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EDITORIAL

Long-term care for older adults: a crucial challenge for achieving quality intersectoral coordination in public health

Cuidados de largo plazo para personas mayores: reto imprescindible hacia una coordinación intersectorial en salud pública de calidad

José F. Parodi[1,a]

[1] Universidad de San Martín de Porres, Lima, Perú.
[a] MD, Geriatric Medicine Specialist.

The number of citizens requiring and entitled to quality long-term care is rising at an unprecedented pace

According to the Instituto Nacional de Estadística e Informática (INEI, by its Spanish acronym) [(1)], Peru is undergoing accelerated population aging, with a marked increase in adults aged 60 and over, who now represent more than 14% of the country's population, a proportion that will continue to grow in the coming decades.

The population aged 60 and over is heterogeneous, and not all require long-term care (LTC). Older adults who do need LTC are those who, due to age-related physical or cognitive decline, chronic diseases, or disability, experience substantial and permanent loss of functional capacity, requiring continuous assistance or specialized supervision to perform basic activities of daily living over a prolonged or permanent period [(2)]. This group includes older adults living at home as well as those residing in specialized facilities.

In Latin America and the Caribbean, 14.4% of people aged 65 or older already experience care dependency—about 8 million individuals— and this number is expected to triple over the next 30 years [(2,3)]. This scenario highlights the urgent need to develop LTC systems in Peru and the region that ensure dignified, specialized, and accessible care, reduce the burden on families (especially women), and prevent crises within public health systems. Without comprehensive policies backed by dedicated funding, the growing demand for care will deepen social and economic inequalities. An immediate state response is imperative, with a rights-based, gender-sensitive, and financially sustainable approach [(3)].

Challenges and benefits of developing long-term care for individuals, families, services, and society

LTC represents a strategic public investment with broad multisectoral benefits: it protects the rights of older adults, strengthens the economy, and promotes gender equity. In Peru, where 85% of all care is provided by families, mainly women, through out-of-pocket spending, LTC stands out as an urgent solution [(4,5)]. A study in Lima showed that caring for a person with dementia costs 2.5 times the minimum wage, underscoring the unsustainability of the current model [(6)].

One of the main obstacles to implementing a national LTC policy is financing. However, evidence shows that developing LTC systems generates fourfold benefits: 1) health care savings—an 11% reduction in hospital costs by avoiding inappropriate use of acute services; 2) human capital liberation – the value of informal care represents 0.07% of the GDP; 3) economic revitalization – adults aged 60+ will account for 30% of all

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Correspondence:
José Parodi
jparodig@usmp.pe

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consumption by 2030; and 4) gender justice – 76% of caregivers are women with restricted employment opportunities [3].

LTC is not an expense but a development lever: money invested is returned in the form of social well-being, productivity, and reduced inequalities. Governments at all levels must take the lead before the care crisis escalates into a national emergency, designing sustainable financing mechanisms that combine public resources, social contributions, and public–private partnerships.

The situation of long-term care systems in Peru and the region

LTC services in Peru and across the region show serious shortcomings in quality and coverage. An analysis of 26 countries indicates that both institutional and home-based services have low quality standards, a situation exacerbated by limited information on care outcomes [7]. Although all countries reported some actions to improve LTC, none have implemented a comprehensive LTC system, as highlighted by a regional report on the challenges of healthy aging in the Andean region [8]. The absence of integrated LTC systems reflects a broader lack of robust mechanisms to measure and supervise existing services, compounded by the critical challenge of insufficient financing. The combination of these barriers results in fragmented care that fails to respond adequately to the growing needs of dependent older adults.

Purpose and requirements for developing and sustaining high-quality long-term care for older adults

The fundamental purpose of LTC is threefold: 1) to optimize functional capacity and compensate for the loss of autonomy; 2) to ensure person-centered care aligned with individual values and preferences; and 3) to provide integrated, comprehensive, and continuous services with community participation [5]. Achieving this requires addressing four strategic elements: 1) defining beneficiaries, prioritizing those with functional or cognitive dependency; 2) establishing a service package, including health care, palliative care, and social support; 3) ensuring sustainable financing, through mixed public–private mechanisms and social protection; and 4) guaranteeing quality, with standards, caregiver training, and monitoring systems.

A cross-cutting component is building a specialized workforce and supporting family caregivers, integrating LTC into universal health coverage strategies. Only then will it be possible to offer dignified, effective, and sustainable care to the increasing number of older adults who require it [9].

