

COMPLETION REPORT

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Subject of research Project: **Japan's Social Contract for Long Term Care Insurance (LTCI) called *Kaigo Hoken***

Understanding Japan's financing of long-term care needs of the population forms part of any country's preparation for the eventual greying of its population. The proportion of the Philippine population over 65 years of age is expected to reach 10 percent of the population by 2035; while in Japan, the current proportion of its population over 65 years and older is nearly 30 percent. As the world's laboratory in long-term care system, insights can be gleaned on how the system is efficient and equitable. Japan's system is built on the social health insurance ethos of a social contract where a system of benefits is designed for those that contribute directly, with funds pooled with contributions from employers, state and local governments. Local government contributions include subsidies for those who cannot afford to pay into the funds. Local governments' *Kaigo Hoken* expenditures were found to be fairly equitable; and largely influenced by the contributing population (from 40 years of age) and the proportion of much older senior citizens (68 years or older) in its constituency.

The systems used to achieve universal health coverage in the 60s, particularly its regular surveys on prices and benefits review are built on by *Kaigo-Hoken* in the conduct of its own premium and price settings. There is a schedule of fees, prices and services that the system will cover which are negotiated every four years, at the highest levels and implemented with some adjustments from the prefectural level and below. Coverage into the system begins with a computer-based assessment that identifies the level of service need (across five levels) from less severe to most severe. The first three levels designated needs to home based care and the last two are facility-based. The private sector is the main service delivery provider, particularly for home-based care. This is where the study found some market concentration. Facility-based services are provided by civil society organizations and private corporate entities. There is strong regulatory oversight, which other studies show to be influential in maintaining service quality.

The role of case managers was found to be critical to the whole system, requiring a steady stream of qualified social workers. *Kaigo Hoken* is challenged by the ageing of caregivers, but the responsive system is prepared with putting prevention and community systems in place. There is an openness to hiring foreign workers now and one facility visited in central Tokyo had recent workforce arrivals from Myanmar, a country associated with Buddhist culture. Other responses to the workforce challenge may need to look into more innovations through the use of technology. During facility and municipality visits, I saw a large amount of paperwork in their administration areas. I got reminded that despite technological advances, Japan still works the fax machines.

The study was undertaken while the easing from Covid19 restrictions was not quite complete. This prevented any contact with elderly persons in facilities nor in homes. But I was lucky to receive an invitation from one prefecture capital to join a community-based intervention. I managed to join the yoga-cum-socials weekly class of a community center. This was such an enlightening and fun visit as I joined in floor exercises with the aged group in their 90s. The enthusiasm of staff, their commitment and the interaction between providers, clientele and civil servants highlighted for me that for *Kaigo Hoken*, it is not just about finance but about people.

Publication of the Results of Research Project:

Verbal Presentation (Date, Venue, Name of Conference, Title of Presentation, Presenter, etc.)

Thesis (Name of Journal and its Date, Title and Author of Thesis, etc.)

Book (Publisher and Date of the Book, Title and Author of the Book, etc.)