Home & Community Care for Older People in ASEAN Member Countries

Regional Expert Consultation on Long-term Care of Older Persons, 9-10 December 2014, Bangkok

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South East Asian Nations

* ASEAN: Association of Southeast Asian Nations
Challenges of age care in ASEAN

- **Population ageing:** It is estimated that the proportion of older people over 60 years in the South-east Asia will triple between 2000 and 2050.

- **Increasing needs of CARE:** This causes a growing need for social and health care services for older persons because of vulnerability in old age.

- **Lack of informal CARE** However, the traditional family care support system is under pressure due to the trend towards nuclear families, prevailing migration of children and increasing participation of women in the workforce.

- **Lack of policy on CARE:** The gap between care needs of older people and provision of care services are increasing while the family members remain the primary caregivers under the low priority of aging issues and limited coverage of health and social service by governments.
## Demographic Trends on Elderly

<table>
<thead>
<tr>
<th>No</th>
<th>Country</th>
<th>Population (million)</th>
<th>% ages 65 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brunei Darussalam</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>2</td>
<td>Cambodia</td>
<td>13.5</td>
<td>17.1</td>
</tr>
<tr>
<td>3</td>
<td>Indonesia</td>
<td>217.4</td>
<td>246.8</td>
</tr>
<tr>
<td>4</td>
<td>Lao PDR</td>
<td>5.7</td>
<td>7.3</td>
</tr>
<tr>
<td>5</td>
<td>Malaysia</td>
<td>24.4</td>
<td>29.6</td>
</tr>
<tr>
<td>6</td>
<td>Myanmar</td>
<td>49.5</td>
<td>55.0</td>
</tr>
<tr>
<td>7</td>
<td>Philippines</td>
<td>80.2</td>
<td>96.8</td>
</tr>
<tr>
<td>8</td>
<td>Singapore</td>
<td>4.2</td>
<td>4.8</td>
</tr>
<tr>
<td>9</td>
<td>Thailand</td>
<td>63.1</td>
<td>69.1</td>
</tr>
<tr>
<td>10</td>
<td>Viet Nam</td>
<td>82.0</td>
<td>95.0</td>
</tr>
<tr>
<td></td>
<td><strong>Total ASEAN</strong></td>
<td>540.4</td>
<td>622.0</td>
</tr>
<tr>
<td></td>
<td>Republic of Korea</td>
<td>47.5</td>
<td>49.1</td>
</tr>
</tbody>
</table>

*Source: Human Development Report, 2005, UNDP*
Main Objectives

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop Home Care model suitable to local contexts</td>
<td>Expand Home Care in collaboration with GO and NGO</td>
<td>Integrate Home Care into national policy by GO</td>
</tr>
</tbody>
</table>
Management structure

Ministry of Health & Social Welfare

Ministry of Health

Project Advisory Committee
- M & E,
- Technical advices,
- Cooperation on referrals & resource mobilization

HelpAge Korea
- Financial & technical support

HelpAge International
- Implementation

Project Partners

Home Care

Management structure
Partner organizations

1. Brunei    – MCYS
2. Cambodia – HAI Cambodia*
3. Indonesia – YEL*
4. Laos      – Red Cross*
5. Malaysia  – USIAMAS*
6. Myanmar   – National YMCAs
7. Philippines – COSE*
8. Singapore – Tsao Foundation*
9. Thailand  – FOPDEV*
10. Vietnam  – RECAS*

* HelpAge networks
Volunteer based Home Care

The objectives are to support older people independent living at home & community and to reduce the burden of family caregivers.
# Home care for Older People in ASEAN countries

