Long-term Care for Older Persons in Sri Lanka

PROFESSOR LAKSHMAN DISSANAYAKE
SENIOR PROFESSOR
DEPARTMENT OF DEMOGRAPHY
UNIVERSITY OF COLOMBO
SRI LANKA
Changing Nature of Sri Lanka’s Demographics
2.8 million people over 60

% of population over 60

- 2014: 13%
- 2030: 19.7%
- 2050: 25.7%
Long-Term Care Provision in Sri Lanka

- Sri Lankan cultural norms tend to place the burden of long-term care on the family or village.

- The colonial rulers founded modern institutions for long-term care in Sri Lanka:
  - the Leprosy Institution by the Dutch
  - the Institution for Mental Illness by the British
Governement Intervention
Ministry of Social Services, Sri Lanka

- **National Council & National Secretariat for Elders** (established under the Protection of Elders Rights Act No. 9 of 2000)

- **Objectives**
  - To protect and promote the rights of elders.
  - To identify the problems faced by the elders and make the policies accordingly and implement them.
  - To implement various types of programmes by using their knowledge, skills and experience once again for social development.
  - To conduct pre-retirement awareness programmes
  - To provide guidance and various types of welfare assistance for the needy elders.
  - To maintain a database relating to elders.
- **Services for Elders**
  - *Day Centres for Elders*
  - *Establishment of Divisional Level Elders Committees*
  - *Issue of Intra Ocular Lenses for Elderly Cataract Patients*
  - *Registration of Organizations and Individuals, providing services for the Elders*
  - *Renovation of Elders Homes.*
  - "*Wedihiti Awarana Kepakaru*" Sponsorship Scheme
  - *Issuing of Elders Identity Cards*
  - *Home Care Services for Elders*
  - *Maintenance Board for Elders*
  - *Commemoration of the International Elders Day*
  - *Senior citizen Allowance for Strengthen Elderly*
“WHEREAS the Directive Principles of the State Policy enshrined in the Constitution recognize the duty of the State to assist in the full realization of the fundamental rights and freedoms of all people; to promote the welfare of the people by securing a social order governed by justice; to recognize and assist in the realization of adequate standards of living for the people and to raise the moral and cultural standards of the people and to thereby ensure the full development of the human personality:

AND WHEREAS the state has recognized elders as a group of persons who need to be cared for and protected by the State, by treating them with dignity and respect:

AND WHEREAS Sri Lanka has adopted and ratified the United Nations Resolution No. 46/91 of December 16, 1991, which appreciates the contribution made by elders to society and is mindful that the State must provide the necessary infrastructure to assist elders
From an awareness that Sri Lankans are living to an advanced age and in greater numbers in better health, and amidst a diversity of living conditions and life styles, it is deemed fit to establish a National Charter setting out their rights and responsibilities.

The mission of the Charter for Senior Citizens is to ensure and reinforce the values of independence, dignity, participation, self-fulfilment, and a good quality of life in the diversity of their situations in a caring, accepting and respecting community.
Advancing Health and Well-being into Old Age

- The main priority for health programmes has been maternal and child health.

- In the context of Western Medical practice, elders have access to health care at Out Patient Departments (OPD) of hospitals and from General Practitioners (GP).

- Ayurveda and traditional medicine are two other systems of medicine.

- In 1998 the Ministry of Health appointed a Director (Youth Elderly, Disabled & Displaced) for planning, implementing monitoring, and coordinating delivery of health care services to the elders.
National Population and Reproductive Health Policy (1998) presented the following strategies for the care of the elderly:

- (a) Encourage the private sector, NGOs, CBOs and the local community to provide community care and services to the elderly,
- (b) Initiate social security schemes for the elderly not already covered by EPF, ETF, etc.
- (c) Provide incentives to families to care for the elderly at home
- (d) Provide appropriate training for out of school youth awaiting employment to enable them to take care of the elderly at home
For Elderly,

Focusing of services on vulnerable groups and community needs that require special attention; the elderly, disabled and mental health

- Expand residential facilities and dedicated wards for the elderly in Base hospitals and Ayurvedic Hospitals

