OVERVIEW OF LONG-TERM CARE IN SOUTHEAST ASIAN COUNTRIES: CASE STUDY OF CAMBODIA, LAOS AND VIETNAM

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Introduction

The world population is ageing rapidly. The ageing population has profound implications for how countries organize their healthcare systems and policies, with a need to have an increased focus on supporting older people. Southeast Asia is not an exception. Countries in Southeast Asia are facing challenges on how to support ageing societies. With the acceleration of population ageing, achieving healthy ageing is becoming a global imperative, and social protection policies and social security systems have an important role to play. Laos, Cambodia and Vietnam are developing countries that are dealing with ageing population. The young population of three countries still takes the largest part in care giving. However, the old population is increasing. The impacts of ageing population are not only economic, but also social. The ageing population will lead to an ageing labour force that can reduce labour productivity. It can cause shortage of labour resources. The widening gap between supply and demand for aged care, amid changing family and labour market patterns, and shifts in cultural norms around care for parents is a major challenge.

This research focuses on the ageing issues of the developing countries in Southeast Asia with a special focus on Laos, Cambodia and Vietnam. Its purpose is providing a brief regarding the long-term care system in developing countries in Southeast Asia. This paper will analyse how these countries face ageing challenges. It will discuss the policies of health care for elderly, especially the long-term care system in the three countries. The paper will have some suggestions to overcome the issues and problems, learning from the experiences from other countries in ASEAN. The paper has four parts. The first part will be an overview of the situation of the selected countries. The next part will be the data, which describes the demography - changing of population structure of the three countries using secondary data sources. The third part will focus on the policies and system of health care for elderly, especially the long-term care system. The last part will be conclusions.

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Laos, Cambodia and Vietnam in focus

Vietnam is a developing economy in Southeast Asia. The nation is near China to the north, Laos to the northwest, Cambodia to the southwest, Thailand across the Gulf of Thailand to the Southwest, and the Philippines, Malaysia and Indonesia across the South China Sea to the east and southeast. The culture of Vietnam is influenced from China, India and Western world, most notably France and the United States. In 2022, the population in Vietnam was 98,186 thousand (United Nations, 2022).

Since 1986, through the Doi Moi reform period, Vietnam has made a shift from a highly centralized planned economy to a mixed economy that uses both directive and indicative planning through five-year plans. Over that period, the economy has experienced rapid growth. In the twenty-first century, Vietnam is in a period of being integrated into the global economy by joining ASEAN, WTO, APEC and other international organizations. In recent years, the nation has been rising as a leading agricultural exporter and an attractive foreign investment destination (Trading Economic, n.d.). The reform transferred economic control from a central planning system to a market-oriented economy. Since the adoption of *"doi moi"* (renewal) and the open-door policy in 1986, Vietnam's trade policies have proven dynamic with the most impressive reforms in three major aspects: the right to foreign trade, trade instruments and policies, and liberalization of foreign exchange.

The health care system of Vietnam was established in the North in 1945; subsequently the system was extended to the South when the country reunited in 1975. Before 1989, the health care system was centrally organized and fully subsidized by the government. During this period, health care services were provided free of charge from central government to grassroot levels. Since the economic reform in late 1980s, Vietnam health care system transformed from a fully public services system to a mixed public-private provider system with user-fee for services since 1989. Private-health sector and drug market were legalized. Health insurance, introduced in 1992, has created financial protection for people when they accessed health care facilities and provided finance for the development of health care systems (Le et al., 2010). The Ministry of Health manages three levels of health service delivery: primary level in districts and communes, secondary level in provinces, and tertiary level in national institutions under central government control (Quan & Taylor-Robinson, 2023).

Laos, officially the Lao People's Democratic Republic, commonly referred to by its colloquial name, is a landlocked country in the heart of the Indochinese peninsula of Mainland Southeast Asia, bordered by Myanmar (Burma) and China

to the northwest, Vietnam to the east, Cambodia to the southwest and Thailand to the west and southwest. The population of Laos in 2022 is about 7,529 thousand (United Nations, 2022).

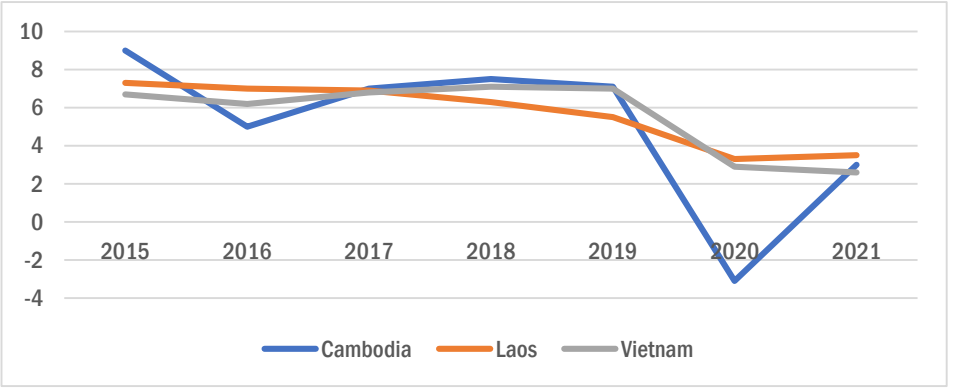
The Laos government began to adopt economic reforms, focusing on encouraging the private sector since 1986. Due to these innovative measures, the growth rate has reached 6 percent since year 2008 (a few years affected by the Asian financial crisis of 2007). In 2009, Laos' GDP reached 6.5 percent. Despite the relatively high economic growth rate, infrastructure facilities in Laos are still weak, especially in rural areas. The road system is very primitive, telecommunication and electricity are not provided to remote areas. As of 2011, Lao PDR is still heavily dependent on agriculture with a share of over 27.8 percent of GDP and a major source of labour (over 70% of population working in agriculture areas). In addition, Laos integrates itself into the regional and global economy by joining ASEAN in 1997. Under the ASEAN-China Free Trade Agreement (ACFTA), Laos removed import duties step by step over time and by the end of 2015, all of these were removed. Such trade liberalization of Laos not only results in robust economic growth but also chronic trade deficits of the country. Because of these governmental efforts, the trade of Laos increased tremendously, especially trade with China. Before 2010, trade share with China was kept at around 45 percent of total trade in Laos. In 2012, trade with China increased sharply after implementation of ASEAN-China Free Trade Agreement (ACFTA). In 2007, FDI inflows are around US$950 million, a 60 percent increase from the previous year. About 90 percent of the Chinese FDI is associated with resource industry, such as mining and hydropower (Kyophilavong et al., 2017).

