

KEY POINTS

- Governance is an essential building block of a long-term care (LTC) system. It covers overall leadership and planning (i.e., stewardship), implementation and management, and quality management and accountability.
- Strong governance requires (i) the engagement of a wide range of stakeholders at all stages; (ii) clarity on roles and responsibilities of all actors engaged in the design, delivery, and monitoring of LTC; and (iii) development of structures and mechanisms to ensure smooth coordination and collaboration.
- Each country and area in the region has a unique context that influences the best fit for a comprehensive, national LTC system. Examples from different countries and areas are given to help illustrate options for the design of LTC governance.
- The COVID-19 pandemic has soberly exposed the impact of fragilities and systemic gaps in the governance of LTC, and highlighted the need for reforms to develop integrated LTC service delivery frameworks.

Leadership and Governance of Long-Term Care Systems in Asia and the Pacific

Some key barriers to establishing long-term care (LTC) systems can be addressed by a clear plan for governance of such a system. This brief provides an overview of governance for LTC systems by identifying goals, stakeholders, principles, and key domains, as well as challenges and considerations. There is no one-size-fits-all approach to LTC system governance, but illustrative examples of how such governance is being approached in the Asia and Pacific region are shared.¹

As a result of increasing longevity and decreasing fertility rates, the number of older people is growing in absolute terms and as a proportion of the population—at an unprecedented pace—in Asia and the Pacific. Between 2020 and 2050, the number of older persons aged 65 years and above in the region is expected to increase from 396 million to over 900 million. There are significant implications on the long-term care of the “oldest-old”—those over the age of 80—whose numbers are predicted to almost quadruple from 68 million to 240 million in the next three decades. By 2050, countries as diverse as Armenia, the People’s Republic of China, Georgia, Sri Lanka, Thailand, and Viet Nam will be classified as “super aged” societies—with 21% or more of the population over the age of 65. This aging of the population has major economic and social implications, one of which is who will provide care for the growing numbers of older people with complex LTC needs.

Traditionally, care for older people has been provided by families. However, with the increasing complexity of care needs and various key socioeconomic developments and trends, such as migration, urbanization, increased female workforce participation, and smaller family sizes, this is no longer sufficient nor sustainable. Countries and areas in the region must consider how they can address the large gap between the need for aged care and supply.

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LTC refers to the support provided and activities undertaken by informal caregivers (including family, friends, or neighbors) or by formal caregivers (including public, private, or organized voluntary providers) to ensure that an older person can optimize his or her functional ability and maintain the highest possible quality of life.² An LTC system consists of all organizations, institutions, resources, and people involved in carrying out LTC activities. The Global Strategy and Action Plan on Ageing and Health adopted by the 69th World Health Assembly in 2016 highlights the need for universal development of sustainable and equitable LTC that can be provided at home, in communities, or within institutions. In addition, the World Health Organization (WHO) sees LTC as an essential component of achieving universal health coverage.³ The International Labour Organization views LTC as an essential component of achieving its Social Protection Floor, ensuring workers’ rights, and addressing gender equality.⁴

