Healthy Ageing and
the need for long-term care systems
accessibility, sustainability, quality and ageism

Anne Margriet Pot
Twitter: @ampot1
Email: potam@who.int

World Health Organization

Ageism - Misperceptions

Care dependency ratio

Families are the backbone of care

To care for older people you don't need training

Unpaid care ←→ institutional care

Cultural Norms and Views

The value of family and paid care

The role of women

The value of older people
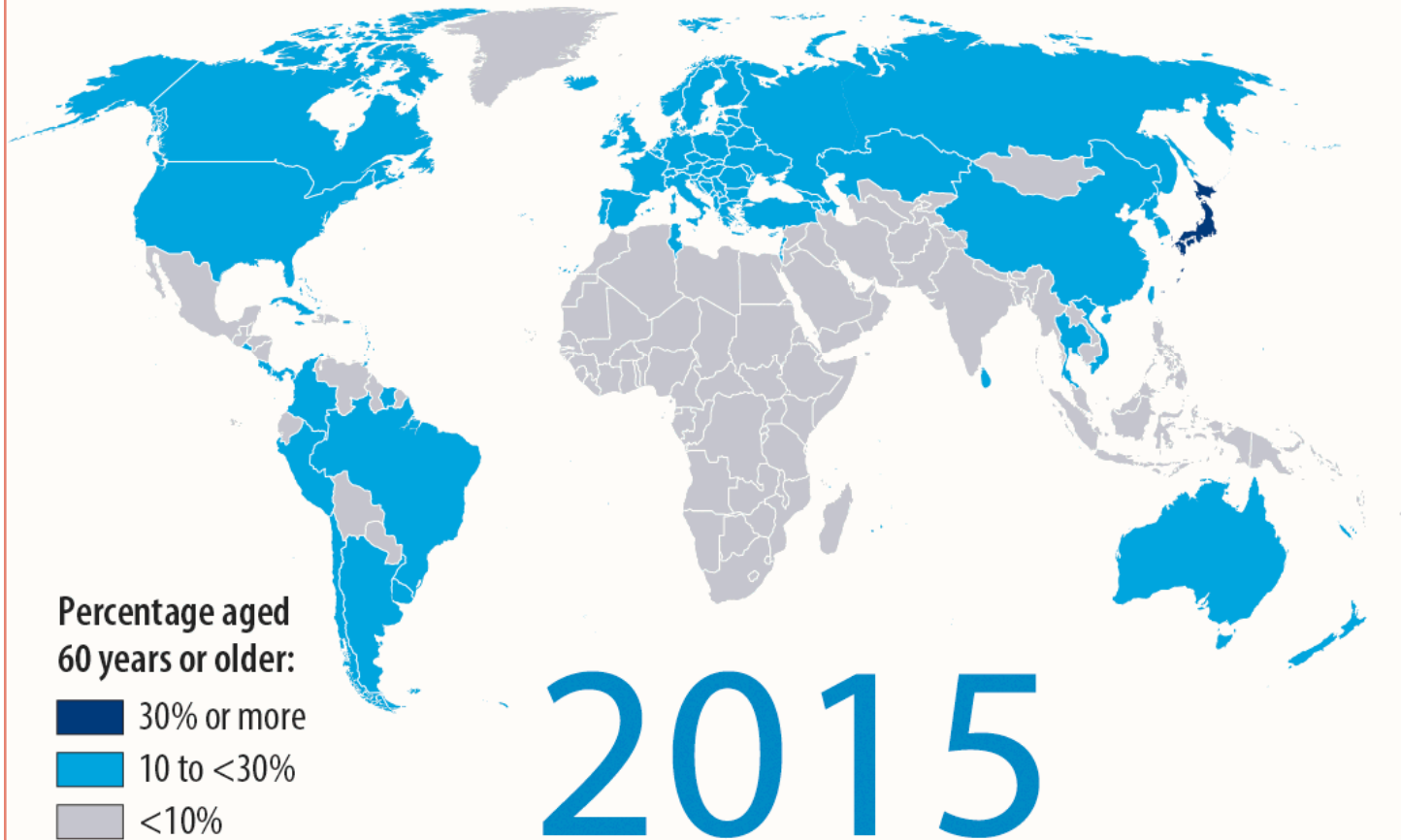
Terminology

Informal ❌ formal care

Paid and unpaid care
