UNIVERSAL HEALTH COVERAGE FOR ALL AGES

An agenda for action

“Accelerating progress towards universal health coverage is not only an aspiration, but a human rights imperative.

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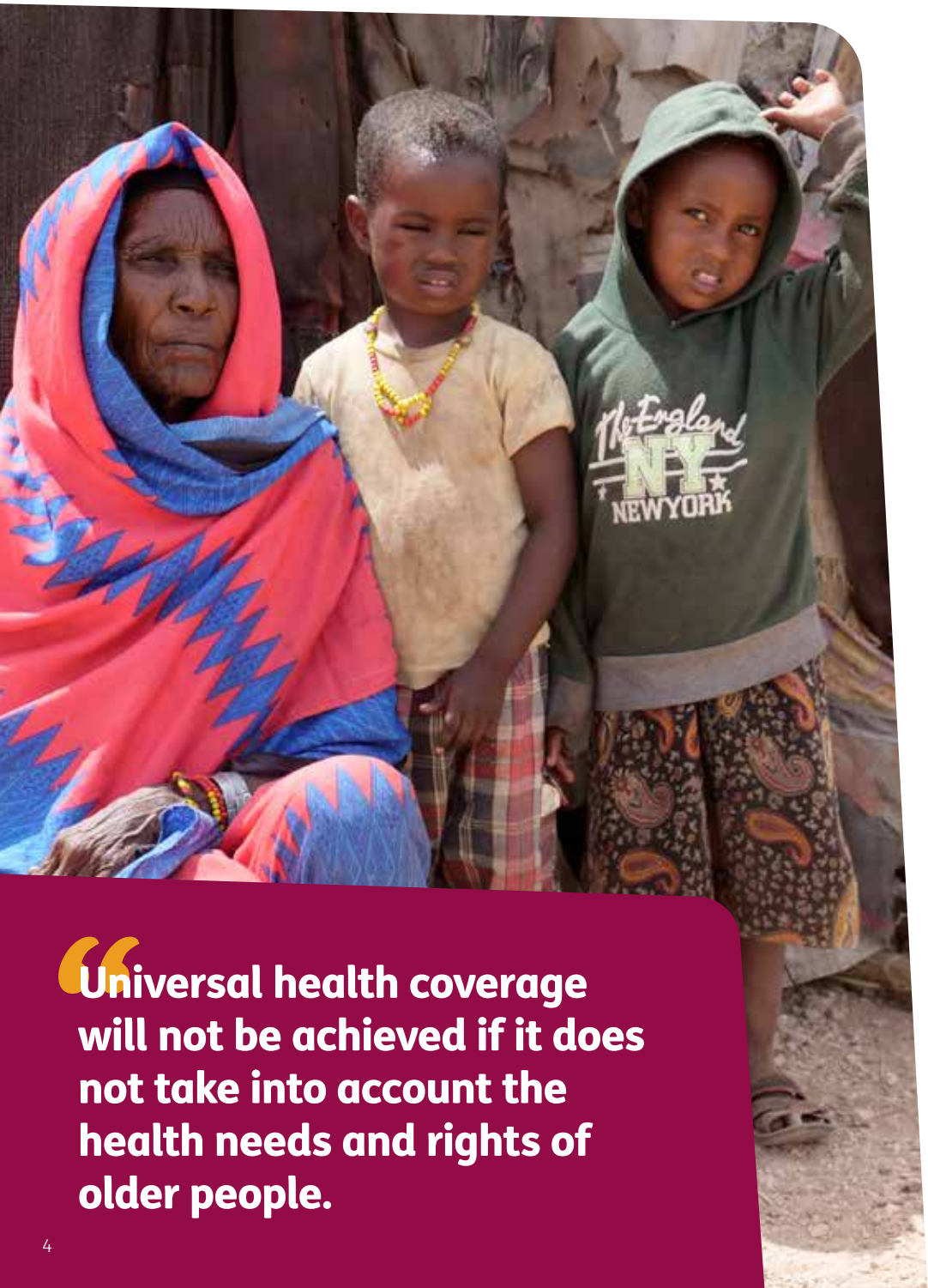

“Universal health coverage will not be achieved if it does not take into account the health needs and rights of older people.

Foreword

Better health is one of the greatest achievements and greatest challenges facing us as a society. Nowhere is this more true than in low and middle-income countries.

Advances in health have meant a remarkable reduction in child and maternal mortality. We are finding ways of turning diseases such as cancer and heart disease from being death sentences into manageable conditions. Economies are being driven by the improving health of their populations. And, perhaps most significantly of all, we are living longer.

These positive changes can only be sustained though if we invest in our health systems and the people who use them. This is why universal health coverage needs to be top of policymakers' agendas.

What Age International has seen from its own work is that real change needs to come from the grassroots, which is why we agree with the World Health Organisation that primary healthcare and community involvement in improving healthcare are so important.

We have also seen that the health landscape in low and middle-income countries is changing and, for universal health coverage to be effective, it must respond to the non-communicable diseases that are now the world's greatest killers.

Change must also come from the top and what is needed now is real leadership from the world's governments to come behind the call for universal health coverage and give it the investment it needs.

The UK Government has been a champion for strengthening health systems and the importance of universal health coverage. We need the UK and other donors to make sure that all members of society, including older people, benefit.

For us at Age International, it is clear: investing in healthy ageing is an investment in the whole of society, and achieving universal health coverage is not possible without it.

Ann Keeling
Chair, Age International

Executive summary

Universal health coverage is fundamental to achieving the human right to the highest attainable standard of physical and mental health, captured comprehensively in the United Nations Sustainable Development Goal 3 to 'Ensure healthy lives and promote wellbeing for all at all ages'. Universal health coverage will not be achieved if it does not take into account the health needs and rights of older people.

Achieving universal health coverage fit for all ages requires intervening at the primary health care level through a person-centred, community-based approach across the life course, taking into account chronic illness and non-communicable diseases such as cancers, heart disease, and diabetes.

Ageing populations are a testament to the global reduction in preventable deaths, improved living standards, and better health.[1] Globally, more than 1 billion people are over the age of 60. This age group is growing rapidly and by 2050 is expected to double to 2.1 billion, with more than 1 in 5 people of the global population over the age of 60. By this time, 80% of older people will be living in low and middle-income countries.[2]

Living longer, however, does not necessarily mean living longer in good health. For older people in low and middle-income countries, ageing is often accompanied by poverty, poor health, discrimination and marginalisation.

Population ageing is taking place alongside other major transitions, such as the shift from infectious illnesses to non-communicable diseases. The impact of non-communicable diseases is not felt equally globally: 77% of all deaths from non-communicable diseases are in low and middle-income countries.[3] There is also a strong link between ageing, disability and non-communicable diseases.[4]

Healthy ageing is about enhancing the capacity of people to do what matters to them as they age, including taking part in daily activities at home and in the community, staying active, and maintaining productivity, health, and wellbeing. It is about maintaining functional ability, not necessarily curing diseases.[5]

Recognising opportunities for improving health at all ages is integral to healthy ageing and is what we mean by a 'life course approach'. It is also important to remember that older people are not a homogenous group. Diverse life experiences across the life course and a person's intersecting identities (wealth/poverty, gender, race, age, disability, marital status, and sexual orientation) have significant influences on older people's health.[6]

Making the case for universal health coverage and healthy ageing

- **It is about human rights:** Accelerating progress towards universal health coverage is not only an aspiration, but a human rights imperative. Everyone has the right to life and the right to the highest attainable standard of physical and mental health, and the right to

participation in all health-related decision-making affecting them. Human rights don't diminish with age, but they do require protection.[7]

- **It is critical for achieving the Sustainable Development Goals:** Promoting good health at all ages contributes to sustainable development across generations[8] and creates an enabling environment in which people can escape poverty and hunger, improve their prosperity and livelihoods through employment, and benefit from opportunities to access education
- **It matters for the economy and society:** It saves money for individuals and their families, the health sector and national economies. Healthier older people stay independent for longer, enabling them to contribute to their households and communities by carrying out paid and unpaid work. For example, in the informal economy, in caring roles, and through productive activities such as farming. It also reduces the amount of time others may have to spend caring for older people.

Health gap for older people

For many older people in low and middle-income countries, there are challenges and barriers that limit their ability to achieve good health and wellbeing.

Factors such as financial status, education, disability, intersectional identities including gender, race, class and sexual orientation, create inequalities that have a cumulative impact on an older person's health.[9] Health inequalities are gendered in later life, as older women outlive men by an average

"Healthy ageing is about enhancing the capacity of people to do what matters to them as they age, including taking part in daily activities at home and in the community, staying active, and maintaining productivity, health, and wellbeing.

of 5.4 years.[10] Longer life spans, however, do not necessarily mean living well for longer. The likelihood of having a disability increases with age, with the majority of disabilities in low and middle-income countries caused by chronic diseases.[11] Older people in low and middle-income countries face a wide variety of barriers that limit their ability to access health services. These include ageism, lack of trained healthcare workforce, prohibitive costs, poor physical access to health care facilities, lack of age-friendly information on health and rights, lack of essential medicines and vaccines, lack of health equipment, exclusion in planning and policy, and the orientation of health systems away from the health needs of older people.

Governments need to make addressing these gaps an integral part of their plans for strengthening health systems and achieving universal health coverage.

Policy commitments

In 2019, the United Nations held a high-level meeting on universal health coverage which committed governments to increase health cover and services for all people by 2030. The high-level meeting recognised the importance of focusing on health outcomes across the life course, and the imperative to 'promote healthy and active ageing, maintain and improve quality of life of older persons and to respond to the needs of the rapidly ageing population, especially the need for promotive, preventive, curative, rehabilitative and palliative care as well as specialised care and the sustainable provision of long-term care'.[12]

In September 2023, the United Nations is revisiting its commitment to universal health coverage in another high-level meeting that will provide opportunities for all governments to re-emphasise the importance of universal health coverage and reinvigorate global health collaboration. This meeting sits alongside another high-level meeting on pandemic preparedness in 2023, and the UN Decade of Healthy Ageing (2021-2030), with a further high-level meeting on non-communicable diseases taking place in 2025.