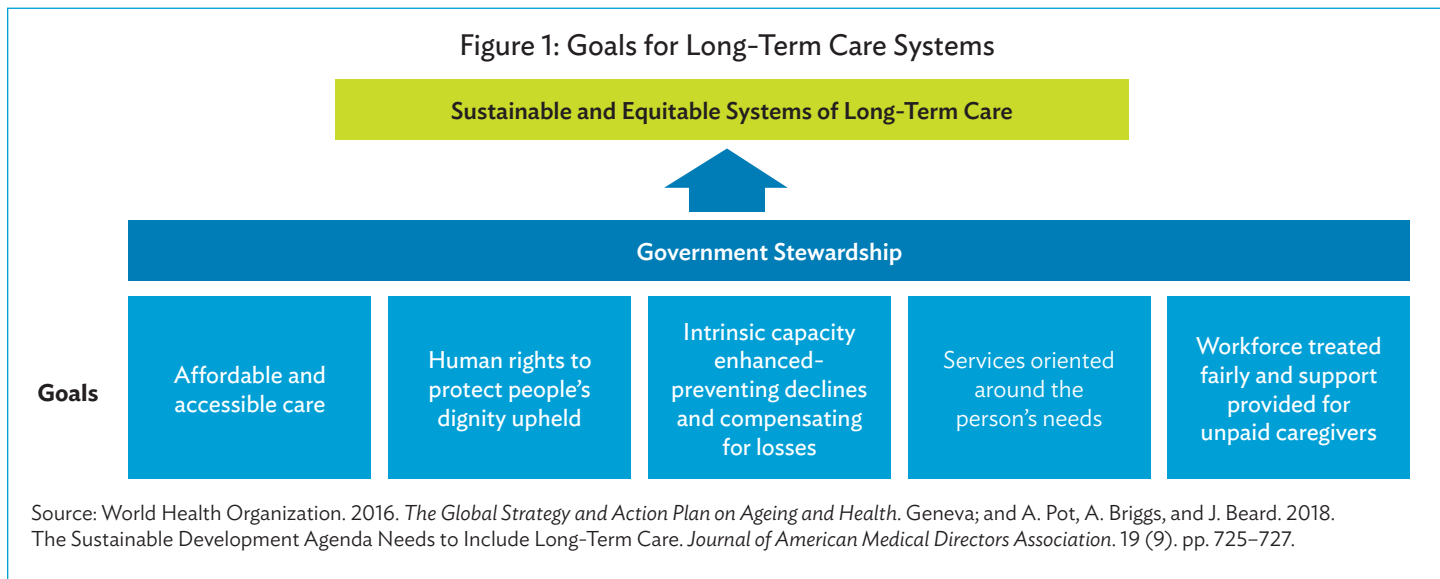
DELIVERING A STRATEGIC VISION FOR LONG-TERM CARE

Governance and leadership are a cross-cutting building block of an LTC system that encompasses the overall responsibility for the design and functioning of such a system.⁵ The aim of

good governance is to deliver the strategic vision for LTC in line with agreed values. Indeed, the WHO has proposed five overall system goals for government stewardship of LTC systems:

- ensuring accessible and affordable care;
- upholding human rights to protect people’s dignity;
- enhancing intrinsic capacity to prevent declines and to compensate for losses;
- creating services oriented around the person’s needs; and
- treating the workforce fairly, and supporting unpaid caregivers.⁶

Overall stewardship for LTC systems is the responsibility of national governments. Progress in LTC systems is tied to strong leadership, high-level champions, effective multistakeholder engagement, and advocacy, all of which build political will. High-level leadership from offices or ministries responsible for overall socioeconomic development and planning, such as offices of the president or prime minister, ministries of planning and ministries of finance, also help facilitate LTC system development. Some countries and economies have created focal agencies with responsibility for LTC to help develop strategies to support the implementation of associated laws and policies. This may be independent or nested within a line ministry such as ministry of health or ministry of social welfare. Long-term care requires a whole-of-government and whole-of-society approach so identifying a clear lead and also ensuring engagement from multisector, cross-departmental and multidisciplinary stakeholders is important. Including older people



² This is based upon the definitions of LTC found in a World Health Organization (WHO) Study Group report on home-based long-term care. WHO. 2000. *Home-Based Long-Term Care: Report of a WHO Study Group*. <https://apps.who.int/iris/handle/10665/42343>; and WHO. 2015. *Ageing and Health Report*. Geneva.

³ R. Sadana, A. Soucat, and J. Beard. 2018. Universal Health Coverage Must Include Older People. *Bulletin of the World Health Organization*. 96. pp. 2–2A. <https://www.who.int/bulletin/volumes/96/1/17-204214.pdf>.

⁴ X. Scheil-Adlung. 2015. *Long-Term Care Protection for Older Persons: A Review of Coverage Deficits in 46 Countries*. Geneva: International Labour Organization. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_407620.pdf.

⁵ WHO. *Health System Building Blocks*. <https://extranet.who.int/nhptool/BuildingBlock.aspx>.

