

## Executive Summary

One of the common challenges in Asia is population ageing. As the population ages, the elderly population will increase, and the number of elderly people who need long-term care will increase accordingly. Long-term care is quoted from the World Health Organization (WHO) website as follows:

Older people continue to aspire to well-being and respect regardless of declines in physical and mental capacity. Good-quality long-term care is essential to provide older persons with the care and support to maintain their functional ability consistent with their basic rights, fundamental freedom, and human dignity. (WHO, Data Platform, Ageing-Long-term Care for Older People. <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/ageing-data/ageing---long-term-care-for-older-people>)

Despite the ageing of the population, the working-age population is decreasing relatively and even absolutely in many Asian countries. With industrialisation and urbanisation, the working-age population would be employed as industrial workers, and older persons might no longer be dependent on traditional family care and community care. In that case, it would be necessary to 'de-family' and socialise long-term care. This would be where it becomes necessary to socially develop institutional care for the elderly. Originally, public institutional care has been provided only for the elderly who are unable to work, who are poor, and who are without relatives. This is still the same situation in many countries. However, as the population ages, older persons will seek long-term care services that anyone can use, even if they are wealthy or have a family, if their daily living ability declines. This is the reason why we focus on institutional care for the elderly.

The institutional care for the elderly in need of long-term care (LTC) is supported by trained and professional staff and equipped with housing facilities. Public institutional care, which only accepts the poor, people with no relatives and are unable to work, is provided by civil servants, employed workers, and volunteers. Furthermore, in places like Japan where a long-term care insurance system has been established, services are provided by a variety of employed workers, mainly long-term care professionals with national qualifications.

The institutional care for the elderly may be efficient, but it carries the risk of massive damage when faced with disasters and pandemics. Indeed, the novel coronavirus disease (COVID-19) has posed that challenge. In the early phase of COVID-19, clusters and deaths occurred in nursing homes in Italy and the United States. Compared to Europe and the United States, Japan that has developed institutional care to a certain extent has been able to contain the outbreak of infection clusters and the increase in mortality in long-term care facilities to at least the extent of the Omicron variant epidemic. However, compared to Asian countries, it is not always safe for the elderly in Japan.

What challenges has the long-term care for the elderly been posed by COVID-19, what vulnerabilities have it exposed, and what kind of resilience has been born? We organised a research team to address and conduct research on this issue. Although our research was extremely difficult due to the pandemic, the research team conducted a multifaceted survey using each research method.

In Chapter 1, Takeo Ogawa provides an overview of the framework of this research study. Overlooking long-term care for the elderly in Asia, many countries rely on the care by family members and by residents. Few countries like Japan have shifted from a family care system to an institutional and community care system. Therefore, the resilience and vulnerability of LTC needs to be looked at from both institutional and community care perspectives. The resilience is defined as the ability to recover again after something difficult or bad has happened. For enhancing resilience of LTC, it is needed to clarify the conceptual diagram of resilience, he said.

In Chapter 2, Reiko Hayashi made an international comparison of the demographic impact of COVID-19 based on demographics. Whilst the infected cases of COVID-19 in older persons is not a particularly large number, it has shown that the mortality rate amongst the elderly is high. It also showed that the rate of COVID-19 deaths in Japanese facilities was extremely low. For understanding such facts, there needs to be an understanding of the death registration system. Hayashi emphasises such vital statistics as more reliable datasets should be disseminated in ASEAN countries.

In Chapter 3, Katsuhiko Kikuchi conducted interviews with managers of LTC facilities on business continuity planning (BCP) and business continuity management (BCM) in Japan. BCPs set out the resilience to ensure that critical businesses are not interrupted and restored in the short term in the event of a crisis such as COVID-19. BCM is to ensure the requirements for it. Through interviews with managers, it was confirmed that day-to-day management skills are necessary to achieve these issues. Furthermore, it will be needed to provide agile leadership in the initial response system and the multitasking of LTC jobs and smart care applying information and communication technology, etc. for resilience.

In Chapter 4, Reiko Hayashi's group conducted a survey in Japan and Indonesia to determine the ventilation state in a real room by measuring the concentration of carbon dioxide gas from the viewpoint of environmental health. Although telemetry is possible with a simple terminal and communication application, it was found that there are problems such as the lack of a Wi-Fi environment in which it can operate effectively.

In Chapter 5, Shun Ohno and his group conducted interviews with foreign care workers and students being training as certified care workers residing in Japan, group discussions, and the sense of coherence (SOC) survey as an indicator of resilience. In Japan, there are foreigners engaged in long-term care work with various residency status. They are conceptualised as migrant care workers (MCW) together. The author poses the questions: What kind of status of residence is advantageous for MCWs to engage in LTC jobs? What are the disadvantages? What was the impact of COVID-19? Was there social support? The chapter examines various aspects of the global market of MCWs.

In Chapter 6, Kaysorn Sumpowthong's group from Thailand conducted a knowledge, attitudes, and practices (KAP) survey and interviews with community volunteers and staff of long-term care facilities. The KAP survey is an integrated platform for users to collect, manage, and analyse data. KAP surveys originated in the 1950s in the fields of family planning and population research. Also known as knowledge, attitude, behaviour, and practice surveys, these are now widely accepted for the investigation of health-related behaviours and health-seeking practices. In Thailand, village health volunteers (VHVs) have been cited as key persons in providing proactive support and have successfully managed COVID-19 outbreak control. Bangkok and Patum-Tani Province were selected as field survey settings. VHVs had little knowledge of aerosol infections and did not wear masks at home, but they were highly resilient. Strengthened and upgraded VHVs became more involved in the area of community-based long-term care. Also, the Ministry of Public Health in Thailand launched new regulations in 2021 for private LTC facilities to monitor and supervise the services. Private facilities for the elderly have formed a federation to share information with each other. The Health and Elderly Establishment Confederation provides a variety of support and activities for LTC and works as a bridge to connect to government sectors. Then, a model for COVID-19 prevention and resilience for LTC was proposed.

In Chapter 7, Susiana Nugraha and Indonesian colleagues conducted a KAP survey of caregivers in facilities and in the community. Although caregivers in communities and care workers in facilities do not have rich literacy for infection prevention and control, they had made efforts for older persons to perform exercise and sunbathing in order to maintain their healthy life. The author recommends that policymakers establish a community based integrated care system, and for researchers to construct a training module for the infection prevention and control.

In Chapter 8, Takeo Ogawa summarises the findings revealed by these research studies, and based on the lessons learned, provides recommendations for building resilient care in response to infection crises. In the short term, policymakers and care professionals need to disseminate existing guidelines of infectious disease control, to support designing business continuity plans for public and/or private LTC service providers, and to engage in online training programmes aimed at improving the competencies of long-term care workers. In the medium term, policymakers and care professionals will need to address the challenges that long-term care administration has been unable to respond flexibly to COVID-19. After sorting out issues related to the existing division of labour, the standard of referrals, and monopolies of professional services, long-term care facilities and long-term care workers should be able to respond flexibly and promptly to changes. In the long term, the prolonged COVID-19 pandemic has highlighted structural weaknesses in existing aged care, including the ambiguous positioning of long-term care facilities within the community comprehensive care system, the unclear job description of care work, complex professional collaboration, the division of the infectious disease task force over each facility, the qualification framework of migrant care workers and in career development, deskilling risks, etc. To overcome these vulnerabilities and establish resilient long-term care, policymakers and care professionals should develop creative and alternative long-term care solutions.