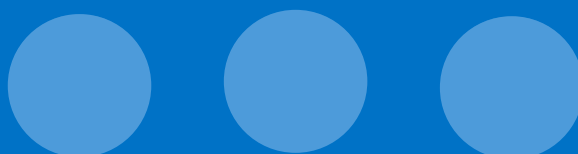
International
Longevity Centre UK

Upholding our right to health: findings from discussions with older people on their access to health services in Mongolia, Rwanda and Zambia



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About this report

This report was written by HelpAge International to inform ILC-UK's publication on *Achieving Universal Health Coverage in low-and-middle-income countries: a global policy agenda for longevity,* supported by Amgen.[1] This report contains all quotes obtained during the focus group discussions and provides further insight into the issues raised by older adults and covered in ILC-UK's report.

About HelpAge International

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives. We engage in broad based advocacy, conduct research, provide technical expertise, deliver projects and programmes, and work with older people and their communities from grassroots to global levels to effect change. We lead HelpAge's healthy ageing platform, bringing together more than 150 country-based partners to collectively champion action that promotes the health and wellbeing of older people in low- and middle-income countries. We are a non-state actor in official relations with the World Health Organization and an active collaborator within all areas of the UN Decade of Healthy Ageing.

Introduction

Universal health coverage (UHC) is defined as everyone, everywhere having access to the quality health services they need, when and where they need them, without suffering financial hardship. Progress towards UHC is essential for promoting healthy ageing, delivering social and economic development, and building resilient and equitable societies that respond effectively in times of crisis.

Alongside action to address factors that shape our health and wellbeing across the life-course and tackle the root causes of poverty and inequality, the commitment of governments to achieve UHC within Sustainable Development Goal 3.8 aligns directly with their duty to fulfil all people's right to the highest attainable standard of physical and mental health.

By 2030, 1.4 billion people will be aged 60 or over, rising to 2.1 billion by 2050 when older people will make up 22 per cent of the global population. Yet the majority of health and care systems worldwide remain unprepared for population ageing and associated increases in rates of non-communicable diseases (NCDs) and disability. This is particularly true in low- and middle-income countries where over 70 per cent of older people live.

Today, older people in these countries face multiple barriers to enjoying their right to health, including those related to the availability, accessibility, acceptability and quality of services. For example, of the more than 2 billion people each year facing financial hardship due to out-of-pocket spending on health, older households are most at risk of catastrophic health spending (meaning that more than 10 per cent of their household income was spent on health-related costs), while intergenerational households including older people are most at risk of impoverishing health spending (healthcare spending which pushes households below the poverty line).[2] Among 3000 older people surveyed by HelpAge International and partners across nine countries in Africa, Asia and Latin America, on average, older people rated the access, affordability and quality of services as only 50 out of 100.[3]

Across settings, older people also face ageism and age discrimination in the funding, design and delivery of health. For example, despite older people experiencing the greatest burden of ill health and disability, analysis from 2017 found that 90 per cent of Development Assistance for Health went to people younger than 60.[4] At local level, older people frequently report that their needs and rights are not responded to by health professionals, with ageism and age discrimination affecting their access to services that meet their needs.[5]

Overall, the barriers older people face to accessing the health and care services they need contribute to high levels of unmet need, exceeding 50 per cent in several countries where data is available.[6] Meanwhile, opportunities for promoting healthy ageing and reaping the associated benefits for people, systems and societies are being missed.

Universal Health Coverage is a key strategic priority of HelpAge International. We work with partners and older people from local to global levels to ensure older people's voices are heard and their needs and rights are responded to within progress towards UHC at all levels. In 2022, we published our HelpAge framework for achieving UHC fit for an ageing world which outlines the barriers older people face to enjoying their right to health and the key components needed to ensure progress towards UHC meets older people's needs and responds to their rights.[7]

This project builds on HelpAge's work on UHC with a focus on understanding more about older people's lived experience of accessing health services in Mongolia, Rwanda and Zambia. With support from the International Longevity Centre – United Kingdom (ILC-UK), we worked with HelpAge network members to conduct focus group discussions with older people in these countries to explore the barriers they face to accessing services and to identify their key calls for policy makers and service deliverers.

About the focus group discussions

In July 2024, HelpAge International worked with ILC-UK to gather the views and experiences of older people on their access to health and care services that meet their needs in Mongolia, Rwanda and Zambia. Working with HelpAge partners, Human Rights Centre for Development in Mongolia, Nsindagiza in Rwanda, and STOP Zambia, we conducted focus group discussions (FGDs) with older people to explore the extent to which they enjoy their right to available, accessible, acceptable and quality health services without discrimination. The discussions also explored changes they have seen in relation to their access to health services in recent years and key calls they have for governments and health service providers in their countries.

Across the study countries, 15 FGDs were held covering both rural and urban communities. This included six in Zambia, five in Mongolia and four in Rwanda. A total of 125 older people participated aged between 47 and 89, including 65 women and 60 men.

The findings from the FGDs are presented below, structured by the key areas of discussion and the themes emerging. In each section, a short overview is presented followed by quotes from older people to illustrate the different issues that they raised. Given the small number of older people who participated in the FGDs, these findings should in no way be interpreted as representative of all older people in these locations. Rather, they are intended to capture the views shared by the older people interviewed and provide insights into their experiences and their priorities for action.

Findings from the focus group discussions

High costs make services inaccessible for many

Poverty and the costs involved in accessing services present one of the greatest barriers to older people enjoying their right to health. Globally, the risk of poverty increases with age,8 and older people face higher rates of catastrophic health spending (where household's out-of-pocket health spending exceeds 10% of its income) than younger age groups.9 With limited access to comprehensive health insurance (including but not limited to models that include different types of national health insurance, community-based health insurance and social health insurance). covering the full continuum of services needed by older people, and high costs paying for services out of pocket, many older people have no choice but to forgo seeking healthcare or face impossible choices between health and other basic needs.

In Zambia, the International Labour Organization (ILO) estimates that just 9.4 per cent of the population have effective healthcare coverage, compared to 82.3 per cent and 92.1 per cent in Rwanda and Mongolia respectively.10 Despite this, in Mongolia 18.57 per cent of households where the head was over 60 ('older households') were reported to experience catastrophic health spending in 2018, compared to 5.4 per cent of households where the head was younger than 60 ('younger households').11 For Rwanda, the rates were 1.07 among younger households compared to 1.58 among older households in latest available data from 2016, and for Zambia, 0.26 per cent and 0.37 per cent respectively in latest available data from 2015.12

In the focus group discussions, most older people interviewed reported that they had access to some form of health insurance which they said made a significant difference to them being able to access basic care. However, even where this was the case, they reported that many medications, treatments or procedures were not covered by these schemes meaning they either incurred high out-of-pocket costs accessing them or had to simply go without the treatment or medicines they needed. Older people said additional costs involved in accessing care, including transport costs for themselves and anyone they needed to accompany them, and for food and accommodation if they needed to stay the night near or in a health facility, added to this burden. While all groups faced this challenge, some older people were said to fare worse, including those without health insurance, rural populations who faced higher transport costs, and older women who were said to be more likely to face financial insecurity in some FGDs.

In Zambia, older people across the FGDs reported being prescribed medications that were not available at government health facilities, forcing them to purchase these drugs from private pharmacies at significantly higher prices. For older people with limited financial resources, this made it very difficult to cover the costs of necessary treatments. One participant mentioned spending K6900 ($263) on cancer medications from a private chemist, highlighting the financial strain that such expenses could impose.

In Rwanda, the challenge was similar. Even where people said they had access to health insurance, the costs involved in accessing services or medicines that aren't covered by it resulted in many reporting that they were unable to access essential care, leading to worsening health conditions and increased long-term costs.

In Mongolia, while healthcare was reported to be technically available to all, participants said there were still prohibitive costs associated with accessing care and that for some older people, information on health insurance was hard to access meaning they missed out. High costs of medicines were said to be particularly challenging, while the poor quality of services in the public sector led those who could afford it to go to private facilities. There were also suggestions that doctors push people into purchasing medicines from expensive pharmacies or private services, with questions of whether they were benefitting directly from this.