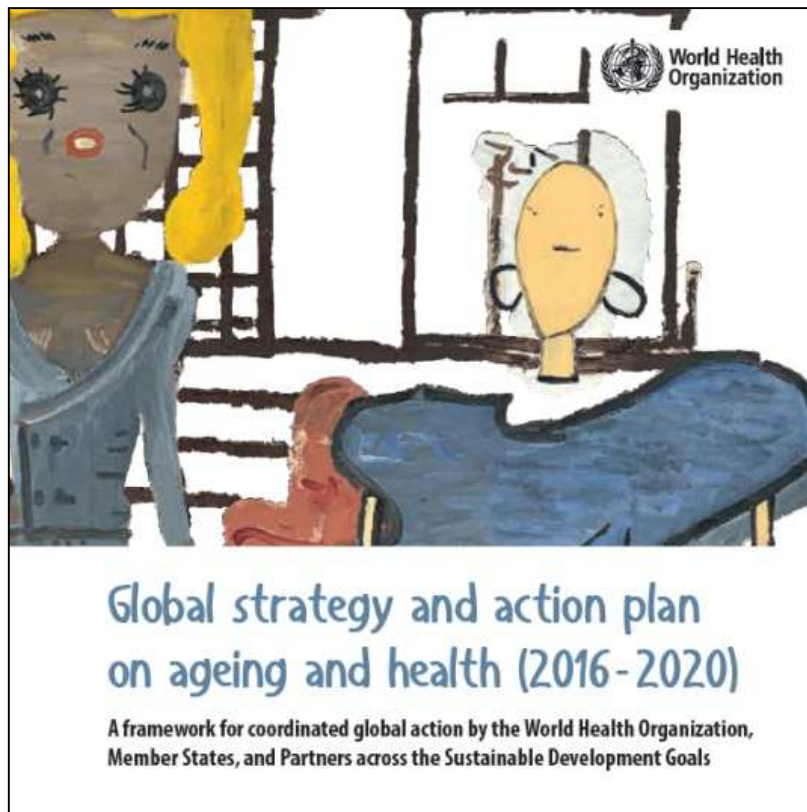
Organized and unorganized care

Trained and untrained

Regulated and unregulated

Populations are getting older

Percentage aged 60 years or older:

- 30% or more
- 10 to <30%
- <10%

2015

World Health Organization

"Every country should have a LTC-system"
Global strategy and action plan 2016-2020

Global strategy and action plan on ageing and health (2016-2020)

A framework for coordinated global action by the World Health Organization, Member States, and Partners across the Sustainable Development Goals