Governments, such as the UK, which are committed to achieving the Sustainable Development Goals and recognise the importance of universal health coverage, need to bring together these policy strands. Global health security that reduces the risk of future pandemics will only function if it is underpinned by universal health coverage. Universal health coverage is only universal if it addresses the health needs and rights of people of all ages. Health systems that do not respond to the global non-communicable disease crisis are not fit for purpose.

For all governments, policy commitments to universal health coverage need to take account of the health needs of the whole population, including older people. For this to happen, universal health coverage needs financial backing and effective public financing of health systems. However, there is currently systematic under-prioritisation and under-investment in reducing the financial barriers to health.[13]

Evidence of good practice – lessons for achieving inclusive universal health coverage

Evidence from Age International's work with HelpAge International and the experience of other leading organisations worldwide provides valuable lessons on how to move closer to universal health coverage for all.

Lesson 1: Primary health care is key to achieving universal health coverage

Primary health care makes health systems more efficient, effective, and equitable.[14] Governments should focus on building strong primary health care that is inclusive, affordable, and that people trust. Core dimensions of primary health care – patient-centredness, comprehensiveness, integration and continuity of care – have been repeatedly linked to better health outcomes and user satisfaction.[15] Providing strong and accessible primary health services close to where people live helps health systems respond to changing health needs and reaches communities and individuals most left behind, including older people, which is key for health equity.

Lesson 2: Community-based approaches are effective for strengthening primary health care and meeting the needs of hard-to-reach individuals

Experience from HelpAge International and the partners that Age International funds suggests that community groups are at the heart of beneficial and sustainable health systems strengthening. Community groups such as 'Older People's Associations' improve the health outcomes of older people by providing communities with information, resources, and opportunities to make decisions which impact their lives.

Lesson 3: Acting on non-communicable diseases across the life course strengthens health systems

Delivering universal health coverage that responds to the shift from infectious disease to non-communicable diseases – chronic, long-term diseases - requires accelerated investment in the prevention, management, and treatment of non-communicable diseases for people of all ages. Non-communicable diseases can cause significant care and support needs, with many people becoming unable to work, risking poverty and threatening their participation in community life.[16] If addressed and managed effectively, non-communicable diseases do not need to lead to loss of autonomy. Health outcomes for older adults can be highly malleable – influenced significantly by healthy behaviours and lifestyle choices. Health systems can substantially reduce the costs associated with rapidly ageing populations by effectively addressing non-communicable diseases across the life course.

Lesson 4: Health worker training and knowledge does not include older people's health

Achieving universal health coverage requires a health and social care workforce that is trained to respond to the population's needs, yet geriatric training for medical and health workers is rare, to non-existent. Lack of knowledge and training

about older people's health can lead to ageism and negative and discriminatory attitudes directed towards older people. It can lead to the perpetuation of damaging views that health issues are inevitable for older people, or that it is a waste of resources to treat them. This lack of knowledge about older people's health issues can inhibit health workers' ability to respond adequately to older people's health needs.[17]

Lesson 5: Healthcare cannot be delivered equitably if data is not inclusive and comprehensive of older people's health needs

Improving the inclusivity and depth of data and research on older people and their health issues is key to achieving health equity. There are major gaps in data and evidence which stunt efforts to achieve universal health coverage and deliver equity-based health systems.

Currently, the universal health coverage service coverage index relies on age-limited data sources, such as the Demographic and Health Surveys, which excludes women over 50 and men over 55.[18] Gathering data on indicators such as older people's health, barriers to the health system, health service delivery and quality of care, are key to identifying gaps in the system.

Lesson 6: The mental health needs of older people are neglected

Mental health is key for the full realisation of people's right to health wellbeing. The mental health needs of older people living in low-income countries are more pronounced, where the highest suicide rate is among those over 70.[19] Over 20% of older people are currently living with at least one mental or neurological condition, to which 6.6% of all disabilities are attributed.[20] Depression and dementia are the most common mental disorders affecting older people, followed by anxiety and substance abuse problems. Mental disorders are a leading contributor of disability. Dementia is considered one of the most disabling chronic diseases, with mid to late stages of dementia leading to loss of physical and cognitive function, autonomy and independence. Universal health coverage must include comprehensive, integrated mental health care that is inclusive of older people and the chronic health issues that affect mental health.

Lesson 7: Long-term care and support: health systems need to adapt to the realities of longer lifespans

Longer life expectancy, coupled with more people experiencing multiple chronic conditions, means that access to good quality, long-term care and support, is necessary in order to achieve universal health care and ensure people can realise their right to the highest attainable standard of physical and mental health in later life. Long-term care and support needs are highly variable. Many older people remain healthy their entire lives and never require assistance. Some require rehabilitative services such as occupational or physical therapy. For others, as disease and disability increase, it can become difficult to take care of themselves and they may require professional care.

Currently, long-term care and support remains underdeveloped in the majority of low and middle-income countries. When the responsibility for long-term care and support falls to female relatives or community members it perpetuates gender inequalities. There are also significant gaps in the different types of long-term care and support provided, with palliative care (end of life care) being largely unaddressed across low and middle-income countries. Lack of palliative care increases suffering, reduces quality

of life, can lead to unnecessary hospital admissions and use of health services, and places extra burden on caregivers.[21]

Lesson 8: Older people face additional health risks in humanitarian crises, and investment is needed to make humanitarian responses age-inclusive

Older people are among those at greatest risk in humanitarian crises. The inaccessibility of health services in times of emergency is affecting the achievement of health equity for populations at risk of marginalisation. Older people experience particular health challenges in times of crisis, with many older people unable to flee due to mobility issues, pain, and cost of transport, or choose not to, because of the trauma of leaving their homes.

Older people's increased risk of infectious diseases and chronic health problems can quickly escalate in times of crisis with serious consequences or mortality.[22] With food scarcity, limited access to aid, lack of clean water for drinking and washing, and exclusion from nutritional needs assessments, older people's lives are more at risk.

Lesson 9: Achieving universal health coverage goes hand-in-hand with age-inclusive climate policy

Climate change is having significant and increasing impacts on older people's health worldwide. Climate change increases the prevalence of chronic diseases, which further exacerbates health inequalities. Combinations of pollution, poor air quality, varying temperatures and heat worsen cardiovascular and respiratory diseases in older people.[23] Health systems need to adapt to the increasing impacts of extreme weather to protect older people's health.

Extreme climate events can severely disrupt health services and long-term care, disconnecting older people from health and social support. Older people with disabilities, limited mobility, or mental health conditions may find it even more difficult to adapt.[24] There is also untapped potential for older people to be part of the solution.[25] Older people have wisdom to share about the changing climate and their health experiences. Older people and their health issues should be included in climate policy and action worldwide.

These lessons should provide useful guidance to all stakeholders trying to put universal health coverage into practice. Grassroots organisations and NGOs, local, regional and national governments, donor governments, and multilateral agencies all have a role to play in ensuring the health needs of the whole population, no matter what their age, are taken into account.

> **"Universal health coverage needs to take account of the health needs of the whole population, including older people.**

Recommendations to achieve universal health coverage

1 Include older people in universal health coverage plans and policy

Health coverage is not universal without explicitly responding to the rights and diverse needs of older people.

2 All governments should commit to fully fund universal health coverage

Universal health coverage requires governments to secure adequate and effective public financing of health systems and pool funds for risk protection.

3 Strengthen age-friendly primary health care

Primary health care is the bedrock of universal health coverage and needs to cater for people of all ages. Health systems should be accessible for all older people and have appropriate information, products, medicines, equipment and spaces.

4 Support community-based approaches

Bringing healthcare closer to where people live and involving them in improving their own health outcomes empowers older people and their families and is cost-effective. Older People's Associations are effective for health promotion and connecting communities with the primary health care system.

5 Encourage older people to use their voice and advocate for their health

People of all ages, including older people, have a right to the highest attainable standard of physical and mental health, and to be included in decisions that affect them.

6 Invest in the prevention, management, and treatment of non-communicable diseases

Non-communicable diseases are the most significant burden on health systems worldwide and affect older people in the greatest numbers. Emphasis should be placed on prevention, early screening and management of non-communicable diseases across the life course.

7 Train health and care workforces on issues affecting older people

Geriatric training can greatly improve older people's health outcomes, reduce discrimination, and strengthen the delivery of universal health coverage.

8 Ensure older people's health issues are included in data gathering and analysis

Health, socioeconomic, and demographic data gathering do not currently capture the experiences of older people. Collect disaggregated data by age, sex, and disability, at a minimum, including for the oldest old.

9 Invest in the mental health and wellbeing of older people

Primary health care is the bedrock of universal health coverage and needs to cater for people of all ages. Health systems should be accessible for all older people and have appropriate information, products, medicines, equipment and spaces.

10 Integrate long-term care and support into universal health coverage

Adapting to the reality of longer lifespans requires a continuum of care that includes health and social care. Invest in community-based long-term care and support, such as the World Health Organisation's 'Integrated care for older people'.

11 Ensure responses to emergencies, conflict, and humanitarian situations address the health needs of older people

Older people are frequently among those furthest left behind during times of emergency and are at the greatest risk of health complications due to chronic illness and disability. Organisations providing humanitarian response should adhere to the 'Sphere Humanitarian Inclusion Standards for Older People and People with Disabilities' (ICOPE).

12 Include older people and their health needs in climate change research, policy, and action

Older people are acutely at risk from climate change, and their particular needs and contributions must be recognised and valued in climate change policy and response.

