

# **Shaping the Future of Long-Term Care: Engaging in the WHO Consultation on the Draft Standards for LTC**

International Federation on Ageing (IFA)

## Mission and Vision of IFA



### MISSION

To drive global intersectoral collaboration on healthy ageing and longevity.



### VISION

A future where ageing is embraced as a strength and societies are equipped to enable everyone to age with choice, connection, and dignity.

# The agenda

| Shaping the Future of Long-Term Care: A Workshop on Engaging in the WHO Global Standards for Long-term Care Consultation |                                                                               |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|                                                                                                                          | Agenda Item                                                                   |
| 3 minutes                                                                                                                | Welcome and Scene Setting                                                     |
| <i>Understanding the WHO Draft Global Standards for Long-Term Care,<br/>- World Health Organization (WHO)</i>            |                                                                               |
| 15 minutes                                                                                                               | Overview Presentation of WHO Draft Global Standards for Long-Term Care        |
| 7 minutes                                                                                                                | Clarifying Questions on the Draft Standards and Consultation Process          |
| <i>Sharing Initial Perspectives on the Draft Standards</i>                                                               |                                                                               |
| 30 minutes                                                                                                               | Participant Reflection and Feedback                                           |
| <i>How to Facilitate Consultation in Your Community or Network<br/>- International Federation on Ageing (IFA)</i>        |                                                                               |
| 10 minutes                                                                                                               | Consultation Methods and Engagement Approaches                                |
| 10 minutes                                                                                                               | Interactive Brainstorming: What Could Consultation Look Like in Your Context? |
| 10 minutes                                                                                                               | Report Back, Discussion and Commitments                                       |
| 5 minutes                                                                                                                | Closing and Next Steps                                                        |

# Workshop Objectives

1

**Understanding the draft standards:** Provide an overview of key domains and recommendations, Highlight the importance of stakeholder engagement in shaping the final standards.

2

**Sharing initial stakeholder perspectives:** Reflect on the draft standards from organisational, regional, and sectoral perspectives, Identify areas of strength, gaps, questions, or issues that may warrant further consideration through the formal consultation process.

3

**Building capacity for local and regional consultations:** Share practical guidance on how to organise consultations within networks and communities, Support organisations in gathering and synthesising feedback to contribute to the WHO consultation process.

# **Understanding the WHO Draft Global Standards for Long-Term Care**

Overview of the WHO Draft Global Standards

World Health Organization (WHO)

# WHO Global Standards for Long-Term Care

Overview of the consultation draft, and how your views enter the global public consultation

**Dr Hyobum Jang**

Medical Officer, Older People and Healthy Ageing across the Life Course · World Health Organization

**Consultation draft — not for citation**

# Why global standards for long-term care

## 1 A universal need

Long-term care needs arise in every country — quality of care is highly uneven

## 2 A Decade commitment

Action area 4 of the UN Decade of Healthy Ageing 2021–2030 — standards make “quality” something a country can act on

## 3 A global first

No global reference existed — a common reference, adaptable to every context

**2021** Framework  
how to build the  
system

**2024** Package for UHC  
which services to  
provide

**2026** Global Standards  
what good looks  
like

# What the standards are — and are not

## ✓ What they are

- What a national system should provide and protect
- Set by government — applying to every provider: public, private or not-for-profit
- A reference each country adapts to its own system and resources
- A draft for consultation

## ✗ What they are not

- Operational or regulatory criteria — staffing ratios, floor areas
- A certification or rating scheme for individual facilities
- Reporting obligations or rankings for Member States
- A final text — substantial revision follows the consultation

# Five principles, 34 standards, eight chapters

8

chapters

34

standards

106

quality statements

**Five foundational principles · chapter 1**

**Rights-based care · Person-centred integrated care  
· Carer recognition and support · Ageing in the right  
place · Quality**

**Chapters 2–3**

**Settings of care**

Home and community-based care (standards 1–4)  
· Long-term care facilities (5–8)

**Chapters 4–5**

**People involved in care**

Support for unpaid carers (9–13) · Workforce (14–18)

**Chapters 6–8**

**System functions**

Financing (19–24) · Governance (25–29) · Quality  
monitoring (30–34)

# The 34 standards at a glance — chapters 2–5

## CHAPTER 2 Home and community-based care

- 1 Entry, assessment and care coordination
- 2 Supporting independent living at home
- 3 Community-based health services
- 4 Social support and community participation

## CHAPTER 4 Support for unpaid carers

- 9 Early identification and needs assessment
- 10 Respite care
- 11 Education and skills training
- 12 Social protection and financial security
- 13 Engagement and recognition