The health-care system in the Laos is a government-owned system with three administrative levels: central, provincial and district level. It is historically a predominantly public system, with government-owned and operated health centres and district and provincial hospitals. The private health sector has emerged recently along with increasing demand for better services; public facilities are perceived as substandard (Akkhavong et al., 2014).

Cambodia, officially the Kingdom of Cambodia, is a country located in the southern portion of the Indochina peninsula in Southeast Asia. It is bordered by Thailand to the northwest, Laos to the northeast, Vietnam to the east and the Gulf of Thailand to the southwest (Cambodia, 2023, November 24). The populations in 2022 in Cambodia is 16,767 thousand (United Nations, 2022). Cambodia has influences from Asian cultures, the United States and France. Cambodia became a French colony and during the 20th century experienced the turmoil of war, occupation by the Japanese, postwar independence, and political instability. Between 1975 and 1979 the country was devastated by the reign of the Khmer

Rouge, a rural communist guerrilla movement. In the 1990s, it regained political autonomy, reestablished a constitutional government, and subsequently instituted free elections. The Cambodian economy has steadily improved (Overton & Chandler, n.d.). Under these conditions, a health reform began since the 1990s. The Ministry of Health (MOH) is solely responsible for the provision of public health services, delivered through the MOH according to the district health system model. Cambodia has a pluralistic health system, and consists of the main health infrastructure, public health, and private sector. The main health infrastructure and public health care are delivered through the MOH. The private sector provides most outpatient curative care (Annear et al., 2015).

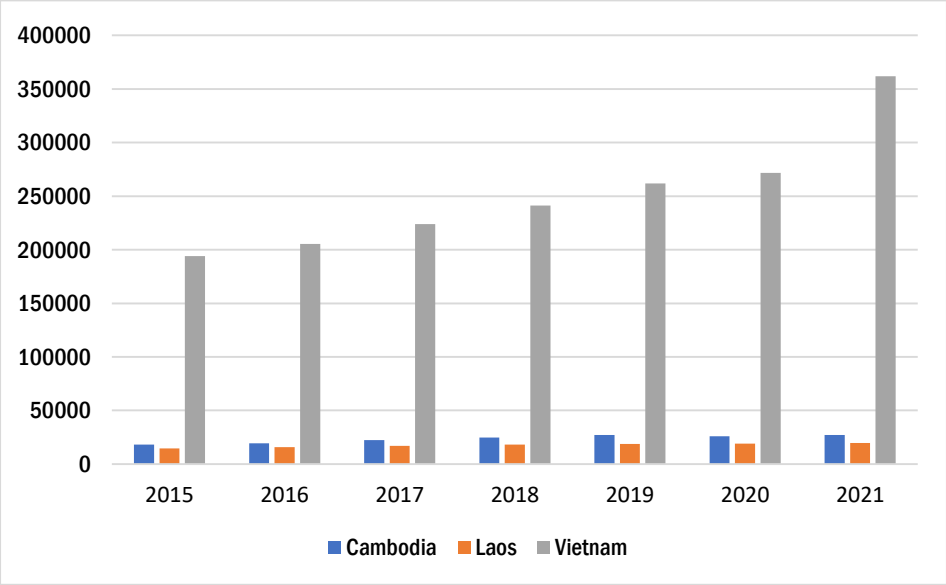
Figure 1: Rate of GDP growth in Cambodia, Laos and Vietnam, 2015 – 2021



Source: ASEAN Secretariat studies (ASEAN, 2022)

The rate of economic growth in Cambodia and Laos was decreasing in the period 2015 – 2020. The rate of Cambodia decreased from 9 to 7.1 in 2019. In Laos, the rate decreased from 7.3 in 2015 to 5.5 in 2019. The rate of Vietnam increased in the period 2015 – 2019, from 6.7 in 2015 to 7 in 2019. The rate in three countries fell rapidly in 2020 because of the Covid 19 pandemic's effect. However, the economies of the three countries have recovered in 2021. The rate of Cambodia increased rapidly from -3.1 in 2020 to 3 in 2021. The agriculture sector has been boosted by increased investment, due to good prospects of the newly signed Cambodia-China Free Trade Agreement (CCFTA) and Regional Comprehensive Economic Partnership (RCEP). Parts of the services sector such as wholesale and retail trade have managed to slowly recover, supported by a gradual revival in domestic economic activity. On the other hand, goods export has recovered. Merchandise (excluding gold) exports grew at 12.2 percent in the first four months of 2021. Resilient FDI inflows also helped sustain the external sector (World Bank, 2021). The rate of Laos was 3.3 in 2020, increasing to 3.5 in 2021. In Vietnam, the economy has recovered slowly. The rate decreased from 2.9 to 2.6 in 2021.