13 Advocate for national and international policies that promote and protect the rights and health of older people

Older people's concerns are often left out of national and international policy making, with older people's rights not recognised equally alongside others. Internationally, multilateral agreements must explicitly include older people's health concerns, including the creation of a United Nations convention on the rights of older persons.

Universal health coverage and ageing – the need to act

UHC is fundamental to achieving the human right to health and wellbeing. UHC is captured comprehensively in the United Nations Sustainable Development Goal 3 (UN SDG3) which commits to 'Ensure healthy lives and promote wellbeing for all at all ages'.

UHC underpins the wider development goals of poverty reduction, reduced inequalities and economic growth. These were emphasised by governments in the 2019 UN High-Level Meeting (HLM) on UHC which brought together heads of state, political and health leaders, policymakers, and UHC champions to advocate for health for all.

Accelerating progress towards UHC is not only an aspiration, but a human rights imperative. Governments worldwide recognise UHC's vital role in 'reaching the unreached' and 'reaching the furthest behind first'.[26] Without explicitly responding to the health needs of older persons globally, UHC cannot and will not be achieved.

Achieving UHC that is fit for all ages requires intervening at the primary health care level through people-centred, community-based approaches, and taking into account chronic illness and non-communicable diseases (NCDs) like cancers, heart disease, and diabetes.

Why focus on healthy ageing?

Ageing populations are a testament to the global reduction in preventable deaths, improved living standards, and better health.[27] Globally, more than 1 billion people are over the age of 60. This age group is growing rapidly and by 2050 is expected to double to 2.1 billion, with more than 1 in 5 people of the global population over the age of 60. By this time, 80% of older people will be living in low and middle-income countries.[28]

Living longer, however, does not necessarily mean living longer in good health. For older people in low and middle-income countries, ageing is often accompanied by poverty, poor health, discrimination and marginalisation.

Population ageing is taking place alongside other major transitions, such as the shift from infectious to NCDs. The impact of NCDs is not felt equally globally: 77% of all deaths from NCDs are in low and middle-income countries.[29]

There is also a strong correlation between ageing, disability and NCDs. The United Nations estimates that more than 46% of older people have disabilities, with more than 250 million older people experiencing moderate to severe disability.[30]

Most importantly, there is huge diversity in the experience of being older. There is great variation in the health and capabilities of older people and far-reaching health inequalities exist between countries and within countries, driven mostly by poverty. While some older people require varying degrees of care and support, many others remain independent, active and highly engaged in their families and communities.

What is healthy ageing?

Healthy ageing is about enhancing the capacity of people to do what matters for them as they age, including taking part in activities at home and in the community, staying active, and maintaining their productivity, health, and wellbeing. It is about maintaining functional ability, not necessarily curing diseases.[31]

Recognising opportunities for improving health at all ages is integral to healthy ageing and is what we mean by a 'life-course approach'. It is also important to remember that older people are not a homogenous group. Diverse life experiences and a person's intersecting identities (wealth/poverty, gender, race, age, disability, marital status, and sexual orientation) have significant influences on an older person's health.[32]

Healthy ageing and a life course approach recognise that health outcomes for older people can change at any age, for better or worse. This highlights the importance of policies and interventions at different stages of life that impact health in old age. It means ensuring that health policies consider the differing needs of older adults, including the oldest old. Progress towards UHC is a critical part of healthy ageing. By building inclusive and equitable health systems and societies, UHC helps people enjoy health and wellbeing throughout life.

Making the case for universal health coverage and healthy ageing

It is about human rights: Everyone has the right to life and the right to the highest attainable standard of physical and mental health, and the right to participation in all health-related decision making affecting them. Human rights don't diminish with age, but they do require protection.[33] Currently, health systems are not set up to respond to the diverse needs of older people, leaving millions of older people without adequate care and support. This has an impact on the rights not only of older people, but on the families and communities that depend on them.

It is critical to achieving development goals: Promoting good health at all ages contributes to sustainable development across generations.[34] UHC is critical to improving global health security[35] and ensuring all people receive the health services they need without suffering financial hardship. UHC creates an enabling environment to escape poverty and hunger, improving prosperity through employment, and opportunities for people to access education. Investing in health is investing in people and their capacities to thrive.

It matters for the economy and society: Looking after the health of older people is not just important for individual rights and wellbeing, it has significant benefits for wider society and economies.

It saves money for individuals: Having multiple health conditions is associated with higher levels of healthcare use and greater financial burden for individuals and their families, with medicines being the largest proportion of out-of-pocket-payments.[36] There are huge indirect costs linked to NCDs, leaving less disposable income for individuals and their households.

It saves money for health sectors and national economies: Not prioritising NCDs and people living with multiple long-term conditions places a burden on the economy. It is estimated that around £8 trillion is spent annually on health, with a large part of this attributed to the long-term costs associated with NCDs.[37]

It helps older people improve their health and has benefits for families and communities: Healthier older people stay independent for longer, enabling them to contribute to their households and communities by carrying out paid and unpaid work, for example: in the informal economy, in caring roles, and through productive activities such as farming. It also reduces the amount of time others may have to spend caring for older people.

The health gap for older people

For many older people in low and middle income countries (LMICs), there are challenges and barriers that limit their ability to achieve good health and wellbeing.

Health problems commonly experienced by older people:

Non-communicable diseases (NCDs): The most common conditions experienced by older people are multiple non-communicable, or chronic conditions, including hypertension, lung disease, diabetes, cancer, and dementia. The prevalence of NCDs rises with age.

Physical impairments and injuries: These can also be caused by NCDs and include conditions such as hearing loss, sight loss, neck and back pain, and osteoarthritis.

Mental health: Over 20% of older adults suffer from a mental or neurological condition, with the most common being depression and dementia. Older people may also experience memory loss and other cognitive impairments, which can make performing daily tasks difficult.[38]

Communicable diseases: Older people suffer increased risk from infectious diseases (COVID 19 and flu, for example). For those over 70, respiratory disease is the third leading cause of death. Age-related characteristics such as frailty and immune function decline mean respiratory infections produce more severe diseases, increased hospitalisations and greater mortality in older adults.[39]

Violence, abuse, and neglect: Older people are at great risk of violence, abuse, and neglect (VAN). This includes physical, sexual, psychological, and emotional abuse, financial and material abuse, abandonment, neglect, and serious loss of dignity.[40] With increased numbers of older people, this abuse is predicted to increase.

Nutrition: Nutrient deficiencies are common, but frequently neglected in older people.[41] As people age, their bodies have different nutrient requirements, particularly in relation to disease and medication use. Deficiencies can be due to a variety of factors, including loss of appetite, reduced ability to swallow, changes in taste and smell, medication side effects, and the high cost of nutritious food.[42]

Water, sanitation and hygiene (WASH): Handwashing and clean water decrease the transmission of infectious diseases, from which older people are at higher risk of death. Disability may affect older people's ability to access WASH services; as people age, they may experience incontinence, more infections due to dehydration, and neurological difficulties communicating their needs.[43]

Sexual and Reproductive Health and Rights: Physical and physiological changes in older women and men, including reductions in the production of sex hormones, can lead to poorer health in later life. Adverse consequences from difficult childbirths can also worsen in later life. Despite specific health needs linked to menopause and post-menopause, the needs of older women are rarely considered in sexual and reproductive health and rights which tend to focus on women of reproductive age. The lack of appropriate sexual health interventions earlier in life can also have severe consequences for older women.

Health inequalities

Factors such as a person's financial status, education, disibility and intersectional identities, including gender, race, class, and sexual orientation, create inequalities that can have a cumulative impact on an individual's health in later life.[44] The experiences a person has across their life accounts for approximately 75% of what determines their functional ability in later life. Those most likely to be left behind include older people with disabilities, the oldest old, older women, and older refugees.[45] Leave no one behind (LNOB) is the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs).

Health inequalities are gendered in later life, as older women outlive men by an average of 5.4 years.[46] Longer life spans, however, do not necessarily mean living well for longer. When compared to older men, older women experience poorer mental health and subjective wellbeing,[47] and suffer more from limits in physical functioning, including the ability to undertake activities of daily living and frailty.[48] Older women and men's experience of poor health is also different, with men suffering more from heart disease, cancer, hearing loss, and higher rates of suicide, and women having higher rates of chronic conditions such as arthritis, dementia, depression, and osteoporosis.[49]

The likelihood of having a disability increases with age, with the majority of disabilities in LMICs caused by chronic diseases.[50] Older people with disabilities frequently experience greater health inequalities because of discrimination and violations of their human rights, often due to deep-rooted stigmas and social misperceptions.[51]

"Factors such as a person's financial status, education, disibility and intersectional identities, including gender, race, class, and sexual orientation, create inequalities that can have a cumulative impact on an individual's health in later life.

Those most likely to be left behind include older people with disabilities, the oldest old, older women, and older refugees.

Barriers to inclusive health

Older people in low and middle-income countries face a wide variety of barriers that limit their ability to access health services.

Ageism and age-related stigma: Ageism is pervasive in the health sector. Negative attitudes and preconceived notions about older people can deter older people from seeking help and affect the quality of care they receive. Stigma associated with common health conditions such as dementia can result in older people not receiving early diagnosis and care.[52] Age-discriminatory policies exclude older people and perpetuate health inequalities, for example, NCD targets that measure 'premature mortality' as occurring before age 70, or sexual health programmes focusing only on 'women of reproductive age'. Ageism is associated with poorer physical and mental health, increased risky behaviours, and earlier death.[53]

Lack of trained health and care workforce: The health of older people is largely missing from mainstream medical training in LMICs. For example, in a study of 40 African countries, 35 had no formal geriatrics training for undergraduates.[54] This leaves health workforces ill-equipped to understand and respond to the health needs of their older populations.

