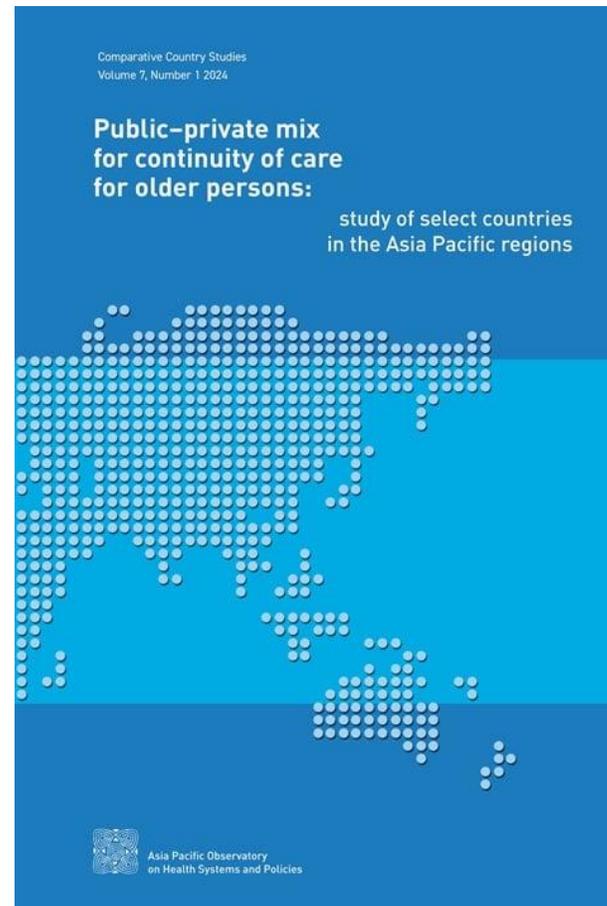


Vision 2031 International Conference Session on 'Empowering the Elderly'

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Korea



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Methodology of the study in Kerala

- A **review** of relevant government and policy documents provided the background and context for the study.
- **In-depth qualitative interviews** were conducted with key stakeholders across sectors and expert consultations with policymakers from government, representatives of the private for-profit and non-profit sectors.
- **Six expert policy consultations** were conducted between late 2020 to early 2023 that included senior bureaucrats and professionals of the health department, state planning board members, key persons of local self-government including senior officials of Kerala Institute of Local Administration, and a few elected representatives of local self-government institutions (LSGIs)
- Professionals from the Kerala Health University of Health Science, palliative care professionals, representatives of private non-profit sector, members of the state orphanage control board (of Social Justice Department (SJD)), Indian Medical Association representatives, Non-Government Organisation representatives, and state and district level officers *Kudumbasree*. Women's self-help group supported by the state which also offer some care for the older persons. and the *Mahila Samakhya* programme that was a Centrally sponsored Women's development programme for empowerment and equality.
- The expert consultations covered a range of issues. These included the current status of services; the main actors and agencies involved; extent of collaboration between public and private sector; gaps and challenges faced and policy engagements for the future.

Defining Continuum of Care for Elderly

- Continuum of care is a holistic approach that includes integrated health and social welfare services, technologies and living arrangements
- Given the high prevalence of Non Communicable Diseases, reduced physical movement and cognitive decline among older persons
-continuum of care is essential
- Comprehensive health services with follow up and support at the community level

