
**Report of the Study Group for Japan's International
Contribution to 'Active Aging'**

(Original in Japanese)

Summary

March 2014



International Affairs Division
Minister's Secretariat
Ministry of Health, Labour, and Welfare of Japan

Purpose and significance of the Study Group

- The world population is aging rapidly, and it is estimated that people aged 60 years or over will reach 2 billion by 2050¹. In ASEAN, aging rates in some countries will be similar to or even higher than those experienced by Japan in the past.
- Japan, which is experiencing the world’s highest rate of aging, has a long history of adapting policies and legislation for aging society. Aging policy is a part of an overarching restructuring of social infrastructure, and composed of responses to the elderly’s health, welfare and social security needs. Therefore it is essential to be undertaken from an early point. For this reason, the Study Group believes that the Japanese efforts are valuable reference for ASEAN countries, which will face actual aging society hereafter, and have to adapt their policies to aging society.
- Until now, Japan has provided to ASEAN countries training programs and technical cooperations on health and welfare, which are related to aging. However, integrated strategies of cooperation regarding aging haven’t been elaborated clearly, because it is a new domain within international cooperation.
- For this reason, this Study Group made clear the current situation, the challenges and needs for responding to aging process in ASEAN countries. Then the Study Group took an overview of the whole ASEAN region and defined specific recommendations for cooperation based on Japan’s experience and knowledge to the region and each country in ASEAN.
- Because the capacity of elderly to live independently and actively is a common key issue to both Japan and the ASEAN countries, the concept of Active Aging² was taken as the central theme for this Study Group’s deliberations.
- Regarding to international cooperation, a unidirectional delivery of knowledge or transfer of technology is not appropriate. It is important to cooperate on what the partner country needs. The Study Group, therefore, attempted to conduct its deliberations based on ‘user-oriented’ approach (Figure 1).

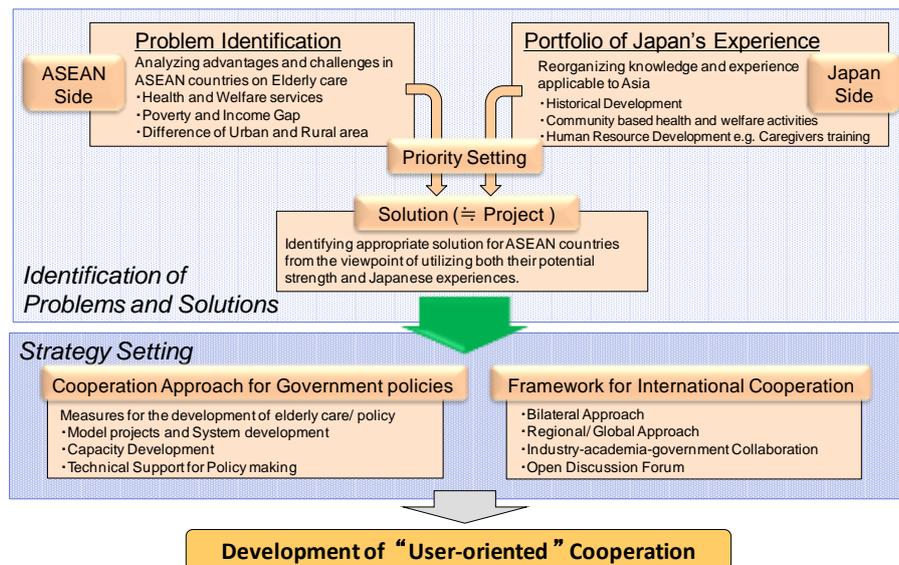


Figure 1: Deliberation approach taken by the Study Group

¹ Since the main audience of this report is in the ASEAN countries, the Committee has used the Western calendar instead of Japanese calendar for dates in the text.

² According to the World Health Organization (WHO) definition, “Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.”

Current situation of aging population in ASEAN countries³

- Table 1 shows indicators associated with aging in the ASEAN+3 countries (including China, Korea and Japan).

