

ROUNDTABLE SERIES


MAINSTREAMING KNOWLEDGE ON AGEING

# TAKEAWAYS



## ACCESS TO HEALTH AND SOCIAL CARE SERVICES: Further vulnerabilities merging from ageing

 **25** OCTOBER  
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With the support of:

This document has been prepared by the Division for People and Social Inclusion at UNITAR, Ms. Analucía Jácome, Senior Project Leader and Human Rights Expert, Mr. Rafael Padilla, SDP team, and Mr. Israel Ledesma, Graphic Designer. We hope you enjoy it!

## MODERATOR



**Mr. Alex Mejia**

Director, Division for People and Social Inclusion  
UNITAR

*Focus: Existing gaps towards healthy ageing*



**Dr. Hyobum Jang**

Medical Officer, Ageing and Health Unit  
Department of Maternal, Newborn, Child and Adolescent Health and Ageing  
World Health Organization (WHO)

**“WHO calls for more universal coverage of health and social services for all people, as well as to ensure that informal care is funded and supported by Governments.”**

1. There are many issues around health and care systems. Governments should be more responsible and responsive in this regard, by leading and coordinating care provision across multiple multisectoral entities and ministries.
2. To this end, financing is one of the most common problems. Due to a wide perception that care for older people is too costly and that it will not be sustainable in the future, countries are not necessarily committing their budget to cover access to health and social care for all people. These service provisions are often underfunded by the public sector.
3. There are many gaps in accessibility, and quality of services. It is not adequately address, recognize, or respect the needs of older persons, including their preferences, value and wish to age in place. The needs of their carers are neither considered. In this regard, there should be regularly assessed and described in person-centered care plans, and these should be addressed with integrated person-centered coordinated service provision across the continent of care – from prevention and promotion to rehabilitation and palliative care.

## HIGHLIGHTS ON THE WORK OF WHO AND OLDER PERSONS

The role of the WHO in the framework of ageing and older persons has been quite active and inspiring. WHO with other UN agencies recently released the UN Global Report on Ageism. Likewise, they have addressed how is the health and wellbeing of older people affected by climate change and what opportunities exist to foster healthy ageing and also adapt to, mitigate, and build resilience for the climate crisis in the UNs work to implement the Decade of healthy Ageing.



World Health  
Organization



4. Carers' needs should be identified, monitored, and supported. So-called informal, unpaid, or family caregivers provide most of the care for people, which is not really recognized or measured or supported. The workforce issues, especially on these informal carers, are hugely prominent in most countries. They are not enough formally trained or paid care workers to provide education, health, and social services to growing populations.
5. One of the first steps is to recognize all people and their carers as one of the priorities and focus policy on target populations. It should be recognized and mainstreamed and legitimated in national level key policy or legislation. There should be a dedicated and coordinated and responsible government body work focal point to be in charge in regulation, legislation, and the implementation from national to sub-national levels.



## DID YOU KNOW?

The World Health Organization collaborates with Member States, United Nations agencies, and a wide range of stakeholders across various sectors to promote healthy aging on a global scale, defined as the development and maintenance of functional abilities that support well-being in older individuals. These functional abilities depend on an individual's intrinsic capacity (i.e., their physical and mental capabilities), the surrounding environment (encompassing physical, social, and policy aspects), and the interactions between them. WHO's efforts align with the Global Strategy and Action Plan on Ageing and Health 2016–2020, as well as the associated United Nations Decade of Healthy Ageing (2021–2030), and are focused on four key action areas:

- Transforming attitudes, beliefs, and behaviors towards age and the process of aging.

- Ensuring that communities actively support the capabilities of older individuals.
- Providing person-centered, integrated healthcare and primary health services tailored to the needs of older people.
- Ensuring access to long-term care for older individuals requiring such services.

