

Long-term and end-of-life care

The rapid pace in which LAC countries are experiencing a demographic transition towards a larger share of their populations living for 65 years or more (see “Demographic trends” section) will generate important long-term consequences for how governments set priorities, organise, and pay for their healthcare systems. A recent study of six LAC countries has shown that the percentage of adults aged 65 or older who required assistance to perform basic or intermediate activities of daily living ranged from 18.1% in Argentina to over 37% in Brazil, which showcases the already high current demand for such services in a more formal fashion (Matus-Lopez and Chaverri-Carvajal, 2021^[1]).

LAC countries with available data have spent on average close to a tenth of the share of health budgets that is dedicated to LTC in OECD countries, which stood at around 14% in 2019 (see Figure 9.5). Amongst LAC countries, Saint Kitts and Nevis, Costa Rica, Trinidad and Tobago, the Dominican Republic, Guyana, and Paraguay spent less than 1% of their budgets in LTC. The highest expenditure share for LTC comes from Barbados, a country well advanced in the demographic transition when compared with the rest of LAC countries, with 15.7% of its population having more than 65 years old in 2021, compared with the 8.8% LAC average.

The majority of deaths in the region occur in the hospital setting, with an average of 58.7% in countries with available data, ranging from 45.8% in Chile and Costa Rica to 69.5% in Brazil (see Figure 9.6). Although the place of death is widely recognised as a relevant measurer of quality of care and the patient’s house is usually the preferred place of death, other factors such as the availability of and access to skilled end-of-life care professionals, in addition to each countries’ cultural preferences for one or the other option are important variables to be taken into consideration.

Another important aspect of elderly care that requires further examination and will considerably influence the areas of priority work for healthcare in the next decades in the LAC region is the treatment for dementia. Estimates of prevalence rates for this group of diseases do not tend to vary considerably from one country to another. Still, recent estimates have already indicated that LAC countries have similar or even higher rates than the OECD average. The average mortality rate for Alzheimer’s and other dementias in LAC stood slightly lower when compared with the OECD average, at 22.3 deaths per 100 000 population in 2019. The highest national rates were observed in Honduras and Brazil, at 27.4 and 25.6, respectively. (see Figure 9.7).

Definition and comparability

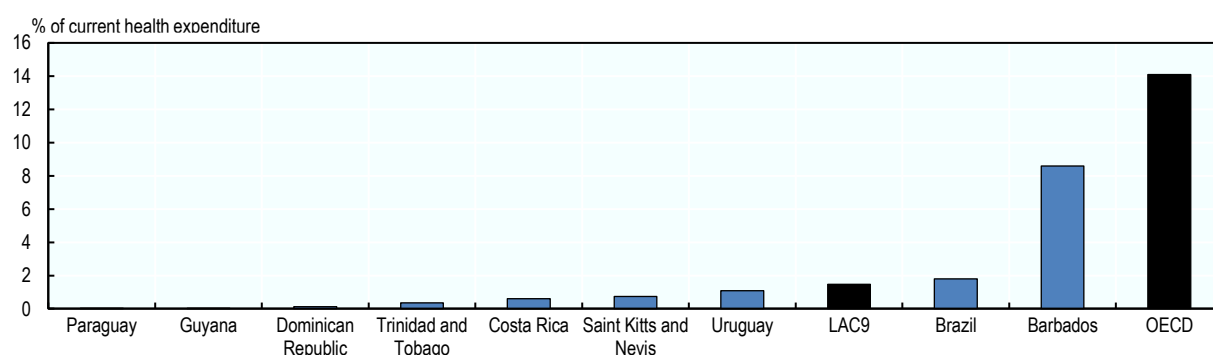
Long-term care is defined as the support needed by people in a wide-ranging number of life facets and activities over a prolonged period of time. Such activities can include bathing, eating, getting out of bed and multiple other daily chores, also known as activities of daily living (ADL) (OECD, 2011^[2]). The primary goal of LTC systems is to alleviate pain and suffering in patients and to support them in managing long-term dependencies that emerge with old age or chronic conditions. In order to ensure country comparison, the WHO Global Health Expenditure Database utilises the System for Health Accounts (2017^[3]) joint Eurostat-OECD-WHO publication as its main methodological framework for calculating health expenditure. Long-term care services can comprise a wide-ranging package offered by healthcare systems, including management of symptoms through medical and nursing care in inpatient and outpatient settings, ADL support and assistance services and other social services aimed at promoting leisure and social activities for LTC patients. National administrative definitions and financing regulations for LTC services may affect the expenditure measurements.

Percentage shares of deaths occurring at home and in hospitals are reported directly by countries and through estimate models, with potential differences in methodologies. In addition, both values do not necessarily add up to 100, as each country may compile different categories of places of death.

