

Strengthening Long-term care systems in the European region



World Health
Organization

European Region

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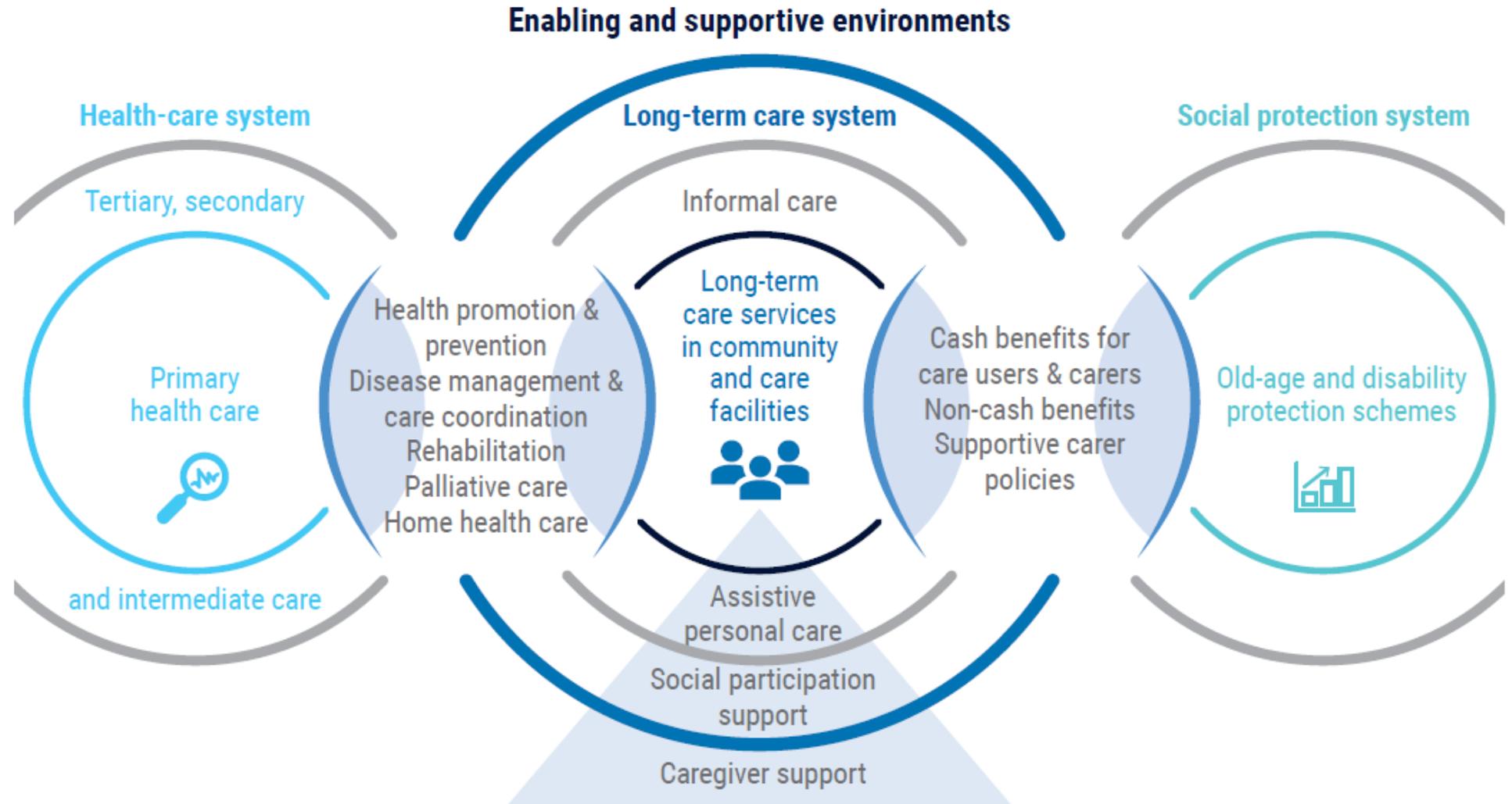


What is long-term care?

