Realizing universal health coverage and wellbeing of older persons: Equity perspective

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1. Healthy Ageing & Health Equity

More people are living longer

60 years +20 years
How these years can be spent doing what a person values …

60 years  

+20 years

… depends on HEALTH
Yet not all people are living longer

Range in Life Expectancy, 194 countries

Sadana et al. 2016
Healthy Ageing is defined as "the process of developing and maintaining the functional ability that enables well-being in older age, with functional ability determined by the intrinsic capacity of the individual, the environments they inhabit and the interaction between them."
Functional Ability

Intrinsic Capacity
Functional Ability

Intrinsic Capacity
Functional Ability =

Intrinsic Capacity + Environment
Intrinsic Capacity

Time
Intrinsic Capacity vs Time
Intrinsic capacity trajectory

- High and Stable
- Declining
- Significant loss

Intrinsic Capacity

Time
Intrinsic capacity trajectory

- High and Stable
- Declining
- Significant loss

Intrinsic Capacity

Time
Functional ability trajectory

Functional ability (includes interaction with environment)

- High and Stable
- Declining
- Significant loss

Time
Healthy ageing trajectories

Functional ability (includes interaction with environment)

High and Stable

Declining

Significant loss

Time
Significant loss

High and stable

Declines

Functional Ability

Intrinsic Capacity

Health System

Prevent chronic conditions or ensure early detection and control

Reverse or slow declines in capacity

Manage advanced chronic conditions

Support capacity-enhancing behaviours

Ensure a dignified late life

Long term care

Environment

Promote capacity-enhancing behaviours

Remove barriers to participation, compensate for loss of capacity

WHO 2015
WHO Global Strategy and Action Plan for Ageing and Health 2016-2020

Strategic Objectives

1: **Commitment to action** on Healthy Ageing in every country
2: Developing **age-friendly environments**
3: Aligning **health systems** to the needs of older populations
4: Developing sustainable and equitable systems for providing **long-term care** (home, communities, institutions)
5: **Improving measurement, monitoring and research** on Healthy Ageing
2. Universal Health Coverage

Three dimensions to consider when moving towards universal coverage

- Extend to non-covered
- Reduce cost sharing and fees
- Include other services
- Direct costs: proportion of the costs covered
- Services: which services are covered?
- Population: who is covered?

Current pooled funds

WHO 2010
Financial burden is higher for households with older persons (blue lines)

<table>
<thead>
<tr>
<th>Country</th>
<th>Impoverished</th>
<th>Catastrophic Spending</th>
<th>Borrow money</th>
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<tbody>
<tr>
<td>China</td>
<td>3.7</td>
<td>8.8</td>
<td>10.3</td>
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<tr>
<td>Ghana</td>
<td>2.9</td>
<td>11.0</td>
<td>9.5</td>
</tr>
<tr>
<td>India</td>
<td>5.9</td>
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</tr>
<tr>
<td>South Africa</td>
<td>1.9</td>
<td>6.8</td>
<td>8.1</td>
</tr>
</tbody>
</table>

China, Ghana, Mexico, South Africa

Bloom et al., 2014 – WHO SAGE 2007-2010
Include services for older adults – example Chile's AUGE plan

Specific services for older persons 55, 60 or 65 years plus:

1) ensure hip replacements
2) correct vision, whether devices or surgery
3) provide dentures and similar devices
4) treat knee arthritis
5) offer comprehensive oral health services
6) provide devices for bilateral hearing loss
7) treat ambulatory pneumonia

Paraje and Infante, 2015

Evidence argues to add home-based care, an efficient and effective way forward

Matus-López and Cid Pedraza, 2014
Global evidence supports focusing on the following:

- People and their goals, not illness or conditions
- Intrinsic capacity, not disease management
- Older person as an active participant and self manager, not passive recipient of care
- Comprehensive assessments and care plans, not fragmented or "siloed" by multiple health workers
- Strengthening links between health, social and long term care, including home-based interventions
Mexico, Colombia, Egypt, Tunisia, Kenya, Morocco, Ethiopia, Zimbabwe, Nigeria, Uganda, Ghana, Senegal, Benin, Mali, the Gambia, South Africa, Pakistan, India, Bangladesh, Jordan, Yemen, China, Thailand, Indonesia, and Vietnam.

