The 22nd ASEAN & Japan High-Level Officials Meeting on Caring Societies

-A Virtuous Cycle of Achieving UHC and "Promoting a Healthy Society"-

Overall Summary

Date: November 25-27, 2024
Venue: Life Science and Environment Research Center, Kawasaki

The 22nd ASEAN & Japan High-Level Officials Meeting on Caring Societies under the theme of -A Virtuous Cycle of Achieving UHC and “Promoting a Healthy Society”- was held from 25 November to 27 November 2024 at Life Science and Environment Research Center, Kawasaki hosted by the Ministry of Health, Labour and Welfare, the Government of Japan (MHLW).

The meeting focused on cooperation between health, social welfare and labour services because achieving and maintaining UHC as well as promoting a healthy society require cross-sectoral approaches across them.

At the meeting, we shared Japan’s past and recent experiences and their policy implications, and expected participants to actively contribute to policy discussions based on their own expertise and experiences.

Group photo of
The 22nd ASEAN & Japan High-Level Officials Meeting on Caring Societies

1. Background of the Meeting

The ASEAN and Japan High-Level Officials Meeting on Caring Societies has been organized by the Ministry of Health, Labour and Welfare (MHLW) of Japan since 2003. The purpose of this meeting is to enhance human resource development in caring society, and to strengthen Japan-ASEAN cooperative relationship.

This Meeting has been recognized as a vital platform to support the ASEAN plus Three (Japan, People's Republic of China, and Republic of Korea) Health Ministers' Meetings as well as the ASEAN Plus Three Ministerial Meetings on Social Welfare and Development. Japan reports the outcome of the Meeting to the ASEAN plus Three Ministers' Meetings.
Since 2011, MHLW has invited officials in charge of employment policies in addition to health and social welfare experts, with a view to promoting cooperation in these three related fields.

2. Date and Venue

25-27 November, Life Science and Environment Research Center, Kawasaki, Japan

3. Organizer

Ministry of Health, Labour and Welfare (MHLW), the Government of Japan

4. Collaborators

The ASEAN Secretariat
World Health Organization (WHO)
International Labour Organization (ILO) Office for Japan
Japan International Cooperation Agency (JICA)
Kanagawa Prefecture
Kawasaki City

5. Participants

(1) Japan
(2) ASEAN countries
Health sector, Welfare sector, Labour sector
Brunei Darussalam, Kingdom of Cambodia, Republic of Indonesia, Lao People's Democratic Republic, Malaysia, Republic of the Union of Myanmar, Republic of the Philippines, Kingdom of Thailand, Socialist Republic of Vietnam
(3) Observer countries
- Republic of Korea, Timor-Leste
(4) Collaborators
- ASEAN Secretariat, WHO, ILO office in Japan, JICA
(5) Keynote Speaker and Experts
-Mr. Yasuaki YONEYAMA, Managing Executive Officer, "Global Head, Equity inance Group, Japan Bank for International Cooperation"
- Mr. Tomofumi SONE, President, National Institute of Public Health, Japan
- Mr. Shigeru FUJIEDA, Director, Kanagawa Labour Bureau
(6) General audiences
- Open to general audience

Day 1: Monday, 25 November 2024

Opening Remarks

Dr. Niki Hirobumi, State Minister of Health, Labour and Welfare, Japan, opened the meeting by thanking all of participants for attending the 22nd High-Level Officials Meeting (HLOM). He noted that on this occasion, Timor-Leste was joining for the first time as an observer.

He commented that at the commemorative summit for the 50th year of the ASEAN-Japan Friendship and Cooperation held last year, an important implementation plan of the joint vision statement was adopted, which set out items of the future cooperation between Japan and ASEAN, and which positioned the HLOM as one of the initiatives to strengthen cooperation in areas such as social protection and social insurance.

The theme of this year's HLOM is a "Virtuous Cycle of Achieving UHC and Promoting a Healthy Society." Universal Health Coverage (UHC) is one of the Sustainable Development Goals (SDGs). The key to achieving and promoting UHC is not only to strengthen the physical aspects of healthcare, but also to ensure people's health while improving the quality of life for all.

Japan has been advocating the importance of promoting UHC and has made it one of the pillars of international cooperation. As part of these efforts, Japan will establish a UHC Knowledge Hub in Japan in 2025, in collaboration with the WHO and the World Bank, to contribute to the achievement of UHC in each country.

Dr. Niki then thanked the participants and speakers once again, and expressed the hope that the discussions will be fruitful and that the site visits the next day will provide opportunities to experience the efforts the Japanese localities are making towards the creation of a healthy society.

H.E. Mr. San Lwin, Deputy Secretary General of ASEAN Socio-Cultural Community, then presented a video message to greet the participants of the HLOM. He acknowledged the meeting's alignment with the Joint Vision Statement on ASEAN-Japan Friendship and Cooperation, marking 50 years of partnership between the regions. He emphasized that the meeting's theme connects to SDG 3, focusing on good health and well-being. He also outlined ASEAN's commitment to UHC through the Post-2015 Health Development Agenda, highlighting the establishment of the ASEAN+3 UHC Network in collaboration with Japan, the Republic of Korea, and China.

He addressed workplace health initiatives, specifically mentioning the Guidelines on Occupational Safety and Health Risk Management for Small and Medium Enterprises in ASEAN. Healthcare access challenges are arising from the digitalization of work environments, emphasizing UHC's role in ensuring inclusive coverage regardless of employment status.

ASEAN's dedication to implementing the Regional Framework and Action Plan concerning social protection recognizes families as fundamental care providers in ASEAN societies. Global challenges to UHC progress include setbacks from the COVID-19 pandemic and concerning findings from the 2030 WHO and World Bank Global Monitoring Report.
He concluded by emphasizing the importance of cross-sectoral cooperation in achieving UHC goals by 2030, and expressed anticipation for meaningful dialogue and outcomes from the meeting.