⁶ WHO. 2016. *The Global Strategy and Action Plan on Ageing and Health*. Geneva; and A. Pot, A. Briggs, and J. Beard. 2018. The Sustainable Development Agenda Needs to Include Long-Term Care. *Journal of American Medical Directors Association*. 19 (9). pp. 725–727.

with care needs and family carers at the design stages of an LTC system can ensure that issues around demand are addressed. There are five broad action areas that help achieve strong and effective systems of governance in LTC. These are borrowed from the WHO health system model and include

- formulating policy and strategic plans;
- generating information and analysis for decision-making;
- putting in place tools for implementing policy, including design of LTC organizational structures and their roles, powers, and responsibilities; design of regulations and standards; and incentives, enforcement, and sanctions;
- collaborating and building coalitions across sectors and partners; and
- ensuring accountability by putting in place governance structures, rules, and processes for LTC service providers; mechanisms for independent oversight, monitoring, review, and audit; transparent availability and publication of policies, regulations, plans, reports, and accounts; and openness to scrutiny by political representatives and civil society.⁷

FORMULATING POLICY AND STRATEGIC PLANS FOR LONG-TERM CARE

Laws, policies, and strategies provide overarching guidance for the development of LTC systems, outlining priorities for improvement and growth. In general, laws set the legal framework, while policies give shape to the system. Strategies are used to outline how policies will be implemented. Key issues addressed in laws, policies, and strategies include how LTC services will be developed, eligibility criteria, equity and access, care providers, financing, workforce (i.e., quantity and skills required), gender equity implications, support for family and other unpaid caregivers, quality management and improvement, monitoring and information systems for research, and innovation.

In operationalizing strategies for LTC, costing, roles and responsibilities, and monitoring frameworks must be considered. The costs of governance systems should also be addressed in the allocation of funds. While many strategies are developed at the national level, in some countries and economies, they are developed from the subnational level and are later pulled into a national policy or plan.

In many countries in the region, the first legal mention of long-term care was through general laws for older people. Development of long-term care systems requires going beyond this to more detailed laws, strategies, policies and plans. In Mongolia, the revised Law for the Elderly in 2017 was the entry point for the development of a draft Strategic Plan on Long-Term Care for Elderly led by the Ministry of Labor and Social Protection.

Long-term care (LTC) strategies can be stand-alone or integrated into other policies. For example, in Japan and the Republic of Korea, the overarching policy framework for LTC is outlined in LTC insurance acts. These start from the point of identifying eligibility, benefits covered, and service providers. The LTC systems are developed around this to ensure that the provisions of the act are implemented.

In Singapore, meanwhile, LTC was originally included within aging laws covering social welfare. Currently, the LTC strategy is part of the Successful Ageing framework led by the Ageing Planning Office, which is within the Ministry of Health. This is also the case in Indonesia, where the Ministry of Planning led a multisectoral and multistakeholder process to develop a National Ageing Strategy within which long-term care was named a key element. This is being operationalized through establishment of standards and guidelines.

Box 1: The National Institute for Health and Care Excellence of the United Kingdom

The United Kingdom has the National Institute for Health and Care Excellence (NICE), a non departmental public body, which provides national guidance and advice to improve health and social care. Since 2009, it has been responsible for the Quality Outcomes Framework and for developing clinical, public health, and social care guidelines. The first social care guidelines were produced in 2014, and nearly 70 others have been produced in the past 5 years. The quality standards and indicators shape services and the workforce qualification for long-term care.

Source: NICE. <https://www.nice.org.uk/about/who-we-are/history-of-nice>.

GENERATING INFORMATION AND ANALYSIS FOR DECISION-MAKING

Information systems play an important role in effective governance of LTC systems alongside clear monitoring and evaluation mechanisms. Gathering data at all levels of the system helps ensure quality and efficiency and drives improvement. In more developed systems, a wide range of patient-, service-, and system-level data is collected to inform LTC system development and improvement. Outcome, quality, and cost data are key to gather and analyze. Additionally, representative surveys, which enable modeling of care need, demand, and supply across a population and over time (considering both formal and informal care), help inform service and system development as well as set overarching targets and indicators.