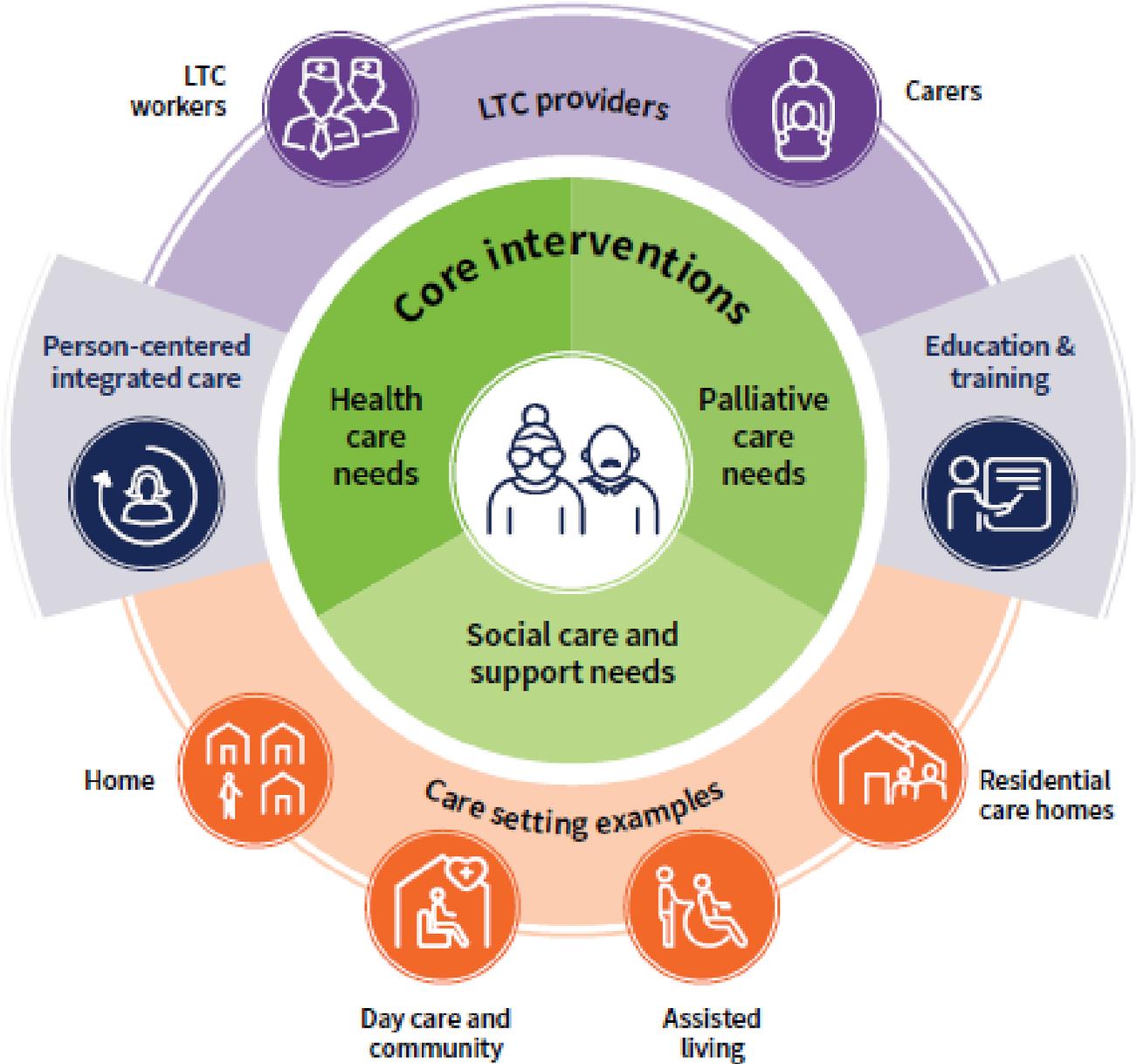
Long-term care refers to a **broad range of personal, social, and medical services and support** that ensure people with or at risk of a significant loss of **intrinsic capacity** (due to mental or physical illness and disability) can **maintain a level of functional ability** consistent with their **basic rights and human dignity** (WHO, 2021; WHO, 2019), allowing them to:

