

Chapter 1

Introduction

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Chapter 1

Introduction

The total population of the Association of Southeast Asian Nations (ASEAN) Member States has been steadily increasing from 165 million in 1950 to 669 million in 2020, and it is estimated to hit a peak of about 800 million by around 2060 (UNDESA, 2019). This demographic trend is caused by declining fertility rates and extended life expectancies, and ultimately results in population ageing.

Population ageing in ASEAN Member States is not uniformly taking place from state to state. As the most extreme case, the percentage of those aged 60 years or above in Singapore was about 21% in 2020 and is estimated to increase to as high as 40% in 2050. Amongst the three target countries of this study, Cambodia and the Lao PDR will show a similar trend for the percentage of the older population (60 years old or above): about 7% in 2020 to about 16% in 2050, whilst Viet Nam will have a higher share of older population: 12% in 2020 to 27% in 2050 (UNDESA, 2019).

Population ageing takes place as a result of social change, such as the urbanisation of lifestyles, income increases, and improvements in public health, etc. and as a natural consequence, people will have more chances to be affected by non-communicable diseases, such as hypertension, diabetes mellitus, strokes, and cancer, etc. Cardiovascular disease (CVD) is one of the major causes of disabilities (Institute for Health Metrics and Evaluation, 2018). Although the age-standardised mortality rate and years lived with disability (YLDs) caused by CVD per population steadily decreased from 1990 to 2019 globally, the total numbers of deaths and YLDs from CVD are increasing quickly because of the rapidly growing population of older people in the world (Roth et al., 2020).

The Government of Japan promotes the broad-based enhancement of healthcare, which covers a wide range of services and infrastructure aiming for realising active, healthy, and productive ageing, such as public health, community development, housing, urban planning, food and nutrition, information technology, medical services at hospitals, and long-term care at institutions as well as at home. This concept has been advocated in the Asia Health and Wellbeing Initiative (AHWIN), which was launched in 2016 and revised in 2018 (Government of Japan, 2018). This kind of multifaceted approach, as advocated in AHWIN, is indispensable for developing a sustainable healthcare system in societies that have unprecedentedly high proportions of an older population. In this study, this concept is referred to as the 'broad-based healthcare system'.

Given the rapid population ageing across Asia, Japan, as the most aged country in the world, is willing to work to create policies for coping with population ageing together with other Asian countries and has supported the Economic Research Institute for ASEAN and East Asia (ERIA) in promoting research and dialogue on population ageing in the region under the AHWIN. This report deals with the outcome of the second term of the project which was commissioned for Kitahara Group by ERIA. The second term started in August

2018 and ended in July 2019. The objective of the second-term project was to investigate the practice of chronic-phase rehabilitation services for patients of strokes and other brain injuries as well as the nutritional management systems of hospitals in Cambodia, the Lao PDR, and Viet Nam. Most of the patients in the chronic phase of stroke live at home, so the involvement of family, the communities, and unskilled caregivers is crucially important for their continuous rehabilitation. Nutritional management at hospitals as well as within families or communities is also essential for quick recovery and disease prevention. Both chronic-phase rehabilitation and nutritional management, which we focused on in the second term of the project, are considered as indispensable components of the 'broad-based healthcare system'.

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