"When we use our health insurance, the costs aren't too high, as you might only pay around 300-400 Rwandan francs [$0.25 to $0.34]. The problem arises when we need a specialist or medication, as those are expensive."
Woman aged 51, from Huye/Amajyepfo, Rwanda

"Health insurance covers some services and medications but not all. Patients have to buy some medicines on their own at 100% cost, which means people often don't get full treatment because the medicine they can't afford is usually the most important." **Woman aged 61, from Musanze/Amajyaruguru, Rwanda**

"Usually, at the health centre, if you have a minor illness, you can pay no more than 300 Rwandan francs [$0.23]. The problem arises when they find they can't treat you and refer you to a hospital where you're required to pay more. Some of us forgo going to the hospital because of financial constraints."
Man aged 70, from Huye/Amajyepfo, Rwanda

"At health centres, they only give us medicine that doesn't fully treat our condition because our health insurance [Mutuelle] only covers a limited range of medications. When it's necessary to go to a hospital, they prescribe expensive but effective medication that we must buy outside and pay 100% for. If you can't afford to buy it, you end up lying in the hospital with no progress because the doctor can't do anything for a patient who hasn't paid."
Man aged 61, from Huye/Amajyepfo, Rwanda

"Sometimes, a person can't afford to buy medication, and they refuse to treat them, leading to death. On top of that, there's the additional problem of taking the body to the mortuary, where the family may face difficulties retrieving it due to the high costs." **Woman aged 61, from Huye/Amajyepfo, Rwanda**

"Having health insurance helps us a lot because it allows us to access healthcare at a low cost; without it, you have to pay 100% out of pocket."
Man aged 70, from Kigali, Rwanda

"The issue with health insurance is that there are some medications that aren't covered. When this happens, if the patient can't afford to pay, they forgo the medication, even though it's often the most important for them."
Woman aged 57, from Kigali, Rwanda

"Telling the truth, NHIMA [the national health insurance scheme] is restricted to fewer services where most of the services are limited. For instance, cheaper drugs are found under NHIMA but expensive pain killers for people with our conditions cannot be found under NHIMA arrangement."
Woman aged 75, from Lusaka District, Zambia

"When I am sick, they will examine me then refer me to the private health facilities where I am supposed to pay money. Going to the private health facility also requires transport money."
Woman aged 72, from Lusaka District, Zambia

"Moving from home to the hospital we pay transport costs since we have to hire a taxi. Even when you arrive there you will be told do this test and those tests which cost money."
Woman aged 68, from Lusaka District, Zambia

"Other expenses requested include the cost of scanning, x-ray, buying of the prescribed drugs, etc." **Man aged 72, from Chibombo District, Zambia**

"I thank the government for introducing the NHIMA scheme because without this scheme, I wouldn't have been managing to buy my cancer drugs which cost about 10, 000.00 Kwacha [$385] that I collect every three months."
Man aged 74, from Chibombo District, Zambia

"The blood pressure medicine that used to cost 500 Mongolian Tögrög (MNT) now costs around 50,000 MNT. For us [older] people, we need medication for conditions like high blood pressure and prostate issues. Buying just two medications now costs over 100,000 MNT. This feels like a form of pressure on us. Medication has become a serious issue for us."
Woman, 59 from Ulanbaatar, Mongolia

"Does this insurance coverage depend on certain seasons or periods? I had an experience that left me confused. I received treatment, and then two or three months later, when I needed another treatment, they told me, 'Your insurance coverage for this season has run out. You'll need to wait until the next period.' I don't understand how this works at all. I just wanted to add this point."
Man aged 73, from Ulaanbaatar, Mongolia

"Health insurance should cover a lot of things, but it seems inadequate to me. We all have health insurance, right? So why do they still tell us to buy our own medicine, syringes, and other supplies? These should be covered by the insurance. I believe that health insurance should cover up to 2 million MNT per person each year, and it should be fully utilized until that amount is reached. But once that's used up, they just tell you, 'You're done, now you have to pay yourself.' I find this situation unclear and frustrating."
Man aged 82, from Bayandun, Mongolia

"It's getting worse. The cost of medicine keeps rising, and so does the cost of treatment. We can't afford to get treated in our local areas with such high costs"
Man aged 72, from Bayandun, Mongolia

"You're supposed to be able to register it under your health insurance, right? But when it's announced on TV or elsewhere, many of [older adults]don't know how to access it, so they aren't able to benefit from it".
Man aged 67, from Bayandun, Mongolia

"Sometimes, a few doctors show up unexpectedly, and before you even ask a question, they're there saying you have to pay for the consultation. [...] Some doctors seem to be overly focused on charging money for everything".
Man aged 72, from Bayandun, Mongolia

"The situation with medicine is extremely difficult. [..] If you get a prescription for discounted medicine and go to the pharmacy, each pharmacy charges different prices. Some are expensive, and the state-run ones are also expensive, while others may not have the medicine at all. Recently, [the MP] addressed this issue of medication, and I must say, I really appreciate the steps he's taken. He has been actively working on improving healthcare services. I'm grateful to him for that. But the situation with public hospitals is still terrible — the waiting times are endless. When we finally decide to go to a private clinic, they hit us with extremely high prices."
Man aged 73, from Ulaanbaatar, Mongolia

"As for our clinic in the Bayanzurkh District, when we go there, the waiting lines are always long. We end up going to private clinics or the Bayanzurkh Hospital, where it's all paid services. This makes me think that only people with money can stay healthy."
Woman aged 61, from Ulaanbaatar, Mongolia

"The family clinics lack services, and when we go, they just refer us to the district hospital. And like was mentioned earlier, they send us to private clinics — probably to those of their friends who have opened private practices. We're living in a society where the healthcare system has turned into this kind of network."
Woman aged 60, from Ulaanbaatar, Mongolia

"If we talk about improvements, they exist, yes. These improvements come mainly in the form of better equipment. But with better equipment, the costs have risen as well. Like I mentioned earlier, it creates a situation where people with means can afford to get treated, while those without means cannot. This is quite clear."
Woman aged 60, from Ulaanbaatar, Mongolia

"In reality, things have deteriorated significantly in terms of service and customer care, and the quality of medications has also declined. [...] The poor quality of medications is clearly part of the ongoing business behind the scenes. That's how it is."
Woman aged 60, from Ulaanbaatar, Mongolia

Older people face physical barriers to accessing services

Globally, at least half of the world's population – 4.5 billion people – lack access to essential health services.[13] Alongside factors related to the availability and affordability of services, accessibility is a key challenge, especially for older people who live in rural areas and face additional barriers to reaching and accessing services. This is particularly common in Sub-Saharan African (SSA) countries. In Rwanda, latest available data from 2015 shows 78% of older people live in rural areas and 77% in Zambia.[14] Analysis of the geo-location of healthcare facilities across SSA in 2020 found that approximately 10% of people aged 60 years and over across the region have an estimated travel time to the nearest hospital of six hours or longer and an estimated travel time of two hours to the nearest health facility of any type.[15] For many older people with mobility issues, these facilities are simply out of reach, but even if people can reach services, they often find they are not accessible to people with mobility challenges or other disabilities.[16]

In the focus group discussions, many older people said they faced physical barriers to accessing health services. This was particularly the case for older people in rural areas who reported facing long distances to health facilities and for older people with disabilities. While a number of older people reported improved access in recent years, including more services being made available locally in some settings, particularly in

Rwanda, better roads and more taxis and bikes, the challenges still remained for others, particularly in accessing services beyond basic primary care.

Even when older people are able to reach health services, some said facilities themselves were often not accessible to them due to a lack of ramps or other adaptations for wheelchair users or those with mobility challenges, long queues, or failing to provide information in accessible formats.

"The health facility is about 4 km from my home so I use my bicycle to reach there when my condition is not so bad. When I am bad someone has to take me to the health facility using my bicycle, though some ask for payment to undertake this activity."
Woman aged 74, from Chibombo District, Zambia

"Unfortunately, the only nearby facility has not been completed. So, we have to walk to the nearest health facility which is almost five km away and with my condition it is very difficult. So, I depend on others to take me there when am very unwell"
Woman aged 68, from Chibombo District, Zambia

"I cannot manage to climb the steps since I use a wheelchair."
Woman aged 75, from Lusaka District, Zambia

"We older people are made to stand in the queue for longer hours before being attended to"
Woman aged 61 from Chibombo District, Zambia

"For me, getting to the health centre is easy because it's close by; if someone is seriously ill, they can take a motorcycle or bicycle to get there. Although I have a disability, I can access all services easily because the buildings are accessible. If a patient is referred to a hospital, they take a car or motorcycle themselves, unless they are seriously ill, in which case the health centre provides an ambulance to take them to the hospital."
Woman aged 59, from Kigali, Rwanda

"We are very grateful that healthcare facilities have been brought closer to us. Health centres and health posts have been established near us, making it easier for people to access medical care."
Woman aged 50, fromHuye/Amajyepfo, Rwanda

