

**The 9<sup>th</sup> ASEAN & Japan High Level Officials Meeting on Caring Societies**  
*“Human Resource Development in the Sectors of Welfare and Health”*  
*With a focus on capacity building of service and*  
*employability promotion of vulnerable people*  
**25 - 28 October 2011, Tokyo, Japan**

**Overall Summary**



The Ninth ASEAN & Japan High Level Officials Meeting on Caring Societies was held from 25 to 28 October 2011 in Tokyo, Japan, hosted by the Ministry of Health, Labour and Welfare, the Government of Japan. The theme of the meeting was under the theme of “Human Resource Development in the Sectors of Welfare and Health – with a focus on capacity building of service and employability promotion of vulnerable people –”.

The annual meetings aim at enhancing close collaboration between ASEAN and Japan in the health and social welfare fields. In the 9<sup>th</sup> meeting, participants shared views and had a valuable exchange of ideas, experiences, lessons learnt and good practices, in particular in the area of capacity building for service providers and employment promotion for vulnerable people.

Recommendations proposed at this meeting are shown in the ANNEX section at the conclusion of this summary.

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**Day 1: Tuesday 25 October, 2011**

**PLENARY SESSION**



Dr. Teiji Takei, Director, Office of International Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare (MHLW), greeted the participants of The 9<sup>th</sup> ASEAN & Japan High Level Officials Meeting on Caring Societies. He then invited Mr. Shinji Asonuma, Vice-minister of Health, Labour and Welfare, MHLW, to

give his opening address.

Mr. Asonuma welcomed the participants on behalf of the Government of Japan, expressing the government's gratitude for support received following the Great East Japan Earthquake from each country present. He informed participants that it was hoped that by continuing to share collective wisdom in the field of social security it would be possible to create even better, more inclusive societies.



Dr. Takei noted that The High Level Officials Meeting on Caring Societies (HLOMCS) has been conducted annually since 2003 for the purpose of developing and reinforcing human resources in the health and welfare sectors in ASEAN countries and improving relationships among such countries. He added that this year, the meeting will focus on capacity building for service providers and employment promotion for vulnerable people based on two discussion points:

- 1) Capacity building of service providers in the health and welfare services; and
- 2) Promoting the employability of socially vulnerable individuals who receive health and welfare services.

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**KEYNOTE PRESENTATIONS BY JAPANESE EXPERTS**

Prof. Hideharu Uemura of the Department of Social Work, Japan College of Social Work, gave a presentation entitled, “Human Resource Development in Social Work.” He explained that according to the UNDP Human Development Report, wealth should be measured not just in terms of money but in terms of whether people can lead long and healthy lives, whether they have the opportunity to be educated, and if they are free to use their knowledge and time to shape their own destinies.



Prof. Junko Tashiro, RN, PhD, Professor, St. Luke's College of Nursing, gave a presentation entitled, “Human Resource Development for Caring Society – from Nursing Perspective in Japan.” She introduced the background issues of health care in Japan, discussed current issues, described how Japanese nurses practice health care, and then finished by talking

about challenges and opportunities for creating healthier lifestyles in Japan.

Associate Prof. Yuji Taniguchi of the Department of Human Resources Development at National Polytechnic University, presented on “The Present Condition and Issues of Japan about the Employability Promotion for the Vulnerable People.” He discussed Japan's history of encouraging employability for the socially vulnerable, and finished his presentation by outlining opportunities to increase employability for the elderly, touching on the challenges facing the aged in terms of finding employment.



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Dr. Takei then requested comments from the Chinese and ROK delegations on the morning's presentations.





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## **COUNTRY PRESENTATIONS**

The speaker representing **Myanmar** stated that the country faces a number of challenges in the area of capacity development in the health sector. The Myanmar government considers human resource development in the health sector a key challenge for the development of the entire country. Challenges that have been identified include: 1) Too many health workers in some occupations while too few in others; 2) Substantial numbers of trained but unemployed or under-employed personnel; 3) Personnel with inadequate or inappropriate training; 4) A poor functional distribution of the workforce; 5) Too many people working in curative services; and 6) Too few working in care and prevention.



