Part 1-CHAPTER 8

Conclusion

Osuke Komazawa and Yasuhiko Saito

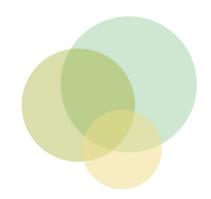June 2021

CHAPTER 8

Conclusions

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The first part of this book provides a comprehensive view of long-term care systems in selected Asian countries. A look at each reveals distinct characteristics of their population dynamics and the development of their long-term care systems. China has the largest population in the world and the greatest number of people aged 65 years and above. The current rapid population ageing observed in China can be partly attributed to its recently ended unique population policy. Japan has the highest proportion of people aged 65 years and above to the total population and has developed a unique long-term care insurance system. The Republic of Korea is characterised by extremely rapid population ageing, which is accelerated by one of the lowest fertility rates in the world. The Republic of Korea has also developed a long-term care insurance system. Singapore is a city state, has one of the highest incomes per capita, and is highly dependent on overseas caregivers for its rapidly growing population of older people. Thailand, with its steadily rising life expectancy and low fertility rate, is demonstrating exceedingly rapid population ageing, as well. Thailand is trying to establish a long-term care system combining intrinsic mutual aid within communities and public intervention. Thailand's system is different from tax revenue–based systems, such as can be found in Nordic countries, and insurance-based systems in countries such as Japan and the Republic of Korea. Viet Nam is on the alert to prepare for population ageing, as it will occur before the country becomes wealthy enough to cope with it. Population ageing in Viet Nam presents a new and different challenge because, to date, population ageing has been experienced largely in developed countries.

In this chapter, we recommend policies based on the discussion in the previous chapters and on the projects the Economic Research Institute for ASEAN and East Asia (ERIA) supports.

Longer Healthy Life Expectancy

Humanity has achieved longevity partially owing to public health and medical science. It is ironic that whilst birth control has been or was the goal of population control policies in most countries, some are now struggling to increase fertility. One could argue that population ageing is an indication of the success countries have had in improving longevity and controlling population growth. Now, we need to find ways to cope with the resulting issues of population ageing.

One such issue is the potential surge in the number of older adults with diseases, particularly co-morbid conditions. If the prevalence rate of chronic and non-communicable diseases stays constant during population ageing, we can expect an increase in the number of older adults with chronic and non-communicable diseases such as cerebrovascular-related illnesses, diabetes mellitus, and hypertension, as well as mental disorders such as depression and dementia. This, in turn, will increase the burden of disease in terms of medical expenditures and long-term care needs. Preventing and delaying the onset of disease are key to reducing its burden. We must develop policies to promote health and active ageing so that the burden of population ageing can be minimised and more older persons can participate in social activities that maintain their quality of life.

A reliable and well-structured database is indispensable to develop evidence-based policies that promote health and active ageing. A national census is, no doubt, the basis of any policymaking process. Nationally representative sample surveys, such as the National Health Survey, the Survey of Living Conditions, or the National Patient Survey, can provide rich information. ERIA has started joint projects with research institutions in the Philippines and Viet Nam to conduct longitudinal surveys of persons 60 years old or above, because no such surveys have yet been implemented in the two countries. Other countries discussed in this volume have similar ongoing surveys. A longitudinal survey is the only method that can establish cause and effect. With data from a longitudinal survey, potential determinants of health and mortality can be identified. This means that the outcomes of longitudinal surveys can be directly utilised to develop policies to promote health and active ageing. The data can be used to estimate health expectancy, a summary measure of population health, to monitor the health status of older adults. The data provide an opportunity to estimate life expectancies by variables of interest (e.g. education and body mass index), which are not readily available in these countries. The quantified effects of determinants of health status such as number of healthy years expected after age 60 or differences in number of years expected after the same age by level of education are more appealing and visible to policymakers and laypeople alike.

