

The future of health and health care in an aging world

A Focus on Brazil and the Dominican Republic





An ideal health system

- A comprehensive and coordinated continuum of care – that is, care that “continues” over a person’s health trajectory and that “continues” across settings.

Life expectancy in comparison

Brazil

- Life expectancy at birth:
 - Men: 71 years
 - Women: 77 years
- Life expectancy at 60:
 - Men: 20 years
 - Women: 23 years

Dominican Republic

- Life expectancy at birth:
 - Men: 71 years
 - Women: 77 years
- Life expectancy at 60:
 - Men: 21 years
 - Women: 24 years

Source: UNDESA, Population Division (2012). *World Population Ageing and Development, 2012. Wall Chart*. Available from www.unpopulation.org.

Existing health care policy framework

- Similarities:
 - Rights of older people enshrined in constitution,
 - Specific measures to ensure their protection in national legislation.
- Differences:
 - In the way legislation is implemented,
 - Net effect.

Existing health care policy framework: Dominican Republic

- Law 352-98 guarantees the rights of older persons and the measures to ensure their protection.
- Social Security System, established in 2002:
 - Three-tiered health care regime (contributory, partially-contributory, non-contributory) based on employment category.
 - Right to health: recognition through non-contributory health care for those that are older, disabled and unemployed.
 - However: non-contributory component not yet implemented.
 - Interim measure: Health Insurance Card.

Existing health care policy framework: Brazil

- Two-tiered health care system:
 - Unified Health System: Right to publicly-funded health care for all citizens.
 - Optional private health care system.
- National Policy on Older Persons and Statute of the Older Person:
 - Right of older Brazilians to health care, including preferential treatment.
- National Policy on the Health of Older Persons (2006) and National Health Plan (2012-2015):
 - Commitment to restore, maintain and promote autonomy of older persons.



Primary Health Care Services

- Similarities:
 - Primary health care services priority,
 - Free access to medical attention and prescription medications.
- Differences:
 - Additional services available in Brazil, such as targeted vaccination campaigns, educational material etc.

Geriatric Services

Brazil

- National Health Policy (2012-15) committed to providing training in geriatric care (distance education),
- Geriatric reference centres.

Dominican Republic

- Specialization in geriatric medicine in the country's two medical schools.

Home Care / Home Support

- Similarities:
 - Ageing in place is prioritized,
 - Few positive measures to support older people remaining in the community (e.g. Solidarity Care in DR and old-age pensions in BR),
 - Voluntary service organizations and public home care services lacking.
- In Brazil, there are caregiver training programs and educational materials, as well as geriatric day centres.

Institutional Care

- Similarity:
 - Long-term institutional care for older persons is rare, and policies scarce.
- Differences:
 - Regulated long-term care facilities in DR.
 - Very few institutions in BR, and older people only eligible if they are indigent and completely lacking family support.

Conclusions

- Focus on primary health care in both countries has led to improved health and QoL of older people, but gaps (e.g. coverage, access, waiting time).
- Essential to keep building the care continuum as their populations advance in age.

Future policy directions

- Continue to strengthen primary care by improving the gerontology and geriatrics curriculum,
- Gradually extend health care to include an integrated network of community support services home care and institutional long-term care,
- Invest in research to evaluate the implementation and the impacts of new health policies and practices on wellbeing and on health system costs,
- Create more age-friendly settings and services to prolong and enhance functionality and wellbeing.