

Report on
The 10th ASEAN and Japan High Level Officials Meeting on Caring Societies
*“Caring societies for the socially vulnerable people
suffering after natural disasters”*
23 October – 25 October 2012, Tokyo



The Tenth ASEAN and Japan High Level Officials Meeting on Caring Societies under the theme of “Caring societies for the socially vulnerable people suffering after natural disasters” was held from 23 to 25 October 2012, in Tokyo, Japan, hosted by the Ministry of Health, Labour and Welfare, the Government of Japan (MHLW).

With the aim of enhancing close collaboration between ASEAN countries and Japan in the health and social welfare fields, participants shared views and had a valuable exchange of ideas, experiences, lessons learnt and good practices, especially related to the needs of the socially vulnerable after natural disasters.

The proceedings and outcomes of this meeting are shown in the ANNEX as agreements and recommendations.

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Day 1: Tuesday, 23 October 2012

Plenary Session



Dr. Mitsuru Sakurai, Senior Vice Minister of Health, Labour and Welfare, MHLW gave an opening address, welcoming the participants to the meeting and thanking all those present and all those involved in the preparation of the meeting for their valued support. He noted that at the ASEAN-JAPAN summit held in Jakarta in

November 2011 the “Joint declaration for enhancing ASEAN-JAPAN strategic partnership for prospering together” had been endorsed, including a strategy of “creating together a more disaster-resilient society” and calling for the enhancement of cooperation for the promotion of an inclusive caring society and the development of social safety nets for vulnerable groups. Dr. Sakurai also expressed his gratitude for the genuine and heartfelt support provided to Japan by ASEAN member states and many other countries as well as various international organizations in the wake of the Great East Japan Earthquake.

Dr. Kazushi Yamauchi, Director of International Cooperation, Minister’s Secretariat, Ministry of Health, Labour and Welfare, MHLW, described the actions taken by Japan immediately following the Great East Japan Earthquake, the largest earthquake ever in the history of Japan, and the fourth largest ever recorded in the world, which caused extensive damage or partial destruction many of the hospitals, clinics and institutions in the region. He requested the support of all of the participants during the three days of the meeting to work toward producing recommendations for the ASEAN+3 Ministerial Meetings.



Keynote Presentations by Japanese Experts



Prof. Yasuhiro Otomo of the Department of Acute Critical Care and Disaster Medicine, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University, gave a presentation entitled “Disaster Medical System in Japan,” focusing on the response immediately following the Great East Japan Earthquake

disaster. He described the system of disaster base hospitals established after the Great Hanshin-Awaji Earthquake in 1995, and the disaster emergency medical information system to request support for medical needs from institutions in non-affected areas. He also outlined the training and preparations carried out by Japan’s Disaster Medical Assistance Teams (DMAT) to cover the initial period of disaster response before international support can arrive.

Prof. Hiroshi Takahashi of the International University of Health and Welfare gave a presentation entitled “Disaster and its effects of the vulnerable! The rebuilding and support of the community,” in which he explained the impact of the damage to institutions and hospitals caring for the elderly and persons



with disabilities (PWDs) following the Great East Japan Earthquake. He reported that as many as 65% of the victims of the disaster were elderly, and discussed actions taken to ensure that the construction of temporary housing takes the community care aspect into account to facilitate mutual aid. He also highlighted how ICT has also been used to address the problems of elderly people living alone, using the telephone network to allow regular daily communication to a remote center to confirm their health status.

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Prof. Junichi Goto of the Faculty of Policy Management at Keio University gave a presentation entitled “Labor Policy under Natural Disasters,” in which he described the importance of employment and working conditions following a natural disaster to support the self-sustained economic recovery of the disaster victims. He noted

the need for rapid measures to recover lost business sites and infrastructure in addition to accommodation, and described the problem of mismatched labor demand-supply, with a shortage of labor in medical and care services while there is sudden massive unemployment in other sectors. He introduced the ILO Asia Pacific Regional Meeting (APRM) recommendations which highlight the importance of mid-term support to secure employment, as well as the Japan as One Work Project initiated by the Japanese government to merge employment policy and industrial policy with support for businesses and vulnerable groups in the region and vocational training.

Chinese and ROK delegations participated as observing countries.



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Country Presentations



Malaysia described efforts being made for capacity building to strengthen the safety net for vulnerable people, with Job Coaches created across the country, and a state officer in charge of Job Coaches in each state. Disaster management is carried out at district, state and central levels, with all agencies working together to ensure its success and effectiveness. Malaysia noted that although there is no stipulation in employment law concerning pay for workers unable to work due to natural disasters, the Ministry of Human Resources encourages employers to continue to pay workers for the period that they are unable to work.

