

POPULATION AGEING AND LONG-TERM CARE : WHAT ROLE FOR SOCIAL PROTECTION POLICIES?

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▶ Long-term care Needs & Determinants



Definition



Long-term care systems' objective is to “enable older people, who experience significant declines in capacity, to receive the care and support that allow them to live a life consistent with their basic rights, fundamental freedoms and human dignity.”

World Health Organization, 2020

Based on this definition, social protection policies should ensure that:

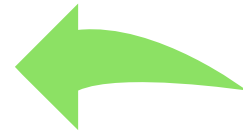
- They contribute to healthy ageing;
- All those in need of LTC can access it without suffering hardship; while
- The ones who provide it can enjoy continuous social protection coverage.

What do International Social Security Standards say about long-term care?

- There is no international legal definition of “long-term care” and LTC is not a stand-alone social security contingency in ILS
- Social security benefits established by ILS were meant to be sufficient to, at the very least, maintain beneficiaries in health and decency
- This was meant throughout the contingency (and potentially over a long-term period), including access to the care services beneficiaries might need during that time.

- R202 - Social Protection Floors Recommendation, 2012 (No. 202) affirms that SPFs should secure income security and access to basic services in old age.
- C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102), Art. 12.1 on medical care: “Provision shall be made to enable the limit to be extended for prescribed diseases recognized as entailing prolonged care.”
- R069 - Medical Care Recommendation, 1944 (No. 69) stipulates that adequate health care services to restore or maintain health need to be provided to the entire population with limited or no co-payments.
- R067 - Income Security Recommendation, 1944 (No. 67) mentions the need for maintenance allowances for specific categories of the population that are “sufficient for full, long-term maintenance” (Annex, Part II)

The need for long-term care is determined by:



Demography, and

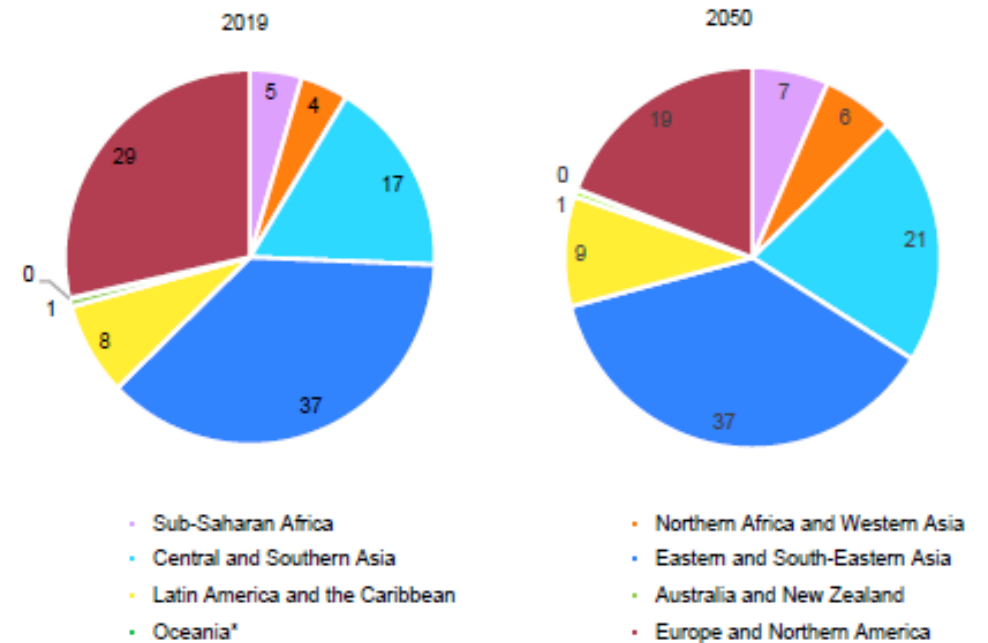
Health status



Demographic trends

- The world's population is ageing as an increasing number of countries go through their demographic transition.
- Fertility is decreasing while mortality rates decline or stagnate in many countries.
- This phenomena is progressing more rapidly in low and middle-income countries than it does in high-income countries.
- The share of older persons globally is projected to reach nearly 12% in 2030 and 16% in 2050.
- **Two out of three** older persons live in LMICs today. It is projected that this proportion will increase to four out of five older persons by 2050.
- Women make up the majority of older persons in most countries.

Distribution of population aged 65 years or over by region, 2019 and 2050 (percentage)



Source: UN World Population Prospects 2019

Data sources: Global burden of diseases / Lancet 2021, and United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Ageing 2017 - Highlights* (ST/ESA/SER.A/397). ► ilo.org

► Loss of function

- Available data on the functional abilities and intrinsic capacities of older persons worldwide is both scarce and difficult to compare.
- At least 142 million older persons worldwide currently lack the functional abilities to meet their own basic needs (WHO, 2021).
- Overall, WHO suggests that less than a fifth of older persons are concerned.
- Though there is a clear pattern of increased loss of functional abilities with age, this masks considerable variations, some of which are largely determined by socio-economic and other inequalities.
- The need for LTC is also linked to disability across the life cycle, though it is not the main focus of this presentation.



Two important implications

1

At the individual level the need for long-term care cannot be anticipated with any certainty

- Uncertainty of the risk
- Inequitable distribution



Strong case to call on social protection systems.