Table1: Indicators of aging in ASEAN

	Aging rate 1990 (60+) (%) ¹⁾	Aging rate 2010 (60+) (%) ¹⁾	Prospect of aging rate 2025 (60+) (%) ¹⁾	Prospect of aging rate 2050(60+) (%) ¹⁾	Total fertility rate ¹⁾	Life expectancy at birth ¹⁾		Labor-force participation ratio (60-64year-old) ²⁾		Per capita GDP (US\$) ³⁾	Income disparity (Richest 10% to poorest 10%) ⁴⁾
						Male	Female	Male	Female		
Japan	17.4	30.7	35.8	42.7	1.34	79.2	86.0	75.6	45.8	46,720	4.5
Republic of Korea	7.7	15.6	27.0	41.1	1.23	76.5	83.2	70.2	41.5	22,590	7.8
Singapore	8.4	14.1	24.2	35.5	1.26	78.7	83.7	67.5	35.4	51,709	17.7
Thailand	7.1	12.9	23.1	37.5	1.49	70.0	76.7	50.1(60-)	29.5(60-)	5,480	12.6
China	8.6	12.4	20.0	32.8	1.63	73.2	75.8	58.3	40.6	6,091	21.6
Brunei Darussalam	4.0	6.2	15.6	28.3	2.11	75.6	79.5	45.5	11.2	41,127	-
Vietnam	8.1	8.9	15.5	30.6	1.89	70.2	79.9	69.4	58.2	1,755	6.9
Malaysia	5.6	7.8	12.5	23.1	2.07	71.8	76.4	52.3	17.1	10,432	22.1
Myanmar	6.7	7.7	12.2	22.3	2.07	62.1	66.2	-	-	880	-
Indonesia	6.1	7.6	12.0	21.1	2.50	67.6	71.6	78.9	47.3	3,557	7.8
Cambodia	5.1	7.2	11.1	21.2	3.08	66.8	72.1	69.5	33.0	944	12.2
Philippines	4.7	5.9	8.7	13.7	3.27	64.5	71.3	79.0(55-64)	54.8(55-64)	2,587	15.5
Lao PDR	5.6	5.6	7.4	15.7	3.52	64.5	67.0	-	-	1,417	8.3

Sources : 1) UN: World Population Prospects: The 2012 Revision Population Database

2) Statistical data of respective countries.

3) World Bank Search 2011 (Myanmar ; National Accounts Estimates of Main Aggregates, 2010, United Nations Statistics Division)

4) Human Development Report 2007/2008: Published for the United Nations Development Programme (UNDP)

- According to Table 2 showing Doubling Time⁴, while it took 25 years for the percentage of people 65 years or older in population of Japan to grow from 7% to 14%, in Viet Nam it is estimated to be 15 years, in Indonesia 17 years, in Laos 19 years and in Myanmar 20 years. This shows the aging will progress faster in those countries than in Japan.

Table 2: ASEAN indicators of aging and Doubling Time

	Population (million)	Aging rate (65+) 7% Aging society	Aging rate (65+) 14% Aged society	Doublingtime Number of years required for the proportion of the aged population from 7% to 14%	Aging rate (65+) 21% Super Aged society
Philippines	94.85	2032	2062	30	2088
Malaysia	28.86	2020	2046	26	2073
Japan	127.82	1970	1995	25	2008
China	1,344.13	2000	2025	25	2037
Cambodia	14.31	2030	2053	23	2068
Thailand	69.52	2001	2024	23	2038
Myanmar	48.34	2021	2041	20	2060
Singapore	5.18	1999	2019	20	2027
Lao PDR	6.29	2034	2053	19	2065
Republic of Korea	49.78	1999	2017	18	2027
Brunei Darussalam	0.41	2023	2041	18	2063
Indonesia	242.93	2021	2038	17	2056
Vietnam	87.84	2018	2033	15	2047

Source : Prepared by the Secretariat based on World Bank, World Development Indicators database and United Nations' World Population Prospects, the 2010 revision.

