



China, People's Republic of: Support for Development of a Coordination Mechanism for Community and Home-Based Elderly Care and Health Care Services in Xiangyang

Project Name	Support for Development of a Coordination Mechanism for Community and Home-Based Elderly Care and Health Care Services in Xiangyang				
Project Number	54347-001				
Country	China, People's Republic of				
Project Status	Proposed				
Project Type / Modality of Assistance	Technical Assistance				
Source of Funding / Amount	<table border="1"> <tr> <td>TA: Support for Development of a Coordination Mechanism for Community and Home-Based Elderly Care and Health Care Services in Xiangyang</td> <td></td> </tr> <tr> <td>Technical Assistance Special Fund</td> <td>US\$ 250,000.00</td> </tr> </table>	TA: Support for Development of a Coordination Mechanism for Community and Home-Based Elderly Care and Health Care Services in Xiangyang		Technical Assistance Special Fund	US\$ 250,000.00
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Technical Assistance Special Fund	US\$ 250,000.00				
Strategic Agendas	Inclusive economic growth				
Drivers of Change	Governance and capacity development Knowledge solutions				
Sector / Subsector	Health - Health sector development and reform - Health system development Public sector management - Social protection initiatives				
Gender Equity and Mainstreaming	No gender elements				
Description	The knowledge and support technical assistance (TA) will help develop a model for an effective coordination mechanism between elderly care and health care services, focusing on community and home levels, in Xiangyang Municipality, Hubei Province, the People's Republic of China (PRC). The model will draw upon an analysis of available resources on linkages between elderly care and health care services, institutional arrangements for effective coordination, international experiences, and capacity building requirements.				
Project Rationale and Linkage to Country/Regional Strategy	<p>The PRC's population is rapidly aging, with 166.6 million people aged 65 years and above in 2018, and an aging rate (the proportion of population aged 65 years and above to the total population) of 11.9%. The increase in the ratio of population aged 80 years and above is expected to accelerate, from an estimate of about 1.8% in 2020 to more than 7.5% in 2050. The demand for elderly care services is highly age-dependent and rises with longevity. The expected change in the demographic structure indicates that the increase in care needs will further accelerate in the PRC. The rapidly aging population is also accompanied by increases in aging-associated diseases. Elderly people typically have chronic diseases and experience multiple morbidities. The primary cause of elderly people's care dependence is loss of physical function, resulting from chronic diseases and aging-associated impairments. In addition, many elderly people have complex cases of multiple chronic diseases and physical and/or cognitive disabilities, and those elderly people require both elderly care and health care services to sustain their daily living.</p> <p>Elderly people account for an increasing percentage of hospitalization, and those discharged are often functionally frail. In transition from hospitals, elderly care institutions, and homes, elderly people are vulnerable and at risk of experiencing problems of fragmented care services. Frail elderly people are often unprepared to face the challenges of the continued care needs after hospitalization. After discharge from hospitals, elderly people with multiple chronic conditions still require post-acute care and rehabilitation to stabilize their functions, along with continued care to maintain their daily living. A coordination system linking acute phase care, post-acute care, rehabilitation, and elderly care, covering not only institutional care but also community and home-based care, in an effective and efficient way is the key to ensure continuity across elderly care and health care services. Such coordination of care service is also needed to attain better health outcomes for elderly people.</p> <p>The PRC Government has recognized the importance of addressing the division between health care and elderly care services. A key policy was jointly issued by 10 ministries in 2015 to provide guidance on the integration of elderly care and health care services; another policy was issued by 12 ministries and committees in 2019. Following the central government's guidance, Xiangyang Municipal Government has issued the policy on elderly care and health care integration in 2017.</p> <p>However, proper integration of elderly care and health care services has not progressed in Xiangyang due to several constraints. A key issue is that the policy primarily focuses on the institutional level, while greater attention is needed to respond to the needs and services at the community and home levels. The financial resources are limited for community and home-based care services. Furthermore, the policy appears to focus more on physical integration by expanding elderly care institutions' scope to include health care services, whereas limited attention is provided to establish a coordination mechanism across health care and elderly care.</p> <p>Institutional coordination has also been ineffective, which limits the timely referral between elderly care and health care. The role of the municipal government is unclear for the provision of coordinated care services, and institutional arrangements across sectors have not been established. Further, health care and elderly care providers do not have financial incentives to coordinate their services. Due to unclear responsibility alignment in the municipal government, coordination between bureaus is not clearly defined, which critically limits the capacity of the municipal government to effectively manage the coordination of care services at the community and home levels.</p> <p>It is necessary for Xiangyang Municipality to develop a coordination mechanism across elderly care and health care services, particularly at the community and home levels. An ongoing ADB TA project is helping to develop an elderly care policy framework at the central level. ADB has also been supporting the local governments in strengthening the capacity of care services provision and management. Building on those experiences that focus on the institutional level of care, this TA will continue and complement ADB's support by focusing on the coordination mechanism of elderly care and health care services particularly at the community and home levels. It is aligned with the pillar on inclusive growth of ADB's country partnership strategy for the PRC, 2016 -2020; and the Operational Plan for Health, 2015 -2020 which has elderly care as a focus area. It is also in line with ADB's Strategy 2030 as it supports operational priority 6 (strengthening governance and institutional capacity) through strengthening service delivery. The coordination at the community and home levels is a key issue not only for Xiangyang but for many other cities in the PRC. Further, it is a critical issue for many aging societies, including developing countries. The TA will have a knowledge transfer impact not only in other cities in the PRC but also in other developing member countries facing population aging challenges.</p>				
Impact	Accessibility to coordinated care services in Xiangyang Municipality improved				

Outcome	Coordination between elderly care and health care services focusing on the community and home levels in Xiangyang improved
Outputs	Status of coordination between care services for elderly people examined Model for coordination between elderly care and health care services produced Knowledge and management capacity on elderly care and health care services coordination strengthened
Geographical Location	Xiangyang

Summary of Environmental and Social Aspects	
Environmental Aspects	
Involuntary Resettlement	
Indigenous Peoples	
Stakeholder Communication, Participation, and Consultation	
During Project Design	
During Project Implementation	

Business Opportunities	
Consulting Services	Individual consultants will be recruited to provide 3.0 person-months of international and 3.0 person-months of national consulting inputs. A national consulting firm, with total inputs of 16.5 person-months, will be recruited using consultants' qualifications selection method. ADB will engage the consultants and carry out procurement following the ADB Procurement Policy (2017, as amended from time to time) and its associated project administration and/or staff instructions.

Responsible ADB Officer	Shiroishi, Hiroko Uchimura
Responsible ADB Department	East Asia Department
Responsible ADB Division	Urban and Social Sectors Division, EARD
Executing Agencies	Xiangyang Municipal Government No. 176 Shengli Street, Xiangcheng District, Xiangyang City, Hubei Province Xiangyang Proj Mgt Office Utilizing Foreign Loans 176 Shengli Steet, Xiangcheng District, Xiangyang City, Hubei Province

Timetable	
Concept Clearance	09 Oct 2020
Fact Finding	14 Jul 2020 to 14 Jul 2020
MRM	-
Approval	-
Last Review Mission	-
Last PDS Update	19 Oct 2020

Project Page	https://www.adb.org/projects/54347-001/main
Request for Information	http://www.adb.org/forms/request-information-form?subject=54347-001
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