Figure 2: GDP at current prices in USD in Cambodia, Laos and Vietnam, 2015 – 2021 (million USD)



Source: ASEAN Secretariat studies (ASEAN, 2022)

GDP at current prices in USD in Cambodia increased in the period 2015 – 2019, from 18091.1 million USD in 2015 to 27103.7 million USD in 2019. It decreased to 25,960.2 million USD in 2020 but increased to 27164.7 million USD in 2021. GDP at current prices in USD in Vietnam and Laos increased in the period 2015 – 2021. In Laos, GDP increased from 14420.1 million USD to 19635 million USD in 2021. Vietnam 's GDP increased from 193928.4 million USD in 2015 to 361961.1 million USD in 2021. Compared to Laos and Cambodia, GDP of Vietnam is higher.

GNI in Cambodia, Laos and Vietnam increased in the period 2015 – 2021(Table 1). GNI of Cambodia increased from 17.05 billion USD in 2015 to 25.53 billion USD in 2019. It decreased to 24.83 billion USD in 2020 but increased to 25.56 billion USD in 2021. In Laos, GNI increased from 13.78 billion USD in 2015 to 17.85 billion USD in 2020, and slightly decreased to 17.75 billion USD in 2021. GNI of Vietnam was 227.12 billion USD in 2015, increased to 347.39 billion USD in 2021. GNI of Vietnam is much higher than the other two countries. It has great impact on social protection policies.

Cambodia, Laos and Vietnam are developing countries in Southeast Asia. They are facing the issue of ageing even though not reaching the expected development levels.

Table 1: GNI (current US$) in Cambodia, Laos, Vietnam, 2015 – 2021 (billion US)

	2015	2017	2018	2019	2020	2021
Cambodia	17.05	21.04	23.25	25.53	24.83	25.56
Laos	13.78	16.17	17.36	17.66	17.85	17.75
Vietnam	227.12	264.36	294.29	317.57	331.8	347.39

Source: World Bank (n.d.)

Demographics of the three countries

The figures and tables below describe the demographics of Cambodia, Vietnam and Laos. They are about the population structure, the crude birth rate and the crude death rate.

Table 2: Population in Cambodia, Laos and Vietnam by age group, 2020 2021

Age Group	0-4		5-19		20-54		55-64		65+	
Year	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Cambodia	9.5	9.3	28.9	28.8	48.3	48.3	7.3	7.4	6	6.2
Laos	10.6	10.4	30.6	30.5	48.4	48.5	5.9	6	4.4	4.6
Vietnam	7.9	7.6	23.1	23.3	51.3	50.9	9.7	10	8	8.3

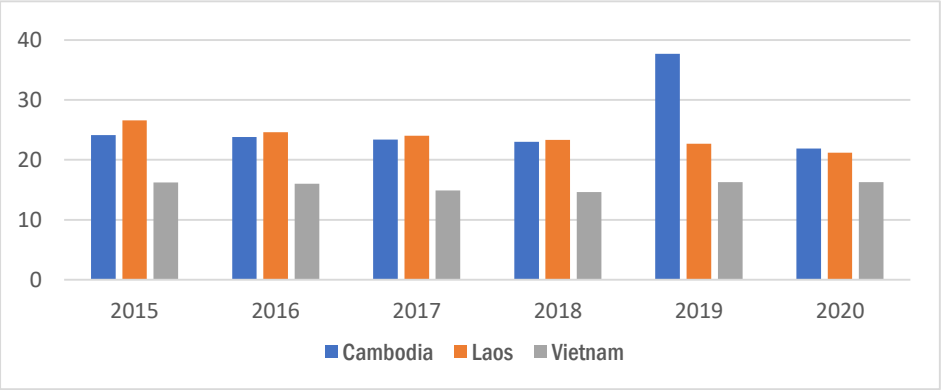
Source: ASEAN Secretariat studies (ASEAN, 2022)

The population structure of Laos, Cambodia and Vietnam has slightly changed. In all three countries the young population still comprises of the largest part. However, the old population is increasing. The percentage of old population in Vietnam is higher than the other two countries. In 2021, the population in the 55-64 age group was 10 percent and the population over 65 was 8.3 percent. In Laos, in the same year the population in the 55-64 age group was 6 percent and the population over 65 was 4.6 percent. Cambodia had 7.4 percent of population in the 55-64 age group and 6.2 percent of population over 65 years.

