

Part 1-CHAPTER 1

National Policies, Systems, and Practices of Long-term Care in Asia

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CHAPTER 1

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1. Asia: Global Centre of Ageing

Asia will continue to drive global ageing in the first half of the century. By 2050, the population aged 65+ in Asia (or 60+ in Thailand and Viet Nam) will shoot up to 956 million, about triple the 2015 population. Over 60% of the world's elderly will be in Asia.

The following socio-political pressures highlight the need for policies to improve long-term care:

- Changing society, including family structure: Less family voluntary care and more individualism
- Push for sectoral-mix care: individuals' self-payment, families' material commitments, communities' mutual support and resource development, governmental public support, and creative marketisation
- Setting of policy in the national context: care and social security philosophy, balance between medical response and social care, networking for sectoral mix, basic idea of social commitment to life management for the elderly (support for independent living or national protection)

Ageing in Asia is conspicuous for the following socio-economic constraints:

- How long-term care incidence relates to poverty, segmentation, and social isolation
- How medical care services universalised quality and quantity to cope with long-term care needs
- How current medical services support long-term care services

Policy response to long-term care provision systems is a matter of national strategy: institutionalisation and socio-innovation, with variation in medicalisation, non-insurance medical-social care mix, insured care service provision based on a universal medical insurance system, and independent care service provision by the medical insurance system.

2. Impacts of Ageing in Asia

Ageing in Asia has at least four major global impacts:

1. It is disruptively rapid. On average, the elderly will make up more than 7% of the total population in 22.9 years in Asia, but in 68.8 years in Europe and North America. In Japan and China, the process will take 26 years, and in Viet Nam, Republic of Korea (henceforth, Korea), Singapore, and Thailand, 18–22 years. By contrast, in France it will take 115 years, Sweden 85, Australia 73, the United States 69, and Canada 65.
The old population in Asia will increase from 331 million in 2015 to 956 million in 2050: 61.3% (1,558 million) of the world's elderly will live in Asia (United Nations, 2017). Japan, Korea, Singapore, China, and Thailand will substantially contribute to this transition.
2. Diversity in ageing by locality is conspicuous mainly because the population is overly concentrated in the main urban areas and suburbs due to industrialisation and the movement of labour into industrial centres. Overly concentrated regions have become the single leading area of the national economy and the engines of cultural creation and societal innovation. Ageing in these areas does not only mean an increasing old population but also elderisation of society.
The economic and cultural impact of ageing will be much more severe in underpopulated areas, hollowing out communities.
3. Ageing has proceeded in waves. Global ageing started in the 1940s in Europe and North America, where it proceeded slowly. In Asia, the first wave was in Japan, just after post-World War Two, when the economy grew rapidly. The second, swift wave, in 2016–2026, is in Korea, Singapore, China, Thailand, amongst others. The third wave is approaching in Indonesia, Myanmar, Kazakhstan, amongst others. The fourth and subsequent, relatively loose waves will start in Malaysia, Cambodia, the Lao People's Democratic Republic, Mongolia, amongst others, where the average ageing ratio is 5%.
Japan (in 2000), Singapore (in 2002), and Korea (in 2008) instituted universal long-term care provision systems. China is experimenting in big coastal cities with the employee medical insurance system. Malaysia is universalising long-term care.
Countries are sharing their experiences in ageing and their ways of dealing with it.
4. As elderly single and couple households increase, care service provision needs to cover not only long-term care but also support for independent living. This is a competitive field of service, where demand can be met by public institutional care and the private sector. Table 1.1 implies high demand for care as well as market opportunities in preventive and daily-life support services, which one estimate puts at JPY496 billion by 2035 in eight Asian countries, including China (JPY292 billion), Japan (JPY105 billion), Korea (JPY36 billion), Singapore (JPY10 billion), and the Philippines (JPY6 billion) (United Nations, 2015).

Table 1.1. Share of Senior Single and Couple Households to Population Aged 60+ (%)

Country	Male	Female
Japan	51.5	46.9
China	39.7	34.1
Viet Nam	29.8	26.8
Indonesia	24.1	24.1
Thailand	21.3	16.8

Sources: Statistics Bureau of Japan (2013); United Nations (2012).

3. Issues in Long-term Care

Ageing in Asia increases the risks of cancer, heart disease, and stroke, which will double from 2005 to 2030 (Mathers and Loncar, 2006). The risks are closely associated with lifestyle, nutrition, mental stress, and social relations. Prevention and intervention are key to decreasing risk.

Community-based systematic supportive intervention is already a major area of formal long-term care provision in some Asian countries. However, enhancing interdisciplinary intervention systems and promoting interdisciplinary human resource development and work methodology is still an immense task.

For cancer, heart disease, and stroke, vertical division of function is needed from the acute stage to discharge, and from rehabilitation to palliative care. For each medical functional stage, horizontal support for long-term care is important for efficient medical division and for effective self-commitment. Systematic co-working between medical and long-term care services is also an immense task in institutionalising long-term care provision.

The rapid increase of dementia is another issue. The dementia population is estimated to increase from 221 million in 2015 to 667.7 million in 2050. The total economic cost of dementia was US\$18.5 billion in 2015 (Alzheimer's Disease International, 2014).

Dementia care needs an integrated approach (early detection and response, preventive control, terminal care); interdisciplinary methodology and skills (medical-pharmaceutical, psychological, behavioural, supportive social care); and appropriate socio-ecological environment (mentally adaptive and behaviourally safe daily-life ecology setting). The G8 Dementia Summit in London in 2013 prompted global cooperation and experimentation in countries where dementia care was already integrated. Still, social stigma and a medical-centred approach remain issues, especially in Asia, where work productivity dominates the conception of human capability and

fluid intelligence as a result of rapid economic growth.

Institutionalisation of long-term care in Asia faces dual policy challenges: the need to start up a rational provision system based on existing resources, practices, and national consensus; and the need to catch up with global standards.

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