"It's easy to get to our health centre, and patients are sometimes accompanied by a community health worker. These workers help people access medical care and ensure they are attended to because when they accompany a patient, they are given priority."
Woman aged 57, from Kigali, Rwanda

"It's easy for us to reach the health centre since it's close by, but if they can't help and refer us to a hospital, it becomes difficult to get there because it's far."
Man aged 51, from Musanze/ Amajyaruguru, Rwanda

"It's not easy for someone with a disability (using a wheelchair) to reach the health centre because the road is very steep, making it hard to navigate with a wheelchair, and even cars struggle to get there."
Man aged 51, from Musanze/ Amajyaruguru, Rwanda

"What we appreciate most is that healthcare services have been brought closer to the people, with health centres in every sector and sometimes health posts in many villages. This has made it easier for us to get medical care."
Man aged 51, from Musanze/ Amajyaruguru, Rwanda

"Another positive change is the construction of hospitals in multi-story buildings that are accessible to the elderly and those in wheelchairs."
Woman aged 54, from Kigali, Rwanda

"What I appreciate most is that the government has built roads leading to the clinics, making it easier for people to seek treatment. In the past, some people would stay home because there was no one to carry them in a stretcher to the hospital, but now it's easier since we can even call an ambulance."
Woman aged 60, from Huye/Amajyepfo, Rwanda

"People living in remote areas with no network coverage can't access that information".
Woman aged 68, from Bayandun, Mongolia

"There were times at the family clinic, years ago, when they used to do blood tests, urine tests, and everything right there. But recently, that's completely disappeared. Now, they tell you to go to the district hospital for tests. Because of this, I've come to understand that primary care facilities should really have these kinds of services available. Otherwise, it just leads to more expenses, transferring here and there, needing to take several buses, and dealing with the hassle of going from one place to another".
Man aged 70, from Ulaanbaatar, Mongolia

"In my opinion, if the more remote district clinics could offer tests, we wouldn't have to waste time in traffic, lose out on our health, and rush to the centre. I often wonder why we can't have basic tests done at the family clinics closer to home."
Woman aged 61, from Ulaanbaatar, Mongolia

"In rural areas, emergency services are provided. Each brigade responds to calls as they come in, and there is always a bag[1] doctor and a nurse responsible for them. They take care of the patients and go where they are needed. However, in remote and challenging areas, the vehicles sometimes lack the capacity to reach their destination, and issues like breakdowns or delays occur. Since our area is mountainous with a lot of mud, water, and rocky terrain, these conditions make it difficult. Therefore, it's important to equip the hospital with vehicles that are more powerful and better suited to these conditions."
Man aged 82, from Bayandun, Mongolia

"There's a serious issue with emergency services—they are very inadequate. Often, we end up using our own personal vehicles or public transportation to get to the hospital. When we arrive, there's no parking space. After much effort, we manage to park somewhere and rush into the hospital. By the time we've waited

[1] In Mongolia, a bag is a smallest administrative unit within a soum, similar to a neighbourhood.

in line and finally received care, we come out only to find that our vehicle has been towed. This is a common problem."
Man age 73, from Ulaanbaatar, Mongolia

"The healthcare services should be brought closer to [older people], so they're readily accessible. I feel like we need these services to be right next to us".
Man aged 73, from Ulaanbaatar, Mongolia

The quality of services is mixed

Where services are available, older people often report that the quality is poor. For example, in a survey of 3000 older people in nine LMICs conducted by HelpAge in 2017, the average score given for quality of services was 49.9 per cent with a range of 26.5 in India to 60.9 in the Philippines.[17] Quality scores showed a negative correlation to increasing age of the individual, with the oldest age groups rating the quality of services as lower than younger older people. There were also differences in geographical location, with respondents in urban areas reporting higher scores for quality of health services than those in peri-urban and rural areas. Across LMICs, perception of service quality has been shown to affect health seeking behaviour and uptake of needed services, contributing to higher levels of unmet need.[18]

While older people in some FGDs said they were happy with the quality of services and the attention and treatment they received, most participants across the three countries raised concerns and reported challenges, including limited resources and staffing, delays in accessing treatment, frequent shortages of medications and old or malfunctioning medical equipment. These resource challenges were said to exacerbate health issues and complicate diagnoses and effective treatment, ultimately affecting the quality of care and outcomes.

In Zambia, health facilities in urban areas like Lusaka were said to be better equipped than those in rural areas. However, in one rural area, people were more positive about the care available, though they still highlighted challenges, such as a lack of medical supplies and sufficient numbers of staff. In Rwanda, people said that there had been significant advancements in relation to healthcare access, though quality was reported to remain uneven, with older people saying that they frequently received substandard care due to overworked and undertrained staff and long waiting times.

A particular issue highlighted by the participants in Mongolia was inadequate medical equipment, diagnostic tools and facilities hampering the ability of health and care providers to deliver quality care. The availability of essential medications was also a key concern, with reports of shortages and high prices for private pharmaceuticals compared to public supplies. Some participants also mentioned that there is a perception that the healthcare system is not well-informed about available benefits, such as health insurance coverage, leading to a lack of awareness among the public. The quality of service can vary significantly between urban and rural areas. While urban centres like Ulaanbaatar may have more specialized medical professionals, rural areas often face challenges such as limited access to transportation and resources, which can delay emergency medical responses.

"Even when you go to the health facility, you will find there are only prescriptions without medicines."
Man aged 76, from Chibombo District, Zambia

"The increase in the number of health centres and hospitals has been beneficial because if you're not satisfied with the service at one, you can go to another."
Woman aged 48, from Musanze/Amajyaruguru, Rwanda

"Due to the large number of patients and the limited number of doctors, they can't spend enough time listening to us to fully understand our illness"
Man aged 47, from Huye/Amajyepfo, Rwanda

"What greatly discourages older people at hospitals is having to wait in line all day only to receive ineffective medication. This leads those with financial means to seek treatment at private hospitals, while those who can't afford it stay home instead of going to the health centre."
Woman aged 57, from Kigali, Rwanda

"At health centres, they give everyone the same pills without considering the person's size or specific illness: they just hand out paracetamol or ibuprofen. There are times I go to the hospital with severe pain in my leg where they put a metal implant, and the doctor immediately prescribes ibuprofen for pain relief."
Man aged 70, from Kigali, Rwanda

"At the hospital, we don't have any choice; we just accept what they give us. Because there are so many patients, the doctors don't take enough time to listen to us and fully understand our illness." Woman aged 56, from Kigali, Rwanda

"The biggest issue I see at the hospital is that there are too few doctors, so they end up treating everyone in the order they arrive without considering individual needs." **Man aged 61, from Musanze/ Amajyaruguru, Rwanda**

"What I really appreciate about healthcare in Rwanda is the work of community health workers because they make it easier for people to see a doctor, and they've played a significant role in reducing deaths from diseases like malaria or malnutrition. Another thing I appreciate is the system of giving numbers and organizing people into lines, which has eliminated favouritism in treatment where someone arriving late could be seen before those who arrived early in the morning." **Man aged 73, from Kigali, Rwanda**

"The main challenge is that essential drugs are not available. Therefore, the health workers give us prescriptions to buy expensive drugs from private chemists."
Man aged 64, from Chibombo District, Zambia

"Services are very bad at all the hospitals. To take a card, you take one to three hours, to see a doctor you again take one to three hours, and to get a stamp, you take one to three hours. We get too exhausted especially us cancer patients. You will find that you leave your home at 5:30 AM, but you only manage to leave the hospital at 16:00 PM. There is no urgency for older adults. We are treated just like any other persons."
Man aged 74, from Lusaka District, Zambia

"There is no equipment and drugs. This also frustrates health workers. They write a prescription when there are no drugs. They recommend for an X-ray when the

equipment is broken down."
Woman aged 75, from Lusaka District, Zambia

"Our hospital building has become quite worn down. Even though they maintain it every year, it still deteriorates. [...] The heating system is outdated, and we have to manage it ourselves; there's no central heating. We rely on wood stoves for heating, and each year we have to raise funds and get help from different companies. Sometimes we manage to get equipment, but it often doesn't last long, or it breaks down. The old pipes are also worn out. In winter, the toilets often freeze and become unusable."
Man aged 67, from Bayandun, Mongolia

"The doctors do what they can within their capabilities. However, the issue with medicine sales and supply is poor. First of all, the budget doesn't seem to cover everything, so important medicines often run out. Sometimes the medications prescribed under insurance are available, but other times they aren't. There's a big difference between public and private services. The stock at public pharmacies runs out quickly, while private pharmacies usually have everything available — but the prices are two or three times higher"
Man aged 82, from Bayandun, Mongolia