## Main achievements

<table>
<thead>
<tr>
<th>Development of the Model (Phase I)</th>
<th>Expansion of the Model (Phase II)</th>
<th>Policy Development (Phase III)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[3 types of model by service providers]</td>
<td>[Expansion funded by member countries]</td>
<td>[Acceptance of a national guideline]</td>
</tr>
</tbody>
</table>
| 1. NGO in 5 countries  
2. NGO with OPA in 4 countries  
3. GO with NGO in 1 country | ▪ 250 Areas  
▪ 3,397 Volunteers  
▪ 5,080 Older Persons | ▪ Indonesia: 2006  
▪ Philippines: 2010  
▪ Malaysia: 2011  
▪ Cambodia: 2012  
▪ Myanmar (in the progress) |

* 9 countries except Singapore
Impact evaluation on DEC 2011

- Impact evaluation conducted by external reviewers
  - All ASEAN member countries reported that the impact of Home Care model is more than satisfactory.

- Summary of impacts on 5 target groups
  - Older people: It reduces isolation and meets the care needs at home. It facilitates independent living at home supported by volunteers.
  - Family: It enables to engage in a productive activity. It decreases caring burden of family members.
  - Volunteers: It enhances self development and encourages friends to be volunteers.
  - Community: It encourages community to pay more attention to caring for older people and encourages volunteerism.
  - Government: It is recognized as a cost effective community based program suitable to socio-cultural context.
Limitations and challenges

- To expand home care nationwide, collaboration between GO and NGOs is required. Some barriers to this collaboration are a lack of capacity of implementing organizations, a lack of professional manpower and limited funding supported by GO.

- Approving a national guideline for home care by GO is required. But this is often delayed due to a lack of understanding of ageing issues and a limited capacity for developing policy framework by GO.

- In some countries, while national home care guidelines have been adopted by the central GO, the expansion is still slow. Local authorities may not understand home care and there is often a lack of budget allocation by local authorities.

- Home care services provided by unpaid volunteer are not sufficient for older people who are suffering from NCDs and limited mobility.
Older people at risk in ASEAN countries

- **Increasing NCD death:** WHO reports that 55% of all deaths in the Region are due to NCDs and 34% of NCD deaths in the Region occur among adults below 60 years of age which means 66% of NCD deaths in the Region occur among older people above 60 years of age.

- **Increasing needs of CARE:** Countries experience significant increase in demand for care, need for expanded infrastructure, and need to pay for the necessary level of public care services.

- **One challenge that is particular to many Southeast Asian nations is the likelihood that they will grow old before they grow rich.**
Community Services for Older Persons in ASEAN countries

- Project Fund: ROK-ASEAN Cooperation Fund
- Period: Jul 2013 – June 2016
- Implementation: HelpAge Korea in collaboration with HelpAge International
- Project Partners: 10 South East Asian Nations
  - NGO partners
  - Ministry of Social Welfare and Ministry of Health
- Objectives
  - Develop Community based Service Programme Model in CLMV
  - Share the Model with 10 ASEAN countries
- Project Plan
  - Year 1: Basic assessment, Selection of pilot areas, selection of beneficiaries, Baseline survey
  - Year 2: Implementing the pilot project, End-line survey, Documentations, Share the project outcomes
Community Care Services

Integrated care services

A
Day Care
b
Social Care
e
Health Care

Community based Services

Volunteer Home Care
Paid Home Care Service
Living Support Service
Health Service
Case Management
Delivery system of pilot projects in CMV

OPA: Older People Association
# of OPAs: Cambodia(10), Myanmar(16), Vietnam(10)
Expected outcomes

- Documentations: “Program & training manuals and policy recommendations are developed”
- Acceptability: “The model is very much welcome by the provinces and there is an interest in replicating the model”
- Effectiveness: “The model is effective based on the results of before and after test”
- Sustainability: “OPAs can pay the project cost including care assistant after the project end until GO pays for the cost”

Work Plan

- Finalising the implementation of pilot projects of the 2\textsuperscript{nd} year
- National Seminar for sharing outcomes of pilot projects on April 2015 in CLMV
- Regional Conference on “Community based Service Project” with 10 ASEAN countries on May 2015, in Cambodia
- Development of the 3\textsuperscript{rd} year project proposal
THANK YOU!

HelpAge Korea
age helps