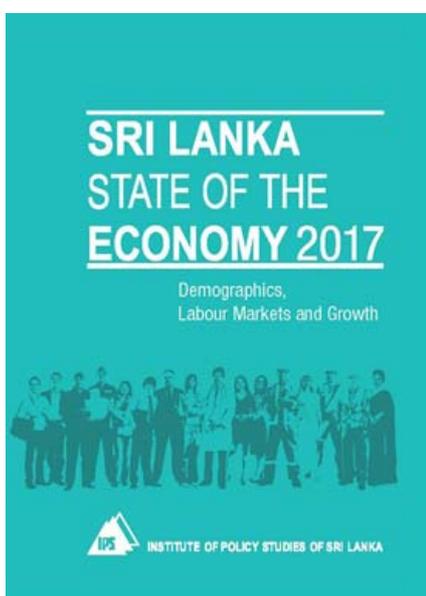


RESPONDING TO THE CHALLENGE OF AN AGEING POPULATION

From the IPS flagship publication 'Sri Lanka: State of the Economy 2017 Report'



The change in population size and age structure resulting from a dramatic decline of two vital demographic determinants - mortality and fertility - and international migration has brought about a rapid change in Sri Lanka's demographic profile. An increase in the proportion and absolute number of elderly in the population - and a declining share of children and working age population - has also been influenced by international migration trends overtime. Overall, a country's population ageing has impacts which go beyond from age structures to related economic, social, and health challenges.

Sri Lanka is considered as one of the fastest aging countries in the world; growth of the elderly population is far faster - almost double - compared to other countries in the region. At present,

2.5 million (12.4 per cent) of Sri Lanka's total population are aged 60 and over - i.e., one in every seven Sri Lankans are aged 60 and over. Further, this is expected to increase to one in every five and one in every three for 2030 and 2050, respectively.

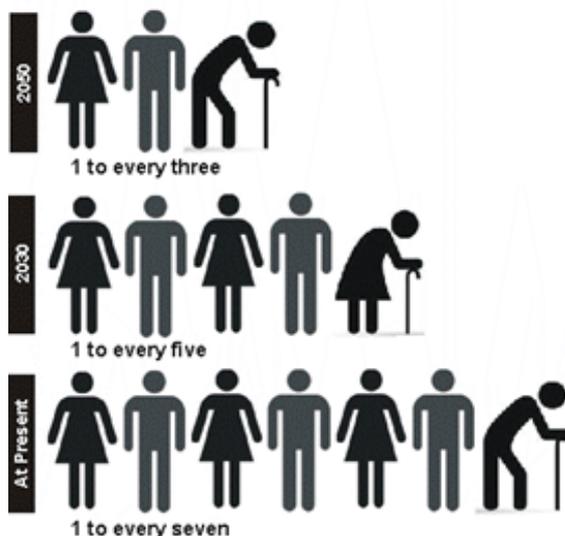
Population ageing strongly impacts a country's macroeconomic conditions. Labour force participation and productivity of older workers (60+) starts to diminish with age. The workforce also reduces as labour exits consequent to compulsory retirement ages. Thus, the size of the working population in an economy that is mainly populated by older people (60+) begins to shrink. As such, a couple of adverse effects are observed. The national output in such a nation is likely to be

lower than that of an economy with a large proportion of a prime working age population. A depletion of personal income at older ages is another impact. Eventually, both effects lead to a substantial increase in old age dependency.

Health Consequences of Ageing in Sri Lanka

Health consequences of ageing have three underlying issues - morbidity and mortality patterns change, while long-term care needs rise. Ageing increases the risks of many diseases and disorders. Further, preventing such diseases is hard as physical and intrinsic capacities deteriorate inevitably with ageing; these are further influenced by environmental factors.

Aged 60 and over



Concurrently, geriatric syndromes arise as a consequence of physical and biological changes further aggravating the adverse health status of elders. In particular, sensory, cognitive, and immune functions are also impacted by ageing.

NCDs are a leading cause of morbidity, disability and mortality across the world; regardless of income levels, NCDs are highly associated with ageing. NCDs accounted for 75 per cent of all deaths in Sri Lanka. A similar pattern is observed even among the elderly group aged 60 and above. Nine out of 10 elders are suffering from some kind of chronic disease(s). NCDs are responsible for the largest proportion of deaths of many elders (88 per cent) in general and deaths for each age category. Meanwhile, injuries and infectious diseases each cause only 6 per cent of total deaths. Another crucial health condition of the elderly people is Alzheimer disease and other forms of dementia. Disability is another inseparable condition of ageing. Older people with disability essentially require long-term care with or without a full time care giver's assistance.

Facing the Challenge

In terms of health sector rectifications, curative care services have to be redefined while prevention and health promotion have to be delivered through public and community health systems. Elders had to seek ambulatory and inpatient care from conventional clinics and wards and follow all the processes as others do. Setting up a separate treatment and drug counter at Out Patient Departments (OPDs) of every hospital was introduced by the MOH. However, the functioning capacity of facilities is very limited due to lack of human resources, a high turn-over of patients, logistical barriers, etc.



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Sri Lanka recently invested in building a state-of-the-art tertiary care geriatric hospital, but it is still under construction. The absence of such a hospital delays starting geriatric medicine programmes. Lack of trained health personnel on geriatric care is one of the main obstacles for the utilization of designated facilities for elders.

While facilitating the prevailing curative service network at secondary and tertiary care levels, the MOH can further reorient the primary care service network. Integrating primary prevention and primary care of elders health issues into the primary care network could also be a cost effective mechanism, as cost of disease management at the primary care level is very low compared to that of secondary or tertiary levels

Population ageing also tends to raise demand for long-term care. Thus far, long-term elderly care (secondary care) is not provided through the public health system. Those in need of such care are looked after by family or private care givers. This leads to high out-of-pocket health spending by households. However, the National Elderly Health Policy (NEHP) identifies long-term elderly care as a priority area and proposes to establish a minimum

of two long-term elderly care institutions in each province. While providing curative services, disease prevention and health promotion interventions should also be carried out. In addition, public health officers are an effective means to spread knowledge on preparing for 'active ageing'. At present, the MOH conducts seminars on active ageing for pre-retiree groups within the MOH. The same can also be expanded to other sectors as well.

This Policy Insight is based on the comprehensive chapter on "Aging and Health in Sri Lanka: Challenges and Policy Responses" in the 'Sri Lanka: State of the Economy 2017 Report' - the flagship publication of the Institute of Policy Studies of Sri Lanka (IPS). The complete report can be purchased from the publications section of the IPS, located at 100/20, Independence Avenue, Colombo 7. For more information, contact the Publications Unit on 0112143107/0112143100.



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