PREFACE

The World Health Organization
Collection on Long-Term Care

LONG-TERM CARE
IN DEVELOPING COUNTRIES
TEN CASE-STUDIES
Demographic and epidemiological transitions will result in dramatic changes in the health needs of the populations of the world. Everywhere, there is a steep increase in the need for long-term care (LTC). These trends reflect two interrelated processes. One involves the growth in factors that increase the prevalence of long-term disability in a population. The second involves the change in the capacity of the informal support system to address these needs. Both of these processes enhance the need for public policies to address the consequences of these changes.

The growing need for LTC policies is generally associated with industrialized countries. What is less widely acknowledged is that LTC needs are increasing in the developing world at a rate that far exceeds that experienced by industrialized countries. Moreover, the developing world is experiencing increases in LTC needs at levels of income that are far lower than those which existed in the industrialized world when these needs emerged.

Therefore, the search for effective LTC policies is one of the most pressing challenges facing modern society. Recognizing that such trends greatly increase the need for well-coordinated and cost-effective LTC, the World Health Organization (WHO) launched a global initiative. The JDC-Brookdale Institute, a WHO Collaborating Centre, is leading this effort.

The goal of the project is to prepare a practical framework for guiding the development of long-term care policies in developing countries. This framework will address the major issues and alternatives in designing LTC systems. The framework is not intended to provide specific prescriptions, but rather a basis for translating national conditions, values, culture and existing health and social policies into a long-term care policy.
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This process is based on a number of major premises:

- Previous efforts have not been successful in identifying meaningful policy guidelines that are appropriate to the unique situations of developing and middle-income countries.

- A key resource in formulating LTC policies for developing countries is their own existing experience.

- LTC policies in the developing world need to reflect each country’s unique conditions, which have to be understood in much more depth and complexity.

- There is much to be learned from the experience of industrialized countries in order to define the range of options and to identify successful and unsuccessful policy practices.

- There is a need to create a deeper and more informed dialogue between the experiences of industrialized and developing countries so that there can be a mutually beneficial learning process.

Over the course of the project, a number of steps have been taken to promote the exchange of experience. In 1998, a comparative review of the implementation of long-term care laws based on legislation and entitlement principles in five industrialized countries (Austria, Germany, Israel, Japan, and the Netherlands) was conducted and summarized in a widely distributed report entitled Long-Term Care Laws in Five Developed Countries (WHO/NMH/CCL/00.2). In implementing this study, a framework was developed for cross-national comparisons of long-term care policies that address the needs of policy-makers.

In December 1999, a workshop involving a group of long-term care experts from the industrialized and developing world identified specific issues in LTC provision in developing countries. Their general recommendations were submitted in a report and accepted by the 108th WHO Executive Board (WHO Technical Report Series, No. 898), and ratified by the 54th World Health Assembly in May, 2001.

One lesson learned from this workshop was that to go beyond previous discussions requires a more in-depth understanding of the existing situations in developing countries and the nature of the variance among countries.
Accordingly, a plan was developed to request in-depth case-studies from experts in middle-income developing countries, and in April 2001 a second workshop was organized with these experts to discuss the framework for the preparation of these case-studies.

This framework was designed to emphasize elements that would be important in the developing country context, and also to examine the more general health and social policies and service structure along dimensions that have major implications for long-term care. Case-studies of the general health system and current LTC provision in ten developing countries were written by national health care experts (People’s Republic of China, Costa Rica, Indonesia, Lebanon, Lithuania, Mexico, Republic of Korea, Sri Lanka, Thailand, and Ukraine).

A series of video conferences opened a dialogue between WHO Headquarters and the six Regional Offices on desirable directions for long-term care and priorities for WHO and country work. Furthermore, to complete and broaden the picture of patterns of LTC policies in industrialized countries, case-studies of countries without a legislative framework, including Australia, Canada and Norway, were commissioned.

An additional perspective was provided on the experience of the industrialized countries by commissioning a set of papers on key cross-cutting issues, such as:

- The role of the family and informal care, and mechanisms to support the family.
- Issues of coordination among various LTC services, and of LTC with the health and social service systems.
- Human resource strategies in delivering LTC.

The next step was to convene the group of leading experts from industrialized and developing countries who had prepared the papers, together with WHO Regional Representatives and key WHO Headquarters’ staff. Two integrative papers on the overall patterns identified and lessons learned from the case-studies of industrialized and developing countries were prepared by the Brookdale team for the meeting, convened in November 2001 in Annecy, France.
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The purpose of the meeting, Bridging the Limousine – Train – Bicycle Divide, was to assess what has been learned thus far from the experiences of both industrialized and developing countries that can contribute to the development of long-term care policies for developing countries.

The report of the meeting, entitled Lessons for Long-Term Care Policy (WHO/NMH/CCL/02.1), provides a broad overview of the nature of the background materials that were prepared and the issues that were discussed. It also presents some general conclusions agreed upon by the participants.

In parallel, work was proceeding to estimate current and future LTC needs globally. R. H. Harwood and A. A. Sayer analysed the 1990 WHO Global Burden of Disease data and prepared estimates for all WHO Member States. These estimates are available on the World Health Organization web site http://www.who.int/ncd/long_term_care/index.htm and are summarized in Current and Future Long-Term Care Needs (WHO/NMH/CCL/02.2).

Another complementary area of work relates to family caregiving in countries with high HIV/AIDS prevalence. E. Lindsey and M. Hirschfeld, together with co-researchers from the respective countries, completed several qualitative studies, focusing on community home-based care and its effects on young girls and older women. They summarized the findings from studies in Botswana, Cambodia, Haiti, Kenya, South Africa, and Thailand in a guideline Community Home-Based Care in Resource-Limited Settings. A Framework for Action (Geneva, WHO, 2002, ISBN 92 4 156213 7). The theoretical framework for this guideline had been developed by JDC-Brookdale for the analysis of LTC laws in five industrialized countries.

An additional area of work relates to ethical responsibilities in LTC and the ethical discussion countries need to initiate as input into the determination of the priority of LTC and the considerations in designing fair and just policies. This work was published as Ethical choices in long-term care: what does justice require? (Geneva, WHO, 2002, ISBN 92 9 156228 5.) Also in process of preparation are publications concerning a LTC Futures tool kit, case-studies from developing and industrialized countries, and a framework in which to consider these materials in the development of LTC policies in developing countries.

These and other publications in the World Health Organization Collection on Long-term Care are summarized on the following page. This volume is the seventh in this series of publications, which is designed to make more widely available the full and final materials developed through the project.
Long-term care laws in five developed countries
(Geneva, WHO, 2002)


Ethical choices in long-term care: what does justice require?
(Geneva, WHO, 2002)

A long-term care ‘futures tool kit’ (Geneva, WHO, 2002)

Key policy issues in long-term care: a review based on the experience of industrialized countries

Long-term care in developing countries: ten country case-studies (this volume).

Long-term care strategies in industrialized countries: three case-studies of countries with and without national LTC legislation (forthcoming).

Framework for guiding the development of long-term care policies in developing countries (forthcoming).