



My name is Jack Kupferman, representing Gray Panthers, a member of the Stakeholder Group on Ageing.

Population ageing is a triumph of development, in particular global progress on key health issues. However, there is little evidence to suggest that people can expect to live these extra years in any better health than previous generations.

As people get older, their health and care needs are likely to become increasingly complex. Older people are at increased risk of having multiple chronic conditions. They are also increasingly likely to require increased support with tasks of daily living – to be able to continue doing the things they want, in the places they want to be.

To date, health systems have responded inadequately to the changing requirements of older populations, and older people face unacceptable barriers to accessing services. These include lack of physical access due to distance and lack transport to health facilities, prohibitive costs, lack of medicines for common conditions in older age such as diabetes and hypertension, and low levels of health literacy among older persons.

Often health systems have been developed in response to specific, acute, time bound conditions – primarily communicable diseases and issues related to maternal and child health. As such, services are often poorly designed for older people's needs as less attention is given to longer term health issues more common in older age such as hypertension, diabetes and dementia. Lack of coordination across health and care services is a major issue in the context of the complex nature of health in older age, as is the lack of training for health workers on issues around older people's health.

These weaknesses are underpinned by widespread ageism within health systems. Discrimination is often overt and direct with older people denied treatment or their health concerns dismissed.

SDG 3, ensuring health lives and promoting wellbeing for all at all ages, and the commitment to implementing universal health coverage (UHC), provide important opportunities for governments to step up their response to the world's ageing population.

The considerable momentum behind efforts to implement UHC in particular can help address these challenges. However, these commitments will remain unfulfilled unless health systems address the particular needs of older people. More of the same is not enough, health systems must be strengthened and reoriented to protect and promote older women and men's right to health.

An integrated, holistic and people centred approach is critical and urgent. This must include accessible health services, long term care and palliative care.

While we strongly support the inclusion of a target on NCDs (3.4), its focus on reducing 'premature mortality', (dying before the age of 70), poses a significant and worrying challenge for the inclusion of older people, who are most affected by NCDs. Policy and programme responses need to address prevention, diagnosis, treatment and care across the life course.

Distinguished delegates, ill health and disability are not inevitable consequences of older age. A life course approach to health supports the identification of critical points for preventative intervention that can influence the onset of health conditions and delay or avoid the onset of disabilities associated with NCDs.

Communicable diseases also remain prevalent. HIV rates are increasing among older persons, both because affected persons are living longer and because more people aged 50+ are becoming infected.

Taking all of this into account, we must express our extreme disappointment that older people and their specific health concerns were omitted from the background paper on SDG 3.

Thank you.