³ The definition of 'elderly' in ASEAN countries is usually 60 years of age and older. When not specified otherwise, the statistics and data in this report referring to 'elderly' and 'aging rate' take this 60 years and above as the criteria.

⁴ The number of years required for the proportion of the aged population (65 years and older) from 7% to 14%, and it is used as an indicator of the speed at which aging is progressing.

Recommendations for future international cooperation

1. International cooperation needs in ASEAN aging policies and directions for cooperation

(a) Formulation of mid-to long-term national strategies to respond to aging

- Formulation of sustainable and effective strategies to respond to aging that includes approaches related to health is important, and it is believed that the need to support the development of approaches and measures to bridge the gaps between the areas of responsibility among different ministries will rise in the future with regards to aging.

(b) Development of social security systems

- With regards to medical insurance, each country is moving towards universal health coverage (UHC). Building financially sustainable system that pays benefits for agricultural and other family business workers remains a common challenge among many ASEAN countries. Even if the financial mechanisms for a medical insurance system are created, under local conditions where basic resources for medical services are not universally distributed, improvement of the quality of peoples' lives cannot be achieved. There is a need for assistance to promote the development of medical infrastructure, together with the development of the financial backbone of the medical insurance system.

(c) NCD countermeasures

- Many ASEAN countries have already experienced economic-growth-driven changes in dietary practices that have brought about a transformation of the structure of disease occurrence in the country. Lifestyle-related disease has become a main cause of death, and this means that NCD countermeasures have become a key issue. The impacts of increase of NCD incidence on medical costs is of high interest in ASEAN countries. Medical NCD-oriented service delivery systems and other basic social measures to promote health and prevention have emerged as important themes within cooperation on the efforts to reduce the burden of NCDs.

(d) Establishment and regulation of facilities for the elderly

- It is necessary to consider the establishment and application of a set of minimum standards for the quality of services provided in private aging facilities targeting the middle income population.
- By implementing support activities to help design systems and create minimum standards, it is believed that the maintenance and improvement of the quality of services provided can be achieved.

(e) Development of home services and expansion of local resources

- As demand for home care is expected to rise, there will be limitations to relying on the family and community. In this area, JICA is implementing 'The Project of Long-Term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)' in Thailand. This project aims to reduce the burden shouldered by the family by establishing a service provision system for elderly care. The experiences of this project are expected to be of use in other ASEAN countries as well.

(f) Social participation of the elderly

- Japan has promoted developing a society in which people are encouraged to work and participate in social activities, regardless of age. The government has tried to change the way of thinking dominated by the concept of retirement by age, and built facilities such as the Silver Personnel Centers according to law, for promoting the expansion of employment opportunities for the elderly. Local governments also work to promote social participation of the elderly, providing public space for the elderly to come together, in hopes that this will draw out the skills and knowledge of the elderly. Furthermore, Local Integrated Care Support Centers display long-term care equipment and provide advice in order to enhance the independence of the elderly. It is hoped that these approaches can be shared in the context of aging society in ASEAN countries.

(g) Empowerment and the development of human resources

- Policy dialogue, training programs and seminars are necessary in order to improve the quality of care by sorting out the role of elderly care specialists and developing their skills.
- Moreover, for the development of these approaches, it is necessary for local people including the elderly to proactively promote community development. Much is currently left to the naturally occurring activities. Support to raise awareness of the self-determination of local communities may be among future options.

(h) Establishment of social statistics on aging society

- Among the ASEAN Countries, data on the population is provided by the national census, but national-level statistics on the physical and psychological health of the elderly and their lifestyles are non-existent, aside from a small number of surveys carried out by academic institutions. It is believed that there is potential for cooperation on development of methods for continuous data-collection efforts. In cases where data is available, there is potential for collaboration on research and analysis.