Mr. Yuji Kuroiwa, Governor of Kanagawa Prefecture, then welcomed the participants to Kanagawa Prefecture. He introduced the concept of ME-BYO, which Kanagawa Prefecture has established in order to address the challenges of Japan's super-aged society. ME-BYO refers to the transitional state between health and sickness, which allows us to regard health as a spectrum. To improve our state of health or to manage ME-BYO, three factors are essential: healthy diet, exercise, and social activities.
He described the prefecture's health care new frontier policy, which integrates the ME-BYO concept with advanced technologies including regenerative medicine, robotics, and artificial intelligence (AI). The Association for ME-BYO Industries has also been established and has nearly 1,200 corporate members.
Kanagawa Prefecture has been making efforts to promote senior social engagement through initiatives such as senior chorus and theater projects, aimed at preventing isolation among older residents. WHO Director-General Tedros had expressed support for the ME-BYO concept during the Governor's visit to Geneva.
Governor Kuroiwa also introduced the concept of Vibrant Inochi, explaining that this Japanese term incorporates elements such as well-being, purpose, healthy longevity, and community connection. He announced that the upcoming 2027 International Horticultural Expo in Kanagawa would become an opportunity to celebrate Vibrant Inochi globally.
The Governor concluded his remarks by expressing his commitment to achieving UHC and healthy aging, emphasizing the importance of creating a society where everyone can enjoy a fulfilling 100-year lifespan.

Briefing and Remarks by the Organizer, Ministry of Health, Labour and Welfare (MHLW) of Japan

The MHLW then presented its remarks, stating that Japan has advocated the promotion of UHC and made it one of the pillars of international cooperation. UHC will enable all people to access appropriate medical services at an affordable cost. In this way, UHC promotes a healthy society, but achieving UHC is becoming more challenging, especially under the circumstances of population aging, a situation that ASEAN countries will also face. Promoting a healthy society is key to sustaining the health systems and UHC. If a society is healthy and people live there can work as much as they want, they can become a force to keep social security working. Promoting a healthy society requires cross-sectoral approaches across health, labor, and social welfare sectors. Through sharing experiences and knowledge of all the participating countries, including Japan, the participants can learn from each other and enhance policy-making capabilities in addressing this mounting challenge.

Keynote Speech 1

Mr. Yasuaki Yoneyama, Managing Executive Officer of the Japan Bank for International Cooperation (JBIC), was then called upon to present the first keynote speech, in which he focused on UHC and the critical importance of collaboration between the health and finance sectors. Speaking from his finance community experience, Mr. Yoneyama emphasized the significant impact of COVID-19 on Asian economies, noting that the pandemic caused greater economic damage than the 2008-2009 global financial crisis.

He presented a detailed analysis of the fiscal impact of COVID-19, highlighting the substantial increase in countries' debt-to-GDP ratios. He examined UHC progress across ASEAN+3 countries, noting improvements in service coverage since 2000 but identifying a slowdown in recent years. While all represented countries have made progress toward UHC, significant work remains.

Japan achieved UHC in 1961 despite being a middle-income country with 30% of its population working in agriculture. He presented comparative data on medical expense coverage across ASEAN countries, highlighting disparities between nations like Japan and Thailand, where citizens pay approximately 10% of medical expenses, versus countries like Myanmar, Cambodia, and the Philippines, where out-of-pocket expenses remain high.

In reference to the work of Former Prime Minister of Japan Taro Aso, Mr. Yoneyama presented four key policy messages: achieving UHC early in development, mobilizing domestic resources for financing, complementing domestic resources with external funding when necessary, and establishing strong governance frameworks. While implementation approaches may vary by country, early investment in UHC remains crucial regardless of the development stage.

He concluded by stressing the importance of creating resilient health systems capable of withstanding future crises, whether health-related or financial. He also advocated for country-specific UHC systems that reflect individual nations' cultural, historical, and economic contexts while maintaining the benefits of regional learning and cooperation.

The floor was then opened to comments and questions.

A representative of the Philippines asked how UHC can be achieved for agricultural and vulnerable groups, especially during lean seasons, and whether those groups can be subsidized.

Mr. Yoneyama responded by providing a detailed historical perspective of Japan's UHC implementation. Japan's journey to UHC spanned approximately three to four decades, beginning in the late 19th century. Coverage initially started with privileged groups such as civil servants and corporate employees before gradually expanding to include all citizens by 1961.
Japan's current system operates through separate schemes for different population groups, with local communities managing health insurance programs. Vulnerable populations receive subsidies not only from local communities but also from the central government through a comprehensive fiscal equalization program. This system enables wealthy regions such as Tokyo and Osaka to effectively subsidize healthcare in poorer rural areas, ensuring consistent service quality nationwide.
He highlighted that successful UHC implementation requires more than financial resources, noting the importance of developing medical infrastructure and addressing challenges such as the tendency of healthcare professionals to concentrate in urban areas. He emphasized that while countries can learn from Japan's experience, each nation must develop a system tailored to its specific historical, organizational, and community contexts.

Speeches by Partner Organizations

Speeches were then presented by partner organizations on the theme of "Regional initiatives on social welfare, health, and labour."

ASEAN Secretariate

Ms. Jennifer Francis De La Rosa, Senior Office of the Health Team at the ASEAN Secretariat, presented on ASEAN initiatives across health, social welfare, and labor sectors. UHC implementation extends beyond healthcare, encompassing workforce productivity, social protection, poverty reduction, and gender equality. These initiatives align under the ASEAN Social-Cultural Community Blueprint.
Regarding the health sector, she outlined 21 health priorities under the ASEAN post-2015 Health Development Agenda. She detailed significant UHC milestones, including ASEAN's contribution to the 2019 UN General Assembly UHC declaration, the establishment of the ASEAN+3 UHC network, and the creation of the ASEAN Center for Active Aging and Innovation in Thailand in 2020.
In discussing social welfare, she highlighted ASEAN's commitment to promoting healthy aging through multiple declarations, including the 2010 Brunei Darussalam Declaration and the 2015 Kuala Lumpur Declaration on Aging. She noted recent initiatives focusing on family development, including the 2021 Bandar Sereri Begawan Declaration and the 2023 ASEAN Declaration on Gender Equality.

