



Conference Series on  
*Aging in the Americas*



# Improving health services for older adults in Latin America

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INTERNATIONAL WORKSHOP ON  
**FORMAL AND INFORMAL SYSTEMS OF SUPPORT  
FOR OLDER PERSONS**  
IN MEXICO AND THE UNITED STATES,  
IN THE CONTEXT OF HEALTH  
AND WELFARE REFORM

# Improving health services for older adults in LAC countries has multiples challenges:

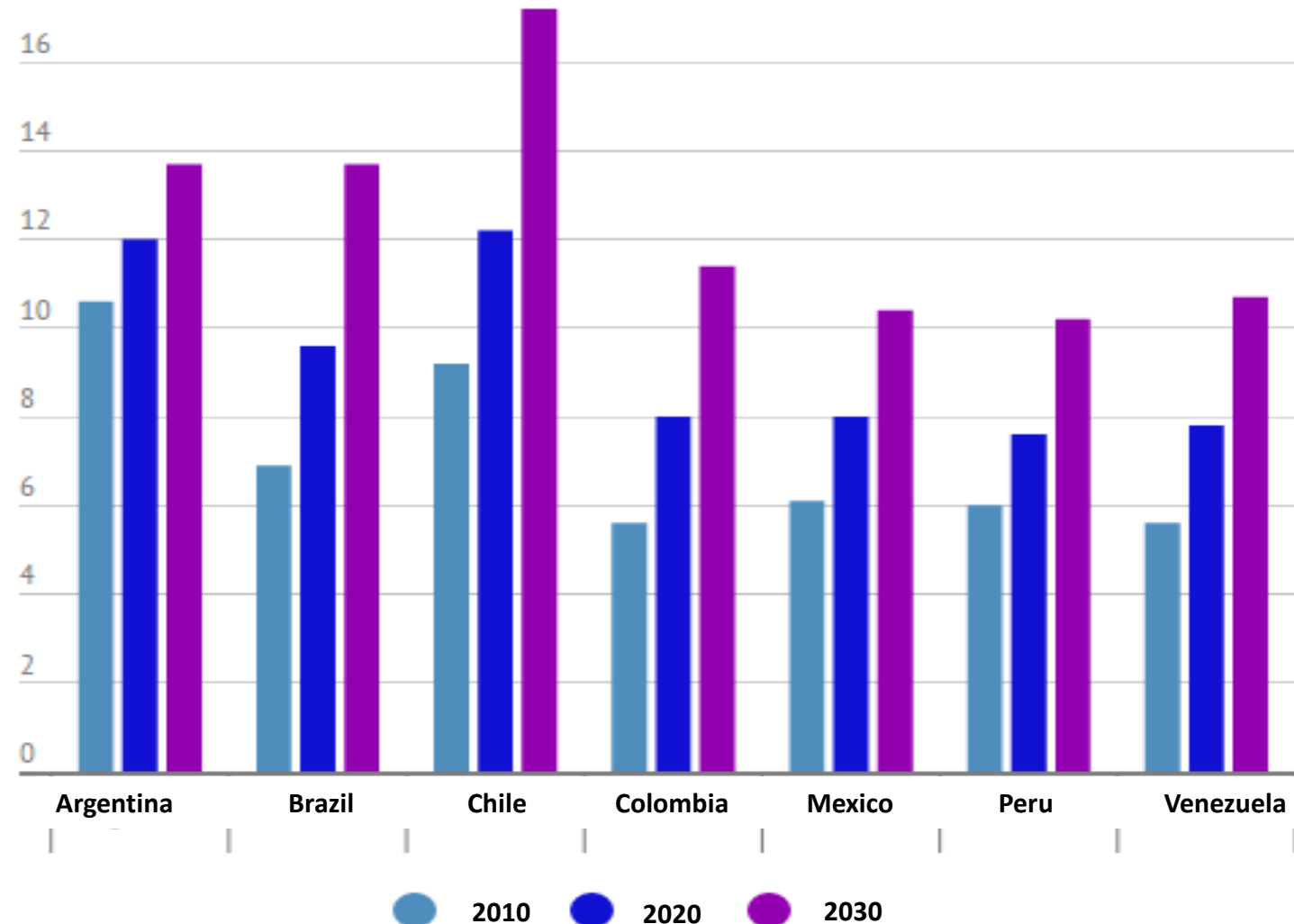
- Demographic and epidemiological changes
  - Rapid aging
  - Increasing prevalence of chronic conditions
  - Unfinished agenda of preventable morbidity and mortality
- Growing pressure on healthcare budgets
- Health systems are not evolving in parallel with health needs of the elderly
- National retirement systems capable of providing an adequate level of support for the old without imposing a heavy burden on the young.\*
- Improve living standards while populations are still young and growing.\*

\* Miller T. La Nueva Era Demográfica en América Latina y El Caribe: La hora de la igualdad según el reloj poblacional CELADE-División de Población.

