

Chapter 1

Introduction

July 2023

This chapter should be cited as

ERIA study team (2023), 'Introduction', in Takeo Ogawa, Takuma Kato, and Asuka Nagatani (eds.), *Resilient Long-term Care under the COVID-19 Pandemic in Indonesia, Japan, and Thailand*. ERIA Research Project Report FY2023 No. 08, Jakarta: ERIA, pp.1-26.

Chapter 1

Introduction

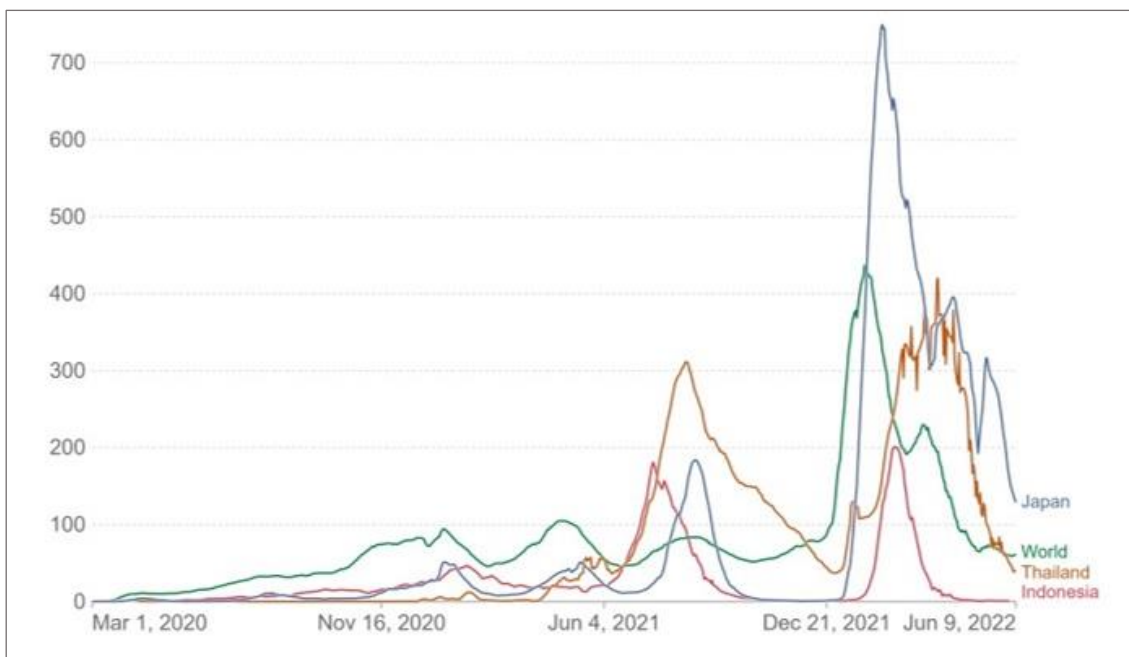
1. Background and Objectives of the Project

1.1. Daily New Confirmed Covid-19 Cases per Million People

The novel coronavirus disease (COVID-19) caused a pandemic in the world and had a huge impact on the economy and society as a whole. It has repeated a long-term wavy epidemic since 2020 (Figure 1.1). Each country has dealt with policy execution, corporate efforts, and civic behavioural changes according to each situation.

COVID-19 has seen several waves of outbreaks. Our research covers the first wave up to the fifth wave of β mutants in Japan. It is not subject to research after the spread of the Omicron mutant strain from January 2022.

Figure 1.1. Transmission of COVID-19 Infection in Indonesia, Japan, and Thailand



Note: Daily new confirmed COVID-19 cases per million people, 7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

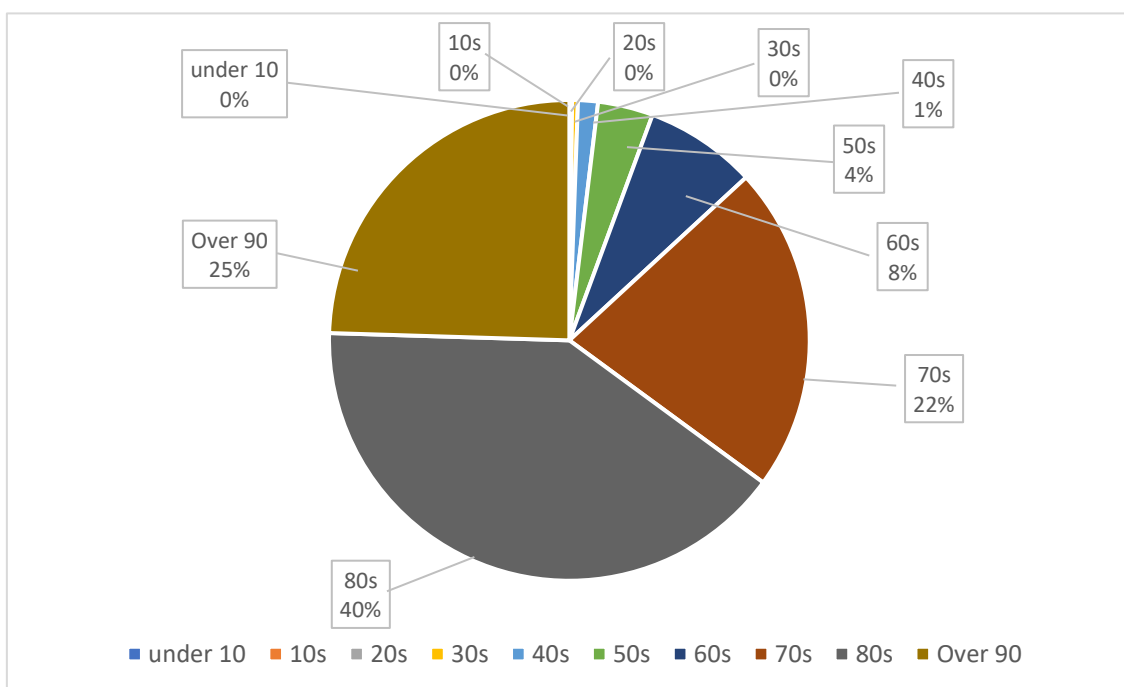
Source: John Hopkins University Center for Systems Science and Engineering COVID-19 Data. <https://ourworldindata.org/coronavirus> (accessed 31 July 2022).

1.2. The Vulnerability of Older Persons to COVID-19

COVID-19 is causing enormous damage to vulnerable people. The actual situation is different from country to country. In addition, the damage situation according to gender and age is different in each country. According to the United Nations Children's Fund (UNICEF, 2022), Japan released statistics by gender and age of cases and deaths, Thailand released age-specific and gender statistics only for cases, and Indonesia has not released any of them.

In Japan, if persons infected with COVID-19 died in the pandemic, the prefecture reported it statistically as a 'COVID-19 death,' whether it was a direct or indirect cause of death in accordance with the public health law. Therefore, the figure is different from official vital statistics based on the doctor's death certificate under the Demographic Survey Order. Based on Japanese statistics, which are reported by prefectures, the age-based composition of COVID-19 deaths shows that more than 80% of the age groups were in their 70s and older, and the elderly were the most vulnerable (Figure 1.2).

Figure 1.2. Cumulative Deaths: Distribution by Age in Japan



Source: Ministry of Health, Labour and Welfare (MHLW) Japan (2022). <https://covid-19.mhlw.go.jp> (accessed 31 July 2022).