- continue to do things that are meaningful and they have reason to value
- attain the highest possible quality of life and of death

A mapping of long-term care (eco-)systems



Package of LTC interventions for Universal Health Coverage



Long-term care interventions:



Health care needs

To screen, assess, and manage priority health conditions associated with decreased physical and mental capacity and functional ability, so that older people can maintain their autonomy and independence as much as possible

- Cognitive decline
- Limited mobility
- Falls
- Physical inactivity and sedentary behaviour
- Malnutrition
- Unhealthy diets and substance abuse
- Eye conditions and visual impairment
- Ear diseases and hearing impairment
- Depressive symptoms and anxiety
- Polypharmacy
- Pain
- Urinary and faecal incontinence
- Skin pressure injury
- Infections
- Oral diseases



Social care and support needs

To mitigate limitations and optimize functioning by providing help and support for older people in multiple dimensions, and to support carers' needs so they can sustain a satisfactory and healthy caring relationship, reduce strain and isolation

Older People

- Support and assistance with activities of daily living
- Participation in community and social life
- Accessibility and transport
- Provision of assistive products

Carers

- Psychosocial support
- Respite care



Palliative care needs

To improve the quality of life and death for older people with a serious illness or reaching the end of their lives, by preventing and relieving physical, psychological, social, and spiritual suffering for themselves and their families, including regular assessment and management

- physical
- psychological, social and spiritual

Who is an informal caregiver?

No standard, commonly agreed upon definition & documented cultural differences in which tasks are considered caregiving and who self-identifies as an informal carer

Definition WHO Europe proposes:

“(Informal) caregivers are people in the social environment of the person in need of long-term care who provide care for a member or members of their family, friends group, or community. They may provide regular, occasional, or routine care and may be involved in organizing care delivered by others, **commonly without pay** and **always outside the remits of an employment contract or formal agreement.**”

In this sense, informal caregivers, even when paid, are distinct from (formal) care workers since they are not employed by organizations entitled to coordinate and deliver services”

Informal care by the numbers

Strong reliance on informal/family care across European countries: **around 80% of LTC in Europe is provided by informal carers**