⁷ Adapted from WHO. 2014. *Health Systems Governance for Universal Health Coverage: Action Plan*. Geneva. https://www.who.int/universal_health_coverage/plan_action-hsgov_uhc.pdf.

PUTTING IN PLACE TOOLS FOR IMPLEMENTING POLICY

Having clear organizational structures for LTC helps ensure effective and efficient LTC strategy implementation. Clearly assigning responsibility for different elements of LTC—which may entail adding to or shifting the roles of existing ministries or departments or establishing new organizations or agencies (e.g., LTC focal agencies) with explicit tasks related to LTC—is often needed. Because of the multisector nature of LTC, relations among ministries are particularly important to define. Establishing coordination mechanisms and giving clear authority are necessary, although how this is done will differ among settings. As most countries and areas in the region operate a decentralized or partly decentralized system, responsibilities for different elements of LTC is divided among national, provincial, city, and local levels, so further division or unification must be carefully considered, as well as at which level different types of decisions will be made, and how coordination will be managed. Horizontal and vertical coordination of LTC at the local level is especially important for joined-up service delivery.

Box 2: A Multipronged Approach to Aging, Health, and Care in Singapore

To facilitate the implementation and coordination of long-term care (LTC), Singapore has undertaken a series of changes over the past few decades to bring all governance and leadership responsibilities related to health, LTC, and aging under one ministry. As of 2018, the Agency for Integrated Care (AIC) within the Ministry of Health has sole responsibility for coordinating the delivery of LTC, enhancing service development, and building capacity across health and social care domains. Offices and programs previously managed by the Ministry of Social and Family Development have been moved under AIC, including those that provide social care support and befriending, case finding and local case outreach, and service coordination. AIC is now responsible for integrating and coordinating health and care services, case assessment framework and case finding, monitoring and evaluation, case management, referral services, strengthening primary care and community care services, and quality of services.

Source: Agency for Integrated Care.

The government of Singapore has integrated long-term care governance together with work on aging more broadly and also on health care. This integrated approach with governance under a single line ministry supports coordination across and between programs (Figure 2).

The development of regulatory frameworks ensures the efficiency and quality of care provided, alongside the development of care standards for public, private, and voluntary providers across different settings (i.e., home, community, or institutions), with

clear mechanisms for their enforcement. Incentives for the delivery of quality care, such as tax breaks and subsidies, are also often built into the systems to drive improved outcomes.

Continual improvement is needed for quality management and for advancing professional excellence in practice. In the past few decades, many governments have undergone reforms in these areas to modernize their health care systems, and LTC systems have often benefited from this as well.

Figure 2: A Multipronged Approach to Aging, Health, and Care

Singapore’s Ministry of Health is responsible for governance over the entirety of the health and long-term care (LTC) systems, including setting policy direction, projection of national-level service demand, health and LTC financing, regulatory frameworks, standards, oversight, and coordination of related bodies.

Ageing Planning Office <i>Policy direction and implementation for successful aging across sectors</i>		
Secretariat of the Ministerial Committee on Ageing	Planning and implementation of strategies to address needs of Singapore’s aging population	Implementing national programs focused on keeping seniors healthy, active, and engaged, and providing good aged care.
Agency for Integrated Care <i>Direct implementer of Care Integration</i>		
National care integrator for health and social care systems	Coordination of patient referrals to intermediate and LTC services	Capacity and capability building of the primary care LTC sector
Regional Health Systems <i>Direct implementer of Care Integration</i>		
Platform for collaboration among service providers in a geographic region	Skills transfer from acute to intermediate and LTC sector	Strategies and programs to address needs of regional population
Ministry of Health Holdings <i>Enabler—human resources and information technology platform</i>		
Common information technology platform across the care continuum—National Electronic Health Records	Common employment of junior doctors across care continuum	Corporate human resources development

Source: ADB. 2020. *Singapore’s Long-Term Care System: Adapting to Population Aging*. Manila.

COLLABORATING AND BUILDING COALITIONS ACROSS SECTORS AND PARTNERS

LTC requires the active engagement of a broad range of stakeholders, including older people, their families, and communities; academics; for-profit, nonprofit, and public health and social care providers; and other sectors including transport, housing, urban planning, labor, and education. Key governance roles are therefore to build coalitions and to coordinate among stakeholders to ensure access, coverage, quality, and safety for all who need LTC.