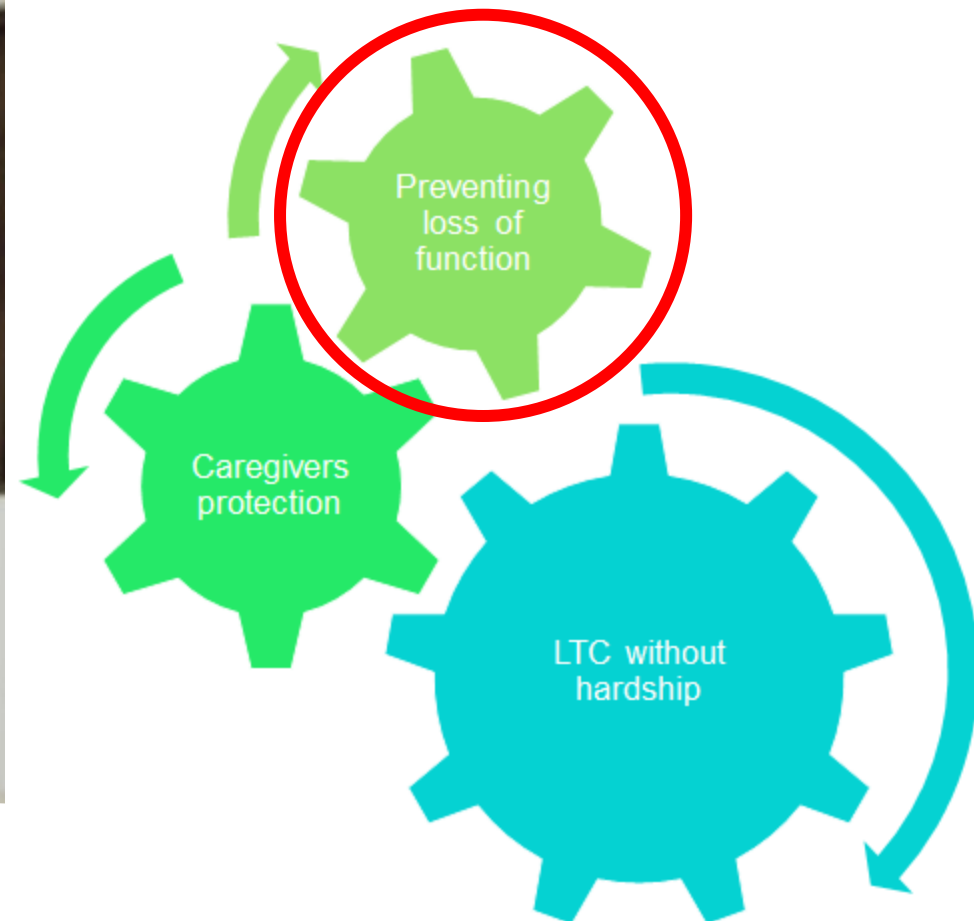
2

There are levers to prevent some of the need for long-term care

- Functional abilities and/or intrinsic capacities at least partially determined by:
 - Income security and access to health care along the life cycle.
 - Older persons' access to opportunities to stay active.



Strong case to call on social protection systems.



Preventing loss of
function



Preventing loss of function across the life cycle

Securing universal social protection to secure adequate standards of living and resilience to shocks

- Income security throughout the life cycle to allow healthy diet, maintain appropriate housing and partake in social and physical activities that are crucial to stay healthy.
- Timely access to health services, including rehabilitation, temporary disability benefits, sickness and maternity benefits enables to properly recover
=> preserves health immediately but also in the long run.

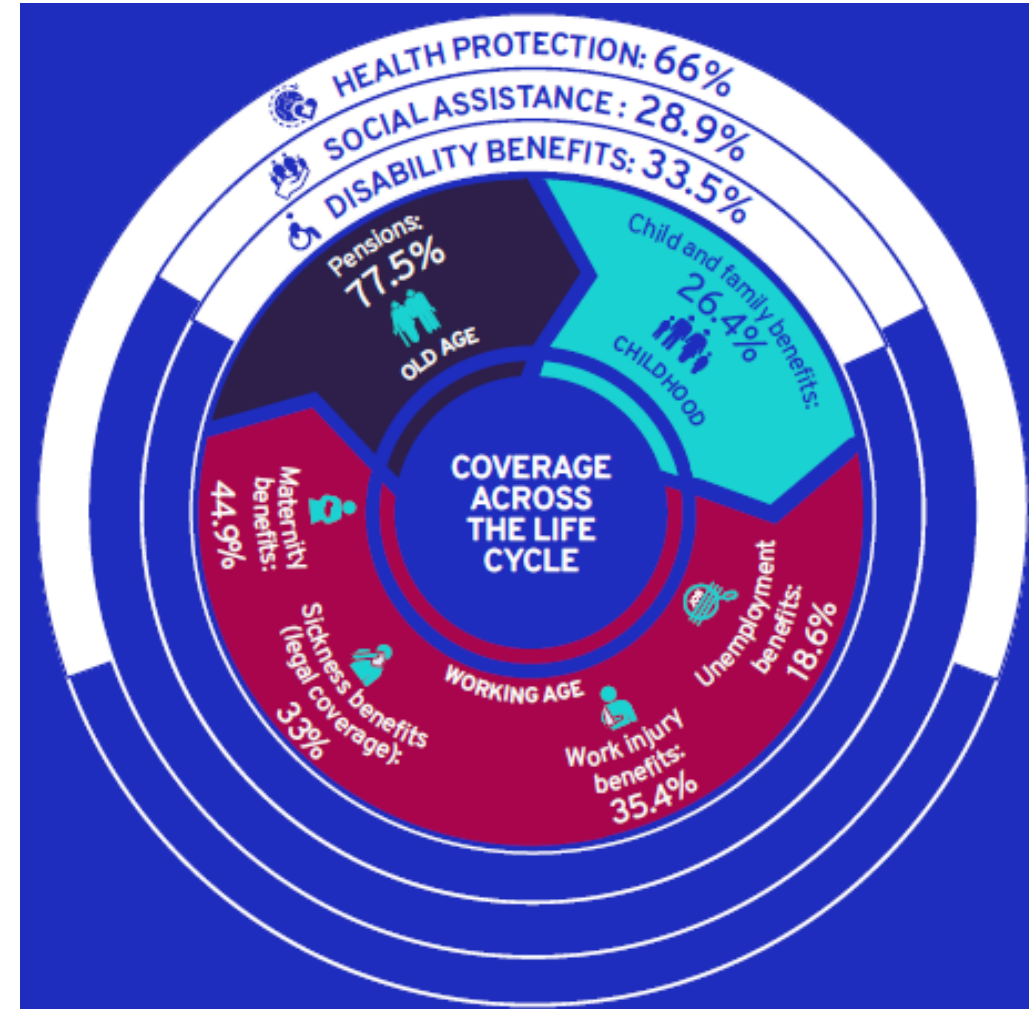
Smooth transitions between the different phases of life coordinating social protection and employment policies