## CHAPTER 3 Long-term care facilities

- 5 Respect for fundamental human rights
- 6 Adequate service provision
- 7 Safe and empowering environments
- 8 Transparency and accountability

## CHAPTER 5 Workforce

- 14 Workforce competencies and training
- 15 Staffing and workload
- 16 Working conditions, well-being and rights
- 17 Supervision, teamwork and accountability
- 18 Workforce profile considerations

# The 34 standards at a glance — chapters 6–8

## CHAPTER 6 Financing

- 19** Coverage of entitlements
- 20** Needs-oriented allocation
- 21** Shared responsibility
- 22** Equity
- 23** Financial protection
- 24** Adequacy and quality alignment

## CHAPTER 7 Governance

- 25** Regulatory framework
- 26** Licensing and registration
- 27** Oversight and enforcement
- 28** Rights protection
- 29** Coordination across sectors and levels of government

## CHAPTER 8 Quality monitoring

- 30** Quality measurement and data systems
- 31** Inspection and assessment
- 32** Complaints and feedback
- 33** Quality improvement
- 34** Public transparency and accountability

# How to read a standard

## STANDARD 10 · CHAPTER 4, SUPPORT FOR UNPAID CARERS

### Respite care

*“Every unpaid carer has access to flexible, quality respite services that give them a restorative break from caregiving and support their ability to continue in their role.”*

**10.1** Diverse respite models

**10.2** Integrated support

**10.3** Emergency respite

### Each quality statement carries

- 1 Rationale** — why it matters, and the evidence
- 2 Implementation guidance** — how to put it into practice
- 3 Indicative measures** — input · process · output · outcome (per standard in chapter 4)  
*Measures are illustrative — not reporting obligations*

# Standard 10 in full — what it asks

## STANDARD 10 · CHAPTER 4, SUPPORT FOR UNPAID CARERS · RESPITE CARE

*“Every unpaid carer has access to flexible, quality respite services that give them a restorative break from caregiving and support their ability to continue in their role. Respite is delivered as part of a multicomponent support package that protects their health, well-being, employment and social participation.”*

### Three quality statements — the assessable expectations

#### 10.1 Diverse respite models

Available in various forms — in the home, adult day centres, short-stay residential care — to fit carers’ circumstances, preferences and care needs

#### 10.2 Integrated support

Respite as part of a broader package — education, psychosocial support, skills development — because time away from caregiving alone is not enough

#### 10.3 Emergency respite

Clear arrangements for when a carer suddenly cannot continue — burden, illness, an accident, a family emergency

# Quality statement 10.1 — why, and what to do

## Rationale — why it matters

- Carers manage caregiving alongside paid work or income-generating activities, their own health needs and other family responsibilities
- Respite is only useful if it is flexible — different forms at different times, so carers can choose what fits their circumstances, environment and culture
- Respite alone offers short-term relief; it works best alongside psychosocial support, skills and information (quality statement 10.2)

## Implementation guidance — what to do

- Start with at least two types of respite — in-home support and day respite — and consider short-stay placement in a facility
- Use existing infrastructure — day centres, primary health-care centres, faith-based programmes — for day or group respite
- Join referral pathways to the entry points of health, social and community services — one door, not several
- For emergencies (10.3): one responsible service, trained staff or volunteers on call, and a contact route carers know

# Standard 10 — how a country knows

## Input

Policies or guidelines state respite care, including emergency respite, as part of the long-term care system; at least two types of respite service available in a catchment area

## Process

Proportion of carers identified through health and social care services who received information on respite options; proportion of emergency respite requests answered within an agreed time

## Output

Hours or days of respite used per carer per year; proportion of carers who use respite at least once within a defined period

## Outcome

Carer-reported well-being and ability to continue caring; carers who report that respite helped them remain in employment or education; fewer care breakdowns or unplanned admissions linked to carer crisis

**Developmental and illustrative:** to support countries in monitoring their own implementation — not global benchmarks, accreditation criteria or reportable indicators. In chapter 4 the measures sit at standard level; measures per quality statement are a priority for the revision.