Prohibitive costs: Older households are most affected by 'catastrophic health expenditure' which is when health spending is more than 10% of household income or pushes them below the poverty line.[55] One reason is that many older people do not receive adequate pensions, if they receive anything at all. Only 23.2% of older people in low-income countries receive some form of pension.[56] Also, many do not have access to health systems that provide adequate health insurance, leaving them financially insecure and reliant on family members. For older people living in poverty, the cost of transport, seeing a doctor or buying basic medicines is often unaffordable. And living with multiple chronic illnesses is also linked with a higher risk of experiencing catastrophic health expenditure.[57]

Poor physical access: Lack of primary healthcare infrastructure, unaffordable transport and the absence of sufficient outreach services in LMICs mean that health facilities are often inaccessible to older people, especially those with disabilities. In sub-Saharan Africa, 10% of older people need to travel over six hours, often by foot, to reach a health facility.[58] Health facilities can also be unwelcoming to older people with long queues, and a lack of privacy, toilets, or ramps for accessibility.

Lack of age-friendly information on health and rights: Older people often have lower levels of literacy, including health literacy, which limits their access to health information and their ability to make healthy choices.[59] Older people may encounter further barriers in accessing health information, due to limited access to technology, language barriers, and health campaigns aimed at younger age groups.

Lack of essential medicines, vaccines, and health equipment: Drug shortages are a major problem in many low-resource settings, with medicines and equipment for older people (such as those for screening and treating NCDs like hypertension and diabetes) often lacking.

Exclusion in planning and policy: There is no legally binding international framework to provide guidance for governments to address the discrimination and inequalities that older people experience in health policy planning. A United Nations convention on the rights of older people would help by creating an obligation for governments to address older people's right to health.

Health system orientation: Health systems in LMICs are oriented towards infectious diseases and maternal and child health.[60] The approach to health is often disease-specific and focused on acute, time-bound conditions, and fails to promote health across the life course. Health systems are ill-equipped to deal with the multiple co-morbidities people experience as they get older.

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Currently, health systems are not set up to respond to the diverse needs of older people, leaving millions of older people without adequate care and support. This has an impact on the rights not only of older people, but on the families and communities that depend on them.

Policy commitments to universal health coverage

The World Health Organisation recognises UHC as a strategic priority for achieving its goals and UHC is one of the targets set by world governments under the SDGs.

In 2019, the UN HLM on UHC committed governments to increasing health cover and services for all people by 2030, through whole-of-society and equity-based approaches. Importantly, the HLM clearly recognised the importance of focusing on health outcomes across the life course, and the imperative to "promote healthy and active ageing, maintain and improve quality of life of older persons and to respond to the needs of the rapidly ageing population, especially the need for promotive, preventive, curative, rehabilitative and palliative care as well as specialised care and the sustainable provision of long-term care".[61]

In September 2023, the UN is revisiting its commitment to UHC in another HLM that will provide opportunities for all governments to re-emphasise the importance of UHC and reinvigorate global health collaboration. This meeting sits alongside another HLM on pandemic preparedness that is taking place in 2023, and the UN Decade of Healthy Ageing (2021-2030). A further HLM on NCDs will take place in 2025. This will be pivotal for securing greater commitment to addressing one the most pressing health concerns globally.

Governments, such as the UK's, which are committed to achieving the SDGs and recognise the importance of UHC, need to bring together these policy strands. Global health security that reduces the risk of future pandemics will only function if it is underpinned by UHC. UHC is only universal if it addresses the health needs and rights of people of all ages. Health systems that do not respond to the global NCD crisis are not fit for purpose.

The UK Government has recognised that health systems strengthening is key to reaching these commitments.[62] The Foreign, Commonwealth and Development Office (FCDO) Health Systems Strengthening Position Paper (December 2021) recognises the need to consider and plan for both population ageing and the growing youth population.[63] Through this paper, the UK Government made strong commitments to UHC, investing in PHC and working with and for communities, promoting health equity, and ensuring that no one, including older people, are left behind. It also takes into account the significant burden that chronic illness and NCDs are placing on many countries.[64]

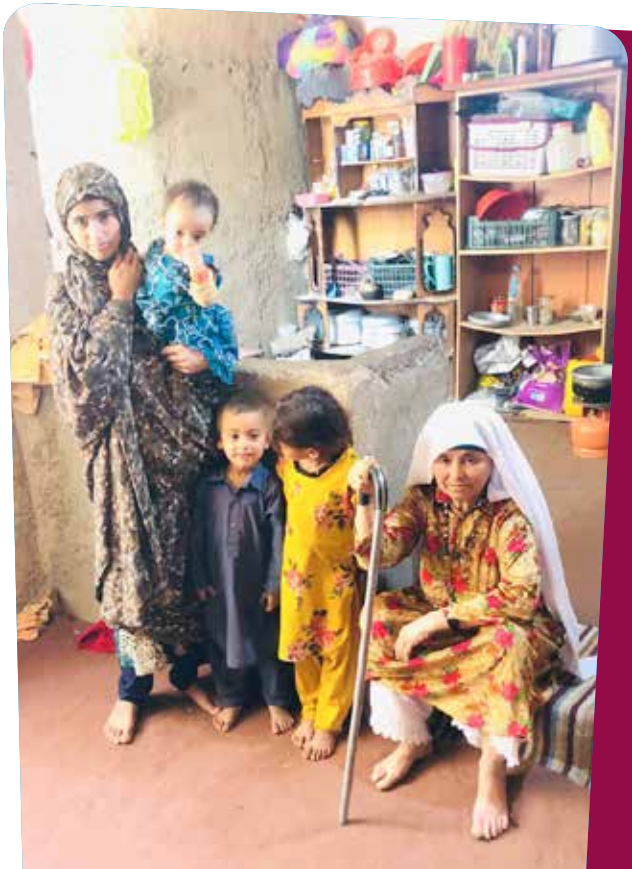
The FCDO's Disability Strategy (May 2022) further recognises the importance of taking an inclusive approach to health that is guided by its commitment to UHC and takes the needs and rights of older people into account. It commits to age-inclusive health in the UK's international development policies and recognises the role of older people in response and recovery efforts related to COVID-19.[65]

Challenges to address

For all governments, policy commitments to UHC need financial backing. UHC requires governments to secure adequate and effective public financing of health systems and pool funds for risk protection. However, there is currently systematic under-prioritisation and under-investment in reducing the financial barriers to health.[66] The UK Government's own support to LMICs in this area has suffered from the reduction of the Official Development Assistance (ODA) budget from 0.7% of Gross National Income (GNI) to 0.5% and further pressures on the remaining budget to pay for the domestic costs of supporting refugees in the UK.[67] This has left little funding available to support LMICs to achieve UHC.

Climate change, conflict, and the COVID-19 pandemic have significantly hindered progress towards achieving the SDGs and UHC. This has been particularly felt in the health sector, with the pandemic causing increased health inequalities, particularly for those already facing health disparities.[68]

The 2022 State of UHC Commitment Review highlights that financial protection has fallen, that little progress has been made in service coverage, and that a significant proportion of the world's population still lacks access to essential health services.[69]



"Global health security that reduces the risk of future pandemics will only function if it is underpinned by universal health coverage. Universal health coverage is only universal if it addresses the health needs and rights of people of all ages.

Health systems that do not respond to the global non-communicable disease crisis are not fit for purpose.

Focus on Older People's Associations in Kenya, Africa

Milka Wanjiru, 85

Milka joined KARIKA in 2012. Kenyan Aged People Require Information, Knowledge and Advancement (KARIKA), is a charity that fights for the rights of older people in Kenya, and was funded by Age International and HelpAge to set up the Older People's Association (OPA) that Milka attends. KARIKA has also implemented the BHOPA II programme (Better Health for Older People In Africa) with our support and funding.

OPAs support older people with healthcare, exercise, income generation, and give guidance on advocating for rights; mobilising local groups in hard-to-reach villages to manage their own care.

Milka appreciates connecting with her peers at the OPA, sharing ideas about how they used to live and fondly remembering their youth. They share meals, exercise and earn money together – she credits these activities with being able to *"go home, relax and go to sleep"*.

Milka received health support including arranging hospital appointments and physiotherapy for her leg and spinal cord injury which enabled her to walk with a stick again. She also received medical check-ups for her eyes including a cataract operation to restore her vision, which had a huge impact on her life: *"I see a big difference in my life because if not for the help I got at KARIKA I would be still at home and I would be blind forever"*. Without KARIKA supporting OPA members to access medical care, she would have received no treatment at all, and been unable to support herself.

Milka's husband died in 2016, and she has no choice but to share her home with one of her sons, who abuses and harasses her. Milka sought help from the authorities to no avail. Milka stays positive thanks to the support she gets at the OPA: *"They know I am a good woman in the groups... and I pray and motivate them, and they can see I am strong enough"*.

Joseph Oliech, 71

Joseph Oliech works as a freelance electrician. Since he joined his local OPA, exercising for health and working together, he has *"been so happy to meet other older people like me. We get to discuss a lot of issues involving us and we leave there very happy."*

Joseph takes part in prayers, exercise, and receives guidance. He also makes soap to sell, providing an additional income: *"We have saved some money that when it gets to December, we share among ourselves ending the year happier."*

Joseph values being able to come together and talk about problems affecting older people, including how to keep healthy, eat nutritionally, and how to deal with abuse and neglect.