## USEFUL SOURCES

Universal Health Coverage and Ageing | [Link](#)

Research, evidence and data | [Link](#)



*Focus: How poor health and social protection systems affect refugees, asylum seekers, returnees, internally displaced, and stateless older persons?*



**Mr. Ricardo Pla Cordero**

Protection Officer – Ageing and Disability Inclusion  
Division of International Protection/Community Based Protection Unit,  
UNHCR

**“Older women and men have the potential to actively contribute to their families and communities, even in situations of displacement, provided they are given the opportunity to do so.”**

1. Older persons remain in their countries in situations of danger more than other populations, but then when they flee, they may lack access to travel or other documents that may allow them access to services. This creates a separation from community support networks, which increases the risk of violence, abuse, as well as limited access to non-transferable pension systems and financial services, loss of prescribed medication and assistive devices, while facing difficulties accessing information and services, often digitalized.
2. Likewise, the psychological toll of displacement is challenging, and it is more challenging in older persons. In consultations, we see that they tend to feel more disoriented in situations of displacement.
3. Gender equality requires time for women to access education and employment, and that their time is absorbed by care obligations. The message would be more powerful if those agendas could come together with a right support system that is professionalized and taken by Governments as a way of promoting equal access to employment and education for women.
4. There is also an absence of a case management system that is able to answer to situations of elder abuse. Older persons who experience violence, neglect, and abuse in their homes or communities do not have a case management system that is adequate for them. For example, child protection services, gender -based violence services – those are very strong pillars in humanitarian and development situations. However, we don't see support for situations of elder abuse, abuse against persons with disabilities and other profiles that are not within those two pillars.

## HIGHLIGHTS ON THE UNHCR'S EFFORTS TO PROMOTE THE PROTECTION OF OLDER

UNHCR provides assistance and safeguarding to older persons who are in transit, by facilitating their access to essential services as they recuperate and reconstruct their lives following a crisis. With the generous support of donors like yourself, we ensure that older refugees can spend their later years in a state of dignity and safety. The Office continuously surveys older people to report on the levels of access to health care that they enjoy. During the Covid-19 pandemic, 42% were not receiving treatment for prior health conditions and 6% of those infected reported not receiving adequate medical care.



5. What are some of the enabling actions that we can put in place? Some actions include improving access to knowledge and monitoring who is accessing what, who is not accessing which services, and ensuring that older persons have a say in what we are providing. There must be a higher awareness in health providers, in particular in emergency settings and on what are the key requirements of older persons, enabling substitutes across health systems and health service providers, and ensuring accessibility of information premises.

There is still room for improvement; in particular, having a transitional model that can make countries or States more responsible. The venues include the global compact on refugees coming in less than a month, where there are pledges that particularly focus on national health systems, mental health, economic inclusion, and social protection.



## DID YOU KNOW?

There were around 10 million consultations directly provided by UNHCR last year, but room for improvement is difficult. It is difficult to assess exactly how many older persons were accessing those consultations.

## FOOD FOR THOUGHT

In situations of displacement, older persons possess immediate rights and requirements, as they can be particularly susceptible to mistreatment and neglect in times of conflict or natural disasters, primarily due to mobility limitations, reduced vision, and chronic health conditions that hinder their access to assistance. Presently, older refugees constitute approximately 4 percent of the total population of concern for UNHCR, and it is projected that by 2050, there will be more people over the age of 60 than those under the age of 12 worldwide. Older persons may exhibit reluctance to leave their

homes and are often the last to evacuate during dangerous situations. While in exile, they may experience social isolation and physical separation from their families, by intensifying their vulnerability.

## USEFUL SOURCES

- Older persons and the protection of their rights | [Link](#)
- Facilitator's Guide: Working with older persons in forced displacement | [Link](#)
- Executive Committee Meetings | [Link](#)
- Policy on Age, Gender and Diversity Accountability 2018 | [Link](#)
- Working with Older Persons in Forced Displacement | [Link](#)
- UNHCR Global Public Health Strategy 2021-2025 | [Link](#)
- 2022 Annual Public Health Global Review | [Link](#)
- Global Compact for Refugees | [Link](#)
- Age, Gender, and Inclusive Pledges | [Link](#)
- Multistakeholder pledges for the Global Refugee Forum 2023 | [Link](#)



*Focus: Discrimination and neglect of older persons in Iraq and the need for an international Convention to protect the human rights of older persons world-wide*



**Ms. Nisreen Abudulaali Abdul Baqi**

International Trainer from the Publication and Education Department of the High Commission for Human Rights of Iraq

