

The 21st ASEAN and Japan High-Level Officials Meeting on Caring Societies

Towards building a society where everyone can live lively as being oneself in communities

– focusing on maintaining and strengthening physical and
mental capacities to optimize one's full potential –

Overall Summary

28 - 30 November 2023

Oita, Japan

Ministry of Health, Labour and Welfare (MHLW)

The 21st ASEAN & Japan High Level Officials Meeting on Caring Societies was held on Tuesday, 28th November, and Thursday, 30th November, 2023. The theme of the 21st meeting was “Towards building a society where everyone can live lively as being oneself in communities – focusing on maintaining and strengthening physical and mental capacities to optimize one’s full potential –” and vigorous discussions were held with the participation of representatives from the 10 ASEAN countries and three observer countries as well as some international organizations of social welfare, health and labor.

Group photo of the 21st ASEAN & Japan High-Level Officials Meeting on Caring Societies



1. Background

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 the meeting is to enhance human resource development in health, social welfare and labor areas, and to strengthen Japan-ASEAN cooperative relationship.

The Meeting invites government officials in charge of policies on healthcare, social welfare and employment from ASEAN and some observer countries to share knowledge and experience, and discuss challenges and measures in social care policies in ASEAN and Japan.

The 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, ASEAN Plus Three Ministerial Meetings on Social Welfare and Development, as well as ASEAN Plus Three Labour Ministers' Meetings.

2. Theme and Objective

Theme:

Towards building a society where everyone can live lively as being oneself in communities – focusing on maintaining and strengthening physical and mental capacities to optimize one's full potential –

The population of Asia is rapidly aging. It is a key challenge to build a society where everyone can live lively as being oneself even as he/she ages. Maintaining and promoting the health of every elderly person not only at individual level but also at a wholistic community level, with emphasis on prevention and rehabilitation, is increasingly important in order to avoid conditions needed for long-term care.

Maintaining and strengthening physical and mental capacities through various means such as prevention and rehabilitation is an essential health strategy as well as an important issue, which enables to enhance health and well-being, improve quality of life, minimize the need for long-term care and engage in society as realizing one's full potential.

Also, promotion of rehabilitation and other means of services for seamless transition from acute care to home care is needed in order for older people to live lively while being themselves within their own communities.

Moreover, measures to create safe and healthy working environments for all workers including older workers are essential.

Therefore, together with participants from ASEAN nations and experts from Japan, this high-level meeting aims to share measures to maintain and strengthen physical and mental functions at communities and workplaces throughout life based on one's health and lifestyle, and to discuss means and policies to support the society for future need.

Main topics for the discussions are:

- Promotion of rehabilitation in the community-based integrated care system
- Promotion of measures to minimize the need for long-term care at community level for maintaining and strengthening physical and mental capacities
- Health promotion and prevention of health problems at workplace
- Utilization of the Healthy and Active Ageing Indicators

3. Date and Venue

28-30 November 2023, Oita, Japan

Beppu Onsen Suginoi Hotel (1 Kankaiji, Beppu City, Oita Prefecture 874-0822)

4. Organizers

Ministry of Health, Labour and Welfare (MHLW), the Government of Japan
(Logistics: E.C. Inc.)

Co-organizer

Economic Research Institute for ASEAN and East Asia (ERIA)

5. Collaborators

The ASEAN Secretariat

Japan International Cooperation Agency (JICA)

International Labour Organization (ILO) Office for Japan

World Health Organization (WHO)

Oita Prefecture

Beppu City

6. Expected Participants

(1) ASEAN countries*

* Brunei Darussalam, Kingdom of Cambodia, Republic of Indonesia, Lao People's Democratic Republic, Malaysia, Republic of the Union of Myanmar, Republic of the Philippines, Republic of Singapore, Kingdom of Thailand, Socialist Republic of Vietnam

(2) Observer Countries

- The Democratic Republic of Timor-Leste
- People's Republic of China
- Republic of Korea
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(3) Collaborators

- ASEAN Secretariat, Economic Research Institute for ASEAN and East Asia (ERIA), Japan International Cooperation Agency (JICA), ILO office in Japan, WHO
- Oita Prefecture, Beppu City
-

(4) Keynote Speakers and Experts

- Mr. SATO Kiichiro, Governor of Oita Prefecture
- Mr. YOSHIDA Kazunari, Vice-governor of Oita Prefecture
- Mr. NAGANO Yasuhiro, Governor of Beppu City, Oita Prefecture
- Dr. FUJIWARA Yoshinori, Vice-President, Tokyo Metropolitan Institute for Geriatrics and Gerontology
- Dr. KIKUCHI Naohisa, Head of Center, Chiba Rehabilitation Center
- Dr. FUJITANI Junko, Director, Department of Rehabilitation, National Center for Global Health and Medicine

- Mr. SATO Takaomi, Representative Director of AITORAKKU Ltd.
- Mr. TAKAKURA Toshio, Assistant Manager for Human Resource Department, Oita Credit Union
- Mr. NAKAJIMA Keisuke, Chief of Office for Promotion of Regional Revitalization, Sales Management Department, Oita Credit Union
- Dr. HAYASHI Reiko, Deputy-General, National Institute of Population and Social Security Research
- Mr. KATO Takuma, Director for Healthcare and Long-Term Care Policy, Economic Research Institute for ASEAN and East Asia (ERIA)
- Mr. NAKAMURA Shintaro, Senior Advisor on Social Security, JICA
- Mr. TAKASAKI Shinichi, Director General, ILO Office in Japan
- Dr. SUMI Yuka, Medical Officer, Department of Maternal, Newborn, Child and Adolescent Health & Ageing, WHO

Day 1: Tuesday, 28th November 2023 (9:00-16:45 JST)

Opening

The Master of Ceremonies of the Meeting, Mr. Itani Tetsuya, Director for Global Health Cooperation at Ministry of Health, Labour and Welfare of Japan declared the commencement of the Meeting by expressing pleasure to see all the participants in person. Then he welcomed Mr. Miyazaki Masahisa to give his opening remarks.

Opening remarks

- Mr. Miyazaki Masahisa, State Minister of Health, Labour and Welfare

On behalf of the Japanese government, Mr. Miyazaki Masahisa, State Minister of Health, Labour and Welfare (MHLW), welcomed the representatives from each country, the ASEAN Secretariat, and all the participating experts. He noted that the Meeting was organized by the MHLW for the purpose of deepening cooperation between Japan and ASEAN countries in the area of social welfare, and that this year in particular was a historical milestone marking the 50th commemorative year of ASEAN-Japan Friendship Cooperation.

He also noted that the theme of the Meeting was “Towards building a society where everyone can live lively as being oneself in communities”. With regard to the rapid aging of society in ASEAN countries and other parts of Asia, he stressed that achieving a society that enables everyone to fully showcase his/her own ability throughout their life in accordance with his/her individual health conditions and lifestyles is an important issue. Moreover, he explained that initiatives and issues would be shared within regions and workplaces to maintain and improve mental and physical functions of elderly people, and that discussions would be held concerning policies and support in such expertise. On the second day, there would be tours of sites such as nursing care facilities.

Finally, he expressed his utmost gratitude for the cooperation of the ASEAN Secretariat, Economic Research Institute for ASEAN and East Asia (ERIA), WHO, ILO Office for Japan, and JICA, as well as to speakers including Dr. Fujiwara Yoshinori, the Vice-President of Tokyo Metropolitan Institute for Geriatrics and Gerontology, to the host prefecture/city, Governor Sato Kiichiro of Oita Prefecture and Mayor Nagano Yasuhiro of Beppu City, and all others who provided assistance to organize the Meeting.

He concluded his remarks by conveying his wish for further advancement of the favorable relationship between ASEAN and Japan through sharing of knowledge and experiences, adding that he hopes the stay in Japan for the overseas participants would be a fruitful one.

Then Mr. Itani introduced Mr. Sato Kiichiro, Governor of Oita Prefecture, for his remarks.

- Mr. Sato Kiichiro, Governor of Oita Prefecture

Mr. Sato Kiichiro, Governor of Oita Prefecture, gave his remarks and words of welcome on behalf of Oita Prefecture.

He introduced Oita Prefecture, the host site of the Meeting, as having the largest volume of hot spring water and the highest number of hot springs in Japan. He also described that Oita Prefecture was blessed with a warm climate and rich nature from the sea and mountains, and was a treasure-trove of fresh, safe foods. He hoped that all participants would fully enjoy the time in the prefecture during their stay.