Concerning the labor sector, she described frameworks protecting worker well-being, particularly regarding occupational safety and health. She referenced the 2017 ASEAN labor ministers' statement on occupational safety and detailed various guidelines developed for risk management, especially for small and medium enterprises. She concluded by mentioning several studies and declarations addressing social security benefits, pension systems, and worker protection in informal employment.

WPRO

Ms. Joanna Madurela-Lima from the World Health Organization Western Pacific Regional Office (WHO-WPRO), presented on behalf of the Health Enabling Societies unit within the Division of Healthier Environments and Populations. She introduced her unit's focus on the intersection of health promotion, health inequalities, social determinants, and healthy settings, and emphasized that the Western Pacific region faces rapid changes including population aging, rising non-communicable diseases (NCDs), and climate change impacts. She noted these challenges affect populations unequally and require cross-sectoral collaboration to effectively address them.

She presented data showing the evolution of NCD mortality in the region, highlighting that while high-income countries have already completed this transition, lower and middle-income countries are currently experiencing this shift. Addressing risk factors for these diseases requires coordinated action across multiple government sectors.

Social determinants of health account for 70-90% of health outcomes globally. These determinants include housing, education, working conditions, economic policies, and social norms. There is a strong need for a paradigm shift away from binary health concepts toward viewing health as a continuum influenced by multiple factors beyond healthcare system control. The WHO is committed to addressing the root causes of disease through various resolutions and programs.

She concluded by addressing the care economy, presenting statistics showing women comprise 67% of the global health and social workforce and perform 76% of unpaid care activities. She shared the International Labour Organization’s projections indicating that investment in universal childcare and long-term care could generate 299 million jobs by 2035, including 280 million by 2030, spanning direct care roles and indirect support positions.

ILO Office in Japan

Mr. Takasaki Shinichi, Director of the International Labor Organization (ILO) Office for Japan, then presented on UHC from a labor perspective, emphasizing the connection between healthcare access and financing mechanisms. He described current economic trends, noting a decline from historical 10% growth rates to approximately 5%, indicating an era of moderate to low growth. There are currently demographic shifts occurring across Asian nations, with working populations declining in countries such as Indonesia and Thailand, while elderly populations increase rapidly, particularly in Indonesia and Viet Nam.

There are multiple challenges in social security systems, and many countries' programs only cover formal sector workers, leaving informal sector employees unprotected. A critical issue facing middle-income countries is that populations are aging before countries accumulate sufficient wealth, leading to increased costs for treating lifestyle-related diseases. Providing free medical services to the elderly would be unsustainable in aging societies.

Research from Japan's MHLW regarding elderly care led to the implementation of Japan's long-term care insurance system. This system helped reduce the social burden on women, enabling their workforce participation and subsequent contribution to social insurance systems. Japan's current policy debates include proposals to require 30% out-of-pocket medical expenses from elderly patients, with potentially higher rates for wealthy seniors. There is no universal solution, and countries should develop systems appropriate to their specific contexts while learning from Japan's experience.

Japan International Cooperation Agency (JICA)

Mr. Shintaro Nakamura, Senior Advisor on Social Security at the Japan International Cooperation Agency (JICA), presented an overview of JICA's activities, as well as outlined international cooperation efforts in healthcare development. JICA is implementing two significant projects focused on strengthening health financing and Universal Health Coverage in ASEAN member states.

The first project, known as the Sharoushi project, aimed to enhance social insurance implementation in Indonesia. This project addressed challenges in expanding population coverage and managing premium payment arrears through innovative programs called Kader JKN and Perisai, which engaged community residents and private companies respectively. The project led to the creation of Agenalis, a social insurance qualification established in 2020, inspired by Japan's Sharoushi system, and aimed to provide expert guidance on increasingly complex social insurance programs in Indonesia.

The second initiative was the partnership project for global health and UHC, implemented with the Thai government from 2016 to 2023. This project focused on three main areas: knowledge sharing between Japan and Thailand regarding healthcare system sustainability, sharing

experiences with other ASEAN countries and beyond, and contributing to global discussions through United Nations and WHO forums.
He concluded by sharing information about JICA's publicly available knowledge products, including videos and papers documenting Japan's journey toward achieving UHC and developing healthcare systems over the past century.

Keynote Speech 2

The second keynote speech was then presented by Dr. Tomofumi Sone, President of Japan's National Institute of Public Health (NIPH), who introduced insights on UHC and shared Japan's experiences in implementing sustainable healthcare systems. UHC aims to provide comprehensive health services to all people without causing financial hardship, though global service coverage has shown decreased expansion since 2015.
Dr. Sone outlined five essential requirements to advance UHC: renewed primary health care focused on population needs, coordination between social protection and health services, public-private partnerships, patient safety measures, and a solid foundation supported by political leadership. He emphasized the importance of renewed primary health care (PHC) activities, which incorporate public health functions, intersectoral approaches, and community empowerment.
He highlighted Japan's journey toward UHC implementation since the 1960s, detailing how the country addressed changing disease patterns, particularly the rise of NCDs. Japan achieved UHC in 1961 by extending public insurance to farmers and self-employed workers. The government subsequently expanded medical education and healthcare workforce development throughout the 1970s. He also shared a notable case study from Sabauji village, where innovative healthcare initiatives demonstrated successful community-based health interventions. These local efforts influenced national policy, leading to the implementation of comprehensive health promotion plans.
Dr. Sone concluded by examining Japan's current NCD screening system, which provides accessible and affordable health checks for adults aged 40-74. He emphasized that maintaining UHC requires ongoing adaptation to demographic changes, particularly in aging societies, and stressed the importance of collaborative approaches between community and occupational health systems within the PHC framework.