The Crude Birth Rate (CBR) in Cambodia, Laos and Vietnam decreased in the period 2015 – 2020. The CBR of Cambodia in 2015 was 24.1, falling to 23 in 2018. In 2019, it increased rapidly to 37.7 but dropped to 21.9 in 2020. The CBR of Laos decreased from 26.6 in 2015 to 21.2 in 2020. In 2015, the CBR of Vietnam was 16.2. It kept decreasing during the period 2016 – 2018. In 2019, it increased to 16.3. The reason for the decreasing CBR can be the rapid urbanization in these countries. People focus on careers and personal free lifestyle, so they choose to be alone or get married without having children. Another reason is higher

education and living standards. They have one child so that the child will have the best economic condition.

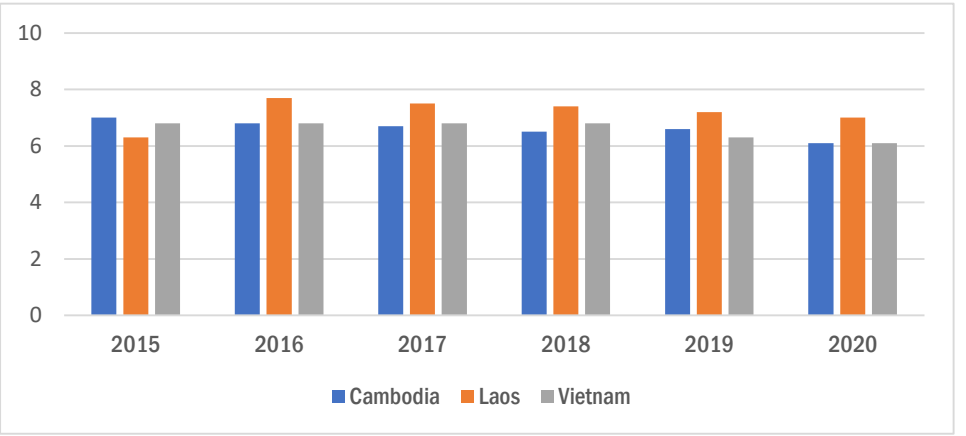
Figure 3: Crude Birth Rate in Cambodia, Laos and Vietnam, 2015 - 2020



Source: ASEAN Secretariat studies (ASEAN, 2022)

The Crude Death Rate (CDR) in Cambodia and Vietnam decreased in the period 2015 – 2020. The CDR in Cambodia was 7 in 2015, decreasing to 6.1 in 2020. The CDR in Vietnam was around 6, decreasing from 6.8 in 2015 to 6.1 in 2020. The CDR in Laos increased from 6.3 in 2015 to 7.7 in 2016. It began to decrease in 2017 (CDR 7.5 in 2017) and kept falling until reaching 7 in 2020. According to data, the CBR is higher than the CDR in the three countries.

Figure 4: Crude Death Rate in Cambodia, Laos and Vietnam, 2015 – 2020

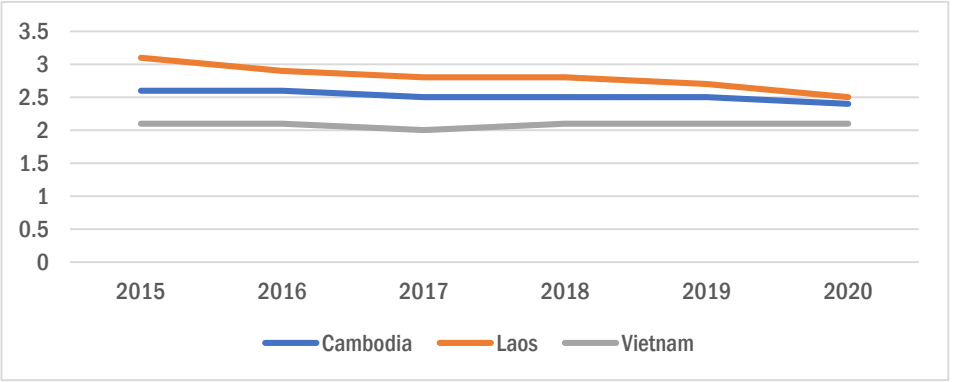


Source: ASEAN Secretariat studies (ASEAN, 2022)

The Total Fertility Rate (TFR) of Cambodia and Laos in the period 2015 – 2020 decreased. The Total Fertility Rate of Cambodia decreased from 2.6 in 2015 to

2.4 in 2020. In 2015, the Total Fertility Rate of Laos was 3.1. It decreased to 2.5 in 2020. The Total Fertility Rate of Vietnam remained around 2 in the period 2015 – 2020.

Figure 5: Total Fertility Rate of Cambodia, Laos and Vietnam, 2015 – 2020



Source: ASEAN Secretariat studies (ASEAN, 2022)

Life expectancy at birth in ASEAN is steadily increasing. Life expectancy at birth of Laos is over 60 years. Cambodia and Vietnam have life expectancy at birth over 70 years. This indicates that the healthcare system for elderly population in developing countries like Vietnam will be challenged.