In addition, he pointed out that there were more than 12,000 people from ASEAN countries, People's Republic of China, and Republic of Korea currently living in Oita Prefecture, and that they played essential roles in the region. He also pointed that there were more than 2,000 international students who deepened relationship between their home countries and Oita Prefecture. He hoped that they would continue to serve as a bridge between the prefecture and each country in the future.

Furthermore, Oita Prefecture was one of the first prefectures that made efforts to build integrated

community-based care system and achieved a long healthy life expectancy. He stated that, although there was a serious labor shortage in long-term care facilities, some facilities utilized digital technologies and welfare equipment to provide quality care with a small number of staff members. He hoped that the participants would observe such facilities during the site visits, and have meaningful discussions on long-term care and community-based approaches. Moreover, he mentioned that Oita Prefecture has been making efforts to realize an inclusive society where everyone can live and work comfortably regardless of his/her age, nationality and any disabilities.

Mr. Sato concluded his remarks by wishing that the Meeting would be fruitful and become an opportunity for Oita Prefecture to strengthen ties with ASEAN countries, People's Republic of China, and Republic of Korea.

Mr. Itani introduced Ms. Rodora T. Babaran, Director of the Human Development Directorate, ASEAN Socio-Cultural Community Department, ASEAN Secretariat, to give her remarks.

- **Ms. Rodora T. Babaran**, Director of the Human Development Directorate, ASEAN Socio-Cultural Community (ASCC) Department, ASEAN Secretariat

After expressing her gratitude to all those involved for organizing this meeting, Ms. Babaran pointed out that an increase in the proportion of an older population would require adaptation of healthcare and social support systems to address emerging needs. She explained ASEAN's collective actions to ensure that health, labor and welfare services for the elderly and their families were responsive, integrated and adaptive to emerging trends and challenges in ASEAN. For instance, in the social welfare sector, ASEAN has high level political commitment in addressing aging issues and promoting older persons' rights and welfare, as is evident in the Kuala Lumpur Declaration on Ageing, Empowering Older Persons in ASEAN, adopted by the ASEAN leaders in 2016. In the health sector, the regional programs focused on the prevention and control of non-communicable diseases including mental health, as well as promotion of healthy and active aging.

Ms. Babaran mentioned the operation of the ASEAN Center for Active Ageing and Innovation hosted by Thailand, which supports active aging policies and their implementation, strengthens capacity and facilitates collaboration among the member states, international entities and other partners in achieving active aging in ASEAN.

She added that efforts were built upon the outcomes of the regional initiatives under the ASEAN-wide Research Networking on Ageing, funded by the Japan-ASEAN Integration Fund. According to Ms. Babaran, such efforts are being informed by the findings, analyses and recommendations from the studies on old age poverty and active aging trends and opportunities.

Ms. Babaran expressed appreciation for Japan's continued commitment in convening the ASEAN Japan High-Level Meeting on Caring Societies for the past 20 years. She believed that the Commemorative Summit for the 50th year of ASEAN-Japan Friendship and Cooperation in December 2023 would foster greater collaboration towards building caring societies where citizens of ASEAN would have the opportunities to live a long and healthy life with dignity.

After a photo session, Mr. Itani explained the Meeting agenda and schedules.

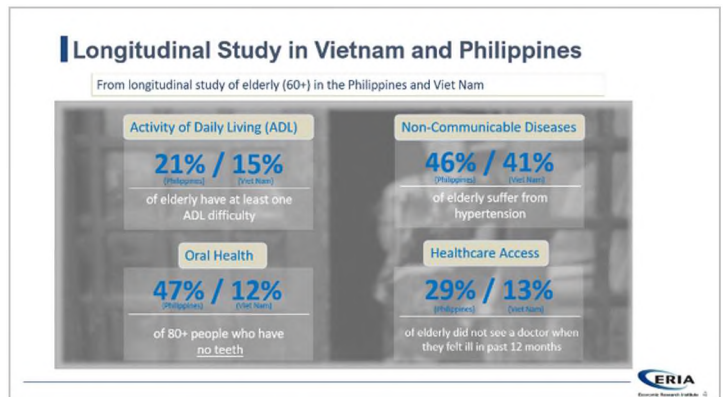
Remarks by co-organizer

Mr. Itani introduced Mr. Kato Takuma, Director for Healthcare and Long-Term Care Policy of ERIA to give his remarks as the co-organizer of the Meeting.

- **Mr. Kato Takuma**, Director for Healthcare and Long-Term Care Policy, Economic Research Institute for ASEAN and East Asia (ERIA)

Mr. Kato began by giving his greeting and extending a welcome to the participants on behalf of

the co-organizer of the Meeting. He then described the establishment and activities of ERIA and its Healthcare Unit. Among the several research projects the ERIA Healthcare Unit has conducted with a focus on healthcare and social development, the biggest project was the longitudinal study in Vietnam and the Philippines, in which around 6,000 national representative of people aged over 60 were selected to answer a set of questions to understand their access to healthcare, financial conditions, lifestyles and other factors. He showed that the team found both common challenges and country-specific challenges. For example, non-communicable diseases such as hypertension were common challenges in both countries, while oral health issues seemed to be a more country-specific challenge. Additionally, he stated that poverty turned out to be a major challenge elderly people faced. He expressed his hope that this meeting would provide an important opportunity for various stakeholders to work together, so as to address these complicated issues concerning aging.



Mr. Kato introduced another project of the Healthcare Unit of ERIA, called the “Healthy Ageing Prize for Asian Innovation (HAPI) Award,” which was designed to accumulate and share the best practices of innovations addressing issues regarding aging societies.

He also mentioned the collaborative research of ERIA and OECD which analyzed the economic impact of aging population in ASEAN countries to assess to what extent the promotion of active aging could affect the expenditure related to healthcare and pension, and to estimate how active aging policies could extend “working years” in the region. He also mentioned another ongoing project to support persons with developmental disorders and their families in Japan, Indonesia and other ASEAN countries. Although this project addresses different aspects from aging issues, it is also a pressing issue for the region. He stressed the importance of capacity building and human resource development in Indonesia and other ASEAN countries in this field in order to ensure necessary support for those with developmental disorders and their families whether they live in urban or rural areas.

He concluded his speech by stressing once again that collaboration among various stakeholders was essential as policies related social welfare were interrelated with broad areas and complicated.

Mr. Itani proceeded to introduce the first keynote speaker, Dr. Fujiwara Yoshinori.

Keynote speech 1

“For living lively as being oneself throughout life – maintaining and strengthening physical and mental capabilities to optimize one’s full potential”

- **Dr. Fujiwara Yoshinori**, Vice-President

Tokyo Metropolitan Institute for Geriatrics and Gerontology

Dr. Fujiwara began by drawing attention to the Sustainable Development Goals (SDGs), shedding light on the fact that, while the common focus is often on aspects such as recycling and energy, there are multiple well-being aspects embedded within the SDGs. Beyond more typical subjects, welfare, healthcare and community building issues are integral components of the SDGs. Dr. Fujiwara emphasized that, out of the 17 SDG targets, a significant portion, nine targets, were intricately associated to collaboration of regional and communicational efforts. This sets the stage for the central theme of the discussion—achieving SDGs through collaboration and the crucial role of higher-age personnel in such efforts.

The primary contention is that achieving these targets requires a strategic focus on reasonable areas. Dr. Fujiwara introduced the idea that a substantial number of the SDG targets, specifically the nine areas highlighted, could be effectively attained by leveraging the potential of the elderly

population. The term “higher-age personnel” was introduced, referring to individuals in the aging demographic. The discussion pivots towards a detailed exploration of the frailty within the medical domain, positing it as a key focal point for societal development.

Dr. Fujiwara asserted a belief that frailty represents a pivotal area for societal development. Frailty, in this context, is framed as a condition where individuals may face challenges in daily activities and require support for care or nursing. The preventive aspects of addressing frailty were emphasized, with Dr. Fujiwara arguing that taking proactive measures to address frailty, in conjunction with intellectual activities, was crucial for the overall livelihood and mental well-being of the elderly.

The presentation then delved into the social roles assigned to people based on their age, outlining a life cycle where individuals begin as contributors to society, then progress through various stages of self-sustainability, and eventually may require support in their older age. Mr. Fujiwara underscored the importance of maintaining social roles, participation and engagement for the health of individuals.

