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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement submitted by Beijing International Exchange Association, a non-governmental organization in special consultative status*

The Secretary-General has received the following written statement, which is circulated in accordance with Economic and Social Council resolution 1996/31.

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* Issued as received, in the language of submission only.



Digital Inclusion, Population Ageing and the Right to Physical and Mental Health of Older Persons: From Structural Challenges to Rights-Based Health Policy Pathways

I. Introduction: Older Persons' Right to Physical and Mental Health in an Increasingly Digitalized World

Digital technologies are rapidly transforming healthcare systems, public administration, and access to essential health-related services worldwide. Digital platforms are increasingly becoming the primary—if not exclusive—channel through which individuals access medical consultations, mental health support, health information, appointment systems, prescription services, insurance administration, and public health resources.

This written submission draws on findings from a previous international project on ageing and digital inclusion implemented by our organization, including conference-based research and policy-oriented analysis. The project examined how rapid digitalization intersects with demographic ageing, with particular attention to older persons' equal access to healthcare and their enjoyment of the right to physical and mental health.

Population ageing is no longer a future trend. According to United Nations population data and findings reflected in our research, people aged 60 and above already account for more than one billion individuals globally, and this number is expected to continue increasing significantly in the coming decades. Older persons constitute a substantial proportion of healthcare users worldwide, particularly within primary healthcare, long-term care, rehabilitation, and mental health support systems. Against this backdrop, the digital transformation of healthcare systems raises urgent human rights concerns relating to equality, accessibility, continuity of care, informed consent, autonomy, and human dignity.

II. Digitalization and Health-Related Challenges Faced by Older Persons

Research findings from our project indicate that a significant proportion of older persons encounter difficulties in using digital technologies that are increasingly embedded in healthcare delivery and access to health-related services. These challenges include complex user interfaces, inaccessible authentication procedures, frequent system updates, small visual elements, and reliance on advanced digital literacy skills that many older persons have had limited opportunities to acquire.

Evidence discussed during the project suggests that older persons remain underrepresented among confident users of digital health systems. In many economies, older adults are significantly less likely than younger age groups to independently use online appointment systems, telemedicine services, electronic health records, mobile health applications, or digital mental health platforms. These disparities are not solely age-related; they also reflect structural shortcomings in accessibility standards, user-centered design, digital literacy support, and health policy planning.

As digital systems increasingly replace or limit in-person healthcare registration, consultation, and information services, these barriers may reduce older persons' practical access to healthcare and mental health support. What is often presented as administrative efficiency or technological modernization may, for some older persons, result in delayed treatment, reduced continuity of care, increased dependence on family members or third parties, social isolation, stress, or disengagement from healthcare systems.

III. Structural Exclusion and Human Rights Consequences for Older Persons

The findings of our research demonstrate that digital exclusion in healthcare is not a marginal issue, but a structural one with direct implications for the realization of the right to physical

and mental health. Despite being among the principal users of healthcare services, older persons remain insufficiently represented in digital health policy development, technology design processes, and healthcare governance discussions.

This lack of representation has practical consequences. When digital health systems are developed without meaningful participation from older persons, they often fail to accommodate age-related changes in mobility, vision, hearing, cognition, memory, or long-term health conditions. As a result, digitalization may unintentionally reinforce existing inequalities in access to healthcare and mental health support.

The human rights impacts of this exclusion are particularly visible in digital healthcare delivery. Online appointment systems, telemedicine platforms, electronic health records, and digital mental health services are frequently introduced without sufficient accessibility safeguards or age-responsive standards. Research findings discussed during the project indicate that older persons who cannot independently use these systems may postpone seeking medical or psychological care, rely on third parties in ways that compromise privacy and confidentiality, or experience interruptions in treatment and follow-up care.

These outcomes directly affect the enjoyment of the right to physical and mental health, including the principles of availability, accessibility, acceptability, and quality of healthcare services. They also affect equality, non-discrimination, autonomy, participation, privacy, and human dignity. Digital exclusion in healthcare should therefore be understood not merely as a technological challenge, but as a structural human rights concern requiring sustained policy attention.

IV. Policy Pathways and Recommendations: From Project Findings to Global Health Action

Based on the evidence and practical insights generated through our research project, several policy pathways emerge that are directly relevant to the protection of older persons' right to physical and mental health in digital societies.

First, digital health transformation strategies should adopt an age-responsive and human rights-based approach. Older persons should be meaningfully involved in the design, testing, implementation, and evaluation of digital healthcare systems and mental health-related technologies.

Second, governments should ensure that digitalization does not eliminate non-digital channels for accessing healthcare and mental health services. Maintaining accessible in-person, telephone-based, and community-level service pathways remains essential to safeguarding equality and preventing indirect discrimination against persons with limited digital capacity.

Third, targeted capacity-building measures are necessary to support older persons' equal enjoyment of the right to health. Research findings underscore the importance of accessible digital literacy training, ongoing technical assistance, and community-based support mechanisms that enable older persons to engage with digital health technologies safely and confidently.

Fourth, digital health policies should prioritize accessibility, informed consent, privacy protection, data security, affordability, continuity of care, and age-sensitive mental health considerations. Digital health technologies should strengthen—not undermine—older persons' autonomy, trust, participation, and equal access to healthcare services.

Our organization encourages States, healthcare institutions, technology developers, and other relevant stakeholders to integrate these considerations into national digital health, public health, ageing, and mental health-related policies. Experience from our project demonstrates that inclusive digital health development is achievable when the right to physical and mental health and broader human rights principles guide technological innovation.

V. Conclusion: Advancing a Rights-Based Digital Health Future for Older Persons

As societies continue to digitalize amid accelerating population ageing, ensuring older persons' equal access to physical and mental healthcare is both a demographic necessity and a human rights obligation. Older persons are not peripheral participants in digital health systems; they are among the principal users whose health needs, autonomy, and rights must be fully recognized and protected.

A rights-based digital health future requires policies that move beyond efficiency-driven technological transformation and place the right to physical and mental health, human dignity, equality, accessibility, participation, and autonomy at their core. By aligning digital health innovation with the rights of older persons, States can promote healthier ageing, more equitable healthcare systems, improved mental well-being, and more inclusive and resilient societies.
