

COVID-19, older adults and long-term care in Asia Pacific



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Long-term care and COVID-19 in Asia Pacific

The long-term care (LTC) system for older adults across Asia Pacific varies in formality, policy, funding, legislation, eligibility and model of delivery. A handful of countries including Japan, Singapore and the Republic of Korea have well-developed LTC systems and some others are actively developing theirs. But in many countries in the region, there is virtually no formal care system at all. Across the region, most care and support are provided exclusively at home by untrained family carers. Women bear the greatest responsibility for both paid and unpaid caregiving. Female caregivers – particularly wives, daughters, and daughters-in-law – are usually expected to act as primary caregivers for older persons in Asia Pacific. Domestic workers, government social welfare care homes, the private sector and non-profit organisations also play a role in care provision in the home, community (including day care) and residential facilities, but coverage is spotty and regulation inconsistent. This uneven patchwork means that many with care needs cannot access any care services outside of the family. The COVID-19 crisis has compounded the challenges of carers including loss of income and social isolation as well as reduced access to external support such as community and respite care services.

This HelpAge brief is based on a study by Irving & Bloom. The full report, “COVID-19, older adults and long-term care in Asia Pacific”, including a full list of references, can be found at <https://ageingasia.org/monitoring-covid-19-impact/>



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People with care needs are at heightened risk of exposure to COVID-19.

Exposure risk varies heavily depending on the degree of COVID-19 spread in the community, lockdown measures, living arrangements and the precautions taken by others. Some types of care needs also indicate higher risk. Those who require personal assistance with activities such as eating, bathing and toileting need to be in close contact with carers. Some people living with dementia may have difficulty remembering and following social distancing measures. Others may be incapable of practicing the levels of personal hygiene required to minimise transmission.

Once exposed, those with care needs face particularly high risk of complications and mortality from COVID-19. Risk from COVID-19 increases with age, in part because immune systems weaken as we age. Greater risk of mortality or complications are also associated with underlying conditions such as hypertension, cardiovascular disease, diabetes, cancer or respiratory issues, which also are more prevalent among older age cohorts. Other characteristics are linked with more severe COVID-19 outcomes, including living with dementia, depression or other cognitive and neurological disorders and clinical frailty. Other factors such as living in rural or remote areas, being unable to afford health care, and a lack of access to COVID-19 treatment compound the risk, especially in low- and middle-income countries.

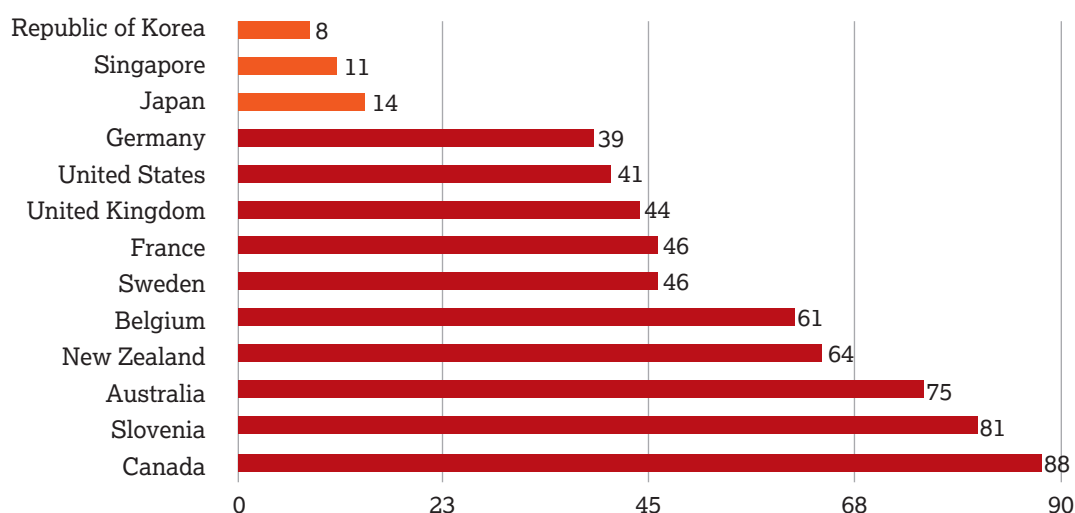
Risk by care setting

Risk of contracting COVID-19 is especially high for those in long-term care facilities (LTCFs). Because LTCFs contain high-risk people living in close proximity to each other, COVID-19 transmission has often occurred quickly. And because they also have the poorest outcomes from infection, including severe COVID-19 symptoms, hospitalisation and death, LTCFs have been sites of a number of tragic outbreaks. Many aspects of LTCFs make these facilities conducive to the rapid spread of infectious disease, including shared rooms, communal meals and group social activities. Residents are also likely to share the same food, water and facilities with staff and fellow residents. COVID-19 generally has entered LTCFs with a staff member and spread to residents. When the same staff members provide care for many residents, infection spreads more widely.¹ Sharing staff between facilities, which contributed to spread between care homes in some countries, is less common in Asia.

As a result, older people living in LTCFs have experienced high rates of mortality. Data mostly from middle- and high-income countries indicate that in some cases, incidence of mortality is more than 13 times greater within the LTCF setting compared with people with care needs who are living in households in the community.² In countries with higher proportions of older persons living in LTCFs or similar institutions (such as Australia, Denmark and Switzerland), older adults are over 60 times more likely to die from COVID-19 than younger groups.³ Based on data from 20 countries, the average share of the population living in LTCFs was 0.73 per cent, while residents in LTCFs accounted for an average of 46 per cent of all COVID-19 deaths.⁴ Japan (14 per cent), Singapore (11 per cent) and the Republic of Korea (8 per cent) have experienced fewer COVID-19 deaths associated with LTCFs compared to most other OECD countries.^{5,6} While more than 5 per cent of LTCF residents in Belgium, Spain and the UK had died of COVID-19 by mid-October, less than 0.04 per cent of LTCF residents in Singapore, Republic of Korea or New Zealand had died in that same period.

