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Perspective

Strengthening Long-Term Care as a Critical Strategy for Healthy Ageing: A Perspective from Nigeria - ②

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ABSTRACT

Implementing long-term care services and systems for the frail, older population is one of the new and significant challenges facing many low and middle-income countries in times of a demographic transition with growing populations worldwide. LTC, which is a tailored health care delivery that is based on individual needs, is intended to promote the quality of life of patients. Important policy challenges facing LTCS in Nigeria are the pension scheme, the national health policy and the health insurance scheme as it relates to older adults in the country. This study made a case on how and why the long-term care system should be strengthened in Nigeria so that it can be able to achieve healthy ageing strategies for the frail elderly.

Keywords: Long term care system; Older population; Policy; Nigeria; Healthy ageing

Ageing Populations and New Needs

All around the globe, the population is ageing, and this demographic change is occurring rapidly [1]. The world population of senior citizens aged 60 years and above climbed up from 382 million (8.6%) in 1980 to 962 million (12.7%) in 2017. By the year 2050, this population is expected to be closed to 2.1 billion (21.3%). The region of sub-Saharan Africa alone accounts for 46 million of the world geriatric population, and by 2050 the figure is expected to be somewhere around 165 million [2,3]. The elderly population group deserves an optimal functional capacity which is not just a measure of an individual potential but also a function of their habitat and assistance they receive during this period of their lives. Implementing long-term care services and systems for the frail, older population is one of the new and significant challenges facing many low and middle-income countries in times of a demographic transition with growing populations worldwide. Country-members of the World Health Organization developed a global strategy and action plan on ageing and health in 2016 [4]. The Strategy has five objectives. The development of an optimal and unbiased Long-Term Care System (LTC) was identified as one of the critical goals in achieving healthy ageing. WHO defines Healthy Ageing “as the process of developing and maintaining the functional ability that enables wellbeing in older age” [5]. The concept of LTC is built around two principles. Firstly, at old age when there is an appreciable loss of functional and personal capacity, older adult still deserves a right to live a dignified life. Secondly, at this period of life when there is expected loss of innate ability, sincere effort should be made to either avoid or correct this, such that problems that need to be addressed through other care can be reduced [5]. Many questions regarding long-term care can be asked, such as; what is LTC? Is LTC important in achieving healthy ageing? How does existing LTC function and how can new LTC be organized? How can low and middle-income countries benefit from organizing LTC? This study addresses some of these issues. The focus is on Nigeria, where the demand for a high level of LTC is expected to continue to rise unless swift and decisive actions are taken to tackle non-communicable diseases and old-age disabilities [5,6].

What is meant with Long-Term Care?

Long term care has been defined in several ways. According to the definition by WHO it is defined as activities which are carried out by caregivers to make certain that people with notable loss of innate ability can maintain a functional level of activity which dignified them as a member of the society [5]. It involves all activities carried out by others to ensure that an individual that is vulnerable or experiencing functional loss of ability can live a quality and dignified life [4]. LTC, which is a tailored health care delivery that is based on individual needs, is intended to promote the quality of life of patients [7]. It can be provided by both trained and untrained personnel. The

recent trend has shown that there is a need for trained personnel to provide specialized care for the elderly population. Although it is for all age groups, LTC is more needed by older adults, particularly the frail elderly and older adults with disabilities [8]. In most cases, the services are rendered at home by family members or friends that are unpaid. However, it can also be provided at nursing homes, assisted living facilities or adult day care centers. LTC allows older adults who are experiencing a loss of functions and capacity to experience healthy ageing. The settings in which extended care is received often determine the range of care that is available and accessible [4]. Thus, one can differentiate between residential LTC and community-based LTC at home. Residential long-term care, which involves patients being admitted to nursing homes or other hospital-like settings for an extended time, is currently being discouraged. Although recent modification to this system in some part of the world like Germany, Japan and Sweden are evolving, such that set up of institutional health care center is designed like homes and residents are not seen as patients [9]. Community-based care which does not require older adults to forever reside in an institutional care centre is considered the best LTC as it helps to successfully age in the preferred environment and also reduces the chances of being admitted to an elderly home [10].

Long Term Care Systems

Long-Term Care System (LTCS) refers to the national practices that ensure nondiscriminatory long-term care that is needed, available and inexpensive which also ensure the dignity of the older people and their care providers. Depending on the settings, the services and the finance could be covered by the public and/or non-public sector, partnership of families, non-governmental organizations or religious institution [4] LTCS can broadly be categorized into organized care system and unorganized care system. In an organized care system, the care is coordinated by agencies, governments and non-governmental organizations. In most cases, it is a paid care system. On the other hand, the unorganized care system, otherwise known as informal LTCS, is run by family members and friends that are unpaid, and at this level, the care system lacks coordination [9-11].