**“Older persons face a big neglect on the existence of a specific International Convention.”**

1. An International Convention for older persons must provide protection through international laws that oblige countries to take care of them with suitable measurements. A monitoring body for this treaty must have a big and effective role for its implementation.
2. Iraq is part of the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural rights, the International Convention on the rights of the child and the International Convention for persons with disabilities. At the national level, the right to health for all citizens is constitutionally guaranteed.
3. Health care for older persons should be improved and a comprehensive program should be implemented to provide a supportive environment in the public sector, by facilitating, handling mobility, and integration in society. It is important to create an environment that is accessible for all persons.
4. There is an unequal agenda for gender issues; women in Iraq are discriminated because of culture and society, which always looks at them in a second plane. They are abused for the sole reason of being women; the situation is even worse when they become older; these challenges cause poverty.
5. Iraqi's laws do not envisage measures to strengthen protection in this regard, therefore, older persons face big problems because there are no effective mechanisms focused on their dignity.

## HIGHLIGHTS ON THE HIGH COMMISSION FOR HUMAN RIGHTS OF IRAQ

Article 102 of the Iraqi Constitution of 15 October 2005 foresees the establishment of the IHCHR, to be “considered independent” and “subject to monitoring by the Council of Representatives”, with its functions “regulated by law”. In 2008, the Council of Representatives passed the Law of the High Commission for Human Rights No. 53 (Law No. 53/2008 or enabling law).[5] In April 2012, the Commission was effectively established.

The fact that the IHCHR was established pursuant to a law adopted by the Council of Representatives and not by a decree issued by the executive must be commanded. It is indeed in line with section A.2 of the Paris Principles, under which “a national institution shall be given as broad a mandate as possible, which shall be clearly set forth in a Constitutional or legislative text, specifying its composition and its sphere of competence.”





## DID YOU KNOW?

In Iraq, there is the Unified Retirement Law 9-2014 which sets the legal retirement age at 60. According to this law, the government is responsible for pensions and economic assistance to older persons.

## USEFUL SOURCES

The Law of the High Commission for Human Rights No. 53/2008 is available here | [Link](#)

More on the Unified Retirement Law 9-2014 | [Link](#)



## Focus: The impact of long-term care insurance programs on households and individuals



### Dr. Sophie Mitra

Founding Director of the Research Consortium on Disability  
Fordham University

**“We need to understand the consequences of long-term care insurance programs, whether they are working or can be made more efficient.”**

1. There are two recent studies on access to health and social services and economic insecurity in Korea and China. The first study, held by Professor Sophie Mitra from Fordham University and Professor Hoolda Kim from Black Hills State University, focused on the effect of a Long-Term Care Insurance, LTCI, program in a fast-aging context in Korea.
2. It was introduced in 2008. Koreans enrolled in the national health insurance automatically contribute to the LTCI. Individuals aged 65+ or those with age-related diseases are eligible to receive benefits. Eligibility test: evaluation of physical and mental status and level of care needed. Covers home care and institutional care. Copayment: 15% for home care and 20% for institutional care
3. The following question was posed: What is the effect of Korea's Long-Term Care Insurance (LTCI) on beneficiary households' expenditures and savings and beneficiaries' self-rated health and healthcare utilization? To find the answer, the following aspects were considered:

- Korea Welfare Panel Study, 2006 - 2019
- A sample of 3,712 households
- Live with at least one older adult
- Participated in the survey for at least once before and at least once after the LTCI program rollout
- Control group: households who have never had LTCI beneficiaries
- Treatment group: households who have had an LTCI beneficiary at least one year

#### 4. The main results

- Improvement of self-rated health
- Positive effect especially when individuals have continuously used the long-term care services
- A decrease in the number of outpatient visits
- An increase in the days of hospitalization
- Positive effect of home care services on access to healthcare services and utilization.
- Lower spending on necessity items but higher spending on healthcare services
- A decrease in household savings
- Higher economic burden of healthcare services

### HIGHLIGHTS ON THE RESEARCH CONSORTIUM ON DISABILITY

The Research Consortium on Disability (RCD) at Fordham University is responsible for conducting and coordinating research related to disability, with the aim of guiding the world toward a more inclusive future. The Consortium comprises social scientists and scholars from various disciplines, including the humanities, business, education, law, and social services, who engage in research within the fields of disability studies and disability and health.