Keynote Speech 3

Mr. Shigeru Fujieda, Director of the Kanagawa Prefecture Labor Bureau (KPLB), was then asked to present the third keynote speech. He began by introducing Kanagawa Prefecture and its notable landmarks before explaining the structure of the Labor Bureau, which oversees labor standards inspection offices and public employment security offices known as Hello Work. Hello Work's three primary functions are job placement, unemployment insurance benefits distribution, and implementation of employer-focused hiring measures.

Japan's declining population and aging society have necessitated the creation of employment opportunities for diverse populations, including women, elderly individuals, and people with disabilities. Collaboration between local governments managing welfare services and Hello Work offices coordinating employment measures, while maintaining voluntary participation, will be extremely important to address the challenges of an aged society.

Mr. Fujieda highlighted Hello Work's initiatives for supporting individuals with disabilities, describing a comprehensive support system that maintains the legally mandated employment rate of 2.5%. The program utilizes support teams comprising various stakeholders and has achieved significant success, with employment of people with disabilities in Kanagawa Prefecture increasing 1.6 times over 10 years. Mental disability employment, in particular, has grown more than fivefold during this period. Kanagawa Prefecture is also providing employment assistance for welfare recipients through one-stop consultation services, which has helped the employment rate reach an all-time high of 60-70%. Kanagawa Prefecture is also carrying out awareness-raising events and implementing mechanisms for mutual support in the region.

The Labor Bureau and Hello Work will continue to cooperate with Kanagawa Prefecture to promote From Welfare to Employment and create workplaces where all people can work together.

Panel Discussion 1: Sharing the Experience Related to the Achievement and Promotion of UHC as well as Preparations and Measures based on the Challenges

The first panel discussion focused on examining the progress made towards achieving UHC in the ASEAN+3 countries, and sharing the challenges those countries face.

Professor Taichi Ono of the National Graduate Institute for Policy Studies (GRIPS) presented the first speech on the challenges facing Japan's UHC system. He explained that since establishing UHC in 1961, the Japanese healthcare policy has focused on providing equal access to high-quality services while maintaining affordable expenditure. Japan manages healthcare costs primarily through biennial fee schedule revisions, which set prices for covered services across all public health insurance schemes. Despite Japan's aging population, its healthcare expenditure as a percentage of GDP remains relatively low compared to other OECD countries.

Prof. Ono outlined four key measures in recent Japanese healthcare reforms. These include promoting measures against non-communicable diseases through mandatory health checkups for those aged 40-74, efficiently distributing healthcare resources regionally, achieving integrated community care, and prioritizing medical and long-term care benefits.

Regarding cost-sharing, he discussed recent policy changes implemented in October 2022, including the introduction of a 20% copayment rate for elderly individuals aged 75 and over with income levels comparable to the working-age population. He also mentioned new surcharges for patients visiting large hospitals without referrals and for those choosing brand-name drugs when generic alternatives are available.
He concluded by introducing the healthcare "trilemma," the challenge of balancing access, quality, and cost. Prof. Ono emphasized that healthcare policy should not aim for perfection but rather pursue continuous improvement while managing these competing priorities.

Laos PRD

Laos PDR presented its national health insurance (NHI) system, which was established in 2012 and expanded to 17 of the country's 18 provinces by 2016, achieving 94% population coverage.
There are three main components of the NHI system. The social health insurance funds serve government officers, military, police, workers, and business individuals, providing healthcare support and coverage for childbirth and labor accidents. The community health insurance treasury supports citizens with independent careers. The mother and child free service fund provides free coverage for pregnant women, postpartum care, and children under five years old.
There are several key challenges facing the system, including insufficient domestic funding, a shortage of human resources and capacity (particularly in remote areas), and ineffective fund management. In response, the government implemented seven governmental measures to address these challenges: amending NHI law and sub-legislation, developing an E-Claim system, issuing NHI membership cards in selected provinces, establishing an NHI fund to enable greater contributions from capable individuals, strengthening local NHI verification, extending NHI benefits to the poor nationwide, and raising public awareness.

Malaysia

Malaysia then presented a comprehensive overview of its UHC system. Malaysia focuses on primary healthcare as the main vehicle for achieving UHC and the SDGs, using a whole-of-government and whole-of-society approach.
Malaysia's healthcare system serves 34 million people through both the public and private sectors. The public sector provides widespread UHC through tax-funded, heavily subsidized care, while the private sector operates on a fee-for-service basis primarily funded by out-of-pocket

payments. Malaysia achieved effective UHC in the 1980s, leading to improved life expectancy and decreased mortality rates.
The evolution of primary care services began with the basic maternal and child health services in the 1960s and continued until the comprehensive care today, including services delivered outside healthcare facilities. Several challenges exist, including an aging population, growing NCDs, mental health issues, and resource constraints. Malaysia expects to reach aged nation status by 2030, with medical expenditure for those over 60 being two to three times higher than the average adult population.
Regarding financing, the Ministry of Health provides 46% of healthcare funding, while out-of-pocket payments account for 34.2%. Several initiatives are being implemented to address challenges, including the health white paper, increased health funding (though still below WHO recommendations at 2.6% of GDP), and public-private partnerships targeting the bottom 40% income group through programs such as free screening and the MySalam insurance scheme.
Malaysia intends to promote a transformation from sick care to healthcare and wellness, utilizing digital health initiatives such as AI for precision public health, and enhancing whole-of-society strategies for addressing healthcare challenges.