# Standard 10 in practice — Kerala and Bogotá

*Two of 49 country examples in the consultation draft (boxes 25 and 26)*

## Kerala, India — community volunteers

- Trained local volunteers — neighbours, teachers, shopkeepers, homemakers — offer home visits, sitting services and emotional support to families caring for people with serious illness
- Runs through existing local government (panchayat) structures with minimal formal health-system resources; covers over 90% of Kerala's population
- Respite without expensive professional services or dedicated facilities; similar approaches adapted in Bangladesh, Malawi and Rwanda

## Bogotá, Colombia — Manzanas del Cuidado (“Care Blocks”)

- Neighbourhood centres co-locate day respite with training programmes, psychosocial support and spaces for household tasks
- Several supports in one place cut travel time — carers reach what they need while care recipients join day activities
- Has continued through changes of municipal administration; a reference example of co-located carer support

# What standards change for people

*“For years, I didn’t know what questions to ask or what good care should look like. When I finally saw the standards, I realized there was a benchmark — something I could use to understand what my mother deserved and to have meaningful conversations with the care home about her needs.”*

An unpaid carer — Canada’s national consultation on long-term care standards, which heard over 18 000 people

## Who uses the standards, and how

**Older people and families** — know their rights and what to expect; hold governments and providers accountable

**Unpaid carers** — know what support they are entitled to; advocate for recognition and resources

**Organizations of older people and carers** — advocacy, monitoring and participation in governance

**Policy-makers and legislators** — national frameworks, legislation and strategic plans

**Regulators** — standards for licensing, inspection and quality assurance

**Providers** — self-assessment and continuous improvement

# National standards live inside public systems

In every country we learned from, provision is mixed — public, private, charitable — and responsibility is public. Standards are how the state holds the whole system to one expectation.

## Australia

Quality standards set in law and applied to every government-funded provider by an independent regulator; strengthened under the new Aged Care Act from 2025

## Ireland

National standards for residential care of older people; every centre — public, private or voluntary — must be registered and is inspected against them by HIQA

## Japan and Republic of Korea

Long-term care insurance: providers of every ownership are designated against public standards, paid at national fees and periodically evaluated by the public insurer

## Uruguay

A national integrated care system created by law in 2015: a legal entitlement, public financing and regulation of providers, in a middle-income country

**Programme or system?** Programmes become a system when five things join them up: a legal basis and a defined entitlement · public financing that pools risk · needs assessment · standards applied to every provider through registration and oversight · data on who receives care, and how good it is

# Applying the standards at every stage

## No formal system yet

- Start the national conversation on dignity, autonomy and protection
- Recognize and support family carers
- Introduce simple needs identification in primary care

## System taking shape

- Standardize entry, assessment and coordination
- Introduce or strengthen licensing and inspection
- Formalize the care occupation with training and protection
- Expand pooled financing

## Integrating and consolidating

- Make home, community and facility care person-centred
- Professionalize the workforce
- Link financing to quality
- Drive improvement through public reporting

**Starter actions any country can take now:** make existing care actors visible · strengthen protection against abuse and neglect · support unpaid carers · build basic coordination across primary care, community and long-term care · collect minimal data

# After publication — from standards to delivery

- 1 Implementation guide and country adaptation**  
adapting and prioritizing standards, sequencing starter actions, the path from programmes to entitlements
- 2 Assessment and self-assessment tools**  
where a system stands against each standard, and what to build first
- 3 Country support through WHO regional and country offices**  
national standards and policy, financing design, workforce competencies, quality measurement — on request, within available resources
- 4 Evidence, monitoring and networks**  
alignment with Decade monitoring for action area 4; a published summary of what the consultation heard; companion products on financing and workforce

*The standards say what good looks like; the implementation work says how to get there from where a country stands.*

# What WHO seeks to hear

- 1 More important** Which standards are especially important in your context, or should be given greater emphasis?
- 2 Contentious** Which standards are contested, difficult or in need of revision when read against your realities?
- 3 Missing** Which standards matter but are absent from the draft and should be added?

**A prospective frame:** if this standard were introduced where you are, what would happen?  
Where views split, the divergence is the finding.

# How to respond — by 30 October 2026



Scan to open the survey

## Online survey

Eight languages, 10–20 minutes — answer only the parts relevant to you

<https://extranet.who.int/dataformv6/index.php/947261>

## Written comments

lrc@who.int — any WHO official language;  
organizational responses encouraged

## Consultation page

Summary in eight languages · full draft in English

<https://www.who.int/news-room/articles-detail/call-for-public-consultation-on-global-standards-for-long-term-care>



Consultation page

# How your input is used

Every response is logged and analysed together, without attribution — survey, written submissions and consultation events alike

**30 October 2026**

Consultation closes



**November 2026 –  
early 2027**

Synthesis · revision by  
technical working groups  
· expert consensus



**2027**

Final publication, towards  
WHA80

## Thank you

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Older People and Healthy Ageing across the Life Course · WHO, Geneva



# Guiding Questions

- 1. What matters most?** Which parts of the draft are most important for the people you represent or serve, and should be kept and emphasized?
- 2. What would be difficult or contentious?** If these standards were introduced in your country or setting, what would be hard to achieve or likely to be disputed, and why?
- 3. What is missing, unclear or wrongly framed?** Whose situation or which issue does the draft overlook?
- 4. Who else should be heard?** Which people or groups in your network should have a say before 30 October, and what would it take to bring them together?