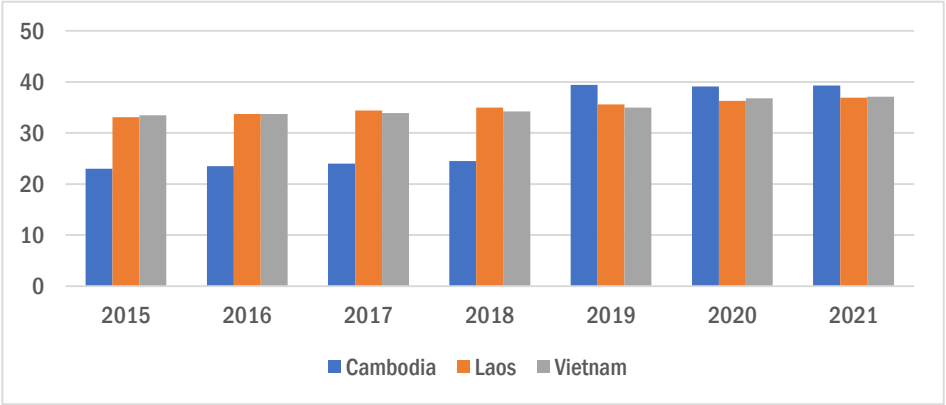
Table 6: Life expectancy at birth of Cambodia, Laos and Vietnam, 2010 – 2019 (in years)

Country	2010	2013	2015	2017	2018	2019
Cambodia	64.2	66.7	68.3	69.9	70.6	71
Laos	64.7	-	68.0	65.0	-	-
Vietnam	72.9	73.1	73.3	73.5	73.5	73.6

Source: The data from ASEAN Secretariat studies (ASEAN, 2020*)*

Urban population in Cambodia, Laos and Vietnam has increased in the period 2015 – 2021. Urban population in Cambodia increased from 23 percent in 2015 to 39.4 percent in 2019. It decreased slightly to 39.3 percent in 2021. Urban population in Laos was 33.1 percent in 2015. It increased to 36.9 percent in 2021. In 2015, urban population in Vietnam was 33.5 percent, increasing to 37.1 percent in 2021. Urban population in the three countries is only about 35 percent of the total population and rural population is the major part of the population.

Figure 6: Urban Population in Cambodia, Laos and Vietnam, 2015 – 2021



Source: ASEAN Secretariat studies (ASEAN, 2022)

In summary, the population structure of Laos, Cambodia and Vietnam has slightly changed. However, the young population still comprises the largest part, but the old population is increasing. The CBR in Cambodia, Laos and Vietnam decreased in the period of 2015 – 2020. The CDR in Cambodia and Vietnam decreased in the period of 2015 – 2020 but the CDR in Laos increased from 6.3 in 2015 to 7.7 in 2016. It began to decrease in 2017 and reached 7 in 2020. According to data, the CBR is higher than the CDR in all three countries. The TFR of Cambodia and Laos in the period 2015 – 2020 decreased. The TFR of Vietnam kept around 2 in the same period. Life expectancy at birth in ASEAN is steadily increasing. Life expectancy at birth of Laos is over 60 years. Cambodia and Vietnam have life expectancy at birth over 70 years. Urban population in Cambodia, Laos and Vietnam has increased in the period 2015 – 2021. Urban population in three countries is about 35 percent of the total population and rural population is the major part.

Ageing policy of the three countries

As people get older, they will need day-to-day help with activities like washing and dressing. They will also need help with household activities such as cleaning and cooking. This type of support (along with some types of medical care) is called **long-term care (LTC)**. The World Health Organization (WHO) defines LTC systems' objectives as to "enable older people, who experience significant declines in capacity, to receive the care and support that allow them to live a life consistent with their basic rights, fundamental freedoms and human dignity" (WHO, 2021a, cited in Tessier et al, 2022). The need for LTC in older people is determined by both their demographic and health status. The demand for LTC

services is further influenced by the availability of LTC service providers and the aspiration to equal opportunity and treatment at work of unpaid family workers.

Social protection systems have an important role to play in providing support to healthy ageing and LTC policies and this role may take different forms depending on the country context. International social security standards (ISSS) rooted in the principles of universality, solidarity, and non-discrimination can provide guidance in developing such policy frameworks. The role of social protection policies in supporting healthy ageing are geared towards three objectives. Thus, social protection policies can firstly support the social determinants of health that influence the loss of functional abilities and intrinsic capacities of older persons by adopting a life-cycle approach. Secondly, social protection policies can contribute to enabling access to LTC without hardship for those older persons who need such support. Lastly, social protection policies need to be inclusive of caregivers in all their diversity and in a way that is conducive to the promotion of equal opportunities for women and men and that is supportive of workers with family responsibilities. (Tessier et al., 2022).

Social protection systems are expected to guarantee access to health care without hardship by satisfying the criteria of availability, accessibility, acceptability and quality. As per ILO Recommendation No 202, social protection systems should ensure income security throughout the life cycle, from pregnancy, childhood, and working age to old age. Having income security impacts positively on households' financial ability to adopt a healthy diet, maintain appropriate housing, access education, and partake in social and physical activities that are crucial to staying healthy There is strong evidence that social protection contributes to cushioning the socio-economic impact of a crisis, such as that induced by the COVID-19 pandemic. Coordination between social protection and employment policies to ensure a smooth transition into retirement can make an important contribution to healthy ageing. In Vietnam, although the pensionable age is 60, early retirement, five to ten years earlier is allowed by the social insurance system for certain categories of workers. Social protection policies have an important role to play in countries' efforts to foster healthy ageing. In this respect, countries should view universal social protection as an essential investment for countering current trends of disease and disability in old age.

In Vietnam, the challenge of population ageing and the need for a policy response have been recognized by the Government of Vietnam, and health care and support for 'ageing well' for older people is a high-priority issue in government policy reform. The government has social support and free health insurance cards for those 80 and older, and for the vulnerable elderly (without caregivers, disabled, the poor) (Van et al., 2021).