An anecdotal evidence from a ten-year study on older Japanese individuals supports the idea that social roles contribute significantly to the overall well-being of the elderly. The presentation was extended to the inevitability of aging and how they may shift from active workforce roles to engaging in activities that contribute to their personal well-being and satisfaction as individuals transition into higher ages.

As the presentation continued, it weaved in the concept of volunteering and employment opportunities for the elderly, proposing a symbiotic relationship where the elderly can contribute to society while gaining personal satisfaction, as well as societal and financial benefits. Dr. Fujiwara introduced the idea of a “win-win-win” scenario where engagement of higher-age individuals brings advantages to the individuals themselves, the society at large, and to the public.

The presentation was punctuated by the acknowledgment that the support for the elderly is not unidirectional. The elderly, who are often recipients of support, can also become supporters themselves, creating a reciprocal dynamic within the community.

The presentation shifted towards a more nuanced exploration of how social support evolves with age, considering factors such as preferences, family conditions, and societal expectations. The idea that their roles may transition as individuals age, from full-time work to part-time work, volunteering or community engagement has been introduced.

With a focus on health promotion, the presentation briefly touched upon conventional wisdom such as exercises and balanced diet. However, Dr. Fujiwara challenged the notion that mere advice on these aspects was sufficient. Instead, the emphasis is on understanding that people remain active and healthy based on their roles and a sense of purpose in life.

Dr. Fujiwara then presented data from a three-and-a-half-year study involving women aged 65 to 84, emphasizing that employment and volunteering of higher-age individuals can significantly reduce the risks of becoming support-dependent. This leads to the assertion that work and volunteer activities are vital for financial aspects, self-confidence and overall well-being.

Corporate Social Responsibility (CSR) activities were introduced as a powerful avenue for involving higher-age individuals in meaningful work. Dr. Fujiwara shared examples of initiatives where companies engage the elderly in productive activities, resulting in benefits for both the elderly workers and the corporations. This aligns with the theme of creating a win-win-win scenario.

The presentation then transitioned to community-level initiatives, emphasizing the creation of



spaces for intellectual activities, exercise, and socialization. Dr. Fujiwara introduced the concept of “mixed juice,” symbolizing a blend of activities involving individuals from various age groups, creating a rich and diverse societal fabric.

Case studies involving the revitalization of vacant houses for community purposes were presented. The idea is that unused spaces can be transformed into vibrant community centers, fostering collaboration and engagement across generations. Dr. Fujiwara acknowledged the challenges in securing venues for such activities, especially in urban settings, but saw potential in leveraging vacant houses.

The presentation expanded to include the role of football teams in community engagement, showcasing an example where a local circuit manufacturer collaborates with a football team to involve elderly individuals. The interaction between the elderly and the football team has become a symbol of community bonding and well-being.

The discussion concluded with a return to the concept of “win-win-win” initiatives, summarizing the key points. Dr. Fujiwara stressed the importance of roles and sensible lives for the elderly, positing that inclusive initiatives involving higher-age individuals contribute significantly to achieving SDGs and building more sustainable and interconnected societies.

Mr. Itani introduced the collaborators for the Meeting to make their speeches, starting with Dr. Ferdinal Fernando.

Speeches by collaborators

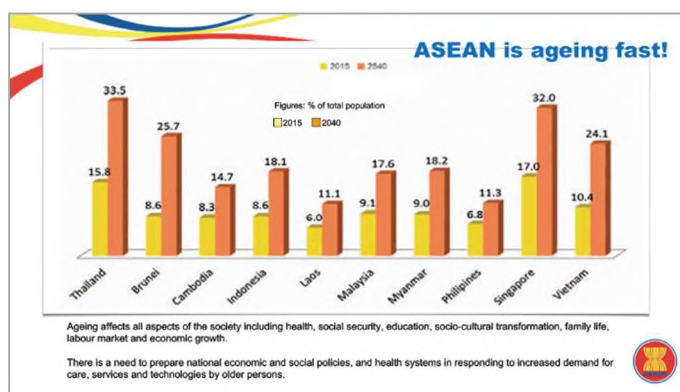
“Regional initiatives on social welfare, health and labour “

- **Dr. Ferdinal M. Fernando**

Assistant Director and Head of the Health Division, Human Development Directorate of the ASCC Department, ASEAN Secretariat

“Implementing Care for Healthy Ageing”

Dr. Fernando first declared that his presentation would be based on regional initiatives and social welfare, as well as health and labor, indicating a presentation he had obtained from his colleagues from Thailand during the ASEAN Health cluster Meeting on promoting Healthy Lifestyles. He pointed out that the aging population was one of the most important social transformations in this century and had major implications for all sectors, including labor and financial markets, the demand for goods and services, and family structure and intergenerational relationships. His prediction is that ASEAN would become a rapidly aging region in the forthcoming years, with all ASEAN countries becoming aging societies. Specific countries such as Thailand and Singapore will become super-aged societies, where the number of older persons grow faster than in the developed countries in Europe and the US. Hence, Dr. Fernando stressed the necessity to prepare well for the demographic transformation by developing economic health as well as social policies and systems that could respond to the increased demand for services and technologies for older persons.



Dr. Fernando introduced a wide variety of initiatives to address population aging under the AEC blueprint 2025, the UN 2030 Agenda that aimed to leave no one behind, the Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN, and the Brunei Darussalam Declaration. Such initiatives are implemented in the social welfare and development sector, the health sector, and the labor sector. Dr. Fernando specifically mentioned the initiative led by Thailand in operationalization of the ASEAN Centre for Active Ageing and Innovation, and the ASEAN Labour Inspection

Conference, which was hosted by the Ministry of Manpower Singapore and was held in May of 2021. Dr. Fernando concluded his speech by stating that all such initiatives were the overarching mandate and direction of the ASEAN region involving relevant sectors of social welfare and development, health and labor endeavoring to address the challenges of aging society, as well as to promote healthy and active aging.

“Implementing care for healthy ageing UN decade of healthy ageing (2021-2030)”

- **Dr. Sumi Yuka**

Medical Officer, Department of Maternal, Newborn, Child and Adolescent Health & Ageing (MCA), WHO

Dr. Sumi began her presentation by introducing the definition of “healthy ageing” by WHO. Healthy ageing is defined as the process of developing and maintaining the functional ability that enables well-being in older age. Dr. Sumi then listed three important elements of healthy ageing: Functional ability, intrinsic capacity, and environments. Functional ability is the combination of the intrinsic capacity of the individual, the environment a person lives in, and how people interact with their environment. Intrinsic capacity is the composite of all the physical and mental capacities. Environments include housing, transportation, assistive technologies, and social and community facilities. Dr. Sumi pointed out that our intrinsic capacity tended to decline at a different speed when we age. Thus, she stressed the importance of promoting and preserving intrinsic capacity through different interventions while securing the environment to facilitate and optimize functional ability.

It was noted by Dr. Sumi that the current medical system was established around disease diagnosis. She suggested that we change the strategy or care for older people in order to optimize intrinsic capacity and functional ability. Specifically, the interventions to prevent the decline of intrinsic capacity should be available in the community and primary care. She stated that integrated care was essential to help older people maximize their intrinsic capacity and functional ability in the community. Integrated Care for Older People (ICOPE) promotes “aging in place,” which means making it possible for older persons to stay at home and in the community as long as they can. Dr. Sumi highlighted the continuum of care so that all the care components would be adapted to diverse older persons’ needs.

She listed evidence-based interventions to manage the declining intrinsic capacity and noted that those interventions should be integrated. She suggested that we screen, assess and manage the older persons’ declining capacities in a comprehensive and holistic manner. She concluded her presentation by stressing that there was no typical older person as each individual was different, and that care needed to be personalized.