Table 3: ASEAN issues and potential areas for Japan's contribution

		Situation in ASEAN countries (based on field survey)
Health	Facility services	<ul style="list-style-type: none"> ✓ Public facilities are mostly limited for the low-income class and the elderly without family. Most facility services for middle-income class are provided by volunteers or NGOs ✓ Private facilities targeting the high-income class have been increasing, but relevant regulations (e.g. minimum service requirements) have not been well established yet. ✓ Elderly care standards, and maintaining/improving the quality of care services are yet to be established.
	Home services	<ul style="list-style-type: none"> ✓ Home services provided by private enterprises are yet to be developed, and most services are provided by NGOs and community volunteers in cooperation with the government. ✓ Day Care Service is available in some community centers and medical institutions, but the variety is still limited.
	Measures against NCDs	<ul style="list-style-type: none"> ✓ In Thailand where the primary health care system has been developed, various measures against NCDs are taken by utilizing the network of more than 1,000,000 "health volunteers" nationwide. ✓ Most of these measures are prioritized for the provision of primary health services with scarce focus on actions specific to the elderly.
Participation	Social participation	<ul style="list-style-type: none"> ✓ Each country has organizations of aged people which are engaged in various activities. The government of each country depends highly on these organizations in implementing measures for the elderly.
	Measures for employment and livelihood	<ul style="list-style-type: none"> ✓ Majority of workers are engaged in the informal sectors. Even among waged workers, many of them are engaged in family business and have little awareness of retirement age. ✓ In rural areas, most households consist of multi-generations. Traditional mutual aid has remained for raising children and other household matters. Meanwhile, the working generation tends to move to major cities for work.
Security	Health security program	<ul style="list-style-type: none"> ✓ In Thailand and Malaysia, universal coverage (UC) of health security has been achieved. ✓ In Vietnam and Indonesia, the governments have launched policies to achieve UC. ✓ Thailand has limited medical doctors assigned to PCUs (Primary Care Units directly operated by the Ministry of Health).
	Income security for the elderly	<ul style="list-style-type: none"> ✓ In Thailand, 500 baht (approx. 1,500 yen) monthly allowance is provided to all the elderly. In the other countries, this kind of allowance is limited. ✓ In other countries, a small amount of old-age allowance is provided for targeted groups from tax resources. ✓ Collecting social security premiums is not easy where informal sector workers are dominant.

(simplified from Japanese original)

2. Japan's approach to international cooperation

(a) Multi-level approach

- Policy dialogue, technical cooperation projects, training programs and private sector collaborations are the four pillars of cooperation in aging policy currently being implemented simultaneously. In the future as well, it is important that actions be implemented simultaneously at multiple levels. (Table 4)

Table 4: Approaches to international cooperation

Assistance Schemes	Targeted Countries	Examples
Policy Dialogues	ASEAN countries	<ul style="list-style-type: none"> • Policy Dialogues among ASEAN countries (e.g. ASEAN & Japan High Level Official Meetings, the ASEAN Plus Three Meeting for Social Welfare and Development (AMMSWD+3)) • Policy Dialogue at High Level Officials • Policy Dialogues at the international Meetings such as WHO
Projects	ODA countries in ASEAN region	<ul style="list-style-type: none"> • Technical Assistance of JICA projects • Dispatching Specialists based on country's requests
Trainings and Seminars	ODA countries in ASEAN region	<ul style="list-style-type: none"> • Trainings and Seminars of JICA projects • Trainings and Seminars utilizing WHO scheme • Trainings and Seminars with the partnerships among national research centers (e.g. National Institute of Public Health, The National Institute of Infectious Diseases, National Center for Global Health and Medicine)
Private Partnerships	ASEAN countries	<ul style="list-style-type: none"> • Promotion of Private Partnerships among companies, NGOs/CSOs, Japanese Elderly Volunteers and so on in terms of human and goods resource provision

(b) Creation of ASEAN network for aging policies

- It is important that aging policies include multidirectional exchanges among and between ASEAN countries, and are not limited to unidirectional provision of information and technology from Japan. Formation of a network of experts on aging policies within ASEAN will also be an important approach to expand these multi-directional exchanges of ideas.
- In order to vitalize the exchange of information and discussion on aging policies among ASEAN countries, Japan may propose regular policy dialogues among ASEAN countries and have active interaction among the experts.

