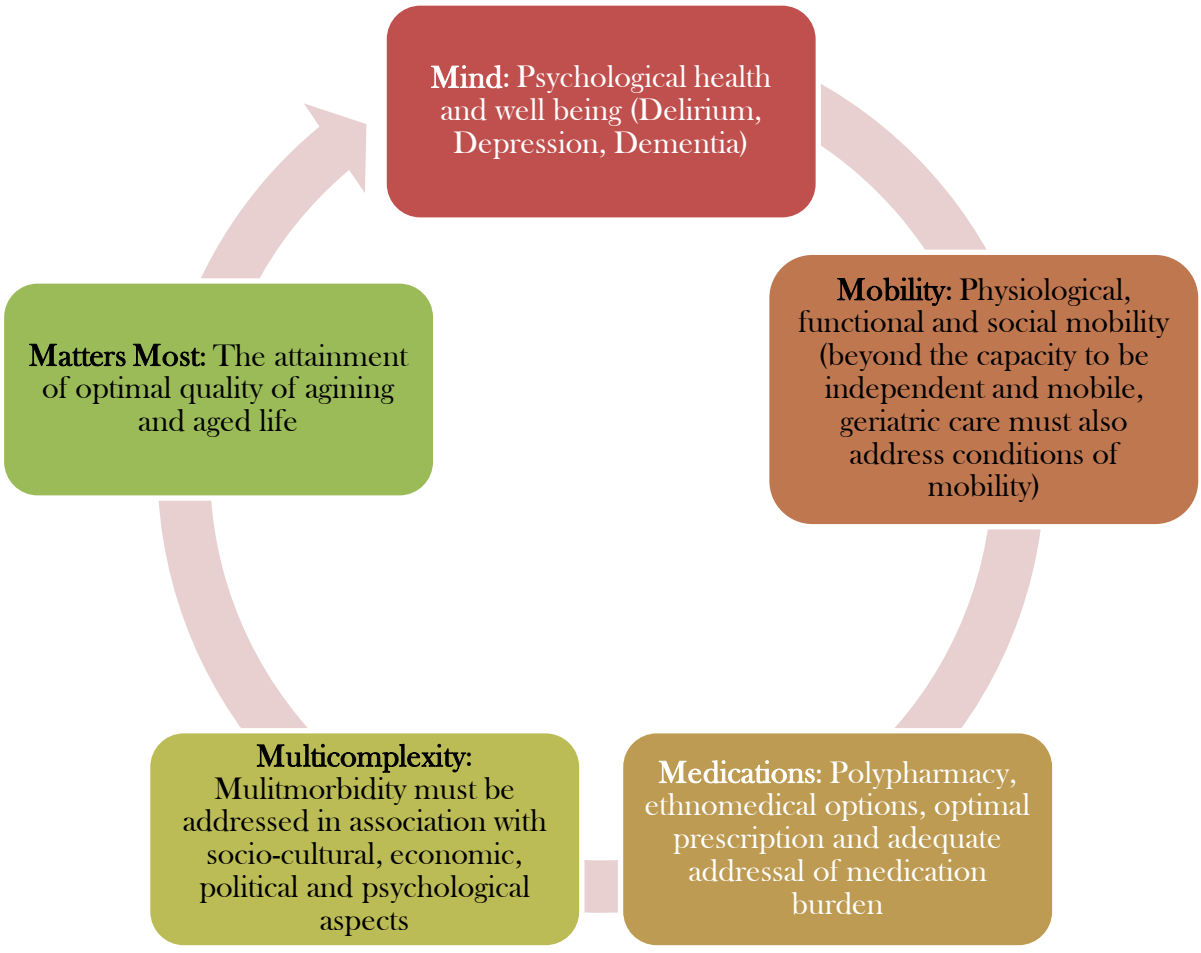
Assessment of Geriatric Healthcare in India