Policies related to the elderly have been enacted, including those on health care for the general population and for the elderly. These policies emphasize the role of primary health care and health care services for the elderly, increasing access to quality healthcare services (Van et al., 2021). The Elderly Law (2009) defines the rights and obligations of the elderly; the responsibility of the family, government, and society in supporting, caring for, and promoting the role of the elderly; and the organizational structure of the Vietnam Elderly Association. Policies on healthcare for the elderly include the National Agenda for the Elderly in 2012–2020 (Decision 1781 / QD-TTg). The law also mentions the responsibility of the government to ensure subsidies and health insurance for those over 80 and for the vulnerable elderly (those without a caregiver, with disabilities, the poor); of the family and the whole of society to care for the elderly; and of the Ministry of Health to provide healthcare services to the elderly (Van et al., 2021). The law emphasizes establishing nursing homes for the elderly. The need for affordable, accessible, and appropriate LTC calls for government leadership to ensure coordinated planning, development, and regulation. However, an LTC system does not have to be created from the ground up. It can build on existing systems for health, social services, social protection, and financing (ADB Briefs, 2022).

The government has also issued many policies to promote primary healthcare and healthcare at the grassroots level. These policies cover all aspects of healthcare, including strengthening organizational structures, human resources, pharmaceuticals, health financing, and healthcare delivery. Most elderly care services are provided primarily by family members who are largely uneducated or supported by outsiders. Family-based care is increasingly decreasing and insufficient. Some people with complex care needs require support beyond what family members can provide (Van et al., 2021).

Vietnam has explored models for residential home care and for LTC service provision that supports family care provision with home-based services. The Ministry of Health and Ministry of Labour, Invalids, and Social Affairs has programs that provide elements of LTC. Mass organizations and the private sector also provide LTC. LTC service provision mainly supports family care provision with home-based services and residential homecare. Through the cooperation of Korea and ASEAN, home-based care program provided by volunteers was started in 2003. It is the home care for disadvantaged elderly people through the helping of volunteers (Van, et al., 2021). Another program is the Intergenerational Self-Help Club (ISHC) model, which includes a multisectoral approach to community development, including health promotion and prevention activities, promoting volunteer-based home care. It is a part of a project by HelpAge International with technical assistance and funding from international

organizations. In 2011, the General Office of Population and Family Planning under the Ministry of Health launched the Counselling club and healthcare model for the elderly. It conducted counselling and caring for older people in the community to improve their physical and mental health and quality of life, and to promote their role in society. Paid home care is emerging as key for supporting older people without the means to pay for private care (Ministry of Health, 2016). These programs belong to community- and family-based models, relying on volunteers. Besides that, there is institutional care, including social protection centres and private care centres for elderly (Van et al., 2021).

The two most promising home- and community-based care models are the Government Office of Population and Family Planning Counselling and Care Model for Older Persons and the ISHC model. The former model primarily supports self-care and disease prevention to help older people perform ADLs independently, while the ISHC model is emerging as a key model for supporting older people with care needs but who lack the means to pay for private care (ADB Briefs, 2022).

Vietnam can combine its strengths of family and community solidarity with global best practices on long-term care to support successful ageing. This will involve enhancing coordination of the efforts of key stakeholders (Van et al., 2021). Vietnam can capitalize on its existing strengths of family and community solidarity, combined with global best practices on LTC, to support ageing in place with home- and community-based care services to support the prolonged independence of older people. While the policy framework related to health care for older people in Vietnam is comprehensive, the health and care needs of older people are not prioritized sufficiently or mainstreamed into training or service provision.

The development of a comprehensive national LTC system has the potential to become a significant sector that would have positive economic and social benefits, and can protect the rights, dignity, and well-being of older Vietnamese people (ADB Briefs, 2022).

Cambodia has a policy for the ageing issue. This policy builds on the legal framework in place. It considers current socioeconomic and demographic trends to support the development of a health system that responds effectively to the health needs of ageing Cambodians and promotes an age friendly environment in which older people can live healthy and active lives with dignity (Preventive Medicine Department, 2016).

The social protection system in Cambodia has important coverage gaps and is currently unable to offer adequate protection across the lifecycle. Many old people, especially in rural areas, still prefer private treatment, for instance, traditional healers and herbal medicine rather than public health service due to their limited affordability. On top of health problems, they also struggle with poverty due to the impact of socioeconomic changes (Searivoth, 2019). The government has strived to enhance the living standards, alleviate poverty and foster social stability through improvements in social security and social assistance. The social security schemes support civil servants, veterans, people with disabilities, workers and employees through the National Social Security Fund (NSSF), the National Social Security Fund for Civil Servants (NSSFC), the National Fund for Veterans (NFV) and the People with Disability Fund (PWDF). Cambodia has adopted the Law on Social Security Scheme for persons defined by the provisions of Labour Law in 2002. This law established (1) a pension scheme which provides old age, invalidity and survivors' benefits, and (2) an occupational risk scheme which provides employment injury and occupational illness benefits (Ministry of Social Affair, Veterans and Youth Rehabilitation, 2021).