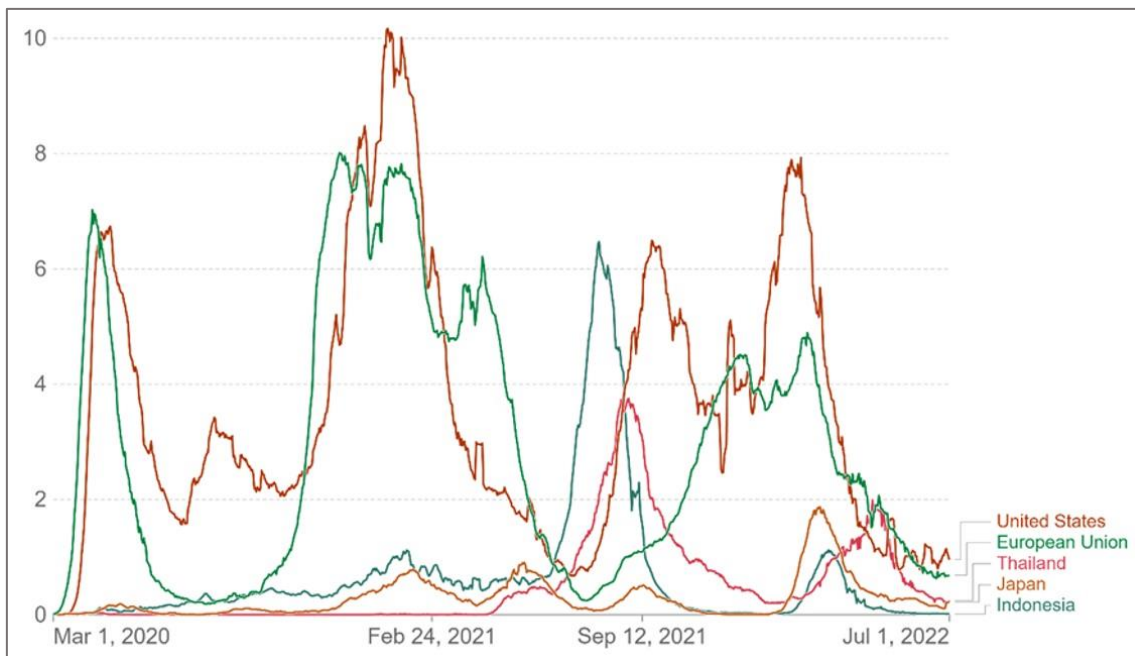
In the facilities where older patients were hospitalised, provided with day care, or institutionalised, mass infections of the elderly were likely to occur, and the fatality rate was also high. According to Japan's 2020 census, 6.3% of the population aged 65 and over lived in facilities.

In welfare facilities for the elderly, infectious diseases are prone to become epidemics because vulnerable elderly people live in groups. When COVID-19 spread in Europe and the United States, many elderly people in facilities died, which had a great impact on citizens. In Japan, mass infections of COVID-19 occurred in long-term care facilities (LTCF), but the number of deaths were not as high as in Europe and the United States (OECD, 2021).

In addition, the outbreak of such an infectious disease in the ageing population not only caused excess deaths, but the prevention of infection also hindered existing economic and social activities (Sanchez, 2021).

However, Japan was able to suppress infectious outbreaks amongst the elderly and to keep the mortality rate low compared to European and North American countries, even though Japan's population is ageing and there are many LTCFs for the elderly.

Figure 1.3. Global Comparison of COVID-19 Deaths



Note: Daily new confirmed COVID-19 deaths per million people, 7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

Source: John Hopkins University Center for Systems Science and Engineering COVID-19 Data. <https://ourworldindata.org/coronavirus> (accessed 31 July 2022).

On the other hand, compared to countries in East Asia and the Association of Southeast Asian Nations (ASEAN), in Japan infection suppression of COVID-19 has not always been successful. The difference between East Asia and Japan may be related to the acceptance of lockdown measures in the initial response to infection, the presence or absence of live-in care staff, and the presence or absence of stationed doctors and nurses.

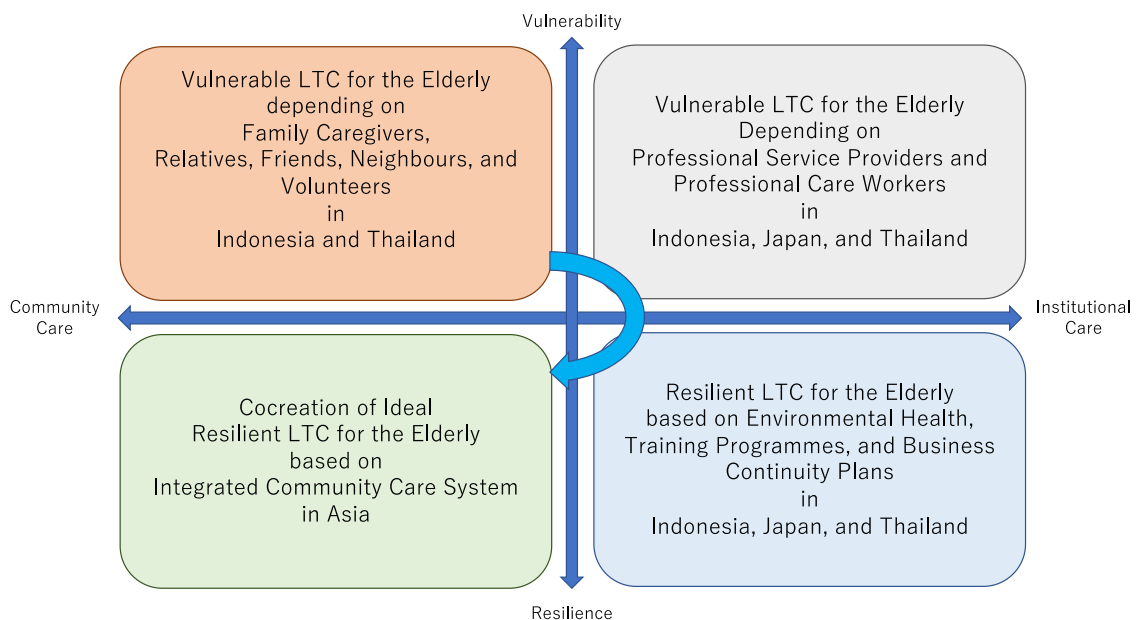
In ASEAN countries, care for the elderly is often entrusted to families and communities, so mass

infections in LTCFs may not be visible as a problem. However, with the ageing of the population, it will be necessary to develop resilience to prepare for infectious disease risks in the future when LTCFs will be established in ASEAN countries.

Japanese long-term care providers developed resilience experiences during COVID-19 as business continuity plans (BCP). There are three major management components of long-term care (LTC) in BCPs. One element is the management and operation of physical infrastructure such as facilities and equipment. The second element is the management and operation of human relations such as residents, working people, and visitors. The third factor is the management and operation of money. In this study, the management of the physical infrastructure and human relations are elements of a BCP in accordance with international standards. Therefore, this study will focus mainly on these two aspects.

The Japanese government recommends that BCPs in the situation of COVID-19 infection at the long-term care service providers be prepared with the following components: members of the BCP promotion task force; contact directory outside facilities and offices; body temperature and physical condition checklist of staff, residents and clients; infectious and high-risk contact persons (including suspected persons) management list; emergency contact network by staff of specified department; stockpiling list (personal protective equipment etc.); job classification for selecting priority work; and body temperature checklist at the time of visitor entry (MHLW, 2020).

Figure 1.4. Focusing Paradigm of Long-term Care Regime

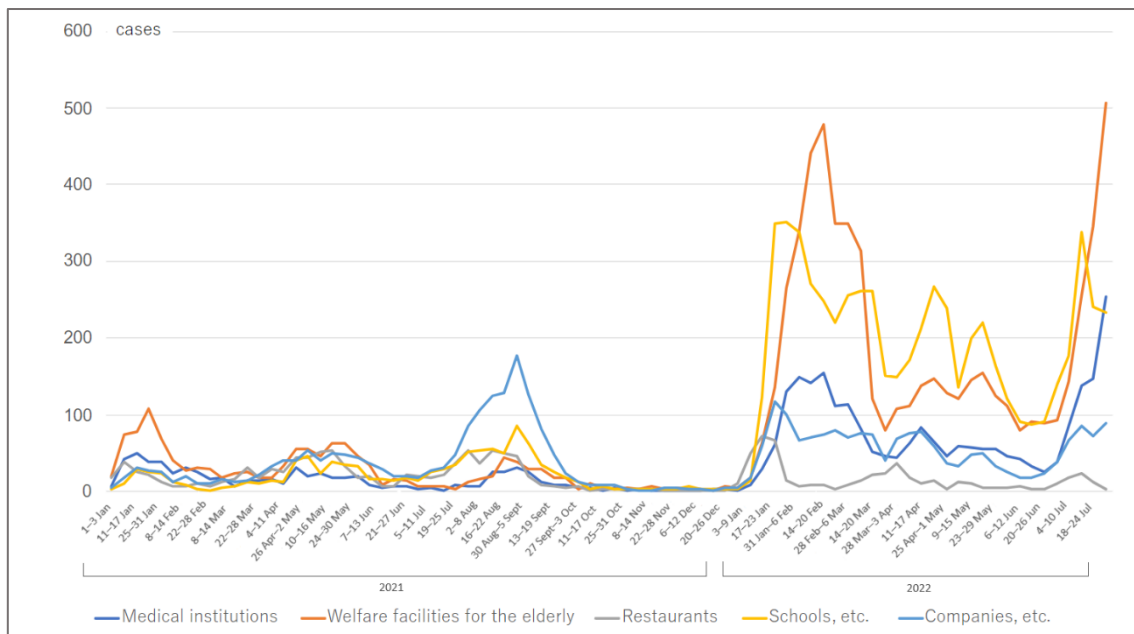


LTC = long-term care.