"When we get sick, we go to the provincial or city centers to get a diagnosis, consult with specialists, and get prescribed medicine. But when we return to our soum and try to get the prescribed medicine, it's often unavailable. In fact, it's usually not available at all. So, what do we do? We have to order it from the provincial center or the city, even though the prices there are higher. The supply in our local pharmacies is quite poor, with many types of medicine missing. When we get a prescription for subsidized medicine from a provincial doctor, can we actually get that subsidized medicine from the province? They usually tell us to get it ourselves. That's how it goes."
Woman aged 58, from Bayandun, Mongolia

"People are confused about whether the medications available are actually approved by the Ministry of Health or if they are just personal business ventures. We can't really differentiate between the two because there isn't enough information. Those of us living far away only hear about what's supposedly good on social media. And since everything there is promoted as being 'good,' people who can't go to hospitals, or even reach the provincial or city centres, start trusting these products on social media without question. This kind of situation, where misleading advertising circulates unchecked, is on the rise. So, we really need more information from the government and authorities, especially about these kinds of products."
Woman aged 58, from Bayandun, Mongolia

"The city doctors are completely fake. They don't give you any proper care unless it's something they absolutely have to deal with. I've been sent away many times, telling me to just endure it. I went to the second hospital. They didn't treat my issue seriously [...] Maybe my illness wasn't that bad, but they didn't give me any proper feedback, just handled it roughly and sent me on my way."
Woman aged 71, from Bayandun, Mongolia

"I feel like things have improved somewhat at our hospital recently. If you have kidney issues, for example, they now take a urine test even in remote areas. They also take a general blood test and test for Helicobacter bacteria"
Woman aged 59, from Bayandun, Mongolia

"Overall, [the quality is] good. The doctors and nurses are constantly traveling to remote areas, checking on children and providing care. There's really nothing to criticize about healthcare here. They do their jobs well to the best of their ability".
Woman aged 68, from Bayandun, Mongolia

"The main issue is the shortage of medical services. The waiting times are long, and as was mentioned earlier, the availability of services is poor. We need to expand medical services, build more hospitals, and improve access to healthcare. Everything is concentrated in the city center, but there are no services in the outer areas".
Man aged 59, from Ulaanbaatar, Mongolia

"Overall, I think our family clinic is good; the staff at our clinic are really great".
Woman aged 63, from Ulaanbaatar, Mongolia

"When a young doctor prescribes treatment, and then another doctor steps in and gives a different opinion, it becomes very confusing. For example, a patient with a single diagnosis could end up with two or three different prescriptions, which contradict each other. Treatment shouldn't be this fragmented [...] At the state hospitals, the care is excellent. If I arrive at 8 a.m., by 4 p.m. I've seen all the doctors and completed all the tests. This kind of care should be implemented in family clinics as well."
Woman aged 75, from Ulaanbaatar, Mongolia

"As for our clinic in the Bayanzurkh District, when we go there, the waiting lines are always long. We end up going to private clinics or the Bayanzurkh Hospital, where it's all paid services. This makes me think that only people with money can stay healthy." **Woman aged 61, from Ulaanbaata, Mongolia**

"The family clinics lack services, and when we go, they just refer us to the district hospital. And like was mentioned earlier, they send us to private clinics — probably to those of their friends who have opened private practices. We're living in a society where the healthcare system has turned into this kind of network."
Woman aged 60, from Ulaanbaatar, Mongolia

"If we talk about improvements, they exist, yes. These improvements come mainly in the form of better equipment. But with better equipment, the costs have risen as well. Like I mentioned earlier, it creates a situation where people with means can afford to get treated, while those without means cannot. This is quite clear."
Woman aged 60, from Ulaanbaatar, Mongolia

"In reality, things have deteriorated significantly in terms of service and customer care, and the quality of medications has also declined. [...] The poor quality of medications is clearly part of the ongoing business behind the scenes. That's how it is."
Woman aged 60, from Ulaanbaatar, Mongolia

“The biggest issue, however, is the lack of equipment. Diagnostic tools, machines, and other equipment are inadequate. For example, if someone breaks a leg or gets injured, they have to travel 180 km to the province for treatment. How does a person with a broken leg endure such a journey? Instead, if we had an X-ray machine and trained doctors here, the issue could be solved locally. Sometimes, when you get to the province, the X-ray machine isn’t even working [...] Our traditional healers are quite skilled.”
Man aged 67 from Bayandun, Mongolia

“Sometimes, the specific medication that we need isn’t available, so they give us a different one instead. We don’t really know what the alternative medicine does — we just take what they give us. Whether it’s a pain reliever or a restorative medicine, we have no idea”
Man aged 82, from Bayandun, Mongolia

“In terms of the quality of healthcare services provided by doctors here, it’s not very good. The doctors do what they can within their capabilities. However, the issue with medicine sales and supply is poor. First of all, the budget doesn’t seem to cover everything, so important medicines often run out. Sometimes the medications prescribed under insurance are available, but other times they aren’t. There's a big difference between public and private services. The stock at public pharmacies runs out quickly, while private pharmacies usually have everything available—but the prices are two or three times higher. This situation needs to be addressed everywhere."
Man aged 82, from Bayandun, Mongolia

“The healthcare services are good if you can access them. All the doctors and nurses are well-trained, and there don’t seem to be unqualified people. The biggest issue is the supply of medicine, which is poor”
Man aged 72, from, Bayandun, Mongolia

“In our [district], if you try to get admitted to the hospital, there’s always a long wait. If we get sick today and call for help, there’s no immediate admission. They tell us to take tests, and then after several days or even months, they tell us when to come back for admission. That’s why, for older people, there is a lot of frustration. In order to get treated and recover quickly, many people have to go to private hospitals, spending their pension money on that. There’s a real deficiency in the system. Emergency vehicles also take a long time to arrive. If someone’s condition worsens today, it takes at least 30 minutes, if not more, for the ambulance to arrive. I understand that the city ambulances are covering a lot of areas and providing services across many places. But even so, sometimes the patient is told to wait for emergency help, and by the time the ambulance arrives, they may not have received any first aid. There have been cases where severely ill people have passed away without receiving timely medical help."
Woman aged 60, from Ulaanbaatar, Mongolia

"You wait a month or 45 days to get checked. If someone’s in poor health, they might never make it through — they’ll just keep deteriorating."
Man aged 82, from Ulaanbaatar, Mongolia

Older people often struggle to access care that meets their needs

Even where services are available, they are often focused on addressing a burden of disease dominated by acute, time-bound conditions. They do not respond effectively to older people's diverse health and social care needs, including higher rates of NCDs and disability, or deliver the integrated, person-centred and community-based care that effectively promotes healthy ageing. For example, only 54 per cent of 194 countries surveyed by WHO in 2021 reported general availability of 11 essential medicines for NCDs which are more common in later life,[19] while access to assistive technology needed to support independence and participation averages 10% in LMICs and is as low as 3% in some countries.[20] Another key challenge is workforce. While WHO estimates a projected shortfall of 10 million health workers by 2030,[21] mostly in low- and lower-middle income countries, those that are in place often lack the training and skills to respond to older people's needs. Results from the 2023 Decade of Healthy Ageing survey from 134 countries, found that, among low-income countries, just 21 per cent reported capacity-building plans to strengthen the geriatric and gerontology workforce.[22]

In the focus group discussions, while older people across the three study countries reported access to basic health services, they said they often find that the health services available to them do not address their unique health and care needs. Many older people reported that they were living with chronic conditions such as hypertension, diabetes, arthritis, and visual impairments, but said many health facilities were not equipped to offer the necessary services, medicines or assistive products they needed or that sometimes information wasn't provided in accessible formats or in a way which was easily understood by them. The scarcity of specialised geriatric services, including regular check-ups and preventative care tailored to older people's needs was said to exacerbate the issue. The participants said these challenges were compounded by a healthcare system that does not prioritise older people. They said this lack of focus on the needs of older people resulted in substandard care and, in some cases, complete neglect.

A key challenge participants reported was a healthcare workforce unprepared to address the unique needs of older people. In Zambia, people said there was a lack of training in geriatric care among healthcare workers, which led to inadequate treatment and a lack of understanding of older people's needs. Participants said there was often a 'one-size-fits-all' approach to treatment that failed to consider the specific health challenges faced by older adults. This was evident in the testimonies of older individuals who reported that health workers often did not conduct thorough examinations or listen to their concerns, leading to misdiagnoses and inappropriate treatments.

