United Nations
Inter-Agency Group
on Ageing

A call to Action:

10 Under-Prioritized Policy Areas in the long-term care and support systems for an Ageing Society

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Care and support are increasingly recognized as cornerstones of inclusive and sustainable development, yet long-term care (LTC) remains under-addressed in global discussions. The Madrid International Plan of Action on Ageing, 2002 (MIPAA) is the first intergovernmental instrument to call on Member States to promote access to quality and affordable LTC, support caregivers, and uphold the dignity and autonomy of older persons. It is forward-looking in highlighting care-related dimensions that are prominent in regional and global agendas, including through the UN Decade of Healthy Ageing. The UN system-wide policy on transforming care systems has expanded this vision, though long-term care for older persons has usually not been a central focus.

As the global community gathers for the Second World Summit for Social Development, this document calls attention to long-term care and support as a distinct policy priority—one essential to upholding the dignity, autonomy, and human rights of older persons. Care and support systems are essential to the realization of human rights and sustainable development, encompassing a continuum of services that enable individuals to live with dignity, autonomy, and inclusion. This document focuses on one critical segment of that continuum—long-term care and support for older persons—highlighting under-prioritized policy areas that require urgent attention. Its content draws on selected official sources and recent reports, resolutions and policy frameworks published or adopted by the United Nations and its system agencies.

1. Recognize the distinct realities of long-term care to inform smarter policy

The need for LTC is growing as populations age, especially in low- and middle-income countries where ageing is accelerating and care systems may already be under strain. Among the groups requiring the most support, the number of people aged 80 and over —a group often used as a proxy for forecasting demand due to higher needs and greater likelihood of functional impairment— is rising rapidly. Unlike other care domains that are more episodic or narrowly defined, LTC involves multiple layers of complexity: settings range from homes to hospitals; providers may include families, public and private sectors, or communities; and the type and intensity of support changes over time. Older persons' access to quality care and support is marked by multiple barriers such as income insecurity, geographic location, and social norms. To meet evolving needs, LTC systems should offer adaptable care and support pathways and ensure coordination across settings—avoiding fragmentation and enabling a continuum of care and support. Effective LTC policies must move beyond one-size-fits-all models, given the wide variation in how LTC is defined, delivered and organized across countries, shaped by national capacity, infrastructure and sociocultural contexts. They should offer flexible, context-sensitive solutions grounded in a comprehensive understanding of older persons' diverse realities and care ecosystems.

2. Put dignity, autonomy, and human rights at the heart of long-term care and support

Long-term care and support must adopt a human rights-based approach that places the dignity, autonomy, well-being and participation of both older persons, both as recipients and providers of care and support, as well as other caregivers and care and support workers, at its core. Care and support, while often provided by family members and communities, should be recognized as a shared societal responsibility that enables individuals to live independently and be included in the community. A person-centered continuum of care should enable individuals to exercise choice and control over decisions affecting their lives, with support when needed. Access to care and support must be recognized not as a discretionary service but as a human right, underpinned by clear entitlements, accessible complaint mechanisms, and accountability structures. Policies and services should safeguard the legal capacity of older persons and ensure that legal and ethical frameworks are in place to guide caregivers- particularly in delegated decision-making. These include supported decision-making, recognition of individual preferences in care planning, and robust protections against violence, abuse, and neglect in all settings.

3. Anchor long-term care and support in strong policy, data, and accountability

The State holds the primary responsibility for ensuring that LTC protects the human rights and dignity of older persons. While families and communities play a vital role, they cannot substitute for public accountability. National policies should: a) define the scope of LTC-including eligibility and needs assessments; b) set quality standards with full respect of human rights of recipients of LTC; c) ensure equitable access; d) regulate service delivery and working conditions for all caregivers, including formalizing roles, providing training, and offering respite services to prevent burnout-; and e) design sustainable financing that reflects the social and economic value of care and support. Policies should also ensure a coordinated continuum of services across the life course — from prevention to end-of-life — that responds

to the evolving needs and preferences of older persons. Sound policymaking is contingent on robust, age-, gender- and disability-disaggregated data collected through methodologies tailored to the realities, priorities and diversity of older persons- including the oldest-old and those in institutional settings. Finally, strong monitoring and evaluation mechanisms are essential to ensure accountability and guide implementation, and older persons and caregivers must be meaningfully involved in the design, implementation and evaluation of policies and services.

