
Resolution

CD61.R8

POLICY ON LONG-TERM CARE

The 61st Directing Council,

Having reviewed the *Policy on Long-term Care* (Document CD61/8);

Considering that addressing needs in long-term care (LTC) presents challenges for economies and for health and social protection systems in the Region of the Americas, given current and future demographic and epidemiological trends;

Noting that in order to achieve universal access to health and universal health coverage, comprehensive, continuous, person-centered, and integrated LTC capacity is required to address needs, increase healthy life expectancy, improve equity, and reduce catastrophic expenditures for individuals, families, and systems;

Recognizing that the formal provision of LTC in the Region is currently insufficient, with strong reliance on the unpaid care provided by family members, especially women, and that future demand for LTC will increase significantly and rapidly, with an expected increase in levels of care dependency;

Recognizing the urgent need to advance the development of intersectoral LTC capacity and strengthen the capacity of ministries of health to optimize functional ability and prevent functional loss, integrating action across health and social care sectors to address the needs of both care recipients and caregivers;

Noting the need to improve data collection and information systems that can detect and monitor needs and prioritize actions effectively, particularly for populations in conditions of vulnerability;

Considering the need to invest in formal LTC provision and the cost of inaction in terms of health outcomes, healthy life expectancy, impact on caregivers, and increased risk of household catastrophic expenditure,

Resolves:

1. To approve the *Policy on Long-term Care* (Document CD61/8).

2. To urge all Member States, considering their national contexts, needs, vulnerabilities, and priorities, to:
 - a) develop, implement, and monitor intersectoral policies that prioritize, create, and expand LTC capacity in line with current and projected population health needs, and formalize the provision of this type of care within health and social care sectors to increase access to LTC, especially for people in conditions of vulnerability;
 - b) strengthen governance and stewardship capacities across all relevant sectors to meet LTC needs, with effective participation of ministries of health in the planning, regulation, intersectoral coordination, and provision of LTC;
 - c) strengthen the organization and delivery of culturally appropriate, person-centered, and integrated LTC, responding to the different needs of care-dependent individuals and their caregivers and prioritizing the delivery of community and home-based LTC, based on the primary health care strategy;
 - d) strengthen workforce capacity for LTC and the formalization and organization of health and social care collaborative teams, and increase training and support for unpaid caregivers who are integral to the delivery of LTC;
 - e) increase and optimize sustainable LTC financing across all sectors as a strategic investment in health, equity, and financial and social protection of the population;
 - f) increase data collection and research on LTC and include more LTC-relevant information in national monitoring systems.
3. To request the Director to:
 - a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the policy and the achievement of its objectives;
 - b) support the strengthening of interagency coordination and collaboration mechanisms to achieve synergies and efficiency in technical cooperation, including within the United Nations system, the inter-American system, and other stakeholders working in LTC;
 - c) support the development of national intersectoral policies, regulatory frameworks, and national capacities that will increase access to LTC in the Region;
 - d) report periodically to the Governing Bodies of Pan American Health Organization on the progress made and challenges faced in the implementation of the policy through a midterm review in 2029 and a final report in 2035.

(Sixth meeting, 2 October 2024)