Joseph has received medical care as part of the groups support for local people: *"The doctors come to treat us, do some tests on us, and give us some medicines sometimes without paying anything during the medical camps."*

The group has made a significant difference to Joseph's life: *"What motivates me to keep going to these meetings is the unity we have in the group... We only talk about things that help us live comfortable lives. We teach each other and everyone comes out of the group happy... What makes me want to go back to this older person group is that...we go there and get educated on a lot of things about our health and I come out of there healthy."*

Jacinta Kongo 'Mama Safi', 68

Mama Safi's home is the meeting place for her local OPA, supporting older people to keep fit, stay healthy and seek medical care: *"In the group, we educate each other, exercise, and share ideas that keep us more productive. Everyone, even those bedridden and so old even at 80 years old, are members of our group."*

Mama Safi's group support each other: *"We talk to each other and teach each other things that are beneficial to all of us. We do exercises that keep us healthy and fit. Since we started being together it has been very good for all of us."*

Their group regulary invite doctors to facilitate preventative health care such as eye checks, enabling members to seek further treatment and even operations, for free, if they need. They share knowledge and skills on hygiene and cleanliness, and how to maintain this to support disease prevention at home.

Mama Safi's group support each other with income generation, such as training members to farm poultry. They also grow vegetables and fruits which provide much needed food and nutrition, as members can struggle to get enough to eat each day.

In addition, members are supported to fight for the rights of older people in their community to ensure they are treated right. Jacinta said: *"From the groups, older people have known that we have rights. A lot more rights than we thought. And we know that we ought not to be discriminated against and our rights violated. A lot of older people out there do not know much about their rights but am glad we are getting educated... I would want people to know that older people are important in society. We are supposed to be taken care of and have rights."*

Felista Njenga, 61, health volunteer

Felista has been working as a community health volunteer for almost 30 years, she specialises in evaluating and reporting health and domestic issues, and supports over 100 households in the Mukakara region of Kenya. Felista was trained by HelpAge on how to support older people's to advocate for their rights.

Felista says: *"My work is to evaluate the problems within the household e.g. those with health problems and people with disabilities and report them every month and do referrals where necessary. For example, clinic visitations, ongoing vaccination, expectant mothers, and those with chronic diseases. I do follow-ups at home and the cases dealt with at the hospital."*

She explains that older people face challenges in health facilities which prioritise younger people and don't take the time to consult or treat older people well. Felista advocates on behalf of older people: *"I take them back to the hospital and back to the doctors, I explain their problems and they get tested fully and diagnosed and given medication appropriately. The doctors listen to us a lot because they fear us as Community Health Volunteers. So even after testing, they prescribe different medications appropriate for the illness they are suffering."*

Felista says: *"Older people have rights like everybody else in the country. They have needs and rights that need to be observed. They also need to be listened to and they have the right to receive appropriate medical attention."*

She has been supported by the BHOPA programme led by HelpAge and Age International to advocate and support older people to improve their lives.

"I feel very great and happy that my position in society has been beneficial not only to me but to a lot of older people in the community I work with as a Community Health Volunteer. I feel good as an older person that I have my rights and I have a say and I can be listened to, and my older people are also listened to."

Evidence of good practice – lessons for achieving inclusive universal health coverage

Evidence from our work with HelpAge International and the experience of other leading organisations worldwide provide valuable lessons on how to move closer to UHC which is inclusive of people of all ages.

Lesson 1

Primary healthcare is key to achieving universal health coverage

Investing in strong PHC globally is key to achieving UHC and SDG3 (SDG3: Ensure healthy lives and promote well-being for all at all ages). It is also the best way to ensure that health services reach those who need it most, including older people. However, health systems are largely unprepared for changing demographics and the increasing number of older people with chronic conditions. The 2022 World Health Assembly reported that health spending is skewed towards secondary and tertiary care. However, at least half of the global population lack access to essential health services. It is estimated that up to 90% of essential services can be delivered by PHC.[70]

PHC makes health systems more efficient, effective, and equitable.[71] Governments should focus on building a strong PHC that is inclusive, affordable, and that people trust. PHC should be integrated within the wider health system and designed and delivered to meet the health needs of older men and women equally.[72]

Core dimensions of PHC – patient-centredness, comprehensiveness, integration and continuity of care – have been repeatedly linked to better health outcomes and user satisfaction.[73] It is cost-effective to provide comprehensive health services close to people and their communities.[74] The benefits of PHC go further than cost reduction. Strong PHC helps narrow the gap between advantaged and socially deprived populations, through its emphasis on prevention, long-term, patient-centred care, and reduction of medical costs.[75]

More accessible, community based PHC results in lower rates of hospitalisation, prevents unnecessary procedures, reduces the need for costly facilities, delays the onset of chronic disease and reduces mortality rates.[76] It places emphasis on responding to people's health throughout the life course, and on empowering people through awareness and education.

Key actions needed to ensure primary healthcare is inclusive of older people:

Address barriers older people face in accessing services and support. Developing age-friendly infrastructure that suits older people is key. Some countries do not have dedicated wards for older people in hospitals or local clinics. Health facilities with long queues, no toilets, lack of privacy, or having to disclose private information to younger health workers can dissuade older people from using health services.[77]

Follow the Reach, Enter, Circulate, and Use (RECU) principles.[78] RECU helps increase access to health and WASH services for older people and people with disabilities:

REACH: Ensure older people can reach the facility.
ENTER: Ensure older people can access the services or facilities.
CIRCULATE: Ensure facilities have enough space to move around comfortably.
USE: Ensure all services and facilities are designed for older people to use.

Wheelchairs, walking sticks, spectacles, prosthetics and orthotics, hearing aids and digital devices, decrease the need to rely on care, and transform the lives of older people and those with disabilities.

Create designated spaces for older people, with privacy and accessible infrastructure to improve healthier behaviours and outcomes in older people.

Strengthen water, sanitation and hygiene (WASH) services for older people in all settings, including communities, health facilities, and humanitarian settings. Many WASH interventions focus on mothers and children, with little focus on older people. When toilets are not accessible, older people may become housebound or defecate outside. This can result in older people being increasingly at risk of disease.

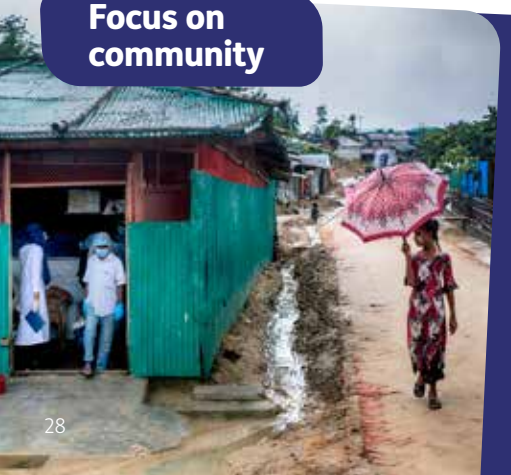
Introduce and strengthen mobile health clinics and services to bring healthcare closer to those who need them most, including older people. In the HelpAge Better Health for Older People in Africa (BHOPA) programme, mobile health services are considered crucial to ensuring older people, especially those with disabilities, can access better care. The programme's collaboration with the private sector provides an interesting example of how to expand mobile health services.

Empower older people through education and awareness to improve access to healthcare. Include older people in the design and planning of health services. Programmes such as BHOPA found that older people want to be active in decisions affecting their health. Older people can share healthy behaviour messages with their households and communities.[80] Ensuring messaging is accessible for older people who may not be literate or digitally aware is key.

Invest in person-centred, early and efficient screening and referral systems. Take into account the whole person, rather than addressing health issues in isolation. Older people can be disconnected from health services, with limited ability to self-identify or be screened for conditions. Health staff with poor knowledge of issues affecting older people can result in low or incorrect diagnoses and referrals.

Reduce prohibitive costs and lack of supply of drugs and medicines. Governments need to improve health insurance schemes, ensure that medicines are provided for conditions common in older age, and that these medicines and health services are affordable, or ideally free, to those in older age.

Focus on community



Age Friendly Spaces: Bangladesh

We created 'Age Friendly Spaces' in Cox's Bazar, Bangladesh (a settlement for Rohingya refugees fleeing Myanmar) to provide services including health check-ups, nutrition, hygiene kits, and psychological support for older refugees. We made adaptations to remove barriers for older people, including accessible stairways and toilets. Prior to these, older people did not have access to health services and were not able to make their voices heard.[81]

Lesson 2

Community-based approaches are effective for strengthening primary healthcare and meeting the needs of hard-to-reach individuals

Experience from HelpAge International and partners that Age International funds suggests that community groups are at the heart of beneficial and sustainable health systems strengthening. This ties to one of the fundamental principles of PHC – that everyone, everywhere, deserves quality care in their own community.

Community groups, or 'Older People's Associations' (OPAs), can be comprised exclusively of older people or open to all ages. OPAs exist in various countries such as Kenya, Mozambique, Vietnam and Indonesia, and are delivered through both trained community workers and volunteers. OPAs improve the health outcomes of older people by providing communities with information, resources, and opportunities to make decisions affecting their own lives.

OPAs benefit the community by:

Focusing on health promotion and healthy behaviours, including sharing of health information, preventative behaviours, healthy eating, physical exercise, and screening for health issues such as NCDs.

Training members in health data collection and advocacy, which has been used to channel older people's voices into meaningful policy change.

Addressing barriers older people face in accessing healthcare.

Providing opportunities to improve income and livelihood security, including access to microcredit, table banking schemes, and small-scale entrepreneurship.

Being self-sustaining and cost-effective as the community takes ownership over their continued running.

Being a mechanism to spread and cascade health information to typically hard-to-reach populations.

Connecting networks of community-based care and community health volunteers.

Improving older people's mental and physical health by concentrating specialised screening on conditions that older people are at high risk of, such as NCDs.

OPAs empower older people to know their rights, share their lived experiences, self-manage their health, gain skills in health advocacy, and enable them to become involved in the planning of programmes and policies which affect them. A key learning from BHOPA is that creating the space for older people to come together with service providers, local governments and health organisations helps to reduce barriers and improve access to good quality healthcare that responds to their needs.

