

Overview of Policy Approaches  
To Long-term care, Support services, and Family support  
In Asia and The Pacific

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10 October 2023

## Introduction

### Definition

#### Long term care

Due to the complex nature of Long-Term Care (LTC), there are many unclear boundaries of definition among international organization. One of the board definition, which are frequency used, is the World Health Organization (WHO) in its World Report on Ageing and Health (WHO, 2015), which defines LTC as “the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity.” Regarding for policy analysis, the more concrete definition can be find in the statistic framework of the System of Health Accounts 2011 (OECD, 2011, 2012), which is a joint development of many international organizations. LTC includes both health and social-care services. The health component of LTC comprise of either medical or personal care services (ADL support), social services of LTC, include domestic services and care assistance, residential care services, and other social services.

#### Care Economy

Care economy is a sector of economy that is responsible for the provision of care and services that contribute to the nurturing and reproduction of current and future populations. It involves childcare, elder care, education, healthcare, and personal social and domestic services that are provided in both paid and unpaid forms and within formal and informal sectors (American University).

## International Policy Framework

The Madrid International Plan of Action on Ageing and the Political Declaration and the Sustainable Development Goals (SDGs) are two main International Policy Framework for right-based LTC policy development in every country.

The Madrid International Plan of Action on Ageing and the Political Declaration was adopted at the Second World Assembly on Ageing in April 2002 for new agenda for handling the issue of ageing in the 21st-century. It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments (United Nations, 2002).

The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity (United Nations, 2015). Long-term care, Support services, and Family support are linked with SDG 1 for universal social protection, SDG 2 for zero hunger, SDG 3 for good health and universal health coverage, SDG 5 for recognize and value unpaid care and domestic work, and SDG 10 for adopt policies especially fiscal, wage, and social protection policies and progressively achieve greater equality.

## Current Situation of LTC for older persons among selected Asia-Pacific countries/areas

Countries in Asia and the Pacific have developed or expanded their LTC systems. According to ESCAP 2021/2022, Voluntary national survey on the implementation of the Madrid International Plan of Action on Ageing in Asia and the Pacific responses, at least 15 countries reported that they have already implemented LTC system. Australia, Japan, Republic of Korea, and Singapore have already implemented the Right based universal LTC scheme. China and Thailand have implemented pilot project on LTC (ESCAP, 2022).

The Australian aged-care system unifies all current in-home and community care programs using rights-based, person-centered and offers a continuum of long-term care for older persons with three categories of service: government home support, home care packages and residential care. The LTC reform is ongoing now (Department of Health and Aged Care, 2023; Royal commission into aged care quality and safety, 2021).

The Japanese LTC policy has are shifting from institutional to non-institutional care, and aim to accelerate the functional link between the medical service and long-term care service systems. A comprehensive support center (CSC) is the central control and works with a highly trained senior care manager, social worker, and public health specialist together with a daily living coordinator to counsel and guide the client, provide preventive care and comprehensive and continuous care and protect the client's human rights. The CSC is also a one-stop center to long-term care insurance service (Ogasawara, 2021).

The Government of Republic of Korea has also push policy on community care for older people as a future direction for improving LTC services, based on supporting ageing in place; integrating healthcare, LTC, and welfare services; adopting a care-manager system as service planner, coordinator, and supervisor; establishing community networks; and encouraging community residents' participation. Ageing in place is the ability to remain in one's own home or community (Yoon, 2021).

The LTC policy of Singapore shifted from EldersShield program, which is voluntary LTC insurance to CareShield Life, which is a compulsory universal LTC scheme for all Singaporean regardless of disability or financial status (ADB, 2020c). Communities of Care (CoC) model including the Hospital-to-Home program (H2H). CoC and H2H aim to integrate health and social care to meet the medical and social needs of high-risk older clients in underprivileged communities. H2H connects patients with the wider network of primary care providers, social services, and community health partners, and helps patients and caregivers manage medical conditions at home (Chan, 2021).