# The population of Latin America is aging at a fast speed

Population of Latin America is aging faster than the European population.

Brazil and Chile will take 25 and 15 years to have the same proportion of older adults that Spain has now.



Source: González E. Weekly Chart: The Aging Populations of Seven Latin American Countries. Americas Society Council of the Americas

Many countries in LAC are expanding health insurance and seeking to increase efficiency public health spending; yet a large proportion of the population remains unprotected from the financial risk of a large health expense

- Universal health Insurance of Peru has 77% of the total population affiliated.
- Seguro Popular in Mexico reached 75% of the population without health insurance.
- In Latin America almost 50% of total health expenditure is private and from this 68.3 % is out of pocket spending.



# Why the health benefits for older adults matter?

- In Mexico a recent analysis of the effect of either having public health care insurance (Seguro Popular) or social health insurance (Social security) showed that inequities still exist.
- Seguro Popular showed a protective effect against lack of access to healthcare for older adults compared with those with no insurance.
- Seguro Popular did not show a protective effect against catastrophic expenditures in a household where an older adult lived.
- Social Security showed increased access to healthcare and protective effect against catastrophic expenditures for households with an elderly member

Doubova SV, Pérez-Cuevas R, Canning D, Reich M. Access to healthcare and financial risk protection for older adults in Mexico: secondary data analysis of a national survey. *BMJ Open* 2015;5:e007877.



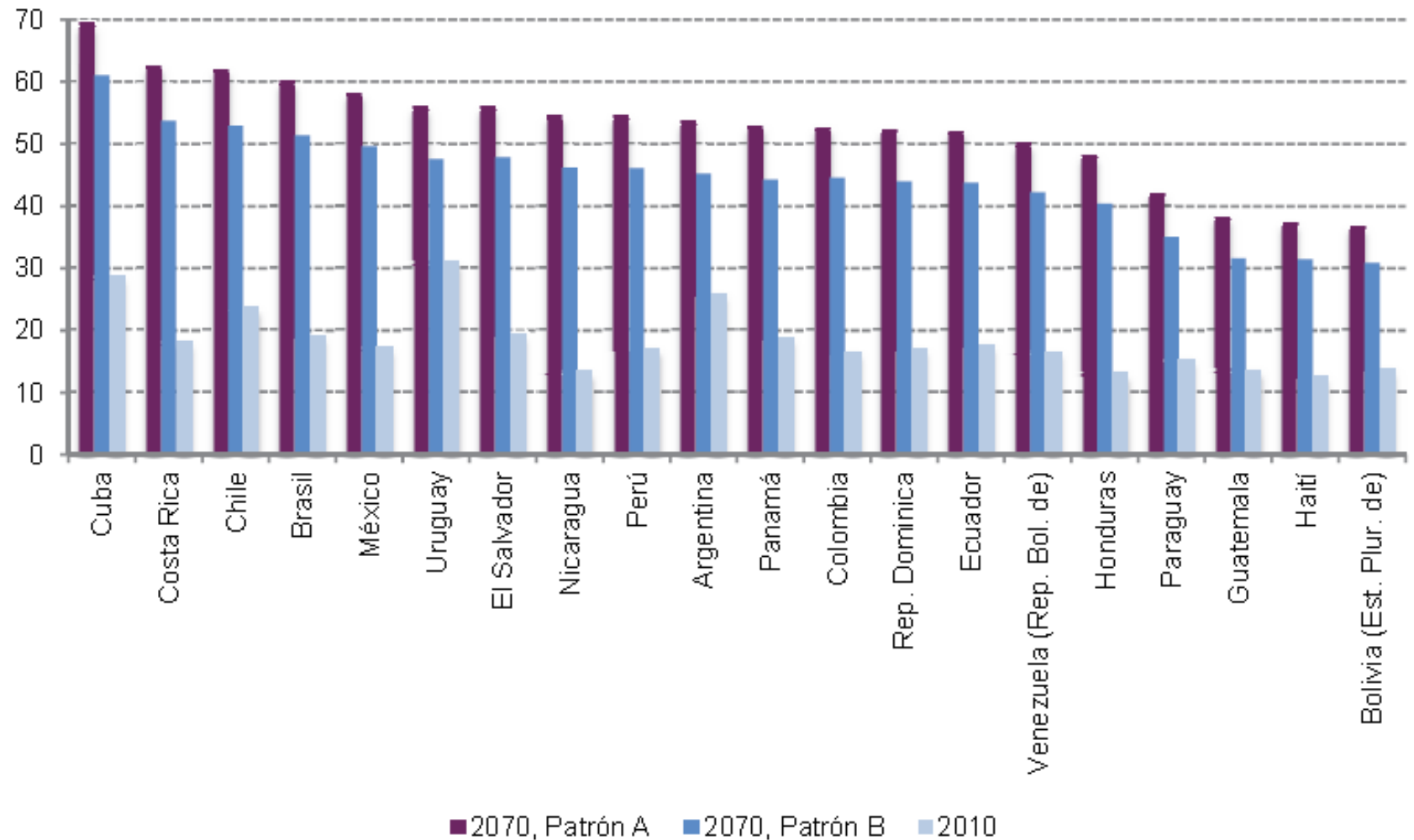
# The need to increase health care expenditures will rise as population ages