Source: Compiled by authors.

No matter how much we tried, the risk of mass infection (infection clusters) in elderly facilities was high. In Japan, some infection cluster occurred in the first wave. However, from the second wave to the fifth wave, infection cluster in LTCFs was controlled well. Since COVID-19 is a human-based infection, training is needed to cut off the infection path from the facility staff. Staff members are required to have knowledge, skills, and attitudes as the basic competency. Also, the maintenance of LTCFs on the environmental health approach is required much more than community-based care. Then, LTC service providers should make efforts to design a business continuity plan and management. It includes the need to not only to manage economic capital but also to manage human, social, and environmental capital. Long-term care workers (LTCW) must learn the knowledge, attitudes, and practical skills for infection prevention and control. Although Japanese certified care workers are trained as professionals, they were confused about the unknown causes of COVID-19 infection. They needed to renew their knowledge, attitudes, and practical skills for adapting new normal LTC for the elderly in their workplace, in crowds, and at home. They must prevent not only to be infected but also not to infect others. Long-term care workers in LTCFs are not nurses. However, they sometimes work as hospital nurses. They are regarded as essential workers. However, this recognition was delayed in COVID-19 infection.

Figure 1.5. COVID-19 Cluster Events by Week in Japan



Source: Ministry of Health, Labour and Welfare (MHLW) Japan (2022). Visualising the Data: Information on Covid-19. <https://covid-19.mhlw.go.jp> (accessed 31 July 2022).

In addition, there was a problem in the training and use of foreign long-term care workers. In Japan, many foreign workers for the elderly are already working and learning. Through their eyes, it is necessary to evaluate how the resilience of long-term care for the elderly towards infectious diseases was realised in Japan, and to design and to shift it as a training module that can be widely used by

sending countries. International migrant care workers (MCW) are categorised in the status of residence of foreign care workers in Japan (Table 1.1.)

Table 1.1. Status of Residence of Foreign Care Workers in Japan

Status of Residence	Examples	Period of Stay
Medical Services	Physician, dentist, or registered nurse	5 years, 3 years, 1 year, or 3 months
Nursing Care	Certified care worker	5 years, 3 years, 1 year, or 3 months
Specified Skilled Worker	Foreign nationals engaging in work requiring skills which need considerable knowledge or experience belonging to specified industrial fields (LTC)	1 year, 6 months, or 4 months
Technical Intern Training	Technical intern trainees (LTC)	Period designated individually by the Minister of Justice (2 years or less)
Student	Student	Period designated individually by the Minister of Justice (4 years, 3 months, or less)
Designated Activities	Nurse and certified caretaker candidates under the Economic Partnership Agreement	3 years
Permanent Resident	Korean, Japanese, etc.	Unlimited
Spouse or Child of Japanese National	Article 817-2 of the Civil Code	5 years, 3 years, 1 years, or 6 months
Spouse or Child of Permanent Resident		5 years, 3 years, 1 year, or 6 months
Long-term Resident	Japanese, Brazilian etc.	5 years, 3 years, 1 year, 6 months, or a term designated by the Minister of Justice (5 years or less)

LTC = long-term care.

Source: Immigration Services Agency of Japan (2021).

2. Methodologies of the Project: Frame of Reference

This research project is a study using a psychosocial approach on the initiatives for COVID-19. Biomedical approaches on COVID-19 are interested in high-risk targets that lead to individual deaths, such as the causes of infection, infection processes, prevention, isolation, and medical treatments (Zamora-Ledezma, et al., 2020).

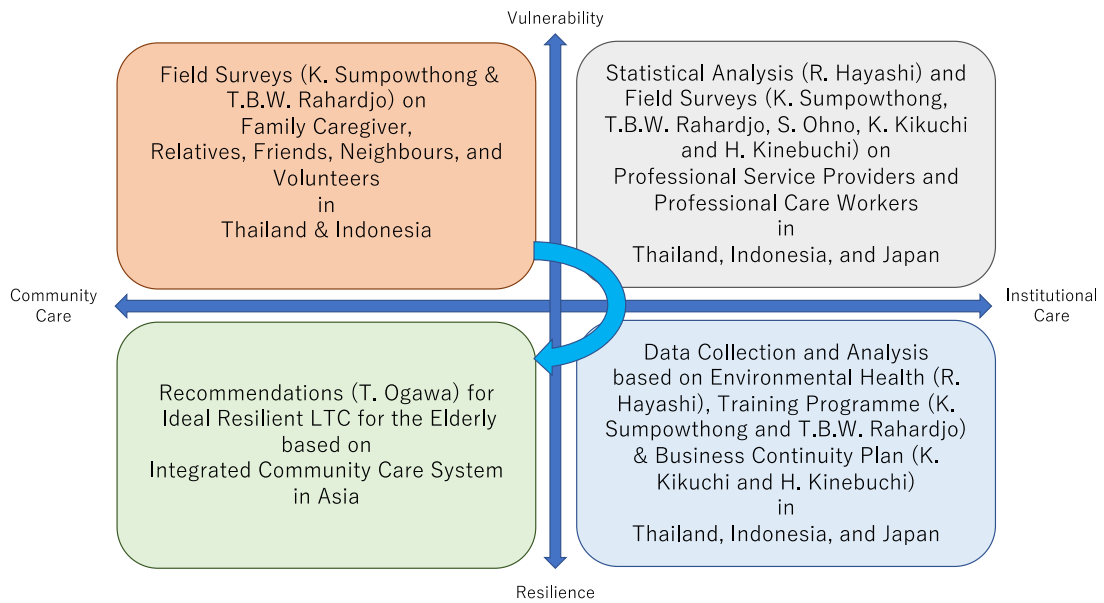
In contrast, the psychosocial approach is interested in the spread of infections by a wide range of populations, including infected people, and also families who care for the infected, essential workers, nearby residents, colleagues, the public, and corporate citizens to prevent infection (Dubey, et al., 2020).

When considering Japan's efforts towards COVID-19 using the psychosocial approach, it is necessary to differentiate the macro-level, mezzo-level, and micro-level factors: The macro-level analysis was carried out by collecting data from national and international statistics and conducting online interviews (Wang, 2021).

The mezzo-level action entities are local governments, individual corporate organisations, and voluntary organisations. In the event of a natural disaster or pandemic, corporations, medical corporations, welfare corporations, and non-profit organisations, etc. which implement social and economic activities, will be forced to suspend their daily activities. It will cause great economic damage. At the same time, if the period of emergency evacuation is prolonged during a disaster or from the time of infection, recovery and reconstruction will be difficult. After such an emergency occurs, the possibility of business continuity will be questioned. Therefore, it is necessary for business establishments to have BCPs prepared in advance (Japan Federation of Kaio Business Providers, 2020; ILO, 2020; South Australian Government, Office for Ageing Well. 2021; Comas-Herrera, Ashcroft, and Lorenz-Dant, 2020; Giri, Chenn, and Romero-Ortuno, 2021.) A BCP will allow critically important business or work to continue even in the event of unforeseen circumstances.

In a BCP, it is necessary to increase resilience in two main aspects. One aspect is hygiene management related to the facility environment (improvement of the environment, cleaning of the facility, treatment of vomit, treatment of blood, and body fluids, amongst others). In the COVID-19 pandemic, problems such as ventilation, procurement of masks, gowns, and disinfectants, waste disposal, etc. emerged (UN HABITAT, 2021, WHO, 2017). The second aspect is human-related management such as staff, the elderly, and their families. With regards to staff management, the COVID-19 pandemic has been recognised as requiring tougher training and practice than ever before. The staff management of MCW is also an important issue (ILO, 2020; Periyasamy, 2021; WHO, 2020b; Comas-Herrera, Ashcroft, and Lorenz-Dant, 2020; Kiyota, 2021).

