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Three dimensions of long-term care provision in middle-income countries – A view across Africa, Latin America and Asia

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Motivation

- Many countries around the word a facing a rapid process of population aging, in particular **low- and middle-income countries**…
- Thus, the **needs for long-term care will increase** and **will pose enormous challenges to the social security systems of these countries**…
- This fact has generated a **debate about the best design to meet this needs** ➔ resulting in different designs of long-term care services/systems…
- A lot is known about **design issues of long-term care services/systems in high income countries** ➔ little is known about **these issues in low- and middle-income countries**…

The aim of this paper is to portray and compare principles of eligibility to publicly financed or publicly co-financed LTC services for the elderly population in a sample of middle-income countries.

- The focus on **middle-** rather than **low-income countries** is due to a **lack of published information on the latter**…

Methodology – Analytical framework

- To investigate the **principles of eligibly** a **new analytical framework was developed**…
- For this purpose, the **universal health coverage monitoring framework** (health care coverage cube) was modified into an **LTC access cube**, consisting of the following three dimensions…

  - Dimension (1) **legislation and entitlement**

    ? whether access to LTC services is based on legal entitlements or not

  - Dimension (2) **conditions for access**

    ? whether and if so, which specific conditions govern access to LTC services, independent of any (existing) legal entitlement

  - Dimension (3) **availability**

    ? whether and if so, which LTC services are available

Methodology – Selection of countries

- The selection of countries was driven by **two main principles**…
  1) **high share of in terms of population 65 years and above should be achieved**
  2) **coverage of all major world regions should be achieved**
  3) [sufficient information on LTC needed to be available via desk research]
- The most populous middle-income countries are located in **Africa**, **Latin America** and **Asia**…
- Populous middle-income countries in **Europe** were explicitly **excluded** in order to devote more attention to research on **LTC systems in world region** that are usually **under-represented**…
- These selection criteria resulted into the following **nine middle-income countries** being included in the sample…

Country	GNI per capita, 2019	Population, 2019		
	current US$, Atlas method*	total, in 1,000	65+, in 1,000	65+ in % of total
Africa				
Algeria	3,970+	43,053	2,821	6.6
Nigeria	2,030	200,964	5,513	2.7
South Africa	6,040	58,558	3,171	5.4
Latin America				
Brazil	9,130	211,050	19,526	9.3
Colombia	6,510	50,339	4,413	8.8
Mexico	9,430	127,576	9,462	7.4
Asia				
China	10,410	1,433,784	164,487	11.5
India	2,130	1,366,418	87,149	6.4
Turkey	9,610	83,430	7,280	8.7
		total, in 1,000	**65+, in 1,000**	**65+ sample countries in % of**
Middle-income countries		5,696,667	451,110	65.7
World		7,713,468	702,935	42.2

Methodology – Data

- Data were collected in **three steps**…

  1) **relevant reports by international organizations** (ILO, OECD, WHO, World Bank) + **corresponding websites were searched for information**

  2) for each selected country, a **literature search using a fixed set of search terms was conducted**

  ➔ the set of search terms consisted of three parts: **"country name"** AND **"long -term care"** AND **"topic"**, where different variations for both, long-term care and key-terms for the topic of interest were included

  3) after synthesising the collected material, for each selected country, **several country experts** (academic experts in the field of LTC and/or government representatives) **were asked to verify the collected information**

Results – Dimension (1) Legislation and entitlement

- In several countries **national legislation/regulations** delaring the **right to live with appropriate care in old age exist**…
- Such legislation/regulations are **often not very clear** and **raise questions**…
  - ? do such services refer only to old age pensions and health care or **also to LTC**
  - ? who should provide which LTC services (if LTC is included)
  - ? who is responsible for financing these services
  - ? from which sources should the financial means come
- **Nigeria**: 1989 ➔ national social development policy: protect elderly persons
  - 1999 ➔ Nigerian Constitution: security and welfare of its people shell be the primary purpose of the government, including care for the elderly
  - ➔ LTC system living up to these promises has not been established yet