Long Term Care System and Healthy Ageing

Human functional ability is an interrelationship of individual potentials and their habitat attributes. As life expectancy all around the world is increasing, long life should be enjoyed in good health. With the rapidly ageing population, older adults are more likely to need assistance with daily activities to live a meaningful life at old age, which is expected to increase the demand for long term care. The population in need of long-term care varies among countries. For instance, in low and middle-income countries, about 50% of people age 65-74 years are expected to be care-dependent while in Switzerland, less than 5% of the population around this age group

are care-dependent [5]. LTC services for frail elderly or older adult with a disability can include various healths, personal and supportive services that are meant to address their challenges. The system of long-term care helps older adults to be more functional.

How Long-Term Function; Labour Force and Finance

The majority of workers that work in long term care are women. The labour force can be broadly categorized into three distinct groups. The first group is the family members or friends that do not receive payment for services rendered, and this group has no training or education on long term care. The second group comprises of professionals that have the prerequisite knowledge in long term care, they are highly skilled in this field, and they received payment for the services rendered. In-between these two groups are the third group who get paid for taking care of people but are not professionals [5]. A study into four different countries (China, Mexico, Nigeria and Peru) showed that daughter and daughter-in-law render most LTC for their old family member that is care-dependent and these daughters who serve as the caregivers are assisted by the spouse of the care recipient [12]. All around the world, government finances on LTC vary, but there has been a consistent increase in government spending on this system. Statistics from OECD countries show that government expenditure on LTC climbs up by 4.8% every year from 2005-2011 [13]. Although there seems to be an increase in government spending every year on LTC, studies have shown that these variations by countries can be attributed to many factors [5]. The extent to which the government of a country key into LTCS determines to a large extent how much the government is going to incur [14]. Also, the financial implication from the care provided by family members and friends are hardly factored into the overall expenditure when calculating each annual country spending on LTCS [15]. In many parts of the world, people often rely on personal funding from pocket to foot some if not all of the bill of long-term care. This system often has a financial implication both on the care receiver and the supporting family members. This is entirely true in many low- and middle-income countries. Even in Europe, on the average out-of-pocket long-term care accounts for 9.6% of a household income, and it can sometimes be as high as 25% [16].

LTCS irrespective of the system adopted come with a cost. The main discussion, therefore, is how this cost can be distributed equitably. In most cases, LTCS is often funded either by taxes or through compulsive saving schemes, and in some instances, through the two combinations [4]. Irrespective of where the fund is coming from, the informal caregivers should be well compensated to relieve them of the burden they bear. In some instances, a direct payment could be made to assist them financially, or tax credits could be done for them [5].

Efficient Long-Term Care Systems: How to Go About?

An efficient LTCS is a system that adopts an integrated approach. The government in this system takes a central role with the primary responsibility to ensure that the system works efficiently. In ensuring its optimal functioning, the government does not necessary act as the sole financier and the singular provider of all the necessary healthcare services [5]. Across the world, LTCS varies, and this is influenced by several factors such as healthcare facilities, existing cultural beliefs and practices, available infrastructures on the ground, current and future forecast of demographic changes of an older population and the availability of workforce in the formal and informal LTCS, available financial resources and national policies related to LTCS

[4]. In all these, some fundamentals ideals are essentials to hold in place to ensure an effective LTCS. According to WHO, these could be summarized as; an effective LTCS should be one that is economically available for all. Of particular interest, the less privileged in the community should have access to it. Care recipients should be accorded their respect and be treated with dignity. Their rights at all times should be respected while allowing them to make their choice when need be. In LTC, there should be a plan to improve the innate or essential abilities of care recipients if there is the possibility of achieving that. The care in an LTCS should be designed or tailored toward individual needs. There should be equity in treatment in both the informal and formal sectors of LTCS. The central government should regulate the running of LTCS, ensuring that the system runs effectively.