“Current status and preventive measures for stroke and ischemic diseases caused by long working hours in the ASEAN region”

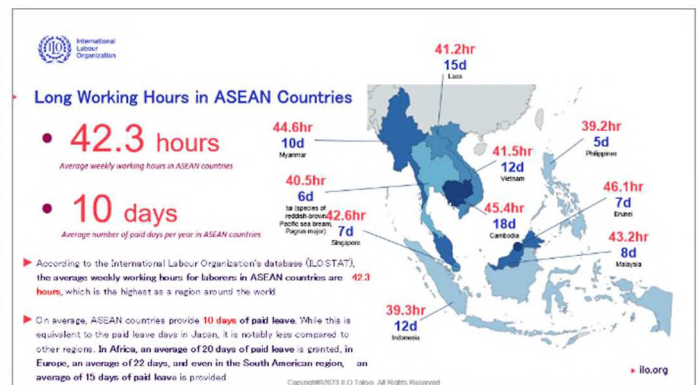
- **Mr. Takasaki Shinichi (online)**

Director General, ILO Office in Japan

The following is a summary of the presentation by Mr. Takasaki. In 2016, the ILO and WHO jointly conducted a survey on severe situations causing work-related illnesses and injuries, and released the survey results in 2021. In the year 2016, approximately 745,000 people died of cerebral stroke or coronary artery disease due to long work hours totaling 55 or more hours a week. There were 19 risk factors found to present the greatest risks. The highest number of deaths by region were 158,000 in Southeast Asia Region, followed by approximately 43,000 in the Western Pacific Region.

In terms of gender, men accounted for around three quarters of deaths, while the rate of death is growing for people aged 70 and older. An excessive release of stress hormones and behavioral responses to stress such as smoking, excessive alcohol intake and unhealthy diet are the two reasons given for prolonged work hours leading to fatal illnesses.

The average number of work hours per week for workers in ASEAN countries is 42.3 hours, which is the highest by region. In addition, employees in ASEAN countries receive 10 days of paid leave on average, which is lower than 20 days in Africa, 22 in Europe, and 15 in South America. The long work hours observed in the ten ASEAN countries and the 112,065 who died of illnesses caused by long work hours comprised 15% of such deaths in 183 countries.



To conclude the presentation, Mr. Takasaki mentioned the following four measures to prevent illnesses: (1) promoting ILO Convention No. 1, No. 30, and No. 47; (2) ensuring all laborers to receive occupational health services; (3) adopting social support systems particularly to protect the vulnerable socially disadvantaged; and (4) offering a fixed income so that people can have basic life necessities without excessive additional work hours that can damage their health.

- Mr. Nakamura Shintaro

Senior Advisor on Social Security, Japan International Cooperation Agency (JICA)

Mr. Nakamura first introduced JICA's approach to challenges of aging populations. As a development partner, JICA works with government officials, professionals, practitioners, and people working in communities in low-and-middle-income countries. He explained that JICA has tried to connect those people with many people working in Japan to investigate solutions for the problems of older adults and their families, such as medical practitioners, researchers at educational and research institutions, people from private enterprises, and volunteers at local communities so that experiences and knowledge could be shared across different fields.

Two examples of initiatives, both of which took place in Thailand, were discussed by Mr. Nakamura. The first is a series of projects in the last two decades with the Ministry of Public Health and the Ministry of Social Development and Human Security as JICA's counterpart organizations. He noted that, throughout this series of collaborations, JICA has consistently taken a community-based approach, trying to ensure seamless health and social care from hospitals to communities. He also noted that the Thai government has strategically utilized the outcomes of those projects; they have utilized their Japanese knowledge to provide their unique model of long-term care services.



To finalize his presentation, Mr. Nakamura introduced another example, which was a frailty prevention cooperation involving the Japanese private enterprise, Hatachi Industry. They utilized a self-sustained movement (SSM) program developed by this enterprise, which is a tailored exercise program for individuals based on the assessment of each person's physical capacity. According to Mr. Nakamura, a significant decrease in frailty in the intervention group was observed as a result of this program. He concluded the presentation by adding that the program had obtained a positive response from Thai authorities and that the enterprise was now exploring opportunities to promote the program to a larger demographic in Thailand.

Keynote speech 2

“Long-term Care in Oita Prefecture: Current Situation and Future Prospects”

- Mr. Yoshida Kazunari

Vice-governor of Oita Prefecture

Vice-governor of Oita Prefecture, Mr. Yoshida gave a presentation on the current situation and future prospects of nursing care in Oita Prefecture.

Given that Oita Prefecture currently has the highest rate of aging in the Kyushu area, the prefecture is especially focusing on three initiatives for community-based integrated care: (1) having experts draw up care plans in regional care conferences; (2) providing self-reliant support services based on the plans; and (3) specifically working on creating resident-led visiting spots as recipients of those services.

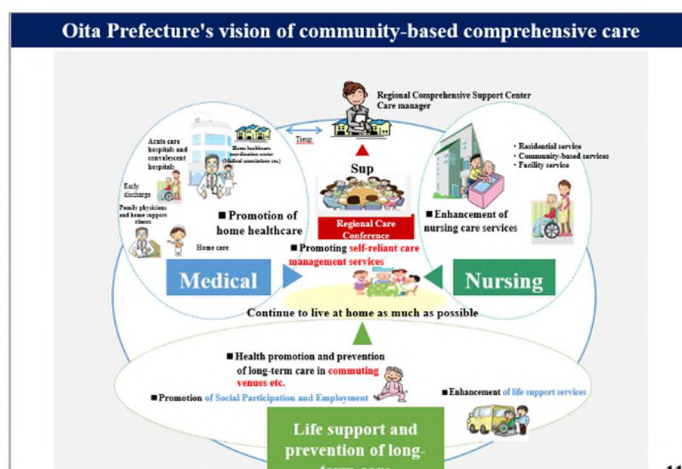
He then addressed nursing care of the near future that actively promotes utilization of assistive products and adoption of digital technologies such as information communication technology (ICT) to prepare for a decrease in workforces in the future. To illustrate the examples, he used a video showing the long-term care facility, Green Garden Minami-Oita, which puts advanced initiatives into practice. First, a video was shown as firsthand experiences using assistive products that promote nursing care with no lifting by staff. The merit of adopting the products is a reduction in the physical burden placed on staff and prevention of pain and contractures in the facility users.

Afterward, he touched upon a system of nursing care with no nighttime patrols. Nighttime patrols often entail visiting each room to check on residents several times a night. However, the system at the facility enables staff to monitor the residents' heart and respiratory rates at real time, which leads to fewer room visits and a lighter nighttime workload.

Moreover, as an endeavor to achieve zero recorded overtime, the mobile app, “Carekarte” and voice recorder app, “Hanasuto” are used to easily make a record of nursing care, which leads to successful digitalization of recordkeeping and thus improves work efficiency. Mr. Yoshida also explained the utilization of an online consent app as aiming for eliminating face-to-face meetings.

Finally, he reported on a project jointly developed with Prof. Asama of the University of Tokyo for a system that sends information to staff by employing AI to digitalize people's movements using video analysis. For example, when someone is deemed at risk of falling, an alert is sounded on a device. These initiatives have reduced turnover in the nursing care profession and increased new hirings.

The prefecture is facing the issue of a shortage of staff due to the decreasing birthrate and aging population. Mr. Yoshida spoke of the necessity to resolve the issues based both on innovation utilizing digital transformation and on preventive care. He hoped that the site visits on the second day of the Meeting could show Japan's advanced long-term care such as application of digital transformation in the field.



Panel Discussion 1

Promotion of rehabilitation in the community-based integrated care system

- Moderator: Mr. Nakamura Shintaro from JICA

At first, Mr. Nakamura stressed the importance of community-based integrated care. Looking back on JICA's project in Thailand, he recalled that two-thirds of bedridden older adults improved in Activities of daily living (ADL) after the intervention through the project. Although the improvement might have been because of the effectiveness of the intervention, Mr. Nakamura assumed that those older adults might not have become bedridden in the first place if they had received appropriate care including rehabilitation at a hospital or at home. He stated that he was delighted to have an opportunity to talk about this issue.

Presentation:

“Promotion of Rehabilitation in the Integrated Community Care System”

- **Dr. Kikuchi Naohisa**

Head of Center, Chiba Rehabilitation Center

Firstly, Dr. Kikuchi explained that the lifelong rehabilitation in an integrated community-based care system involved not only offering rehabilitation care in hospitals and facilities, but also a variety of activities such as preventive care services and life support as a part of community rehabilitation. He described that in his presentation, integrated community-based care and lifelong rehabilitation with a focus on the current situation in Chiba Prefecture would be shared.

Dr. Kikuchi pointed that the MHLW has been promoting the establishment of a system offering comprehensive support and services (integrated community-based care system) by 2025 so that older individuals could continue living the rest of their lives in a community with which they were familiar with. This could help them to maintain their dignity while receiving support for their self-reliant living. Municipalities and prefectural governments, the insurers, have been working toward creating such a system based on regional autonomy and independence.



