CARE FOR THE ELDERLY: THE CASE OF CUBA

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# National Demographic Context

2. Población de 60 años y más por provincias, según sexo y zonas. Año 2015

<table>
<thead>
<tr>
<th>PROVINCIA/MUNICIPIO</th>
<th>Ambas Zonas</th>
<th>Urbano</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Varones</td>
<td>Hembras</td>
</tr>
<tr>
<td>CUBA</td>
<td>2 176 657</td>
<td>1 021 216</td>
<td>1 155 441</td>
</tr>
</tbody>
</table>

Source: Anuario Demográfico de Cuba, 2015
CUBA POPULATION PYRAMIDS

Source: Encuesta Nacional de Envejecimiento Poblacional Cuba, 2011
Cuba: Trends of Selected Population Groups

Fuente: World Population Prospects 2008, UNPD
Autor: Ramon Martinez, martiner@paho.org PAHO
# International Comparative Context

<table>
<thead>
<tr>
<th>Country or area</th>
<th>Population aged 60 or over (thousands)</th>
<th>Percentage aged 60 or over</th>
<th>Median age (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>2030</td>
<td>2050</td>
</tr>
<tr>
<td>World</td>
<td>900,906</td>
<td>1,402,405</td>
<td>2,091,966</td>
</tr>
<tr>
<td>High-income countries</td>
<td>309,662</td>
<td>408,853</td>
<td>483,125</td>
</tr>
<tr>
<td>Middle-income countries</td>
<td>557,662</td>
<td>938,759</td>
<td>1,493,047</td>
</tr>
<tr>
<td>Upper-middle-income countries</td>
<td>320,158</td>
<td>544,856</td>
<td>800,567</td>
</tr>
<tr>
<td>Lower-middle-income countries</td>
<td>237,504</td>
<td>393,903</td>
<td>692,480</td>
</tr>
<tr>
<td>Low-income countries</td>
<td>331,161</td>
<td>54,040</td>
<td>114,777</td>
</tr>
<tr>
<td>Cuba</td>
<td>2,215</td>
<td>3,552</td>
<td>4,106</td>
</tr>
</tbody>
</table>

Potential support ratio (persons aged 20-64 years per person aged 65 years or over), by region, 2015, 2030 and 2050

NATIONAL ECONOMIC CONTEXT

Embargo and limitations on access to foreign exchange and foreign resources

Low efficiency in the use of factors of production.

Deceleration of growth

Sustainability of measures aimed at the care of the elderly, including the performance of the relevant institutions
HEALTH CARE

PRIORITIZED PROGRAMS IN HEALTH SYSTEM

- Mother-Child
- Communicable Diseases
- Elderly people
- Multiple Conditions
- Integral Care of Emergencies
# Main Causes of Death in People 65 Years and Older, 2014-2015

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rate 2014</th>
<th>Rate 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enfermedades del corazón</td>
<td>1327.4</td>
<td>1305.7</td>
</tr>
<tr>
<td>Tumores malignos</td>
<td>1108.8</td>
<td>1078.3</td>
</tr>
<tr>
<td>Enfermedades cerebrovasculares</td>
<td>535.1</td>
<td>514.0</td>
</tr>
<tr>
<td>Influenza y neumonia</td>
<td>360.0</td>
<td>412.4</td>
</tr>
<tr>
<td>Accidentes</td>
<td>258.1</td>
<td>252.3</td>
</tr>
</tbody>
</table>

Source: Anuario Estadístico de Salud de Cuba, 2016
PERCENT OF 60 AND OLDER POPULATION BY SEX AND AGE GROUPS REPORTING CHRONIC DISEASES

<table>
<thead>
<tr>
<th>EDAD</th>
<th>Mujeres</th>
<th>Hombres</th>
<th>Ambos sexos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>88,4</td>
<td>75,2</td>
<td>82,2</td>
</tr>
<tr>
<td>60 a 74</td>
<td>86,7</td>
<td>71,7</td>
<td>79,4</td>
</tr>
<tr>
<td>75 y +</td>
<td>92,2</td>
<td>84,4</td>
<td>88,7</td>
</tr>
</tbody>
</table>

Source: Encuesta Nacional de Envejecimiento Poblacional Cuba, 2011
SOME INDICATORS

The infant mortality rate remains below $5 \times 1000$ live births in the last five years, in 2016 it was $4.2 \times 1000$ live births.

At the end of 2013, life expectancy at birth was 77.9 years and by the end of 2016 the population over 60 years of age reached 19.8%.
• Political Declaration and the Madrid International Plan of Action on Aging, 2002.

• Regional instruments:
  • Regional Implementation Strategy for Latin America and the Caribbean of the Madrid International Plan of Action on Aging, 2003
  • Declaration of Brasilia, 2007
  • Plan of Action of the Pan American Health Organization on the health of the elderly, including active and healthy aging, 2009
  • Declaration of Commitment of Port of Spain, 2009
  • San José Charter on the Rights of the Elderly in Latin America and the Caribbean, 2012
  • Havana Manifesto for the Right of Elderly, 2017
GOVERNMENT POLICY

• There is a policy aimed at improving the quality of life and care of the elderly people.

• This policy is evaluated four times by year by the high spheres of the Cuban State.
• Periodic health examination (annual)
• Geriatric Hospital Services
• Grandparents Circles
• Formal and informal caregivers
• Day care centers
• Nursing homes
• Training for health workers
• Attention to the disability (National Council of Attention to the people with disability)
• Rehabilitation
• Others
HEALTH CARE
### IMPACT ON GDP 2013 BY PEOPLE WHO HAVE HAD TO STOP WORKING FOR CARING FOR DEPENDENT OLDER ADULTS

<table>
<thead>
<tr>
<th></th>
<th>Older adults with ADL limitations</th>
<th>Caregivers of elderly dependents</th>
<th>GDP not created</th>
<th>GDP not created/GDP 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For 1000 persons</td>
<td>For 1000 persons</td>
<td>Billions of pesos</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>1st Variant: 1, 2 or more limitations for ADL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 and older</td>
<td>207,5</td>
<td>191.2</td>
<td>2998,7</td>
<td>3.9</td>
</tr>
<tr>
<td>75 and older</td>
<td>146,0</td>
<td>134,5</td>
<td>2110,1</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>2nd Variant: Limitation to eat</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 and older</td>
<td>93,5</td>
<td>86,1</td>
<td>1351,0</td>
<td>1.8</td>
</tr>
<tr>
<td>75 and older</td>
<td>76,1</td>
<td>70,1</td>
<td>1099,4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**Source:** Hernández A, Castiñeiras R, Menéndez J, Revista Cuba, investigación económica; año 22, número 2, julio - diciembre 2016
ASPECTS TO CONSIDER IN A LTC SYSTEM IN CUBA

I - Financing
II- Service offer
III- Preparation of human resources
IV- Quality assessment
I- FINANCING

Budget Taxes

State Sector

Other taxes

Family self-financing

Non-State sector

State subsidy of persons

LTC
II- WHO OFFERS THE SERVICES?

Nuevo escenario
III- HUMAN RESOURCES TRAINING

ARE WE READY?

• The availability of trained workforce is essential.

• Currently the Human Resources (professional and non-professional) that provide the LTC are not sufficiently prepared. The country is currently training them.
IV- QUALITY ASSESSMENT

- Certification
- Accreditation
- Quality assessment
- Performance Incentives
COORDINATION OF LTC
WE NEED TO IMPROVE

• Palliative care
• Domestic support
• Support in administrative tasks…

The quality of life of dependent elderly people is equivalent to the quality of care
Thanks very much