Long-Term Care Systems; a Nigerian Perspective

The increased life expectancy that the human race is witnessing is bringing additional pressure on the health sector; it increases demand on the labour workforce, and stress on the social security [17]. The population of older adults has continuously increased in Nigeria. Since independence in 1960, the country has managed to conduct three population counts. The first one was in 1963, the second one was in 1991, and the last one was in 2006. The population of older adults aged 60 years and above from each of the censuses stood at 3,617,000, 8,227,782 and 19,580,204 respectively. The growth rate of the elderly population in the country, which is estimated to be at 3.2%, is expected to be more than double by 2050 [18]. This increase in the older population can be attributed to the decrease in mortality rate and a decrease in the fertility rate [19]. While the country is facing economic challenges with abject poverty spread across the country and an ongoing HIV/AIDS scourge coupled with security challenges, this goes hand-in-hand with the gradual abolishment of extended family systems while the younger generation embraces monogamous family patterns. At the same time, the growing older adults population tends to become frail and more vulnerable to disease; hence they need more healthcare attention. In Nigeria, this population growth has put immense pressure on the long-term care needs, which is chiefly dominated by the informal sector such as the children and family-based care. This traditional setting of long-term care practice is on the decrease in Nigeria while long term care facility known as old people home is on the rise as nearly 6 percent of older adults' population in the country are housed their [20]. The Government at the central level has done little to strengthen long term care in the country, and just as in the neighboring country Ghana, where institutional home care is still very new, people still rely on home care of the older adults that need it [21]. Sadly, this old system of unpaid LTC that is rendered by family's members, is currently being threatened by several social changes as the country now experience a strong rural-urban migration, particularly among the youths who are in search of greener pasture leaving their aged parents behind in the rural area [6].

National Policy; Challenges to Long Term Care in Nigeria

Challenges facing the health care system in Nigeria are similar to those in other African or low-income countries. With the increasing growth in the elderly population of the country, the pressure is on the government from the populace, labour-employers and healthcare providers to provide a workable policy to take care of the long-term needs of the older people in the country [22]. Unfortunately, current public policy has negatively affected the welfare of the elderly population [19]. Privatization of government facilities in the

last few years to the recent removal of subsidy has further exposed the majority of the older people who have no source of income [18,23]. Although elderly people are indispensable members of our communities playing active role by providing reasonable advice through their knowledge and experience in life, because of lack of government support, older people in the family are increasingly seen as a burden as the family members are solely responsible for the financial, emotional and healthcare support [24,25]. Important policy challenges facing LTCS in Nigeria are the pension scheme, the national health policy and the health insurance scheme as it relates to older adults in the country. At retirement, most people dream is to live a good life and possess the financial capacity to address some of the health challenges of old age which are expected to be funded by their pension. Currently, the country operates two pension schemes, namely the 'defined benefit' and the 'contributory pension scheme', yet both systems have been marked with flaws. In a study by Apere [26], the problems facing pensioners in the country are summarized into four; (i) Ineffective adoption of the pension rules and regulations (ii) Poor living conditions of pensioners arising from stagnancy in pension or increase in pension which is not in tandem with inflation (iii) Late payment or sometimes non-remittance of pension (iv) Frequent screening process for pensioners which often record casualties. Owing to this pension challenges facing retiree in Nigeria, growing old becomes challenging for people as they find it increasingly difficult to finance their welfare and foot the bill for their health care. Because the government fails to regularly pay pensioners their entitlements as due, this results in older people having to work into their 80s to meet their basic needs and take care of their weighing health conditions [26]. The National Health Policy, which was enacted in 2004 to tackle some of the challenges of the health care system facing the country, has well failed to yield a positive result so far [6]. The Public health care system is stratified into three levels in Nigeria; the primary healthcare which is managed by the local government, the secondary healthcare which is control by the state government and the tertiary healthcare that is run by the federal government [27]. The primary healthcare which ought to be the first point of call is most of the time avoided by sick people, mostly because of lack of trust and the poorly equipped status of many public facilities. This often time put immense pressure on the secondary and tertiary healthcare facilities as many conditions that can be attended to are seen at this level [6]. The Nigerian federal government introduced the National Health Insurance Scheme (NHIS) in October 1997, and in May 1999 the bill was passed into law. The scheme, among many other things, was enacted to take care of some of the challenges facing the health care system in the country, such as to make health care accessible to all her citizens. Unfortunately, long term care for the elderly was not factored into the scheme [28]. Currently, there is no known health care policy by the federal government financially supporting LTC for the elderly in Nigeria. Interestingly, a study from 2013 showed that the country is ranked as the number one out-of-pocket spender on health globally while it equally has the worst health parameters in the world [28].