Next, **Indonesia** stated that the country is working to: 1) Improve and enhance the quality of family-based social protection policies; 2) Refine and improve the national community empowerment program; 3) Improve access for micro, small and medium enterprises through the People's Small Enterprises Credit Program; and 4) Improve coordinative action on poverty reduction.



**Laos** reported that that country is one of SE Asia's only landlocked countries. With its population of 6,230,200, 67% of whom live in urban areas, Laos' Ministry of Health is working to provide universal coverage to all citizens by 2020.

**Brunei Darussalam** informed participants that the government of Brunei has established partnerships with all levels of government, NGOs and the private sector.



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All partners share information regarding services for the poor and vulnerable.

Next, the **Philippines** stated that economic growth in that country has slowed since about 2009, exacerbated by many natural disasters. The Philippines is working to meet the MDGs, but greater effort is needed. Poverty is a significant problem and serious income inequality exists – the poorest 20% account for only 5% of national consumption. Over 14 million Filipinos live on under US\$2 a day. The Philippines continues to support regional initiatives on the issues of the vulnerable, impoverished and elderly.



**Vietnam** highlighted that the country has been moving forward with initiatives for health issues and poverty alleviation programs. The government is also working to provide better health services to those in remote and disadvantageous areas and has implemented loan-based job creation initiatives for the PWDs, such as the blind.



**Cambodia** informed participants that following on from the 2010 Caring Societies Meeting, through collaboration among the Ministry of Land Management, Urban Planning and Construction, it was decided that financial criteria for special land concession programs be renewed.



**Thailand** reminded participants that at the 8th Caring Societies Meeting, it was recommended that Thailand pursue progress toward MDG targets using universal health care coverage policy. In addition, the project on Japan-Thailand Technical Cooperation on the Development of a Community Based Integrated Model for Health care and Social Welfare Services for Thai Older Persons (CTOP) in 4 pilot provinces demonstrated the



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important of local ownership for sustainability. As a result, the Ministry of Public Health expands the project by developing 6 Good Models of Elderly Care for 84 District Health Offices joined the project to select and implement the one that fit for them.

**Malaysia** emphasized that the country's poverty alleviation program is focused on the



vulnerable. These people are placed into two categories: the productive and non-productive. The government works to support the non-productive for life, whereas for the productive, measures are taken to increase their productivity, weaning them off government support.

**Singapore** was the last to speak in this session, and stated that the country has continued to invest in the ComCare Endowment Fund, holds inter-agency meetings among social assistance groups and regular reviews of social assistance policies and schemes to improve coverage, and participates in ASEAN-related forums.



After each representative spoke, they fielded questions about a range of issues related to the topics they covered.



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**Day 2: Wednesday 26 October, 2011**

Site visit in Wako City, Saitama Prefecture

**Wako City Public Welfare Center Yumeai Wako**

Facility overview:

General welfare facilities for the elderly and disabled relegated by regional government.



Welcome speech by the mayor of Wako



Meeting Room



Overview explanation of "Wako City Relief for Long Life Plan" by the Director of Longevity Security Division in the Health and Welfare Department, Wako City



Overview explanation of Wako City Public Welfare Center by the manager in the Public Welfare Department

**Nissei Oasis Wako**

Facility overview:

A facility providing health and welfare services for the elderly from local private sector providers.

- Rental residences for the elderly, paid nursing home for the elderly, short stay day service center, home-visit nursing, home-visit long-term care, in-home long-term care support, meal delivery service, community exchange space, clinic, and dentist office

\*Nissei Oasis Wako is a "Model for the Promotion of Stabilized Housing for the Elderly under the Ministry of Land, Infrastructure, Transport and Tourism."





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**Marui Kit Center, Co., Ltd.**

Facility overview:

- Contributes to the successful participation of disabled individuals in society in the following ways.

Creates work environments that are in line with the principle of normalization through the provision of jobs that compliment the specific characteristics of disabilities and facilities designed for use by employees with disabilities.

Promotes the employment of disabled individuals.

- Handles tasks for the delivery of supplies to shops in Marui and, with a focus on individuals with visual and hearing disabilities, the inspection of jewelry and clock products sold at the various shops.



**Yamato Independence Center:**

**Swan Kosha(Yamato Welfare Foundation)**

Facility overview:

With the goal of assisting disabled individuals to gain independence and participate in society, this facility provides a comprehensive service lineup covering areas from the acquisition of knowledge and skills required for work and the cultivation of job opportunities to post-work retention.