Singapore outlined their basic policies for emergency response under the Homefront Crisis Management System (HCMS), with a committee chaired by the Minister of Home Affairs and seven cabinet ministers as principal members, and other ministers co-opted where necessary, and an executive group chaired by the permanent secretary for home affairs, and staffed by high-level policy decision-makers from various ministries and government agencies. For post incident response and recovery there is a National CARE Management System (NCMS) to provide psychological and emotional support to mitigate the impact of trauma in a crisis, and a temporary relief center and rehousing is available for those unable to find their own solutions to housing problems.



The Philippines described measures to deal with the effects of natural disasters, including a local risk reduction and management fund for disaster preparedness, training, and stockpiling of medicines. The organizational structure for disaster risk reduction and management was introduced,

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noting that a cluster approach to response is taken with each area having a government lead agency working together with Inter-Agency Standing Committee (IASC) Country Team Counterpart Organizations. The Surveillance in Post Extreme Emergencies and Disasters (SPEED) system launched by the Department of Health in 2010 as an early warning system to determine potential disease outbreaks and monitor disease trends was also introduced. Finally, the Philippines described activities to provide support to women and PWDs during times of crisis, and outlined the challenges faced such as a lack of timely information on the situation of vulnerable groups.

Laos described their National Disaster Management Framework with disaster management committees from national level down to community level. Laos's Disaster Information System with data of past disasters was discussed, as well as efforts made for public awareness. Laos also explained that an annual disaster preparedness and response plan is compiled, with identification of medical resources to be stockpiled.



Indonesia outlined the National Disaster Management System used for coordination of activities before, during and after a disaster, with individual sectors in charge before and after, and the disaster management system in charge during a disaster. Community awareness raising activities were described, as well as activities for emergency response,

including the provision of temporary shelter and trauma centers, nutrition support for pregnant women and children, and training for rebuilding of housing and long term skill development through vocational training centers. Indonesia shared the challenges faced, including the limited services provided for vulnerable groups, and proposed recommendations including strengthening of preparedness and enhancing community involvement at the front line.

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Vietnam presented their national strategy for natural disaster prevention, response and mitigation through to 2020 and national targeted program for response to climate change, and described the government structure for management of social protection including natural disaster support, and determining the extent of damage to livelihoods caused by food shortages as a result of natural disasters. Vietnam described lessons learned from past disasters, including the importance of warning systems, awareness, and the development of sustainable livelihoods, as well as guidelines for local preparedness.



Brunei Darussalam described their government structure for natural disasters under the National Disaster Council (NDC), and the respective roles of each of the ministries. Brunei discussed the role played by NGOs in supporting victims of natural disasters, and discussed challenges faced such as in establishing effective early

warning systems, promotion of public awareness, and a lack of manpower and local expertise to handle disasters.

Myanmar noted that a new policy for response to natural disasters is currently under development, with the National Mechanism for Disaster Management currently organized under the Myanmar Disaster Preparedness Agency. Myanmar described the response to the Cyclone Nargis disaster, with temporary care stations for orphaned and unaccompanied children, psychosocial support programs for children, and emergency health care for children in camps. Responses for women focused on empowerment, with training and awareness programs, work for food programs, and microcredit programs. Similar systems were put in place for the elderly and PWDs,



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including an emergency action plan. Myanmar described the challenges faced as a lack of awareness of natural disasters, poor preparation, lack of human and material resources, a lack of technology, poor coordination, and so on.



Thailand noted that flooding is an annual occurrence, with the flooding in 2010 being the worst in 50 years. The Disaster Management System consisting of the National Disaster Prevention and Mitigation Committee (NDPMC) at national, provincial and local levels was described, and the actions for response were outlined. In the flash flood in 2011, the government set up a floods relief operation center (FROC) to integrate all government and non-government agency actions. Thailand highlighted that effective monitoring had resulted in there being no outbreak of disease following the flooding.

Cambodia described the coordination of disaster management under the National Committee for Disaster Management (NCDM), and outlined the responsibilities of each ministry. Highlights of good practices include the IDPoor card to identify the poorest households and lift them out of poverty, the National Orphans and



Vulnerable Children Task Force, and the Monitoring and Evaluation Project. There is also a National Social Protection Strategy carried out in cooperation between several ministries, NGOs and other agencies. Cambodia shared the challenges faced including limited human resource capacity, and made recommendations to overcome the challenges include strengthening information sharing, strengthening disaster risk reduction programs, enhancing inter-agency collaboration, and mobilization of existing resources and plans.