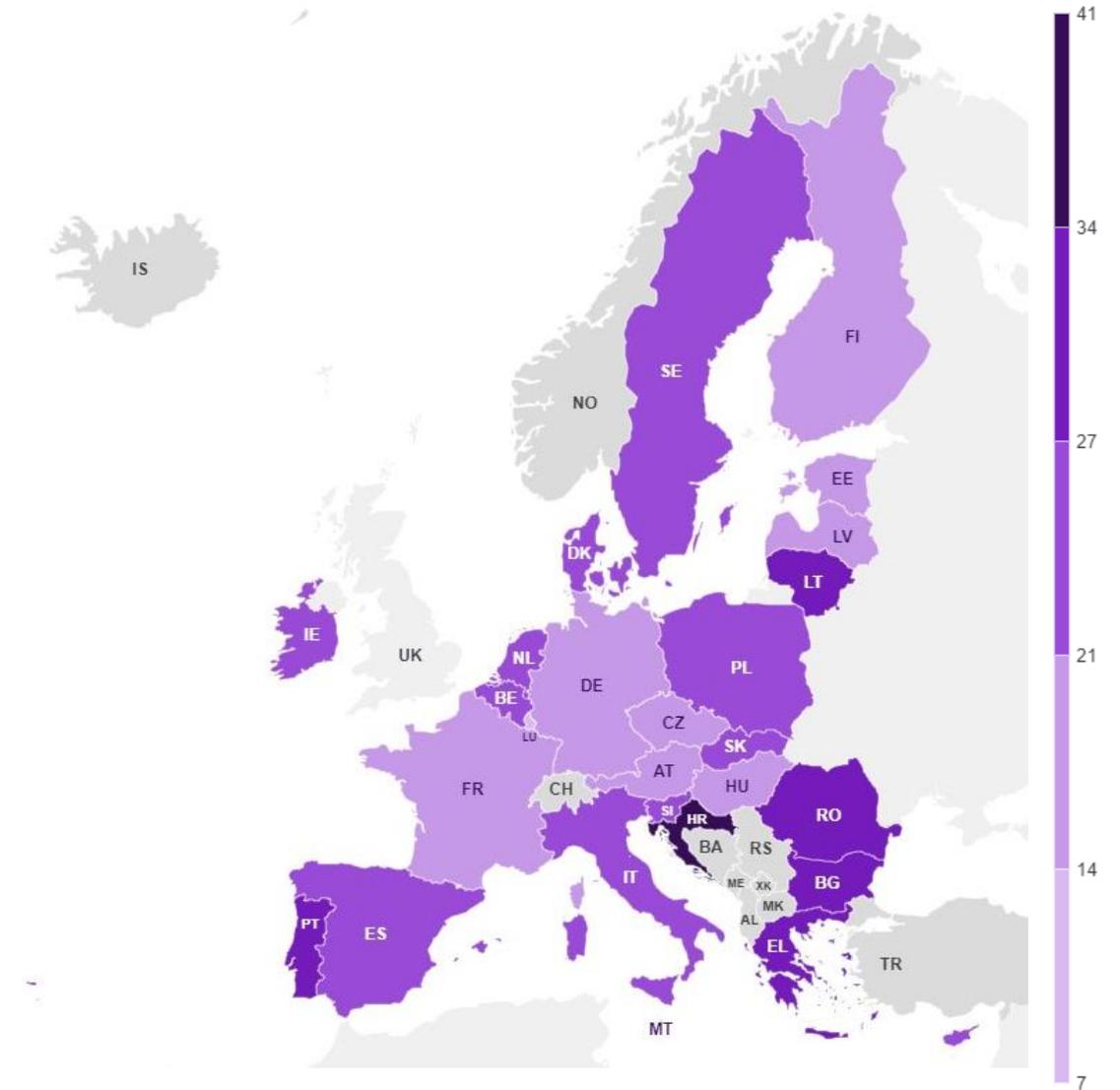
Around **12-18%** of EU population aged 18-75 provides informal care (**~44 million**)

Gender imbalance of informal caregiving – 7 in 10 caregivers are women. The over-representation of women is highest at ages 50–64 years, when caregiving prevalence is also highest.

In oldest age groups men and women provide comparable shares of informal care



European Region



EIGE (2024) Share (%) of people providing informal long-term care

The value of informal care

The **economic value of informal care has been estimated at 3.6% of GDP** in the EU based on data from 2016 (Peña-Longobardo et al., 2021) – **average public expenditure on LTC in the EU in the same year amounted to 1.6% of GDP** (Ageing Report, 2018)

If an **additional 10% of older people** currently receiving informal support were to be provided with formal care, **public expenditure on long-term care in European Union countries would need to double** (Ageing Report, 2021)

