

**Open-ended Working Group on Ageing**

**Second session, 2 August 2011**

Panel: Right to health of older persons

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**Excellencies, Distinguished Experts, 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.

Let me first start by expressing the Special Rapporteur's full-hearted support for the Working Group, whose work is invaluable to the promotion of human rights of millions of older persons around the world. The Special Rapporteur could not be present with us today because of prior commitments. He nonetheless wished to reiterate his hopes for continued cooperation with the Working Group in future.

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. As a result, submissions from more than 60 States, IGOs, NGOs and NHRIs were received from February 2011. The Special Rapporteur appreciated the high level of participation by States and other stakeholders in what is often perceived to be a complex and marginal area in human rights.

In April 2011, the Special Rapporteur convened in Geneva a meeting with a number of prominent experts to discuss challenges posed by ageing and explore measures to address them from a human rights perspective. The main issues that were considered during the consultations related to primary health care and chronic illnesses; legal capacity and informed consent; palliative care; and home support and institutional care.

That the same month, the Special Rapporteur held also a public consultation on the right to health of older persons in Geneva, which was organized by OHCHR and attended by representatives of nearly thirty States and international organizations. During the public consultation, the Special Rapporteur shared his initial remarks and main observations from

the expert meeting, and engaged in an open dialogue with participants representing States and other relevant stakeholders on the realization of the right to health of older persons.

The Special Rapporteur will present his study in all official languages of the United Nations to the Human Rights Council at its 18<sup>th</sup> session in September. Its official number will be A/HRC/18/37 and it should be issued very soon. In the meantime, I can share with you some of the general observations and main issues that emerged from the consultations.

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 enjoyment of the right to health is not age-dependent. It does not cease once a person reaches a certain age. The Special Rapporteur underlines that **the right-to-health approach is indispensable** for the design, implementation, monitoring and evaluation of health-related policies and programmes to mitigate consequences of the ageing society and ensure the enjoyment of this human right by older persons. Accordingly, health facilities, goods and services should be made available, accessible, affordable, acceptable and be of good quality for older persons. States should take measures to ensure that older persons receive age-friendly health care of a quality commensurate with that provided for other age groups.

Older persons must be viewed as rights-holders, who will often require support in order to claim their rights. The Special Rapporteur cautions against failure to recognize older persons as rights-holders, which may lead to continued prejudice and discrimination against them with profound consequences for their health and welfare. He recommends implementing a right to health framework to ensure the discourse on older persons shifts from a needs-based perspective to a rights-based approach, enabling greater realization of the right to health of older persons.

The Special Rapporteur agrees that, in order to be fully successful, the right-to-health approach should be accompanied by a **paradigm shift** on how society perceives ageing and older persons. He urges States to move beyond striving for a healthy ageing for their citizens and to work towards **active and dignified ageing**, which should be planned and supported just like any other stage of the individual's life. That also requires transforming society's concept of ageing to the one with more focus on the continued participation of older persons in the social, economic, cultural, political and civic life of society.

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 suggests 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 recommends recognizing ageing as **a lifelong process**, and reflecting that in policy, legislation and resource allocation, so that healthcare services allow for healthy and dignified ageing.

The Special Rapporteur believes that States should allocate **more resources for the provision of geriatric healthcare**. He emphasizes the need to ensure that all healthcare workers, irrespective of specialty or profession, are adequately trained to deal with the particular health issues associated with ageing, as well as on the right to health, so they can interact with elderly patients in an appropriate, considerate and non-discriminatory manner.

**Increasing awareness, and empowering**, of older persons is important in order to strengthen their participation in health policymaking and promote the building of networks of older persons. The Special Rapporteur 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.

The Special Rapporteur is particularly concerned about **reported and unreported violence directed against older persons in care**. Special attention is needed to protect older persons 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, which ensures that abuse or violations of rights do not take place, and he further urges putting in place policies and procedures for reporting, addressing and preventing abuse of older persons.

Finally, the Special Rapporteur believes that the issue of **informed consent** for treatment of older persons is increasingly important given global ageing and the consequent societal challenges. He reiterates that older persons are too often taken advantage of due to perceived

ignorance and helplessness, as well as actual physical or mental frailty resulting in decreased ability to provide informed consent. Older persons face more frequently situations in which informed consent is necessary, and the possibility of infringement and abuse is therefore greater. International guidelines and national systems should be developed to regulate practices and ensure that older people are supported in making informed health-care decisions.

The Special Rapporteur recommends establishing and implementing **safeguards to ensure that free and informed consent** is required for any treatment and/or other medical intervention and that this is guaranteed for all patients, no matter their age, condition and treatment proposed. He also urges developing and implementing mechanisms to protect the rights of older persons, if or when they are truly incapable of providing informed consent to any treatment and/or other medical intervention.

**Distinguished members of the Working Group,**

I have just highlighted some of the key observations and main issues from the Special Rapporteur, who will present them in full for the consideration of the Human Rights Council at its 18th session in September 2011. He very much hopes that the debate at the Council, which is currently scheduled to take place on 16 September 2011 can be informed by your deliberations this week.

I would like to conclude my statement by welcoming any comments and questions.

Thank you.