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Day 2: Wednesday, 24 October 2012

Field visit to Musashino City facilities involved in disaster management and disaster prevention, with a focus on health and welfare support.

Musashino City Government Office



Welcome speech by the Mayor of Musashino



Lecture room



Overview explanation of “Musashino City Disaster Countermeasures: Caring for the Vulnerable During a Disaster”



Overview explanation of “Musashino City’s Initiatives to Support the Vulnerable during a Disaster”



Lecture entitled “The Great East Japan Earthquake and Mentally Disabled People; What We Saw during Support for the Disaster Areas”



Lecture entitled “Recovery and the Promotion of Employment in the Areas of Tohoku Damaged by the East Japan Earthquake”

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House Green Park (A long-term healthcare facility)

*A facility certified under the Agreement for People Requiring Assistance During a Disaster

Facility overview:

The facility provides rehabilitation recreation, nursing care, and health management based on care plans individually tailored to the client's condition and family status. It provides support for the transition to home care (instructions for nursing care/ home care service coordination/ home remodeling, etc.)



Rehabilitation & Recreation room



Mechanical Lift Bath

Musashino Red Cross Hospital (A disaster center hospital)

Facility overview:

Musashino Red Cross Hospital was the first hospital in Tokyo certified as an Emergency Medical Service (EMS). One of the missions of Red Cross Hospitals is to provide support for rescue and medical care in time of disaster.



Emergency Care Center



Lecture entitled "Japanese Red Cross Musashino Hospital, Disaster Medical Care Response"



Water cistern tanks

Day 3: Thursday, 25 October 2012

Plenary Session

Keynote Presentations by Collaborative Organizations



Dr. Ferdinal M. Fernando, Head, Health and Communicable Diseases Division, ASEAN Secretariat, and **Ms. Mega Irena**, Assistant Director/Head, Social Welfare, Women, Labour and Migrant Workers Division, ASEAN Secretariat, gave a presentation entitled “Addressing vulnerabilities of ASEAN peoples who are

victims and at risk of natural disasters.” Dr. Fernando described the mandate of ASEAN with regard to disaster management and social welfare as outlined in the ASEAN Blueprints of 2009, and introduced the ASEAN Agreement on Disaster Management and Emergency Response (AADMER). He noted that there are several ASEAN sectoral bodies whose work is related to disaster management, requires coordination at regional level to ensure effective response to natural disasters. Dr. Fernando then described the Pandemic Readiness Framework, noting that some countries had already put in place and tested their plans.

Ms. Irena then underlined that social protection is an issue to be considered from all of the three pillars of ASEAN. She highlighted the issue of people working in the informal sector who are not well covered by social insurance schemes, and noted that Cambodia’s concept paper, “Regional Policy Advocacy on Social



Protection: An agenda for ASEAN Community 2015, Towards an ASEAN Social Protection Framework” sought to address this issue. She requested that people who become vulnerable due to natural disasters should also be included in the future implementation of Cambodia’s concept paper. Ms. Irena also outlined the various initiatives aiming at strengthening social protection in the region that are undertaken by

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the SOMSWD, ASEAN Senior Labour Officials Meeting (SLOM), ASEAN Senior Officials Meeting on Rural Development and Poverty Eradication (SOMRDPE), and ASEAN Committee on Women (ACW). Hence, there is a need for closer cooperation and coordination among these sectoral bodies to ensure a holistic approach in promoting quality, coverage and sustainability of social protection in the region. Ms. Irena highlighted that women, children, the elderly and PWDs are not only vulnerable groups who need special attention in disaster risk reduction, but could play an active role in promoting disaster resilient societies. Hence, their awareness of and response skills to disasters should be improved.



Drs. Sjoerd Postma, Team Leader, Health Services Development, WHO Western Pacific Regional Office (WPRO) gave a presentation entitled “Caring societies for the socially vulnerable people suffering after natural disasters,” focusing on the elderly and PWDs in disaster planning. Drs. Postma noted that the older population is

disproportionately affected by disasters, and described the hardships faced by the disabled following a disaster. He stressed that the socially vulnerable must be included in disaster planning and mitigation in order to address these issues. Drs. Postma then outlined activities required for disaster preparedness, disaster response and disaster recovery. Finally, Drs. Postma explained that the WHO provides technical tools for at-risk group disaster planning and response, including cluster needs assessments, health cluster implementation guide, and a disability checklist for emergency response by Handicap International.

