Reforming long-term care in the context of WHO action plans

Workshop
Follow-up care, post-acute care, aftercare, long-term care and palliative care

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- Life course
  - Falls prevention

- Age-friendly environments
  - Social isolation
  - Physical activity
  - Basic home care support

- Health & LTC systems
  - Vaccination and control of infections
  - Quality of LTC
  - Geriatric & gerontological staff capacity
  - Prevention of elder maltreatment

Evidence and Research
WHO Global strategy & action plan introduces LTC for the first time as separate strategic area of work in its own right as one of five strategic pillars.

World Report suggests to design LTC as integrated system in all countries; this will request major health and LTC reform for many countries.
Large variations in the scope of LTC systems in overall health + LTC spending

Note: Countries are ranked by inpatient care as a share of health expenditure.  
1. Refers to curative-rehabilitative care in inpatient and day care settings.  
2. Includes home-care and ancillary services.  
Source: OECD Health Statistics 2016; Eurostat Database.
...and in the human resources available

11.17. Long-term care workers per 100 people aged 65 and over, 2013 (or nearest year)

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1. In Sweden, Spain and the Slovak Republic, it is not possible to distinguish LTC workers in institutions and at home.

Will future expenditure growth be driven by ageing or improved coverage and quality of services?
Informal carers maintain a strong role

11.14. Population aged 50 and over reporting to be informal carers, 2013 (or nearest year)

18.1% of 50+

Source: OECD estimates based on 2013 HILDA survey for Australia, 2012-13 Understanding Society survey for the United Kingdom and 2013 SHARE survey for other European countries.

StatLink  http://dx.doi.org/10.1787/888933281423
Figure 5.1a: Share of women and men providing informal care by age group and country (in percentage of female and male population)

Figure 5.1b: Gender distribution of people providing heavy informal care (≥ 20 hours a week) to someone outside the household by country clusters, age group 50 and older
Decisions on LTC eligibility and generosity are ultimately linked to overall expectations of societies regarding the division of labour between families and public support.
Figure 5.8: Share of informal carers (minimum 1 hour per week) in the age group 50 years and older suffering from at least one limitation in ADL.

Source: Own calculations based on SHARE 2nd wave 2006/2007, except for Israel (SHARE 1st wave, 2006).
LTC expenditure continue to grow strongly

5.7. Growth of health spending for selected functions per capita, EU average, 2005-14

Source: OECD Health Statistics 2016; Eurostat Database.

StatLink http://dx.doi.org/10.1787/888933429295

LTC growth post crisis
There are many ways for stronger investment in frailty prevention

- Age-friendly, supportive cities & communities
- Health promotion and disease prevention (e.g. physical activity; nutrition; vaccination)
- Access to assistive devices (staying mobile/preventing falls)
- “Health promoting hospitals” / “Health promoting residential and LTC facilities”
- Better integration of care and specific care pathways (including for people with Dementia)
Work with local governments: 8 domains for age-friendly action
Influenza vaccination of 65+ falls short of 75% goal in most countries

Source: OECD Health Statistics 2016; Eurostat Database.
References

• WHO (2016) Global strategy and action plan on ageing and health, Geneva

Source for graphs and data on LTC in Europe:

• OECD (2016) Health at a Glance Europe, Paris
Thank you!

www.euro.who.int/ageing

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