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Editorial

Youth Migration in Low-income Countries: Who is Going to Provide Care for the Frail Older Adults?

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Human life expectancy has substantially increased in recent years. For the first time in modern history, people are expected to live beyond 70 years even in many low and middle income countries[1]. Population aging has a significant impact for societies globally. Older adults are known to suffer from multiple chronic diseases including dementia, and geriatric syndromes, such as frailty, sarcopenia, or falls, that makes them vulnerable to negative outcomes (e.g., disability or death). While population aging is on rise globally, there are reports of decline in the number of geriatricians[2] and healthcare systems to support the care needs of older population seem to be inadequate.

Data from high-income countries show managing common geriatric conditions such as frailty or dementia require huge resource[3,4], along with skilled healthcare personnel, good provisions of long-term care, and caregiving. While in low-income countries (LICs) with a paucity of formal long-term care services, family caregivers largely provide care to the frail and functionally dependent older family members. It is also noteworthy that these informal caregivers are mostly fulltime caregivers without any form of financial or educational support.

But now, many older adults in LICs are often being left without adequate care and support, as a significant number of young people move away from home seeking better opportunities. Healthcare personnel including skilled doctors and nurses are migrating to high-income countries for improved working conditions, weakening the already fragile healthcare system[5,6]. Every day, thousands of young adults from LICs, such as from the South Asia, a region that houses a very large and growing portion of older adults, migrate to foreign countries for better economic and educational prospects[7]. Many of whom also serve as caregivers for older adults in high-income countries, which is unfair for the left-behind older family members and more importantly an unsustainable solution. Such mass migration of young adults from LICs has a serious impact on the aging population from diminished familial support, social isolation, to mental health issues[8]. In the foreseeable future, healthcare personnel exodus will severely impact the ability of these countries to provide basic healthcare for the overall population and the vulnerable older population will be the most affected.

It is high time that solutions to these challenges was discussed, and necessary measures taken. A comprehensive and multi-faceted approach is necessary to address these challenges. Targeting the root cause by creating opportunities in multiple sectors is the answer to retaining younger people at their homeland. Implementing standardized policies to improve incentives and working conditions for healthcare personnel will encourage them to work in their home country. Investment in long-term care should be prioritized by governments and private sector in LICs.

Governments should work together with the national and international organizations with the know-how for training of workforce or strengthening telemedicine and make preparation to provide basic geriatric health services in primary healthcare. Medical and nursing undergraduate curriculum or any allied healthcare studies should include geriatric medicine training. General healthcare workers in LICs should also be provided with basic geriatric medicine and caregiving knowledge which could be disseminated to general population and informal caregivers.

Preventive approaches are more suitable to reduce the burden of age-related conditions. For instance, the recent Lancet commission on dementia has highlighted several modifiable risk-factors for preventing dementia[9], which can serve as public health targets for reducing the burden of cognitive decline among aging populations. The World Health Organization (WHO) Integrated Care for Older People