Timor-Laste

Timor-Leste then presented an overview of its progress toward UHC. As the newest nation in the region, gaining independence in 2002, Timor-Leste has made significant progress in healthcare despite facing numerous challenges. Timor-Leste's government has demonstrated strong commitment to UHC principles, with health rights protected under Article 57 of the constitution. The country has implemented a national health sector strategic plan aimed at improving healthcare quality and accessibility nationwide.
Regarding infrastructure, Timor-Leste has established six hospitals, 72 community health centers, 21 treatment posts, and 321 health posts across its 14 municipalities. The healthcare workforce comprises approximately 5,500 professionals, including 74 medical specialists and over 950 general practitioners, along with nurses, midwives, and technical staff.
Healthcare initiatives in Timor-Leste include mobile tuberculosis diagnostics, continued vaccination programs during COVID-19, NCD prevention efforts, and women's health programs. The country receives support from various international partners, including medical brigades from China and Cuba, and assistance from organizations such as WHO, UNFPA, and USAID.
Ongoing challenges include geographical accessibility issues, financial constraints, workforce limitations, rising NCDs, and cultural barriers. The country's future directions include strengthening primary healthcare, improving health financing, leveraging technology, maintaining international collaborations, and investing in workforce development. Despite hurdles, Timor-Leste's progress demonstrates the potential for achieving comprehensive UHC through continued investment and development.

The Republic of Korea (ROK)

The Republic of Korea (ROK), then presented its efforts toward achieving UHC, describing how it faces significant demographic challenges, including a total fertility rate of 0.72 in 2023 and the world's fastest aging population, with the country entering super-aged society status next year.

The ROK's main healthcare systems include national health insurance and long-term care insurance. The National Health Insurance System (NHIS) has achieved universal coverage, improving healthcare access, life expectancy, and infant mortality rates while reducing medical expenses. However, ongoing challenges include regional healthcare disparities, aging population issues, ICT service expansion, insurance sustainability concerns, and pharmaceutical supply instability.

The ROK's primary healthcare chronic illness management project focuses on hypertension and diabetes treatment through local clinics. Recent healthcare reforms have been implemented to address four main areas: expanding medical personnel, strengthening local healthcare, establishing medical accident safety nets, and improving compensation system fairness.

The ROK has been making significant efforts towards digital health initiatives, including the My Healthway project, an integrated data platform for medical records. The country has established standardized frameworks for healthcare information and is promoting new technology development through the KARPA-H project, which includes AI and care robot implementation. The ROK also highlighted its strengths in public healthcare based on its ICT capabilities and high-quality health data, expressing a commitment to collaborate with ASEAN countries, Japan, and China to achieve UHC in the Asia Pacific region through projects in health insurance, medical digitalization, and digital health.

Panel Discussion 2: Promoting the Development of Human Resources Related to UHC

The second panel discussion focused on promoting the development of human resources related to UHC, and sharing how each country works on developing and securing human resources relevant to the realization and promotion of UHC.

Dr. Eri Osawa from the Department of Public Health Policy at NIPH presented on the Japanese health system and training systems related to UHC, focusing on preventive health services. She explained that Japan's public health systems are fully decentralized, with the national government providing partial support for policy skills and knowledge development.

Each prefecture maintains a health and welfare department, public health centers (Hokenjo), and a Local Research Institute of Public Health. The Hokenjo focus on preventive medicine rather than medical care, providing services for individuals, groups, and populations. These centers manage various health risks, including food sanitation, environmental health, and infectious disease control. The Local Research Institute of Public Health supports public health center activities through research, testing, and human resource development. They are staffed by various professionals, including medical doctors, dentists, public health nurses, and other specialists.

Dr. Osawa then described NIPH's role as a training and research institute. NIPH contributes to public health improvement through human resource development and research, offering both long and short courses for approximately 2,000 trainees annually. The institute provides free training to local government officials and includes international courses in collaboration with JICA and WHO. She concluded by emphasizing four key elements for successful UHC training: linking training to UHC principles, providing training through evidence-generating organizations, fostering collaboration across health-related fields, and enabling mutual learning among participants to promote UHC understanding and implementation.

Brunei

Brunei Darussalam presented its approach to developing human resources for UHC, emphasizing that a well-trained and properly distributed workforce forms the foundation of accessible and equitable healthcare systems.

There are three essential workforce categories needed for UHC: healthcare providers (including primary care professionals and specialists), support staff (including social workers and health educators), and administrators and policymakers. Brunei Darussalam is currently focusing on educational initiatives, policy interventions, and technology integration, in order to develop human resources.

Regarding educational initiatives, Brunei Darussalam has expanded medical and nursing education through the University Brunei Darussalam Institute of Health Sciences and various nursing programs. The country allocates specific funding for clinical workforce training and leadership development to improve patient outcomes and workforce retention.

Brunei Darussalam is also promoting policy interventions addressing brain drain, including the establishment of a special committee for doctor recruitment and updates to the allied health professional service scheme. It has also established partnerships with private medical institutions to share professionals in critical areas such as psychology and social work.
Brunei Darussalam's technology integration efforts include the Bru-HIMS health information system implemented in 2013 and the BruHealth mobile app. These systems enable access to patient records across government facilities and provide various digital health services, including appointment booking, video consultations, and health screening assessments. Continued investment and collaboration between governments, international organizations, and communities to address workforce challenges in achieving UHC will be essential.

