**IAGG’s Written statement to the XTH OEWGA on Long Term Care**

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The human right to Long Term Support and Care (LTSC) did not appear in the non-binding UDHR, or in its following legally binding HR Covenants, the ICCPR and the ICESCR. However, aging is often associated with an increased risk of impairments that can lead to dependence, making the ability to fully participate in society difficult while threatening both autonomy and dignity. Dependency increases vulnerability, thereby increasing the risk of further erosion of human rights. International recognition of the human right to LTSC includes both social and health care supports, is crucial for ensuring the dignity and functional capabilities of older persons while assisting in reducing further deterioration.

There is little reference in the jurisprudential-gerontology literature on LTSC in the context of human rights. Most studies relate to rights in long term care centers or institutions. Moreover, comparing legal rights on an international basis is challenging. To address this challenge, the right to LTSC services has been measured using the International Older Persons Human Rights Index (IIOPHRI) developed by (Spanier & Doron, 2016), focusing on 3 specific legal spheres (Cox and Doron, 2018).

Is there legislative recognition to the rights to LTSC (1) in the community, (2) in institutions and (3) of informal caregivers who provide LTSC?

Responses are operationalized as follows:

0 – No Legislation: No direct and/or indirect legislation/statutes in this field of legal rights in the country (e.g. no legislation at all concerning community-based LTSC);

1. 1 – Right exist with significant or major formal limitation: Some direct and/or indirect reference to the rights in existing legislation, however, it is limited; there are significant exemptions; there are significant legal barriers to fulfillment (e.g. there is legislation but it is conditioned on financial, individual and family based income criteria.
2. 2 - Right Exists with some formal limitation: General and/or specific legislation that covers these legal rights, however, some formal/specific restrictions on these rights exist limiting their scope (e.g. a law provides community-based long term care services, but the scope and choice of services is limited).
3. 3 – Right Fully Exists: Direct and/or specific legislation that fully covers the legal rights (e.g. without a needs-based or family-responsibility conditionality).

Using this scale, LTSC has been compared in a sample of 10 countries representing different geographic, political and social systems. Findings reveal that only Australia, Germany, Japan and Israel, have established accessible comprehensive long term care programs that range from caregiver supports to institutional care. Ireland and Poland offer services including caregiver supports with some restrictions, Chile’s programs focus on the most vulnerable country and only in certain regions. Greece offers caregiver support and services but is unable to meet population needs either in the community or in institutions. Both India and Nigeria rely on family care with minimal formal services and insufficient institutional care.

4, Australia, Germany, Japan and Israel, have established accessible comprehensive long term care programs that range from caregiver supports to institutional care. Ireland and Poland offer services including caregiver supports with some restrictions, Chile’s programs focus on the most vulnerable and are not dispersed throughout the country, Greece offers caregiver support and services but is unable to meet population needs for services either in the community or in institutions. Both India and Nigeria tend to rely on family care with minimal formal services and insufficient institutional care.

Overall, there is an absence of LTSC legislation and there is no common human-rights-based standard of how it should be enacted, e.g. a single comprehensive law or part of a social security scheme. It is not clear if each aspect of LTSC should be a separate right or if the rights should be distributed among home and community services and institutional care. This omission may be partially explained by a tendency to medicalize long term care placing it under the health care system and thus ignoring the many support services that it encompasses.

**Table 1**

**Summary of Long Term Care as Applied to 10 Countries**

Country Family Support Home/Community Services Institutional

Australia 3 3 1

India 2 0 0

Ireland 2 2 2

Chile 2 1 1

Germany 3 3 3

Poland 2 2 2

Japan 3 3 3

Nigeria 0 0 1

Israel 3 3 3

Greece 0 2 1

LTSC is both humane and effective, maximizing the functioning of older people who risk impairments and ensuring their dignity while minimizing the burden on the family, the main care provider. Moreover, as it tends to be long term, focusing on reducing dependency and vulnerability, LTSC should be considered separately from palliative care. In conclusion, IAGG recommends legislation that guarantees the rights of older people to LTSC that supports family, community and institutional care and thus contributes to the sustainable development of society as a whole.