The contribution of scientific research and information systems to the effective implementation of long-term care systems

Scientific research and integrated information systems are essential pillars for designing effective LTC systems, enabling us to "do what we know works, rather than what we believe works." In countries such as Peru, however, evidence should not be limited to reproducing foreign models; it must incorporate community knowledge from rural, Andean, and Amazonian regions, where ancestral practices such as *ayni* (a traditional Andean form of mutual aid based on reciprocity), traditional medicine, and collective support networks, can contribute to developing interventions that are effective, sustainable, and culturally relevant.

Evidence shows that combining these forms of knowledge with evidence-based interventions improves treatment adherence, reduces caregiver burden, and strengthens implementation of programs [10,11]. Therefore, LTC systems must be built upon rigorous data, but also on local wisdom, ensuring solutions that are not only effective but also rooted in community identity. The true innovation that determines "using a solution already available" may well emerge from this dialogue between science and tradition itself.

Any improvement in comprehensive care for older adults will, in turn, benefit care strategies across other stages of life.

BIBLIOGRAPHIC REFERENCES

1. Instituto Nacional de Estadística e Informática. Situación de la Población Adulta Mayor. Trimestre: abril-mayo-junio 2024 [Internet]. Lima: INS; 2024 [cited 2025 May 26]; (September 3, 2024). Available from: https://cdn.www.gob.pe/uploads/document/file/7011277/6040000-situacion-de-la-poblacion-adulta-mayor-abril-mayo-junio-2024.pdf?v=1727530601
2. Villalobos Dintrans P, Mathur M, González-Bautista E, Browne J, Hommes C, Vega E. Implementing long-term care systems in the Americas: a regional strategy. Rev Panam Salud Publica [Internet]. 2021 [cited 2025 May 26];45:e86. https://doi.org/10.26633/RPSP.2021.86
3. Aranco N, Bosch M, Stampini M, Azuara Herrera O, Goyeneche L, Ibarrarán P, et al. Envejecer en América Latina y el Caribe: protección social y calidad de vida de las personas mayores. Banco Interamericano de Desarrollo [Internet]. 2022 [cited 2025 May 26]. https://doi.org/10.18235/0004287
4. Pan American Health Organization, World Health Organization. *Global Report on Ageism* [Internet]. Washington, D.C.: WHO/

PAHO; 2021 [cited 2025 May 26]. Available from: https://www.who.int/es/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combatting-ageism/global-report-on-ageism

5. World Health Organization. *World Report on Ageing and Health* [Internet]. Geneva: WHO; 2015 [cited 2025 May 26]. Available from: https://www.who.int/es/publications/i/item/9789241565042
6. Custodio N, Lira D, Herrera-Perez E, Prado LN del, Parodi J, Guevara-Silva E, et al. Cost-of-illness study in a retrospective cohort of patients with dementia in Lima, Peru. Dement Neuropsychol. [Internet]. 2015 [cited 2025 May 26];9(1):32-41. https://doi.org/10.1590/S1980-57642015DN91000006
7. Aranco N, Stampini M. *Prevalence of Functional Dependency Among Older Adults in 26 Latin American and Caribbean Countries*. Inter-American Development Bank [Internet]. 2022 [cited 2025 May 26]. Available from: http://dx.doi.org/10.18235/0004250
8. Méndez Sáenz LA, López Flores AJ, Gallegos Cárdenas A, Guzmán Loayza R, Sarmiento L, Camelo M, et al. Las Personas Mayores en la Región Andina: Hacia el logro del Envejecimiento Saludable para la Década 2021-2030 [Internet]. Lima: Organismo Andino de Salud-Convenio Hipólito Unanue; August 2024 [cited 2025 May 26]. Available from: https://orasconhu.org/sites/default/files/file/webfiles/doc/LIBRO%20ENVEJECIMIENTO%20SALUDABLE%20ORASCONHU_3.pdf
9. Alfaro-Peral Y, Alonso-Padrones V, Alquezar-Muniesa R, Cabrera-Nocito V, Cortés Ruiz M, Cuerdo-Mir M, et al. Libro Blanco de la Silver Economy en España 2024. Madrid: Alternativa Press; 2024.
10. Hita SR. Salud, globalización e interculturalidad: una mirada antropológica a la situación de los pueblos indígenas de Sudamérica. Cien Saude Colet. [Internet]. 2014 [cited 2025 May 26];19(10):4061-9. https://doi.org/10.1590/1413-812320141910.09372014
11. Fencl JL, Matthews C. Translating evidence into practice: How advanced practice RNs can guide nurses in challenging established practice to arrive at best practice. AORN J. [Internet]. 2017 [cited 2025 May 26];106(5):378–92. https://doi.org/10.1016/j.aorn.2017.09.002

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