The healthcare system in Zambia was said to experience a high turnover of staff contributing to a lack of continuity in care, which further exacerbated the challenges facing older people. Participants said they frequently encountered different healthcare workers during their visits, each with varying levels of commitment and understanding of geriatric care. This inconsistency led to fragmented care, where the unique health histories and needs of older patients were overlooked.

However, across both Rwanda and Zambia, some older people were more positive, saying they were happy with the services and the treatment they received and sharing examples of improvements in recent years and good practice, including in the way

health information is shared, the way they were prioritised during COVID-19 as a population more at risk, and the approach of community health workers.

In Mongolia, the findings were more mixed. While older people said that they struggled particularly with access to medicines and certain services not being available in their area, in addition to general quality challenges, fragmentation and a lack of information, they also discussed a range of services available to meet their specific needs, including screenings, rehabilitation, palliative care and the provision of long-term care and support, in addition to high quality traditional and complimentary medicine services[2] which they said many older people preferred. Some said that efforts were also being made to improve care for older people through new policies, though implementation was said to be a challenge. They also spoke about the Soum Livelihood Support Council that represents older people and provides help in accessing services.

"The services do not meet our expectations as older people."
Woman aged 68, from Chibombo District, Zambia

"They don't prioritize us even with our debilitating conditions, [high] blood pressure and diabetes and so on."
Woman aged 61, from Chibombo District, Zambia

"There was a day when I was very sick to a point where I was in agony and not even able to lift my upper limbs... I was made to wait from 07:30 AM to 11 AM."
Woman aged 75, from Lusaka District, Zambia

"The worst part is seeing different doctors whenever I go there. There is no continuity." **Man aged 77, from Lusaka District, Zambia**

"The health services available to us include assistance from community health workers who help us with prevention, testing, and treatment of diseases like malaria and malnutrition-related conditions."
Woman aged 62, from Huye/Amajyepfo, Rwanda

"We appreciate the work of community health workers because they've encouraged people, especially older adults, to seek treatment instead of staying home. We also thank them for helping us navigate the hospital when we arrive."
Woman aged 58, from Musanze/Amajyaruguru, Rwanda

"We used to have health promoters passing through our villages educating us about many diseases that affect us older people. Now our government has neglected us the aged."
Man aged 69, from Chibombo, Zambia

"A number of the health workers do not concentrate on us. They will not look at you, no health education, just busy writing without examining you physically." ***Woman aged 62, from Lusaka, Zambia***

"The first issue that bothers me at the hospital is the payment process. You might receive treatment and be discharged early, but spend the entire day struggling to

[2] Defined by the WHO: traditional services refer to skills, knowledge, practices based on theories or beliefs indigenous to different cultures. Complementary medicine refers to a broad set of healthcare practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant healthcare system.

make the payment, which increases your stress and worsens your condition"
Man aged 61, from Kamonyi, Rwanda

"Information is provided, but it's not always accessible to everyone. During epidemics, awareness campaigns are intensified, and information is disseminated through all possible channels so that everyone is informed. The government issues announcements on the radio, television, or in newspapers, but not everyone has access to these. For certain diseases, awareness campaigns are usually conducted by local doctors or associations of people who have experienced those diseases, who share their testimonies and encourage others to prevent them. However, sometimes this information is given in foreign languages that many older people don't understand, so they miss out."
Woman aged 57, from Kigali, Rwanda

"Information should mainly be provided during community service (umuganda) because that's when most people are present, but older people are rarely mentioned. The focus is often on children, youth, women, government programs, and development issues."
Woman aged 62, from Kigali, Rwanda

"The major problem at the hospital is that they lack knowledge on how to care for people with special needs, such as those with disabilities and older people."
Woman aged 62, from Kigali, Rwanda

"Where we live, we have basic health services, but we don't have access to prosthetics, eyeglasses, or dental care—those require going to hospitals."
Man aged 52, from Musanze/Amajyaruguru, Rwanda

"The government's decision to prioritize vaccinating olde rpeople against COVID-19 was commendable. Rwanda recognized that this virus would disproportionately affect the vulnerable, so vaccinations began with those aged 70 and above, while other countries were prioritizing younger people."
Man aged 51, from Musanze/ Amajyaruguru, Rwanda

"A significant change is that older adults are now more likely to seek medical care. Advocacy efforts have raised awareness among older people that they may suffer from conditions other than old age, and that these can be treated."
Woman aged 54, from Kigali, Rwanda

"What I'm most grateful for in terms of changes in older people's healthcare is that awareness campaigns have increased, leading to more older people seeking medical treatment. Now, fewer people die at home."
Woman aged 62, from Huye/Amajyepfo, Rwanda

"Community health workers have made it easier for us to get treatment and have helped in preventing and fighting malaria. In the past, malaria used to kill many older people, but now we know how to prevent it, and they spray insecticides to protect us."
Man aged 70, from Huye/Amajyepfo, Rwanda

"When we explain our pain to the doctor, they quickly get annoyed, thinking older people are just rambling. They give you medicine to get rid of you because they have many other patients to see."
Woman aged 48, from Huye/Amajyepfo, Rwanda

"When we go to the hospital, the doctor asks about our symptoms. An older person might struggle to explain their condition clearly, and the doctor may quickly conclude that you're just wasting their time, so they prescribe painkillers to get you out quickly and move on to the next patient."
Man aged 62, from Huye/Amajyepfo, Rwanda

"In general, there seems to be a lack of proper self-improvement and specialization among doctors. For example, even if a doctor is specialized in geriatric care, their training may be outdated. They might have attended some courses, but it's unclear how they serve as role models for newer practitioners. In terms of service quality, it's genuinely lacking."
Woman aged 70, from Khentii, Mongolia

"Regarding the healthcare provided by the government to older people, the decrees are passed but their implementation is very poor. The discounted medicines are often unavailable. We older people rely on these discounted medications, but they always say, 'It's out of stock, it hasn't arrived.' That's the biggest issue. Secondly, there used to be home nurses who worked with older adults a few years ago, but recently, their numbers have decreased. When asked about our health, they just say, 'We'll take care of it,' but nothing happens. I wonder if their salaries from the health department have been reduced, because we really need them. In the past, they would visit homes, asking about blood pressure and such. Now, they're not going around anymore. That service has disappeared."
Man aged 72, from Bayandun, Mongolia

"Recently, older people's care services have also been improving. With the new law for older people and discussions about supporting the health of seniors, the government has been trying to provide more care. Things are improving, and we shouldn't just criticize everything. For example, our province's governor provides 1 to 3 million MNT annually to the seniors in the soums. With that money, our hospital takes 80 to 100 seniors to a local rest center where they receive care for a week. After the Naadam festival, around the 10th or 14th of the month, our older people's care program begins. We also take seniors to health resorts and mineral springs every year."
Man aged 67, from Bayandun, Mongolia

"Regarding rehabilitation, there are large state-run hospitals at the national level. However, in our province, it's only available at the department level. As the population grows, it seems like rehabilitation services should also be expanded more broadly. So, the main issues are increasing access to rehabilitation and ensuring that enough spaces are available at the resorts. The third point, as mentioned earlier, is about expanding rehabilitation services. Those are my thoughts on the matter."
Woman aged 70, from Khentii, Mongolia

"So, in our soum, there are treatments related to neurology and joint rehabilitation. Our hospital offers services like acupuncture, with our skilled doctor performing things like acupuncture and other treatments. [A doctor] also provides heat therapy, massage, and cupping therapy. Compared to other areas, we have certain advantages, but we still have needs. For example, I personally have significant neurological issues. However, the specialized care required for certain treatments is somewhat lacking [...] Having specialists in massage therapy and rehabilitation is really necessary in our soum."
Woman aged 58, from Bayandun, Mongolia

"My husband's liver was still very enlarged, and his abdomen had gotten even bigger. After a few medications, nothing seemed to improve until we found a very good acupuncturist from Inner Mongolia. Once he received acupuncture, his condition improved drastically."
Woman aged 58, from Bayandun, Mongolia

"There is also palliative care available. Yes, they are providing palliative care. Specialized doctors form a team and travel as a mobile hospital. When this is announced in advance, herders in remote areas have the chance to come and receive treatment. It's much more convenient for them to come to the soum center rather than traveling all the way to the province or city—it's a significant improvement."
Woman aged 58, from Bayandun, Mongolia

"There are traditional medicine doctors and general nurses. For people of our age, traditional treatments are often more preferred than injections and medications. We prefer to go in, get some massage, apply some herbal ointments, or receive heat therapy, and leave feeling better."
Woman aged 60, from Ulaanbaatar, Mongolia