Mr. Shintaro Nakamura, Expert on Social Security, JICA, gave a presentation entitled “JICA’s Efforts in Disaster Management,” in which he introduced strategies for three stages of disaster management, from building disaster-resilient communities and societies through risk assessment and capacity building in communities, quick and effective delivery of emergency assistance to victims, and a smooth transition to



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implementation of recovery and reconstruction. Mr. Nakamura then introduced an example of a disaster management cooperation project for capacity development in Thailand aiming at improving the mechanisms for early warning systems in communities, educating students, teachers, and local disaster managers as well as developing and revising national and local disaster management action plans with particular attention to vulnerable people.



Ms. Keiko Kamioka, Director, ILO Office for Japan addressed a speech on, “Employment-led reconstruction after natural disaster,” in which she briefed on the ILO’s activities in employment-led crisis response while addressing the needs of vulnerable people and communities. She also mentioned that the 15th ILO Asia and

the Pacific Regional Meeting had a special section on disaster response hosted by the Government of Japan to discuss disaster response by placing employment issues at the center of focus.

Ms. Shukuko Koyama, Crisis Specialist, ILO Regional Office for Asia and the Pacific then gave a presentation on mid- to long-term recovery focusing on vulnerable groups, in which she stressed that placing decent work at the center of recovery efforts improves the ability to communities to recover. She described the research being



conducted by the ILO on employment-focused disaster recovery efforts by both the public and private sectors in Japan following the Great East Japan Earthquake in order to generate lessons learned and good practices. She then discussed how to address the issues faced by the elderly and PWDs, highlighting that mainstreaming the issues reduces the costs associated with separate projects.

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Group Discussion and Developing Recommendations

In the group discussion session the participants were split into three groups according to sector to discuss the common challenges faced and recommendations to be made.

Group 1: Health Sector

Facilitators:

Drs. Sjoerd Postma, Team Leader, Health Services Development, WHO WPRO

Dr. Ferdinal M. Fernando, Head, Health and Communicable Diseases Division,
ASEAN Secretariat

Prof. Dr. Syhavong Bounkong from Laos was elected as chair. Ms. Hani Haryana Hj Maidin from Brunei was elected as rapporteur.



Group 2: Welfare Sector

Facilitators:

Ms. Mega Irena, Assistant Director/Head, Social Welfare, Women, Labour and
Migrant Workers Division, ASEAN Secretariat

Mr. Shintaro Nakamura, Expert on Social Security, JICA

Mr. Aung Tun Khaing from Myanmar was elected as chair. Mr. Bora Samheng from
Cambodia was elected as rapporteur.



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Group 3: Labour Sector

Facilitators:

Prof. Junichi Goto, Professor, Faculty of Policy Management, Keio University

Ms. Shukuko Koyama, Crisis Specialist, ILO Regional Office for Asia and the Pacific

Atty. Sixto Jr. Tumolva Rodriguez from The Philippines was elected as chair. Ms. Fadzilah Fadzil from Malaysia was elected as rapporteur.



Plenary Session

Following the group discussions, the groups reconvened the plenary session, and the outcomes of the group discussion were presented by the rapporteurs from each group. The recommendations developed from the group discussions were then presented for review, and following comments from the participants were duly adopted by the meeting.

Closing Address

Mr. Akio Koide, Deputy Assistant Minister for International Policy Planning, Ministry of Health, Labour and Welfare stated that Japan had learned a number of meaningful lessons supporting the socially vulnerable people following the Great East Japan Earthquake, and noted that the current meeting had been successful in providing a common ground to



share lessons and experience for natural disasters that may occur in the ASEAN member states. He commented that in order to reduce disaster risk to socially vulnerable

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individuals, it is necessary to improve the safety nets in communities beforehand so that they may function immediately after disaster strikes. In addition, the development of community support systems through Public-Private Partnership among health, welfare and labor sectors is a common challenge for all participating countries. He stated that the meeting had been a good opportunity to discuss measures to tackle the problems and expressed his confidence that the recommendations adopted would be applied in the development of policies in each country, adding that the conference report would be utilized at the ASEAN+3 Health Ministers Meeting and Ministerial Meeting on Social Welfare and Development. Mr. Koide concluded his remarks by wishing everyone success and prosperity.