

Chapter 4

Conclusions and Recommendations

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Chapter 4

Conclusions and Recommendations

Promotion of a 'broad-based healthcare system'

The second term of this project focused on chronic-phase rehabilitation and nutritional management at hospitals in Cambodia, Lao PDR, and Viet Nam in line with the concept of a 'broad-based healthcare system' based on the Asia Health and Wellbeing Initiative of the Government of Japan (Government of Japan, 2018).

All the study countries recognise the importance of the promotion of active and healthy ageing, but social security systems are still developing. Long-term care is mainly provided by family members, relatives, and community members. The results of the questionnaire survey and case studies that were carried out under this project suggested that the family members spent a lot of time on caregiving, and it could be a physical and economic burden. Professional services for chronic-phase patients, such as nursing homes, home-visit nursing, and home-visit rehabilitation, are very limited. On the other hand, the people in the study countries still have strong filial piety and dearly wish for the recovery of the patients through rehabilitation so that they can resume their functions to live independently.

As seen in most countries globally, the study countries also have considerable disparity in the capacities of medical services and human resources between urban areas and rural areas. In such conditions, a coordination system between urban and rural and/or from acute to chronic care would be crucially important to optimise the limited resources, but this is very challenging. For example, it has been difficult to share information on patients amongst hospitals or staff so far, but the government might be able to develop a system that facilitates the seamless transition from acute care to chronic care. Information technology has the potential to contribute to the development of such a system.

Regarding the human resources of chronic-phase rehabilitation and nutritional management, the study countries have limited personnel who can handle them. For example, hospital staff, physicians, nurses, and even physical therapists, etc. rarely care for the patients who have already left, and the family members of patients are not usually trained how to care for and how to provide home-rehabilitation for disabled people. The concept of a 'broad-based healthcare system' is supposed to promote not only the recovery and the improvement of the physical functions of the patients but also the improvement and modification of the living environment so that older people and people with disabilities can live more independently. The healthcare authorities and other stakeholders can be encouraged to promote awareness of the importance of chronic-phase rehabilitation and nutritional management to both healthcare professionals and the public.

Potential of digital technology for the development of healthcare systems

The health status and required healthcare services in the study countries are different from country to country, between urban and rural areas, between the high- and low-income population, and amongst ethnicities. During rapid economic growth and accompanied social change, the problem of the double burden would emerge, and the study countries have diverse health problems, from undernourished children and endemic infectious diseases to overweight, some habits harmful to health, and non-communicable diseases. The governments of these countries would be required to improve their healthcare systems to cover such diverse problems. The concept of a 'broad-based healthcare system' also aims to address such complicated challenges. This study showed the potential of chronic-phase rehabilitation and nutritional management as some specific strategies for a 'broad-based healthcare system'. We believe our trials suggest that the promotion of continuous rehabilitation, even after leaving a hospital, healthy meals, and the modification of the living environment, can contribute to disease prevention and functional recovery.

Also stated in this report, the study countries need to create further human resources to establish a 'broad-based healthcare system', at least in terms of chronic-phase rehabilitation and nutritional development, but digital technology, i.e. information technology, artificial intelligence, and robot technology, has the potential to bring the leapfrogging development of healthcare systems in these countries. Mobile data networks are expanding quickly globally and digital communications using smartphones is becoming widely available even in rural areas in all corners of the world. Digital technology can be a breakthrough for optimising healthcare resources which are unevenly distributed and usually concentrated in big cities in any country. In this sense, the component of digital technology could be included in the concept of a 'broad-based healthcare system'.

An example of a digital-technology-based approach is the case L2, which can be found in Chapter 2 of this report. Most family caregivers do not have the skills of caregiving. If a patient leaves hospital in the condition of full dependence, the family caregivers are required to provide intensive assistance to the patient, which would lead to a heavy burden, physically, mentally, and financially. If they can visit the hospital regularly, they could be given useful advice, but this is difficult for patients who live in the countryside. The case L2 would provide a good solution for such cases: video calls could make regular advice on rehabilitation and daily care possible even if the patient is based in a remote area. This system can be applied to other services like consultations and advice from experienced physicians and benefits both healthcare professionals and patients because it can reduce the cost and time for services.

Both the study countries and Japan have the same problem: an uneven distribution of healthcare resources and unmet needs for healthcare services, particularly in remote areas. All the governments can be encouraged to promote investment in the development of digital-technology-based healthcare services so that all people, from new-borns to older people, in any living condition can benefit from up-to-date healthcare services.

A cost-efficient healthcare system

As the population of older people grows, Japan's national medical care expenditure has been skyrocketing. It was about ¥30.1 trillion or 5.7% of the gross domestic product (GDP) of Japan in 2000 but increased to about ¥43.4 trillion or 7.9% of GDP in 2018. These figures do not include the expenditure of long-term care insurance, which was about ¥10.4 trillion in 2018. Considering the rapid population ageing, the study countries would also be expected to have a similar financial burden on healthcare services. The concept of a 'broad-based healthcare system' was designed to possibly contribute to the reduction of such a burden through the promotion of active, healthy, and productive ageing.

As the country with the most aged population in the world, Japan can share some good practices in line with a 'broad-based healthcare system'. Kashiwa City, located in the outskirts of Tokyo, provides one of them, the 'Kashiwa model'. The city has a large population of baby boomers, who were born some years after the end of World War II and still account for a considerable proportion in Japan's population structure. The Kashiwa model was designed to promote active and healthy ageing and to realise 'ageing in place' because it was expected that hospitals in and around the city would not be able to accommodate all the people of this generation when they were dying in terms of the capacity both of patient beds and human resources. The model incorporates a wide range of concepts, such as health promotion (disease prevention, community healthcare, nutritional improvement, and exercise programmes), social involvement of older people, seamless transition from acute care to long-term care, and information sharing systems amongst the stakeholders involved with any type of care in the community. The city also promoted the employment of older people as one of its strategies to prevent frailty.

Another example is the 'Life Support Mie-Nishi' project in Yokkaichi City, an industrial city in central Honshu of Japan. Under this project, older people in the local community established a membership group that provides mutual support amongst members for their daily needs, such as house cleaning, shopping, and food preparation, etc. Both these examples were developed aiming for the promotion of active, healthy, and productive lifestyles for older people and, potentially, for the reduction of financial costs of public healthcare expenditure.

In conclusion, this report dealt with the outcome of pioneering projects of chronic-phase rehabilitation and nutritional management in Cambodia, the Lao PDR, and Viet Nam. Considerable needs for such services have been detected, but it has also been identified that further resources are needed to provide such services. Considering the diversities in the social, culture, and political backgrounds of these countries, it would be important to deeply understand the real needs for the services, as presented in this project, to promote a 'broad-base healthcare system'. The governments of Cambodia, the Lao PDR, and Viet Nam can be encouraged to review their current healthcare systems, particularly whether they are covering the 'double burden' or not, and identify the unmet needs of healthcare services. Multilateral cooperation amongst Cambodia, Japan, the Lao PDR, and Viet Nam has a great potential for achieving the development of reliable and affordable healthcare systems which is in line with universal health coverage as mentioned in the 2030 Agenda

for Sustainable Development of the United Nations, through sharing practices and lessons from the different backgrounds with each other. Health for all without leaving anyone behind is indispensable for creating mutually beneficial relationships amongst the countries in the region and even for enhancing economic development.

References

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