"Our soum has quite a few older people who have gone for early detection screenings. Where are they conducting these screenings? They've been doing well, yes, they've been doing well."
Man aged 67, from Bayandun, Mongolia

"Before, they used to take care of the older people in the soum, and the elders would stay there. It was actually quite nice because the older people could be close to their families and receive regular visits. But now, that system no longer exists. The elderly are sent to the provincial centers, but people from the soums don't really like going to the province."
Man aged 67, from Bayandun, Mongolia

"We receive information directly from the hospital. There's always someone at the hospital, and we have nurses responsible for older people. For example, there are one or two nurses assigned to care for them. They also have someone responsible for early detection screenings. We can call them, and they have all our contact numbers at the hospital. They will call us and say, 'You're scheduled for an early screening on such and such a date, would you like to come?' That's how it works. The hospital staff and the doctors responsible for the bag (districts) are the ones who keep us informed. The bag doctors and nurses provide us with information. Overall, it's an easy process, and the primary source of information is the bag doctors. Yes, the bag doctors and nurses are our main point of contact."
Man aged 67, from Bayandun, Mongolia

"Representing older people, we have the Soum Livelihood Support Council. It works to ensure that older people receive proper care in accordance with the regulations. This council tries its best to help older people access the benefits they are entitled to. When someone is placed in caregiving, there's a certain amount of financial support available, but it's not much. [...] The situation isn't terrible right now, but there are still many challenges. Taking care of someone with special needs is difficult. There are many issues, from buying diapers to other daily necessities [...] As for social care, it has improved over the years. In the past, caregivers would take half of the older person's pension, but that's no longer the case. Now they receive their full pension while staying in the care facility, with doctors nearby, prepared meals, and warmth. It's quite decent. However, some people still worry about issues like favouritism or discrimination at the care facility, which are old concerns. I'm not sure how things are now."
Man aged 67, from Bayandun, Mongolia

"Since healthcare services are now compensated based on performance, there is a regulation issued by the Minister of Finance that prohibits providing two overlapping services for a single payment. So, if a patient is undergoing physical therapy under the care of [a doctor], the cardiologist can't treat the same patient simultaneously and receive payment for that service. As a result, the system now forces the patient to complete their back treatment before moving on to heart treatment, even if they need both simultaneously."
Man aged 71, from Khentii, Mongolia

"Some policies have already been put in place to address these issues, but when it comes to the Ministry of Health and family clinics, those policies aren't being implemented—it feels like the laws are just empty words. That's the truth."
Woman aged 60, from Ulaanbaatar, Mongolia

"Family clinics need to provide basic health education to older adults. Without this first level of assistance, there's essentially no information available to them. That's what it means—there's no information. This is an issue for family clinics."
Woman aged 60, from Ulaanbaatar, Mongolia

"For older people like us, who have contributed a lot to the country, there should be a way to get quick and efficient medical care, without having to wait in long lines. If someone is seriously ill, there should be a system in place for immediate attention. Our older population deserves better. Going to the doctor or waiting in line at the hospital has become a nightmare".
Male, aged 70, from Ulaanbaatar

Ageism, discrimination and a failure to support older people's participation and autonomy affects their access to health services

Across countries and contexts, older people often face ageism and age discrimination that violates their right to access health and care related goods, facilities and services on an equal basis with others. Where discrimination on the basis of age intersects with discrimination on the grounds of other characteristics, including gender and disability, the impact is compounded.

Ageism can be seen in structural failures in responding to older people's health and care needs, within health systems, including limited funding and exclusion of older people from essential health data such as the Demographic and Health Survey, as well as more explicit ageism at the level of service delivery.[23][24] This has been clearly evidenced during the COVID-19 pandemic, where age was used as a basis for deciding who has access to scarce COVID-19 treatment.[25] Older people that HelpAge works with frequently report that the behaviour of health workers is a barrier to accessing the services they need.[26] They say their health issues are often dismissed as 'old age' or that they are treated like a burden.

Within the focus group discussions, older people said they frequently experienced ageism and age discrimination in accessing healthcare.

In Zambia, many older people reported being deprioritised in healthcare facilities. They said health workers often focused their attention and resources on younger patients, leading to longer waiting times and inadequate care for older age groups. Participants expressed frustration at being treated as if their health concerns were less significant, which exacerbated existing health issues and discouraged them from seeking necessary medical attention. Many reported feelings disrespected and ignored by healthcare professionals, who they said did not always take their concerns seriously. Older people also said it contributed to them feeling invisible and worthless, and contributed to a cycle of poor health management and increased reliance on healthcare services. However, in two FGDs in Zambia, the findings were different and older people said they were happy with the treatment they received from health professionals and didn't feel older people were treated differently to other age groups.

Older people across the FGDs in Rwanda reported experience of ageism and age discrimination, saying they felt they were sometimes perceived as a burden on the healthcare system. This contributed to them reporting a lack of urgency in addressing their health needs, as healthcare providers prioritised younger patients who were viewed as having more potential for recovery or contribution to society. Participants said these attitudes resulted in them receiving substandard care and exacerbating their marginalisation within the healthcare system.

Many participants in these two countries reported feeling marginalised and undervalued within the healthcare system, which discouraged them from seeking necessary medical attention. Some said this systemic neglect not only affected their physical health but also had profound impact on their mental and emotional well-being, as they felt isolated and unsupported in their healthcare.

In Mongolia, while some older people spoke about discrimination on the basis of age, there was generally less discussion of this than in other settings. This may have been related to less perception or experience of ageism but could also be to do with the way the question was asked in this setting.

"Most of the health workers have no regard for us older people. They feel we are drug wasters since they think we die any time soon as we are moving graves, according to them."
Man aged 76, from Chibombo District, Zambia

"We older people are made to stand in the queue for longer hours before being attended to, whilst health workers are busy on phones. They don't prioritize us even with our debilitating conditions."
Woman aged 61, from Lusaka District, Zambia

"Older people are regarded as second class by the health workers."
Woman aged 68, from Chibombo District, Zambia

"It is very difficult to find a health facility which has perfect health workers who have the interest in older people. Most of them feel disgusted to handle us older people as though we have a bad odour."
Woman aged 64, from Chibombo District, Zambia

"I have suffered at the hands of the health workers in health facilities. I have regretted many times I have gone to the health facility when my condition is bad because of how heartless some health workers are towards older people."
Woman aged 74, from Chibombo District, Zambia

"They even say you are wasting the drugs, leave the drugs to the young one who still have life."
Woman aged 74, from Chibombo District, Zambia

"Health workers check each older person if they know their rights. When they know that you know your rights, they take note and attend to you accordingly."
Man aged 60, from Chibombo District, Zambia

"A number of the health workers do not concentrate on us. They will not look at you, no health education, just busy writing without examining you physically." ***Woman aged 62, from Lusaka, Zambia***

"When we explain our pain to the doctor, they quickly get annoyed, thinking older people are just rambling. They give you medicine to get rid of you because they have many other patients to see."
Woman aged 48, from Musanze/Amajyaruguru, Rwanda

"At my health centre, they treat me well, and I'd give them an 8/10. The problem is when you go to the hospital, that's where the services aren't satisfactory."
Woman aged 48, from Musanze/Amajyaruguru, Rwanda

"I once went to a public hospital because I had a leg problem that required a metal implant. The doctor asked me why they should bother putting in the implant since I was no longer of any use. Since I had the means, I went to a private hospital instead." ***Man aged 52, from Musanze/ Amajyaruguru, Rwanda***

"There was a time I was sent to the hospital for surgery. I spent days waiting for the doctor. Finally, I was advised to sleep outside the doctor's office to get a good spot. I did that and was third on the surgery list that day. The two people before me were operated on, but when it was my turn, they brought in two young people and told me to wait until they were done."
Man aged 51, from Musanze/ Amajyaruguru, Rwanda

"At the hospital, sometimes you're treated poorly just because you're old. You might take your parent to the hospital, and they're given the same medication as someone else, even though they have different issues."
Man aged 70, from Kigali, Rwanda

"I once took my 94-year-old mother to the hospital. She was in a lot of pain, so we went to find a doctor. When the doctor found out she was older, he immediately said that her pain was just due to old age, even though she could hear him. He said there was nothing wrong with her other than being old. Since then, my

mother has refused to return to the hospital, saying that no one cares anyway."
Woman aged 54, from Kigali, Rwanda

"I recently lost a parent who refused to go to the hospital because the last time they went, the doctors refused to treat them, saying their illness was untreatable. They told them this without even conducting any tests, just based on their age."
Woman aged 57, from Kigali, Rwanda

