.⁷

“The hospitals say ‘we have no pill to treat old age’. We are not made to feel welcome in hospitals. They are impatient with us.”

Nora, South Africa



HelpAge International

Inequalities in access to health – a perspective from Myanmar

A recent study in Myanmar has highlighted inequalities in access to health. The study found that men reported better health across indicators than women and yet were more likely to be hospitalised than women who were more likely to rely on outpatient services – a less expensive form of health care. This suggests a gender dimension is at play.

Similarly, while there was not a significant difference between higher and middle income categories in terms of inpatient and outpatient care, the numbers reporting use of inpatient care dropped by around a third for the lowest income group, suggesting weaker access to hospitalisation for the poorest older people. Lower access to both services among rural residents suggests the rural poor are hardest hit.

Use of both inpatient and outpatient services declined with increasing age despite poorer health suggesting that older people's access to health services may worsen as they get older.

Source: HelpAge International, *Study in Accessing Healthcare by the Older Population in Myanmar*, 2017

Lack of medicines

Many older people report a lack of medicines as a key concern. In a study conducted in Ethiopia, Mozambique, Tanzania and Zimbabwe,⁸ older people reported being unable to access medicine either because it was not available free of charge or, in many cases, not available at all.

Health information

Access to health-related information is a critical determinant of health. Yet older people often lack information about their health, conditions that may affect them, and where to go for support. Levels of health literacy are lower among older age groups compared to other sections of the population.⁹ Data from the World Health Organization's World Health Survey illustrates this barrier. One in 10 older people did not know where to go to access healthcare when they needed it, while one in four older people did not feel they were ill enough.¹⁰

Creating fit-for-purpose health systems

Re-orienting services for older people

Where older people are able to access health services, those services are often poorly designed and do not meet their needs. Health systems in low- and middle-income countries in particular have been developed in response to a burden of disease dominated by acute, time-bound conditions – primarily communicable diseases and issues related to maternal and newborn child health. Systems have focused on diagnosing and treating these conditions and, as a result, less attention is given to longer term health issues more commonly experienced in older age, such as hypertension, diabetes and dementia.

Older people need integrated healthcare

The complex nature of health as people age demands an integrated and holistic approach. A number of health professionals across a range of disciplines may need to be involved in the provision of care for an older person, and health services need to work effectively alongside broader, long-term care services. Lack of coordination is a major issue in higher income countries as well as lower income settings, with a study showing that 41 per cent of older people in Germany reported problems with care coordination.¹¹ UHC cannot be a reality for older men and women without coordinated and integrated services across health and long-term care systems.

Investment in the health workforce

The lack of training for health workers on issues around older people's health is another critical challenge. Many current training approaches and curricula do not include geriatrics and gerontology, and often lack even a more basic focus on the types of health issues faced in older age. A 2012 study found that of 40 countries in Africa, 35 had no formal undergraduate training for medical students in geriatrics and 33 reported no national postgraduate training scheme for geriatrics.¹² Current and future health workforces must be better prepared to deal with the shift in health needs associated with population ageing.

Ageism within health systems

These weaknesses are underpinned and reinforced by widespread ageism within health systems. Discrimination is often overt and direct, with older people frequently reporting the behaviour of health workers as a barrier to accessing the services they need.¹³ They report that their health issues are often dismissed as 'old age' or that they are treated like a burden on the health system. In a survey of over 1,000 ageing experts from across Europe,¹⁴ 80 per cent were worried about the standard of care they would receive in later life. Furthermore, 51 per cent felt that older people were significantly less likely to receive adequate assessment and treatment compared to younger people.