- Swan Bakery: bread making and sales activities

- Swan Laundry: Cleaning service for the work uniforms and linen from the work area



**Riche Garden Wako**

Facility overview:

A facility providing health and welfare services for the elderly from local private sector providers.

- Rental residences for the elderly, paid nursing home for the elderly, short stay day service center, home-visit nursing, home-visit long-term care, in-home long-term care support, meal delivery service, community exchange space, clinic, and dentist office



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**Day 3: Thursday 27 October, 2011**

Dr. Teiji Takei, Director of International Cooperation, Minister's Secretariat, MHLW, opened the third day of the meeting, summarizing the events of the previous day. He then invited the ASEAN Secretariat to give a presentation.

**KEYNOTE PRESENTATIONS BY COLLABORATIVE ORGANIZATIONS**



Ms. Jintana Sriwongsa, Senior Officer, Health and Communicable Diseases Division, ASEAN Socio-Cultural Community (ASCC) Department, ASEAN Secretariat, presented on “ASEAN’s Efforts in Human Resource Development (HRD) in the Health and Social Welfare Sectors and Promotion of the Employability of Vulnerable Individuals.”

Ms. Sriwongsa explained that ASEAN contains 584 million people, comprising an urban population of 44.3%, and many societies are experiencing aging-related issues. She mentioned that ASEAN has been in existence for more than 40 years, and the association’s target is that the ASEAN community will become one by 2015. This means that ASEAN will cooperate fully economically, culturally, and on security issues.

Ms. Kay Khaing Soe, Senior Officer, Social Welfare, Women, Labour and Migrants, ASEAN Secretariat, at the outset of her presentation, shared the ASEAN structure, which illustrated the relevant sectoral bodies concerned for HRD in the health and social welfare sectors in ASEAN. It is noteworthy that the importance of HRD cannot be overemphasised in ASEAN, as the ASEAN



Charter sets out HRD as one of its key purposes Ms. Soe then spoke about the contributions of the Senior Officials Meeting on Social Welfare and Development to the social welfare sector, by supporting the development the ASEAN Social Work Consortium (ASWC). This is the first consortium in ASEAN where social workers, educators and welfare practitioners across region come together to share good strategies, promote alliances, and share policy prescriptions.

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Ms. Kathleen Fritsch, Acting Team Leader, Human Resources for Health and Regional Nursing Advisor, Division of Health Sector Development, WHO Western Pacific Region, gave a presentation entitled, “Meeting the Social and Health Needs of Vulnerable People: A Systems Approach.” Ms. Fritsch focused her presentation on the improvement of community health services for vulnerable

people through human resource development among health and welfare service providers. She mentioned the importance of health equity and the need to make sure that health policies redress inequalities, empower the profit sector, address the perception of the poor quality of public services, and understand the constraints faced by the vulnerable.



Mr. Shintaro Nakamura, Senior Adviser on Social Security, Japan International Cooperation Agency (JICA), then gave a presentation entitled, “Enhancing the Capacity of Human Resources in Social Welfare Sector.” Mr. Nakamura first reconfirmed the importance of human resources in the social welfare sector, then spoke about JICA’s work in this area and the

organization’s ideas for a potential future direction.

Finally, Mr. Shinichi Hasegawa, Director, ILO Office for Japan, presented on “Employment Creation for Older Persons and Disabled Persons at Community Level.” He said the ILO is now vigorously pursuing the idea of decent work for all. Mr. Hasegawa spoke of how the ILO works to create employment at the community level, including the organization’s efforts for the elderly, disabled persons and for welfare to work. Mr. Hasegawa suggested that while work is a means for sustaining life, it is also the means by which individuals form their identities and interact with those around them.





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## **GROUP DISCUSSION**

The following themes were discussed during the group discussion session. Participants were split into four groups to discuss one issue each.

**Group 1:** “Gaps between supply and needs in the community care services for socially vulnerable people, from the point of view of human resource development for service providers”



Facilitators:

Prof. Hideharu Uemura, Department of Social Work, Japan College of Social Work.

Ms. Kathleen Fritsch, Acting Team Leader, Human Resources for Health and Regional Nursing Advisor, Division of Health Sector

Development, WHO Western Pacific Region.