"Older people aren't treated well at the hospital. When you first show up in front of the doctor, they see you as an old man or woman who's just there to ramble on, even though they have many other patients waiting. They quickly treat you just to get rid of you, and some don't hesitate to tell you that old age illnesses can't be treated." ***Woman aged 50, from Huye, Rwanda***

"Recently, some older people have refused to go to the hospital because of the poor reception they received in the past. Doctors made them feel like their illness was just old age and couldn't be treated, leading them to vow never to return."
Woman aged 61, from Huye, Rwanda

"At the hospital, sometimes you're treated poorly just because you're old. You might take your parent to the hospital, and they're given the same medication as someone else, even though they have different issues. "In July 2019, I was in a car accident and broke my leg. The insurance refused to pay, citing a law that only covers people under 60, and I was 65 at the time. After hiring a lawyer, I was awarded 4 million Rwandan francs, but the lawyer took 3 million, leaving me with only 1 million."
Man aged 70, from Kigali, Rwanda

"Older people without financial means have no right to make decisions because the person supporting them makes all the decisions. When poverty and old age combine, ***the situation becomes even worse."***
Man aged 73, from Kigali, Rwanda

"I once took my mother, who uses a wheelchair because she can't stand or walk, to the hospital. I left her in line to find someone to help and to fill out the necessary paperwork. Meanwhile, a nurse came and ordered her to be removed from the line. When I returned and asked where my mother was, the nurse was disrespectful, but all the other patients said she had been removed from the line."
Woman aged 62, from Kigali, Rwanda

"When we go to the hospital, the doctor asks about our symptoms. An older person might struggle to explain their condition clearly, and the doctor may quickly conclude that you're just wasting their time, so they prescribe painkillers to get you out quickly and move on to the next patient."
Woman aged 62, from Huye, Rwanda

"There is definitely a noticeable difference in how people are treated. Discrimination like this exists in hospitals. When I'm there, I can see that they treat people differently based on things like clothing or if someone is from the countryside. This kind of discrimination does occur, even based on age."
Woman aged 60, from Ulaanbaatar, Mongolia

“When you go out to the city or elsewhere, they often just say, 'Well, you’re old now, it’s just due to age-related decline.' In Ulaanbaatar, there isn’t much respect or care shown, and even in the provincial centers, this is becoming common lately. Younger, more informed people with connections are treated differently. But for someone like me, if I go for a check-up, they just say, 'It’s because of your age; you’ve already passed that point.' They give you something and send you off, writing a prescription, but the overall responsibility and care are poor."
Man aged 82, from Bayandun, Mongolia

Across countries where HelpAge works, older people also often report that they are not engaged and empowered effectively in the health and care they receive or given a voice in decision making processes, either by health professionals or by their families and communities.[27][28] This denies them their right to participation and autonomy, and can also contribute to poorer individual and service level outcomes.

In all three countries, older people said they frequently faced challenges in having their voices heard and their autonomy respected in relation to their health. Community members and health professionals were said to often make decisions on behalf of older people without consulting them or providing enough information, leading to feelings of disempowerment. Participants expressed frustration over the lack of respect for their opinions and preferences in healthcare settings. For instance, some older patients reported that health workers often dismissed their suggestions regarding their treatment, meanwhile, cultural norms in some settings were said to dictate that younger family members should make healthcare decisions for their elders, often without considering the older person's preferences. Participants said this cultural dynamic was said to lead to older people feeling sidelined in discussions about their health, as their voices were overshadowed by the decisions made by younger relatives. In two FGDs, people said this was particularly the case for older women who were given even less of a voice in decision making.

"The Doctor never bothered to examine me... Suggesting to him to change the drug, he refused saying I am not a medical personnel."
Woman aged 75, from Lusaka District, Zambia

“Most of the health workers spend a lot of time on phone, chatting with friends... they cannot bother to ask you questions that make you participate in the decision about your health."
Woman aged 68, from Lusaka District, Zambia

"A number of the health workers do not concentrate on us. They will not look at you, no health education, just busy writing without examining you physically."
Woman aged 62, from Lusaka District, Zambia

"Some bad ones [healthcare workers] will only ask you what you are suffering from.. and they will not listen to you."
Woman aged 63, from Lusaka District, Zambia

“Older people have no say in the services they receive. They don’t even feel free to express what’s on their minds or explain what they need. The doctors just tell us what they want and give us what they want, and we have to accept it.”
Woman aged 67, from Kamonyi, Rwanda

“It’s clear that if you don’t have money, you have no rights. You can’t make any decisions for yourself because the person supporting you makes all the decisions.

Many older people have decisions made for them as if they were children who don't know what to do."
Woman aged 60, from Kamonyi, Rwanda

"Older people don't have a say in the decisions made for them; we often make decisions on their behalf based on what we think is best for them."
Woman aged 58, from Kigali, Rwanda

"In everyday life, sometimes our children or leaders make decisions about our health without consulting us."
Woman aged 58, from Musanze/ Amajyaruguru, Rwanda

"In everyday life, sometimes our children or leaders make decisions about our health without consulting us."
Woman aged 58, from North Rwanda

"Some older people can't get treatment because their children see it as wasting the family's resources, thinking they won't recover anyway."
Man aged 36, from Musanze/ Amajyaruguru, Rwanda (accompanying an older person)

"Family clinics need to provide basic health education to older adults. Without this first level of assistance, there's essentially no information available to them. That's what it means—there's no information."
Woman aged 60, from Ulaanbaatar, Mongolia

"Doctors often don't effectively communicate with patients".
Man aged 74, from Ulaanbaatar, Mongolia

"The city doctors [...] don't give you any proper care unless it's something they absolutely have to deal with. I've been sent away many times, telling me to just endure it. I went to the 2nd hospital. They didn't treat my issue seriously. They don't treat cysts at all. They just send you off without giving you any real answers. Maybe my illness wasn't that bad, but they didn't give me any proper feedback, just handled it roughly and sent me on my way".
Woman aged 71, from Bayandun, Mongolia

Changes older people want to see to improve their access to health services that meet their needs

Across the focus groups, older people expressed a strong desire for systemic changes to ensure they receive the attention and care they deserve. Key calls related to: more comprehensive health insurance packages to cover services, medicines and products related to conditions more common in later life; greater investment in health services and the workforce needed to deliver them; improved accessibility to health facilities and services; better training for healthcare workers on the needs of older people and how to deliver appropriate care; and greater prioritisation of the needs and rights of older people within health systems and services.

"The government should strengthen and expand facilities dedicated to older people's care, as these centres provide better and more consistent care than older people would receive at their children's homes."
Woman aged 62, from Kigali, Rwanda

"The RSSB should cover the full cost of all medications, as they currently only pay for non-original drugs, which are less effective, especially for chronic diseases."
Woman aged 62, from Kigali, Rwanda

"The RSSB should consider establishing a special insurance plan specifically for the elderly."
Woman aged 59, from Kigali, Rwanda

"At health centres, patients are seen on a first-come, first-served basis. We would like to see a system where older adults and others with visible physical limitations, including people with disabilities, are given priority and do not have to wait for long periods."
Woman aged 59, from Kigali, Rwanda

"The community health worker programme has been instrumental in improving health in Rwanda, but their training is currently focused on fighting malaria, caring for pregnant women, and combating child stunting. We would like to see them receive training specifically on older people's care, as they are a vulnerable group with unique needs."
Woman aged 67, from Kigali, Rwanda

"I would like to see community health workers receive both short-term and long-term training in healthcare, as they sometimes perform tasks similar to doctors. We all know that medical knowledge is constantly advancing, and these workers are still using outdated treatments."
Man aged 73, from Kigali, Rwanda

"Every health center should have a doctor, not just nurses."
Man aged 57, from Kigali, Rwanda

"The government did well by introducing health insurance, but it should allow older people in need to receive free care because there aren't many of them."
Woman aged 54, from Kigali, Rwanda

"There is a strong need to train healthcare workers in "humanity" because the way they interact with patients, especially those with special needs, immediately shows a lack of compassion."
Woman aged 54, from Kigali, Rwanda

"There is a practice in hospitals where general health talks are given to patients before treatment begins. It would be more effective if older people were given specialized talks that are specific to their conditions and the way they process information."
Man aged 66, from Kigali, Rwanda

"Health centres should have someone responsible for assisting the weak (those with disabilities, older adults) so that they can receive treatment before others, as they can't wait for long periods."
Man aged 47, from Huye/Amajyepfo, Rwanda