Key actions needed to strengthen community care for older people:

Provide funding and training to build the capacity of community workers and volunteers to deliver inclusive and evidence-based health care and support. A well paid and well-trained health and care workforce is key to supporting healthy ageing and UHC across the life course.

Encourage the formation of intergenerational community groups to promote older people's rights, combat ageism, and reduce barriers to healthcare.

Maximise the benefits of OPAs to improve health promotion and healthy behaviours, including sharing of health information, preventative behaviours, healthy eating, physical exercise, and early screening for health issues such as NCDs.

Facilitate the sharing of best practices and lessons learned between OPAs and other community-based care networks to improve the health of older people.

Focus on community

Community action days and dialogues

Community action days and dialogues for sharing health information and awareness. In India, Gramin Vikas Vigyan Samiti (GRAVIS), an implementing partner of HelpAge International, organises monthly health camps for older people.

Without these camps, the older people do not have access to health systems and many have their health conditions neglected by the family members they reside with. By attending health checks and receiving medicine free of charge through these health camps set up in local villages, many older people have seen their health improve.[82]

Lesson 3

Acting on non-communicable diseases across the life course strengthens health systems

Non-communicable diseases (NCDs) are now the top global killers, making up 74% of all deaths globally and contributing to 80% of all years lived with disability, and 87% of deaths for those over 55.[83,84] Delivering UHC that responds to the shift from infectious disease to NCDs – chronic diseases - requires accelerated investment in the prevention, management, and treatment of NCDs for people of all ages.

The gap in NCD financing is huge, reduced to 1-2% of development assistance for health over the last two decades.[85] Financial commitments to addressing NCDs are eclipsed on the global agenda by spending on health security, child and maternal health, and infectious diseases such as TB, malaria, and HIV.[86]

Older people are at highest risk of NCDs, yet it is estimated that 80% of NCDs are preventable, driven by modifiable risk factors including diet, physical activity, smoking, alcohol, and air pollution.[87] With the right healthcare provision and policies, many NCDs can be prevented and managed through low-cost, evidence-based, timely interventions.

NCDs can cause significant care and support needs, with many people becoming unable to work, risking poverty and threatening their participation in community life.[88] If addressed and managed effectively, NCDs do not need to lead to loss of autonomy.

Challenges in tackling NCDs

There is a deep lack of awareness of NCDs and their risk factors in many LMIC contexts, and lack of investment in their prevention, management, and treatment. NCDs are usually poorly integrated into the broader health system, which tends to be oriented towards infectious diseases.

There is lack of recognition that NCDs affect people of all ages, leading to a greater, costly disease burden in later life.

Many NCD interventions tend to exclude older people and indicators only measure death from NCDs before the age of 70, meaning data on older people is entirely missing.[89]

Often, the built environment in urban areas is not conducive to physical exercise and healthy living. Constrained built environments without space for physical activity contribute to sedentary lifestyles, which are associated with frailty amongst older people and are a risk factor for NCDs.[90]

How to address NCDs for all at all ages:

Health outcomes for older adults can be highly malleable – influenced significantly by healthy behaviours and lifestyle choices. The UK FCDO's disability strategy emphasises a commitment to protecting the rights of people at all stages of life and to promoting an inclusive approach to health management.[91] Health systems can substantially reduce the costs associated with rapidly ageing populations by effectively addressing NCDs.

Some of the most beneficial NCD prevention interventions for those in later life include exercise, a healthy diet,[92] and early screening. Better NCD preventative care at the PHClevel is needed to screen, identify, and treat people for NCDs at the community level, to help delay the onset of chronic disease and reduce mortality rates.

Key actions needed to include NCD care across the life course:

Ensure that health services are directed towards the rising prevalence of NCDs.

Prioritise prevention and early screening for NCDs at the community level, with strong referral systems in place, to help delay the onset of chronic disease and reduce mortality rates.

Promote exercise, healthy diet, and self-management of health across the life course.

Build the skills and experience of health and care workers to respond to NCDs.

Improve the supply of essential medicines for the management and treatment of NCDs and ensure health insurance schemes include NCD services and medicines. This is key to addressing equity across financial, population, and service coverage.

Focus on primary and community care

Spotlight on: Scaling Up NCD Interventions

The journey towards UHC requires strong evidence-based policy and programming. SUNI-SEA in South-East Asia is an EU-funded evidence-based programme that HelpAge International and Age International support. Through enhancing PHC and community health services, it seeks to inform governments how to scale up strategies to tackle NCDs.

SUNI SEA's core methodology is:

- Focusing NCD prevention and management on primary healthcare facilities
- Involving communities and bringing prevention and self-management to where people live
- Linking NCD prevention to socio-economic development
- Introducing integrated financing of health prevention and clinical care for NCDs

The SUNI-SEA programme provides compelling evidence on the most successful ways to implement and scale-up effective NCD interventions: the role of the community emerged as key. Communities need increased awareness of their rights and to be supported to take ownership over their own health. Connecting communities to local health facilities through OPAs helped increase community screenings, local funding and ensured older people became meaningfully involved in regional and national policy, programming, and advocacy work.

Lesson 4

Health worker training and knowledge does not include older people's health

Achieving UHC requires a health and social care workforce that is trained to respond to the population's needs, yet geriatric training for medical and health workers is rare, to non-existent.

In a study of 40 African countries, 35 had no formal geriatrics training for undergraduates.[93] Many LMICs lack courses that train health workers on geriatrics or national guidelines on older people to inform their clinical care, leaving staff to treat older adults with the same guidelines as younger adults. Health workers are less able to identify, screen, advise and treat the health issues older people experience. Lack of knowledge and training about older people's health can lead to ageism and negative and discriminatory attitudes directed towards older people. These ageist attitudes manifest in staff treating older people harshly, or ignoring them, poor communication skills, and fear of talking to older people due to concerns around age differences.[94] It can lead to the perpetuation of damaging views that health issues are inevitable for older people, or that it is a waste of resources to treat them.

Key actions needed to make health worker training more inclusive of older people's needs:

Empower health workers and volunteers with quality training: When health workers and volunteers are empowered with knowledge about older people's health, they respond to older people's needs in a highly effective way.

Reform health curricula to improve geriatric knowledge and training for health workers: Health workers need to know how to deliver medicines, vaccines, long-term care, and assistive products to ensure older people's physical, mental, and cognitive needs are met.[95]

Ensure existing and relevant policies at international and national levels are cascaded down to regional and community levels: Such as the WHO's Integrated Care for Older People (ICOPE) resource which provides recommendations for preventing, slowing, or reversing declines in the mental, or physical, intrinsic capacities of older people.

Ensure geriatrics is an independent module within nursing and medical curricula: Health workers should train for specialist degrees and diplomas in geriatrics and gerontology.

Train community workers: Community health workers and volunteers can deliver effective age-inclusive PHC with targeted training and strong local connections.

Implement policies and programmes that assess quality and appropriateness of assistive products: Ensure that relevant professionals, such as physical and occupational therapists, are trained in the use of assistive products to ensure successful implementation.[96]

Train wider social services staff, such as police and child service workers: To ensure they are sensitised to older people's health issues and are able to signpost and work with appropriate services.

Focus on progress

WHO's Integrated Care for Older People (ICOPE)

WHO's Integrated Care for Older People (ICOPE) reflects a continuum of care that will help to reorient health and social services towards a more person-centred and coordinated model of care. The ICOPE Guidelines provide recommendations based on the best available evidence of what works to prevent, slow, or reverse declines in the physical and mental capacities of older people.[97]

There are many examples of where countries are making progress on age-inclusive universal health coverage. However, there is a great need for knowledge sharing and expertise exchange on issues and solutions pertaining to older people's health. Partners working in low and middle-income countries express eagerness to learn from others working in similar contexts, as well as those more experienced in living with an ageing population, like the UK.

Focus on volunteers

Better Health for Older People in Africa

In Phase 2 of HelpAge's 'Better Health for Older People in Africa' programme, the training of community health volunteers (CHVs) played an integral role in bridging the gap between the community and health facilities.

Volunteers received training from qualified health professionals with the aim of building their capacities to support healthy ageing, older persons' health and wellbeing. The syllabus for this training included: nutrition, physical activity, sexual and reproductive health rights, mental health, communicable diseases, non-communicable diseases, disability, geriatric syndromes, polypharmacy, palliative care, and older persons and emergencies.

Volunteers were found to be highly beneficial in linking older people to the wider health system. The project created a comprehensive referral checklist and Community Health Volunteer training manual, and trained volunteers in a variety of responsibilities, including screening, referral, basic data collection, and home-based care. They conducted home-visits to older people, follow-ups, and provided regular updates to local health services. After the outbreak of the COVID-19 pandemic, the volunteers were further trained to respond to, and assist, older people, including sharing health information, addressing common fears, and distributing personal protective equipment.

The programme evaluation found that the engagement of volunteers significantly enhanced referrals to health systems, both from informal levels to the formal health system and between levels of the formal health system.

The improved connection to informal and formal health systems was credited with reducing the burden of care among other age groups within the households, including employed young adults.

Lesson 5

Healthcare cannot be delivered equitably if data is not inclusive of older people's health needs

Improving the inclusivity and depth of data and research on older people and their health issues is key to achieving health equity. There are major gaps in data which stunt efforts to achieve UHC and deliver equity-based health systems strengthening.

Data is missing

Data and evidence relating to the health status and needs of older people is significantly lacking. Currently, the UHC service coverage index relies on age-limited data sources, such as the Demographic and Health Surveys (DHS), which excludes women over 50 and men over 55.[98] 34 out of 40 countries in Africa did not include anyone over 64 in their data collection on NCD prevalence.[99] When data is collected on older people, it is often categorised as 60+. This neglects the range of needs that different cohorts of older people face.[100] For health delivery to be inclusive of older people, data should be disaggregated by sex, age, and disability, with age-caps removed.