Strategic Objective on Long Term Care

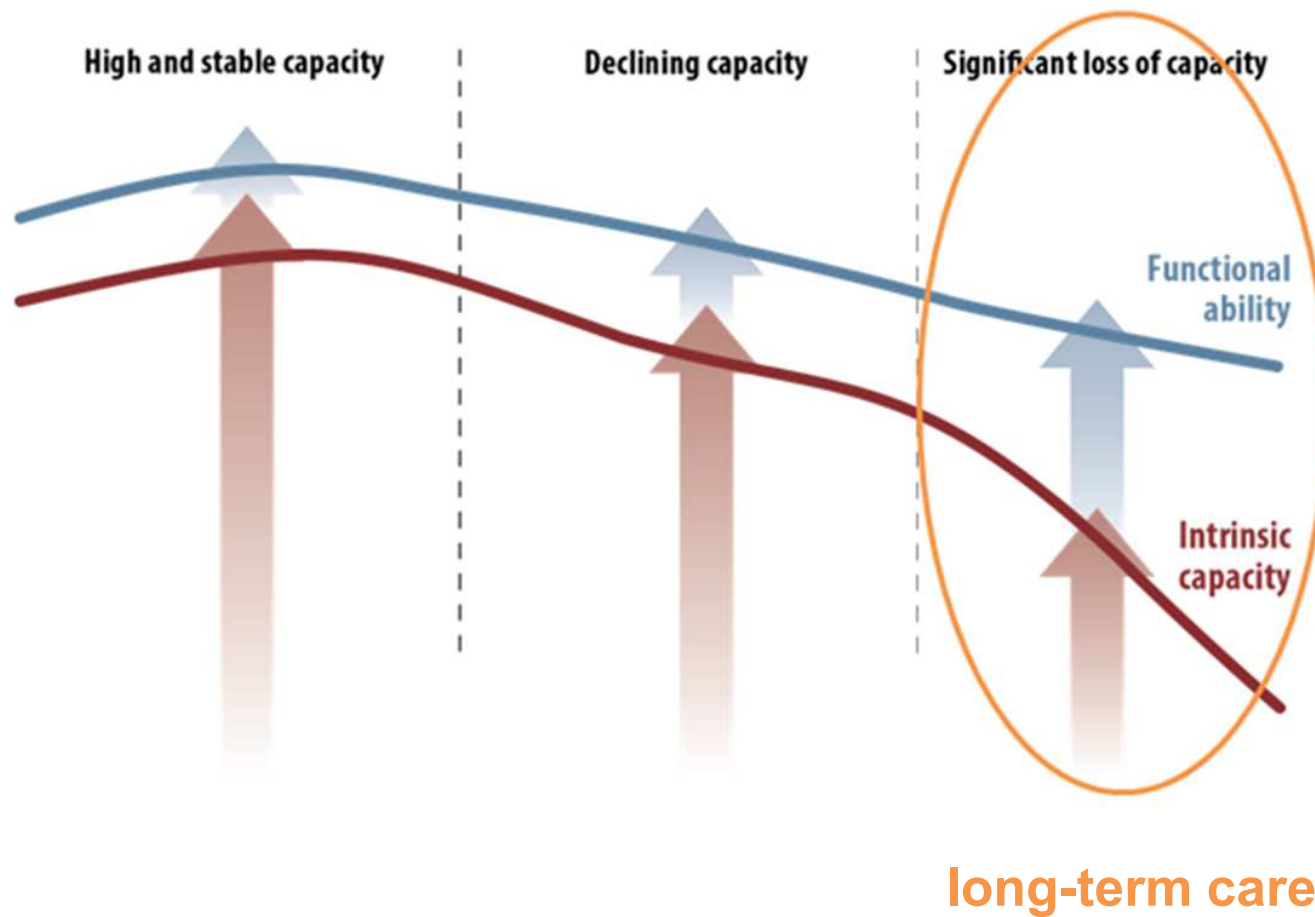"Establish and continually improve the foundations for a sustainable and equitable long-term-care system

Build workforce capacity and support caregivers

Ensure the quality of person-centred and integrated long-term care"

Long-Term Care:
## from service-oriented to person-centred approach

Healthy ageing and long-term care

What is Long-Term Care?

"…the activities undertaken by others to ensure that people with, or at risk of, a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity"

WHO 2015

World Health Organization

WORLD
REPORT
ON
**AGEING
AND
HEALTH**
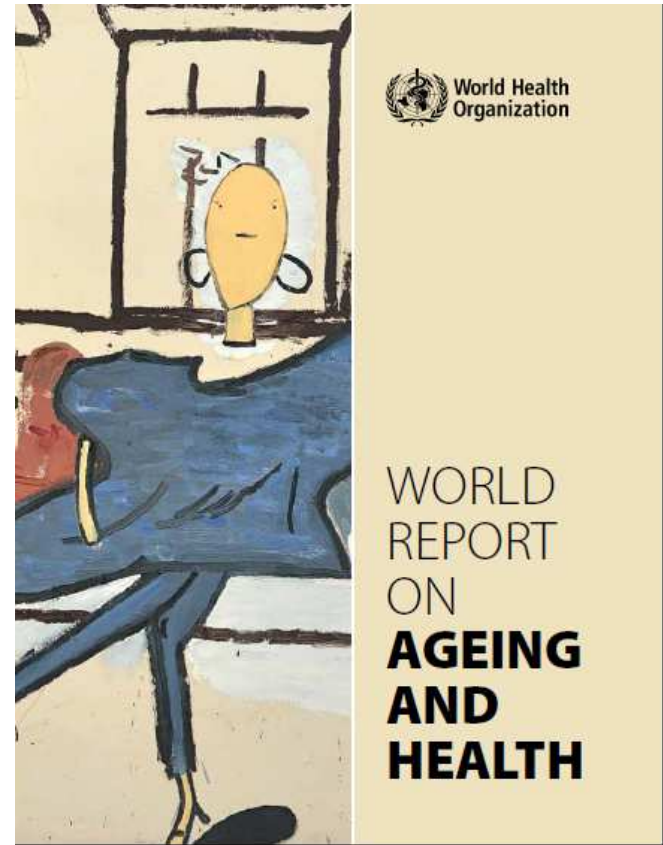
Focus of Long-Term Care on:

