Age and Ageing 2022; **51:** 1–4
https://doi.org/10.1093/ageing/afac016

COMMENTARY

Age and Ageing journal 50th anniversary commentary series

Healthcare for older people in lower and middle income countries

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Abstract

Two-thirds of the world's population aged 60 years and over will reside in lower and middle income countries (LMIC) by 2050. Many LMICs are experiencing rapid population ageing at a faster rate than in Western Europe and North America, but may not have the resources to respond to the World Health Organization's call to action. As population ageing is a global issue, effective and sustainable global solutions are much needed. Proposed strategies include stemming the outflow of trained healthcare workers to high-income nations where migrants from LMICs often contribute to the work force caring for older people. Public education, preventive measures and innovative approaches to training are additional proposed solutions. Higher income countries have a responsibility to contribute towards the development of healthcare services for older people in LMICs.

Keywords: Older people, lower and middle income countries, healthcare systems, geriatric medicine

Key Points

- Two-thirds of the population aged 60 years and over will live in lower and middle income countries (LMICs) by 2050.
- Prevention and timely interventions for older persons are even more important in LMICs.
- Services for older people in LMICs have an opportunity to reset at the end of the pandemic.
- Many healthcare workers caring for older adults in high-income countries are migrants from LMICs.

As we move into the third decade of the 21st century, we must ask the question, 'why are we still writing about healthcare for older people in lower and middle income countries?'. Population ageing started occurring last century and was first conceived as a necessary evil with industrialisation and increasing wealth [1]. By the end of the 20th century, it was apparent that population ageing has become very much a global issue [2]. In fact, the United Nation estimates that two-thirds of the world's population aged 60 years and over will live in lower and middle income countries by 2050 [3].

Population ageing arguably started with the industrial revolution in the United Kingdom, which enjoyed what can now only be considered as a steady pace of population ageing, occurring over all of 100 years, though it would seem to the British at the time, that it was an unprecedented phenomenon that led to endless winter bed crises, greatly challenging the social support and pensions systems [4]. A similar trend in population ageing was also observed in Western European and North America nations [5]. The economic boom within East Asian nations at the second half of the 20th century saw accelerated population ageing, and Japan, Taiwan, South Korean and Singapore now saw their population age within a mere 20 to 30 years [6]. All these countries, however, had one thing in common, they all 'grew rich' before they 'grew old'.

Lower and middle income countries, in contrast, are likely to grow old before ever or never becoming rich. Despite already having more older citizens than high-income nations,

these countries are only now witnessing population ageing with many expected to outpace the East Asian nations at the rate of population ageing. With population ageing currently strongly associated with increased health and social care burden, what are these countries with underdeveloped health and social care systems going to do to address the relentless increase in demands for health and social care? It is a common concern in lower and middle income nations that healthcare systems are often not only held back by resource limitations but also cultural practices and political situations [7]. Therefore, it is a well-founded concern that unless urgent action is taken, population ageing and its associated health and social care demands may further impoverish many lower and middle income countries.

The World Health Organisation has issued repeated calls to action, demanding that the governments of lower and middle income countries take immediate steps to address population ageing by changing their policies as well as health and social care systems [8]. However, how many governments within these countries have truly heeded or had the ability and resources to respond to such calls? Is it realistic to expect individual governments of lower and middle income nations to address issues with healthcare for an ageing population in their own countries? Surely, global population ageing is a global issue. Can they really do it on their own, or does everyone need to work together to ensure that the world is safe?

The COVID-19 pandemic has seriously exposed weaknesses in many political and healthcare systems, but unlike wealthy nations who could purchase several times more vaccines than their populations needed in the race to be the first to recover economically [9], lower and middle income countries are likely to witness serious setbacks to any developments in their healthcare systems that they have worked hard to build for the last few decades. Older persons living in these lower and middle income countries are likely to be the ones who suffer most. The sad truth is that healthcare systems in lower and middle income countries have remained in or have only started to evolve out of public health centric systems that are focussed on the control of infectious diseases [10]. Many have only just started developing systems to address non-communicable diseases that have increased greatly in prevalence in middle income countries in the last few decades. The burden of cardiovascular disease, diabetes and metabolic disorders within middle income countries has now vastly outstripped developed nations [11, 12]. Therefore, although the initial responses of lower and middle income countries to the pandemic had been apparently swift [13], leading to some embarrassment to high-income nations which were at various stages of dismantling their public health systems [14], this may have occurred at the expense of healthcare system modifications to address population ageing.