Data is not comprehensive

There are major gaps in health research on older people. Data on key issues such as sexual violence, abuse, and neglect are not collected in a systematic way for older women, or those with disabilities. Research into quality of care for older people is significantly lacking, despite being critical to achieving UHC.[101]

Gathering data on indicators such as older people's health, barriers to the health system, health service delivery and quality of care, is key to identifying gaps in the system. Despite this, the SDG3 indicator[102] measuring access within UHC does not measure the barriers faced by older people, including physical access to health facilities, and staff skills, attitudes, and knowledge.

During humanitarian crises, aid organisations and governments face extra challenges in gathering inclusive data to inform policy and programming. Collecting data on older people's health needs is crucial to developing inclusive humanitarian crises response.

Key actions needed to improve health data on older people

Ensure data is collected and disaggregated at a minimum, by age, sex, and disability, including for the 'oldest old'.

Remove discriminatory age caps from data and indicators for NCD and other health targets.

Promote research and data collection on older people's health and barriers to accessing health care.

Support the work of the UN Statistical Commission Titchfield City Group on Ageing which seeks to develop better tools for improved age disaggregated data.

Lesson 6

The mental health needs of older people are neglected

Mental health is key for wellbeing. The mental health needs of older people are more pronounced, especially for those living in low-income countries where the highest suicide rate is among those over 70, six times higher than the 15-69 age group.[103] Despite this, health systems are not responding to the mental health needs of older people.

Over 20% of older people are currently living with at least one mental or neurological condition, to which 6.6% of all disabilities are attributed.[104] Depression and dementia are the most common mental disorders affecting older people, followed by anxiety and substance abuse problems.

A recent study in Kenya found that about 43% of those surveyed were likely to have depression that required urgent attention.[105] Global dementia numbers are expected to nearly triple to over 152 million by 2050, with the highest growth expected in LMICs. This is due in part to increases in ageing populations and an increase in risk factors including obesity, diabetes, and sedentary lifestyles.[106]

The mental health needs of older people are exacerbated by physical and social barriers. Some stressors for mental health disorders become more common in later life, such as reduced mobility, chronic pain, and frailty, decreased socio-economic status, personal loss, bereavement, lack of mobility and exclusion from society.[107] In LMICs, older people are often the poorest members of the population – lacking pensions or consistent income – relying on younger family members for support.[108] Older women are more likely to experience mental health conditions like anxiety and depression, while the suicide rate is higher for older men.

Mental disorders are a leading contributor of disability. Dementia is considered one of the most disabling chronic diseases, with mid to late stages of dementia leading to loss of physical and cognitive function, autonomy and independence.

Mental, neurological, and substance abuse conditions require prompt recognition and treatment. However, access to mental healthcare is severely lacking in many low-resource settings. LMICs spend the lowest on mental health worldwide, and the majority of this investment is focused on delivering mental health support through psychiatric institutions, with a lack of community care or trained staff.

This treatment gap is exacerbated by various social stigmas and a lack of awareness, which are barriers to seeking help for mental health issues. Individuals with mental health issues may experience discrimination, rejection, ignorance or be ostracised from their community.

Key actions needed to improve older people's mental health

Health systems need to recognise and respond to the mental health needs of older people and integrate mental healthcare within PHC. The UK has been a champion for greater focus on mental health within the policy and strategic approaches of multilateral initiatives such as the Global Fund. However, currently, the FCDO only explicitly addresses mental health through funding psychosocial support in humanitarian interventions. We need to ensure mental health services are available and accessible to older people globally.

Invest in community-led PHC interventions to improve older people's mental health. These are particularly key in LMICs and help to bridge the gap between the mental health needs of older people and access to care. This includes trained health workers, improved early diagnosis and referral, and improved focus on long-term care.

Maximise the benefits of OPAs to help counteract risk factors such as social isolation and loneliness. Community groups help older people socialise and engage in productive activities, helping maintain wellbeing, boost mood, give a sense of purpose, and improve cognitive function.[109] In the BHOPA programme, OPAs gave older people a space to talk about, screen for, and receive referral for mental health issues. Moreover, exercise clubs for older people from the BHOPA programme in Mozambique were instrumental in improving both older people's physical and mental health.[110]

Promote interventions that focus on reducing stigma and improving awareness about mental health amongst community, health workers, and wider social services.

"Mental disorders are a leading contributor of disability.

Dementia is considered one of the most disabling chronic diseases, with mid to late stages of dementia leading to loss of physical and cognitive function, autonomy and independence.

Lesson 7

Long-term care and support: health systems need to adapt to the realities of longer lifespans

Longer life expectancy, coupled with more people experiencing multiple chronic conditions, means that access to good quality, long-term care and support, is necessary in order to achieve UHC and ensure people can realise their right to health in later life.

Long-term care and support (LTCS) encompasses a range of health services relevant to later life, including:

- preventing debilitating diseases through early screening and intervention
- strengthening community support services
- fostering family relationships and bonds
- providing family carers with the support they need
- creating and strengthening caregivers' skills and knowledge.[111]

Long-term care and support needs are highly variable. Many older people remain healthy their entire lives and never require assistance. Some require rehabilitative services such as occupational or physical therapy. For others, as disease and disability increase it can become difficult to take care of themselves, and they may require professional care. Older adults with conditions such as advanced dementia or severe loss of functional capacity may require higher levels of support.[112]

Current status of long-term care and support:

Currently, LTCS remains underdeveloped in the majority of LMICs, where the prevention and treatment of infectious diseases takes priority. This means older people lack access to long-term care services or facilities, or they cannot afford it, leaving the responsibility for caring to families and neighbours, or no-one at all. When LTCS is provided by the government, there are two benefits to women and girls.

Firstly, it relieves them of some of the informal, unpaid support they would otherwise have had to provide and second, it provides opportunities for paid employment. When the responsibility for LTCS falls to female relatives or community members it perpetuates gender inequalities. As family sizes decrease, children move away out of economic necessity or other reasons, and more women enter the workforce, the need for quality LTCS systems is increasing urgently.

There are also significant gaps in the different types of LTCS provided. Palliative care (end of life care) is largely unaddressed across LMICs. For example, only 10% of people needing palliative care can access it, and 75% of the world lacks access to essential medicines for pain relief.[113] Rights related to long-term and palliative care are not included within current international human rights law, making policy and standard setting in this area more difficult.

Key actions needed to adapt health systems to longer lifespans:

LTCS needs to be integrated into national health system policies including the continuity of care over the long-term, as stated in the WHO guidelines for integrated care for older people (ICOPE).

Train community health workers and volunteers on the long-term health and support needs of older people.

Promote home-based and community-based care as a cost-effective way to provide LTCS health services. ICOPE guidelines recommend that care for older people to maintain capacity and functional ability, should be delivered through primary and community care.

Ensure unpaid and paid carers receive support for the critical role they play in their families and the community. The overwhelming majority of carers are women, and they need adequate financial support and social protection.

Focus on community

Interventions in Thailand, Vietnam and Myanmar

Interventions in Thailand, Vietnam and Myanmar that Age International supports provide strong evidence of the benefits of community and home-based care to support older people. Across these countries, HelpAge International recruited volunteers from communities and trained them in health and social care to enable them to support older people, with a specific focus on those who are disadvantaged, or bedridden. The training led to referrals between informal and formal health systems which previously did not exist.

A health system strengthening project in Tanzania saw similar benefits from investing in home-based care. The programme trained community health workers on how to make early referrals and identify diseases affecting older persons for a variety of age-related conditions, chronic infectious diseases, NCDs, and Sexual and Reproductive Health issues (SRH). This was highly successful, and the training was linked to key improvements in the provision of age-inclusive healthcare.

Lesson 8

Older people face additional health risks in humanitarian crises; investment is needed to make humanitarian responses age-inclusive

Humanitarian crises, conflict and climate change are some of the greatest obstacles to universal health coverage. The inaccessibility of health services for populations at risk of marginalisation is affecting UHC's goal of health equity. Older people are at greatest risk in these crises. Humanitarian principles require that the health needs and rights of older people also be taken into account, yet health interventions specifically responding to their needs are minimal.

Older people experience particular health challenges in times of crisis. Many older people are unable to flee conflict due to mobility issues, pain, and cost of transport, or choose not to, because of the trauma of leaving their homes. Age International and HelpAge International's response to the 2022 invasion of Ukraine found older people struggling to escape danger in conflict-affected regions, with many separated from their families, leaving them without support.

Older refugees are often at the bottom of the priority list in humanitarian emergencies. During the Syrian crisis, (the last decade of humanitarian crisis and hostilities has left children in Syria facing one of the most complex emergencies in the world), Age International's partners found that older people's specific needs were poorly addressed and their lack of ability to earn an income further reduced their access to healthcare. Research in Lebanon in 2014 highlighted that 54% of older refugees were affected by one or more NCDs, and 65% were suffering from psychological distress.[114]

Older people's increased risk of infectious diseases and chronic health problems can quickly escalate in times of crisis with serious consequences or mortality.[115] With food scarcity, limited access to aid, lack of clean water for drinking and washing, and exclusion from nutritional needs assessments, older people are more vulnerable to a lack of nutrition.

The impact of NCDs can worsen significantly during emergencies as medications for conditions like diabetes and hypertension are not prioritised. For older people, crises can be traumatic, debilitating, and stressful. A HelpAge survey found that even prior to the February 2022 invasion of Ukraine, 96% of older eastern Ukrainians experienced conflict-related mental health issues.[116]

Digital technologies hold the potential for expanding access to health information, virtual services, and improved health data collection with often marginalised older populations. The digital divide between younger and older age groups can perpetuate inequalities, however, as very few older people have access to these technologies.