- Income levels of the population, demographic and epidemiological changes and technological advance will keep a permanent pressure on the budgets
- Latin America may grow old before it grows rich
- The demographic change alone represents an annual increase of 2-3% of health care budgets.
- In the last decade health care expenditures increased from 6 to 8% of GDP and public health expenditures rose from 2.9 to 4.2%

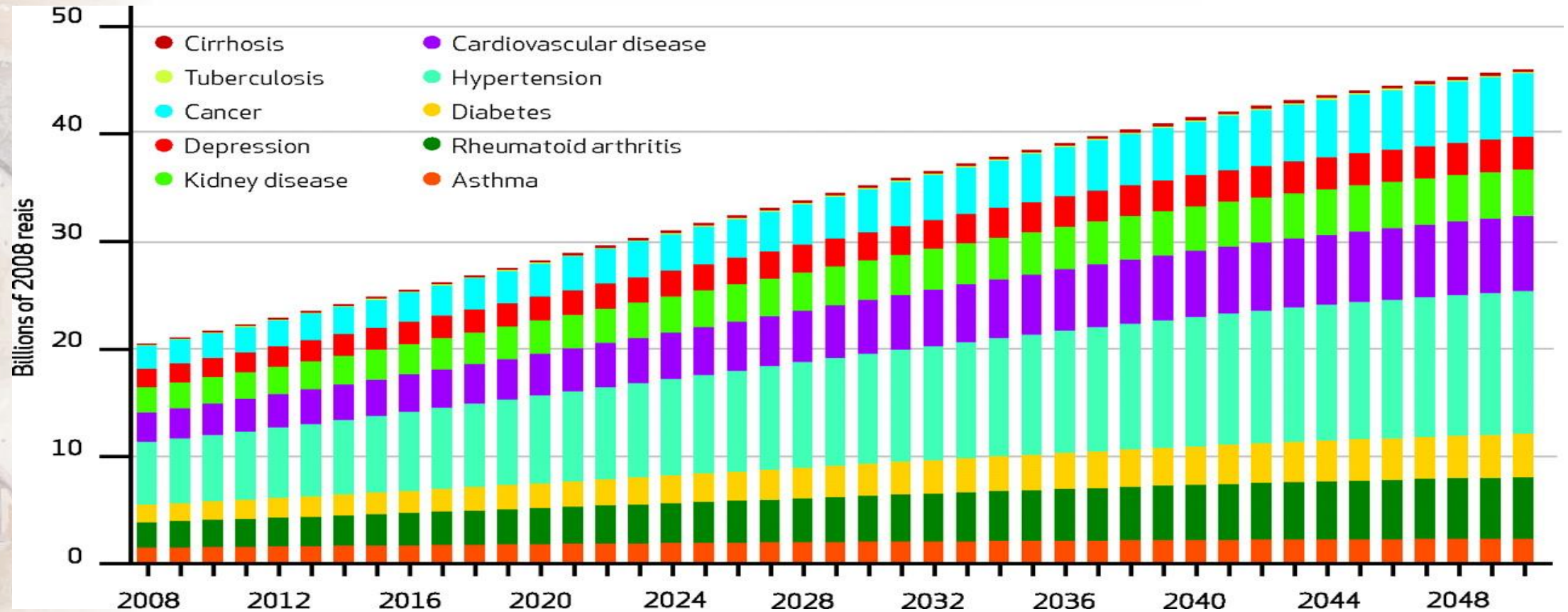
# Latin America, proportion of health expenditures allocated to older people. 2010 and 2070