Various mechanisms can be established to support this at the national and local levels. For planning, monitoring, and evaluation, multistakeholder forums, consultations, and advisory groups can help ensure whole-sector input. Joint activity by multistakeholder partnerships, including among different sectors, can also enhance service delivery at the local level.

Box 3: Multistakeholder Engagement to Guide Long-Term Care System Development

Thailand utilizes a unique structure of assemblies for multisector dialogue on health policies and solutions. The National Health Assembly, organized by the National Health Commission, is a unique body that brings together the government, academic, and grassroots organizations annually to discuss public health policy. Thailand has additional assemblies that are geographic or issue-based (e.g., health workforce education reform or strategy on end-of-life) that feed into the resolutions discussed and adopted at the National Health Assembly. It is through this body that the Thailand national definition of long-term care was developed and approved.

Sources: National Health Commission Office of Thailand. National Health Assembly. <https://en.nationalhealth.or.th/nha/>; and Cornell University, INSEAD, and WIPO. 2019. *The Global Innovation Index 2019: Creating Healthy Lives—The Future of Medication Innovation*. Ithaca, Fontainebleau, and Geneva. p. 198.

Box 4: Independent Regulation of Health and Social Care Services

The United Kingdom's Care Quality Commission is an independent regulator of health and social care services in England, ensuring that health and social care services provide people with safe, effective, compassionate, high-quality care, and encouraging care services to improve. The commission's role includes registering care providers; monitoring, inspecting, and rating services; acting to protect people who use services; and publishing information on major quality issues in health and social care. Its powers are outlined in legislation and regulation and include the ability to make improvement demands of service providers, restrict or suspend services, cancel a care provider's registration, as well as prosecute care providers.

Source: Care Quality Commission. <https://www.cqc.org.uk/>.

Box 5: Australia's Aged Care Quality and Safety Commission

Australia's Aged Care Quality and Safety Commission (ACQSC) became the national end-to-end provider of quality management and assurance for aged care services in the country in January 2020 when the regulatory functions of the Department of Health were transferred to it. This reform means that all aspects of quality management sit with the ACQSC as an independent entity: planning and development of regulatory framework; accreditation of providers and assessing, monitoring and reporting; and consumer accountability and complaints. The single set of 10 aged care quality standards across all aged care providers has a strong emphasis on improving person-centered care. The uniform standards cover consumer dignity and choice, ongoing assessment and planning with consumers, personal care and clinical care, services and support for daily living, organizations' service environments, feedback and complaints, human resources, and organizational governance. The commission's website also has consumer-oriented information including audits and consumer experience reports for every provider of care services and information on how to make a complaint. All consumers are provided with a charter for aged care rights so that they are aware of the standards of care, their rights related to aged care and how to report complaints if services fall short. Active engagement of consumers in monitoring of services aids the team of quality assessors who conduct regular visits and review mandatory reports from accredited providers.

Source: Government of Australia, ACQSC; Government of Australia, Department of Health and Aged Care Quality and Safety Commission. Charter of Aged Care Rights.