Ecosystem for Continuum of care

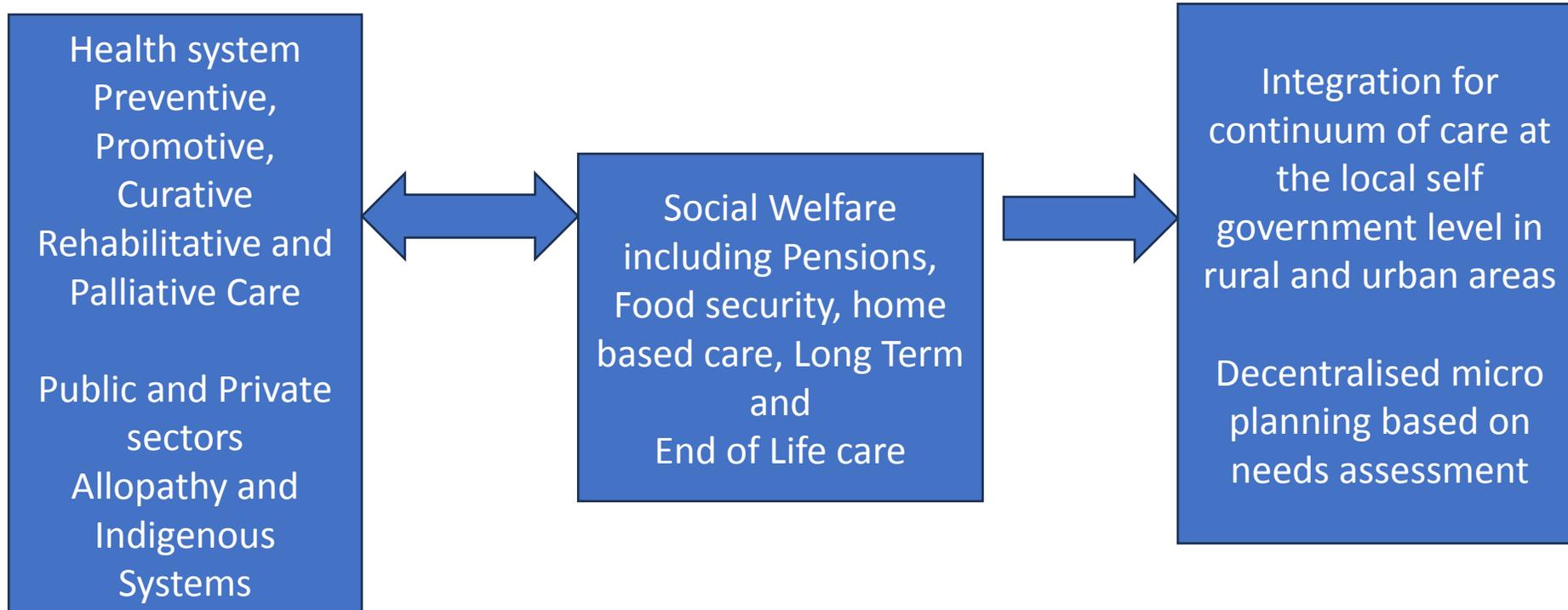