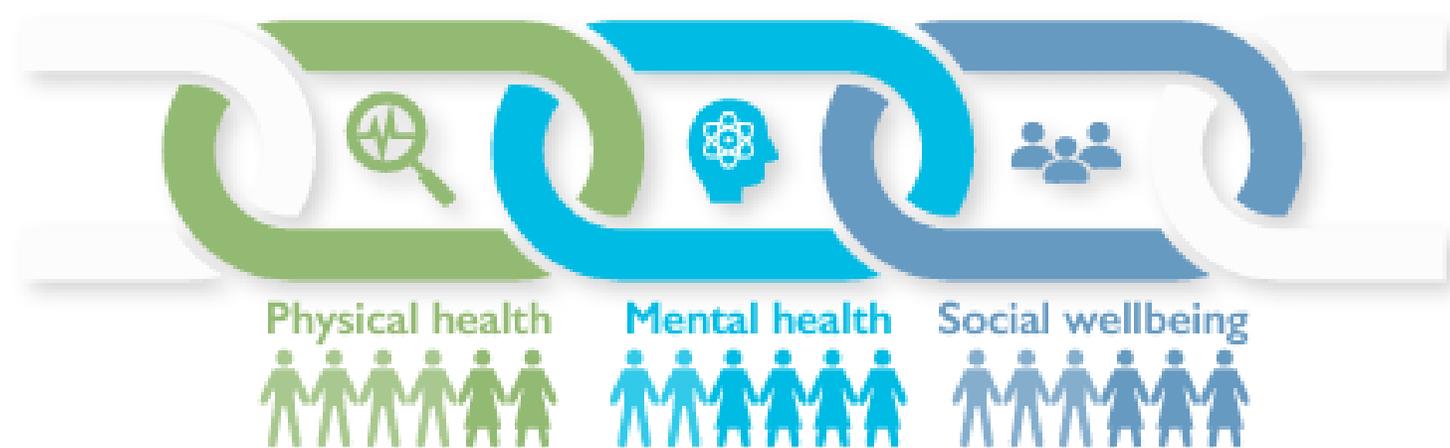
Social costs of informal care represent 2.4 – 2.7% of EU GDP, **actual financial costs (in lost tax revenue) are 1.05%** (Huis in't Veld et al, 2022)

Direct and indirect costs of informal caregiving in the Netherlands estimated between 2.15% and 3.71% of Dutch GDP in 2019 – this value is similar to public expenditure on long-term care in the same year (Elayan et al. , 2024)

PROTECTING & SUPPORTING INFORMAL CAREGIVERS IS IMPERATIVE FOR LTC SYSTEM SUSTAINABILITY

The health and wellbeing of informal caregivers, at risk!

Male caregivers are more likely to experience detrimental effects on physical health, while women more likely to report negative mental health outcomes.



HOW CAN UNPAID INFORMAL CARERS' WELL-BEING BE IMPROVED?

RECOGNIZE, AND REDUCE. REDISTRIBUTE AND REWARD UNPAID INFORMAL CARE.



Count carers and understand their needs



Provide respite care



Provide training



Offer counselling



Provide information about available services



Ensure case management and service coordination



Provide regular health check ups



Provide financial support

Gender unequal
Perpetuates inequalities

Gender blind
Ignores gender norms

Gender sensitive
Acknowledges but does not address inequalities

Gender specific
Considers women's and men's specific needs

Gender transformative
Aims at transforming harmful gender norms, roles and relations

Countries will benefit from moving beyond gender-sensitive and gender-specific interventions to gender-transformative policies.

Protect carer-dependent eligibility

The care burden on (especially female) carers increases when benefits are removed from those receiving informal care.

Expand health coverage

Health coverage allows carers (who are mostly women) to access health care.

Address the double burden

Social and health interventions should address women who combine caregiving with other unpaid work.

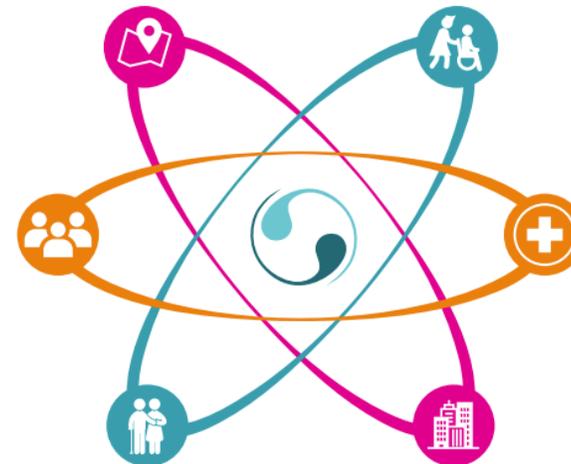
Challenge gender patterns of care

Addressing stereotypes in early child education, reproductive health, parental leave and caring professions

Transforming LTC systems for integrated, person-centred care delivery

What's needed to achieve integration of formal & informal care?