Figure 1.6. Our Research on Paradigm of Long-term Care Regime

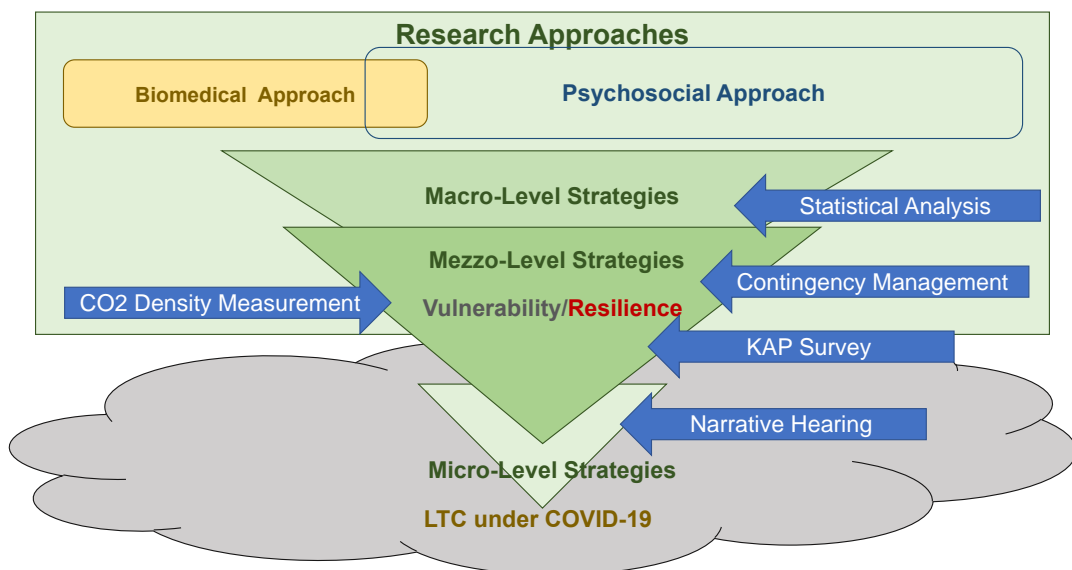


LTC = long-term care.

Source: Compiled by authors.

In ASEAN countries, care of the elderly is often handled by the informal sector. Therefore, improving resilience to pandemic clusters in long-term care facilities for the elderly, as in Japan, is not yet treated as a problem. However, it is important to share the knowledge of Japanese service providers about BCPs, as it is expected that the development of LTCFs in ASEAN countries will proceed in the future.

Figure 1.7. Research Approaches and Methods



KAP = knowledge, attitudes, and practices, LTC = long-term care.

Source: Compiled by authors.

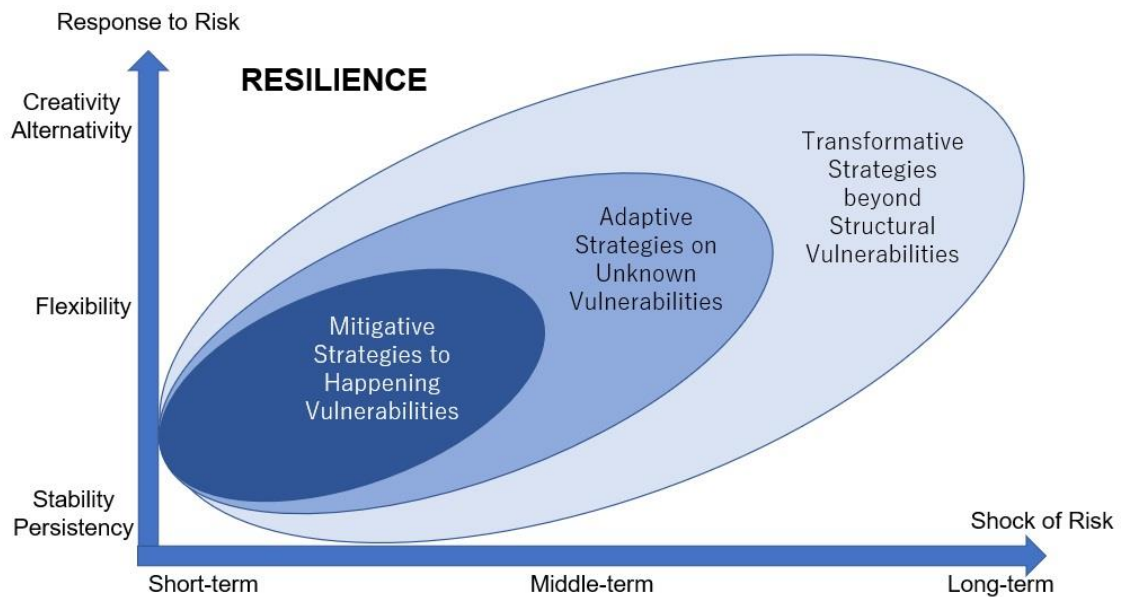
At the micro level, each individual is the subject of action. In Japan, the core human resources that support the problem-handling of long-term care are professionals. The professions that have attracted attention since the outbreak of COVID-19 began are those who are directly engaged in care work in addition to doctors, nurses, and co-medical workers. They are people who cannot avoid physical contact in the course of their duties even if they know that the risk of infection is high and have to go out to a client's place even if they are asked to stay home. Japanese care workers have been trained to deal with infectious diseases such as food poisoning and influenza every year, so they have been able to take some action. However, there were cases where it was not possible to cope with the new COVID-19 pandemic (OECD, 2020; Ide, 2020; Estevez-Abe and Ide 2021a, 2021b; Abe and Kawachi, 2021; Suzuki, Morikawa, and Wakabayashi, 2021).

People's ability to solve the challenges they face is measured by their knowledge, attitudes, and practices. A knowledge, attitudes, and practices (KAP) survey is a method (predefined questions formatted in standardised questionnaires) that provides access to quantitative and qualitative information. KAP surveys are often used in health surveys. They provide a baseline for family caregivers, volunteers, and care workers to discover, educate, enlighten, and train what they cannot do in reality. For enhancing the resilience of caregivers and care workers, we should understand their knowledge, attitudes, and practices in the current situation. This research aimed to investigate KAP amongst people involved in the care of the elderly in each country and contribute to the creation of training programmes for them.

Several efforts have been made to demonstrate the resilience to infectious disease in various sectors in each country against the current vulnerable state of long-term care. However, for realising the ideal 'ageing in place' for older persons, it will be necessary to gather the best practices and to design strategies and tactics for more effective prevention of infectious diseases (Tsuji, 2021; WHO, 2020d; Gleckman, 2020).

The COVID-19 pandemic, which has been spreading around the world since 2020, has disrupted people's daily and normal lives. In the face of this crisis, the vulnerability of people's daily lives and also the activities of various business establishments were highlighted. Nonetheless, there have been efforts by individuals and business establishments to overcome this vulnerability and demonstrate their resilience. Rather, it can be said that such resilience is the first step in building the new normal standard for the next era.

Figure 1.8. Conceptual Diagram of Resilience



Source: Compiled by authors.

Therefore, we tried to focus on the world of LTC for the elderly, a common issue in ageing Asia, to uncover the vulnerabilities exposed by COVID-19 and the resilience explored from that. Let us define resilience here as the ability to recover again after something difficult or bad has happened.

In considering resilience, as shown in Figure 1.8., depending on whether the risk shock is short-term or long-term, resilient responses to risk can take on various aspects from maintaining stability, flexible adaptation, to alternative creative innovation. The resilience to maintain stability against short-term risks will be an effort to mitigate as much as possible the vulnerabilities that arise. The resilience to sustain middle-term risks will be a flexible approach to adapting to unexpected vulnerabilities. The resilience will be an alternative and transformative approach, which is different from existing responses, to emerging structural vulnerabilities exerted if risks persist for a long-term.

We researched LTCFs and community-based LTC in Japan, Thailand, and Indonesia. We found vulnerability and resilience of long-term care for the elderly during COVID-19. From the lessons learnt based on findings, we summarised the supportive policy for enhancing resilient LTC for the elderly. It is not only a focus on institutional care but also integrated community-based care. 'Ageing in Place' is common sense for realising the wellbeing of all citizens. Older people, their families, community volunteers, and professionals like LTCWs will have to be co-creators of an integrated community-based care system in ageing Asia.