The Philippines was elected chairperson. Singapore was elected rapporteur.

**Group 2:** “Gaps between supply and needs in the community care services for socially vulnerable people, from the point of view of human resource development for service providers”

Facilitators:

Prof. Junko Tashiro, RN, PhD, St. Luke's College of Nursing.

Ms. Kay Khaing Soe, Senior Officer, Social Welfare, Women, Labour, and Migrants, ASEAN Secretariat.

Singapore was elected chairperson. Myanmar was elected rapporteur.



**Group 3:** “Gaps between public and private sectors in terms of promoting self-sustainability of the socially vulnerable in communities”



Facilitators:

Ms. Etsuko Ueno, Japanese Society for Rehabilitation of Persons with Disabilities (JSRPD).

Ms. Jintana Sriwongsa, ASEAN Secretariat.

Thailand was elected chairperson.

Singapore was elected rapporteur.



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**Group 4:** “Gaps between public and private sectors in terms of promoting self-sustainability of the socially vulnerable in communities”

Facilitator:

Mr. Shintaro Nakamura, Japan  
International Cooperation Agency.

The Philippines was elected chairperson.  
Brunei was elected rapporteur.



**Day 4: Friday 28 October, 2011**

**PLENARY SESSION**



Dr. Teiji Takei greeted the meeting. Reports for Breakout Discussions then presented by Rapporteurs from each Group, followed by adoption of recommendations that had been prepared for review, comments from participating countries and institutions, and finally a closing address. Dr. Takei thanked the participants for all their suggestions.

**CLOSING ADDRESS**

Mr. Yasuhiro Fujii, Deputy Assistant Minister for International Policy Planning, Minister's Secretariat, expressed the gratitude of the Japanese government for the contributions each attendee made to the meeting. He noted that the meeting had produced a number of extremely valuable proposals on the topics of human resources in the health sector and the socially vulnerable. He expressed Japan's belief in the importance of supporting the socially vulnerable, helping them to improve their quality of life – not just in Japan, but everywhere. Furthermore, he stated his confidence that the meeting had produced valuable ideas that could be turned into policies in each country. Based on the recommendations of the meeting, he explained, MHLW would continue to discuss the creation of a more inclusive society. He concluded by wishing the participants further success and prosperity.



**END**

**ANNEX**

**Group Discussion**

**Group 1** reported that three things need to be clarified: 1) Do we gain an understanding of needs of care services for socially vulnerable people? 2) Are there enough human resources to correspond to the needs?; 3) Are there appropriate human resources to correspond to these needs? With a view to service quality and capacity building, it was proposed that the group also looked at possible solutions from the viewpoints of: 1) setting solutions at each level; 2) cooperating among areas of health, social welfare and employment.

Representatives from each participating nation then proceeded to clarify the relevant status in their countries.

Key problems in relation to the topic were as follows: Social work training was identified as the main problem in **Brunei**, homelessness is a major issue in **Cambodia**, and the quality of social workers and a lack of data regarding disabled people is a problem in **Indonesia**. In **Myanmar**, limited social services are an issue, **Thailand** is struggling with deciding how the target groups can access care facilities and a lack of care service personnel, and while in the **Philippines** it is believed there are sufficient policies for the elderly and disabled, officials say there is a lack of volunteers to help determine where vulnerable people are living. **Singapore** is working to ramp up on both its aged care infrastructure and manpower to prepare for the needs of its rapidly aging society. **Malaysia** identified a diverse range of socially vulnerable groups, and stated that at the central level, there is a need to unite the different bodies in charge of each vulnerable group. **Laos** pointed out that in the health sector, there are workers and organizations to help and support the vulnerable. However, despite the more than 800 health centers providing very basic care in the country, there is not enough cooperation between the health and social welfare sectors. Prof. Uemura suggested that it might be good for each country to create campaigns encouraging communities to improve themselves. He suggested that often volunteers are not just volunteers but community leaders, and that these people should be utilized to carry out policy.