4. Make older women visible in long-term care and support systems

While it is widely recognized that women make up the majority of caregivers, their predominance as care and support recipients in old age often remains overlooked. This dual vulnerability reflects persistent gender inequalities accumulated across the life course and is compounded by data gaps – particularly the lack of disaggregated statistics capturing the full extent of older women' caregiving and care needs. Many older women requiring care and support today are the same individuals who spent much of their lives providing unpaid care and support, often without benefits, and now face old age with lower lifetime earnings, limited pension entitlements, and in many cases, ongoing caregiving responsibilities. Older women are also more likely to live alone, suffer from chronic health conditions, and lack consistent family support than older men. Additional layers of inequality—linked to class, race, ethnicity, or disability—can further intensify their care and support needs and reduce access. LTC systems must acknowledge the lifelong impact of unequal caregiving roles by addressing older women' specific needs and embedding gender equality and rights-based design across policies.

5. Invest in social protection across the life course to build sustainable LTC

Social protection is critical for sustainable long-term care and support systems, as it underpins healthy ageing and helps mitigate future care and support needs. Disparities in life expectancy and health outcomes—driven by socioeconomic status, gender, and other accumulated disadvantages—make ageing paths highly unequal. A life-course approach that invests early in health, education, decent work and social protection can reduce the incidence and severity of functional limitations in old age, leading to more efficient and equitable LTC provision. Social protection systems thus both increase autonomy and prolong independent living in old age and guarantee access to LTC when needed, with universal floors ensuring coverage without financial strain. Embedding LTC within universal health coverage and social protection systems is essential to secure equity. Social protection should also extend to unpaid family caregivers, including older parents and spouses who may themselves require care and support, through income security, continued coverage, and other support measures.

6. Make palliative and end-of-life care a core priority in care systems

Palliative and end-of-life care are essential components of LTC and should be fully integrated into care and support systems as populations age and non-communicable diseases become more prevalent. Yet, access remains limited worldwide, with only one in ten people receiving the palliative care they need, even as demand is expected to double by 2060. These services are vital for managing symptoms and pain, preserving dignity, reducing suffering, and supporting families through difficult transitions. Palliative care should begin as early

as possible following the diagnosis of a serious or life-limiting illness—not only in the final stages of life—and be coordinated with curative and rehabilitative services across a range of care and support settings, including homes, hospitals, community, and LTC settings. Ideally, it should be embedded in primary care settings, including in people's homes, and tailored to individual preferences. Effective palliative care requires specialized training, adequate infrastructure, access to essential medicines, and coordinated multidisciplinary teams. All health workers should be trained in core palliative care skills, including symptom management, prescribing medications and incorporating care into personalized plans. A rights-based approach supports the development of national strategies to expand palliative care as part of a comprehensive, affordable continuum of services, aligned with MIPAA and WHO guidance. Raising awareness is also essential to counter stigma and misconceptions that delay access: palliative care is not synonymous with institutionalization or the end of treatment, but a supportive, person-centered approach that promotes dignity and is often best delivered in homes or community settings.

7. Support preferred living arrangements chosen by older persons

Living arrangements are a core component of long-term care and support, directly influencing the type and quality of support older persons receive. Changes in family structures, urbanization and migration have reshaped how and where older persons live – with marked diversity across regions, genders, and income levels. These shifts underscore the importance of enabling older persons to make informed choices about their living arrangements, including the ability to age in their chosen setting. Public policy plays a key role by expanding access to community-based care and support and investing in enabling environments, such as accessible housing, transportation, digital inclusion, and universal design. Many older persons are placed in residential care due to lack of alternatives, despite risks of isolation, high cost, or inadequate oversight and standards in some facilities. Institutional care should never be the default. Public policy should support older persons in making informed, voluntary choices about their living arrangements, with a strong emphasis on enabling ageing in place and expanding access to community-based alternatives to institutional care. Promoting ageing in place is therefore not only a matter of dignity, but also a cost-effective and culturally appropriate strategy for public health systems worldwide. Some countries are advancing deinstitutionalization by expanding flexible home- and community-based services, including innovative housing models such as co-housing, intergenerational living and assisted living, that respect individual preferences.

