



**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.”**

# 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.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> There is

also a strong link between ageing, disability and non-communicable diseases.<sup>4</sup>

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.<sup>5</sup>

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.<sup>6</sup>

## 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.<sup>7</sup>

- **It is critical for achieving the Sustainable Development Goals:** Promoting good health at all ages contributes to sustainable development across generations<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> 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.<sup>11</sup> 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’.<sup>12</sup>

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.<sup>13</sup>

## 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.<sup>14</sup> 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.<sup>15</sup> 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.<sup>16</sup> 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.<sup>17</sup>

### **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.<sup>18</sup> 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.<sup>19</sup> 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.<sup>20</sup> 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.<sup>21</sup>

### **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.<sup>22</sup> 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.<sup>23</sup> 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.<sup>24</sup> There is also untapped potential for older people to be part of the solution.<sup>25</sup> 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.

## Contact information

📍 7th Floor, One America Square, 17  
Crosswall, London ED3N 2LB

☎ 0800 032 0699

🌐 [www.ageinternational.org.uk](http://www.ageinternational.org.uk)

✉ [contact@ageinternational.org.uk](mailto:contact@ageinternational.org.uk)

📘 AgeInternational

🐦 age\_int

🌐 ageinternational

📷 age\_international

Date of publication: May 2023

HelpAge International UK, trading as Age International, is a registered charity (no. 1128267-8) and a subsidiary of Age UK (charity no. 1128267 and registered company no. 6825798); both registered in England and Wales. The registered address is 7th Floor, One America Square, 17 Crosswall, London ED3N 2LB