Indonesia

Indonesia then presented how it has implemented UHC through its social health insurance system. The system is based on principles of mutual cooperation, promoting shared responsibility among all segments of society, with mandatory participation for all Indonesian citizens.
Indonesia's legal framework for UHC began with Act Number 40 from 2004 on the National Social Security System and Presidential Decree Number 82 from 2018 on social health insurance. The system involves multiple stakeholders, with BPJS (the social security administrator) managing premium contributions and payments to health facilities, while government agencies coordinate policy setting and standards. Membership is comprised of contributory non-poor population (formal and informal workers) and non-contributory poor and near-poor populations, whose premiums are paid by the government.
The benefits include both medical and non-medical services, covering primary and specialist care, diagnostic examinations, and medications. The system emphasizes preventive care through three levels: primary prevention (health promotion and education), secondary prevention (moderate and high-risk care), and tertiary prevention (including cryotherapy and reverse referral programs).
Indonesia has been making various efforts to distribute healthcare workers effectively, with 9,533 primary healthcare facilities and 3,712 facilities staffed with nine types of health workers. The system aims to ensure easy access to health services, particularly for vulnerable populations, through various means including teleconsultation, health screening, and mobile health facilities.

Myanmar

Myanmar then presented the country's health status and progress toward achieving UHC. Myanmar's population stands at 54.13 million as of 2023, with life expectancy improving from 60 years in 2000 to 67.8 years in 2021. However, after 2021, the Ministry of Health lost nearly 40% of its human resources due to the military coup d'état. Myanmar ranks second lowest among ASEAN member states in the UHC service coverage index, with out-of-pocket expenses accounting for 70.3% of current health expenditures. The Ministry of Social Welfare has implemented eight flagship programs under the National Social Protection Strategy Plan to address this.

Two particular programs are the Maternal and Child Cash Transfer (MCCT) program and Social Pension program. The MCCT program, targeting the first 1,000 days of life, has provided 21.406 billion Kyats to 473,684 beneficiaries. The Social Pension program, initially for those aged 90 and above but later expanded to include those 85 and above, has benefited 248,322 people with 22.394 billion Kyats in transfers.

Regarding social security, the Social Security Board has implemented seven types of health and social care insurance systems under the 2012 Social Security Law. The system now covers 1.3 million insured persons through various facilities, including three worker's hospitals, 96 SSB clinics, and contracted private facilities.

Myanmar faces challenges to further development including limited data availability, difficulty reaching remote areas, and the need for a multi-sector approach to health protection. However, the country believes that social protection should focus on long-term human development rather than just short-term financial relief.

Viet Nam

Viet Nam then presented the development of human resources related to UHC in Viet Nam, outlining eight key points.

Number one is completing institutions by establishing mechanisms for utilizing human resources as legislation on recruitment, employment, and benefits must be suitable, effective, and efficient. Number two is the creation of human resources to implement policies, including officials at all levels, labor mediators and arbitrators, occupational health personnel, and human resources of socio-political organizations.

Number three is raising awareness for workers, including dissemination on the rights and benefits of social insurance and health insurance to all workers and people. Number four is training human

resources in the labor sector, including medical expertise and occupational health administration. Additionally, information technology applications and planning occupational health should be integrated into the national health system.
Number five is combining social insurance and health insurance, expanding coverage to the informal sector. Number six is formalizing the informal sector so that informal workers can fully participate in the schemes including health insurance and ensuring rights and obligations for workers.
Number seven, the development challenges, include expanding participating groups, database management and administration work at health care centers, and inter-sectoral coordination for effective implementation, as well as a lack of highly qualified human resources, inappropriate remuneration, and brain drain. Number eight, key objectives in the near future, include completing laws and policy frameworks, strengthening the participation of socio-politics organizations and associations, improving the quality of medical services, promoting information campaigns and dissemination work, capacity building for medical staff and occupational health management in a professional and modern manner, and meeting the requirements of public administrative services.

Dr. Sone was asked to comment on the presentations made during this second panel discussion.

He stated that every country has made efforts to conduct human resource development in many professions, as well as administrative officers. In Japan, the NIPH conducted human resource development for local government officers, as well as international participants from all over the country, including ASEAN countries and Western Pacific regions. Japan and ASEAN should be more cooperative with human resource development, not only international courses in Japan, but also the international courses for each of your countries.

Panel Discussion 3: Promoting Collaborative Efforts in the Fields of Health, Welfare, and Labour to Create a Healthy Society to Sustain UHC

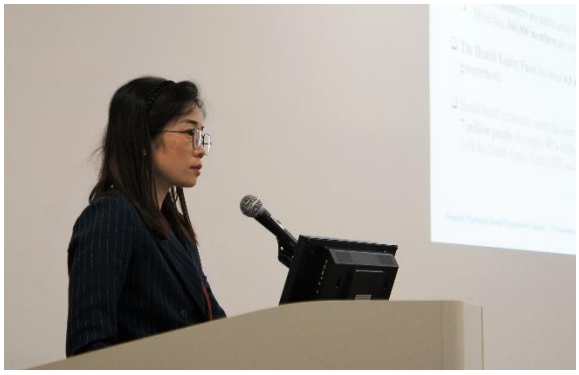
The third panel discussion focused on promoting collaborative efforts, emphasizing that the key to achieving inclusive UHC is a healthy society where health, medical, labor, and social welfare policies are well aligned, coordinated, and combined.

Mr. Yoshiyuki Ogawa, Public Assistance Division, Social Welfare and War Victims' Relief Bureau, MHLW, presented an overview of Japan's public assistance system with a focus on medical support for welfare recipients. He explained that the system provides monetary assistance to individuals living in poverty after they have exhausted their assets and abilities. The program includes both financial support and guidance for self-sufficiency through caseworkers and employment support staff.
Approximately 98% of welfare recipients require medical assistance as they do not have public health insurance. Following the global financial crisis, welfare recipient numbers increased but

have since shown a gradual decline. The elderly population, aged 65 and above, represents a growing segment of welfare recipients, reflecting Japan's aging society.
Regarding medical assistance characteristics, Mr. Ogawa noted that inpatients receiving welfare show a higher prevalence of mental and behavioral disorders compared to those with medical insurance. Outpatient patterns among welfare recipients mirror those of individuals with regular medical insurance. Medical assistance costs constitute approximately half of the total public assistance expenditure.
Mr. Ogawa described the healthcare support process, which involves identifying health issues, planning services, implementation, and evaluation. He shared several successful municipal initiatives featuring collaborative efforts between welfare and health departments. These examples emphasized clear role definition, priority setting, and data sharing across departments.
Mr. Ogawa emphasized the importance of integrating health support with employment opportunities, noting that the combination of good health and meaningful work, including volunteer activities, creates the most successful outcomes for welfare recipients.