Dr. Kikuchi described that an integrated community-based care system provides services by specialists in the fields of medical care and nursing, nursing care and rehabilitation, and health and social welfare. This is premised on preventive care and life support aided by the initiative and ingenuity of communities. As a foundation for living, housing or accommodation is provided and a particular way of living is ensured. Furthermore, he stated that it is important that each and every resident understands the regional situation, makes their own choices, and has the right mindset for participating in the system.

In summary, to promote integrated community care, he emphasized that it is important to have collaborative care among the Community Rehabilitation Council, the Prefectural Rehabilitation Support Center, and the Regional Rehabilitation Support Center. It is necessary to clarify the issues in each region and implement activities while solving these issues. In integrated community-based care, efforts for self-help and mutual assistance are expected, and dispatching rehabilitation specialists to resident-led meeting places must contribute to support for self-reliance, and to self-management by residents.

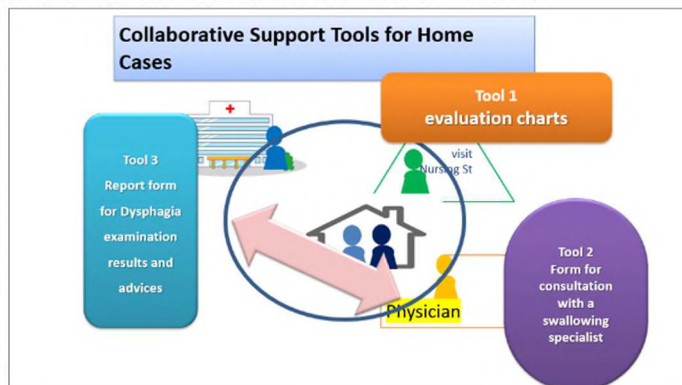
Presentation:

“Support for eating and swallowing function in Shinjuku ward (Tokyo)”

- **Dr. Fujitani Junko**

Director, Department of Rehabilitation, National Center for Global Health and Medicine

As a prerequisite to discussing the Shinjuku Gokkun Project, Dr. Fujitani illustrated how important eating is, and what roles the rehabilitation of dysphagia plays. Eating is important in that it is one of the most important pleasures in life, a health barometer, and what sustains one's life. The rehabilitation of dysphagia is frequently needed in community-based care settings. It significantly affects patients' quality of life (QOL), and is an area where various professions and families can demonstrate their respective expertise in a fairly equal manner.



Dr. Fujitani described the Shinjuku Gokkun Project as a cooperation between district administrative agencies and professionals with the aim to support elderly persons' eating and swallowing functions. "Gokkun" is the sound of swallowing. Dr. Fujitani pointed out that Shinjuku is a large city and that many elderly residents (approximately 14,000 people) were in need of care. She explained that the Shinjuku Gokkun Project had the goals of disseminating knowledge about successful swallowing to caregivers, and of establishing a system that facilitated collaboration because many caregivers had no idea what to do when they discovered dysphagia, in spite of the fact that there were several medical facilities that could help with dysphagia. The project includes annual training sessions, collaboration support tools (forms, evaluation charts and briefing materials), a compiled list of specialists in dysphagia, educational leaflets and their dissemination, and telephone counseling services.

Dr. Fujitani mentioned additional preventive activities, such as cooperation with an NPO, development of swallowing exercises, and training instructors for such exercises. She noted that Shinjuku ward was developing a new regional promotional initiative combining eating and exercise, and that the three pillars of the Shinjuku Frail Prevention Project were exercise, nutrition and social participation. Dr. Fujitani concluded her presentation by expressing gratitude to the Shinjuku ward government and associated professionals.

Reports by countries

- **Thailand**

Dr. Phuricha Chaivirach, Medical Doctor, Sirindhorn National Medical Rehabilitation Institute

Ms. Kaewjai Satchawetha, Director of International Cooperation Bureau, Ministry of Labour

Ms. Nantnadda Ritmontri, Director of Social Policy and Innovation, Ministry of Social Development and Human Security

Ms. Kaewjai Satchawetha, explained that, as Thailand was one of the fastest aging countries in the world, the Thai Ministry of Labour was making efforts to promote employment in the service sector and encourage elderly or people with disabilities to enter the labor market. She further explained that the Ministry provided benefits for seven types of care within the framework of social security funds.

Dr. Phuricha Chaivirach explained the situation of Community Based Rehabilitation (CBR) in Thailand as follows: Since 2009, CBR has been implemented as a service delivery strategy in health promotion hospitals. In the beginning, sub-acute rehabilitation was still lacking in the Thai medical system. Five years ago, the Ministry of Public Health launched intermediate care (IMC) to bridge the gap between acute care and long-term care. The initiative began with stroke patients and expanded to cover four major diseases that cause significant impairment, including traumatic brain injuries, spinal cord injuries, and fragile key fractures. CBR is now integrated into the IMC as one mode of service delivery. Dr. Phuricha Chaivirach showed some examples of CBR centers from various regions in Thailand, and expressed hope that the centers would be sustained and cover all dimensions for people with disabilities.

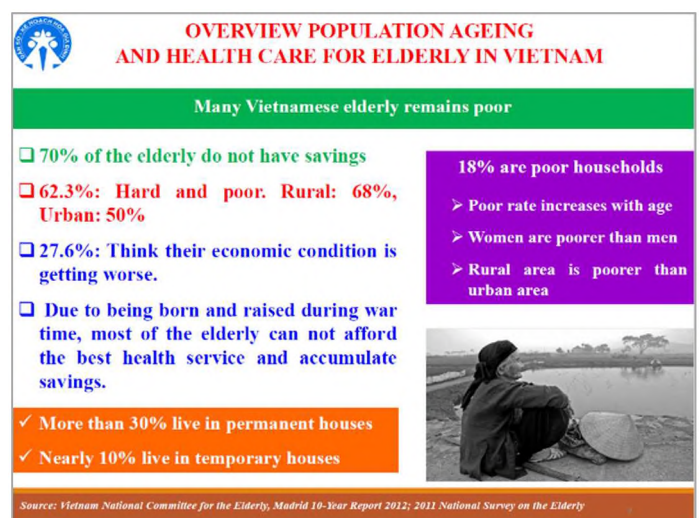


Ms. Nantnadda Ritmontri pointed out that decentralization in Thailand served as an obstacle to welfare provision and that the government consequently cannot provide social services to meet demands. In addition, policies and practices in the care system in Thailand are not well established to prepare for the rapidly aging population. Legislation and policy framework remains fragmented and cooperation between relevant actors are still insufficient. However, Ms. Nantnadda cited effective volunteering systems, family relationships, community cooperation and a culture of empathy as good practices in Thailand.

- Vietnam

Mr. Nguyen Hoai Duc, Head of General Secretary Division, Ministry of Labour, Invalids and Social Affairs

Mr. Nguyen explained the difficulties and challenges related with population aging in Vietnam. For example, the rapid aging rate in Vietnam poses significant challenges to economic development, social security, and healthcare for the elderly. The trend of feminization among the elderly is increasing, with a high number of widows and elderly individuals living alone. There is a health-related challenges among the elderly with a relatively short healthy life expectancy. On average, one Vietnamese elderly person has three diseases. The healthcare system has not been able to keep up with the aging rate, and the level of knowledge on healthcare and self-care among the elderly is low despite them facing many health risks.



Mr. Nguyen mentioned several laws, policies and initiatives established in Vietnam to cope with those challenges. He explained that the Prime Minister approved the Health Care Program for the Elderly towards 2030 with the goals of raising the responsibilities of the party committees, other stakeholders, citizens, families and the whole society for provision of healthcare to the elderly, and of meeting the elderly's need for medical examination and treatment with increasingly high quality at appropriate cost and forms of treatment. He pointed out that the Vietnamese government was also trying to improve the social policies for the elderly, in addition to the healthcare system. He mentioned the provision of health insurance, monthly social assistance and subsidies for funerals including the

assistance for older people living alone, and residential care and counselling services for the elderly by the government. According to Mr. Nguyen, the government is also working on the improvement of state-owned residential care units and various community-based care models, learning from models of other countries including Japan.

Q&A and Discussion

The moderator asked participants if they had any questions for the Japanese experts or the representatives from Thailand and Vietnam before moving to discussion.