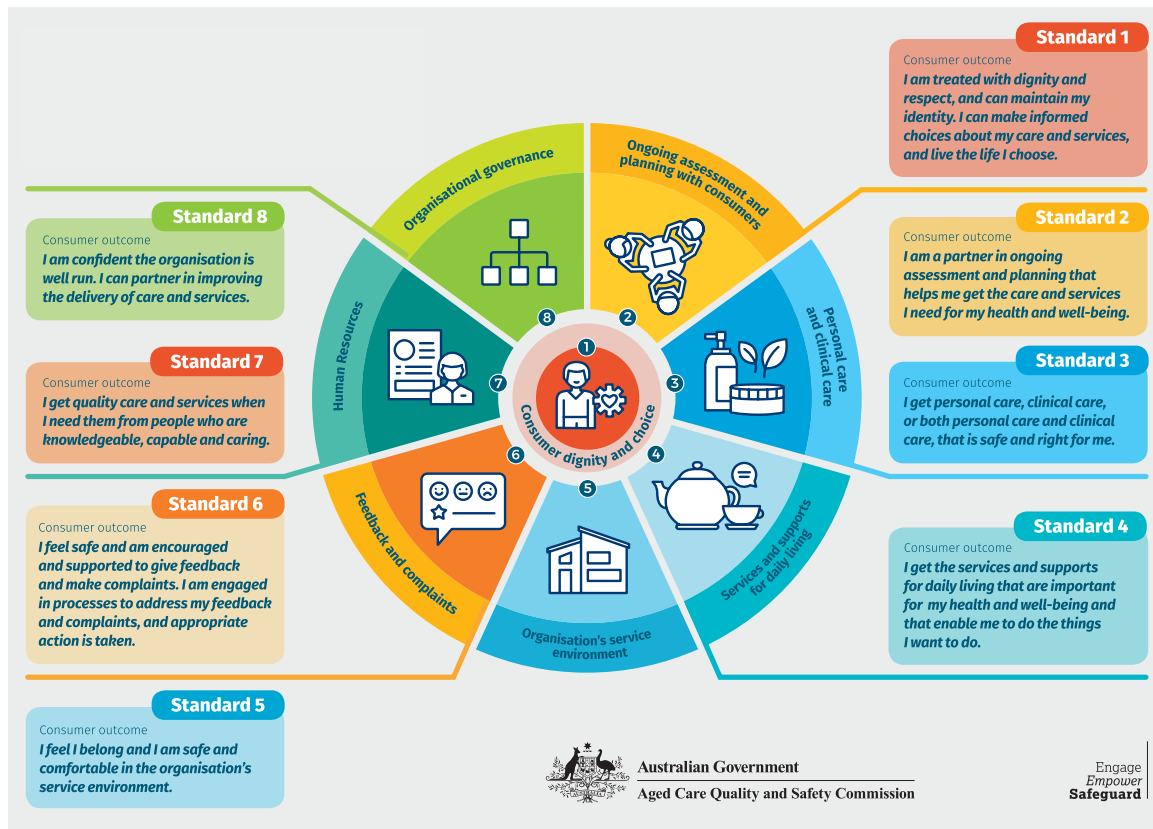
ENSURING ACCOUNTABILITY

Accountability focuses on the act of building public trust in a publicly managed LTC system, ensuring efficiency and quality of care services. In LTC systems, it can also be used to ensure equity, prevent abuse, and promote continued public investment in the system. It is common for the accountability of governments and care providers to be outlined in legislation and regulations, including details of how they can be held accountable. The process of accountability is often supported by independent quality commissions and mechanisms for independent oversight, monitoring, reviews, and audits; rules for LTC providers; and ensuring that policies, laws, regulations, plans, reports, and accounts are publicly available and accessible.

COVID-19 AND LONG-TERM CARE GOVERNANCE

The coronavirus disease (COVID-19) global pandemic starkly highlighted some of the existing strengths and weaknesses in LTC systems. As of October 2020, 46% of COVID-19 deaths across a sample of 21 countries have been linked to LTC home

Figure 3: Aged Care Quality Standards



Source: Government of Australia, Aged Care Quality and Safety Commission. Aged Care Quality Standards.

residents with high numbers of deaths reported in North America and Europe. In contrast, there have been relatively low numbers of outbreaks in LTC facilities in East Asia which have provided some important lessons in governance of LTC. These include the importance of clear leadership, regulatory environment, and coordination.