Professor Mikako Arakida, Vice President of the Kawasaki City College of Nursing, presented an overview of Kawasaki City's health and welfare system, tracing the city's development from its historical roots as a post-town through its industrial period to its current status as a technological and residential hub. The city, comprised of seven wards, faces distinct demographic challenges, including notable characteristics such as high national life expectancy and a significant foreign resident population.
She identified three primary health and welfare challenges: rapid population aging, increasing numbers of people with disabilities, and high population mobility due to proximity to Tokyo. In response, Kawasaki City developed strategic initiatives, including declaring itself a Healthy City in 1997, establishing the Kawasaki Health Promotion Plan in 2001, and implementing the Kawasaki Integrated Community Care System Promotion Vision in 2015.
Prof. Arakida detailed the city's organizational structure for implementing these initiatives, highlighting the Integrated Community Care Promotion Office's dual role in building collaborative systems between medical care, nursing care, and welfare services while raising public awareness. She noted that each ward maintains specific responsibilities for community development and system implementation.
Kawasaki City has implemented several successful programs towards UHC, including Kawasaki TEKTEK, a walking initiative where participants can donate the points they earn by to local elementary schools. Grassroots health promotion activities include the Baby Step and Crawling Gathering in Saiwai Ward and the proliferation of children's cafeterias, which number 107 and continue to expand through corporate support and volunteer participation. Prof. Arakida also emphasized the city's success in integrating local agricultural initiatives through the Kawasaki Sodachi brand, noting that over 70% of local farmers sell directly to local markets.

She concluded by highlighting the city's effective strategy of incorporating citizen and business involvement into its integrated community care system, supported by regular cross-departmental meetings and workshops that facilitate collaboration between various stakeholders.



Cambodia

Cambodia then presented the nation's efforts to promote collaborative initiatives across health, welfare, and labor sectors to sustain UHC. Cambodia's social health protection system currently serves 7 million people, representing 41% of the total population, with 4.8 million receiving state-funded healthcare through the health equity fund and 2.5 million enrolled in the social security scheme.

As part of its efforts, Cambodia has implemented a national social protection policy framework for 2016-2025 and recently launched the UHC roadmap for 2024-2035, which aims to achieve universal coverage by 2035. This roadmap establishes three primary targets: extending social health protection coverage to 80% of the population, achieving 80% coverage of essential health services, and reducing out-of-pocket health expenses to a maximum of 35% of total health expenditure.

There are three key sectors in implementing these goals. The labor sector focuses on employment and workplace health integration. The health sector works to improve healthcare access and disease prevention. And the welfare sector ensures financial access for vulnerable populations. Despite operating under different ministries, these sectors collaborate toward common UHC objectives. Specific collaborative activities between sectors include the integration of health insurance with social protection, worker health initiatives, and efforts to reduce poverty through coordinated social protection and employment programs.

The challenges Cambodia faces in promoting intersectoral collaboration include fragmented services, financial constraints, human resource gaps, and infrastructure issues. Cambodia emphasized that sustainable UHC achievement requires coordinated efforts across sectors, particularly to serve vulnerable populations, and outlined plans for addressing these challenges through improved coordination, sustainable financing, and capacity building.

Philippines

The Philippines presented the implementation of the Universal Health Care Act and collaborative efforts across health, welfare, and labor sectors towards UHC. Since the Act’s enactment in February 2019, the Philippines has achieved significant population coverage, with 96% of citizens registered in the health insurance system. Financial indicators show a decrease in out-of-pocket spending, while government expenditure on health has increased. However, social health insurance contributions

declined, and service coverage remains below optimal levels, with the Philippines scoring less than 60 out of 100 on the Universal Access to Care service coverage index.
The importance of a capable health workforce in implementing UHC was emphasized by the creation of the Human Resources for Health network, an interagency collaboration involving 18 government and non-government entities, and which operates under a national master plan that coordinates responses to health workforce challenges across a range of sectors.
Several key initiatives by the Philippines include the national policy framework on healthy workplaces and the Pantawid Pamilyang Pilipino Program, which provides health and education support to poor households through cash grants. The Philippines acknowledges the implementation challenges while maintaining its commitment to UHC through legislation and multisectoral collaboration. The Philippines' approach is tailored to the country's specific geographic, cultural, and economic context to ensure the sustainability and relevance of UHC initiatives.

Thailand

Finally, Thailand presented its comprehensive approach to healthcare coverage and social protection. Thailand's health insurance system comprises three main schemes: the National Health Security Office covering most citizens, the Social Security Office for employees, and the Civil Servant Medical Benefits Schemes. Over 99% of Thai citizens have UHC, with 47 million people covered under the Universal Coverage Scheme. Additional programs have also been implemented for migrants and stateless persons, including the Migrant Health Insurance Scheme requiring the purchase of insurance cards, and the Health Insurance for Stateless People supported by the government. There are different coverage options for various categories of migrant workers, including long-term workers, MOU workers, and those with different legal statuses.
Thailand then presented its workforce statistics, noting Thailand's 66 million population includes a labor force participation rate of 68.7% (40.32 million people), with approximately 19.10 million formal workers and 20.96 million informal workers. New schemes are being implemented for domestic workers, including training programs and plans to extend Social Security Fund benefits to agricultural and domestic workers by 2025. Thailand has also used quality-of-life indicators for domestic workers to reveal regional variations in living standards and identify the primary needs for government assistance.
Thailand also described the role of social development volunteers in supporting ministry operations. These volunteers receive specialized training to assist various demographic groups, including children, women, and the elderly. Their responsibilities include monitoring social issues, coordinating with support networks, and facilitating community development planning.