- **Open mind** to collaborate & adapt way of working
- **Formal workforce:** updated guidelines for practice and definitions of care quality; communication & collaboration skills, patience to cooperate with informal carers
- **Informal carers:** better access to information & support, a stronger role in care planning processes, appropriate training

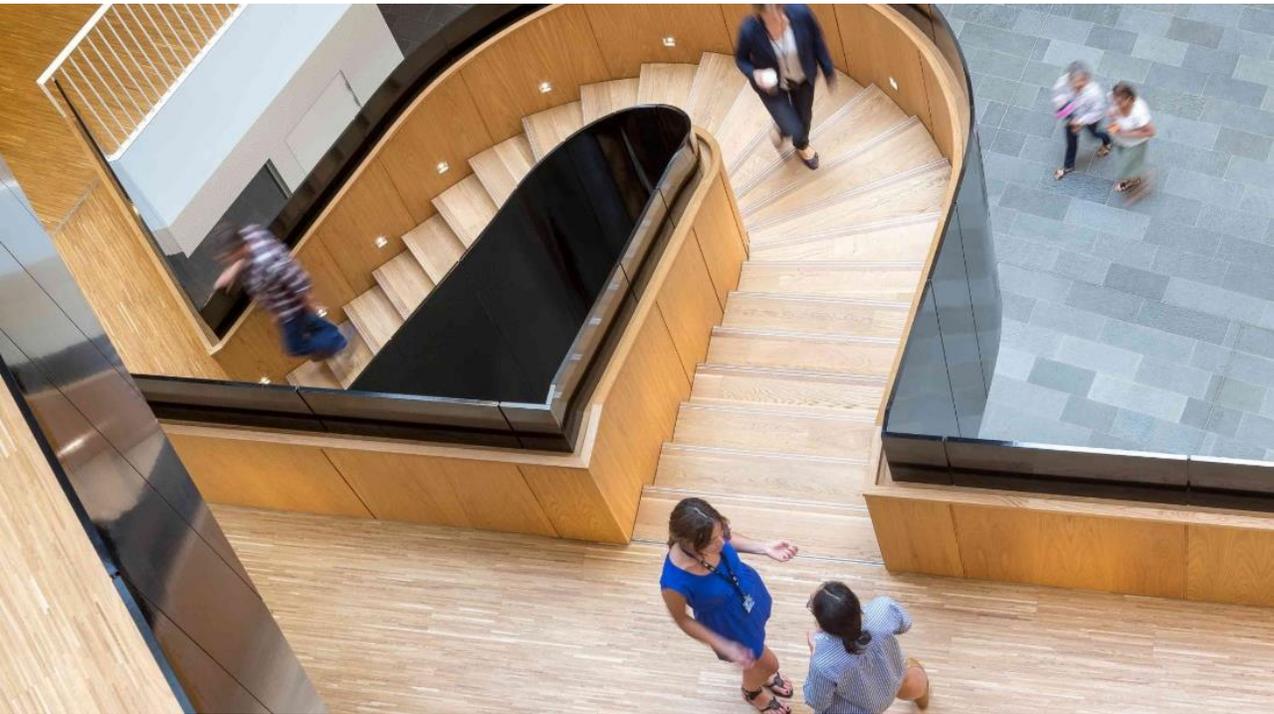


INTEGRATION ACROSS
GOVERNANCE LEVELS

INTEGRATION
ACROSS SECTORS

INTEGRATION OF FORMAL
AND INFORMAL SUPPORT

THANK YOU



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