Reflections, Representations and Recommendations

R.Harini

Programme Coordinator, WeServe

Geriatric care constitutes a comprehensive healthcare system that focuses upon the health and well-being of older adults, based on preventative and holistic health ideologies. Geriatric healthcare can be categorized into geriatric medicine and geriatric care management, with the former being a specialized branch of medicine centred on the diagnosis, treatment and prevention of morbidities in aged populations and the latter coordinating and envisioning care procedures for older adults to improve their quality of life, social interaction and independence. Canadian and United States specialists of geriatric care postulated the Geriatric 5M's[1] in 2017: *mind, mobility, medications, multicomplexity,* and *matters most,* establishing a clinical, curative and preventive reconstitution of care issues for older adults with multicomplexity.



Flowchart 1: Contextualizing the 5M's (referencing Molnar and Frank, 2019)

[1] Molnar F, Frank CC. Optimizing geriatric care with the GERIATRIC 5*M*s. Can Fam Physician. 2019 Jan;65(1):39. PMID: 30674512; PMCID: PMC6347324.

The World Health Organization (WHO) defines an older adult as someone who is 60 years and older, envisioning within its postulation of "*healthy aging*" the need for national and international stakeholders to ensure that all individuals categorized as '*aged*' develop and maintains functional ability, enabling physiological, psychological, social and emotional well-being. However, such a health ecology is also situated within a global demographic predicament; The population of older adults is increasing at an unprecedented rate (due to economic, political, demographic and medical transitions across the years, particularly in developing countries) and is estimated to reach 1.4 billion by 2030 and 2.1 billion by 2050. This complexity if further heightened within India, where India's senior citizen population is projected to surge to around 230 million by 2036, making up about 15% of the total population (as estimated by the **Technical Group on Population Projections).** However, India's current socio-institutional and medical frameworks are unable to address such a demographic upheaval adequately**; older adults are often likely to be economically and functionally** dependent due to **high rates of illiteracy (56% as per the 2001 census),** particularly among **rural older adults** who constitute **70%** of India's aged population. Furthermore, the aged of India face specific multicomplex issues that lead to high rates of morbidity[2], with over **32.41%** of total deaths in the elderly population attributed to **Cardiovascular diseases**, followed by **chronic respiratory diseases at 18.66%** and **strokes at 9.56%** (Malik, 2021). Geriatric health experiences are also significantly mediated by social hierarchies and cultural norms, with **Life Satisfaction Outcomes** affected by variants of class, caste and gender. Older adults belonging to scheduled caste or scheduled tribe groups have significantly lower likelihoods of having life satisfaction in comparison to older adults from non-SC/ST groups (Muhammad et al., 2022)[3]. While women on average report higher ages of average life expectancy, they are much more likely to experience longer periods of disease and disability throughout life (Taylor, 2024)[4] including a higher burden of non-fatal and women specific chronic health conditions due to acute economic dependency and social capital disadvantage (International

[2] Malik C, Khanna S, Jain Y, Jain R. Geriatric population in India: Demography, vulnerabilities, and healthcare challenges. J Family Med Prim Care. 2021 Jan;10(1):72-76. doi: 10.4103/jfmpc.jfmpc_1794_20. Epub 2021 Jan 19. PMID: 34017706; PMCID: PMC8132790.

[3] Muhammad T, Paul R, Meher T, Rashmi R, Srivastava S. Decomposition of caste differential in life satisfaction among older adults in India. BMC Geriatr. 2022 Nov 2;22(1):832. doi: 10.1186/s12877-022-03526-1. PMID: 36319969; PMCID: PMC9628079.