3. Priority issues for each country and appropriate cooperation

(a) Viet Nam

- It is predicted that aging in Viet Nam advances most rapidly in ASEAN. After exceeding an aging rate of 7%, it will take approximately 15 years to reach and exceed an aging rate of 14%. It means that policy makers may have to prepare for aging society in a short period of time.
- During the field survey, the government of Viet Nam showed strong interest in international cooperation, in areas including strategy setting for aging policies, project model identification, countermeasure for NCD, management of elderly facilities, primary data collection and research, and human resource development.

- In Viet Nam, construction of new elderly facilities by private sectors and NGOs has been increasing. It raises the government's interests on how to secure service quality and how to regulate facilities. Therefore, the establishment of standards for those facilities can be a good theme for cooperation.
- At this stage, in addition to consideration of specific policies, objectively predicting the issues that may emerge as a result of aging, and considering the long term grand design policy for their solution should be an important priority.
- In Viet Nam, implementation of program for UHC is ongoing. In order to materialize measures for UHC and aging policies, providing basic information on Japan's experiences, policy history and social impact of aging may be important for Viet Nam as well as developing primary medical resources in the country. In the future, human resource development of experts and administrators, provision of information to and conducting joint research with academic researchers, are considered effective in the short and mid to long term.

(b) Thailand

- In Thailand, where aging has been progressing rapidly, it seems that the spread nationwide concrete support measures in the short term will be necessary. Basic health and medical resources are quickly developing throughout the country, as a result of nationwide development of health centers and the 30 baht health insurance program. Thus the future issues will be the development of specialized care services for elderly and specific ways to deliver services in local areas.
- Since 2007, technical cooperation projects have been implemented by JICA. In the projects, a model for the community based integrated service of healthcare and welfare was developed under the CTOP⁵ project. Since 2013, specialized long-term care services for elderly such as home-care service, day-care service and long-term care management have been developed under the LTOP project. In this project, analysis of cost-benefit and efficacy of services, collection of evidence from services and policy dialogue have been conducted. It is hoped that this project will contribute to building elderly support systems at the national policy level as well as the dissemination of specialized services.
- Through the technical cooperation project, it is one option to propose a plan to establish an institutionalized nation-wide system with services combining specialized and volunteer services under limited resource setting.
- Thailand is a leading country in ASEAN region for pioneering several approaches to social security, and has already begun technical cooperation on UHC with neighboring countries. The Study Group expects Thailand can continue that cooperation and expand their theme.

(c) Indonesia

- It is prospected that demand for various specialized services will arise in Indonesia growing together with the aging population. Much effort for developing human resources with specialized skills is needed for elderly facilities and services. To grasp the needs of the elderly and to support human resources development in the elderly welfare sector should be essential. There also should be high priority on establishing nation-wide standard and regulation for qualified long-term care.

⁵ Technical cooperation projects "Community Health Care and Social Welfare Services Model for Thai Older Persons"

- Land of Indonesia is composed of many islands, which have large variety of local cultures, ethnicities and social structures. Policies for aging society are, therefore, necessary to be promoted appropriately to meet each locality. This means development of capacities is needed not only in the central government but also local governments.
- Indonesia has the largest population among the ASEAN countries, it has been prospected the future speed of aging is more rapid than that of Japan. In this context, the government of Indonesia is aiming to establish UHC and other social security systems, and therefore there is potential for cooperation through training programs on social security system for sustainability design. Mutual cooperation on basic exchange of information on social security, and technical cooperation on establishment of social statistics, producing guidelines for ensuring long-term care service quality are also other possible areas of cooperation with Indonesia.