3. What can be done
UHC and AGEING: LIMITED RESEARCH RESULTS EASILY ACCESSIBLE FROM PPD COUNTRIES

Potentially relevant citations identified using Web of Science on “universal health coverage” or “universal health care” or "universal health services" since 2005 $n = 1,195$

Papers excluded if topic not relevant to subject of ‘ageing’, ‘old’, ‘retired’, ‘elderly’ and all their variations $n = 920$

Titles and abstracts identified $n = 275$

Titles and abstracts excluded as irrelevant and not based on at least one of the 26 member countries of Partners in Population and Development (PPD) $n = 229$

Articles found and read in full $n = 46$

Articles excluded $n = 32$
- Age range $\leq 60$
- No mention of financial protection or services
- Focus on specific conditions and mention of UHC in passing
- Focus on working-age population
- Focus not on specific country and its path to UHC but entire regions

Articles included $n = 13$
What can be done – to expand UHC, include older persons, from PPD countries

Including additional services

- **Start adding services** to enhance intrinsic capacity - health promotion, disease prevention, outpatient, inpatient and emergency care, dental care, and essential & generic medicines

- **Integrate and ensure services are person centered** – not disease centered – to overcome fragmented services, polypharmacy, and not respecting wishes of older person

- **Coordinate with long term and social care**, whether at home, communities or institutions

Reducing cost sharing & fees

- **Single pool** - an integrated pool is the most important feature for equitable access and financial protection, and joint up and incorporate community-based health insurance (for example informal sector and rural populations) to be equity-enhancing and sustainable

- **Government subsidizes for vulnerable or poor population sub groups** – countries with subsidizes increase equitable coverage

- **Strategic purchasing of services, drugs and devices, capitation payment for services, and generic drugs** increases cost savings and reduces cost escalation
New Data: Longitudinal Ageing Study India – All states and territories

1. Household Survey
   - Household Roster
   - Household Housing and Environment
   - Household Consumption
   - Household Assets and Debts
   - Household Income
   - Household Health Insurance

2. Individual Survey
   - Demographics
   - Family and Social Network, Social Activities and welfare programmes
   - Health:
     - Disease and Health Conditions
     - Functional Health and Helpers
     - Family Medical History
     - Mental Health: Cognition and Depression
     - Health Behavior
   - Biomarker Collection
   - Health Care Utilization
   - Work and Employment
   - Retirement and Pension
   - Experimental modules:
     - Time use and well-being
     - Expectations
     - Social Connectedness
     - Vignettes, Food Insecurity, and Spirituality

3. Community Survey:
   (Rural and Urban)
   - Population and Socio-economic characteristics
   - Infrastructures facilities: Public, Health, Education, transportation etc.
   - Social and Welfare Programmes

Three Schedules
Improving measurement, monitoring and research on Healthy Ageing

**Measurement**
- Robust scientific evidence on disease burden, health services utilization, healthcare financing and social & economic wellbeing of older persons from LASI

**Monitoring**
- Evaluate the reach of health services programmes for older persons and review existing models of healthcare based on new evidence.

**Research on Healthy Ageing**
- LASI will lay the foundation for landmark research on ageing in India and globally.

Ministry of Health and Family Welfare (MoHFW) Govt. of India; Ministry of Social Justice and Empowerment (MoSJE) Govt. of India
Evidence synthesis and knowledge exchange on Healthy Ageing

1 OCTOBER 2016

International Day of Older Persons

#yearsahead
#healthyageing
3 Messages

1. **Healthy Ageing & Health Equity** - to do and be what an older persons value, leaving no one behind

2. **Universal Health Coverage** – major platform to ensure older adults get needed services (if added) without financial burden to them or their families (if pooled with cost containment mechanisms)

3. **What can be done** – need data, research and synthesized information requiring collaboration within and across PPD Member countries, and beyond
Thank you

http://who.int/ageing/global-strategy/en/
Global Strategy on Ageing and Health in Arabic, Chinese, English, French, Russia, Spanish

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