[4] Taylor, L. Women live longer than men but have more illness throughout life, global study finds. *BMJ.* 385; https://doi.org/10.1136/bmj.q999 (2024)

Institute for Population Sciences & United Nations Population Fund, 2023)[5]. **Therefore, it is essential to not only restructure geriatric healthcare frameworks in India, but also contextualize them within socio-cultural nuances and in association with disparities of class, caste and gender.**

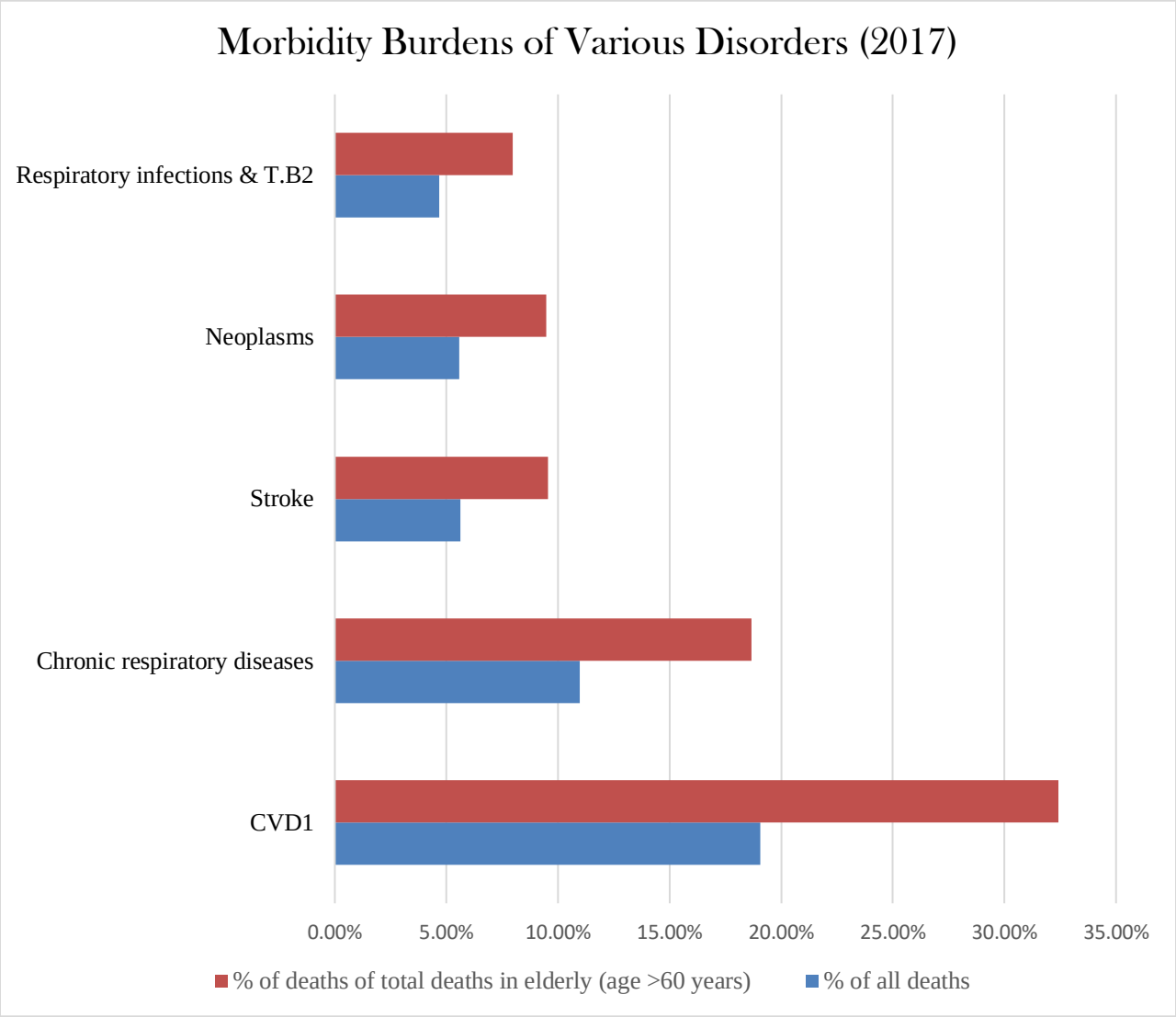
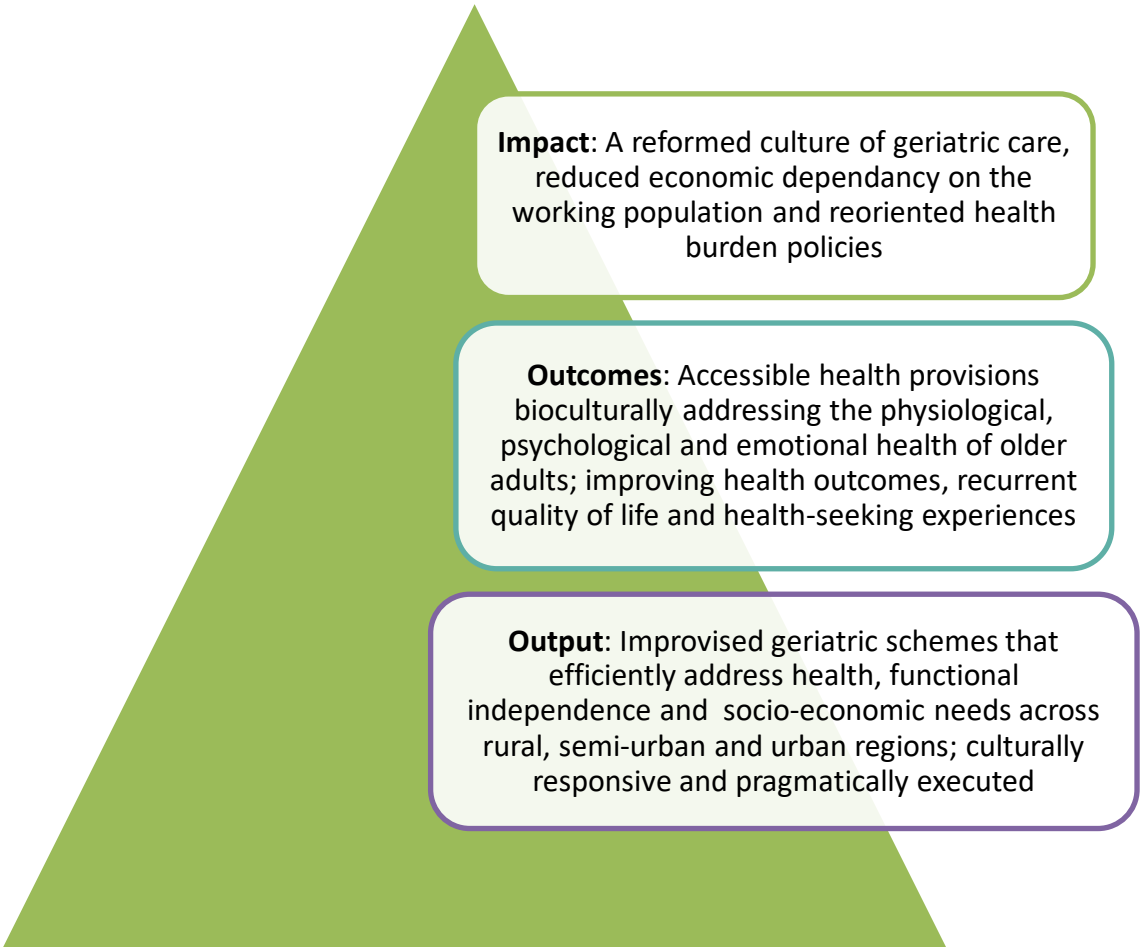