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Activities</th>
<th>Time frame</th>
<th>Indicators</th>
<th>Responsible Officer(s)</th>
<th>Estimated Cost Rs. (Millions)</th>
<th>Potential Source of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improving infrastructure facilities in relation to the construction of buildings and other facilities</td>
<td>2013-2014</td>
<td>Dedicated wards for the care of elderly is established</td>
<td>Secretary Health/Provincial Health Secretaries/PDs</td>
<td>2013-100 2014-75 2015-75</td>
<td>GoSL</td>
</tr>
<tr>
<td>Strategies</td>
<td>Activities</td>
<td>Timeframe</td>
<td>Indicators</td>
<td>Responsible Officer(s)</td>
<td>Estimated Cost Rs. (Millions)</td>
<td>Potential Source of Funds</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>-------------</td>
<td>------------</td>
<td>------------------------</td>
<td>------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2013-2016</td>
<td>No. of districts included</td>
<td>D/YEDD PDHS RDHS</td>
<td>0.2 / year</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Conduct awareness programme on healthy aging for 20 public health staff at selected district level</td>
<td></td>
<td>2 districts per year</td>
<td>D/YEDD PDHS RDHS</td>
<td>0.2 / year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct awareness programmes on healthy aging for Ministry of Health officials</td>
<td>2013-2016</td>
<td>No. of programmes conducted</td>
<td>D/YEDD PDHS RDHS</td>
<td>0.1 / year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct advocacy programmes for political leadership, community leaders and clergy</td>
<td>2013-2016</td>
<td>No. of programmes conducted</td>
<td>D/YEDD PDHS RDHS</td>
<td>0.2 / year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct activities to commemorate the international day of elders</td>
<td>2013-2016</td>
<td>No. of programmes conducted</td>
<td>D/YEDD PDHS RDHS</td>
<td>0.2 / year</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>To provide technical support to implement national action plan for the elderly prepared by the Social Service Ministry</td>
<td>2014-2016</td>
<td>Percentage of implementation of action plan</td>
<td>D/YEDD PDHS/ RDHS</td>
<td>0.2 / year</td>
<td></td>
</tr>
<tr>
<td>Strategies</td>
<td>Activities</td>
<td>Timeframe</td>
<td>Indicators</td>
<td>Responsible Officer(s)</td>
<td>Estimated Cost Rs. ( Millions)</td>
<td>Potential Source of Funds</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1</td>
<td>To promote research in elderly care</td>
<td>2014-2016</td>
<td>Developed research area list</td>
<td>33% completed annually</td>
<td>D/YEDD CCP / YEDD and Team</td>
<td>0.05 / year</td>
</tr>
<tr>
<td></td>
<td>Develop a list of research priorities in elderly care and disseminate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>among potential researchers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct sample survey to determine socio-demographic characteristics of</td>
<td>2013-2015</td>
<td>Survey completed</td>
<td>100% completed</td>
<td>D/YEDD CCP / YEDD and Team</td>
<td>2013-0.4 2014-0.4 2015-0.4</td>
</tr>
<tr>
<td></td>
<td>elderly in Sri Lanka</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>To train health personnel on elderly care in a regional country</td>
<td>2013-2015</td>
<td>No. of persons trained</td>
<td>5 persons at the end of 2015</td>
<td>DDG-P D/YEDD</td>
<td>2013-0.4 2014-0.4 2015-0.4</td>
</tr>
<tr>
<td></td>
<td>Confer fellowships for health personnel working for elderly care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Geriatric special care units established in the Province</td>
<td>2014-2016</td>
<td>No of geriatric special care units available</td>
<td>10 facilities by 2016</td>
<td>PDHS RDHS</td>
<td>2014-3.4 2015-3.4 2016-3.4</td>
</tr>
<tr>
<td></td>
<td>Geriatric special care units established from the Province</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training on geriatric care for staff in the 10 hospitals</td>
<td>2014-2015</td>
<td>Percentage of trained staff available to</td>
<td>100% Staff is trained in</td>
<td>PDHS</td>
<td>2014-0.25 2015-0.25</td>
</tr>
<tr>
<td></td>
<td>to provide care</td>
<td></td>
<td>provide care</td>
<td>10 facilities by 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>To conduct advocacy and awareness programmes on implementation of</td>
<td>2014-2015</td>
<td>No. of programmes</td>
<td>03 programmes completed at</td>
<td>D/YEDD PDHSs</td>
<td>2014-0.2 2015-0.2</td>
</tr>
<tr>
<td></td>
<td>accessibility regulations in government health institutions.</td>
<td></td>
<td></td>
<td>the end of each year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct advocacy programmes to establish accessibility services in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teaching hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct advocacy programmes to establish accessibility services in base</td>
<td>2014-2015</td>
<td>No. of programmes</td>
<td>03 programmes completed at</td>
<td>D/YEDD PDHSs</td>
<td>2014-0.2 2015-0.2</td>
</tr>
<tr>
<td></td>
<td>hospitals</td>
<td></td>
<td></td>
<td>the end of each year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct advocacy programmes to establish accessibility services in</td>
<td>2014-2015</td>
<td>No. of programmes</td>
<td>03 programmes per year</td>
<td>D/YEDD PDHSs</td>
<td>2014-0.2 2015-0.2</td>
</tr>
<tr>
<td></td>
<td>Preventive health institutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Social Security

• Increase of the Rs.1,000 allowance granted to elderly people to Rs. 2,000 from January 2015

• Elderly clubs will be set up in all Grama Niladari areas to create an enabling environment for elderly people to spend their leisure time watching TV, reading and being engaged in other facilities available at day centers; Medical clinics will also be organized at these centers.