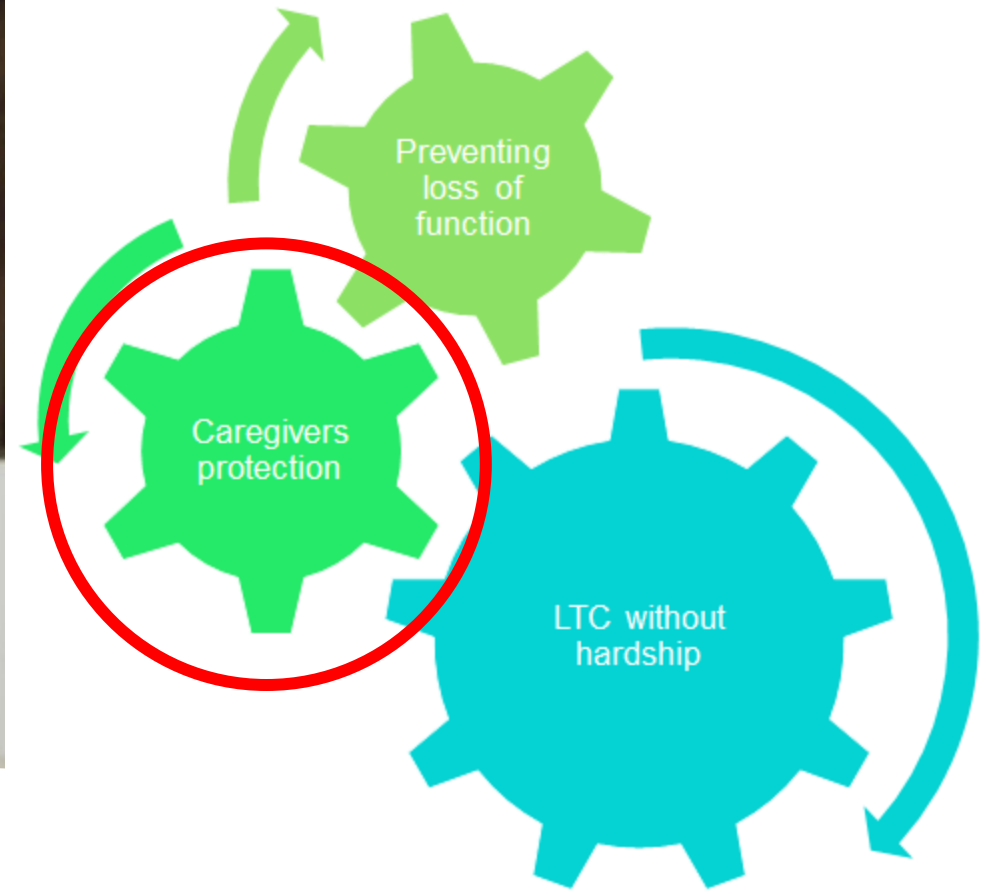
- People who can no longer perform a professional activity be able to stop working and enjoy a pension...
- ...while people who can and wish to continue working under more flexible modalities also be able to do so.



Effective coverage across the lifecycle: huge gaps remain to be filled

- ▶ The vast majority of **children** — **73.6% or 1.5 billion children aged 0-14** — receive no child or family benefits.
- ▶ Only **44.9%** of **pregnant and childbearing women** receive a cash maternity benefit — **71 million new mothers do not receive maternity benefits**.
- ▶ Just **33%** of the working-age population is **legally entitled to sickness benefits**.
- ▶ Only **35.4%** have **employment injury protection** — **2.1 billion employed persons uncovered**.
- ▶ Fewer than **one-in-five** unemployed workers actually receive **unemployment cash benefits** — **179 million unemployed persons do not receive unemployment benefits**.
- ▶ Just **33.5%** of people with severe disabilities receive a **disability cash benefit** — **150 million persons with severe disabilities do not receive disability benefits**.
- ▶ **77.5%** of persons above retirement age receive an old-age pension — **164 million older persons do not receive a pension**.
- ▶ Only **two-thirds** of the global population are protected by any kind of **health protection scheme** — **2.7 billion people uncovered**.





Protecting caregivers

Supporting care givers

Securing that all care workers can access social protection, which contributes to improve working conditions and attractiveness of the sector.