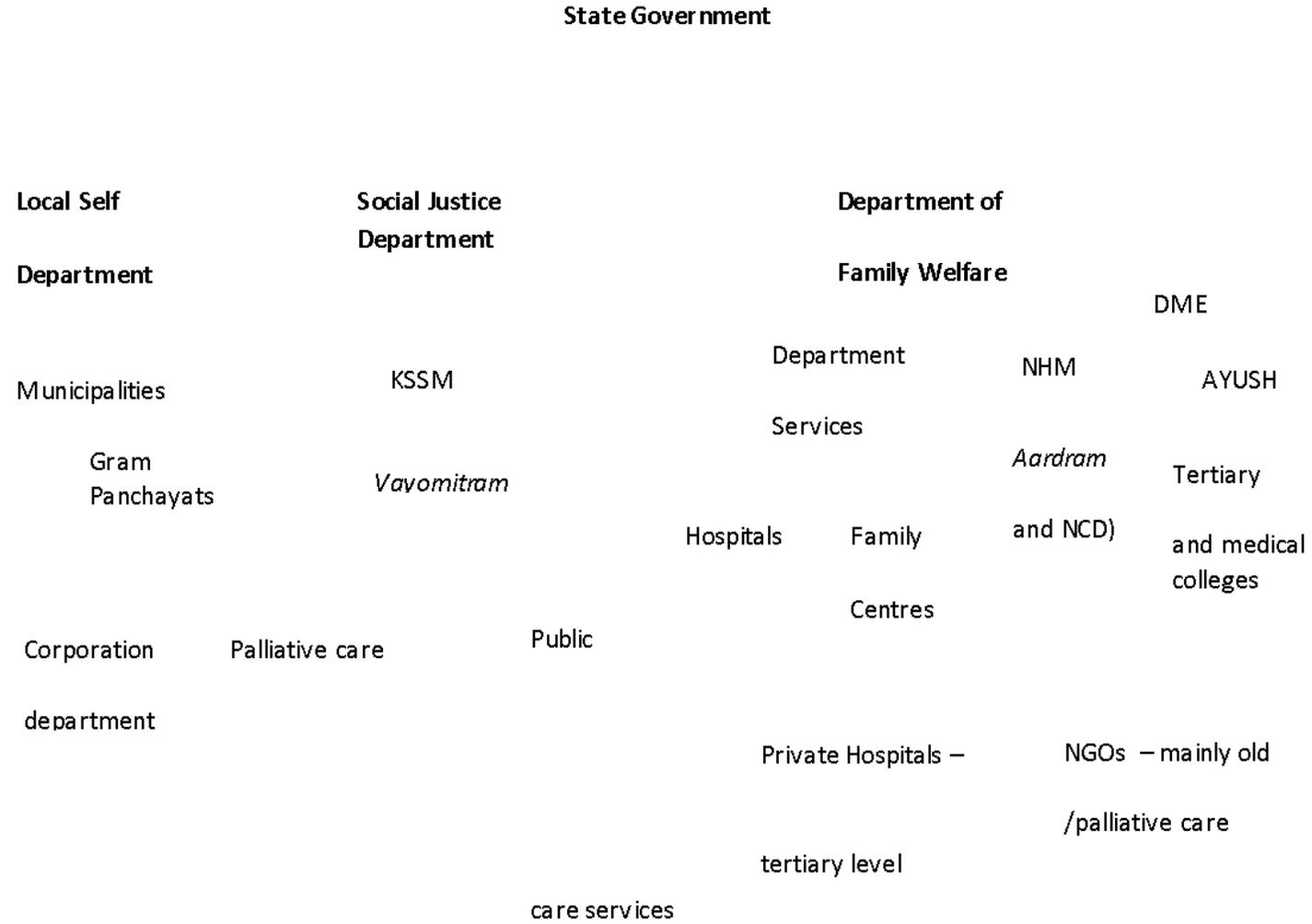
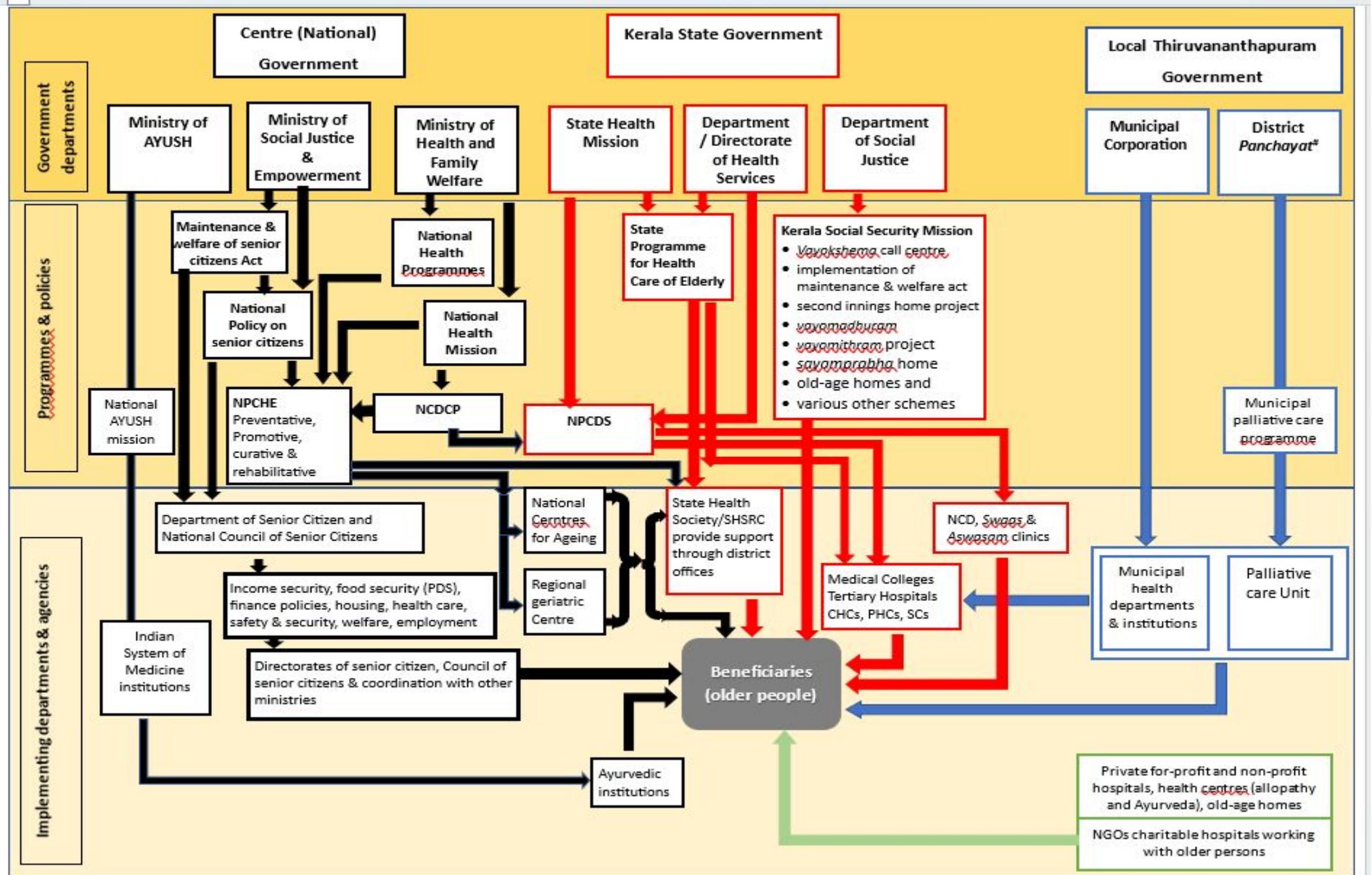