- 1 Risk factors associated with mortality among residents with Coronavirus disease 2019 (COVID-19) in long-term care facilities in Ontario, Canada. JAMA Network Open, 22 July 2020. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768539>
- 2 Characteristics of and important lessons from the Coronavirus disease 2019 (COVID-19) outbreak in China: Summary of a report of 72314 cases from the Chinese Center for Disease Control and Prevention. JAMA, 24 February 2020. <https://jamanetwork.com/journals/jama/fullarticle/2762130>
- 3 World population ageing 2020: Highlights. United Nations Department of Economic and Social Affairs, 2020.
- 4 Mortality associated with COVID-19 in care homes: International evidence. International Long-Term Care Policy Network, updated 14 October 2020.
- 5 Ibid.
- 6 As covid-19 cases surge, global study paints grim picture for elder-care homes. Washington Post, 16 October 2020. <https://www.washingtonpost.com/world/2020/10/15/long-term-elder-care-coronavirus-nursing-homes-research-lessons/>

Percentage of total confirmed COVID-19 deaths linked with long-term care facilities



Source: The data represent that identified by the authors as at 14th of October 2020. Mortality associated with COVID-19 in care homes: International evidence. International Long-Term Care Policy Network, updated 14 October 2020; and Covid-19 and long-term care in Aotearoa New Zealand. International Long-Term Care Policy Network, updated 22 July 2020.

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Evidence is sparse on COVID-19 mortality among older adults with care needs in other settings, but risk is linked with number of contacts.

Use of day-care centres or home-care services which share staff increase risk of exposure between a number of high-risk individuals. Living in neighbourhoods with high population density has been associated with higher COVID-19 mortality. People with care needs in informal settlements, such as slums or refugee camps, are at heightened risk because of poor social determinants of health, inability to socially distance and poor access to health care. Household size is also a risk factor. Older people rely on all members of the household to carefully follow COVID-19 social distancing precautions. Family awareness of COVID-19 safety, as well as living arrangements (for example, co-residence with children in school or adults in employment who may interact with others outside the home regularly) partly determine risks of infection.

Measures to protect against COVID-19 for those needing LTC

Risk of exposure to COVID-19 starts with government and society efforts to control COVID-19 in the general population. Older adults living in countries that have been able to implement containment and mitigation measures relatively early appear to have experienced lower transmission and mortality rates than those living in countries with a slower response. Asia Pacific has fared better than other regions, accounting for 17 per cent of confirmed deaths from COVID-19 globally as of mid-November 2020, despite being home to more than 60 per cent of the world's population.

Varying speed of response has led to widely diverging outcomes across LTC systems, by country.

Globally, many countries failed to include the LTC system in early responses to COVID-19 until tragic outbreaks occurred. Other countries, notably Japan and Singapore, were quicker to understand the potential implications of COVID-19. They had rapid infection control plans based on prior experience with pandemics and instituted them early on in the pandemic.

Measures which have been used to reduce impact of COVID-19 on residents of LTCFs

- Adopting specific, mandatory prevention measures targeted to the LTC sector along with the broader community
- Establishing national task forces to coordinate responses and ensure compliance
- Increasing funding for LTCF staffing, personal protective equipment (PPE) and upskilling
- Employing additional disease surveillance tools for LTCFs
- Reducing LTCF occupancy and increasing staffing
- Restricting staff movement across and within LTCFs
- Closing the facility to outside visitors, restricting visits, or adopting strict visitation protocols
- Conducting regular screening and targeted testing
- Screening and quarantining residents after discharge from hospital or when infected
- Sanitising facilities and equipment daily
- Cancelling group activities and moving meals into bedrooms

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In community-based LTC settings, most countries still lack tangible efforts to support COVID-19 prevention and response.

Formal oversight of community-based care services is limited to the few countries which have strong quality management systems in place. Even then, the dispersed nature of community-based care means that direct governmental action and oversight may be more difficult to provide than for LTCFs. Several governments have provided guidance for LTC provided in home- and community-based settings. In Australia and Singapore, funding for home support was increased. New Zealand government regulations on caregivers eased, allowing resident family carers to receive payments. But in general in Asia Pacific, there have been few measures introduced to support older adults receiving or providing informal care.



It is time to reconsider LTC systems more broadly. The pandemic has highlighted the need for care services which are person-centred, well designed, well regulated and accessible to all who need them. As family sizes shrink and people live longer and develop more complex care needs, relying only on unsupported and untrained family carers is not sustainable or sufficient. Doing so also exacerbates inequalities, especially gender inequality. Ageing in place, the preference for most people, requires support for independence for people with care needs and support for family carers. Achieving this means the development of a variety of home- and community-based care services such as assistive technology, home modifications, respite care, day care, and training and financial support for carers. Social care services must be integrated with health care services including home health visits, telehealth, hospital care, rehabilitation, palliative care and end-of-life care. LTCFs and all care services need to ensure quality of care and be oriented beyond physical and clinical needs to broader wellbeing. Stronger systems can limit social isolation, abuse and neglect, disruption of health or care services, and caregiver burden. COVID-19 highlights the need for accelerating the development of LTC systems fit for the needs of 21st century societies.

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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