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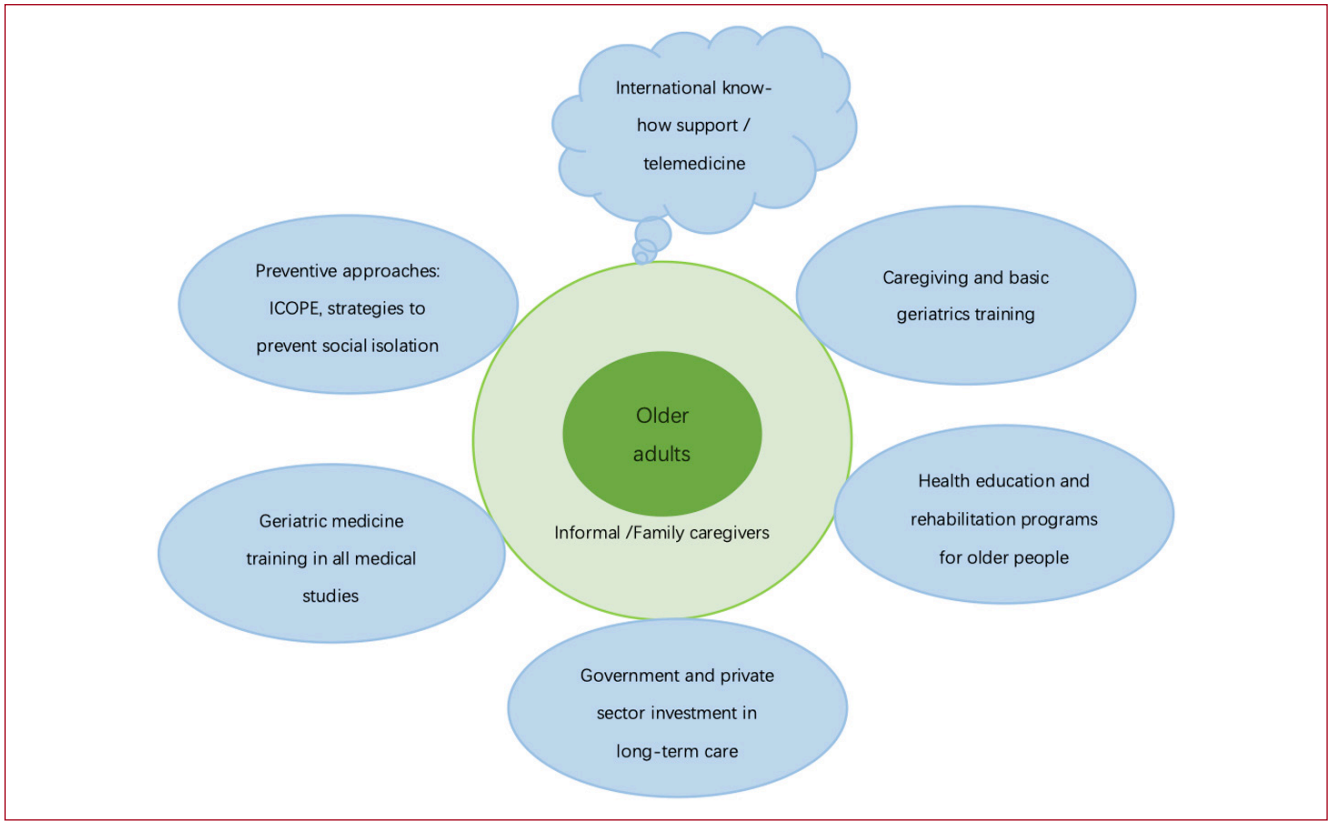

Figure 1. A multi-sector involvement is required to provide adequate healthcare needs for older adults in low-income countries.

(ICOPE)[10] programs emphasize such preventive approaches, by optimizing intrinsic capacity (physical and mental functions). The recent world guidelines for falls prevention and management provides LICs specific recommendations for lowering the risk of falls and preserving independence[11]. LICs should actively initiate such programs to train non-specialized healthcare personnel for monitoring the intrinsic capacity of older individuals and provide community-based geriatric healthcare services[12]. WHO's pre-existing community programs for child (e.g., vaccination) and maternal health could be linked with aging programs (i.e., a life-course approach) making use of the already mobilized resources. Indeed, educating older people themselves on later-life health should be a major agenda for LICs, for e.g., self-identification of cognitive health or physical decline, so that available interventions can be provided.

Community-based support programs to provide assistance and companionship for older people who are at risk of loneliness and depression should also be prioritized. A number of promising examples are being implemented in LICs.[13] Countries should implement rehabilitation programs to restore functional decline in older adults based on the available resources. Universal health coverage should include different forms of long-term care support for older people and their caregivers including providing incentives where possible. A multi-sector collaboration with programs that fit the local setting are needed to support LICs to overcome the healthcare challenges as a result of population aging (Figure 1).

Author contribution

The author was solely responsible for the conception, writing, and preparation of this editorial.

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