**Patron A:** Alemania, Austria, Eslovenia, España, los Estados Unidos, Francia, el Japón, la República de Corea y Suecia.

**Patron B:** Brasil, Chile, China, Colombia, Costa Rica, Filipinas, India, Indonesia, Jamaica, México, Perú, Tailandia y el Uruguay.



# Health Spending Projections By Chronic Condition In Brazil, 2008–50.



Amanda Glassman et al. Health Aff 2010;29:2142-2148

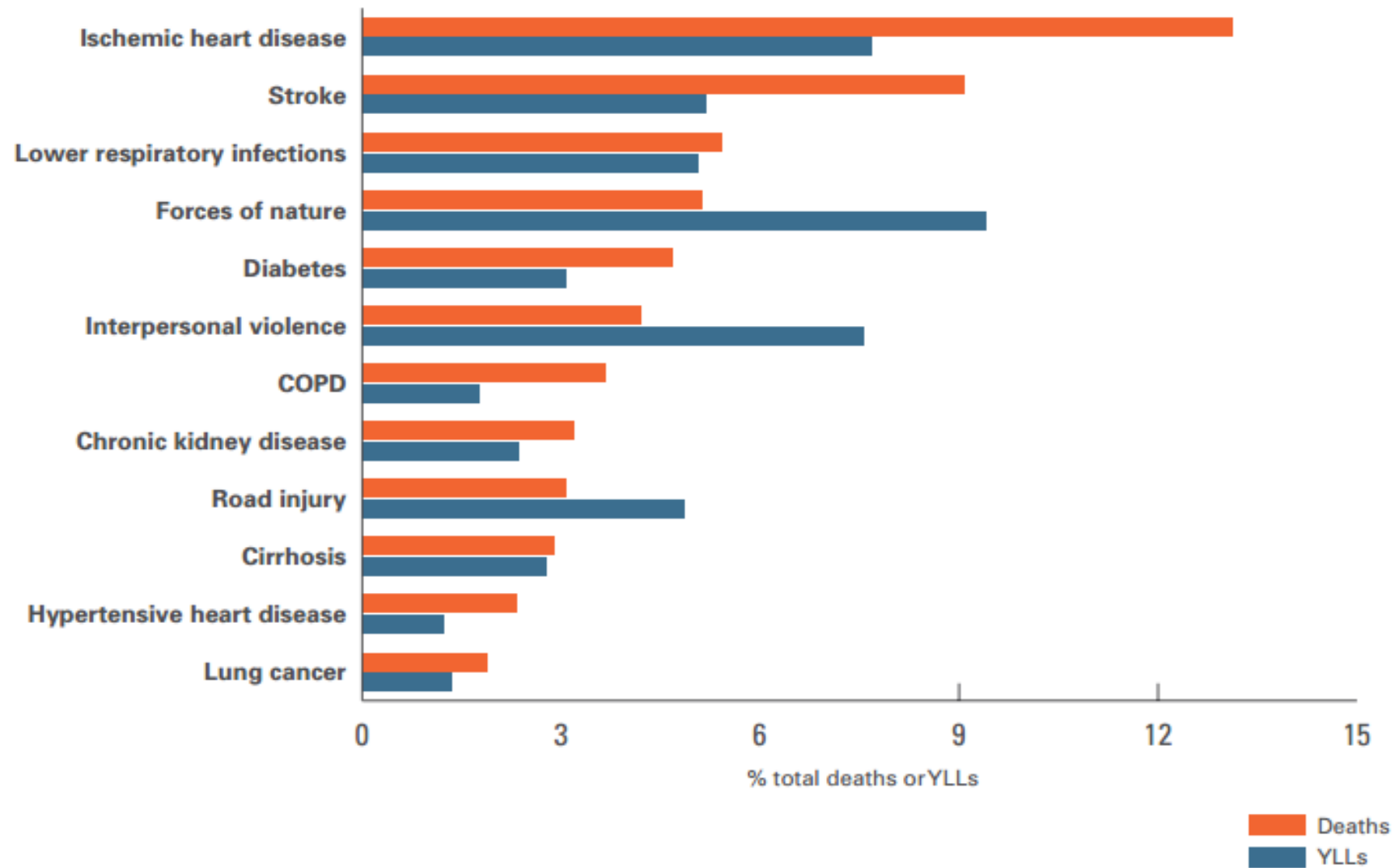
HealthAffairs



# People are living longer, but they are not necessarily healthier

- 23% of the overall global burden of death and illness is in people aged over 60.
- The burden is attributable to long-term illnesses
- Cancer, chronic respiratory diseases, heart disease, musculoskeletal diseases (such as arthritis and osteoporosis), and mental and neurological disorders.

## Leading causes of death and premature death in Latin America and Caribbean, 2010



Institute for Health Metrics and Evaluation, Human Development Network, The World Bank. The Global Burden of Disease: Generating Evidence, Guiding Policy – Latin America and Caribbean Regional Edition. Seattle, WA: IHME, 2013.




## IADB Health division focus on several aspects of health systems, finance and delivery of services at regional, national and local levels

- Latin American and Caribbean countries are experiencing a rapid epidemiological transition.
- Chronic diseases such as diabetes, cancer and cardiovascular problems are on the rise,
- Communicable diseases, maternal and infant mortality, and malnutrition remain an issue.
- The poorest and the youngest are increasingly exposed to chronic disease risk factors such as alcohol and tobacco use and overweight.
- This process of coexistence and change in terms of health problems results in social, economic and fiscal costs for systems.

# What is IDB doing

- Our purpose is to improve population's health with financial protection, equity and financial sustainability.
  - Pregnant women, mothers and children require better nutrition and medical services.
  - Patients with chronic conditions (diabetes, cancer, among others) require cost effective and continuous care.
  - Vulnerable families need to reduce their health care expenses
- We are designing, implementing and evaluating innovative public/private partnerships





