

# Chapter 5

## Supply of Long-term Care: Care Facility

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## Chapter 5

### Supply of Long-term Care: Care Facility

In societies where sending parents to a care facility is shameful for children, the number of long-term care facilities is limited. However, the surging increase of older persons and the transformation of the long-term care provision system can change traditional culture quickly. This change is under way in Japan. In addition, former socialist countries such as China or Viet Nam have collective dwelling as a norm of living arrangement, and facility-based living might be accepted easily.

In a population census, every household – either family-based ordinary household or collective households – is counted. Collective households normally include dormitories, prisons, military stations, and care facilities for older persons. This time, census data on collective households disaggregated by age are available for Japan, Indonesia, and Myanmar; other data sources on elderly facilities are obtained for the Republic of Korea, China, and Viet Nam. Assuming that elderly welfare facilities are for older people aged 65 years and over, the proportion of facility population was calculated. Such proportion is highest in Japan (5.9%), followed by Myanmar (3.2%), the Republic of Korea (3.1%), and China (3.0%). The proportion in Viet Nam (0.6%), Malaysia (0.4%), and Indonesia (0.01%) is very low (Table 5.1).

**Table 5.1: Facility Population of Older Persons**

Country	Year	Population		%	Source	
		In Facility	Older Persons		In Facility	Facility Population
Indonesia	2010	1,420	11,992,430	0.01%	Census	Census
Malaysia	2016	8,025	1,895,030	0.4%	Department of Social Welfare	UN2017
Viet Nam	2014	39,053	6,132,204	0.6%	Ministry of Labour, Invalids and Social Affairs	UN2017
China	2015	3,024,000 <sup>a</sup>	135,178,504	2.2%	Authors' estimate <sup>a</sup>	UN2017
Myanmar	2014	89,436	2,808,127	3.2%	Census	Census
Rep. of Korea	2015	268,650	6,569,082	4.1%	Ministry of Health and Welfare and National Health Insurance Service <sup>b</sup>	Census
Japan	2015	1,998,669	33,868,000	5.9%	Census	Population estimate

<sup>a</sup> China's facility population is obtained by multiplying the number of available facility beds (6,727,000 in 2015, Ministry of Civil Affairs) with the supposed occupancy rate of 45%.

<sup>b</sup> The Facility population of Rep. of Korea is the sum of the elderly welfare facility capacity reported by the Ministry of Health and Welfare and the healthcare institute (hospital) capacity reported by the National Health Insurance Service. In 2015, the total capacity of elderly welfare facilities was 180,024 and that of healthcare institutes was 88,626, totalling 268,650.

The comparison is difficult as the definitions and sources are inconsistent. However, this is a first trial to compare roughly the volume of those living outside the ordinary family-based household.

The facility population is increasing steadily in Japan and in the Republic of Korea. According to Japan's population census. In Japan, the facility population totalled 640,106 in 1990; 1,023,991 in 2000; 1,667,861 in 2010; and 1,998,669 in 2015. In Korea, 180,024 persons were living in elderly welfare facilities in 2015, up from 148,344 persons in 2010, according to the Elderly Welfare Facility Statistics. The speed of increase from 2010 to 2015 in Japan and the Republic of Korea is similar.

In China, the number of care facilities sharply rose due to the construction rush promoted by government policy. In 2015, there were 116,000 facilities with 6.73 million beds. However, not all these beds were occupied. We assumed the occupancy rate of 45% and calculated the facility population as 3 million. If we only observe the capacity and compare the ratio to the care need (in person), China has more facility capacity compared to Japan (Table 5.2). The construction of elderly facilities is booming in China, but it is doubtful if it corresponds to the needs.

**Table 5.2: Comparison of Facility Capacity and Care Need between China and Japan**

<b>2015</b>	<b>Facility Capacity (million beds): a</b>	<b>Care Need (million persons: b)</b>	<b>b/a</b>
China	6.73	4.72	0.70
Japan	2.00	2.03	1.02

Note: As the facilities are almost full in Japan, facility capacity is assumed to be the same as facility population.

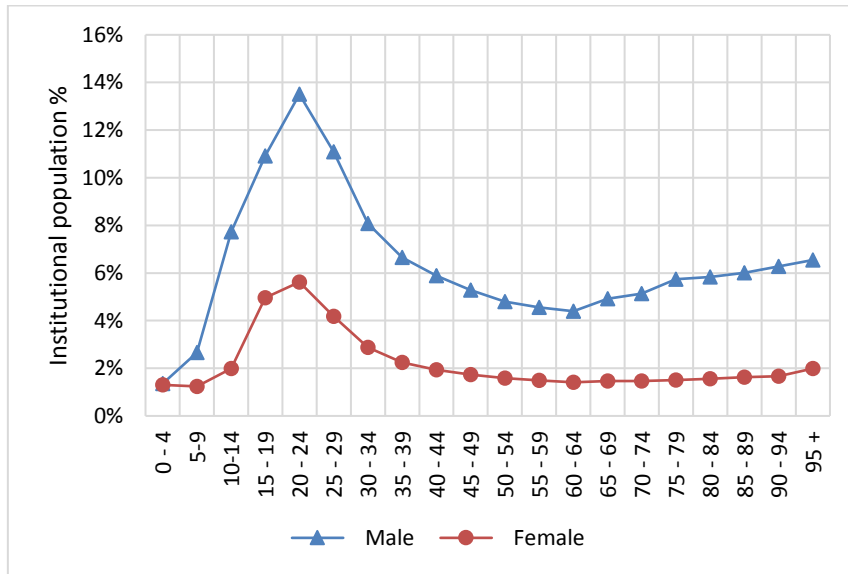
Sources: Table 2.1 and Table 5.1

In Viet Nam, the elderly facilities have been existing in the framework of social welfare. As of 2014, 39,053 older persons were living in 428 facilities throughout Viet Nam.<sup>3</sup> Although this type of welfare facility is often not considered as a care facility, it does provide care and food for older persons who need assistance.

The proportion of older persons in Myanmar who are in facilities are as high as 3.2%. Most or 76% of them are in religious centres, and they are the monks. Although these religious centres are not for long-term care, the proportion increases with age (Figure 5.1); as many as 6.5% of men aged 95 years old and over are in these facilities. This is explained by the cohort effect, that older men tend to be more permanent monks than younger men. Although the religious centres are not supposed to provide long-term care, a significant proportion of older men are living in collective dwelling which should be considered in the provision of long-term care.

<sup>3</sup> Statistical database of social security - social work, The Department of Social Protection, Ministry of Labour, Invalids and Social Affairs (in Vietnamese)  
<http://trungtambtxh.btxh.gov.vn/NguoiDung/Dangnhap/tabid/58/Default.aspx?returnurl=%2f>

Figure 5.1: Institutional Population in Myanmar, by Age and Sex (2014)



Source: Population census of Myanmar. Special tabulation by Authors.