Figure : Departments/agencies providing health services for older persons, TMC



**Figure:
Organization
of agencies
for
integrated
health
services for
older
persons in
urban
Thiruvananth
apuram
(Centre to
Local)**



Examples of efforts toward integration

- The programme that addresses a comprehensive approach to the needs older persons is the *Aardram* mission. It was initiated in 2017-18 and aims at comprehensive and quality preventive, promotive, curative, rehabilitative, and palliative care services, adopting different care plans: individual care plan, family care plan, cluster care plan, and a care plan at the ward level coordinating with the local self-government (LSG).
- *Before 2005 in RCH, what used to happen is that different officers sitting in a ministry looking after immunization, maternal health, child health, family planning – each one used to send their budgets and asked the states to report. So RCH II which got rolled out in 2005 was brought into NHM in 2006 or 2007. So for the first time a program implementation plan was brought out where all the budgets were integrated and given to the State governments. The State governments were to then prioritize what they would want to do under RCH and come up with implementation plans which will be reviewed and supported..” (Ex-UNFPA, Independent Professional, 24 May 2021)*

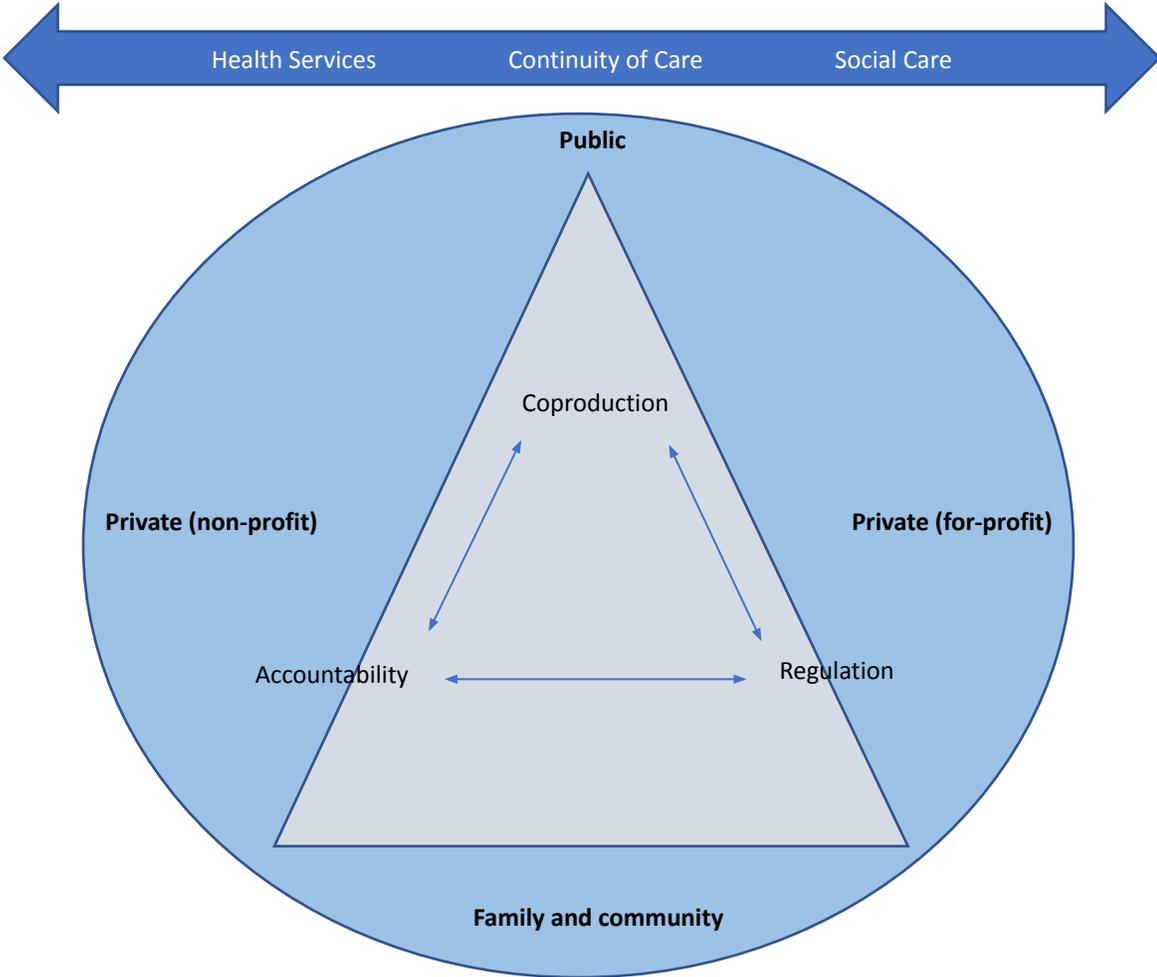
Public-Private Mix in health and social care for older persons