(d) Malaysia

- The Malaysian government's stance is to enable elderly to play their own role within the family and society, emphasizing financial independence and focusing on mobilizing funding of private sectors. For the role of government, the government regards itself rather than being a provider of services, but a regulating body. Therefore, the government aims to establish a system for supporting elderly within local communities with elderly themselves, families and volunteers, responding to the needs of the elderly care.
- However, the current status of implementation is limited in both quantity and geographic coverage, and not being conducted in an integrated or systematic way. It seems that a specific strategy to organize the system is needed at this stage. Furthermore, there is a trend towards ever-increasing private facilities for the elderly, and regulation of the quality of the facilities has become an important issue.
- The basic direction towards home care service has many things in common with Japan's policy for Integrated Community Care System, and it is believed that there is potential for cooperation on sharing ideas about measures for income generating activities, prevention care and social participation in local areas.

(e) Other ASEAN countries

- Singapore and Brunei are not ODA recipient countries, but policies to deal with aging society are important nonetheless. It is believed that policy dialogue, sharing of Japan's experiences and knowledge, exchange of ideas would be effective. More specifically, because in these high-income countries it is predicted that needs for care will increase within the mid- and upper-income groups, there is potential to provide information from Japan about the long-term care services, assistive devices and development of caregivers including encouragement of their use and application.
- The Philippines has the slowest rate of aging among the ASEAN countries. The aging rate is predicted to reach 14% in 2062, the latest in ASEAN. Therefore, policies for aging society are not an immediate priority. Because decentralization was promoted at an early stage in the island country's development, there are large gaps in basic medical service provision among local island areas. Filling these geographic gaps on medical care and improving benefits from the health insurance system

should be the more immediate priority to prepare for future the aging society. Additionally, the Philippines is a country which is prone to natural disasters such as typhoons like Japan. It is thought that there is potential for cooperation to share experiences of recovery from disasters such as the East Japan Earthquake, for example assistance to the elderly and welfare responses during natural disasters.

- Myanmar, Laos and Cambodia also have relatively slow rates of aging and per capita GDP in comparison to other ASEAN countries. Priorities for cooperation in the future could be supporting establishment of basic health and medical resources and efforts towards achieving UHC. By moving forward with cooperation on UHC, it is expected that preparation for aging society (such as countermeasures for NCD) will be developed, so the training program for UHC carried out in Japan can contribute to these countries. Furthermore, Thailand has already introduced UHC for medical services in 2002, and cooperation supported by Thailand may be possible.

