

Framework for countries to achieve an
**integrated continuum
of long-term care**



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Executive summary

Despite the increasing number of older people globally, late life experiences of health and well-being vary dramatically and are not distributed equally either between or within populations, resulting in huge disparities in how ageing is experienced globally. For many, the increase in life expectancy seen worldwide has not meant more years of life with good health; instead, in some locations, a large proportion of those additional years are spent in poor health.

Approximately two thirds of people who achieve old age will probably need care and support from others to perform activities of daily living, such as feeding, moving around and bathing, at least at some point in their longevity pathway. Fluctuations of functional ability are multidirectional, meaning that there is not a single path for everyone or the same trajectory of functional ability within one person's ageing trajectory.

Such needs may arise suddenly, as a consequence of an acute problem potentially determining chronic sequelae, or they can develop gradually as a consequence of a progressive and chronic condition. Nevertheless, many health and social care systems are currently not able to meet the long-term care and support needs of older people.

"Long-term" includes activities provided by carers and care workers, in different settings, "to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity".¹ It refers to a range of activities that address the health, personal care and social needs of individuals. These services may be continuous or intermittent but are delivered for sustained periods to individuals who have demonstrated needs, usually by measuring aspects of functional ability. Long-term care is essential to ensure that older people with significant loss of intrinsic capacity can still enjoy healthy ageing.

Intrinsic capacity and functional ability of individuals vary in a continuum across the second half of the life course. Preventing and compensating for permanent or transient losses of intrinsic capacity are of paramount importance in maintaining functional

ability over time. Differences in intrinsic capacity and functional ability are not defined by chronological age, are not necessarily continually decreasing, and will differ markedly among individuals. Not all people will go through similar trajectories during their lives. Optimizing functional ability to achieve healthy ageing should therefore be a goal for everyone regardless of their current state of health.

The World Health Organization (WHO)'s integrated continuum of long-term care concept aims to uphold these principles of optimizing functional ability and achieving healthy ageing for those with significant declines in intrinsic capacity.

The continuum of long-term care emphasizes coordination across health and social sectors through effective governance, seamless transition across settings (home-based, community, facility care, acute care), and coordinated provision and collaboration across various care roles (prevention, rehabilitation, palliative care, acute care), spanning all levels of intensity of care and providing care in a timely manner.

Integrated long-term care entails integration of both health and social services along the whole spectrum from information systems to care delivery, so that long-term care can be provided and received in a non-fragmented way.

Ultimately, to achieve an integrated continuum of long-term care, services should:

- be person centred and aligned with the person's values and preferences;
- optimize functional ability over time and compensate for loss of intrinsic capacity;
- be provided in the community;
- provide integrated services in a continuum;
- include services that empower the older person;
- emphasize support for carers and care workers.

WHO defines **long-term care systems** as "national systems that ensure integrated long-term care that is appropriate, affordable, accessible and upholds the rights of older people and carers alike".² Long-term care systems do not need to constitute a new and

¹ World Health Organization: World report on ageing and health, 2015.

² World Health Organization: Towards long-term care systems in sub-Saharan Africa, 2017.

separate system but can, and ideally should, be built within the existing workforce, health and social care systems of each country, as long as they contribute to optimizing the physical and mental capacities and functional abilities of their users.

The characteristics of long-term care systems vary markedly among, and even within, countries to accommodate differences in cultural, political, epidemiological and socioeconomic profiles. At one end of the continuum there are countries with no or very little in the way of a long-term system, leaving long-term activities (almost) entirely to families, without any additional support or guidance. At the other end, there are some countries with well developed formal care systems. However, despite differences in characteristics, specific standards and principles underlying long-term care must be universal across systems.

It is urgent that long-term care systems at national and subnational levels be prepared to address chronic and complex needs related to functional ability and underlying diseases that are more common among older people, alongside the acute health issues, by ensuring affordable access to integrated long-term care services across the continuum of care and throughout the lifespan. The scarcity of resources demands more than ever that countries review their existing health and social care systems, that they identify gaps in structuring integrated and person-centred care services requiring better allocation of resources, and that they consider setting up specific long-term care services that are not being sufficiently provided by existing formal services, but that are needed for older people with significantly reduced intrinsic capacity.

As we embark on the United Nations Decade of Healthy Ageing 2021–2030, WHO's role will be to support countries in establishing sustainable and equitable long-term care systems and providing technical advice to achieve provision of long-term care to meet the needs of older people. Through

Framework for countries to achieve an integrated continuum of long-term care

The framework for countries to achieve an integrated continuum of long-term care identifies key aspects necessary to achieve an integrated continuum of long-term care service provision and to facilitate the integration of long-term services within existing health and social care systems.

Considering this huge diversity there is no single system of long-term care that can be applied in every setting, not even in countries with similar resource constraints. However, every long-term care system around the world should consider the following key principles to establish provision of an integrated continuum of long-term care services in countries.

- National governments together with local governments must take overall responsibility for the stewardship of long-term care systems.
- Long-term care provision should build on existing health and social care systems and, most importantly, mainstream long-term care through primary health care.
- Long-term care must be affordable and accessible and should particularly ensure access to services by disadvantaged people.
- Long-term care must uphold the human rights of older people (and their carers) to enhance their dignity and enable their self-expression and, where possible, their ability to make choices, while also taking account of the rights and needs of the long-term care workforce.
- Long-term care must be oriented around the needs of the older person (person centred), rather than the structure of the service, and must be provided in a non-fragmented way and in a continuum with other services.

The framework will guide countries in assessing

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