In many of the East Asian countries such as Singapore, Japan, and the Republic of Korea, which had experience with previous pandemics, primarily SARS in 2003, service providers were already mandated to have infection control and epidemic protocols in place. The risk of COVID-19 for persons who received care was recognized quickly. In the Republic of Korea, guidelines for the social welfare sector were enacted and monitored from late January 2020 and the National Health Insurance Service, the insurer of the public LTC insurance scheme, a COVID-19 response manual for all welfare and LTC facilities on 20 February 2020.⁸ In Singapore under the leadership of the Ministry of

Health, the Agency of Integrated Care was able to coordinate communications, and update on guidance, regulations, and training, support the distribution of personal protective equipment, and provide additional funding to care service providers to ensure safety measures could be implemented, highlighting the value of a strong integrated governance framework for LTC.⁹

LESSONS AND CONSIDERATIONS FOR DEVELOPING LONG-TERM CARE SYSTEMS

Governance is the mortar of the long-term care system building blocks framework for LTC. Good governance helps ensure an adequate supply of workforce participants, the equity and quality of service provision, affordable services and sustainable financing, streamlined information systems, and sufficient supply of needed products. Key considerations on governance for countries and areas developing LTC systems are as follows.

⁸ H. Kim. 2020. *The impact of COVID-19 on long-term care in South Korea and measures to address it*. Report in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 7 May 2020. <https://lcccovid.org/wp-content/uploads/2020/05/The-Long-Term-Care-COVID19-situation-in-South-Korea-7-May-2020.pdf>.

⁹ O. Wyman. 2020. *Navigating A New Reality: COVID-19 challenges and opportunities for long-term care in Singapore*. <https://www.oliverwyman.com/our-expertise/insights/2020/oct/navigating-a-new-reality.html>.

Box 6: Governance of Long-Term Care in Japan

Overarching Governance and Strategy

In Japan, the Long-Term Care Insurance Act of 1997 (amended or partially revised in 2005, 2008, 2011, and 2017) is the main legal framework under which care has been organized. The Ministry of Health, Labour and Welfare, established in 2001, is responsible for all five key aspects of governance of long-term care. The MHLW develops policies, planning, and evaluation of long-term care (LTC), only sending to the Cabinet that which requires a change in a law or new budgetary allocation. The LTC Insurance Committee in the Social Security Council serves as an advisory body to the ministry on LTC system direction and consists of about 25 members from academic, civil society, care service providers, professional associations, insurers, businesses, and municipalities.

At the national level, the Health and Welfare for the Elderly Bureau of the Ministry of Health, Labour and Welfare was created in 2001 to improve coordination within and between these sectors. The ministry oversees several departments that work together to ensure health and care for older people. The Long-Term Care (LTC) Insurance Department is responsible for LTC, including formulating overall policies and plans, setting criteria and operation guidelines for certification of LTC providers, and readjusting LTC insurance benefits for service providers and financial support.

Moreover, there are offices for policy on dementia care and LTC insurance management under the General Affairs Department, Division of Health Services System, which

is responsible for medical care for those over age 75 years. The Division of Health Care and LTC Integration is in charge of financial management of medical and LTC insurance. The Division of Support for the Elderly covers social work, while the Department of Health and Welfare for Persons with Disability covers people with disability and care support needs until age 65 years, when they are then included in the mandate of the Health and Welfare for the Elderly Bureau.

Prefectural municipalities are tasked with supporting local municipalities with LTC planning, providing guidance for service providers, registering care managers, and noting financial support. Local municipalities design the municipally insured LTC service plan every 3 years, collect insurance premiums, certify the need for LTC, pay LTC insurance benefits, and conduct financial management and quality management.

Quality Management

National standards for quality management are set by the Long-Term Care Insurance Department under the General Affairs Department for home- and community-based care services, which fall under the Long-Term Care Insurance Act. The Division of the Support for the Elderly sets standards for facility-based care services, such as nursing homes, which are established under the Social Welfare for the Elderly Act. The Long-Term Care Insurance Department then provides instructions to municipalities on how to regulate and inspect providers. At the municipal level, the Guidance Division under the Long-Term Care Insurance or Welfare Department is usually responsible for carrying out guidance, regulation, and inspection.

Source: Government of Japan, Ministry of Health, Labour and Welfare. Organization Chart. <https://www.mhlw.go.jp/english/org/detail/dl/organigram.pdf>; H. Sakamoto et al. 2018. *Japan Health System Review*. New Delhi: World Health Organization, Regional Office for South-East Asia. http://apps.searo.who.int/PDS_DOCS/B5390.pdf; Japan Health Policy Now. Long-Term Care Insurance. <http://japanhpn.org/en/longtermcare/>.