China has implemented Long-term Care Insurance Pilots first in 15 cities. The number of pilot cities has now expanded to 49 cities. Most LTCI pilots started with members of urban employees enrolled in the Urban Employee Basic Medical Insurance (UEBMI). Benefit packages are varied among cities. However, usually includes two or three types of services: (1) home care, (2) services provided at designated residential care facilities or nursing homes, and (3) services provided at designated medical facilities. In practice, the pilot cities usually drew money from the UEBMI pooled funds, with a small to negligible share coming from individual and employer

contributions. Local governments may subsidize the fund. Some cities also medical individual accounts; (c) individual contributions; (d) employer contributions; (e) financial subsidies and (f) social welfare lottery funds. LTC has also increased the role of the private sector by promoting the development of nursing service market and elderly care industry. More than 2,400 new care institutions have been established in the 15 pilot cities (Liu, 2023; Zhuang, 2019).

Thailand has implemented a taxed base community-based long term care since 2017 using budget from the National Health Security Fund for medical part of LTC and Local Government budget for social part of LTC (ADB, 2020b). Local governments are program manager. Its beneficiaries are bed-ridden and Home bound frail older persons through home-based care using the concept of ageing in place. The program offer coordinated care, with assessment, case management and the provision of home visits by paid caregivers for 2-8 hours a week, depending on the need and availability of care support. Currently the program is volunteer program for every local government, and close to expand nationwide.

### **Opportunities and Constraints of Long-Term Care Policy Change (WHY)**

The main constrain of LTC policy are the traditional setting of care for frail older person. For many decades, the provision of care for older person had been mainly provided by family networks. Current aging process and shrinking household size created higher demand for care from outsiders. The numbers of older people living alone has been increasing in all countries, while the number of those living with their children has been decreasing. The increase in female participation in the labor market also put more pressure to family-network of care (Ranci & Pavolini, 2013).

“Window of opportunity” for policy change for LTC comes from public policy crisis that the traditional policy solutions cannot cope with new needs and problems. However, this gap does not necessarily lead to the new policy. It only encouraging new actors to bring new ideas and solutions to the policy arena. System negotiation with stakeholders especially the ones who resist change for new policy formulation and establish a collective decision-making process will be required.

LTC has another challenge, a trade-off between the need to provide more LTC services on the one hand, and the need to control the huge increase in public costs, mainly weighting on public health systems on the other.

### **Institutional Change and LTC Policies (HOW)**

Institutions<sup>1</sup> consist of formal rules, informal constraints (norms of behavior, conventions, and self-imposed codes of conduct) and the enforcement characteristics of both. They define the incentives, constrains and choices, which are the rule of game in a society that shape human interaction. Its major role is to reduce uncertainty by establishing a stable (but not necessarily efficient) structure to human interaction. Its affect the performance of the economy by their effect on the cost of exchange and production. It can be formal or informal arrangement (North, 1990)

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<sup>1</sup> Institution can be defined as: “sets of regularized practices with rule-like quality in the sense that the actors expect the practices to be observed; and which, in some but not all cases are supported by formal sanctions. They can range from regulations backed by the force of law or informal practices (Hall & Thelen, 2009).

Policy change can be happened from the Process of Social Learning<sup>2</sup> from previous policy implementation. There are three level of policy changes. **First order change in policy** related to the precise settings of policy instruments. **Second order change in policy** are related to changes in the techniques or policy instruments used to attain the same policy goals. **Third order change in policy ("paradigm shift")** takes place when there is a shift in the policy goals that guide policy in a particular field. Third order change is rare. Failure of previous policies and pilots for new form of policy instruments are likely to play a key role in the movement from one paradigm to another (Hall, 1993). For instance, Paradigm shift was needed for moving from targeting LTC (social safety net) model toward Universal LTC in Japan, Korea and Singapore.