3. Implementation of our Project

This study was conducted in the midst of the prevalence of COVID-19 all over the world. For that reason, it was not possible to meet with the planned survey subjects, and it was hard to obtain cooperation at facilities that were busy with responses. Professor Tri Budi Rahardjo, who oversaw the Indonesian research team, suffered the misfortune that her husband, eldest son, and granddaughter died of COVID-19. In Japan, a mass infection occurred at the university where the research members belonged, and the research activities themselves were restricted. Due to such circumstances, the investigation schedule was extended. In addition, when going to an interview, we had to make an unexpected expense such as performing a polymerase chain reaction (PCR) test. In spite of these difficulties, each research team implemented the research by repeating the ingenuity as much as possible. Research studies conducted by each research team will be reported in detail in later chapters.

Although it was difficult to conduct research, unexpected changes occurred in the world of information transmission and sharing. With the spread of internet use, even if physical meetings were not possible, meetings and interviews were able to be conducted online. Therefore, for supervising the whole team, webinars were held every month with the aim of mutually learning and understanding the goals, research methods, and progress of each research. The materials are summarised as appendices at the end of this report.

4. Review of Literature

4.1. Preventing and Managing COVID-19 across Long-term Care Services

The World Health Organization (WHO) published 'Preventing and Managing COVID-19 across Long-term Care Services' as a policy brief in 2020. The brief provides 11 policy objectives and key action points to prevent and manage COVID-19 across long-term care. The 11 policy objectives are:

- Include LTC in all phases of the national response to the COVID-19 pandemic.
- Mobilise adequate funding for long-term care to respond to and recover from the COVID-19 pandemic.
- Ensure effective monitoring and evaluation of the impact of COVID-19 on LTC and ensure efficient information channelling between health and LTC systems to optimise responses.
- Secure staff and resources, including adequate health workforce and health products, to respond to the COVID-19 pandemic and deliver quality LTC services.
- Ensure the continuum and continuity of essential services for people receiving LTC, including promotion, prevention, treatment, rehabilitation, and palliation.
- Ensure that infection prevention and control standards are implemented and adhered to in all LTC settings to prevent and safely manage COVID-19 cases.
- Prioritise testing, contact tracing, and monitoring of the spread of COVID-19 amongst people

receiving and providing LTC services.

- Provide support for family and voluntary caregivers.
- Prioritise the psychosocial well-being of people receiving and providing LTC services.
- Ensure a smooth transition to the recovery phase.
- Initiate steps for transformation of health and LTC systems to appropriately integrate and ensure continuous, effective governance of long-term care services.

The WHO report 'Health Workforce Policy and Management in the Context of the COVID-19 Pandemic Response' was published in 2020. This guide consolidates COVID-19 guidance for human resources for health managers and policymakers at national, subnational, and facility levels to design, manage, and preserve the workforce necessary to manage the COVID-19 pandemic and maintain essential health services. The guide covers the following areas (WHO, 2020b, p. 3):

Supporting and protecting health workers:

Infection prevention and control, including use of and access to personal protective equipment.

Decent working conditions, including occupational health and safety.

Mental health and psychosocial support.

Remuneration and incentives.

Strengthening and optimising health workforce teams:

Building competencies through education and training.

Optimising roles.

Leveraging community-based health workers.

Increasing capacity and strategic health worker deployment:

Improving health worker availability through hiring and redeployment.

Activating partner networks.

Rationalising the health workforce distribution.

Ensuring a supportive work environment, including a manageable workload.

Health system human resources strengthening:

Improving health workforce information systems, including to track health worker infections.

Assessment and planning of health workforce needs.

Licensing and regulation reforms.

Strengthening governance and intersectoral collaboration mechanisms.

The WHO Western Pacific Region published 'Preparedness Checklist for Long-Term Care Facilities: COVID-19 Infection Prevention and Control' in 2020. This checklist can be used by facility

administrators, infection prevention and control focal points or staff, internal or external professionals. The seven elements of the checklist are (WHO Western Pacific Region, 2020a):

- Facility information
- Organisation and planning
- Safe and healthy work environment
- Equipment and supplies
- Cleaning, disinfection, and waste disposal
- Education and training (for staff, residents, and visitors)
- Communication

The WHO Western Pacific Region also published 'Communication Toolkit for Long-Term Care Facilities' in 2020. (WHO Western Pacific Region, 2020b).

The European Centre for Disease Prevention and Control did a surveillance of COVID-19 in LTCFs in the European Union/European Economic Area in 2021. It discussed limitations include difficulties in pooling or comparing national data due to differences in the national surveillance systems such as the participating types of LTCFs, testing policy, and surveillance definitions, among other caveats (ECDC, 2021).

4.2. Review Articles of LTCFs and KAP Survey during COVID-19

The Health and Welfare Bureau for the Elderly, Japan Ministry of Health, Labour and Welfare, published 'Guidelines for Business Continuity at Care Facilities in the Event of COVID-19' in 2020 (MHLW, 2020). Achieving resilience for LTCFs during the COVID-19 pandemic is nothing less than ensuring business continuity. Characteristics of COVID-19 measures and the main points for business continuity are:

- Accurate information collection and quick and accurate decision making
- The key to business continuity is mainly adjustments in manning
- Prevention of staff infection in order to secure manpower

Therefore, LTCFs need to develop BCPs for infectious diseases. Points for preparing a BCP are described in the following items:

- Information sharing and division of roles with stakeholders, building a decision-making system
- Formulation of a response flow in the event of (suspected) infections
- Securing support personnel in anticipation of staff shortages
- Determining work priorities
- Making sure staff are informed and trained on the BCP during normal times so that it can be implemented when needed (MHLW, 2020).

Dykgraaf et al. published a review article titled 'Protecting Nursing Homes and Long-term Care Facilities from COVID-19: A Rapid Review of International Evidence' in 2021. The report pointed out that attention to ventilation and environmental management, digital health applications, and acute

sector support were also considered beneficial, although evidence for effectiveness was lacking. It also introduced the fact that staff represented substantial transmission risk and workforce management strategies were important components of pandemic response. Higher-performing facilities with less crowding and higher nurse staffing ratios had reduced transmission rates. It concluded that facility-level leadership, intersectoral collaboration, and policies that facilitated access to critical resources were all significant enablers of success (Dykgraaf, et. al., 2021).

Masoud et al. published 'KAP-COVID GLOBAL: A Multinational Survey of the Levels and Determinants of Public Knowledge, Attitudes and Practices towards COVID-19' in 2021. They concluded the following based on a cross-sectional study that assessed the levels and determinants of KAP towards COVID-19 in 22 countries (Masoud, et.al., 2021):

The public in those countries had fair knowledge and good attitudes towards COVID-19, but one-third of our participants did not know that infected individuals can be asymptomatic, which increases their risk of exposure to the disease.

Almost half of our participants held negative or uncertain attitudes about contacting Chinese people and more than one-third had similar attitudes towards doctors.

82% of respondents usually wear face masks in crowded places, but only 52% wear masks outdoors in general.

4.3. Findings and Lessons Learnt from Research on Long-term Care during COVID-19 Lessons Learnt Internationally

Global Union (UNI) published 'Most Dangerous Job: The Impact of COVID-19 on Long-Term, Care Workers in the US, UK, Canada, Ireland, and Australia' in 2021 and recommended the following:

- The working conditions and pay of LTCWs should be improved in all nations with the goal of improving employee retention and maintaining institutional knowledge. Reliance on temporary workers and workers that move amongst multiple care facilities should be minimised as much as possible by giving people full-time jobs with decent pay.
- Staff-to-resident ratios should be increased to safeguard the health of both.
- COVID-19 should be considered an occupational disease for all LTCWs.
- Investment in the LTC sector should be increased and tied to both worker and resident outcomes, providing incentives for investors, employers, and governments to follow the strictest safety protocols and best practices.
- Robust tracking systems should be developed and implemented to track coronavirus infections, hospitalisations, and deaths amongst workers on a national level. Ideally, these data should be broadly comparable internationally.
- Infectious disease training should be provided to all LTCWs on an annual basis.
- Health and safety structures, including worker or joint committees, should be used to address COVID-19 risks and to impose stronger measures that include infectious disease protocols,

access to personal protective equipment (PPE) and vaccines, among others. If they do not currently exist at a worksite, they should be created.

- Most importantly, workers must have a voice in decision-making in the workplace through unions and collective bargaining. And as part of the move towards empowering workers, each nursing home needs a worker health and safety committee and democratically elected worker safety representatives.