Healthcare Services for the Elderly in Nigeria

Long term care services in the country are grossly inadequate. Nigeria is currently ranked seventh among countries facing serious health workers shortage in the world [29]. The average doctors, nurses and pharmacists to population ratio stood at 1:53,333, 1:1.066, 1:12,000 against WHO recommendation of 1:600, 1:700, 1:2000 respectively [30]. This problem is compounded by the shortage in

professionals that are skilled in the care of the elderly; unfortunately, the country is equally experiencing brain-drain in this field as many caregivers move abroad seeking greener pasture for improving salary and quality of life [31]. Due to challenges of healthcare personnel couple with poor infrastructural facilities at primary health care centers which can serve as a community LTC institution as it's closer to people, most older adults spent longer admission time in acute and emergency department (Ed) receiving care for conditions that should have in the first place ought to be attended to through this basic healthcare facilities [6,32]. The informal sector primarily dominates the long-term care system in Nigeria, and the majority of the caregivers in the informal setting are women who are untrained, and inexperienced to offer quality LTC services [6,33]. In most cases, the workforce is drawn from close family members who render the service without compensation [34]. Occasionally, due to the changes in family and social settings, LTC services are rendered by employed caregivers who lack professional training and poorly remunerated [5].

Social Inequality in Nigeria: A Challenge to Long Term

Nigeria is the most populated black nation on earth with a population of 205 million and has a GDP of \$448.12bn in 2019. Oil and gas account for 10% of the country GDP and is the major source of government revenue accounting for 50% of total government earning [35,36]. Regardless of the country wealth, the country is officially recognized as the poverty capital of the world with about 102 million of her people in poverty, representing 15% of the world poor people [35]. The uneven spread of wealth has created a social gap resulting in poor quality of life for the majority dominated poor masses [37]. While the rich can afford to access quality health care in developed countries, the poor who are financially constraint and with no social-financial supported health scheme are left at the mercy of the poorly equip healthcare facilities [38].

Rehabilitation Care for the Elderly in Nigeria: Issues and Challenges

Rehabilitation care in Nigeria are only available in the urban areas majorly in the big cities, thereby denying most senior citizens that largely reside in the rural communities' asses to this care [39]. Compounding this problem, awareness of rehabilitation service is poor particularly among the rural dwelling people [40]. Other challenges include poor health decision like use of oral drugs in place of rehabilitation care like physiotherapy, lack of multidisciplinary approach toward patient management and preference for traditional healers [40,41].

With increasing challenges of disability, older people try to adapt but failure to make adjustment often result into frustration with increasing dependence on caregivers [41]. To improve rehabilitation care in the country, there is the need to improve it awareness particularly among the elderly, removing barriers to accessing it and making it affordable [42].

Tackling the challenges of the long-term care system in Nigeria

In Nigeria, where the demands of LTC are on the rise, drastic measures are needed to be able to meet up with all the challenges facing the country. This entails a synergy of effort from both the private sector and the government. The government adoption of the Ama Ata declaration of 1978, has allowed healthcare to be more accessible at the community level [43]. These primary health care

facilities can be expanded in scope by providing long term care as it is closer to old people in the community. Re-orientation of the populace about what LTC is about and redesigning an efficient LTC is very fundamental. There is a need for the government to formulate policies that would address challenges facing LTC and the social-welfare of the older population. A concerted effort should be made to ensure the full implementation of such policies. The country health infrastructures need to be overhauled while ensuring the training of enough personnel in the field of LTC. Provisions should be made to compensate caregivers in the informal sectors that are unpaid in the current system. Compensation could be in the form of formal training, financial remuneration or both (4 WHO, 2017). Stakeholders in the running of LTCS in Nigeria should ensure the system is well funded and at the same time allowing transparency and accountability. This will further boost the confidence in the system, allowing beneficiaries who in most cases are the poor elderly to benefit from the services.

CONCLUSION

This study has attempted to make a case on how and why the long-term care system should be strengthened in Nigeria so that it can be able to achieve healthy ageing strategies for the frail elderly. With the population of the elderly population projected to reach 2.1 billion globally by the year 2050, more needs to be done to develop the LTCS all around the world. The two fundamental principles which serve as the basis of LTC as discussed in this study must be factored in for every LTCS designed by every country. In many low- and middle-income countries, Nigeria inclusive, long-term care takes place in the informal sector, where the women are the dominant caregivers. Adopting radical ways toward Long term care system which involve the federal government of Nigeria to take a front seat in the stewardship of Long-term care is an essential step in achieving an effective service for the frail elderly in the country. This is so important as the family members who are often the sole carriers of the burden of LTC for the elderly are faced with the problem of the astronomical increase in the cost of living coupled with the challenges of dwindling sources of income.

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