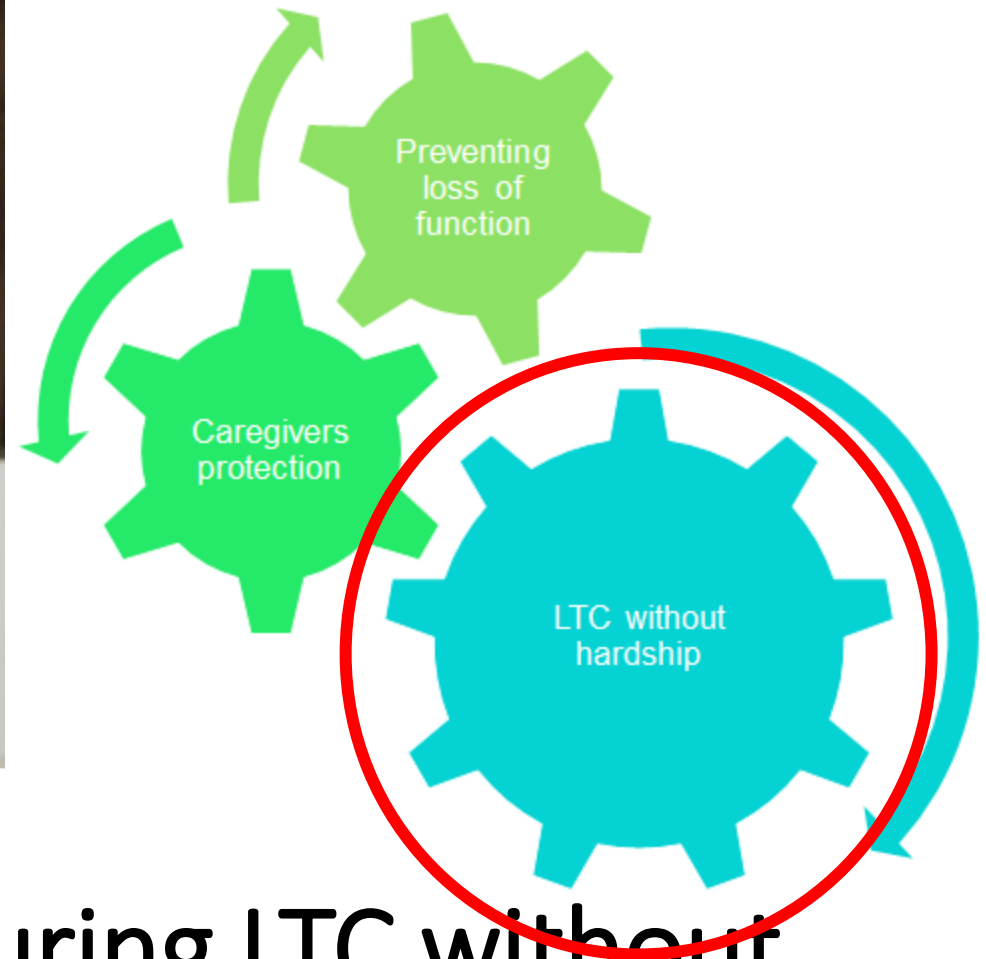
The bulk of the care is provided by relatives today and increasing recognition that families have a role to play and **need to be supported**.

The provision of unpaid care work, often by women, tends to restrict their ability to partake in paid work and can impact on their entitlements to a pension later in life

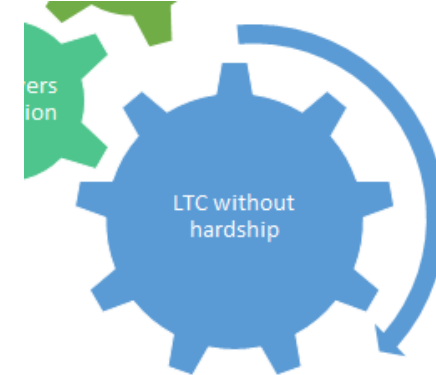
This entails for social protection systems:

- Recognizing spouse as care givers & putting in place care credits,
- Securing that care givers have the flexibility to provide LTC directly while being credited for their pension scheme / continuing to be covered by social protection.





Securing LTC without hardship



Ensuring long-term care access without hardship (1/2)

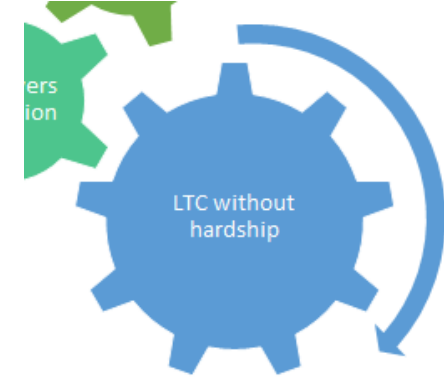
Coverage

- **29 countries** have set up a universal and free long-term care service scheme in national legislation.
- 55 countries have targeted or means-tested benefits.
- Benefits may be provided in cash, in kind or a combination of both.

Adequacy

- The effective provision of good-quality long-term care services without hardship requires
 - Strong coordination between income support and healthcare schemes,
 - High levels of integration between health and social care services.
- Insufficient investment in both areas leaves important adequacy gaps, even in countries where long-term care is recognized as a life contingency in its own right.
- **At least three in ten** older persons at risk of income poverty or hardship, even after receiving benefits.





Ensuring long-term care access without hardship (2/2)

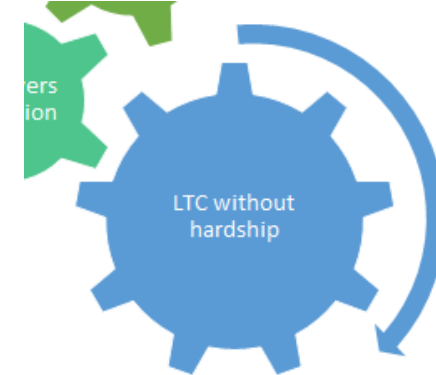
Institutional arrangements

- Integration in health benefits (statutory public health system, social health insurance)
- Dedicated LTC schemes
- Top-up of pensions benefits

Financing

- OOP and unpaid family care remain the main financing modalities.
- 30 countries have given a role to social insurance to cover LTC costs, on a purely contributory basis or mixing social contributions and tax revenues.