Day 2: Tuesday, 26 November 2024

Observation Tour
The participants visited public welfare facilities in Kawasaki City and Yokohama City, Kanagawa Prefecture, Kawasaki City General Welfare Center FUKUFUKU, Social Welfare Corporation Green. The tour also included a visit to the KING SKYFRONT, an open innovation center that creates new industries from world-class research and development, with a focus on the life science field, which is expected to grow globally. The sites visited included major medical and analytical instrument manufacturers and research institutions.

Kawasaki General Welfare Center FUKUFUKU



Social welfare corporation Green


KING SKYFRONT



Day 3: Wednesday, 27 November 2024

Review of the High-Level Officials Meeting

The moderator opened the final day of the 22nd ASEAN & Japan High-Level Officials Meeting (HLOM) on Caring Societies by introducing the session's focus on discussing and adopting recommendations based on the previous days' presentations, discussions, and site visits.
He presented the draft recommendations, which began with a preamble acknowledging the meeting's value in sharing knowledge and experiences across health, social welfare, and labor sectors. The recommendations recognized the importance of achieving Universal Health Coverage (UHC) at an early stage given challenges such as aging populations, pandemics, non-communicable diseases, climate change, and natural disasters.

The draft included six key recommendations: (1) Acknowledging the mutually reinforcing linkage between the creation of a healthy society and the achieving of UHC, and endeavouring to accelerate efforts in both directions; (2) Strengthening cross-sectoral collaboration among relevant parties to enable vulnerable people to participate in society; (3) Investing in developing and securing human resources related to UHC; (4) Building social security that utilizes various community resources; (5) Providing services effectively and efficiently with the utilization of digital technology; and (6) Encouraging review and the pursuit of the "better" after the achievement of UHC.

After reviewing the draft, the moderator encouraged each member present to share the outcomes of the meeting with their colleagues in their home countries. He then opened the floor to questions and comments from the members.

The ASEAN Secretariat congratulated the Ministry of Health, Labour and Welfare (MHLW) of Japan on the meeting's success and highlighted the meeting's unique position as the only forum engaging all three sectors: health, labor, and welfare. They expressed support for the draft of recommendations as an accurate representation of what was discussed, and they expressed anticipation for continued discussions and collaborations on UHC.

The Philippines suggested highlighting the importance of follow-through actions in regional coordination and cross-sectoral collaboration, particularly focusing on helping vulnerable and disadvantaged groups overcome poverty through UHC access.

Lao PDR expressed strong support for the recommendations and emphasized the importance of strengthening cooperation and engaging stakeholders at both government and private sector levels towards caring societies. They noted the value of supporting disadvantaged families and working together at both country and local community levels to increase engagement.

Timor-Leste, attending as an observer, highlighted three key terms covered during the meeting: security (in terms of social, health, and job security), gender equality opportunities to empower women to earn salaries, and inclusion of intellectually and physically disabled individuals. They emphasized their efforts to catch up with neighboring countries despite being a relatively small and young nation.

Thailand appreciated the opportunity to learn about regional statistics and innovative technologies, particularly regarding effects from the COVID-19 pandemic and about UHC systems across different ASEAN countries. They expressed hope that Japanese technology and innovation would benefit ASEAN and all Asian people.

Malaysia expressed gratitude for the successful meeting and emphasized its value in learning from best practices that could be implemented in their country. In a subsequent intervention, Malaysia agreed on the recommendations, and specifically expressed interest in learning more about care industries, digital tools for improving access and efficiency of UHC, and mobilization of foreign workers as they approach becoming an aging nation.

Myanmar thanked Japan for the fruitful meeting and noted that every country has unique experiences in achieving and sustaining UHC, making the sharing of experiences valuable for all participants.

Brunei Darussalam expressed gratitude to Japan for organizing the meeting and expressed their intention to adapt some of the shared practices from the discussions and site visit observations to fit their existing policies and initiatives.

The Republic of Korea noted the meeting's significance as an opportunity for ASEAN, Japan, and Korea to advance towards achieving UHC.

Cambodia expressed gratitude for the meeting and agreed with the recommendations, emphasizing that UHC requires collaboration among the health, labor, and welfare sectors. In a subsequent intervention, Cambodia also highlighted the importance of cross-sectoral collaboration and community care, noting that medical treatment alone is not the only solution.

Viet Nam extended special thanks to Japan and expressed hope for future meetings among ASEAN countries to continue to share experiences and learn from one another. They particularly appreciated Japan's support for Vietnamese workers and expressed hope for participants to meet in Viet Nam in the future.

The moderator added a final comment emphasizing the meeting's role in human resource development for policymakers and implementers, which is also necessary in addition to training of healthcare workers.

Adoption of the Recommendations

Following the member comments, the moderator thanked the members for their contributions and noted the general consensus on the contents of the recommendations. The final version would be circulated via email, with participants given until the end of the week to provide any additional comments or inputs. The recommendations would be published on the official website and reported to the upcoming ASEAN Plus Three Ministerial Meetings on Social Welfare and Development, Health, and Labour, as well as the Senior Officers' Meetings in these fields. Participants were encouraged to share the meeting outcomes with their respective ministers, senior officials, and colleagues.

Closing Remarks

The moderator asked for each participant to complete the meeting-end questionnaire and noted that a follow-up survey would be conducted in several months to monitor the progress made since the meeting.

The meeting concluded with the moderator's personal reflection on the energizing nature of the social exchanges and discussions throughout the three days, officially adjourning the 22nd ASEAN & Japan HLOM on Caring Societies.