Kiyota published 'Elder Care Providers and COVID-19: Cross-Cultural Perspectives' in 2021. It reported lessons learnt based on interviews. The vulnerability of elder care settings during COVID-19 has highlighted systemic challenges that this sector faces. Lessons learnt include:

- **Fostering Equity**
Eliminate global inequity such as tests, PPE, and technology.
Share procedures and educational materials through global network.
- **Learning from Experience**
Study experiences and share lessons globally.
- **Protecting Human Rights**
Create balance between social interaction and infection control by developing a creative system.
- **Supporting the Workforce**
Develop training and education
Develop systems for awarding formal recognition
- **Adapting the Physical Environment**
Design buildings for infection control: small-scale household units, private ensuite rooms, safe outdoor spaces, wide corridors, and enhanced ventilation.
Minimise cross-contamination within buildings
- **Developing Effective Policies and Guidelines**
Ensure that policies are relevant to elder care settings by including elder care providers in the development of those policies.
- **Advocating for Elders and Caregivers**
Develop local support networks of elder care providers

Estévez-Abe et al published 'COVID-19 and the Long-Term Care system in Japan' in 2021 for International Long-term Care Policy Network. They found some traits of Japan's response towards COVID-19 (Estévez-Abe, et al., 2021b).

- Despite being the most aged society in the world and having a high population density, Japan maintained low rates of deaths from COVID-19.
- Japan locked down LTCFs during the first months of the pandemic, several weeks earlier than in

Europe and the United States. This helped protect the most vulnerable elderly population from infection risks.

- The well-established protocols of prevention and control of communicable diseases such as influenza and tuberculosis. In LTCFs proved to be effective in containing transmission of SARS-COV-2. The rate of compliance with the protocols has been high.
- The Japanese government's response to the pandemic has been primarily a routine bureaucratic response. The presence of public authorities exclusively devoted to the oversight of LTCFs contributed to swift institutional responses.
- The presence of effective channels of communication between the public authorities and LTCFs contributed to the swift implementation of government guidelines.
- The national government's unwillingness to make PCR tests widely available to LTCFs and the population at large has been a major obstacle in ensuring safety of residents in LTCFs and users of other LTC services. Japan has almost solely relied on lengthy lockdowns of LTCFs. This is not an ideal solution to a prolonged pandemic.
- The government campaign offer subsidies for domestic tourism (GoToTravel campaign) and eating out in restaurants (GoToEat campaign) led to the worst spikes in viral transmission during the final quarter of 2020.
- The pandemic has revealed the most vulnerable aspects of the Japanese LTC system. Particularly, two characteristics of the Japanese LTC system have proved to be highly vulnerable to transmission of SARS-COV-2: Japan's reliance on day care and homecare services and the large number of LTC facilities that provide both residential and non-residential care services.

The WHO published 'COVID-19 and the Decade of Healthy Ageing' in 2020 (WHO, 2020d). It focused on four action areas:

- Changing how we think, feel and act towards age and ageing.
- Developing communities in ways that foster the abilities of older people.
- Delivering person-centred, integrated care and primary health services responsive to older people.
- Providing older people who need it with access to LTC.

Sato and Dempster (2022) following recommended the following points:

Support migrants and their families during crisis:

- Ensure remittances are able to flow.
- Provide social protection for migrant workers abroad.
- Ensure migrants can access health systems.
- Focus on accommodation.

- Help critical workers deploy their skills.
- Do more to highlight role of 'low-skill' workers.

Build sustainable LTC systems:

- Take a systems approach which integrates the strengths of each sector.
- Implement policies which uplift the LTC sector and attract LTCWs.
- Develop robust insurance or financing mechanisms.
- Provide more information to choose the appropriate care.
- Focus on human resources for LTC, including migrant workers
- Collect and analyse data to understand skills shortages, both in quantity and quality, and enhance workforce planning.
- Recognise the need for more migration to meet demand.
- Take meaningful steps to recognise the qualifications of registered nurses, to prevent down-skilling.
- Provide LTC workers, including migrant LTCWs, with opportunities and training to advance their skills.
- Promote standardisation of qualifications to enhance migration opportunities for LTC workers.

Develop legal migration pathways for LTC:

- Countries of destination should create a multi-year visa for LTC work.
- Countries of origin should ensure mutual benefit from any legal migration pathways.
- Ensure such pathways are built with sustainability in mind.
- Enter into BLAs and MOUs which safeguard migrant rights.
- Ratify the Domestic Workers Convention and enact legislation to support domestic workers.
- Encourage regional collaboration.

Lessons Learnt in Japan

The Japan Care Work Foundation (Kaigo Rodo Antei Center) released a report of the 'Long-term Care Labour Fact-finding Survey (Special Survey)' in 2021. The survey found the following results:

- Between December 2020 and January 2021, COVID-19 caused 5.2% of staff in care facilities to take leave.
- 62.2% of institutional and residential care facilities had already formulated infection prevention measures and infection control policies. In addition, 73.3% of institutional and residential care facilities had formulated manuals of infectious disease control.
- 34.4% of institutional and residential care facilities started residents meeting with their families using an online meeting tool. About 19.2% of care facilities had introduced conferences using online meeting tools.
- The psychological burden on the staff working at LTCFs was heavy. The degree of burden varies depending on the job, and the people who felt the most burdened were life support advisors

(67.2%), physical therapists, occupation therapists, and speech therapists (66.0%), nursing staff (61.5%), care managers (60.3%), and LTC staff (56.4%).

- As a professional in Japan, certified care workers are trained in infectious disease prevention and control, so they have a certain level of knowledge and practical ability. Nevertheless, many LTCWs felt anxious about becoming infectious diseases by themselves (90.1%) and worried that they would bring the virus into the workplace (88.9%).
- Among those who work in institutional and residential care facilities, 43.9% said that ease of communication and consultation with superiors has deteriorated under the COVID-19 pandemic, while 32.0% said that it has actually improved. In addition, there were more people who improved (32.8%) than those who had a worse 'ease of communicating with other occupations' (24.3%).
- Despite experiencing difficult times, 64.2% of care workers expressed a willingness to continue working.

Lessons Learnt in Thailand

The Asian Development Bank's report on 'Country Diagnostic Study on Long-term Care in Thailand' in 2020 recommended the following (ADB, 2020, pp. 55–57):

- A supportive environment, health services, and social services in support of a LTC system for older persons.
- Governance and coordination.
- Financing long-term care.
- Registration and care standards for LTC establishments.
- Human resources development.
- Improvement of LTC service in homes and residential facilities.

The Asian Population and Development Association (2021) pointed out the following vulnerabilities of LTC in Thailand:

- As the incidence of gender-based violence has risen since the start of the COVID-19 pandemic, elder abuse must also be monitored as families are increasingly locked down together and more dependent on one another for social and economic support.
- The financial impact of significant loss of income on families who are also caring for older persons can cause added stress.
- Although older people may be unable to use online resources, posters and public awareness campaigns are being disseminated in many different forms of media.
- Older persons living at home to have one primary carer in order to limit their exposure to multiple people, and to essentially quarantine together.

This report recommended:

- Target advice to older persons to the country-context, whether more older persons live with their families or live in residential aged care.
- Utilise public health approaches tailored to the living conditions of older persons—for example, looking to community health workers to deliver important information, education, and supplies to older persons living in more rural areas, living with family members, or with less access to health information.
- Consider adopting a tax deduction as compensation for the additional risk healthcare workers have taken on during the COVID-19 pandemic.
- Consider classes of persons—especially older persons—who may be left out of stimulus payment programmes, such as informal workers and farmers, and develop programmes to provide these groups with cash assistance as well.
- Short-term and low-interest loans from the government to individuals and businesses can be an alternative to direct cash payments where government budgets do not allow for large cash payment programmes.

Delegates from the WHO and officials from Thailand’s Ministry of Public Health discussed the COVID-19 response on 27 May 2022. After several days of consultation, it was concluded that Thailand has many strengths that contributed to the success of the pandemic response (WHO, 2022). Some highlights are:

- A high level of political commitment was essential and was exemplified by the Prime Minister leading the response.
- A robust health system established for decades provided the best platform for an effective response
- The covid-response involved many sectors and people from all walks of life. Adoption of the ‘whole of society’ approach and good collaboration between all sectors were essential.
- Strong community networks, in addition to the presence of more than 1 million village health volunteers ensured bottom-up support.
- Innovative solutions to problems encountered were developed quickly, such as cardboard beds in field hospitals. The ‘Bubble and Seal’ approach ensured Thai and migrant workers were kept safe whilst allowing factories to stay in business.