The provision of social protection in old age is very limited. Only those who worked in the public sector (civil servants and military personnel and police) are currently entitled to old age pensions, and only a few older people are included in social assistance programs targeted at poor and vulnerable people. At the moment, private sector workers does not receive pensions, but in the future private sector workers will be able to claim their old age pensions from the National Social Security Fund (NSSF) after being registered for at least 20 years and having paid contributions for at least 60 months over a period of 10 years, according to Sub-decree No. 32 SD.E, 2021 (Ministry of Social Affair, Veterans and Youth Rehabilitation, 2021).

Social assistance in Cambodia is limited and largely targeted at poor households under the Identification of Poor Households Program (ID Poor), a social registry created in 2006. The main social assistance programs are the Emergency Support Programs, Health Equity Fund (HEF), and Disability Allowance authorities (Ministry of Social Affair, Veterans and Youth Rehabilitation, 2021). There are no long-term care institutions for the aged, disabled or mentally ill (outside of public hospital psychiatric care). Informal care arrangements are often organized through extended family networks or through local NGO support (Annear et al., 2015).

In 2009, the government approved a Circular on the Establishment and Management of OPAs (Older People’s Association) at the community level

throughout the country to enhance the well-being of older people and reduce poverty. Older People's Associations (OPAs) are a major component of HelpAge International's and HelpAge Cambodia's work. OPAs focus on active engagement of older populations both alongside and within the communities they operate in (Stubbs, & Clingeleffer, 2021). OPAs are seen as local-based mechanisms to support older people in need with support from HelpAge Cambodia and local authorities (Ministry of Social Affair, Veterans and Youth Rehabilitation, 2021).

According to Stubbs and Clingeleffer (2021), OPAs responded to health issues through health education with their members. These sessions usually focused on two topics: the importance of regular exercise to maintaining health and eating a healthy diet. OPA health focal points mainly carried out health check-ups, which included screening members for a range of health concerns such as high blood pressure, cardiovascular diseases, body weight, and diabetes. Older people in Cambodia are often isolated and regularly left at home alone while their adult children migrate for work. Therefore, OPAs provide home visits to support vulnerable members. OPAs also provided support for members to access health services. This support mainly involves providing members with a small cash disbursement to pay for transportation to visit a local health centre or hospital for treatment. OPAs helped their members to obtain an ID Poor card. This card grants access to the HEF, which helps them to free or subsidized health care services. It is a useful and cost-effective approach for increasing older people's access to health services.

The physical and human geography of Laos generates further complexity. The rural areas have many mountainous regions where the inhabitants are ethnically and linguistically diverse and access to seek or provide services is difficult and can become impossible during the rainy season. Significant proportions of the rural and urban populations live in poverty and the cost of services creates a further barrier for them to seek health care (Ministry of Health, 2016). Poverty is a problem for many Laotian elders in the community. Poverty can affect many aspects of life that impact health such as housing, nutrition, and access to healthcare (Asian American Coalition, 2001). The Lao Government is concerned about the health and living condition of the retired and older persons. In 2001, the policy and the National committee for older person has been developed and endorsed with support from various international Organizations (Help Age International in Asia-Pacific Region, UN in Lao PDR, Local Governance employees, ...). In 2004, the decree of National Policy for the elderly person in Lao PDR has been endorsed and is focused on: medical treatment, rehabilitation, welfare, prevention, education + data information, income, facilitating,

transferring knowledge and experience of old population to young generation (Phouminidr, 2019).

The national committee for old population is a centre to impose regulations, rules and plan of activities and management, monitoring, and dissemination of the policy towards the elderly in coordination with localities, provinces, and agencies concerned to ensure that the policy is implemented according to the objectives and goals. Families, children, and relatives make special contributions to take care and provide warmth to the elderly. The Government allocates the annual budget to the activities of the policy towards the elderly, pays attention to the mobilization of funds to set up a foundation for the elderly.

The Lao People's Democratic Republic significantly increased its subsidies to the National Health Insurance (NHI) in 2016 in line with the country's ambitious goal to achieve universal health coverage by 2025. The strategy is linked to other subsector strategies and legislative frameworks of the MOH, including the Reproductive, Maternal, Newborn and Child Health Strategy and Law on Health Care (WHO, 2021). The NHI has since been further developed to integrate the country's previously fragmented array of health insurance schemes into a single harmonized system. NHI relies predominantly on tax-based financing, which is combined with contributions from employers and workers in formal employment. This means that the scheme is non-contributory for patients without formal employment. To access treatment, NHI beneficiaries pay a minimal co-payment at facility level ranging between 5,000 to 30,000 LAK (roughly 50 cents to US$3). Workers in formal employment (contributing to the NHI), as well as poor patients, expectant mothers, and children under 5 years old are exempt from these co-payments. Under the country's Health Sector Development Plan (2016-2020), the Ministry of Health has defined a target to achieve an 80 per cent coverage rate (ILO, 2020). In general, the introduction of NHI has led to an increase in the utilization of health services. The NHI scheme covers costs of treatment, drugs, hospitalization, consultation, and included high-cost services (major surgery, such as heart and brain surgery, and hemodialysis) and chronic diseases (WHO, 2021).