✓ Peoples' **needs**

✓ Focus on **trajectory of functional ability**

✓ Not merely taking over, but **stimulating to do as much possible themselves**

✓ Not only focusing on meeting older people's basic needs for survival, but also people's abilities:
  - ✓ **to move around,**
  - ✓ **to build and maintain relationships,**
  - ✓ **to learn, grow and decide, and**
  - ✓ **to contribute to their communities**

People have the **right** and deserve the **freedom** to realize their continuing aspirations to well-being, meaning and dignity, and a **good life**, even in the event of significant loss in intrinsic capacity.

Long-term Care

✓ Can be delivered in a range of settings:
  – at home
  – communities
  – hospitals
  – care homes

✓ Can be delivered by a range of caregivers:
  – Family, friends, volunteers, paid help, professionals
  – Paid or unpaid
  – Trained or untrained

✓ Can be financed thru different mechanisms

LTC-systems: Current Global Situation

✓ Many countries rely almost entirely on families

- **Challenge is to start from scratch**

✓ Some countries (JP, NL) have well established systems

- Generous set of services
- Mandatory insurance schemes, tax revenues, own contributions
- **Challenge is continuous improvement (f.i. integration) and sustainability**

UNIVERSAL HEALTH COVERAGE

Challenges

✓ Accessibility to paid and unpaid care

✓ Financial sustainability

✓ Quality of care

Accessibility of unpaid care

✓ Many older people have **no family**

✓ Women are increasingly aspiring to **other** economic and social **roles**

✓ **Changing social structures**: less children, children move to urban areas for work

Engagement of:

males, non-family members

other generations

volunteers, peers

Accessibility of paid care

Lessons from the field

Volunteer provision of long-term care for older people in Thailand and Costa Rica

Peter Lloyd-Sherlock,[a] Anne Margriet Pot,[b] Siriphan Sasat[c] & Fernando Morales-Martinez[d]
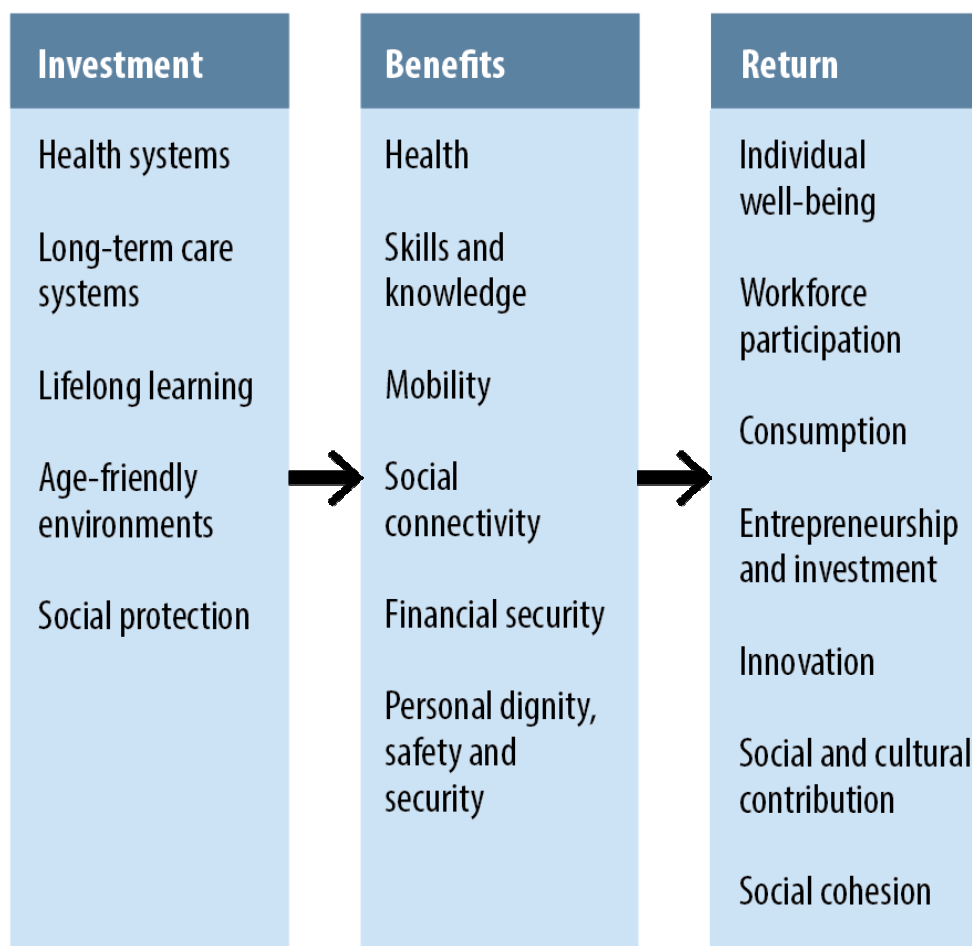
Role of cultural norms and views for accessibility