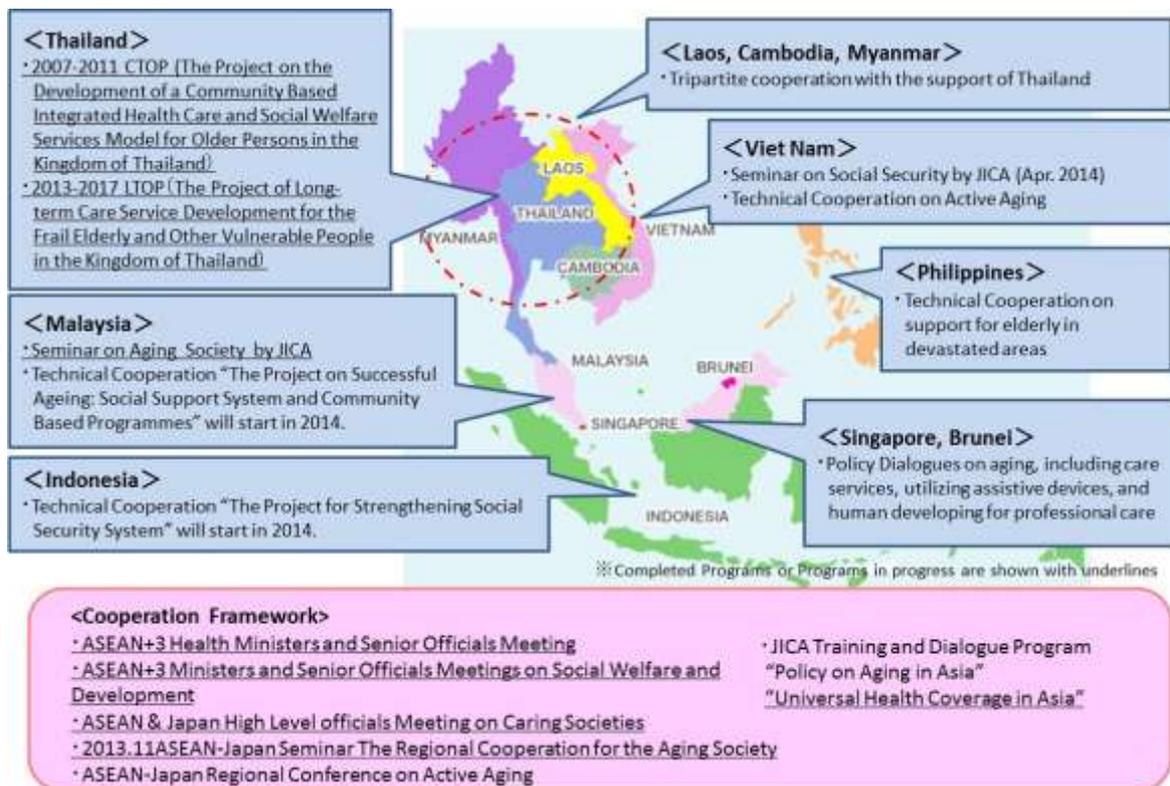


Figure 2: Japan's contribution for Active Aging: Possible future scenario

Conclusion

- In 2014, in addition to the 'ASEAN and Japan High Level Officials Meeting on Caring Societies', Ministry of Health, Labour and Welfare is preparing a new event named 'ASEAN-Japan Active Aging Regional Conference' (tentative title) in June. Also, ASEAN+3 Health Ministers Meeting is scheduled in the same year. It is expected that Japan will continue to actively contribute to these efforts towards Active Aging in the ASEAN region.
- Domestically, sharing this report with government agencies, research institutions, academic institutions, relevant individuals in international cooperation agencies, and organizations and other groups working for Active Aging in Japan will help further strengthening international cooperation on aging.
- Internationally, this English version will help in sharing the contents of the report with ASEAN countries and international organizations and provide an opportunity to discuss policies for aging society. Progress of further international cooperation from Japan is expected from that discussion.

Table 5: International Cooperation in the field of Japan's Social Security and Aging Society in 2013 and 2014

Japan	ASEAN
	Thailand 2007-2011 CTOP : Prevention, Promotion 2013-2017 LTOP : Long-term care
2013 Jun. ~ Study Group for Japan's International Contribution to Active Aging July. Presentation from Thailand and Malaysian officials	
	Aug.-Sep. Field studies in Vietnam, Thailand and Indonesia
Nov. JICA Training and Dialogue Program " Universal Health Coverage in Asia"	Nov. ASEAN-Japan Seminar The Regional Cooperation for the Aging Society (Indonesia)
Dec. The 11th ASEAN & Japan High Level officials Meeting on Caring Societies The ASEAN-Japan Commemorative Summit Meeting	
2014	Apr. Seminar on Social Security by JICA (Viet Nam)
	Jun. ASEAN-Japan Regional Conference on Active Aging (Indonesia) ASEAN+3 Senior Officials Meeting on Health Development (Thailand)
Sep. JICA Training and Dialogue Program "Policy on Aging in Asia"	Sep. ASEAN+3 Health Ministers Meeting (Viet Nam)
Oct. The 12th ASEAN & Japan High Level officials Meeting on Caring Societies	4Q. ASEAN+3 Senior Officials Meeting on Social Welfare and Development (Laos)
Nov. JICA Training and Dialogue Program " Universal Health Coverage in Asia"	

Annex

(1) Study group members (in hiragana order)

Committee chair and members are listed below.