The establishment of the Research Consortium on Disability follows five years of the Faculty Working Group on Disability's activities. The co-chairs of this working group, Sophie Mitra (Economics, Faculty of Arts and Science) and Rebecca Sanchez (English, Faculty of Arts and Science), now jointly lead the Consortium, along with Laura Wernick (Graduate School of Social Service).





### Conclusion on long-term care insurance study

- Results suggest a positive effect of LTCI on access to healthcare services but a negative effect on household expenditures and savings, in particular for persons with less comprehensive health insurance coverage.
- Its effects on disadvantaged groups, such as older singles and poor households, should be considered further in research and policy.

5. Regarding the study in China, prepared by Professor Hoolda Kim, Professor Jingyi Gao from Black Hills State University, and Professor Sophie Mitra from Fordham University, it focused on: The Out-of-pocket Health Expenditures associated with Health Conditions and Disability among middle-aged and older adults.

### Key results from the China study

In China, we find significantly higher out-of-pocket health expenditures among:

- Older persons age 70 and above
- Women
- Persons with disabilities
- Persons with multimorbidity



### REMEMBER!

- It is essential to assess the impacts of programs that provide care services and may have unintended effects on the economic security of older persons.
- There is a need to monitor economic security for older persons, including intersectional analyses (age combined with gender, rural/urban residence, disability status).
- A growing availability of data on functional difficulty to measure disability in national household surveys and censuses offers opportunities to do such analyses ([Disability Data Initiative](#)).

- Such analyses can document the human rights situation of older individuals and inform care policies and programs.

### USEFUL SOURCES

The Out-of-pocket Health Expenditures associated with Health Conditions and Disability among middle-aged and older adults: evidence from China | [Link](#)

The Disability Data Initiative (DDI) | [Link](#)



## Focus: Equity, full participation, and care as inseparable elements for healthy ageing



**Dr. Jody Heymann**

Department of Health and Management

Former dean of the UCLA Fielding School of Public Health from 2013-2018

**“Older people are a diverse group, including in health needs, stage of life, and economics and geography.”**

1. While some people need care, others provide it for different reasons; sometimes it's for wages, cash, or supporting family. Supporting this work is essential to ensure the health of families, communities, and countries.
2. It is important to take care of older persons when they are in the hospital, in transition home, and in rehabilitation efforts. If they need higher levels of care, support them in that transition. Well, that may well be done by a working age child. Can their children take leave from work to provide that support? Yet, most of the world does not provide any leave to care for an ageing parent.
3. How much is a discrimination allowed in all aspects of work? That means how many countries protect against discrimination in hiring, promotion, training, and firing. It is actually a minority of countries that prohibit age discrimination. Are people allowed to be fired just based on their age?
4. Most people have “agency participation” across the life force. This includes people with cognitive impairments at end of life who still exercise agency and want to have decision-making about health. This includes across the older persons spectrum, care spectrum, age spectrum; people who are working and providing care full -time, part -time for money and not for money.
5. If we really want to accelerate action, we need to start holding countries accountable for the national steps they're taking at scale. A global agreement is a terrific way to do that, but then we need to look at what is happening at a national level. Are these fundamental steps being taken? We must make the availability of solutions that work widely recognizable, and make what steps are present and absent visible so we can make progress.

### HIGHLIGHTS ON THE WORLD POLICY ANALYSIS CENTER: BRINGING TOGETHER POLICIES, OUTCOMES AND ACTION

The WORLD Policy Analysis Center builds global evidence that leads to change at national scale improving equality human lives, and the economy.

WORLD both rigorously analyses national laws and policies and links policy changes to outcomes to support evidence-based decision-making. Key elements of WORLD's approach include:

1. Mapping and monitoring laws and policies in all 193 UN countries, as well as state laws in key areas in the U.S.
2. Learning what works through policy impact studies using quasi-experimental methods.
3. Partnering with civil society, policymakers, international and multilateral organizations, and country-based researchers to move from evidence to impact.

