

The response to growing need for long term care for elders in Sri Lanka and difficulties in predicting demand

Wendy Holmes¹

Sri Lanka has been ageing more rapidly than other countries in the region. The pace of ageing has been much faster than in the wealthy countries in the world. The implications of the demographic transition for the economy are considerable, both negative and positive. Review of the development of policies, legislation and programmes relevant to long term care (LTC) provides an interesting picture. Since the first National Policy on Elders was formulated in 1993, several excellent and comprehensive policies, legislation and action plans have been developed. They are evidence-based and rights-based, and were developed through consultation processes with a wide range of stakeholders, including elders. The process itself has increased awareness and networking between relevant sectors. However, as Mr Rajiva Wijisinhe has reported, implementation has not yet been taken to scale, and one reason for this is the lack of a coordinating mechanism. During the past two decades there have been a number of impressive champions for healthy and active ageing from varied backgrounds – demographers, social scientists, health economists, clinicians, government bureaucrats, civil society, and business people. There has been a growing output of multi-disciplinary ageing-related research in Sri Lanka. But many of the researchers are not yet aware of each other's work, and many decision-makers are not yet sufficiently aware of the implications of population ageing. There is now a rich and valuable evidence base to inform not just planning, but implementation. The need now is to bring together the work and efforts to date. This will assist effective advocacy for greater allocation of resources to reduce the need for LTC and to provide LTC when it is needed. Sri Lanka needs an inter-sectoral coordinating mechanism to address population ageing. One difficulty in predicting demand for LTC is that it is influenced by factors that are also changing rapidly: the pace of population ageing, especially among the oldest old; the sex ratio of the older population; their marital status; living arrangements; health and financial status; availability of family support; expectations of elders and their families; and availability of services. Estimates are often based on assessing the proportion of elders unable to perform activities of daily living (ADLs), such as eating, bathing, and getting in and out of bed, although these are known to underestimate those needing care. The national 2011 census included a question about disability. It is interesting that the responses to the question about difficulty in day-to-day care, such as getting dressed and washing, showed that about 5% of the over 60 age group had at least some difficulty with self-care, while the 2006 World Bank National Survey on Ageing, and local surveys, have found that 15 – 20% had difficulties with ADLs. It is important to learn more about the methodological reasons for this difference, and the implications.

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¹Centre for International Health & Burnet Institute, Medical Research, Melbourne, Victoria, Australia 3004