Areas that could be improved include:

- Better aligning population databases generated by different government agencies to record health and vaccination status.
- Addressing barriers in access to health care that were sometimes faced by some vulnerable populations, such as migrants.
- Enhancing universal health coverage through primary healthcare in urban areas.

- Strengthening measures to address pandemic fatigue and complacency.
- Developing strategies to sustain and share innovations.
- Improving arrangements for medical waste management.

The following recommendations were jointly proposed:

- Continue to invest in innovation and digital technology.
- Sustain the gains made during the pandemic response.
- Make healthcare more inclusive, especially for vulnerable populations.
- Strengthen domestic capacities for self-reliance to produce vaccines, reagents, diagnostics, and drugs.
- Further integrate databases.
- Continue to collaborate across sectors, including the management of medical waste.
- Share best practices and lessons learned from the pandemic response among different stakeholders in Thailand and with other countries.

Lessons Learnt in Indonesia

The report by Sani et al. (2020) 'The COVID-19 Long-Term Care Situation in Indonesia pointed out the following vulnerabilities:

- There is limited data and information on people needing LTC who are affected by COVID-19.
- Although the government of Indonesia has taken several measures to reduce the spread of the virus, it was very difficult to coordinate each administration of various side of LTC among several ministries.
- There has been no specific guideline or protocol regarding COVID-19 prevention and management or for LTC system users in general.
- LTC in Indonesia for older people is partially dependent on volunteers' home-care visits. Since the end of March 2020, all regular health programmes conducted by local health volunteers (*kader*) have been stopped.

Sani et al. said that the COVID-19 pandemic has exposed the urgent need for improvements in the health and social care systems in Indonesia. As the impact of the pandemic spans over multiple sectors, inter-programme and inter-sectoral coordination is required to effectively respond to the outbreak. The WHO and Ministry of Public Health wrapped up lessons learnt as follows:

- Short-term calls for action
 - Data from surveillance of COVID-19 cases in institutional care settings (both residents and staff) is needed to better understand the impact of this outbreak on this population.
 - An inter-ministry streamlined approach is needed to ensure support for LTC users especially during COVID-19.
 - Guidelines on self-quarantine and care for COVID-19 patients who live with disabilities are needed.

- Guidelines on care coordination especially regarding discharge from hospital to community and institutions are needed.
- Longer term policy implications
 - There is an urgent need to develop an integrated universal health and long-term care service based on the existing systems.
 - Surveillance of older people infected with COVID-19 and the availability of free rapid testing on a large scale is essential to obtain data to support long-term policy decision-making on vulnerable population.
 - Monitoring and evaluation of existing long-term care policy is fundamental to ensure effective implementation of the policy.
 - There is a strong cultural tendency to care for family members at home in Indonesia.
 - This calls for the strengthening of community and family-based long-term care through capacity building of caregivers and ensuring adequate government funding, including for older people recently discharged from hospitals.

Komazawa et al. reported in 2021 that economic and social support for older people should be maintained and continued even after the pandemic in Indonesia. It is crucial to minimise the negative impact of falls in income and social restrictions on the welfare of older people – such as decreased food quality, more limited access to healthcare facilities, and greater social isolation (Komazawa, 2021). As mandated in the Ministry of Health’s 2020 ‘Guidelines for Older People Health Services in the COVID-19 Pandemic Era’, the main priority is the prevention of COVID-19 amongst older people through effective and persistent efforts and collaboration with the government and the community, including family. However, the mitigation of the impact of economic distress and social isolation is also crucially important. The quick development of a comprehensive support system for older people is strongly encouraged. Such efforts would surely contribute to the accomplishment of the goals stated in the Concept of National Strategy on Ageing, which is to ensure independent, prosperous, and dignified lives of older people.

The report by Mahendradhata et al. (2021) on ‘The Capacity of the Indonesian Healthcare System to Respond to COVID-19’. noted the following:

- Insufficient numbers of available medical staff.
- The pandemic has exposed the fragility of medical supply chains. Surges in the number of patients requiring hospitalisation have led to depleted medical supplies.
- The existing healthcare infrastructure is still inadequate to deal with the rise of COVID-19 cases.
- The COVID-19 pandemic has further exposed the weakness of the patient referral system and the limited capacity of the healthcare system to deliver essential health services under prolonged emergencies.

References

- Abe, K. and I. Kawachi (2021), 'Deaths in Nursing Homes During the COVID-19 Pandemic—Lessons from Japan', *JAMA Health Forum*, 20212(2). <https://doi.org/doi:10.1001/jamahealthforum.2021.0054>
- Asian Development Bank (ADB) (2020), *Country Diagnostic Study on Long-term Care in Thailand*. Manila: ADB. <https://www.adb.org/publications/thailand-country-diagnostic-study-long-term-care>
- Asian Population and Development Association (2021), 'COVID-19 Legal and Policy Frameworks Affecting Older Persons in Thailand'. https://www.apda.jp/pdf/p06_jinkou_kaihatu/reviewthailand_2020_en.pdf
- Comas-Herrera, A., E.C. Ashcroft, and K. Lorenz-Dant (2020), 'International Examples of Measures to Prevent and Manage COVID-19 Outbreaks in Residential Care and Nursing Home Settings'. International Long-term Care Policy Network. <https://ltccovid.org/wp-content/uploads/2020/05/International-measures-to-prevent-and-manage-COVID19-infections-in-care-homes-11-May-2.pdf>
- Dubey, S. et al. (2020), 'Psychosocial Impact of COVID-19', *Diabetes and Metabolic Syndrome*, 14(5), 779–788. <https://doi.org/10.1016/j.dsx.2020.05.035>
- Dykgraaf, S.H. et al. (2021), Protecting Nursing Homes and Long-term Care Facilities From COVID-19: A Rapid Review of International Evidence. *Journal of Post-Acute and Long-Term Care Medicine* 22(10), 1969–1988. <https://www.doi.org/10.1016/j.jamda.2021.07.027>
- Estévez-Abe, M. and H. Ide (2021a), 'COVID-19 and Japan's Small Death Toll in Long-Term Care Facilities'. https://programs.wcfia.harvard.edu/files/us-japan/files/margarita_estevez-abe_covid19_and_japanese_ltcs.pdf
- Estévez-Abe, M. and H. Ide (2021b), 'COVID-19 and Long-Term Care Policy for Older People in Japan', *Journal of Aging and Social Policy*, 33(4–5), pp.444–58. <https://doi.org/10.1080/08959420.2021.1924342>.
- Estévez-Abe, M. and H. Ide (2021c), 'COVID-19 and the Long-Term Care system in Japan'. <https://ltccovid.org/2021/03/12/new-report-covid-19-and-the-long-term-care-system-in-japan/>
- European Centre for Disease Prevention and Control (ECDC) (2021), 'Surveillance of COVID-19 in Long-term Care Facilities in the EU/EEA'. <https://www.ecdc.europa.eu/en/publications-data/surveillance-COVID-19-long-term-care-facilities-EU-EEA>
- Giri, S., L.M. Chenn, and R. Romero-Ortuno (2021), 'Nursing Homes during the COVID-19 Pandemic: A Scoping Review of Challenges and Responses', *European Geriatric Medicine*, 12(6), 1127–1136. <https://doi.org/10.1007/s41999-021-00531-2>

