

RETA – 9111 Strengthening Developing Member Countries' capacity in long term care

Findings from initial 6 country diagnostic studies

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Country situations - diversity

	Numbers of Over 60s (000s) ^B		Proportion† of Population Over 60 (%)		Numbers of Over 80s (000s) ^B		Proportion† of Population Over 80 (%)	
	2010	2050	2010	2050	2010	2050	2010	2050
Country								
Indonesia	18,212	67,738	7.6	21.1	1,918	9,559	0.8	3
Mongolia	154	743	5.7	19.8	13	82	0.5	2.2
Sri Lanka	2,453	6,119	11.8	25.7	269	1,305	1.3	5.5
Thailand	8,580	23,148	12.9	37.5	1,094	6,154	1.6	10
Tonga	8	18	8	13	1	4	1.3	2.5
Viet Nam	7,891	31,699	8.9	30.6	1,598	7,004	1.8	6.8

Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2012 Revision*, New York, 2013

Summary of findings – common issues

1. What is long-term care?

- Emerging concepts
- Not part of the national lexicon
- National to local

2. Care needs not equal to care demand

- cultural norms
- independence
- care needs usually based on ADL – real needs?

Summary of findings – policy and regulatory framework; coordination

- All countries have a plethora of related laws and policies
 - Common emphasis on role of family, and home and community care
 - National LTC Strategy (TH, 2014-2018)
- National inter-sectoral coordination bodies for older people exist
 - Many priorities
 - Roles and responsibilities around LTC not clear
 - Engagement of other stakeholders
 - National to local?

Summary of findings – service provision

Current situation

Gaps

Reliance on family care givers
- cash grants for carers (MON)

Little systematic support to family care givers such as training, information systems, payment, respite care.

Emphasis on role of **community**:
volunteers, organizations (IND); paid
community care givers (TH)

Ensuring quality, access and
accessibility

Widespread existence and
importance of older people focused
community based organizations (SL,
TH, VN), employer organizations
(MON); Church (TON)

How to utilize under a LTC
system?

Systematic links with health and
social services (TH, IND
exception)

Charitable organizations (residential
homes, homecare programs)

Reliant on ad hoc funding
Limited GO funding (TON exc.)

Summary of findings – service provision

Current situation	Gaps
Public service providers - institutions; welfare focused	Quality standards being met
Nascent emergence of private service providers, for those who can pay (SL, IND, TH)	Registration and accreditation systems not fully developed
	Clear continuum of care (referrals, information systems, personalized records)
	Dementia

Summary of findings – financing

- Limited systematic data collection on LTC, so difficult to get a comprehensive overview of both public and private expenditure on LTC
- Financial modelling and projections (TH)
- Emerging public financed schemes
 - Roll out of national home care program (TON), from July 2017
 - National pilot on ‘Public health LTC system for dependent older people’ (TH) 2016-18
- Many promising initiatives reliant on ad hoc funding
- Lack of comprehensive financing strategy

Highlighting good practice

1. Standardized individual assessments (TH, MON, TON)
2. Case management (TH)
3. Posyandu lansia -integrated health services (IND)
4. Palliative care (MON)
5. Independent monitoring of care service providers (TON, MON)
6. National Vocational Qualification for home care assistants (SL), free

Priorities and next steps

1. Education, awareness and more discussion around LTC required, at all levels
2. Many areas of progress but piecemeal efforts could benefit from development of comprehensive LTC strategy
 - Policy and regulatory framework
 - Multi-sector collaboration and coordination
 - Service provision
 - Human resources
 - Quality
 - Financing