Institutional changes in LTC policies have also had an overall influence over the role of family for care. The growth of in-kind LTC services helps families from the burden of directly providing care to the dependent (Esping-Andersen, 1999). However, development of cash-based policies which allow family members to complement the public care system increase role of family. Policy to increase home care in order to reduce the number of frail older person who have to be institutionalized or hospitalized increasing role of family and needs more responsibility of the informal networks, including relatives, friends and volunteers.

Institutional change in LTC policies is not a unidirectional process, but it has taken manifold configurations and has triggered diverse impacts in different countries. It is possible to see reduced or increased the generosity of previous programs.

## Financial sustainability of LTC system

As LTC is a labor-intensive industry, low level paid caregiver like pilot project in Thailand may be a good starting point to provide basic support to family living with frail older person for middle income countries (ADB, 2020a).

In the future, pressures on long-term care are expected to grow from demographic transformations, declining family size, changes in residential patterns of, rising female participation in the formal labor market. Demand for better quality LTC systems. People want care systems and technological change may also contribute to cost escalation.

The trade-off between "fair" protection and fiscal sustainability is inevitable. Evident from OECD countries showed that universal entitlement may need targeting in assessment/eligibility rules; the basket of services covered e.g. board and lodging (B&L) costs; and the extent of cost sharing (Colombo, Ana, Mercier, & Tjadens, 2011).

## Care economy: the working conditions of workers providing care

Informal LTC care, which usually provide by women at home has been recognized as one of gender equity issues. Policy for informal caregivers that provide job creation, income support and social rights should be in place.

Foreign-born care workers often work with shorter contracts, more irregular hours, broken shifts, for lower pay and in lower classified functions than non-migrant care workers

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<sup>2</sup> social learning is defined as a deliberate attempt to adjust the goals or techniques of policy in response to past experience and new information.

and may have to work with the least favorable care recipients (Colombo et al., 2011)

Study in OECD country showed that care economy may raise GDP growth more than investment in construction (De Henau et al., 2016). LTC had spillover effect on reduction of health care expenditure. A 1% increase in female labor participation gives rise to a 1.48% increase in LTC expenditure and a 0.88% reduction in HCE. The effect of LTC spending over HCE is mainly driven by a reduction in inpatient and medicine expenditures, and increased GDP from effects of training formal caregivers and expanding employment (Costa-Font & Vilaplana-Prieto, 2023). Study in Thailand also showed that LTC increased GDP from effects of training paid caregivers (Sakunphanit et al., 2015).

## Supportive service and family support policy

LTC policy also need other support services such as appropriate housing, arrangement of living environment and transportation for frail older person. Good practices exist across the region. Coordination of all service also need comprehensive governance structure. Multi-layer governments should play concrete role to link services from family, community and market to frail old person, who are one vulnerable groups together with their care-giver especially family member.

## Conclusion

Agenda of right based LTC policy including support services, and Family support has already set with strong international policy frameworks. Family-based care system is put under pressure to a collapse from demographic transformation, and public policy legacy crisis on frail old person care are found among countries in Asia and the Pacific. However, there are variation of policy formulation and decision making to implement LTC including support services, and family support for frail old person. Main hurdles of policy formulation are traditional family-based care, policy legacy and myth on financial burden of social protection policies.

Paradigm shift of role of family and increasing responsible of society is inevitable for moving from family based LTC model or targeting LTC model to universal LTC model as a right based measure of Intergenerational solidarity. Set of policies to support institutional change toward new role of institutions include policy to integrate LTC, medical care and other social support; policy for new legal framework & governance structure (multi-layer governments, Family, Community and Market); Integration of social policies and economic policies for care economy. Evident showed that LTC policy is investment through increase human capital, which finally provide better quality of life together with increase and inclusive economic growth.

Design of new LTC model should be carefully match with context specific and socioeconomic situation of country especially the middle- and low-income countries could not copy the experience of existing current LTC scheme, which usually implement in context of high-income countries. It's better to start at "Floor level" with concrete right-based universal coverage and continuous improvement as recommended in Social Protection Floor concept.

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