Bulletin of the World Health Organization

Volume 95, Issue 11, November 2017

Financial sustainability

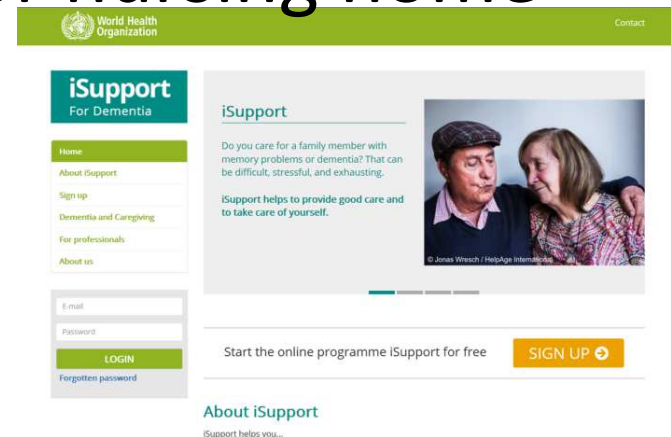# *Healthy Ageing* is an investment, not a cost

Investment	Benefits	Return
Health systems	Health	Individual well-being
Long-term care systems	Skills and knowledge	Workforce participation
Lifelong learning	Mobility	Consumption
Age-friendly environments	Social connectivity	Entrepreneurship and investment
Social protection	Financial security	Innovation
	Personal dignity, safety and security	Social and cultural contribution
		Social cohesion

Quality of care: Support for unpaid caregivers

✓ **Supporting**

f.i. caregiver training, respite, payment/vouchers

✓ **Complementing**: f.i. home-based care

✓ **Supplementing**: day-care or nursing home care

Quality of care: Building the paid workforce

Ensuring supply

increasing pay and benefits, improve working conditions (training, career opportunities, appropriate workloads, flexible work hours, giving care workers authority to make decisions)

Training and accreditation

person-centred care, supervision, licensing, care standards and guidelines, etc.

Improve image and status

Women on the Move

Migration, care work and health

World Health Organization

6 LAYING THE FOUNDATIONS FOR A LONG-TERM-CARE SYSTEM IN EVERY COUNTRY

Older people and care givers get the care and support they need to live with dignity and enjoy their basic human rights

This priority will support countries to develop effective, sustainable and equitable systems and services that improve care for older people with significant losses in intrinsic capacity and reduce the burden on caregivers. There are three key areas for action:

i. **Building understanding and commitment** to developing long-term-care systems through global, regional and local policy dialogues to catalyse change.

ii. **Mapping the current situation** in long-term-care provision in countries to inform country action and serve as a baseline with regard to the need, unmet need, type and quality of existing services, legislation, human resources and financing mechanisms.

iii. **Providing guidance, tools and technical assistance** for countries at all levels of socioeconomic development, on building sustainable and equitable systems to meet the needs of older adults with significant losses of capacity.

©Gemma Gustan/Merlin

Just launched

Percentage of the population aged 65–74 years and aged 75 years or older with a limitation in one or more of five basic activities of daily living (ADL), by country (eating, bathing, dressing, getting in and out of bed, and using the toilet)

Legend:
SHARE — ■ 65–74 years   ■ ≥75 years
SAGE — ■ 65–74 years   ■ ≥75 years