8. Recognize older persons as carers with specific needs

Older persons are not only recipients of care and support, they are also active caregivers, often simultaneously. Yet despite increasing attention to the care economy, their specific realities remain overlooked. Many older persons, especially women, continue working and provide essential care and support, including LTC, to spouses, adult sons and daughters and grandchildren, particularly in contexts shaped by migration, poverty, and demographic change. Policy responses often fail to adequately reflect the role of older caregivers, especially when access to caregiving support is linked to formal employment or pension systems. Many older caregivers are no longer in the labour force —or never were— and may themselves rely on social protection or lack regular income. This creates a policy blind spot, in which they may fall through the cracks. Some older caregivers may require LTC themselves, facing a dual vulnerability that

demands tailored responses. Addressing these gaps requires targeted measures such as training, income security, respite services, and access to support networks that acknowledge and respond to their specific circumstances. Supporting older caregivers' own health and well-being is equally essential, recognizing that sustainable caregiving depends on care and support for the caregiver.

9. Provide targeted training and capacity development for quality care and support

Care work in LTC settings requires specialized knowledge, skills and sustained support, yet many caregivers, whether paid or unpaid, lack adequate training and resources. MIPAA calls for expanded training in gerontology, geriatrics, and psychosocial care, underpinned by a rights-based approach, for both paid and unpaid caregivers, especially in developing countries. While all health workers should be equipped with basic competencies in older person care and support, investment in geriatric expertise is essential to strengthen the capacity to train, supervise, and lead health and care teams. This dual approach ensures both broad-based and specialized skills are developed and sustained. Investing in lifelong learning, certification and national quality standards is essential to and key to promote gender equality, improve quality of care and support, and strengthening the resilience of LTC systems. Training should encompass occupational safety, mental health, and person-centered approaches, and be made accessible through community-based initiatives that recognize and value the role of all caregivers and care and support workers.

10. Secure sustainable financing for long-term care

Sustained public investment in LTC delivers strong social and economic returns: creating decent jobs in the care sector, easing pressures on families, enabling sustainable caregiving, strengthening community resilience, and ultimately contributing to equity and well-being. Yet, LTC remains significantly underfunded in many parts of the world, and LTC is seldom addressed in investment plans, public financing, or social protection coverage. This leaves many older persons without adequate support and at greater risk of poor health, insecurity, and exclusion. Insufficient public spending shifts costs onto individuals, families and communities, leaving both paid and unpaid caregivers undervalued and unsupported. High out-of-pocket expenses can cause catastrophic financial hardship, deepen poverty, and widen inequality. Financing strategies should therefore close these gaps through a balanced mix of public funding, social insurance, and redistributive mechanisms, while also regulating private schemes to prevent exclusion.

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Key Sources: A/HRC/30/43; A/HRC/58/43; A/78/157; ILC.112/Resolution V; *Madrid International Plan of Action on Ageing* (2002); *Fourth Global Review of the Madrid International Plan of Action on Ageing* (2023); *Fourth Regional Reviews of the Madrid International Plan of Action on Ageing* (2023); ILO (2018) *Care Work and Care Jobs for the Future of Decent Work*; ILO (2024) *Universal Social Protection for All Carers: A Necessity for Securing Long-Term Care in the Context of Population Ageing*; ILO (2024) *Report VI (112th ILC)*; ILO–ISSA (2022) *Long-Term Care in the Context of Population Ageing: A Rights-Based Approach to Universal Coverage; ILO & UN Women (2024) A Guide to Public Investments in the Care Economy; UN DESA (2023) World Social Report 2023: Leaving No One Behind in an Ageing World; UN DESA, OHCHR, UN Women & AARP (2022) Advocacy Brief: Older Women – Inequality at the Intersection of Age and Gender; UN Principles for Older Persons (1991); UN System Policy Paper (2024) Transforming Care Systems; WHO (2024) Long-Term Care for Older People: Package for Universal Health Coverage; UN Women (2024) World Survey on the Role of Women in Development 2024.*