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

• **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.
  - 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.