- **Brazil**: 1988 ➔ Constitution

  1993 ➔ National Policy for the Elderly

  2003 ➔ Statute for the Elderly

  ➔ should guarantee ageing with dignity for the elderly population

  ➔ implementation is slow due to lack of political will, budgetary provision, government coordination

  ➔ constitution establishes shared responsibility for well-being, dignity, care for the elderly among family, society and state ➔ families main responsible due to social expectations and lack of public LTC services

- Several countries **aiming to implement welfare services for the elderly population ➔ specific legislation on LTC is rare**…

- Hardly any countries have **established legal entitlements to specific LTC services**…

Country	Entitlement to LTC services[1]	Legislation/regulation concerning familial obligations[2]
Africa		
Algeria	no	yes
Nigeria	no	no
South Africa	no (benefits in kind) yes (benefits in cash)	no
Latin America		
Brazil[3]	no	no
Colombia[3]	no	no
Mexico	no	no
Asia		
China	no	yes
India	no	yes
Turkey	no	yes

Note:

1 LTC services refer to both, benefits in kind (institutionalized care and home-based care) and benefits in cash

2 "yes" refers to existing legislation/regulation allocating LTC obligations to family members, no matter whether restricted to the nuclear family or not

3 The constitution establishes a shared responsibility for well-being, dignity and care of the elderly among families, society, and the state, without mentioning LTC services specifically

- In several countries the **responsibly for provision of care for the elderly** is **transferred to adult children or other familial members**…
  - ➔ explicitly by law (Algeria, China, India, Turkey)
  - ➔ implicitly by perceived family obligation to provide care for elder family members at home ➔ possibly sanctioned by social stigmatisation through society
- **Familial obligations** are **interpreted differently** across countries…
  - ➔ African societies: nuclear + extended family
  - ➔ Latin American + Asian societies: nuclear family
- In some countries the **picture** of **familial obligation is changing**… e.g. China

Results – Dimension (2) Condition for access

- Generally, the **state provides LTC services at most to persons** in need of care **lacking a family** ➔ emphasize the large **importance of (younger) family members as carers**…
- In all countries the conditions for **access to institutional care follow quite similar lines**…
  - ➔ age limit (min. age 60, 65)
  - ➔ provision means/income-tested
  - ➔ only available to persons in need of care who lack a family
- Some countries **stipulate** that only **persons with a minimum degree of mobility or functional independence** are **granted access to institutional care**…

Country	Benefits in kind		Benefits in cash
	Institutional care	Home-based care	
Africa			
Algeria	minimum age 65, lack of family, means/income-tested, needs-tested	n.a.	n.a.
Nigeria	n.a.	n.a.	no benefits in cash available
South Africa	minimum age 60, means/income-tested, need for full-time attendance, recipient of old-age or other pension	n.a.	means/income-tested, but only granted to recipients of old age pension or disability pension but not to residents of publicly supported institutions
Latin America			
Brazil	lack of family, means/income-tested, needs-tested	n.a.	n.a.
Colombia	minimum age 60, lack of family, means/income-tested, needs-tested	n.a.	n.a.
Mexico	minimum age 60, lack of family, means/income-tested, needs-tested	n.a.	n.a.

Country	Benefits in kind		Benefits in cash
	Institutional care	Home-based care	
Asia			
China	*public*: "3 No" – no children, no income, no relatives *private:* usually no "3 No" criterion, often upper limit for care needs	n.a.	n.a.
India	means/income-tested	n.a.	n.a.
Turkey	minimum age 60, lack of family, means/income-tested, needs-tested	n.a.	no benefits in cash available