In Vietnam, the challenge of population ageing and the need for a policy response has been recognized by the Government, and health care and support for ageing well for older people is a high-priority issue in government policy reforms. Vietnam is currently exploring models for residential home care and for LTC service provision that support family care provision with home-based services. The intergenerational Self-Help Club (ISHC) model is currently the primary home and community-based care model. It provides home care to over 17,000 people, and this number will grow as the model is replicated. As of 2022, there are 3,400

ISHCs. The National Program of Action on Ageing, approved in December 2021, targets at least one ISHC in 80 percent of communes by 2030. Vietnam has unique national mass organizations such as Fatherland Front, Vietnam Association of the Elderly, Vietnam Women's Union, and the Vietnam Red Cross. These organizations could be utilized in an LTC system, building on their current programs and engagement with supporting the development of the ISHCs (Asian Development Bank, 2022).

Cambodia has a policy for the ageing issue. This policy builds on the legal framework in place. It considers current socioeconomic and demographic trends to support the development of a health system that responds effectively to the health needs of ageing. There are no long-term care institutions for the aged, disabled or mentally ill (outside of public hospital psychiatric care). Informal care arrangements are often organized through extended family networks or through local NGO support. Cambodia has OPAs, which can be seen as local-based mechanisms to support older people in need with support from HelpAge Cambodia and local authorities. Most people in Cambodia are Buddhists. The pagodas become an option to build a model for age friendly cities and communities, a pagoda-based OPA. It is a community-based social protection hub where various kinds of support, care, capacity building and livelihood-strengthening activities are provided and done for the wellbeing and improved livelihood of old people (Kruy, 2023).

The Lao Government always concerns about the health and living condition of the retired and older person. The national committee for old population is a centre to impose regulations, rules and plan activities and management, monitoring and dissemination of the policy towards the elderly in coordination with localities and provinces, agencies concerned to ensure this duty to be implemented according to the objectives and goals. The NHI of Laos has led to an increase in the utilization of health services. Under NHI system, to access health services, a user has to provide the family book, ID card or a certified letter from the village chief to health providers to confirm Lao citizenship of the user (WHO, 2021).

Cambodia, Laos and Vietnam have their responses for issues of ageing through policies. These responses include overarching policies on health care and social welfare for the population, and policies targeted directly at older people. These policies have reached some targets in protecting the elderly.

Conclusion

Cambodia, Laos and Vietnam are developing countries in Southeast Asia. They are facing the phenomena of ageing even though not yet reaching the

development levels required to face the issue. Many elderly people, especially in rural areas, still prefer private treatment, for instance, traditional healers and herbal medicine rather than public health service due to their limited affordability. On top of the health problems, they also struggle with poverty due to the impact of socioeconomic changes. In Laos, Cambodia and Vietnam, the young population still the larger part in the age structure. However, the old population is increasing. In 2021, the population of Vietnam in the 55-64 age group was 10 percent and the population over 65 was 8.3 percent. In Laos, in the same year the population in the 55-64 age group was 6 percent, and the population over 65 was 4.6 percent. In Cambodia 7.4 percent and 6.2 percent were in the 55-64 age group and 65 and above age group respectively in the same year.

Cambodia, Laos and Vietnam have their responses for the ageing issues through the policies. Cambodia's policy builds on the legal framework in place. It considers current socioeconomic and demographic trends to support the development of a health system that responds effectively to the health needs of ageing. There are no long-term care institutions for the aged, disabled or mentally ill (outside of public hospital psychiatric care). Informal care arrangements are often organized through extended family networks or through local NGO support. Cambodia has OPAs, which seen as local-based mechanisms to support older people in need with support from HelpAge Cambodia and local authorities. Phnom Touch Older People Association, located in the Banteay Meanchey province, is one of the pagoda-based OPAs. All the members gather at the pagoda once a month to exercise together, engage in health awareness talks, and conduct essential monthly health monitoring. To strengthen older people's livelihoods and increase their access to financial capital, the pagoda-based OPA in Phnom Touch also partners with local NGOs to train and support their members in income-generating activities, such as rice and cow banks. Moreover, the OPA has a revolving fund with a lifetime membership price of 50,000 riels (US$ 12). (Kruy, 2023). Young people can play a more active role in community volunteerism which could benefit them personally, but also ensure the sustainability of community-based care model. The Lao Governance always concerns about the health and living condition of the retired and older person. The national committee for old population is a centre to impose regulations, rules and plan of activities and management, monitoring and dissemination of the Policy towards the elderly in coordination with localities and provinces, agencies concerned to ensure this duty to be implemented according to the objectives and goals. The NHI of Laos has led to an increase in the utilization of health services. The NHI has since been further developed to integrate the country's previously fragmented array of health insurance schemes into a single harmonized system.

In Vietnam, the challenge of population ageing and the need for a policy response have been recognized by the Government of Viet Nam, and health care and support for ageing well for older people is a high-priority issue in government policy reform. Viet Nam is currently exploring models for residential home care and for LTC service provision that support family care provision with home-based services. The two potential home- and community-based care models are the Government Office of Population and Family Planning Counselling and Care Model for Older Persons and the ISHC model. Viet Nam can capitalize on its existing strengths of family and community solidarity to support ageing in place with home- and community-based care services. It needs to improve coordination between key stakeholders to provide integrated care services. Several relevant services, such as home visits, are not covered by social health insurance. Social protection care serves only a limited number of people without any family support. It needs to develop support to family caregivers through social transfers, training, peer assistance, and increased availability of home- and community-based care. For the ageing coming, the development of a comprehensive national LTC system has the potential to become a significant sector that would have positive economic and social benefits. (ADB Brief, 2022).

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