The IDB's Division of Social Protection and Health has designed an action plan to support for the countries in the region in the strengthening of their health systems to address current and emerging needs.

## OUR PURPOSE

Improved population health with financial protection, equity and financial sustainability.



### GOAL 1

INDIVIDUALS ARE INFORMED AND SHARE RESPONSIBILITY FOR THEIR HEALTH STATUS.



### GOAL 2

ACCESS TO HIGH QUALITY HEALTH AND NUTRITION SERVICES WHERE CONTINUITY OF CARE IS ACHIEVED.



### GOAL 3

FINANCIAL PROTECTION IS ACHIEVED THROUGH EFFICIENT PUBLIC EXPENDITURES IN HEALTH.



### GOAL 4

EFFECTIVE HEALTH SYSTEM GOVERNANCE AND INTER-SECTORAL COORDINATION.





IADB has a significant presence in the health sector with operations in 21 countries.

- In the poorest regions we still focus on the unfinished health agenda for pregnant women, mothers and children who require better nutrition and medical services.
- BUT, most of our portfolio is now focused on strengthening health promotion and preventive care, screening and continuous cost-effective treatment for chronic conditions (diabetes, hypertension, cancer, among others).



# Improving health management and delivery of services

- In Argentina, Brazil, El Salvador, Nicaragua and Trinidad and Tobago, among others, we are investing in strengthening primary care and the network of services around it for prevention and management of chronic conditions.
- We are promoting payment mechanisms for providers that strengthen screening, prevention and health promotion activities in Argentina, Dominican Republic, Panama, Honduras, and El Salvador.
- We are leading regional initiatives for better use of health technologies.



# Behavioral change is part of the strategies

- We partner with countries to promote better health behaviors and nutrition using cutting edge behavioral change communication strategies.
- In Argentina, text message reminders are being implemented to encourage patients with chronic diseases, especially males, to attend consultations and provide guidance for disease management at home.
- In Mexico through the M-health strategy we will collaborate to promote healthy behavior in population at risk for diabetes, update health providers and educate patients suffering from type-2 diabetes





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GRACIAS POR SU ATENCIÓN

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THANK YOU FOR YOUR ATTENTION