

Long-term Care of older persons in Sri Lanka' in regional expert consultation on Long-term care of older persons.

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Abstract:

This paper attempts to examine the long-term care of older persons in Sri Lanka in the context of changing nature of Sri Lanka's demographics. The study highlighted that the colonial rulers founded modern institutions for long-term care in Sri Lanka: the Leprosy Institution by the Dutch; the Institution for Mental Illness by the British. Sri Lankan cultural norms tend to place the burden of long-term care on the family or village. The government intervention began in 2000 with the establishment of National Council & National Secretariat for Elders. Presently, services for Elders include: Day Centres for Elders; Establishment of Divisional Level Elders Committees; Issue of Intra Ocular Lenses for Elderly Cataract Patients; Registration of Organizations and Individuals, providing services for the Elders; Renovation of Elders Homes; "Wedihiti Awarana Kepakaru" Sponsorship Scheme; Issuing of Elders Identity Cards; Home Care Services for Elders; Maintenance Board for Elders; Commemoration of the International Elders Day and Senior citizen Allowance for Strengthen Elderly. Private sector interventions include several small and large private companies that provide home-based nursing for a fee, a few fee-levying homes for the elderly and disabled and private pensions and insurance schemes. The study claims that there is a necessity to adopt country's health system to suit the changing nature of demography. The study proposes some important policy considerations: Supporting women's decent labour force participation must be a priority in order to improve old-age security; Improve the lives of current as well as future older generations by investing in human capital and supporting savings and income generation of the youth and the elderly; Promote productive ageing in order to ensure that the older persons have adequate financial provision for the later stage of their life; Raise healthy life expectancy by adopting policies related to morbidity compression and close the gap of the sex differential of life expectancy by identifying causes for such difference specific to each culture; Integrate management of primary prevention and primary care for the elderly and Build up support systems for the elderly by investing in community solution.