# **Shaping the Future of Long-Term Care: Engaging in the WHO Consultation on the Draft Standards for LTC**

Consultation Methods and Engagement Approaches

International Federation on Ageing (IFA)

# Why does consultation matter?

## Global standards need global perspectives.

Consultation brings together lived experience, implementation knowledge and contextual expertise to strengthen the relevance and applicability of the standards.



# Who has a role in consultation?

## **Perspective**

Older people

Family & unpaid carers

Providers

Workforce

Community organisations

Researchers & academics

Policy & decision-makers

Private sector

## **What they bring**

Lived experience, preferences, dignity, autonomy

Caregiving realities, support needs, continuity of care

Service delivery and implementation experience

Capacity, competencies, working conditions

Local context, accessibility, underserved populations

Evidence, measurement, evaluation

Governance, financing, feasibility

Innovation, delivery models, scalability

## **Who is traditionally not consulted?**

# What WHO seeks to hear?

- **More important** — which standards are especially important in your context, or should be given greater emphasis?
- **Contentious** — which standards are contested, difficult or in need of revision when read against the realities of your context?
- **Missing** — which standards matter but are absent from the draft and should be added?



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## Global consultation on the WHO Global Standards for Long-Term Care

### Consultation survey

*Open until 30 October 2026*

<https://extranet.who.int/dataformv6/index.php/947261>

# How can you consult your community or network?

1

## SHARE

Reach people through channels you already have.

- Regular meetings/forums
- Newsletters
- Email networks
- Websites and digital channels
- Social media
- Physical/community channels

2

## DISCUSS

Create opportunities for dialogue.

- In-person meetings
- Virtual roundtables
- Community discussions
- Workshops

3

## LISTEN

Go deeper with selected groups.

- Focus groups
- 1:1 interviews
- Small-group discussions

# Models for in-person consultation

## Constituency groups (the Seoul model)

One group per stakeholder type — for example government, academia, providers, family carers. Each constituency finds its own voice, and differences between constituencies surface visibly in the plenary. Preferred when the room mixes distinct stakeholder types, and essential when older people and carers are present: give lived experience its own group and let it speak first in plenary.

## Mixed groups (the Jodhpur model)

Each group mixes constituencies, disciplines or regions. Preferred for expert audiences, where the value lies in comparing how a standard would operate across different settings.

## Format A — compact session (2 hours)

Each group discusses one assigned focus issue in depth, then reviews the whole draft against the three questions. Assign the issues so that all are covered across the groups.

## Format B — half-day session (about 3.5 hours; the Seoul format)

Every group discusses all focus issues with common materials and questions, so that outputs are comparable across groups; the plenary then concentrates on the sharpest points of divergence.

# Focus Issues

## Core issues

- Core issue 1. Unpaid and family carers — how far does public responsibility extend? (chapter 4)
- Core issue 2. The care workforce — professionalization and decent work versus supply and cost (chapter 5)
- Core issue 3. The appropriate setting — home and community care, and the place of facilities (principle 4; chapters 2–3)

## Menu of additional issues

- Menu issue A. Paying for care — pooled financing and protection from catastrophic care costs (chapter 6)
- Menu issue B. Governance and oversight of providers (chapter 7)
- Menu issue C. Measuring quality — beyond clinical and administrative indicators (chapter 8)



Important to sharpen with national specifics and local context

# Interactive Brainstorming

# What could consultation look like in your community and network ?



**Objective:** Identify one practical way to engage stakeholders in your organisation's community or network and bring their perspectives into the WHO consultation.

1. Who could you engage?
2. How could you engage them? What existing channel, event or relationship could you leverage rather than creating something new?
3. What focus issue do you particularly want to engage them on?
4. What is one realistic consultation activity that could be undertaken before 30 October.

# Report Back – How will you engage in consultation?

# Next Steps

## Next steps from this workshop:

- Consultation package  
*Understanding the draft, hosting a conversation, sending feedback, workshop resources, samples communication and outreach*
- Expression of interest in conducting consultations

For more information on how to get involved, contact:  
[policy@ifa.ngo](mailto:policy@ifa.ngo)