Is the outlook now poor for healthcare for older persons in these countries in the aftermath of the pandemic? Now is not the time to dwell over past problems. Instead, it is most definitely the right time to embrace the most over used phrase this pandemic, 'in every challenge lives a great opportunity'. For lower and middle income nations which have been struggling with cultural prejudice and lack of political will, it is an opportunity for a reset. Older persons bore the brunt of the COVID-19 pandemic in these countries like no others, and this served to raise the awareness of the value of older people within society [15]. The misplaced cultural belief that the care for older adults is the responsibility of their adult children commonly held by societies in many lower and middle income countries, had long been used for political mileage as well as a convenient excuse for neglecting health and social care reforms towards addressing the needs of older people. Now is the time to change mindsets which held lower and middle income countries back and to inject the understanding that investment in healthcare for older people is the key to prosperity [16].

It's time to redress the balance. Geriatric medicine remains non-existent or in its infancy in nearly all lower and middle income nations. Their healthcare professionals' struggle to obtain specialty training is linked to the constant outflow of trained health workers to high-income countries where all but a tiny number of geriatricians work [17, 18, 19]. Needless to say many of the healthcare workers caring for older persons in high-income countries are immigrants from lower to middle income countries. International medical graduates make up 51.2% of physicians in geriatric medicine compared with 24.7% in all subspecialties in the US [20]. The first step, perhaps, is to stem the outflow of healthcare workers and next to draw those trained in the care of older adults back to their home countries. It is not just about moral compasses, but also about incentives and opportunities [21]. International laws need to protect lower and middle income countries against the continuous looting by more powerful countries, which sadly has only taken on more sophisticated forms since the days of the slave traders [22]. To address the healthcare of older people globally, higher income nations need to first re-examine their own non-sustainable healthcare models which they are merely plugging by exploiting their poorer neighbours [23]. Lower and middle income nations also need to learn not to copy bad examples.

Starting with a clean slate, and learning from the mistakes of those who have taken 100 years to age, we need to think frugal innovations for healthcare of older persons – global solutions for a global problem [24]. Population ageing is a problem of lower and middle income countries. Older persons in higher income countries are just more visible as those living in lower and middle income countries are hidden away under a shroud of invisibility, often denied even basic healthcare due to lack of accessibility as well as personal and societal health beliefs [25]. As a result they grow old faster and live longer with ill-health and disability despite shorter life expectancies [26]. Such systems are crying out for public awareness that old age is not synonymous with cognitive, physical and functional decline. Many lower and middle income countries do have pre-existing public health and maternal and child health systems that can be

rebadged to provide health promotion and disease prevention for their older population [27]. Education to remove disabling cultures which dictates that older persons should be waited on, for instance, and to encourage healthy dietary habits, cognitively stimulating activities and physical activity are perhaps important first steps [28]. Although national immunisation programmes now exist in most countries, these remain limited to childhood. Such programmes should be extended to older people, which may actually yield greater returns on investments [29].

Healthcare for older persons everywhere emphasises on prevention and early detection, maintaining independence, rational use of resources, respect for autonomy and acceptance of death as a natural process. Such principles are even more important for resource-limited settings, where systems can ill afford to miss opportunities for early effective treatment only to haemorrhage resources into treating the eventual, inevitable severe illness for which success is far from guaranteed. There is no replacement for training of healthcare workers to recognise and halt the downward spiral of deterioration in older adults [30]. However, training requires trainers who have had training themselves to deliver culturally appropriate information that can be effectively implemented in the settings that embrace new ideas and value teamwork [31]. Presently, training for healthcare workers in lower and middle income countries often requires government-funded fellowships in high-income countries, who then return to their home countries bursting with ideas, only to be frustrated with lack of resources and local applicability. The individuals may then be compelled to migrate back to a higher income nation enticed by greater job satisfaction and financial remuneration. Cross pollination through exchange programmes and sharing of ideas in commonly funded platforms are perhaps better ways. It is also possible for healthcare workers in higher income countries to contribute towards undergraduate and postgraduate training of healthcare workers through virtual platforms [32]and to increase training opportunities for healthcare workers in lower and middle income countries.

Although it is undeniable that much needs to be done before the healthcare systems of lower and middle income countries are capable of addressing the complexity of multiple chronic illnesses that are commonly assigned to older adults, starting somewhere is naturally better than not starting. Ask not, 'will they ever get there', but, 'how do WE get there'.

Declaration of Conflicts of Interest: None.

Declaration of Sources of Funding: Ministry of Higher Education, Malaysia Long-Term Research Grant Scheme (LRGS/1/2019/UM/01).

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Received 4 November 2021; editorial decision 6 December 2021