Diversity of care models

- **Usually involves:**

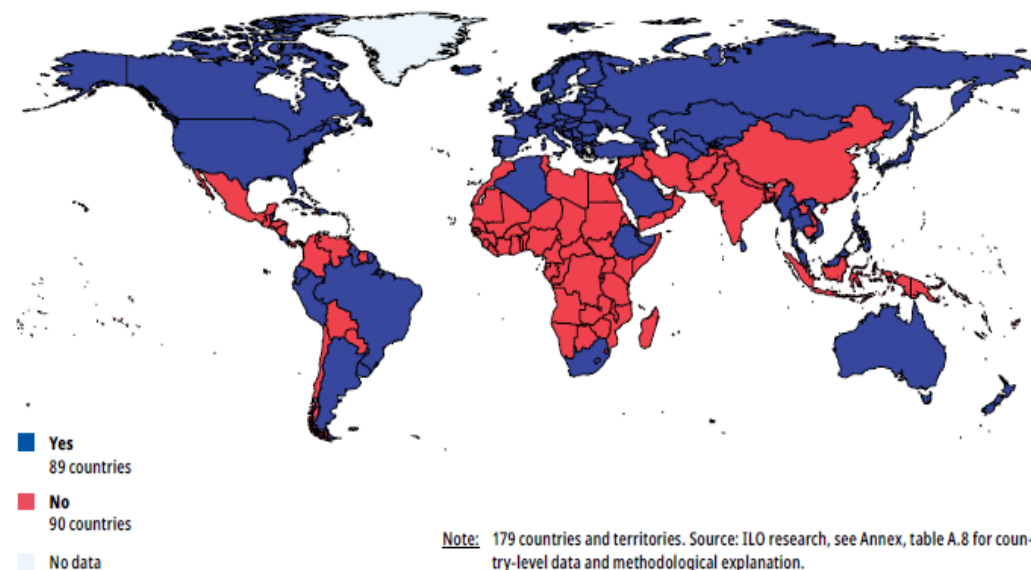
- Unpaid by family and friends / LTC professionals,
- Community-based (in-home or centers) / institutional residential,
- Public or private

=> In a continuum of care

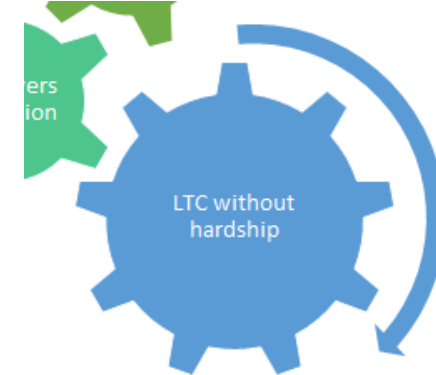
- The provision of some LTC functions may be poorly regulated or not regulated at all, fall between the purview of different ministries / agencies with limited coordination, be considered domestic work all together...

- ... Rendering the design of financing schemes and their implementation **complex**

Presence of a statutory public long-term care service system for older persons, 2021



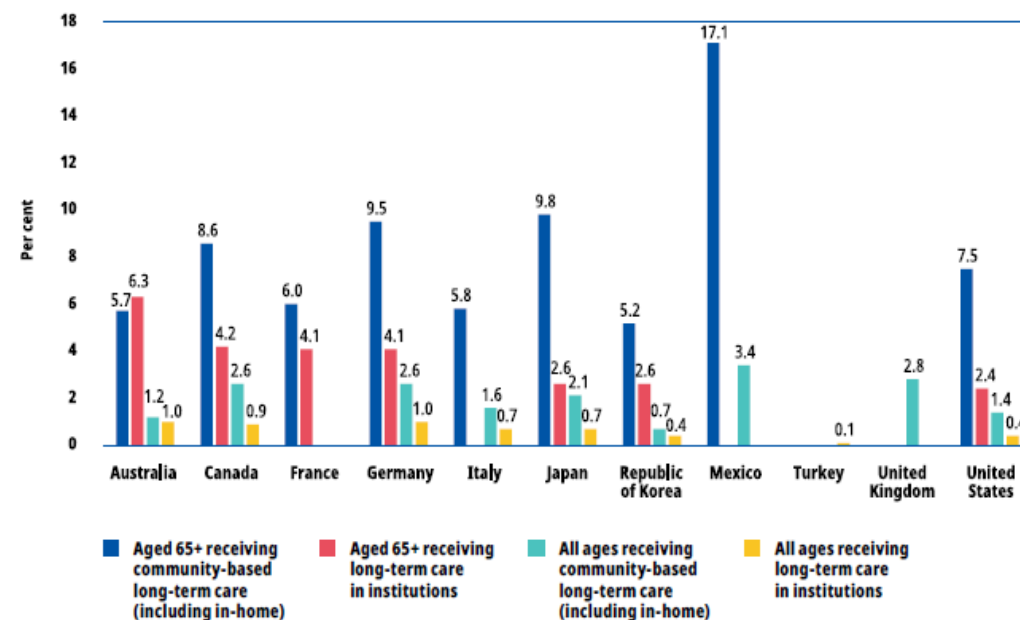
Source: ILO. 2022. Care at work: Investing in care leave and services for a more gender equal world of work.