Note: n.a. = no information available

Results – Dimension (3) Availability

- A **few institutional care facilities** are **available in most middle-income countries**…
- **Home care facilities** are the **exception** rather than the **rule** ➔ mostly restricted to **urban areas**…
- **African countries …**
  - scarce LTC infrastructure in general
  - **Algeria**: institutional care facilities only available in 27 of 56 provinces, but even there on a very limited level
  - **Nigeria**: limited availability of institutional care and home-based care, mostly concentrated in some regions
  - **South Africa**: limited amount of institutional care is available nation-wide, but mostly concentrated in urban areas and used predominately by whites; home-based care capacities are concentrated in some regions only

- **African countries …**
  - **Brazil**: limited amount of institutional care is available nation-wide, but mostly concentrated in urban areas; home-based care is part of the health care system and available nation-wide
  - **Colombia**: institutional care facilities exist almost exclusively in urban areas and are mainly supported by religious institutions
  - **Mexico**: very limited amount of institutional care facilities and home-based care capacities are available across the country
- **Asian countries…**
  - **China**: institutional care facilities in various forms are available across the country, but still favoring urban areas; home-based care services are available in some urban regions like Beijing and Shanghai
  - **India**: nearly no institutional care facilities or home-based care services are available
  - **Turkey**: provision of institutional care and home-based care is at a very early stage of development; home-based care services are emerging in big cities like Ankara, Istanbul, Izmir, but still only in very low capacities

Country	Institutional care		Home-based care	
	Nationwide availability	Local availability	Nationwide availability	Local availability
Africa				
Algeria	no	very limited	no	no
Nigeria	no	limited in some regions	no	limited in some regions
South Africa	very limited concentrated in urban areas, used predominantly by whites		no	limited in some regions
Latin America				
Brazil	limited		yes	
Colombia	no	very limited concentrated in urban areas	no	no
Mexico	very limited		limited	
Asia				
China	limited		no	very limited services, concentrated in urban areas
India	no	very limited	no	very limited
Turkey	no	very limited	no	very limited concentrated in urban areas such as Ankara, İstanbul, Izmir

Discussion & conclusion

- **No country**, apart from South Africa, has established legal entitlements to LTC services…
- **In all Asian countries and Algeria** the law diverts responsibility for LTC to the families…
- **The other countries** have not yet managed to successfully tackle the transition from a system of familial obligations towards professional public or private provision of care for more than a minority of the population…
- **The public budgets finance benefits at most to persons** in need of care lacking a family, underlining the large importance of family members as carers…
- **Where LTC services are provided or supported by the state**, they usually concentrate on institutional care in urban areas…

- **The results highlight** that hardly any entitlements to benefits clearly labelled as "LTC services for the elderly"…
- **In several countries**, however, a few rather vaguely defined responsibilities for "care" or "welfare" have been attributed to the state…
- **Those middle-middle countries** which recognize a public responsibility for the welfare of the elderly population have only undertaken the first of three necessary steps towards true provision of LTC for the elderly…
  - ➔ **2nd step**: define specific LTC services or benefits (e.g., place in an institutional care facility, care at home on a regular basis) and who is responsible to provide them
  - ➔ **3rd step**: generate and allocate the necessary resources (care staff, infrastructure, funding) in order to be able to provide such services ➔ otherwise the existing legislation/regulation will remain an empty promise

- It can be concluded that the **countries provide at most a very narrow set of LTC services**, which is **too peacemeal to be considered an LTC system**…
- The **lack of available LTC capacities** will poses **several challenges for middle-income countries**…
  - ➔ **proportion of elderly and possibly care-dependent population increases** faster than in high-income countries
  - ➔ **middle-income countries** currently face **similar demographic and societal developments** as high-income countries, fewer children per family, fewer multi-generation families living together in one household, larger distances between parents and their adult children
- **Fast increase in care needs** in middle-income countries demands **immediate and comprehensive development of LTC systems** and **creation of LTC capacities**…
  - ➔ **scarcity of resources** designated for social policy in middle-income countries **make the most efficient use of existing resources very important**
  - ➔ **learning from high-income countries**

Thank you for your attention!

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