There is no one-size-fits-all approach to LTC systems. Each country and area in the region has a unique context that influences the best fit for a comprehensive, national LTC system. The form that an LTC system and its governance takes in each country and area is the result of the interaction of numerous factors, including political and economic context; social and cultural factors, such as views about the responsibilities of adult children and the preferences of older people themselves; existing health and social welfare system structure, as well as health financing and reforms underway; and international good practices and global information sharing. Moreover, the nature of LTC needs span medical care, social care, psychosocial support, and enabling environments, preventing LTC from sitting wholly within one sector; LTC uniquely requires multisector and multistakeholder collaboration to plan and deliver.

LTC system governance is not a static issue but requires continual adaptation. Examples shown above from Japan, Australia, and Singapore show that context changes and governance can benefit from improvements and adjustments over time. The COVID-19 pandemic has exposed both strengths and weaknesses in the systems of governance of LTC and highlighted where changes need to be made.

A common challenge is to identify focal agencies within a government for strategic planning for LTC; leadership, implementation, and management of LTC; and quality management and improvement. Existing structures, the biopsychosocial nature of LTC needs, and the importance of engaging multisector stakeholders for enabling environments mean that a clear niche for LTC does not often exist. Social welfare

ministries often have a mandate to provide for the welfare of older people, while health ministries have a mandate to facilitate universal health coverage. Even at the global and regional levels, there is no clarity on this issue. One approach seen in Singapore is for all LTC to be consolidated and coordinated under the Ministry of Health.

Decentralization exists to varying degrees in most countries and areas, so lack of equity in LTC remains a risk. A priority for LTC is effective and coordinated service delivery for users at the local level, so local authorities may be best placed to manage organization, coordination, and delivery. However, as with health systems, this may lead to the quality and accessibility of care varying by locale. Rural and remote communities and lower-resource settings are often at risk of poorer access to quality care. In Japan, with the responsibility for LTC resting with the national government and the Long-Term Care Insurance establishing clear entitlements to care, municipalities have an operational role to ensure the delivery of equitable services to balance equity and practical management concerns.

The role of the state versus that of the market shape governance needs and risks. The state has responsibility for ensuring that needed services are available and affordable to all; governments can play a combination of different roles in achieving that. These include providing care directly, acting as a purchaser of providers of care, regulating care, and playing a role in shaping LTC markets. It is important to note that markets often grow faster than the capacity of the state to regulate them, challenging a cohesive, equitable, quality LTC system. In the Republic of Korea, for example, the establishment of the LTC insurance program in 2008 rapidly increased the number of

private providers, but without adequate quality management in place. Thus, ensuring that the services deliver quality care and protection for users has been an issue.¹⁰ Building multistakeholder partnerships with the private sector and other stakeholders is crucial for progress.

As with education, health care, and social protection, balancing universal access to care with fiscal constraints and competing priorities for funding is a challenge for LTC. Significant fiscal revenue declines because of the COVID-19 pandemic have further exacerbated this challenge. While many countries and areas in the region have laws, policies, and services related to LTC, a lack of investment often means these are not implemented. Making the case for investing in LTC can help secure political will, including by highlighting how funding LTC systems can positively influence other domains of socioeconomic development, such as through job creation, LTC market growth, increased female labor force participation, and provision of health and income security for older people and their families. At the same time governments need to broaden their tax base to generate the resources required to meet key commitments, such as on climate change and universal health coverage, and adapt to emerging issues such as long-term care.

To develop effective LTC systems it is critical for countries and regions clarify the roles and mandates of each level of government, and strengthen the regulatory, financing, implementing and oversight responsibilities of public institutions at the national, regional, and local levels. This multilevel governance requires unambiguous definition of responsibilities, distribution of resources, effective coordination mechanisms and data systems to capture and provide accurate information.

¹⁰ C. Yongho. 2018. The Effects of Marketization of Long-Term Care Services for Older Adults in Korea. *Journal of Social Service Research*. https://www.researchgate.net/publication/327923308_The_Effects_of_Marketization_of_Long-term_Care_Services_for_Older_Adults_in_Korea.

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