Scarcity of supply

- Service provision is not set in the law in many countries:
 - 89 out of 179 countries (representing half of the older persons globally) sets statutory national long-term care service for older persons in the law.
 - 69 countries mention in-home personal care services
 - 87 countries mention residential long-term care services
 - 70 countries mandate that families have legal obligations to care for older relatives
- This situation is compounded by a **scarcity in human resources in both health and social care sectors**.
 - Closely related to issues of skills development and working conditions
 - In sectors where women make up the vast majority of the workforce.

Share of the population aged 65+ and of the total population receiving long-term care in selected countries, by type of service, latest year



Source:

ILO calculations, based on OECD Statistics data for 2016 or most recent year.

Way forward



Conclusions and way forward

Advocating for the expansion of long-term care coverage with a rights-based approach

- Long-term care guarantees that work for low- and middle-income countries.
- Social protection schemes inclusive of paid care workers.
- Supportive policies for unpaid family care.

Identifying good practices in design, administration and institutional coordination models for long-term care

- Documentation of practices
- Tailored support to countries

Monitoring social protection LTC schemes and trends

- Legal & effective population coverage (protected persons).
- Levels and quality of LTC benefits (adequacy) - access, utilization and impoverishment.
- Financing modalities and gender disaggregation.



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Inclusive SHP Systems for People with Disabilities