- Q: Ms. Babaran (to Japan)

Ms. Babaran pointed out that the presentations of Thailand and Vietnam showed major roles played by families in elderly care and asked the Japanese experts what roles families played in elderly care in Japan.

- A: Japan (Dr. Kikuchi and Dr. Fujitani)

Dr. Kikuchi agreed that families were very important for community-based care but explained that families in Japan might not function in that sense because the majority of families were composed of a small number of people, even one or two persons.

Dr. Fujitani, agreeing with Dr. Kikuchi, explained that the number of elderly people living with their children was decreasing, and that the system for providing care for the elderly through external caregivers had been established for such reason. She expressed her concern that external caregivers could not address issues such as dysphasia and pointed that it was important to empower families.

- Q: Philippines

A representative from the Philippines asked what to do with senior citizens who are abused by their family members.

- A: Vietnam

Mr. Nguyen answered that counseling services were provided in Vietnam, and that social workers and local government staff would detect the problem and send such elderly people to a special facility called Socio Protection Center for a short time if necessary. According to Mr. Nguyen, since there is a very strong relationship within residents in the same community and relatives in Vietnam, if the elderly cannot live with their children or grandchildren, they usually choose to live with relatives in the same hometown or move into a resident care center.

- A: Thailand

A representative from Thailand explained that the Thai government had a multi-disciplinary team including social workers and psychologists to address problems of family abuse and protect children and any other family members.

- Q: Question to Japan

Another speaker showed his appreciation for an opportunity of the sharing of Japanese experts' views because Japan is decades ahead of ASEAN countries in terms of declining birthrates. He showed a willingness to learn what actions the ASEAN member countries had to take in preparation for the future aging society.

- A: Japan (Dr. Fujitani and Dr. Kikuchi)

From her experience visiting different countries, Dr. Fujitani noted that people today in Japan tended to spend less time with their family because they were too busy at work, while people in other countries still live with their family and spend much time with their family. She expressed her hope that people in ASEAN countries would continue to maintain their strong bonds with their family.

Dr. Kikuchi warned that declining population meant a decrease of the workforce and that the

number of service providers for medical services would be reduced. He stressed the necessity of establishment of community-based care. According to Mr. Kikuchi, though there seems to be many families living with the elderly within the ASEAN countries at present, elderly single-person households will increase in the future, so the ASEAN countries should have a system to support such households.

The moderator thanked the participants and declared the session to be concluded.

Panel Discussion 2

Promotion of measures to minimize the need for long-term care at community level for maintaining and strengthening physical and mental capacities

- Moderator: Ms. Rodora T. Babaran from the ASEAN Secretariat

Ms. Babaran declared that the panel discussion would be focusing on the issue of promotion of measures to minimize the need for long-term care at the community level by maintaining and strengthening elderly people's physical and mental capacities. Considering the speed of aging in the ASEAN countries, if the situation is not well-addressed, the nations might see a great number of elderly people needing long-term care in the future.

Presentation:

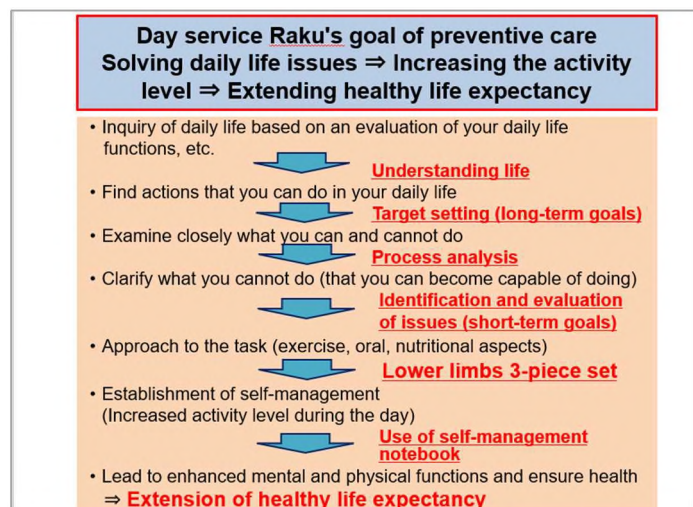
“Measures to prevent declines in physical and mental capacities at community-level”

- **Mr. Sato Takaomi**, Representative Director for Lively Co., Ltd.

Mr. Takaomi Sato, Representative Director of Lively Co., Ltd., introduced preventive nursing care efforts being carried out by Day Service Raku. Based on the philosophy to “contribute to society through contribution to self-reliance support,” the aims of the preventive nursing care at Day Service Raku are to solve problems in daily life, boost the amount of activity, and increase a healthy life expectancy.

Facility users are first interviewed about their daily activities to understand their lifestyle and to evaluate their life function. Then, their ADL and Instrumental Activities of Daily Living (IADL) are analyzed. Next, specific movements they can perform in daily life are identified, and long-term goals are set. Furthermore, movements that they can and cannot do are closely examined to clarify movements they can become capable of carrying out in order to establish short-term goals. Those issues are addressed based on exercise, oral care, and nutrition. When the amount of activity conducted in a day increases, a manual and self-management notebooks are used to establish self-management and enhance awareness. Ultimately, this enables increased mental and physical functions and leads to ensuring health, which in turn increases a healthy life expectancy. In one case, an individual became a day service volunteer after successfully leaving day care services. Mr. Sato stated that social participation was the best preventive care.

He provided specific cases and participants were able to see the results through a video presentation. The symposium participants were scheduled to visit this facility the following day and listened to the presentation with keen interest.



Reports by countries

- Lao PDR

Mr. Phonetavy Khodsimeuang, Chief of Administration and Planning, Ministry of Health

Mr. Khodsimeuang introduced an approach called “CONNECT” in Lao PDR. CONNECT is short for “Community Network Engagement for Essential Healthcare and COVID-19 Responses through Trust.” This approach is based on six pillars: trust, positivity/potential, ownership, shared responsibility, listening to feelings, and respectful care. The goal of CONNECT is health equity and well-being for all, and government organizations at all levels from villages, communities, and provinces to the central government are expected to work closely together to achieve equity in healthcare quality, equity in service coverage, and people’s trust in the health system so that people can benefit from medical care.



Thanks to the CONNECT approach, the number of people vaccinated increased 3.5-fold. Mr. Khodsimeuang cited good communication with village authorities, strong support from districts and provinces, and clear explanations and information as success factors. According to villagers’ testimonies, they agreed to be vaccinated because they felt well when high-rank officials came to persuade them, or the medical team talked to them one-on-one to dispel their anxiety, or when the science and evidence of vaccines were clearly explained.

Mr. Khodsimeuang noted that the relationships among health centers, village authorities and communities were likely to be improved as a result of the CONNECT workshop. He explained that many pregnant women chose to receive essential healthcare after the CONNECT workshop and the number of home deliveries have decreased. He also mentioned the successful promotion of the birth registry because villagers in target provinces gained knowledge on birth registry benefits thanks to the CONNECT workshop. CONNECT is expanding province by province through cooperation of district and village authorities.

- Indonesia

Mr. Bambang Widiyanto, Senior Advisor to The Minister on Governance and Bureaucratic Reform, Ministry of Health

Mr. Widiyanto explained that the elderly constituted 11% of the total population in Indonesia. Despite the global context where 11% may not be considered high, in Indonesia, this translates to almost 30 million elderly individuals, a substantial number that warrants attention. The challenges associated with this demographic situation include a significant portion living with disabilities (39%) or in poverty (12%), with an overall poverty rate among the elderly reaching 15%, surpassing the national average of poverty rate.



Mr. Widiyanto mentioned the need for strategic prioritization in providing assistance, given limited resources. The Indonesian social tax system encompasses both non-contributory and contributory components. Non-contributory aspects include social assistance programs for the poor,

such as health insurance premium coverage, cash transfers for students from low-income families, conditional cash transfers under the Family Welfare Program, and food assistance. These initiatives target specific percentages of the population, focusing on support for the poor and vulnerable. For the contributory aspects, the National Insurance System covers health, injuries at work, survivors' benefits, old age savings, disability benefits, and pensions for the elderly, as well as unemployment benefits. The challenge lies in reaching the diverse and scattered population across numerous islands and remote areas. To identify specific beneficiaries for individuals, the government employs proximate testing, examining individuals' assets to determine their economic status.