In other cases, older people can be denied access through indirect discrimination, for example because they are excluded from health promotion programmes which are often targeted at younger populations. Indirect discrimination may also include health facilities' poor adaptation to older people's needs, for example long queues, lack of seating and lack of appropriate toilet facilities.¹⁵

1. Universal health coverage is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services (www.who.int/healthsystems/universal_health_coverage/en/)
2. WHO, *World Report on Ageing and Health*, World Health Organization, Geneva, 2015
3. WHO, *World Report on Ageing and Health*, World Health Organization, Geneva, 2015
4. HelpAge International, *Learning with older people about their transport and mobility problems in rural Tanzania*, 2015
5. Armando Barrientos A, 'Ageing, poverty and public policy in developing countries: new survey evidence' in, Peter A Kemp, Karel Van Den Bosch and Lindsey Smith (eds.), *Social Protection in an Ageing World*, Oxford, Intersentia, 2006
6. World Health Organisation, China country assessment report on ageing and health, 2015
7. World Health Organisation, Ghana country assessment report on ageing and health, 2014
8. HelpAge International, *Cash transfers and older people's access to healthcare, a multi country study in Ethiopia, Mozambique, Tanzania and Zimbabwe*, London, HelpAge International, 2017
9. WHO, *World Report on Ageing and Health*, World Health Organization, Geneva, 2015
10. WHO, *World Report on Ageing and Health*, World Health Organization, Geneva, 2015, p91
11. Osborn R et al, 'International survey of older adults finds shortcomings in access, coordination and patient centred care'. *Health Affairs (Millwood)* 2014 Dec;33(12):2247-55
12. Dotchin C L et al, 2012 Geriatric medicine: services and training in Africa *Age Ageing*. 2013 Jan;42(1):124-8. doi: 10.1093/ageing/afs119. Epub 2012 Sep 30 www.ncbi.nlm.nih.gov/pubmed/23027519
13. HelpAge International, *Ageing in the 21st Century*, p137
14. The Economist Intelligence Unit, *The Future of Healthcare in Europe*, 2011
15. WHO, *World Report on Ageing and Health*, World Health Organization, Geneva, 2015

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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A new UN convention addressing the rights of older people, including detailed components of their right to health, is critical to addressing ageism and discrimination in health systems, and in wider society.

Measuring access to health and UHC

Older people's access to health services is a topic largely invisible in published internationally comparable datasets, including in indicators to measure the SDGs. Current measures of UHC, including the 'access' indicator (3.8.1) in the SDG indicator framework, do not include measures such as physical access to health facilities, or staff skills, knowledge and attitudes – factors that are critical to understanding the barriers faced by older people.

The indicator includes measures of a number of essential health services of relevance to older people's health needs, including for hypertension and diabetes. However, this indicator relies on age-limited data sources, including the WHO STEPS NCD Risk Factor Survey (STEPS), which usually only includes people up to the age of 64, and the Demographic and Health Surveys (DHS), which usually exclude women over the age of 50 and men over the age of 55. Where data is collected, it is rarely adequately disaggregated.

To monitor UHC and understand who is being left behind, it is essential that data:

- is collected for all age groups, including older people;
- captures barriers to access that are specific to older age;
- is disaggregated by age sex, disability and location as a minimum.

Existing national data tools such as Household Income and Expenditure surveys and Living Standards surveys provide an opportunity to address some of the data gaps. They often collect data on health expenditure, health insurance, and access to health facilities – though this data is often not fully analysed or adequately reported.

Conclusions and recommendations

SDG commitments and global efforts to provide universal health coverage offer opportunities to remove the significant barriers faced by older men and women in realising their right to health.

However, these commitments and efforts will remain unfulfilled unless health systems address the particular needs of older people. HelpAge International therefore calls for:

- Full integration of older people's right to health into national SDG planning and implementation processes.
- Universal health coverage models to be people-centred, holistic and integrated, and include:
 - investing in developing health workforces and building their capacity on older people's health and tackling widespread ageism in health systems;
 - strengthening primary healthcare to deliver services closer to where older people live, and in facilities that are accessible to them;
 - recognition of the importance of long-term care in supporting older people's health and care needs, and promoting their wellbeing;
 - services and medications that are free and available at the point of access, and which respond to older people's specific needs;
 - targeting older people with health promotion services, recognising the important role of prevention at all ages.
- National statistical offices to maximise use of existing data sources, including Household Income and Expenditure surveys and Living Standards surveys, to better monitor access to health for older people at national level.
- Upper age caps to be removed from data sources underpinning SDG indicator 3.8.1 on coverage of essential health services.
- A new UN convention addressing the rights of older people, including detailed components of their right to health.