

PANORAMA COLOMBIA

Demand for Support Services for Functional Dependence

Process of Demographic Aging

Colombia is currently in an advanced stage of the demographic transition, characterized by rapid decreases in fertility rates and significant increases in life expectancy. Total fertility rates have gone from seven children per women in the sixties to two children per women in 2015, while life expectancy at birth has increased from 50.7 years in 1950 to 78.2 years in 2016.

As a result of these trends, the relative share of the elderly (aged 60 and over) as part of the total population has been growing. Data shows that while in 1950 the bulk of the population was younger than 15 years old (42.7%) and only 5.3% was older than 60 years, in 2015 the younger group dropped to represent one fourth (24.3%) of the total population, while the

elderly group doubled in size, accounting for 10.8% of the total population. [United Nations](#)' projections show that this aging trend is expected to continue in the next decades, and by 2050, the elderly will represent 27.5% of the total population, while those younger than 15 years old will account for 15.7%. These numbers point to the process of an aging Colombian population, which is expected to continue in the coming decades.

Dependency

The changes in the age profile of the population lead to an increase in the demand of long-term care and support services. With aging, individuals' physical and mental health start to deteriorate, and people lose the



ability to perform certain basic daily activities, thus rendering them functionally dependent on the help of others.

Results from the Survey on Health, Well-Being, and Aging in Colombia ([SABE 2015](#)), show that 40.7% of people aged 60 and over have difficulties to perform at least one activity of daily living. These difficulties are higher for instrumental activities (IADL) (35.7%) than for basic daily life activities (ADL) (21.2%). Moreover, the percentage of persons with dependence increases with age: the proportion of older people with difficulties in at least one activity of daily living jumps from 26.7% for those aged 60-69, to 81.1% among those that are 80 or older. On the other hand, dependency prevalence is higher among women than men for all age groups, with more pronounced differences in basic activities than in instrumental activities (Table 1).

Table 1. Presence of Difficulties by Age and Sex Among Persons Over 60 Years of Age (percent), 2015

Age	ADL			IADL			Total (ADL+IADL)		
	M	W	T	M	W	T	M	W	T
60+	15.8	25.7	21.2	32.7	38.3	35.7	37.0	43.8	40.7
60-69	9.0	14.5	11.9	20.7	22.8	21.8	24.8	28.3	26.7
70-79	18.9	29.5	24.8	39.7	47.0	43.7	45.4	53.6	49.9
80+	42.1	61.9	53.7	74.7	80.5	78.1	77.1	84.0	81.1

M= Men W= Women T= Total

Source: Prepared by the authors based on the SABE Colombia 2015 Survey.

Note: Basic activities of daily living (ADL) include eating, bathing, dressing, self-grooming, urinary continence, fecal continence, using the toilet, moving from a bed to a chair, moving around the house and climbing stairs. Instrumental activities of daily living (IADL) include managing money, doing shopping/groceries, cooking a meal, managing own medication, using public transportation or taxi, and using the telephone. The "Total" column refers to individuals that encounter difficulties in at least one activity, either ADL or IADL. It should be noted that when compared to other countries, SABE Colombia relies on a larger number of activities to assess individuals' level

Epidemiological Profile of the Elderly Population

Like most countries that have undergone the demographic transition, Colombia has also experienced a rapid epidemiological transition. During the sixties, infectious, parasitic, and perinatal diseases were the main causes of death among the population. Starting in the 1980s chronic diseases (for example, malignant neoplasms, heart and cerebrovascular diseases) and external causes (such as homicides and accidents) occupy the first places in the mortality ranking.

Data from 2015 shows that chronic diseases account for 70.1% of the total morbidity and mortality burden in Colombia, while 12.1% is attributable to infectious diseases and 17.8% to external causes. The prevalence of chronic diseases increases steadily with age, reaching 92.0% among those aged 70 and over. According to the [SABE \(2015\)](#) data, among chronic diseases, hypertension presents the highest prevalence rates among the elderly (60.1%), followed by osteoarthritis (26.6%), and diabetes (18.1%). Given that chronic diseases usually have a long and lasting impact and remission is difficult, the probability of functional dependency increases. In fact, among the older population, at least 25% of those that have been diagnosed with some chronic disease also report having some degree of functional dependency.

The Role of the Government in Long-term Care

Despite having specific legislation and public programs focused on the elderly, long-term care programs and policies to address functional dependency are scarce in Colombia. The current laws and regulations for aging are part of a wider set of policies that regulate the provision of care services for this group of the population, but there is a lack of knowledge regarding service coverage and quality, as well as resource management. The few programs that exist adopt a paternalistic view, characterized by the provision of direct and indirect subsidies to the poorest and most vulnerable elderly. The real impact of such programs is weak, given the small amount of the transfers and their limited coverage.



Supply of Long-term Support Services

In Colombia, families (and among families, women) still bear the primary care responsibilities of their elderly members, with little participation from the Government or the community.

Information regarding the actual supply of formal support services for the population with functional dependence and/or disability on a national level is limited. Since 2008, the Ministry of Health and Social Protection (MHSP) has the [duty](#) of creating and maintaining a national record of long-term care providers. However, this record has not been yet created, and hence reliable data on the supply side and the quality of services is scarce. Thus, it is difficult to assess if the current supply is enough to meet the increasing needs of an aging population.

It is worth noting, however, that with the aim of establishing criteria to improve quality and regulate the provision of services, in 2008 the MHSP issued a set of minimum standards and technical requirements that institutions that provide care services for the elderly must meet.

Assessment and Perspectives of Long-term Care Services

The subject of long-term care has only recently arisen in the Colombian public agenda. As a response to the pressures that the increasing demand of long-term care services impose upon families (and particularly upon women), and due to the lack of coordination, and orientation of policies in the area, in 2010, the country began efforts to include [non-remunerated care work in the National Accounts](#).

In addition, the definition of the National Agenda of Long-Term Care Economy and the design and implementation of a National Long-Term Care System (SINACU as per its acronym in Spanish), currently under discussion, have been included in the Government 2014-2018 Development Plan. However, it might be said that so far, the public agenda has focused on the gender inequalities that stem from the

differential participation in unpaid labor activities by men and women, while the issue of caring for people with functional dependency remains unnoticed. This aspect is crucial, given the accelerated pace at which the country is aging.

Going forward, designing and implementing a national long-term care system will require knowledge, not only regarding the potential demand of services but also regarding the current supply of services and their quality. The lack of knowledge in these areas poses important challenges that need attention in order to arrive at a well-designed system of care services in quantity and quality.

Finally, good-quality and timely information regarding the demand and supply of services is also paramount to evaluate the level of coverage of the system, and the level of users' satisfaction, not only among the dependent population, but also among formal and informal caregivers, and to assess both the conditions of the paid care labor market, as well as the magnitude of the burden imposed on informal caregivers.



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