The health system prioritizes preventive measures and emphasizes screening for prevalent chronic diseases, the leading cause of preventable deaths and financial burdens. Routine immunization, consisting of 14 vaccines, and screening for 14 specified diseases are integral parts of primary care services. Additionally, efforts to enhance maternal and child health underscore the holistic approach to healthcare, acknowledging that actions taken in earlier stages of life impact individuals as they age into the elderly demographic. Mr. Widiyanto concluded his presentation by thanking Japanese colleagues for their insights, adding that Japan is further ahead addressing such issues.

- Singapore

Ms. Xi Zhen Keung, Deputy Director for Home Care, Palliative Care and Caregiver Support, Ministry of Health

Ms. Keung expressed concern about the challenge of a rapidly aging population in Singapore. According to her presentation, in 2007, Singapore established the Ministerial Committee on Ageing (MCA) and an Ageing Planning Office within the Ministry of Health to address the multifaceted impact of aging. The MCA launched the first action plan for successful aging in 2015, incorporating over 70 initiatives spanning policy shifts and public-private collaborations. Recently, the Refreshed Action Plan was unveiled. This plan is shaped by insights from engaging with over 5,000 Singaporeans and organized around the themes of care, contribution, and connectedness.

Recognizing that prevention is the key, Singapore initiated the Healthier SG program to enhance preventive care. The program aims to foster dedicated patient-doctor relationships, promote active and healthy lifestyles through community partnerships, and establish robust infrastructure for data sharing and training. Policies such as reducing sugar and salt intake complement these efforts.

In response to the rising challenge of social isolation among seniors, the Prime Minister launched the Live Well Age Well program, prioritizing social connectedness. Active Ageing Centres (Acs), numbering 154 and targeted to expand to 220 by 2025, serve as community hubs offering programs including active aging initiatives, befriending services, and care referrals. Beyond the Acs, preventive care initiatives extend into the community, including a program called the National Steps Challenge.

Volunteering is promoted among seniors through various programs, such as the Silver Generation Ambassadors and upcoming senior volunteerism initiatives. Senior learning and working are encouraged to keep seniors engaged and involved in productive activities. The National Silver Academy offers subsidized learning opportunities, and employment schemes support seniors in

... and Healthier SG, to strengthen preventive care

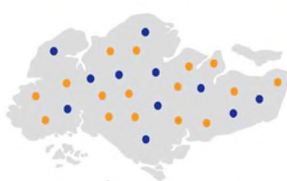


- Preventive care
Strong patient-doctor relationship
- Active and healthy lives
Strong partnerships with the community
- Enhance supporting enablers
such as IT, data and training of
healthcare professionals

MINISTRY OF HEALTH

Active Ageing Centres – our key assets in community

154 today → 220 by 2025



Serving 1,000 to 4,000 seniors each

+2S

- Active Ageing
- Befriending & Buddying
- Care Services Referral
- Social Connector
- Community Screening

MINISTRY OF HEALTH

pursuing work opportunities or career changes.

While these initiatives aim to build a supportive environment for seniors, challenges include the urgency posed by the rapidly aging population and the necessity for a mindset shift within society – for society to value their ongoing contributions and to acknowledge the need for seniors to see their agency for realizing better aging experience.

Q&A and Discussion

- Q: Dr. Fujiwara (to Singapore)

Dr. Fujiwara showed an interest in the health and welfare strategy in Singapore. He explained that the majority of participants in social activities were women in Japan and that retired men tended to be homebound and socially isolated. He asked the representative of Singapore what strategy was being utilized to attract so many male participants to social programs.

- A: Singapore

Ms. Keung answered that a similar gender difference could be observed in Singapore as well. She explained that her team asked male senior citizens what kind of activities they would like to participate in, and sometimes let them lead the activities by themselves. In addition, considering that seniors from different socio-economic status also have different interests, her team is trying to understand various seniors' interests and needs to make sure their programs meet these interests.

- Q: Malaysia (to Mr. Sato)

A representative from Malaysia asked Mr. Sato two questions. First, she asked whether a user wishing to get the rehabilitation services at Mr. Sato's center should request the service from the government or directly from the center. Second, she asked what should be done if a user who had already undergone some of the rehabilitation services suddenly rejected the services.

- A: Mr. Sato

Mr. Sato explained that users were certified by the municipality to be in need of assistance in advance under the long-term care insurance system in Japan. Such certified users can come to his center for rehabilitation. As for the second question, Mr. Sato explained that the community-based integrated care center created care plans for individual users and that the planners explained the program to the users. Users are basically well-informed before coming to the rehabilitation center, so they seldom reject the service at the site.

- Q: Myanmar (to Lao PDR)

A participant from Myanmar asked the representative of Lao PDR three questions. She asked whether community champions played an important role in the integrated care system based on CONNECT, what support these community workers received from the government (in cash or any other kinds of support), and how the sustainability of the community plan was assessed.

- A: Lao PDR

Mr. Khodsimeuang explained that a champion of one province was generally required to travel with the government team to another province because CONNECT had spread only to several provinces, and not nationwide. Training for champions are offered, but champions should generally rely on self-development. He further explained that CONNECT was based on six pillars in relation to sustainability and operated in a bottom-up style.

Panel Discussion 3

Health promotion and prevention at workplace

- Moderator: Mr. Itani Tetsuya from MHLW

Mr. Itani declared that he would serve as a moderator of the third panel discussion. He announced that the two speakers, Mr. Nakajima and Mr. Takamura, would share presentations on health and productivity management, and that country reports would be from Cambodia, Brunei and the Republic of Korea.

Presentation:

“Support for Health and Productivity Management”

- **Mr. Nakajima Keisuke**, Chief of Office for Promotion of Regional Revitalization, Sales Management Department, Oita Credit Union

Mr. Nakajima introduced actions taken by Oita Credit Union to increase a healthy life expectancy.

Oita Credit Union is the third largest financial institution in Oita Prefecture. As a company sharing common interests with Oita Prefecture, regional revitalization efforts are part of the company’s core business. The healthy life expectancy of Oita residents ranked last in Japan by prefecture around 2010 and the situation has significantly improved in recent years with men ranking first and women fourth. Activities to increase a healthy life expectancy were launched since the short healthy life expectancy of residents causes the prefecture’s medical expenses to rise and strain the economy of the prefecture. First, with the goal of boosting the rate of health checkups in Oita Prefecture, the credit union developed a time deposit program that gave preferential interest rates to residents who practiced healthy living. This product was implemented in collaboration with various municipalities and health insurance associations, and was restricted to the particular region. The fact that it was a financial product limited to eligible persons was a major feature, and all together 55,000 transactions were made, achieving a total amount of over 100 billion yen. The funds collected were used to design a product that finances the replacement of medical equipment such as MRIs at medical institutions at a low interest rate.

Furthermore, as a measure against passive smoking, the credit union worked with Oita University, which has the Faculty of Medicine, to develop financing methods for various companies to carry out relevant office renovations. Health seminars were also held in various places throughout the prefecture in collaboration with local public organizations and Oita University. To raise awareness for health checkups, campaigns have been held on 21 occasions up until October 2023 with 3,700 staff mobilized. The system for the flow of funds was recognized by the Cabinet Office as a distinctive case and a commendation was awarded by the Cabinet Office’s Minister in Charge of Regional Revitalization. Mr. Nakajima stated that the credit union carried out efforts to promote health on a daily basis under the slogan, “Regional revitalization starts with prefectural residents’ health!” The credit union intends to continue implementing activities together with the community.

“Basic Concept of “Health Management”

- **Mr. Takamura Toshio**, Assistant Manager for Human Resource Department, Oita Credit Union

Mr. Takamura Toshio from the Human Resources Department of Oita Credit Union introduced efforts for health management aimed at officers and employees. He introduced the following three basic concepts of health management: (1) the health of officers and employees is an important

4. Financial Products to Promote Health Checkups OITA-KEN CREDIT COOPERATIVE

Developed a “Health Support Time Deposit” program for people who undergo certain health examinations.

Feature 1
Provides preferential interest rates to reward health of examinees.

Feature 2
Customized products to meet local (organizational) needs.

Feature 3
The back of the flyer was prepared by the government. It can be recognized as a collaborative product at a glance. In addition, government x financial institution collaborate in promoting of medical checkups.

5

management resource; (2) strategic endeavors are necessary for maintaining and promoting health; and (3) initiatives lead to improved performance and growth.