Chair	Shigeru OMI	President, Japan Public Hospital Group financed by Pension and Health Insurance Contributions Regional Director Emeritus, World Health Organization, Regional Office for Western Pacific
Members	Takahiro EGUCHI	Professor of Law, Kanagawa University Professor emeritus, Tsukuba University
	Keiichiro OIZUMI	Senior Economist, Economics Department, The Japan Research Institute Ltd.
	Nobuko KAYASHIMA	Director General, Human Development Department, Japan International Cooperation Agency
	Takao SUZUKI	Director of Research Institute, The National Center for Geriatrics and Gerontology
	Tomofumi SONE	Director for Planning and Coordination, National Institute of Public Health, Ministry of Health, Labour and Welfare
	Reiko HAYASHI	Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research
	Satoko HOTTA	Research Analyst, The Japan Institute for Labour Policy and Training
Secretariat	International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare	
	Yutaka HORIE	Deputy Assistant Minister for International Affairs
	Masahiko HAYASHI	Deputy Assistant Minister for International Policy Planning
	Kazushi YAMAUCHI	Director of International Cooperation Office
	Yasuhiro ARAKI	Deputy Director of International Cooperation Office
	Shio SUGITA	Assistant Director of International Cooperation Office
	Yohei MATSUURA	Section Chief of International Cooperation Office
Observer	Kazunari YOSHIDA	Deputy Director, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare
Research Assistant	Reisuke IWANA	Senior Analyst, Social Policy Group Leader, Economic and Social Policy Department, Mitsubishi UFJ Research & Consulting Ltd.
	Izumi TAKEI	Senior Research Analyst, Department of International Studies, Mitsubishi UFJ Research & Consulting Ltd.

(2) Discussion points

- (a) Basic survey on aging society and elderly care in developing countries including Asian countries
- (b) Discussion on international cooperation in the field of health and welfare for the elderly
- (c) Others

(3) Overview of the Study Group

Date	Agenda	Note
The 1 st meeting June 14, 2013	1.Current situation and policies on aging society in Asian countries 2.Demands to support aging society in Asian countries and their responses 3.Others	
The 2 nd meeting July 19, 2013	1.Discussion on international cooperation in the field of health and welfare of the elderly 2.Interview and field survey in Japan and overseas 3.Others	Interviews conducted below; •Dr.Chanvit Tharathep, Deputy Permanent Secretary, Ministry of Public Health, Thailand •Ms. Ruhaini binti Zawawi, Senior Principal Assistant Director, Department of Social Welfare, Ministry of Women, Family and Community Development, Malaysia
Field survey in Japan	Survey on measurements regarding active aging and the elderly care which are to be referred as institution building and development in Asian countries	July: Kashiwa city, Chiba prefecture, Hokuto city, Yamanashi prefecture, Shinagawa city, Tokyo August: Higashiomi city, Shiga prefecture
Field survey in overseas	Survey on current situation, experience and demands for international cooperation on health and welfare of the elderly	August: Vietnam, Thailand September: Indonesia
The 3 rd meeting October 30, 2013	1.Results of field survey in both Japan and overseas 2.Discussion on international cooperation in the field of health and welfare of the elderly 3.Others	
(Related event) The 11 th ASEAN-Japan High Level Officials Meeting, December 3-5, 2013	Theme: Active Aging Main agendas: •Universal health coverage and health and welfare services of the elderly towards achieving Active Aging society •Community to support the elderly •Social participation and contribution of the elderly •Lessons learnt on Active Aging from Japanese experience •Role of government on Active Aging •Future ASEAN cooperation and collaboration on aging society	
The 4 th meeting February 18, 2014	1.Final report on Japan's contribution to international Active Aging 2.Others	