Chart 1: Morbidity Burdens of Various Disorders within the Indian Population (Generated from IHME data)[6]

[5] International Institute for Population Sciences & United Nations Population Fund. India Ageing Report 2023, Caring for Our Elders: Institutional Responses. United Nations Population Fund, New Delhi (2023).

[6] *Institute for Health Metrics and Evaluation (IHME) GBD Compare. Seattle, WA: IHME, University of Washington; 2015. [Last accessed on 2020 Aug 18]. Available from:* http://vizhub.healthdata.org/gbdcompare .

1) A review of geriatric health care schemes in India



Flowchart 2: *Output, Outcome and Impact Metric Assessment for Geriatric Care*

A comprehensive appraisal of geriatric care provisions and policies must first acknowledge a categorical differentiation between schemes and programmes implemented by the Government of India that directly impact health infrastructure, utilization, access and outcomes, and those that are formulated to remediate quality of life among the elderly by addressing livelihood security, social protection and well-being through structural changes that guarantee a dignified and self-reliant existence. This distinction does not seek to etymologically define "*health*" and "*care*" through medicalized explications but on the contrary, shall aid us in evaluating not only the **Output** (*material deliverables that manifest as tangible indicators such as the quality and quantity of services*), **Outcome** (*short and medium term effects of interventions such as transformations in social indicators*) and **Impact** (*long term socio-economic and cultural transformations*) metrics

of these provisions but also enable us to identify how meanings of health and well-being are culturally reconstituted.

Assessment Tool	Utility
Output-Outcome Monitoring Framework (OOMF)	Developed by the Development Monitoring and Evaluation Office, NITI Aayog; actively monitors measurable indicators of scheme objectives with the aim of improving development impact and public accountability
Quantitative Data Measurement Tools	Surveys, Key Performance Metrics and Indicators (change, frequency, recovery) and Outcome Mapping quantify progression as aggregated totals
Standardized Metrics	Frameworks such as the Social Return on Investment (SROI), IRIS+ and Accounting Rate of Return (ARR) provide comprehensive metrics to assess social value, project longevity, environmental impact and technological utility

Table 1: *Assessment tools and utility for measuring Output, Outcome and Impact analysis*

The government's commitment to ensuring a dignified life for aged persons through sustainable structural policy interventions, social inclusion frameworks and security initiatives can be encapsulated within the Atal Vayo Abhyuday Yojana (formerly known as the National Action Plan for Senior Citizens (NAPSrC)]. Established with the intent of fulfilling the implementations of Sections 19 and 20 the Maintenance and Welfare of Parents and Senior Citizens Act, 2007, the scheme is approached by establishing state and union territory governments, Panchayati Raj institutions (PRI's) and local communities as implementing agencies; ensuring that active and productive aging is institutionalized through capacity building programmes, promotion of silver

economies and improved intergenerational accessibility. It constitutes an extensive programme coverage compartmentalized across five components:

a) **Integrated Programme for Senior Citizens (IPSrC)**: Implemented by the Ministry of Social Justice and Empowerment, the primary aim of this programme is to improve the quality of aging, particularly of the destitute elderly by catering to needs of food, shelter and healthcare through the maintenance of senior citizens' homes including those under Sansad Adarsh Gram Yojana (SAGY), improving the access and quality of institutional and non-institutional care services and strengthening research and advocacy. The programme also extends to services such as centres for those afflicted with dementia/Alzheimer's, mobile medicare units, physiotherapy centres and training agencies.

b) **State Action Plan for Senior Citizens (SAPSrC)**: The SAPSrC mandates the active participation of states and union territories in the welfare of senior citizens through contextualized interventions and policies that address local needs and challenges, essayed through funds offered by the Ministry of Social Justice and Empowerment.

c) **Rashtriya Vayoshri Yojana (RVY)**: The Rashtriya Vayoshri Yojana (RVY) was implemented by the Ministry of Social Justice and Empowerment in 2017 with the aim of providing physical aids and assisted living devices to senior citizens categorized under the Below Poverty Line (BPL) category across 325 selected districts through the Artificial Limbs Manufacturing Corporation (ALIMCO) as the sole distributing agency.

