Governing Long-Term Care Systems for an Ageing World

Key governance considerations for policy, financing, and care delivery

- Population ageing is accelerating globally
- By 2050, 1.5–2 billion people will be aged 65+
- Demand for long-term care (LTC) will rise sharply
- LTC is essential to dignity, rights, and functional ability

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DEFINING LTC

What Long-Term Care Means

- LTC is more than nursing homes
- Includes health care, personal care, social support, and community assistance
- Supports people with significant ongoing loss of intrinsic capacity
- Goal: maintain functional ability, rights, and dignity

KEY DIMENSIONS OF LTC GOVERNANCE

Six Governance Tensions

- **National vs regional responsibility**
- **Community-based vs residential care**
- **Family care vs provider care**
- **Lower-income vs higher-income settings**
- **Health care vs social care**
- **Deficit-focused vs strength-based approaches**

WHO IS RESPONSIBLE FOR WHAT?

National vs Regional Governance

- Countries differ in how LTC is organised
- National models offer clearer entitlements and standards
- Decentralised models allow local responsiveness
- Main challenge: coordination, accountability, and minimum national guarantees

REBALANCING THE CARE CONTINUUM

Community vs Residential Care

- Many systems are shifting from institutional care to ageing in the community
- Home care, day care, respite, and assistive support are increasingly important
- Residential care remains necessary for complex or high-dependency needs
- Governance should ensure quality and avoid financing biases toward institutionalisation

SUPPORTING BOTH INFORMAL AND FORMAL CARE

Family vs Provider Care

- Families provide most LTC in many countries
- Unpaid care carries health, economic, and gender equity costs
- Formal care is essential but workforce shortages are widespread
- Good governance supports carers and invests in a trained, protected workforce

START EARLY, BUILD GRADUALLY

LTC in Lower- and Middle-Income Settings

- Most older people will increasingly live in middle-income countries
- Many LMICs have limited formal LTC and very low public spending
- LTC should be treated as part of universal health coverage and social protection
- Phased, needs-based models can build on primary care and community platforms

TOWARDS INTEGRATED BIOPSYCHOSOCIAL CARE

Health Care vs Social Care

- LTC sits between health and social care systems
- Fragmentation creates gaps, duplication, and cost-shifting
- Integrated assessment, care planning, and multidisciplinary teams are essential
- LTC should be embedded within primary care and social protection systems

QUALITY OF LIFE, FUNCTION, AND RESILIENCE

From Deficit to Strength-Based Governance

- Deficit-based approaches focus on dependency, burden, and cost
- Strength-based approaches focus on capacity, preferences, and participation
- Governance should measure quality of life, not only impairment
- LTC should support resilience, dignity, and meaningful living

CLOSING MESSAGE

What Good LTC Governance Requires

- Clear roles across levels of government
- Strong community care with rights-respecting residential services
- Support for both unpaid carers and formal workers
- Early action in LMICs
- Integration of health and social care
- A shift toward person-centred, strength-based systems