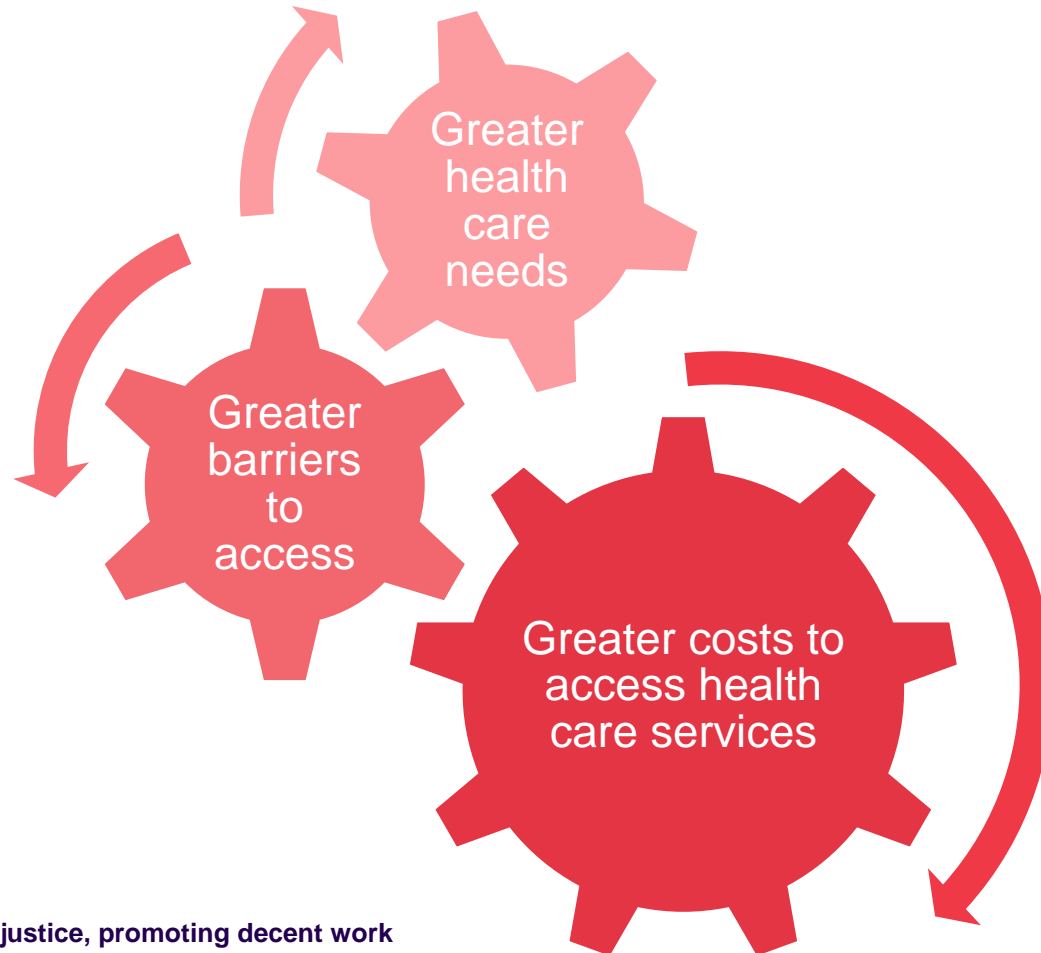
Marielle Phe Goursat

P4H regional focal person

International Labour Organization



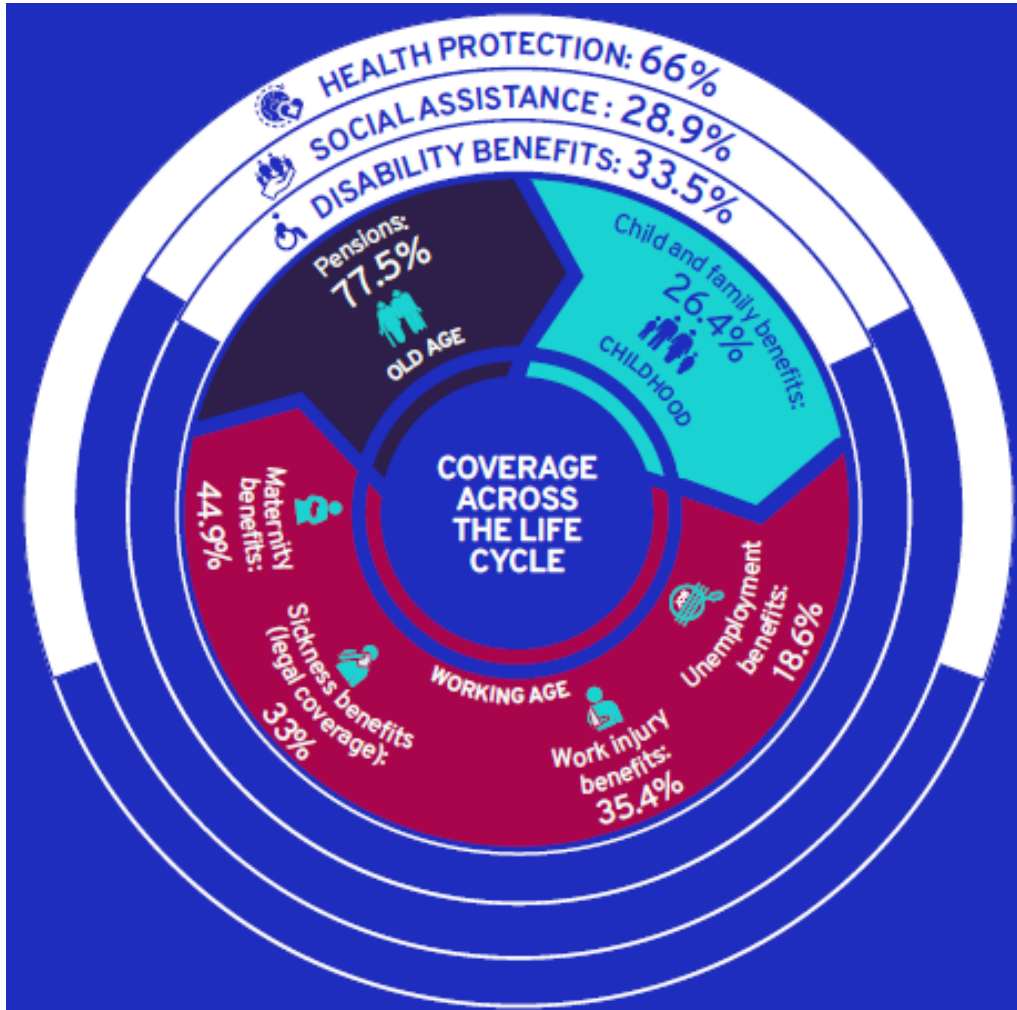
Three challenges for people with disabilities in relation to health



Half of people with
disabilities cannot
afford health care

50% more likely to
experience
catastrophic health
expenditures

► Overview of effective coverage across the lifecycle (SDG 1.3)



- Persons with disabilities with access to effective social health protection : **Data gaps**
- Just **33.5%** of people with severe disabilities receive a **disability cash benefit**.
Gap: 150 million persons

**Significant coverage gaps:
Population & Adequacy of benefits**

**How should we design social protection
policies that are disability-inclusive?**

Charity Approach

Medical Approach

Social Approach

Human Rights Approach

**People living in poverty, we
should help them, if we can and
want to...**

**Individual has impairment /
functional loss, so needs to be
treated.**

**We need to eliminate the
barriers to enable the
participation of persons with
disabilities.**

**We, persons with and without
disabilities, are part of the
same society and we have the
same rights and obligations**

Transition of Approach

Disability Inclusive Social Protection

**Guidance:
International
Standards**



Income security for adequate standards of living
(compatible with work)



Coverage of health care costs including early
intervention, (re)habilitation and assistive devices



Coverage of disability related costs including
access to support services



Facilitate access to early childhood development,
education and economic empowerment programs

Accessibility of social protection administration and services, without discrimination

Inclusion of

persons with
disabilities
(PWD) /
organizations of
persons with
disabilities
(OPD)

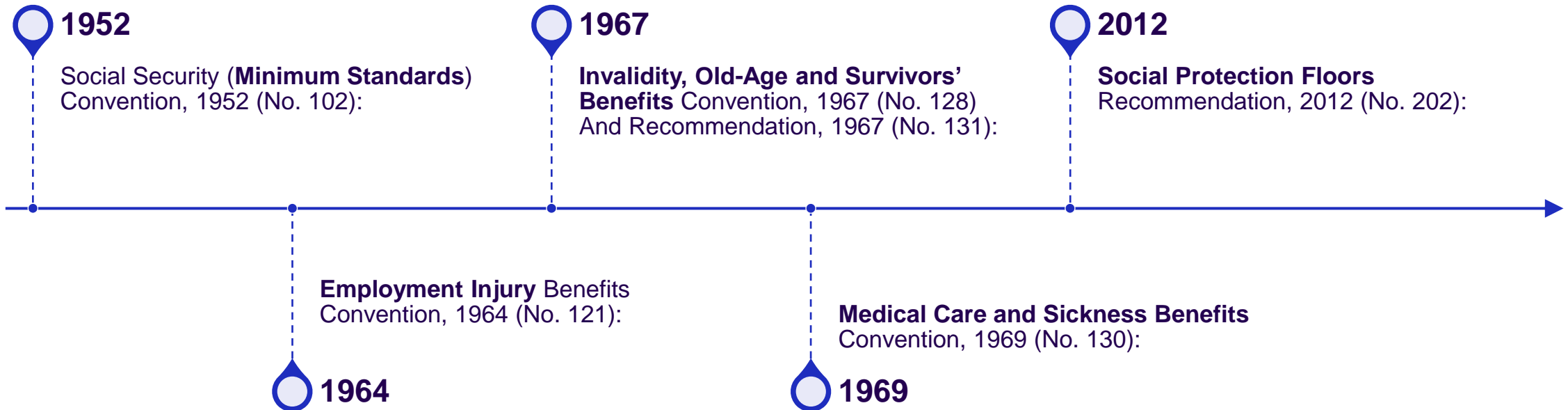
in design and
implementation



Normative framework for the inclusion of people with disability



Normative framework for the inclusion of people with disability International social security standards