d) **Senior Citizen Opportunities for Productive Engagement (SCOPE)**: This programme aims to provide senior citizens with opportunities to make meaningful contributions to society through livelihood and skilling initiatives, with the Senior Able Citizens for Re-Employment in Dignity (SACRED) portal connecting aged persons with professional expertise to private enterprises. The establishment of autonomous self-help groups (SHG's) is also encouraged through the Action Groups Aimed at Social Reconstruction (AGRASR Groups)

e) **Seniorcare Ageing Growth Engine (SAGE):** This initiative aims to empower older adults by supporting start-ups developing innovative products and services for the elderly. The SAGE project identifies, evaluates, and verifies start-ups and their offerings related to senior care and aggregates these services.

The National Programme for Health Care of the Elderly (NPHCE), launched by the Ministry of Health and Family Welfare in 2010-11 was an articulation of the Government of India's commitments envisaged under the United Nations Convention on the *Rights of Persons with Disabilities*, *National Policy on Older Persons* (1999), and Section 20 of *The Maintenance and Welfare of Parents and Senior Citizens Act* (2007)[7] and sought to institutionalize an all-inclusive, community-oriented specialized healthcare service for elderly persons through the establishment of geriatric departments providing primary and secondary care services, designated facilities at district hospitals, CHCs, PHCs, and sub-centers as well as initializing a referral system across regional medical institutions in order to ensure accessible promotional, preventive, curative and rehabilitative services. Sanctioned with the aim of reconstituting aging as a state of healthy, empowered and participatory living, the NPHCE not only contributed to capacity enhancement and human resource development amongst medical and paramedical professionals in geriatric services through standardized training modules and post-graduate courses in medical colleges and regional institutions, but also intensified community participation through a structured Information, Education & Communication (IEC) framework, imparting health education programmes through mass media, folk media and communication channels.

A comprehensive assessment of the implementation and outcomes of policies under the National Health Mission, including the NHPCE has been conducted annually through the Common Review Mission (CRM) exercise, with Dumka and colleagues' (2022) review[8] of CRM reports demonstrating the role of community health workers in expanding the outreach of healthcare services; the staggered implementation of the NHPCE owing to low program expenditure, poor

[7]Dumka N, Mangat S, Ahmed T, Hannah E, Kotwal A. Adding health to years: A review of the National Programme for Health Care of the Elderly (NPHCE) in India. J Family Med Prim Care. 2022 Nov;11(11):6654-6659. doi: 10.4103/jfmpc.jfmpc_765_22. Epub 2022 Dec 16. PMID: 36993136; PMCID: PMC10041289.

[8]Dumka N, Mangat S, Ahmed T, Hannah E, Kotwal A. Adding health to years: A review of the National Programme for Health Care of the Elderly (NPHCE) in India. J Family Med Prim Care. 2022 Nov;11(11):6654-6659. doi: 10.4103/jfmpc.jfmpc_765_22. Epub 2022 Dec 16. PMID: 36993136; PMCID: PMC10041289.

functionality of bedded geriatric wards and the lack of skilled professionals leading to impaired service utilization rates as well as the status of state-specific interventions that included mergers with social protection schemes, screening for Non-Communicable Diseases (NCD's) and separate queues at outpatient departments (OPD's). The tertiary component of the NHPCE, renamed as Rashtriya Varishth Jan Swasthya Yojana (RVJSY) in 2016-17, operates across 19 Regional Geriatric Centres (RGCs) in selected medical colleges of 18 states, providing services such as specialized OPD's, 30 bedded wards for multiple specializations, physiotherapy and laboratory services. Two National Centres for Aging (NCA) have been established at Madras Medical College (Chennai) and AIIMS New Delhi as Centres of Excellence for geriatric care service, effectuated through the Centre for Health Informatics (CHI).