ERIA can only guarantee limited waves of longitudinal surveys in the Philippines and Viet Nam, but we hope their governments will take over the surveys. We also hope governments of other Association of Southeast Asian Nations (ASEAN) Member States will be involved in such surveys. Indeed, longitudinal surveys are recommended by the Global Strategy and Action Plan on Ageing and Health published by the World Health Organization in 2017.

Establishment of Long-term Care Systems

Even if policies on health promotion and active ageing are successful, societies might still face a certain proportion of older persons with long-term care needs. Whilst we are increasingly able to save the lives of older adults with heart and cerebrovascular diseases, for example, we are not able to cure them despite tremendous advancements in medical technology. ERIA has a joint study project that estimates the proportion of older people with long-term care needs in the total population. The results, combined with population projections published by the United Nations (UN), are used to estimate the future number of older people with long-term care needs. It is expected that a tremendous number and proportion of people in Asia will need long-term

care even just a couple of decades from now (Hayashi, 2019). The development of long-term care systems is urgent, particularly in ASEAN countries, where rapid population ageing is expected. Many ASEAN countries still rely on family-based social norms of filial piety to care for older adults with long-term care needs. However, ASEAN countries are encouraged to promote discussion on whether such a system might work forever or not and how to establish a policy to create reliable long-term care systems. Each ASEAN country, constrained by limited resources, has its own policy priorities for its people, but postponing the establishment of population policies is clearly no longer an option.

In previous chapters, we see that long-term care systems are varied because they are closely related to each society's tradition, history, culture, and norms. If we look at long-term care systems all over the world, they may be categorised based on the financial resources used to provide long-term care and the extent of income redistribution in each country. Nordic countries, where levels of taxation and income redistribution are the highest, rely almost solely on tax revenues to provide long-term care. Countries such as Germany, Japan, and the Republic of Korea fund their long-term care insurance through tax revenues and premiums. Theirs are compulsory insurance systems, so all residents must pay the premiums. China, as Yun Zhou and Dandan Pang show in chapter 2, has pilot programs of long-term care insurance in place in several big cities. Countries with either tax revenue–based or insurance-based long-term care systems have strong fundamentals that allow providing universal long-term care to beneficiaries. Unfortunately, most countries do not have such systems.

Countries that do not have well-structured long-term care systems largely depend on filial piety and traditional community mutual aid. In countries where more traditional norms prevail, most of the care is provided either as unpaid work by (extended) families and communities. The income gap is key to understanding the long-term care system of such societies, where older people with higher incomes are often cared for by domestic workers, who mainly come from underprivileged backgrounds and, in many cases, from other lower-income countries. Any type of long-term care system has merits and demerits. Policymakers are expected to review the lessons from several long-term care system models and develop their own long-term care systems consistent with the realities of their society.

Population ageing is an indication of humanity's success in improving longevity and reducing fertility. The ageing phenomenon, observed in the end stage of demographic transitions, may last many years. There are several indicators of population ageing. According to the long-range population projections published by the UN, Department of Economic and Social Affairs, Population Division (2019), if we use the proportion of those aged 65 and above to total population as an indicator of population ageing, the proportion will keep increasing well over to the next century in many countries. Some Asian countries, however, might see reverse trends in population ageing within this century. The proportion will peak in about 2060 in Japan and the Republic of Korea, 2070 in Singapore, and 2090 in Thailand. Likely to see reverse trends in population ageing are certain European countries, such as Spain in about 2050 and Italy in about 2080. We need to pay closer attention to the increase in the proportion of those aged 75, 80, or 85 and over. They have a much higher risk of becoming disabled, demented, and in need of long-term care. The proportion of this group will keep increasing everywhere for a long

time. It is imperative, therefore, that we find a way to keep older adults healthy and active. We must develop systems to support those needing long-term care before it is too late to ensure their quality of life. Advancements in gerontechnology might make it easier to care for older adults needing long-term care. Advancements in medical technology, such as regenerative medicine, might alter the course of population ageing. Alternatively, the UN (2019) projected population change might not happen after all. Nevertheless, it would be wise to prepare for such projections. For many countries, the time to prepare is now, not later.

References

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