Zoom on Disability inclusive Social Health Protection – Good practices

Universal coverage
Legal and Effective
Free or subsidised



No co-payments
Direct, direct-non medical and
indirect costs

Comprehensive range of services
Rehabilitative services
Assistive device



Availability of services
Accessibility
Non-discrimination/Acceptability

**Coordination with broader social
protection system**

Are SHP in low-income countries disability-inclusive?

Research on access to social health protection for persons with disabilities in Asia



Research on access to social health protection for persons with disabilities in Asia - Scope of work



National Strategies and Laws

Design and achievements



POPULATION
COVERAGE



SERVICE
COVERAGE



FINANCIAL
PROTECTION

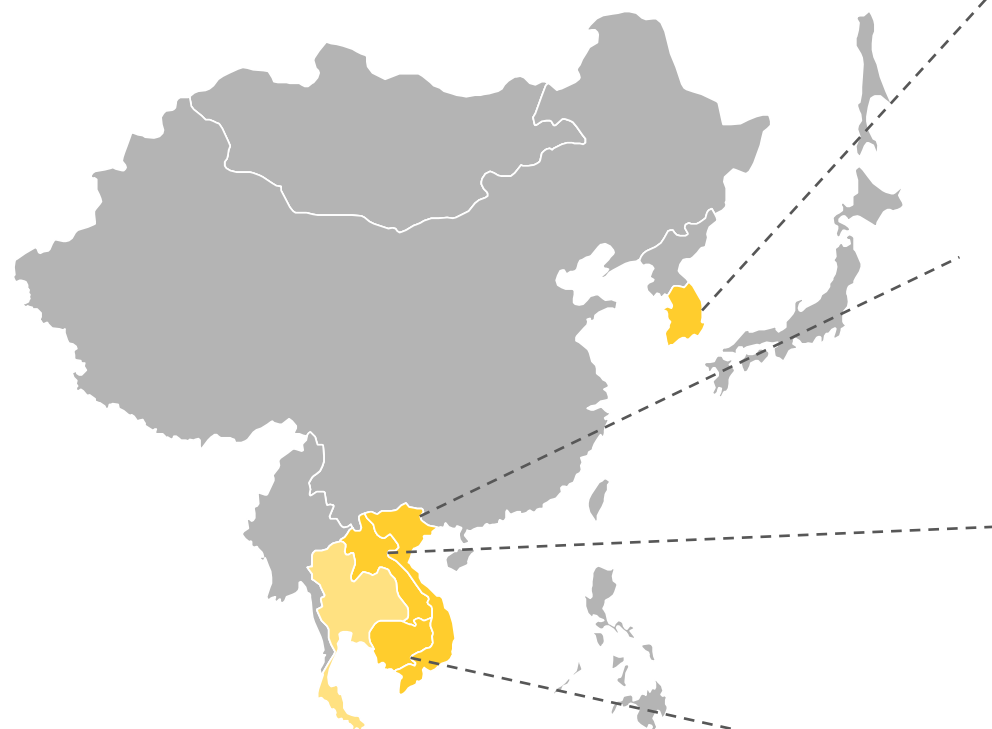


Governance and participation



Accessibility of information & systems

Our partners on Regional research on access to social health protection for persons with disabilities



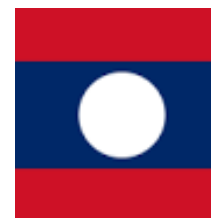
Seoul National University
Republic of Korea



Health Strategy and
Policy Institute (HSPI)
Viet Nam



Lao Tropical and
Public Health Institute
Lao PDR



Agile Development Group
Cambodia



Viet Nam – Legal Coverage



Legal coverage: 100%

Effective coverage: 100% of survey sample has health insurance card

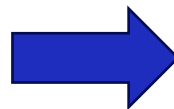
Most of them have their contributions fully tax-financed, but some are partly subsidized

Additional subsidies provided by Provinces budget => support extension of coverage for persons with mild disabilities

No difficulty in enrolment with health insurance is no difficulty (based on focus group discussions) (can do at the same time of applying social allowance) and no challenges in disability assessment :

Viet Nam – Service coverage

- ✓ Unique benefit package for all: relatively comprehensive
- ✓ But: lower utilization of services, despite greater needs.



- Assistive device, such as mobility aid, are not yet paid for by the health insurance (artificial limbs, eyeglasses, hearing aid and mobility aids are not covered).
- Difficulty in using transports
- Limited service at local hospitals
- Lack of training of health workers
- Some limitation on coverage of some medications, chemicals, medical supplies and technical services.

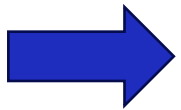
Viet Nam – Financial Protection

No copayment for the health insurance benefit package for PWD, BUT:

Assistive device, such as mobility aid, are not yet paid for by the health insurance : artificial limbs, eyeglasses, hearing aid and mobility aids

Bypass local commune health stations, preferring higher-level health facilities.

Insufficient amount of social allowance. Coping strategies: Borrowing or Reducing family spending for health care



Persons with disabilities face high out-of-pocket expenses



FGD with persons with hearing impairment in Hung Yen

► **Thank you (for your attention!)**