Key actions needed to make humanitarian interventions more inclusive of older people:

Make responses inclusive of older people. All stakeholders working in humanitarian settings should use the Sphere Humanitarian Inclusion Standards for Older People and People with Disabilities[117] to guide their work.

Provide aid which includes assistive devices. Ensure responses are inclusive of persons with disabilities by providing assistive items such as wheelchairs, walking sticks, and commodes.

Provide cash transfers to ensure health services are accessible for older people, giving them the freedom, independence and dignity they need to address their own health needs.[118]

Include health services and medications for NCDs[119] and provision of mental health support that is relevant to and inclusive of older people.

Strengthen safeguarding protections for older people, by creating safe spaces in which older people can access health and psychosocial services, food and respite, training emergency responders in the health, care and safeguarding needs of older people, and giving out flashlights and whistles to keep older people safe during crises.

Address the WASH needs of older people such as the provision of clean water for washing, incontinence pads, increased privacy and accessible toilets.

Focus on crisis response

Monsoon flooding in Pakistan

Older people were left behind when the monsoon arrived in Pakistan as younger people fled for their lives. Many people's livelihoods and belongings were washed away, including vital medications for chronic health conditions, and many older people developed respiratory problems after being forced to stand in water for long durations of time.[120]

Assistive products, such as wheelchairs, walking sticks, and commodes, were crucial during Age International and HelpAge International's recent response to the Pakistan floods. Older people were also provided with shelter kits to assist during the colder weather, as well as bedding and mosquito nets.[121]

Lesson 9

Achieving universal health coverage goes hand-in-hand with age-inclusive climate policy

Climate change is having significant and increasing impacts on people's health worldwide, but the health impacts on older people and other at-risk groups such as people with disabilities in low and middle-income countries is wide-reaching. Climate change increases the prevalence of chronic diseases, which further exacerbates health inequalities. Combinations of pollution, poor air quality, varying temperatures and heat worsen cardiovascular and respiratory diseases in older people.[122] Older people often suffer more from heatwaves and heat stress as they are less able to regulate their body temperatures.[123] Older people with underlying health conditions living in poor, overcrowded urban areas are particularly at risk to both heat and cold stress.[124] Climate change can lead to reduced access to clean drinking water; staying hydrated is key to older people's health.

Globally, adults over the age of 65 were exposed to 3.7 billion more heatwave days in 2021 than annually in 1986-2005, with heat-related deaths increasing by 68% from 2000-2004 to 2017.[125] Health systems need to adapt to the impacts of extreme weather to protect older people's health.

Older people and people with disabilities experience disproportionate health impacts and risk of dying from extreme weather events due to lack of appropriate and accessible shelters, their inability to evacuate, and a lack of assistance.[126] Extreme events can severely disrupt health services and long-term care and disconnect older people from health and social support. Older people with disabilities, limited mobility, or mental health conditions may find it even more difficult to adapt.[127]

Older people must be accounted for in both health and climate policy

At the international policy level, the UN Climate Change Conference in 2021 (COP26) where world governments discussed and agreed policy commitments, was a long-awaited moment when the connections between global health and climate change were formally recognised, with COP's first health programme in the presidency portfolio.[128] World leaders must go further though and recognise older people as an at-risk group in climate change policies, as they are in the Lancet 'Countdown on Climate and Health' report 2022.[129] Ageism persists and older people are excluded from policies on climate adaptation.[130] Older people and their health needs are not sufficiently reflected in data and research on climate change,[131] even though older people with disabilities, limited mobility, or mental health conditions may find it even more difficult to adapt.[132] Disaster management authorities, humanitarian organisations, and climate scientists must collect data on older people.[133] There is also untapped potential for older people to be part of the solution.[134] Older people have wisdom to share about the changing climate and their health experiences. There are huge opportunities from mobilising older people's involvement in action that improves both their health and the environment.

Key actions needed to ensure climate change mitigation is age inclusive:

Explicitly include older people in climate change plans and policies. Governments should ensure the rights, protection, and safety of older people and older people with disabilities during extreme weather events and adopt policies that recognise their vulnerabilities and contributions.

Promote age-inclusion in multilateral negotiations. As a leader in climate action and with climate change as a foreign policy priority, the UK Government should use its power to lead on age-inclusive agenda setting and policy within the climate change arena.

Promote data collection and research on the connections between climate change and older people's health.

Focus on community

Older People's Associations in Myanmar

Older People's Associations are a promising route to promoting older people's environmental action.

In Myanmar, Age International's partner, HelpAge International, has successfully involved older people in local disaster management plans.

Their leadership role in community responses to disasters has seen them participate in awareness raising, community drill exercises and collection of funds for risk reduction efforts.[135]

Recommendations to achieve universal health coverage

1 Include older people in UHC plans and policy

Health coverage is not universal without explicitly responding to the rights and diverse needs of older people. Embrace a life course approach to UHC by including older people throughout global health and development work.

2 All governments should commit to fully fund universal health coverage

UHC requires governments to secure adequate and effective public financing of health systems and pool funds for risk protection.

3 Strengthen age-friendly primary health care

Primary health care is the bedrock of UHC and needs to cater for people of all ages. Ensure health systems are accessible and appropriate for older people, with age-friendly infrastructure, assistive products, information and awareness, designated spaces for older people, provision of free or affordable medicines, and mobile approaches to delivering health care.

4 Support community-based approaches

Bringing healthcare closer to where people live and involving them in improving their own health outcomes empowers older people, and their families, and is cost-effective. Facilitate opportunities for older people to improve their health through initiatives such as Older People's Associations engaging in health promotion and awareness raising, screenings, and connecting communities with the primary health care system.

5 Encourage older people to use their voice and advocate for their health

People of all ages, including older people, have a right of everyone to the enjoyment of the highest attainable standard of physical and mental health. to be included in decisions that affect them. Improving referral systems, providing free and accessible early screening, promoting health literacy, and engaging older people in the design and implementation of health care services will benefit individuals, their families and communities and strengthen delivery of universal health coverage.

6 Invest in the prevention, management, and treatment of non-communicable diseases

Non-communicable diseases are the most significant burden on health systems worldwide and affect older people in the greatest numbers. Emphasis should be placed on prevention and early screening for NCDs across the life course, promotion of healthy behaviours such as healthy diet, physical exercise and mental wellness, prioritisation of essential medicines for the management and treatment of NCDs, empowering people in self-management of their physical and mental health, including NCDs in health insurance packages, and mainstreaming NCDs throughout Primary Health Care provision.

7 Train health and care workforces on issues affecting older people

Geriatric training can greatly improve older people's health outcomes, reduce discrimination, and strengthen the delivery of UHC. Health workforces should be knowledgeable about older people's mental and physical health and be equipped with the skills to provide quality care for all ages. Provide a basic package of geriatric training to health and care professionals and community-based workers, including at the PHC level.

8 Ensure older people's health issues are included in data gathering and analysis

Health, socioeconomic and demographic data gathering does not currently capture the experiences of older people. Collect disaggregated data by age, sex and disability, at a minimum, including for the oldest old. Discriminatory age caps must be removed when setting targets and indicators for NCDs and other health concerns that directly affect older people. Promote research and data collection that seeks to understand the health issues of older people and their barriers to health, and ensure older people are meaningfully involved.

9 Invest in the mental health and wellbeing of older people

Mental health, loneliness and isolation are serious health concerns for older people that undermine their own health outcomes and reduce health systems' effectiveness. Mental health for all ages should be integrated into PHC and the benefits of community-led care and support groups such as Older People's Associations (OPAs) should be maximised. Focus on community-level awareness of mental health and interventions to decrease stigma.

10 Encourage older people to use their voice and advocate for their health

Adapting to the reality of longer lifespans requires a continuum of care that includes health and social care. Investing in community-based long-term care and support is cost-effective for health systems and helps ensure better health outcomes for people of all ages. Embed approaches such as the World Health Organisation's 'ICOPE' into UHC delivery, and train community health workers on the long-term health needs and chronic conditions affecting older people's mental and physical health and wellbeing.

11 Ensure responses to emergencies, conflict, and humanitarian situations address the health needs of older people

Older people are frequently among those left behind during times of emergency and are at the greatest risk of health complications due to chronic illness and disability. Humanitarian aid must be accessible and responsive to the health needs of older people, including the provision of assistive products, NCD medicines and management, appropriate water, sanitation and hygiene (WASH) facilities, and safe spaces for older people. All organisations providing humanitarian response should adhere to the Sphere Humanitarian Inclusion Standards for Older People and People with Disabilities.

12 Include older people and their health needs in climate change research, policy, and action

Older people are acutely at risk from climate change, and their particular needs and contributions must be recognised and valued in climate change policy and response. Adapting to, and mitigating against, climate change requires greater awareness and research on the connections between climate change and older people's health, including capturing data on older people in climate emergency and disaster risk reduction assessments.

13 Advocate for national and international policies that promote and protect the rights and health of older people

Older people's concerns are frequently left out of national and international policy-making, with older people's rights not recognised equally alongside others. National governments need to develop policies and legislation on geriatric and long-term care and support to better guide the delivery of UHC. Internationally, multilateral agreements must explicitly include older people's health concerns. Protecting older people's right to health will also be greatly facilitated by the creation of a United Nations convention on the rights of older persons.

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Acknowledgements

About Age International

We are dedicated to responding to the needs, and promoting the rights, of older people in low and middle-income countries across the world. We support older people in the poorest countries to improve their income, escape poverty, receive the right kind of healthcare, survive emergencies, and have their contributions to families and communities recognised and valued. Our vision is a world in which women and men everywhere can lead dignified, healthy and secure lives as they grow older.

It is a subsidiary charity of Age UK, it is the UK member of the HelpAge global network, and it is a member of the Disasters Emergency Committee (DEC).

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