• Allocation of Rs. 250 million to provide financial assistance to reputed social organizations, which promote elderly care.

• Rs. 200 million will be allocated to rehabilitate elderly homes at Saliyapura, Katharagama, Mirigama and Jaffna.

• Allocation of Rs.100 million to provide financial grants to film producers and artists to make films and tele-dramas promoting success stories of traditional family values towards elders.
• Non-Governmental Intervention
Many NGOs, such as HelpAge Sri Lanka and Sarvodaya, are involved in assisting the Social Services Department’s Community-Based Rehabilitation programme.

HelpAge Sri Lanka:
- HelpAge Mobile Medical and Eye Care Unit (MMU)
- HelpAge Eye Care Centre
- Care-giving
- Paid Homecare
- HelpAge Microfinance Fund
- The Youth Education Programme
Sarvodaya:
Three elders homes give residential care and protection:
- Agnes Gunasekera Memorial Home for the Elders, Ratmalana
- Jayawardene Memorial Home, Gampaha
- Elders Home, Hikkaduwa.

These homes provide emotional care and basic living necessities to destitute & abandoned elders which includes the following:
- Meditation sessions
- Recreation & Keep Fit Programmes
- Medical Clinics
- Controlled Diets
- Physiotherapy
- Handicrafts & Sewing
- Health & Hygiene
• Private Sector
• Several small and large private companies that provide home-based nursing for a fee

• There also exist a few fee-levying homes for the elderly and disabled
Private Pension and Insurance Schemes:

- Both government banks and private banks provide such facility now
- Private companies have life insurance schemes
Adopt the Health systems to the change in demographic profiles
Epidemiologic Transition

Proportional mortality (% of total deaths, all ages, both sexes)* 2012

- Cardiovascular diseases: 40%
- Other NCDs: 10%
- Chronic respiratory diseases: 8%
- Diabetes: 7%
- Injuries: 14%
- Communicable, maternal, perinatal, and nutritional conditions: 11%
- Cancers: 10%

Total deaths: 138,000
NCDs are estimated to account for 75% of total deaths.

Source: http://www.who.int/nmh/countries/lka_en.pdf
<table>
<thead>
<tr>
<th>Adult risk factors</th>
<th>males</th>
<th>females</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tobacco smoking (2011)</td>
<td>31%</td>
<td>&lt;1%</td>
<td>15%</td>
</tr>
<tr>
<td>Total alcohol per capita consumption, in litres of pure alcohol (2010)</td>
<td>7.3</td>
<td>0.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Raised blood pressure (2008)</td>
<td>30.5%</td>
<td>26.2%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Obesity (2008)</td>
<td>2.6%</td>
<td>7.4%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Source: http://www.who.int/nmh/countries/lka_en.pdf
## Contribution of the major cause of death categories to the difference in temporary life expectancy (TLE) between males and females, 2006, Sri Lanka

<table>
<thead>
<tr>
<th>Contribution of:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total difference of TLE(0-75 years)</td>
<td>4.0035</td>
</tr>
<tr>
<td>Total difference due to major causes of death categories</td>
<td>2.8248</td>
</tr>
<tr>
<td>Contribution of:</td>
<td></td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>0.424897</td>
</tr>
<tr>
<td>Diseases of the nervous system</td>
<td>0.511940</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>0.496213</td>
</tr>
<tr>
<td>Endocrine, nutritional and metabolic diseases</td>
<td>0.512752</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>0.523608</td>
</tr>
<tr>
<td>external causes of morbidity and mortality</td>
<td>0.355388</td>
</tr>
</tbody>
</table>

Source: Dissanayake, 2014
Life expectancy after 60:

Adding years to life or life to years?

Japan: 20.3 years
Sri Lanka: 16.2 years
Difficulties faced

Proportion of elderly with difficulties by type of difficulty, 2012

Percentage

60-64 65-69 70-74 75-79 80+

seeing
hearing
walking
cognition
selfcare
communication

0 10 20 30 40 50 60 70

60-64 65-69 70-74 75-79 80+

60-69 70-74 75-79 80+

0 10 20 30 40 50 60 70
A prominent aspect of the ageing process is the progressive demographic ageing within the older population itself.
Wellbeing of the elderly women can be hampered with increased poverty.
Some Policy Consideration

- **Supporting women’s decent labour force participation must be a priority in order to improve old-age security**

- **Improve the lives of current as well as future older generations by investing in human capital and supporting savings and income generation of the youth and the elderly**

- **Promote productive ageing in order to ensure that the older persons have adequate financial provision for the later stage of their life**

- **Raise healthy life expectancy by adopting polices related to morbidity compression and close the gap of the sex differential of life expectancy by identifying causes for such difference specific to each culture**

- **Integrate management of primary prevention and primary care for the elderly**

- **Build up support systems for the elderly by investing in community solutions**
Thank You!