UCLA

Fielding

School of Public Health





## TO BEAR IN MIND

Across the globe, individuals dedicate a combined total of 16 billion hours daily to unpaid caregiving tasks, spanning from household chores to tending to the needs of their loved ones, forming the essential support system for prosperous families, communities, and economies, with the bulk of this responsibility shouldered by women, and it notably intensifies during times of emergencies or crises.

## USEFUL SOURCES

- Article on Paid Leave to Meet the Health Needs of Aging Family Members in 193 Countries available | [Link](#)
- Global maps available | [Link](#)
- The UCLA Luskin Center for Policy Research on Ageing. Established in 1997, the Center for Policy Research on Aging (CPRA) studies the major policy issues affecting our aging society, including Social Security, Medicare, long-term care, and the societal implications that accompany the aging of the baby boom generation and their children. CPRA is housed at the UCLA Luskin School of Public Affairs. | [Link](#)



## Focus: Analysis on the legal gaps at international level on access to health for older persons



### Dr. Michael Ashley Stein

Co-founder and Executive Director of the Harvard Law School Project on Disability, Visiting Professor at Harvard Law School

**“There is no voice for the right to live at home, age at home, and have dignity at home.”**

1. The issue of the rationales and justifications for having a specialized treaty for the rights of older persons is similar to the one that at the time had the one for persons with disabilities. Under the existing UN treaty system, under the existing UN programming, older persons are not addressed yet.
2. The reason that we have a specialized treaty on persons with disabilities was to shine a light on and to try to ensure that persons with disabilities were included, whereas they were not under international quote, whether it was the Universal Declaration or Human Rights treaties. Just to pick up one issue, we have article 19 in the CRPD on independent living and living in the community. The reason that we have that article, which does not appear in any other human rights treaty, is because of the history of persons with disabilities being segregated, placed into congregate settings.

In the context of older persons, we have in many ways a similar situation in that in much of the world, people who are elders, wish to remain at home for as long as possible. Sometimes the euphemisms are that nursing homes are golden age opportunities. As we saw during COVID, large swaths of the population in these places died, because they were so far down the priority list of receiving care.

3. In many places, they are fortunate to be supported by their families and at times by their governments. However, especially in middle- and high-income countries, as they have industrialized, as they have become wealthier, and as the middle generations have gone to work, there's been a shift towards congregate care as well. The temptation for middle- and high-income countries is to treat individuals in the most efficient way, where we now seem to be in the neoclassical world of efficiency, which means putting individuals into large care settings.
4. The notion of loneliness and its impact upon mental health is one of the social determinants of poor health when people are isolated. When we speak about a treaty, we also should think about the State as supporting or deriving by itself community -based options and support, including family, culturally and socially appropriate ways to help support both a provision of health care, whether it's barefoot doctors or otherwise, and food security and other social services.

### HIGHLIGHTS ON THE HARVARD LAW SCHOOL PROJECT ON DISABILITY

HPOD has demonstrated a steadfast dedication to empowering civil society and other actors by fostering knowledgeable and discerning advocacy for Human Rights. Their endeavours encompass a range of activities, including the provision of comprehensive human rights training and education, the facilitation of international law and policy development, the promotion of inclusive practices in development, the dissemination of technical assistance pertaining to strategic litigation, and the cultivation of innovative perspectives regarding the capabilities of persons with disabilities and their entitlement to human rights.



Harvard Law School  
Project on Disability



5. While governments are not off the hook for their obligations, it is important to be innovative and creative on alternative or supplemental community services in how, whether it's peer-to-peer support or intergenerational support, we can provide a better life for those of us who are older.



## IMPORTANT

Food and physical security, medical care, and other issues are part of the major problems for older persons and can force them into congregate care when there are no other opportunities at home, even with wonderful and supportive families to receive adequate care.

We are in a world now that is facing increased food insecurity, water shortages, and so on. It may be the case that older persons are encouraged to enter into these larger congregate care settings, on the notion that it is the only way that they can receive the support that they need.





# Decade of healthy ageing



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