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**SUBSTANTIVE INPUT**  
for the thirteenth session of the  
**GENERAL ASSEMBLY OPEN-ENDED WORKING GROUP**  
for the purpose of strengthening the protection of the human rights of older persons

**Comments on Focus Area 1; Right to health and access to health services**

We comment on Focus Area 1 in view of global policies pertaining to all countries in the world. For answers to the questions relating to Germany in particular, we refer to the answers given by the German government and by the German National Association of Senior Citizens' Organisations (BAGSO).

The shift towards an ageing society entailing new disease patterns, will require new occupational profiles in medical care and long-term care, but will also raise serious questions about the financing of preventive and curative medical care in the coming decades, which we must already answer today in order to finance these immense costs in an appropriate manner.

Even before COVID-19 according to the World Bank, about half of the world's population did not have had access to adequate health care,<sup>1</sup> and this despite the fact that Universal access to health care, without discrimination, is a human right enshrined in the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights as well as stated in Target 3.8. of the Sustainable Development Goals.<sup>2</sup> The social protection floors designed by the ILO in recommendation 202 (2012), also include “essential healthcare” for everybody. Moreover, the recent move towards Universal Health Coverage also emphasises the need for including all persons in medical services.<sup>3</sup>

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<sup>1</sup> <https://www.worldbank.org/en/news/immersive-story/2018/12/07/lack-of-health-care-is-a-waste-of-human-capital-5-ways-to-achieve-universal-health-coverage-by-2030>

<sup>2</sup> <https://sdgs.un.org/goals/goal3>

<sup>3</sup> [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

The medical infrastructure in most countries of the global South is weaker than in the global North, but the global North is also facing problems in realising the human right to health. Germany, e.g., is known to have one of the best health systems in the world. Health insurance was introduced with Bismarck's laws as early as 1883, but the German insurance system is also ailing. Already in 2019, Lancet warned that not all population groups, especially migrants, are entitled to adequate health care in Germany. <sup>4</sup>

Covid-19 has further exacerbated the situation. Before the pandemic, about 61,000 people had no health insurance (although required by law). <sup>5</sup> According to the latest estimates from the beginning of 2023, there are already more than 1 million Germans without sufficient access to medical care. Most of them are over 55 years old, and according to discriminatory laws they cannot re-enter the statutory health insurance, after having opted out to join private health insurance. (with very few exceptions)

The barriers to access to healthcare for older adults need to be addressed globally, this includes the high cost of healthcare. The cost of health care is a major financial burden on families, and healthcare costs increase with age. Around 80% of all lifecycle costs for medicines and care are incurred in the last two years of life. Already now, health systems in the Global South are hopelessly overburdened. Thus, on average, 90% of public health care expenditure worldwide is compulsory (for health care and preventive health care incl. infrastructural measures) and cannot be reduced for other health care expenditure. <sup>6</sup>

While the pandemic has affected all age groups, it has affected older people disproportionately. The risk of discrimination in access to medical services should be monitored carefully for all high-risk groups, including older people. Simultaneously, the prevalence of non-communicable diseases (NCDs), which are the leading cause of death and disability worldwide, is increasing and affects older people in particular. <sup>7 8</sup> In 2022, the WHO Global NCD Platform was therefore established, including the Global Coordination Mechanism on NCDs. In this mechanism, the UN Interagency Task Force on the Prevention and Control of NCDs, together with other stakeholders, oversees cross-cutting initiatives on NCDs and related health challenges. <sup>9</sup> In the process, the platform should also contribute to accumulating better age-disaggregated data in the future, as envisaged by the Titchfield City Group. <sup>10</sup>

In addition to medical challenges, there are societal challenges that limit the effectiveness and quality of care received. Already in 2018, HelpAge International had demonstrated in a study how ageism, lack of autonomy or even paternalistic treatment by healthcare providers

<sup>4</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30245-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30245-4/fulltext)

<sup>5</sup> <https://de.statista.com/statistik/daten/studie/239714/umfrage/bevoelkerung-in-deutschland-nach-art-der-krankenversicherung/>

<sup>6</sup> Picco L, Achilla E, Abdin E, Ann Chong S, Ajit Vaingankar J, McCrone P, et al. Economic burden of multimorbidity among older adults: impact on healthcare and societal costs. 2016;

<sup>7</sup> <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

<sup>8</sup> <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

<sup>9</sup> <https://www.who.int/teams/global-noncommunicable-diseases-platform>

<sup>10</sup> <https://unstats.un.org/unsd/methodology/citygroups/Titchfield.cshtml>

contribute to individuals being reluctant to access services when needed. <sup>11</sup>

To ensure that older adults are able to overcome barriers to accessing health services, health systems, whether in the Global North or South, need to develop a holistic model of care, with professionals who are skilled and knowledgeable in geriatrics and care of the elderly. The Global South in particular must be supported in this respect, as in most Southern countries professional training for medical and care work is little developed and often not provided for in the curricula of medical schools.

**Conclusion:** Unrestricted access to essential health care and long-term care is a human right, which is particularly important, but insufficiently realised for older persons. It is therefore no coincidence that health is highlighted as a priority in the Sustainable Development Goals of the 2030 Agenda for all ages. However, the SDG Tracker of the United Nations shows that we are not on track, i.e. that we are falling far short of the goal of *Leave No One Behind* and older persons still remain a marginalized group.<sup>12</sup>

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[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/missing\\_millions\\_fullreport\\_lowres.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/missing_millions_fullreport_lowres.pdf)

<sup>12</sup> <https://sdg-tracker.org/good-health#targets>