- Gleckman, H. (2020), 'How To Redesign Long-Term Care For Older Adults After COVID-19'. Forbes. <https://www.forbes.com/sites/howardgleckman/2020/06/09/how-to-redesign-long-term-care-for-older-adults-after-covid-19/?sh=dada4435d859>
- Global Union (UNI) (2021), 'Most Dangerous Job: The Impact of COVID-19 on Long-Term, Care Workers in the US, UK, Canada, Ireland, and Australia'. https://uniglobalunion.org/news_media/uploads/2021/02/the_impact_of_covid-19_fin.pdf
- Ide, H. (2020), 'Reasons Why the COVID-19 did not Infect in Long-term Care Facilities', [介護施設で感染が拡大しなかった理由] <https://www.covid19-jma-medical-expert-meeting.jp/topic/3430> (in Japanese)
- International Labor Organization (ILO) (2020), 'The Six-step COVID-19 Business Continuity Plan for SMEs'. https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---act_emp/documents/publication/wcms_740375.pdf
- Immigration Services Agency of Japan (2021), '2021 Immigration Control and Residency Management. Data Section'. <https://www.moj.go.jp/isa/content/001361701.pdf>
- Japan Federation of Kaigo Business Providers (2020), '全国介護事業者連盟. 新型コロナウイルス感染症に係る 経営状況への影響について『緊急調査』 集計結果'. [Survey Results about the Changing Financial Status under COVID-19 as of the end of March] (accessed 14 May 2020.) <http://kaiziren.or.jp/wp/wp-content/uploads/2020/04/kinkyuutyousa20200422.pdf> (in Japanese)
- Japan Care Work Foundation (2021), '介護労働実態調査（特別調査）結果の概要について'. [Fact Finding Survey]. http://www.kaigo-center.or.jp/report/pdf/20210727r02_kekagaiyou.pdf (in Japanese)
- Kiyota, E. (2021), 'Elder Care Providers and COVID-19: Cross-Cultural Perspectives. Global Aging Network'. <https://globalageing.org/wp-content/uploads/2021/02/Global-Ageing-Network-COVID-19-Research-Report.pdf>
- Komazawa, O., N.W. Suriastini, I.Y. Wijayanti, Maliki, and D.D. Kharism (2021), 'Elder People and COVID-19 in Indonesia'. Jakarta and Yogyakarta: Economic Research Institute for ASEAN and East Asia (ERIA), Ministry of National Development Planning, Republic of Indonesia, and SurveyMETER. <https://www.eria.org/publications/older-people-and-covid-19-in-indonesia/>
- Mahendradhata, Y., et al. (2021), 'The Capacity of the Indonesian Healthcare System to Respond to COVID-19', *Frontiers in Public Health*, 7 July, 9. <https://doi.org/10.3389/fpubh.2021.649819>
- Masoud A. T., et al. (2021), 'KAP-COVID Global: A Multinational Survey of the Levels and Determinants of Public Knowledge, Attitudes and Practices towards COVID-19', *BMJ Open*, 11(2), e043971.

<https://www.doi.org/10.1136/bmjopen-2020-043971>

Ministry of Health, Labour and Welfare (MHLW) Japan (2020), '介護施設・事業所における新型コロナウイルス感染症発生時の業務継続ガイドライン'. [Business Continuity Guidelines in the Event of an Outbreak of the Novel Coronavirus Infection at Long-term Care Facilities and Service Providers] <https://www.mhlw.go.jp/content/12300000/000817384.pdf> (in Japanese)

MHLW Japan (2021), '介護職員のための感染対策マニュアル'. ['Infection Control Manual for Care Workers] <https://www.mhlw.go.jp/content/12300000/000678255.pdf?msclid=616d19fdce7011ec8796ac912678e13c> (in Japanese)

MHLW Japan (2022), Visualizing the Data: Information on COVID-19 Infections: Deaths by Age (cumulative). <https://covid19.mhlw.go.jp/en/>

Organisation for Economic Co-operation and Development (OECD) (2020), 'Workforce and Safety in Long-Term Care during the COVID-19 Pandemic'. <https://www.oecd.org/coronavirus/policy-responses/workforce-and-safety-in-long-term-care-during-the-covid-19-pandemic-43fc5d50/>

OECD (2021), Rising from the COVID-19 Crisis: Policy Responses in the Long-term Care Sector'. <https://www.oecd.org/coronavirus/policy-responses/rising-from-the-covid-19-crisis-policy-responses-in-the-long-term-care-sector-34d9e049/>

Our World in DATA .Corona Virus Pandemic (COVID-19). <https://ourworldindata.org/coronavirus>

Periyasamy, R. (2021), 'Business Continuity for Healthcare Industry - A COVID-19 Manual'. <https://www.apty.io/blog/healthcare-business-continuity>

Sanchez, J. M. (2021), 'COVID-19's Economic Impact around the World'. <https://www.stlouisfed.org/publications/regional-economist/third-quarter-2021/covid19s-economic-impact-world>

Sani, T. P., M. Tan, K. K. Rustandi, and Y. Turana (2020), 'The COVID-19 Long-Term Care Situation in Indonesia'. International Long-term Care Policy Network. <https://ltccovid.org/wp-content/uploads/2020/06/The-COVID-19-Long-Term-Care-situation-in-Indonesia-30-May.pdf>

Sato, A., and H. Dempster (2022), 'COVID-19, Long-Term Care, and Migration in Asia', Center for Global Development. Policy Paper 26.

South Australia Government, Office for Ageing Well (2021), 'COVID-19 Integrated Response

- Framework for the Management of Multiple Outbreaks in Residential Aged Care Facilities in South Australia'. <https://www.sahealth.sa.gov.au/wps/wcm/connect/7b16c3e5-a520-496d-ab0d-f49a79a158f5/Joint+Protocol+Management+of+COVID-19+Outbreaks+in+South+Australia+RACF.pdf?MOD=AJPERES>
- Suzuki, M., M. Morikawa, and M. Wakabayashi (2021), 'Healthcare Challenges for Elderly People in Japan During COVID-19 Pandemic: The Health Impact for Elderly People in Japan under COVID-19 and its Response'. Deloitte. <https://www2.deloitte.com/jp/en/pages/life-sciences-and-healthcare/articles/hc/en-hc-covid19-02.html>
- Tsuji, T. (2021), 'COVID-19 の高齢社会への影響について.武見基金 COVID-19 有識者会議'. [Impact of COVID-19 on Ageing Society. Takemi Foundation COVID-19 Expert Meeting]. <https://www.covid19-jma-medical-expert-meeting.jp/topic/2734> (in Japanese)
- UN HABITAT (2021), 'Cities and Pandemics: Towards a More Just, Green and Healthy Future'. https://unhabitat.org/sites/default/files/2021/03/cities_and_pandemics-towards_a_more_just_green_and_healthy_future_un-habitat_2021.pdf
- UNICEF (2022), 'COVID-19 Confirmed Cases and Deaths: Age- and Sex-disaggregated Data'. <https://data.unicef.org/resources/covid-19-confirmed-cases-and-deaths-dashboard/>
- Wang, D., K. Kruse, T. MacMillan, A. C. Fishman, Y. R. Witonsky, and C. Parris-Stingle (2021), 'Micro, Mezzo, and Macro Factors Associated with Coping in the Early Phase of COVID-19', *Journal of Human Behavior in the Social Environment*, 31(1–4), 60–69. <https://doi.org/10.1080/10911359.2020.1838985>
- World Health Organization (WHO) (2017), 'One Health'. <https://www.who.int/news-room/questions-and-answers/item/one-health>
- WHO (2020a), 'Preventing and Managing COVID-19 Across Long-term Care Services', https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1
- WHO (2020b), 'Health Workforce Policy and Management in the Context of the COVID-19 Pandemic Response', https://www.who.int/publications/i/item/WHO-2019-nCoV-health_workforce-2020.1
- WHO (2020c), 'Responding to Community Spread of COVID-19'. https://apps.who.int/iris/bitstream/handle/10665/331421/WHO-COVID-19-Community_Transmission-2020.1-eng.pdf
- WHO (2020d), 'COVID-19 and the Decade of Healthy Ageing'. <https://www.who.int/publications/m/item/decade-connection-series-no1>
- WHO (2021), International Statistical Classification of Diseases and Related Health Problems Ver.10 :

ICD 10. <https://icd.who.int/browse10/2019/en#/U00-U49>

WHO (2022), 'Thailand Shares Lessons Learned from the COVID-19 Pandemic with WHO', 12 May. <https://www.who.int/thailand/news/detail/12-05-2022-thailand-shares-lessons-learned-from-the-covid-19-pandemic-with-who>

WHO Western Pacific Region (2020a), 'Preparedness Checklist for Long-Term Care Facilities: COVID-19 Infection Prevention and Control'. <https://apps.who.int/iris/bitstream/handle/10665/333847/WPR-DSE-2020-028-eng.pdf>

WHO Western Pacific Region (2020b), 'Communication Toolkit for Long-Term Care Facilities'. <https://apps.who.int/iris/handle/10665/333848>

Zamora-Ledezma, C., et al. (2020), 'Biomedical Science to Tackle the COVID-19 Pandemic: Current Status and Future Perspectives', *Molecules*, Oct 25(20), 4620. <https://doi.org/10.3390/molecules25204620>

All internet web addresses (URL) were accessed on 31 July 2022.