"Health insurance should be strengthened to cover all the medications that older people need."
Man aged 70, from Huye/Amajyepfo, Rwanda

"The number of cashiers at health centres should be increased to speed up the payment process and allow people to go home sooner."
Man aged 61, from Kimonyi, Rwanda

"The number of doctors at health centres should be increased so they can better attend to patients."
Man aged 62, from Huye/Amajyepfo, Rwanda

"Doctors currently working and those still in training should receive education on how to properly treat people, especially older people, because poor treatment has caused many to stop going to the hospital, as they don't want to be disrespected by younger doctors."
Woman aged 70, from Huye/Amajyepfo, Rwanda

"The number of doctors should be increased, and there should be a designated doctor responsible for older people, as they have unique health issues compared to others."
Man aged 53, from Musanze/ Amajyaruguru, Rwanda

"We would like more ambulances at health centres and hospitals because we often call for one when a patient is critical, only to find out it has been dispatched elsewhere, which can lead to death. Ideally, each health center should have its own ambulance."
Woman aged 57, from Kimonyi, Rwanda

"Rural health centres often don't operate well because they might not be regularly monitored by the Ministry of Health. It would be better if they were also inspected to ensure they are providing proper services, just like those in urban areas."
Woman aged 62, from, Huye, Rwanda

"There should be specialized healthcare services dedicated to older adults."
Woman aged 48, from Musanze, Rwanda

"We would like to have a customer care service to guide people, especially older adults who might not be able to read the signs on doors. Alternatively, they could strengthen the social service department."
Woman aged 52, from Musanze/ Amajyaruguru, Rwanda

"It would be better if health insurance and other forms of coverage paid for all services and medications so that older people don't struggle to get treatment and the medicine they need."
Woman aged 51, from Musanze, Rwanda

"Doctors should receive training on how to care for older adults. When they first see you, they assume there's no illness to treat and may even tell you that old age can't be treated. They need to learn to be patient with older people and treat them like any other patient. They should know that even older adults can have treatable conditions."
Woman aged 61, from Huye, Rwanda

"Increase the number of doctors so that they can properly attend to all patients without rushing due to the large number of people."
Man aged 60, from Musanze, Rwanda

"Community health workers should receive training on older people's health so that they can assist us better."
Woman aged 58, from North Rwanda

"We would like it to be easier for people with disabilities to get prosthetics because they are very expensive. Additionally, there should be more ambulances because there are very few; sometimes you call for one, but it doesn't arrive in time, and the patient could die as a result."
Man aged 36, from Musanze (accompanying an older person)

"We would like district hospitals to have specialists in non-communicable diseases, especially to reduce the need to constantly refer patients to the main hospitals in Kigali."
Man aged 63, from Musanze, Rwanda

"We would like hospitals to hold sessions before starting treatment, where they give talks specifically to older people, teaching them about a balanced diet, hygiene, etc. They could also provide nutritional supplements like porridge flour to fight malnutrition, similar to the "Shishakibondo" program for children, which could be called "Shishamuzehe" for older people."
Man aged 52, from Musanze, Rwanda

"The most significant thing that we can request from the government is to make sure that we have enough supply of medicines because we cannot afford to be buying medicines when we have no sources of income."
Woman aged 71, from Lusaka District, Zambia

"For me, the change I would want to see is for the government to make sure that there are medicines in the hospitals. For the long term, build more hospitals to cater for increasing population for Kanyama, we need one or two more hospitals."
Man aged 60, from Lusaka District, Zambia

"Include more medicines in the NHIMA scheme package."
Man aged 75, from Chibombo District, Zambia

"The government should build more clinics to reduce distances covered by us."
Man aged 70, from Chibombo District, Zambia

"The things we want to see change in our local health facilities are: (1) medicines should be in adequate supplies, (2) we need a laboratory with all the equipment and workers, and (3) we need doctors."
Man aged 59, from Rufunsa District, Zambia

"To improve things, it has to start at the very beginning—with primary care and family clinics. The first step is to equip family clinics with the necessary tools and ensure they have enough skilled workers. Once that's established, then we can move on to district-level hospitals and eventually to more specialized hospitals. That's how I see it. The focus should be on strengthening the primary care system first."
Woman aged 60, from Ulaanbaatar, Mongolia

“Even if we bring in the most expensive, modern equipment, it won’t make a difference if the people operating it lack consciousness, ethics, and knowledge. So, personal development is crucial. Training on things like professional conduct is essential. Personal development and training are crucial. [...] It’s all about the attitude and communication.”
Woman aged 67, from Ulaanbaatar, Mongolia

“I have a suggestion regarding regional development is that we really need a dedicated hospital specifically for older adults. The older population is growing rapidly, and more seniors are living longer lives. Therefore, one of the key focuses in regional development, particularly in the eastern region that is often discussed, should be the establishment of a specialized hospital for older adults.”
Woman aged 70, from Khentii, Mongolia

“There is only one urgent step we need to take. When we talk about increasing this or that today, the first thing we need to do is amend the Health Law by sending it to the Government and Parliament. We must increase the financing included in the law. If we don’t urgently make the necessary changes to all the relevant laws, the situation will remain the same in 2024, 2025, and 2026. Amending the law will also lead to changes in the budget law and the financing law. This, in turn, will affect the Health Insurance Law, and the financing provided by the Social Insurance Fund will increase. Changes to the regulations regarding the fund will also follow. In order to do this step-by-step, the first thing we must do is amend the Health Law. What needs to be included in this amendment is the budget and staffing issues. Only by addressing the budgetary concerns will we be able to improve services. How do we increase the number of beds in the resorts? Although most of the resorts have been privatized, the question is how to make these services free or affordable for seniors and people with disabilities. Currently, about 30% of the costs are covered, while around 70-80% are subsidized by the state. Isn’t that right?.”
Man aged 71, from Khentii, Mongolia

“[Advocacy] to get Mongolia included in a UN convention [on the rights of older people], is a very appropriate step. This convention will provide guidance on the actions Mongolia should take regarding older adults, as well as highlight which laws and regulations are being violated.”
Man aged 71, from Khentii, Mongolia

“We really need a properly equipped ambulance vehicle. In rural areas, what we need most is a vehicle that has strong off-road capabilities, especially in rain, mud, and water, and that’s fully equipped with medical tools inside.”
Woman aged 59, from Bayandun, Mongolia

“Basically, our personal records, whether we visit a hospital or a family clinic, should be fully transparent—especially the medication and treatments recorded in our personal files. First of all, if this process were made more transparent, it would probably improve things a bit.”
Man aged 84, from Ulaanbaatar, Mongolia

“Family clinics should be fully equipped with the necessary equipment, transportation, and enough doctors and nurses. Just as local councils connect citizens with the government, family clinics should be able to connect patients with the district and larger hospitals. That would be very beneficial.”
Woman aged 60, from Ulaanbaatar, Mongolia

"Family clinics need to provide basic health education to older adults. Without this first level of assistance, there's essentially no information available to them. That's what it means—there's no information. This is an issue for family clinics."
Woman aged 60, from Ulaanbaatar, Mongolia

"We should take care of [older people], improve their relationships, and learn from these international models of elder care. I hope we can study these practices and implement them here."
Woman aged 75, from Ulaanbaatar, Mongolia

Conclusion

Universal Health Coverage (UHC) cannot be achieved without meeting the needs and upholding the rights of increasing numbers of older people globally. Yet all too often ageing populations and their specific needs and rights are ignored within health and care systems. Findings from the focus group discussions reinforce wider work by HelpAge and ILC-UK on the barriers older people face to accessing health services, indicating that, whilst some progress is being made, urgent action is needed to ensure older people everywhere can enjoy their right to health.

As countries progress towards achieving UHC, they must seize the opportunity to reorientate systems and services to be fit for an ageing world. This is essential to meet the needs of older people and achieve UHC, whilst reaping the benefits of healthy ageing for individuals, systems and societies. For solutions on how to ensure demographic change and ageing is embedded in current and future UHC targets and policies, read ILC's report *Achieving Universal Health Coverage in low-and-middle-income countries: a global policy agenda for longevity*.[29]

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About ILC

ILC is the UK's leading authority on the impact of longevity on society. We combine evidence, solutions and networks to make change happen.

We help governments, policy makers, businesses and employers develop and implement solutions to ensure we all live happier, healthier and more fulfilling lives. We want a society where tomorrow is better than today and where future generations are better off.

ILC wants to help forge a new vision for the 100-year life, where everyone has the opportunity to learn throughout life, and where new technology helps us contribute more to society.

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