References

- Matus-Lopez, M. and A. Chaverri-Carvajal (2021), “Population with Long-Term Care Needs in Six Latin American Countries: Estimation of Older Adults Who Need Help Performing ADLs”, *International Journal of Environmental Research and Public Health*, Vol. 18/15, p. 7935, <https://doi.org/10.3390/ijerph18157935>. [1]
- OECD (2011), *Help Wanted?: Providing and Paying for Long-Term Care*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/9789264097759-en>. [2]
- OECD/Eurostat/WHO (2017), *A System of Health Accounts 2011: Revised edition*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264270985-en>. [3]

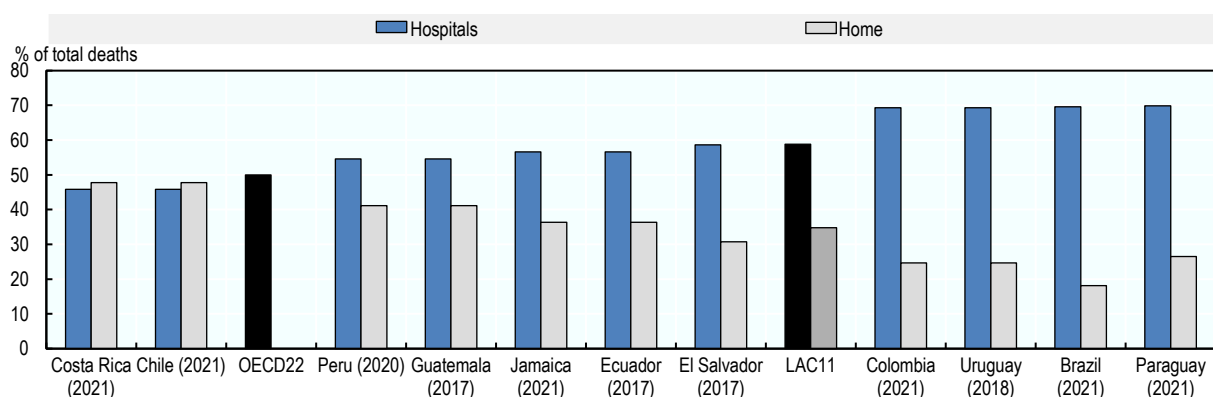
Figure 9.5. Expenditure in long-term care services as a share of current health expenditure, 2019 (or latest year)



Source: WHO Global Health Expenditure Database 2022.

StatLink <https://stat.link/4we5kr>

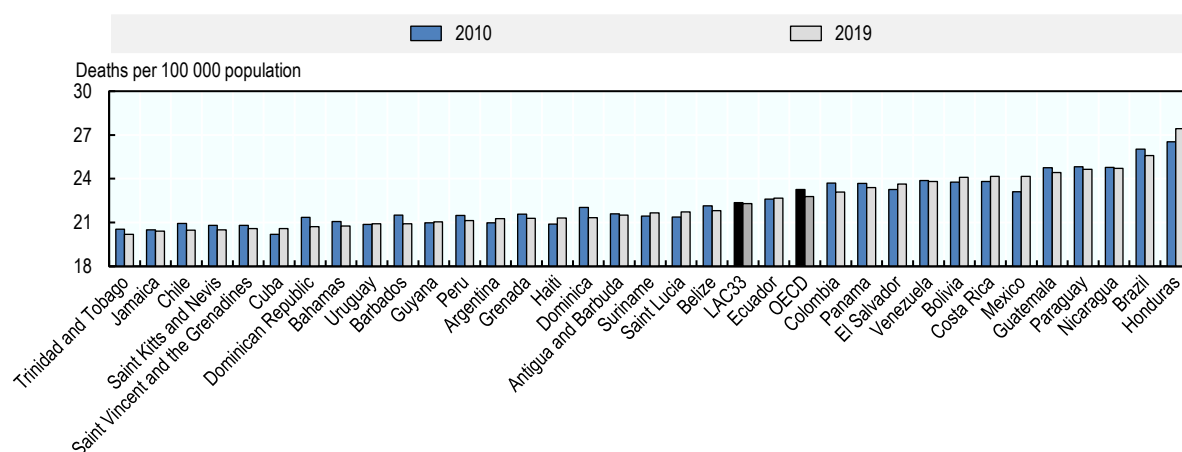
Figure 9.6. Share of deaths occurring in hospitals and at home, 2021 or latest year



Source: Data for Brazil, Jamaica, Peru, Costa Rica, Colombia and Chile from OECD questionnaires for HAG LAC 2023, OECD average from *Health at a Glance* 2021, <https://doi.org/10.1787/ae3016b9-en> and other countries from Seitz et al (2022), "Place of death and associated factors in 12 Latin American countries: A total population study using death certificate data", <https://www.doi.org/10.7189/jogh.12.04031>.

StatLink <https://stat.link/arhq63>

Figure 9.7. Death rate for Alzheimer's and other dementias per 100 000 population, 2010 and 2019



Source: GBD 2019.

StatLink <https://stat.link/b0uh27>



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