- The health and social care services are key areas where there is a mix of public and private individuals and institutions.
- At present the public and private sectors operate in silos. There is a need to integrate from the point of view of improving financial efficiency and also avoid duplication and replication of services.
- There is an inherent tension between the two sectors. The private health sector is driven by the profit motive. There are institutions in the for profit and non profit of the private sector who are sensitive to the cost factor and try to subsidise it.
- There is a history of attempts at building public-private partnerships – a dialogue with different ministers over the last 15 years. The outcome has been rather weak.
- An important impediment to building partnerships is the scepticism of the government to involve the private sector. The political leadership may not be as averse as are the higher levels of the health bureaucracy.
- Apart from health, there is a need to identify areas where the private sector can engage with the public sector- home based care; day care centre; long term and end of life care.
- There is a need to create a caregiver platform for training, setting standards and certification for human resources.

For Profit Institutions for social care in Kerala

Type of Living	Community Living/Retirement community (Luxury Apartments/Villas)	Community Living/Retirement community (Luxury Rooms)	Day care	Transitional Care	Home Health Care	Home Care/ Home Nursing Care
Main Promoters	Big business groups, individuals, retired gazetted and non-gazetted officers and groups	Big business groups, individuals	Middle level business	Big and mid-level healthcare business	Big and mid-level healthcare business	Middle and low level business
Key Facilities Provided						
Common Dining	✓	✓				
Housekeeping*	✓	✓			✓	
Supported Built Environment#	✓	✓				
Indoor games and Recreation	✓	✓				
Exercise Space/Gym/Yoga	✓					
Swimming Pool	✓					
Library	✓	✓				
Medical/Health care (Dispensaries)	✓			✓	✓	✓
Need-based personalised care	✓	✓				✓
Day Care Services			✓		✓	✓
Post Hospitalisation home based Care				✓	✓	✓
Assistance with errands						✓

Suggested framework for public-private mix in continuity of care for older persons in the Asia-Pacific region (Baru et al 2025)



Social challenges for older persons

- Changing family structures
- Feminisation of Ageing
- Social gradient and inequalities in access to public facilities
- Fragmentation in the utilization of health and social services across the social gradient.
- The upper middle and middle classes rely more on private sector while the lower middle and poor rely on public services
- Out of pocket expenditures incurred are high for treatment of chronic diseases in the public and private sectors

Learnings from East Asia- Importance of Needs Assessment for older persons

- The learnings from Hong Kong, Seoul, and Shanghai suggest that **Needs Assessments tools** for older persons are the cornerstone for financing, service planning, and implementation for continuity of health and social care.
- The **learnings from these sites** will be useful for other societies as they plan for continuity of care for older persons.
- Without comprehensive needs assessment, only incremental improvements can be expected.
- **Training and capacity building** for both formal and informal caregivers for social care; licensing, certification, and third-party accreditation of formal workers are important for good quality care.
- **Digitalization** can assist in integrating services across public and private sectors, as well as health and social care for continuum of care.
- **Piloting** different models in health and social care for continuity in care for older persons will be useful before scaling up.

Continued:

- Binary thinking of the market and state may not be conducive to the development of health and social care sector in light of rapid aging populations.
- Despite the great potential of the for-profit sector, it must be stressed that essential government regulation and some form of code of conduct should be put in place to promote accountability in the sector.
- The multiple societal actors including family, community, and non-governmental organizations can and should be empowered to engage in coproduction of such services.
- The commitment of the government in planning, financing, and delivery of services is of critical importance.

Way Forward

- Kerala's history of decentralization, local self government and micro planning provides the context wherein integration of health services and social welfare for continuum of care.
- Micro planning based on Needs Assessment through the Local Self Government
- Efforts to pool finances from health and social welfare programmes to effect integration
- Regulation of private sector and defining their role in the ecosystem of care for older persons
- Create a platform of diverse actors for synergies