The Chairperson then reviewed the solutions that had been offered thus far. Meeting participants went on to discuss the different intergovernmental councils being utilized in each country to address the issues faced by the vulnerable. In response to the question: "In your high-level governing bodies, how do you ensure the voices of the elderly or disabled are heard?", **Malaysia** stated that they bring in leaders from NGOs to represent the vulnerable, and **Myanmar** said their committee for the disabled also receives the

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participation of NGOs. **Laos** emphasized that cooperation between the private sector and government is needed, and that an integrated and operationalized approach would assist in the provision of better care. **Singapore** is focusing on the strategy of “aging in place” – making sure that the elderly can age at home instead of in care facilities, while the **Philippines** has community health teams staffed by a nurse and mid-wife who supervise numerous volunteers. **Indonesia** has community health teams and approximately 160,000 cadres, and **Malaysia** reported that the country’s Social Welfare Department is in charge of distributing food to the poor, providing between MYR300 and MYR450 per month.

The Chairperson then verified that each issue had been addressed.

Singapore began the session for **Group 2** by explaining that the aim of the discussion was to identify the challenges faced, noting that there can be diverse challenges due to the different backgrounds of the participant countries. The ASEAN Secretariat underlined that the association’s focus should be on whether there is enough agency care for vulnerable people, and if there is not enough, in what ways can it be developed. Additional focus should also be on whether the quality as well as quantity of care is sufficient. Does the standard meet international or ASEAN levels of standards? **Vietnam** stated that the definition of vulnerable people includes the elderly, those with disabilities, and the poor, and suggested that the association should focus on healthcare and rehabilitation, or training service providers. **Myanmar** mentioned that the five main areas covered are health, housing, education, economy, and social security, and suggested including acceptance from society as a sixth area. The last question asked how linkages between health, social welfare and labor can be improved, to which **Brunei** stated that usage of a common language should be mentioned to ensure coordination of tasks. The **Philippines** mentioned the importance of infrastructure and capacity building, and **Singapore** added that both hard and soft infrastructure should be covered.

**Group 3** started discussion with a situation analysis in which participants shared perceptions about systems in their countries. **Laos** commented that the Social Security Organization (SSO) provides social security services for the private sector. Employers are required to pay for their employees. Employees receive an SSO membership card to receive pre-paid services. **Singapore** stated that the country has a lot of collaboration between public and private sectors, and gave the example of the Enabling Employers’ Network, which comprises like-minded employers who want to work with people with disabilities. **Thailand’s** health sector has a Social Security Fund (SSF) for the private sector. Employers are required to pay contributions to the SSF. In the case of

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employment, in certain industries, for example, the garment or jewelry industries, efforts are made to distribute jobs to people with disabilities or elderly persons. If the government can encourage the private sector to think about how to create jobs for people in the community, this can help to create jobs in rural areas. **Cambodia** has a national social security fund for civil servants and a national security fund for veterans. These are difficult to run because it is difficult for the government to support all national security funds for civil servants and veterans. With regard to the private sector, the government has discussions with the private sector every six months to discuss problems and investment. In **Myanmar**, the Constitution already states that the Union must take care of children, the disabled, and other vulnerable groups. There are more than 500 homes for the elderly, all run by the government and providing free shelter, free food, and free medical care. In most cases, relatives take care of the elderly. In **Malaysia**, both the private and public sectors are working together to promote self-sustainability of vulnerable groups, including the aged and disabled. For example, the government has a training institution for the disabled, so that they can receive computer training to boost employment prospects. Also, the government has set up a shop run by the disabled, which produces products to economically sustain the people. In addition, shelters are provided for the aged and disabled. Ms. Ueno stated that in Japan, the government is focusing on making policies and laws for vulnerable people. The responsibility for service delivery was transferred from the central government to local municipalities approximately 10 years ago. Each municipality, however, faces difficulties due to budget shortfalls. Welfare services are divided by field, according to the laws for children, persons with disabilities, and so on.

The group then discussed challenges and possible solutions. The ASEAN Secretariat then presented a summary comprising a situation analysis, challenges and possible solutions.

In **Group 4**, the Philippines Chairperson laid out the objective of finding solutions concerning the gaps between the public and private sectors in terms of promoting self-sustainability of the social vulnerable in communities. The group discussed self-sustainability, the role of governments and the private sector, government policy, incentives, and the private sector's role in policymaking. At the end of Group 4's session, members compiled a list of recommendations and possible solutions.

**END**