Through five years of operation, the credit union has been recognized as one of the top 500 companies practicing health and productivity management according to the certification system carried out by the Ministry of Economy, Trade and Industry with collaboration of an organization called Nippon Kenko Kaigi.

He mentioned the specific efforts made by the credit union as follows.

1. The company maintains a 100% rate for periodic health checkups. Through early detection and treatment of illnesses, currently there are no employees on leave due to injury or illness.
2. All employees undergo stress checks, which are mandatory for businesses with 50 or more employees since 2015. Currently, there are no employees on leave due to mental illness.
3. The company tackles prevention of passive smoking and promotes quitting smoking. In 2018, all company establishments removed smoking areas and ashtrays, and prohibited smoking during work hours. The workplace environment has improved and the smoking rate declined through the measures to prevent passive smoking.
4. The company began tackling work-life balance in 2019. This has led to curbing long work hours and no employees are on leave due to mental illness.

The credit union continues to make progress in terms of business performance. The promotion of health management that supports the health of employees is the driving force behind the sound development of business. Mr. Takamura stated that they intended to strive to provide financial services that are highly satisfactory to clients through the creation of an environment enabling employees to undertake their work with good health and vitality.

OITA-KEN CREDIT COOPERATIVE

Basic Concept of "Health Management"

KEY WORD

- The health of employees is a management resource.
- Employee health policy is a management strategy
- Promotion of health management directly correlates with corporate development

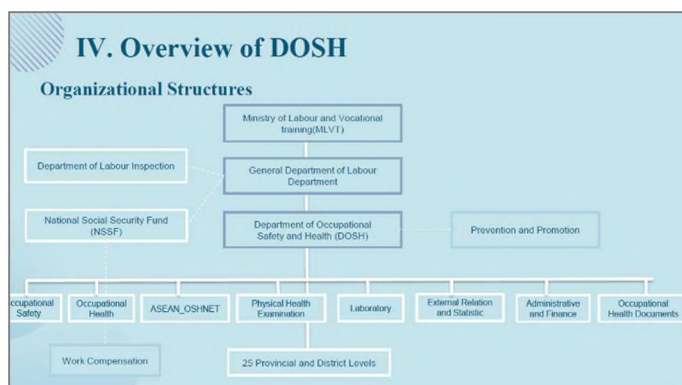
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Reports by countries

- Cambodia

Mr. Sokha Khon, Deputy Director of Department of Occupational Safety and Health, Ministry of Labour and Vocational Training

Mr. Khon first gave an overview of the situation in Cambodia. He stated that Cambodia's labor market was stable and maintained a high employment rate. The Ministry of Labour is responsible for occupational safety and health (OSH), and according to Mr. Khon, Department of Occupational Safety and Health (DOSH) promotes OSH activities at workplaces, provides the pre-employment medical checkups for employers, employees and migrant workers, conducts OSH inspections at workplaces, and provides OSH training programs for employers, employees and other stakeholders. He introduced many kinds of OSH trainings in Cambodia. One of the roles of DOSH is to establish the policy and legal framework that can help employers and workers afford to develop safe and healthy work environment, and efforts are being made with support from



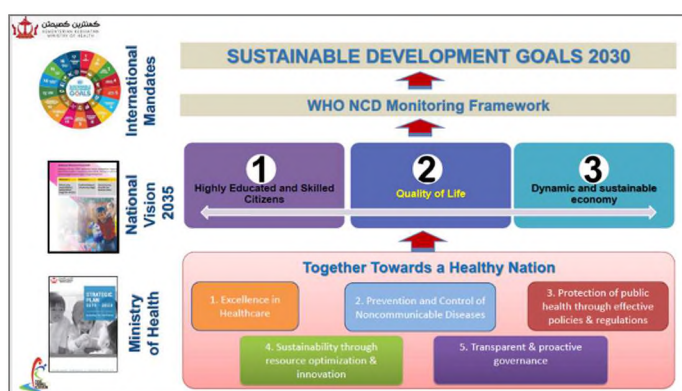
the ILO and the Republic of Korea. He explained that DOSH was working on the 3rd OSH Master Plan 2023-2027 at present. Its vision is to continuously enhance and improve the quality of life of older persons in Cambodia.

Mr. Khon mentioned several challenges in relation to OSH. For instance, issues to be resolved include a shortage of technical officials dedicated to OSH in charge of evaluation of labor accidents and occupational diseases, as well as a lack of materials, equipment, tools and other items for OSH inspection and labor hazard investigation. He stated that it was necessary to improve the capacity and effectiveness of OSH inspections, prevent occupational accidents and occupational diseases at workplaces, enhance the understanding on OSH among workers and factory owners, and give advice to employers to make sure that the workplace environment was fully safe.

- Brunei Darussalam

Dr. Bibina Tuty Umaira Hj Abd Hamid, Medical Officer, Health Promotion Centre, Ministry of Health

Dr. Hamid stated that workplaces are recognized as pivotal settings for promoting physical activities, providing healthier food options, reducing tobacco exposure, and for ensuring the mental well-being of employees in Brunei. She explained that the strategic actions to address these priorities fell under the cross-functional team of supporting active committees within the multi-sectoral Task Force for Health. This task force serves as the operational mechanism for Brunei's multi-sectoral action plan for non-communicable diseases (NCDs) from 2021 to 2025, aligning with national mandates and policies.



Dr. Hamid noted that the Health Promotion Center of the Ministry of Health had been actively enhancing knowledge and skills related to workplace health programs since 2015. This effort intensified in 2017 with the development and distribution of healthy aging policies, guidelines, and tips to all ministries. Training sessions, including BMI initiatives, were conducted in 2018, leading to a significant memorandum of understanding between the Ministry of Health and Gleneagles JPMC Sdn Bhd, a leading cardiac center in Brunei.

The focus of the workplace health program is to create supportive environments that encourage physical activities, tobacco-free living, and good mental well-being among employees. Components include basic health screening, free exercise sessions, knowledge workshops, and online modules accessible to civil servants. The program aims to have at least 60% of the 60,000 to 65,000 civil servants undergo screening, contributing to the broader national agenda for NCD prevention and management.

Dr. Hamid presented the plan for next year's weight loss program—the four phases are capacity building, boot camp, a three-month active intervention, followed by a three-month maintenance with a final follow-up. Targeting obese individuals with type two diabetes or pre-diabetes, her team is incorporating behavioral insights, with support from nutritionists and psychologists. For example, during the active phase, health talks, cooking demonstrations, and online resources for a comprehensive approach to weight loss are available.

Dr. Hamid expressed her hope that Brunei would ratify Articles 187 and 155 of the ILO Conventions.

- Republic of Korea

Ms. Lee HwaYoun, Senior Director, the Ministry of Health and Welfare

Ms. Lee proposed to introduce some policies for health promotion at workplaces in the Republic of Korea. She said that everyone spent most of their day at work. According to OECD statistics, the average hours of work per year is 1,910 hours and this is the fourth longest among OECD member countries. Overworking increases the risk of cardiovascular disease, mental illness, and reducing the capacity of concentrating on work. It also indirectly forms negative life-cycle habits such as smoking and drinking.



Ms. Lee mentioned a mid-to-long-term plan called HP (Health Plan) 2030. The goal of this plan is to increase life expectancy and improve their overworking practices to realize a society where everyone can enjoy their lives. One of the tasks of this plan is the healthcare improvement of each population group, including protection of the health of the working population through improvements in the working environment and institutional reforms. This plan also includes managing risk factors in industries with high accident rates, improving overworking practices by establishing a maximum 52-hour workweek system, establishing a supportive environment to improve worker's health management, and providing suicide prevention support measures for mental health high-risk groups. Ms. Lee expressed her hope that the implementation of these tasks will lead to reducing national health care costs, improving public health, and increasing the competitiveness of NIS cooperation by creating a healthy environment and reducing risk factors.

Ms. Lee introduced other actions for promoting health at workplaces: the revision of mental health examinations and the Health-Friendly Workplace Certification System. The Ministry of Health and Welfare has made some positive changes to the mental health examination process. Today, alongside depression, schizophrenia and bipolar disorder are included in the assessment. Additionally, the examination cycle has been shortened from ten to two years, aligning it with the general health examination cycle. This adjustment aims to enhance the mental well-being of young workers in the country.

The ministry is implementing a certification system for companies that contribute to spreading and implementing these health-friendly practices. Ms. Lee expressed her hope that the ministry's efforts contribute to creating a healthier and more supportive work environment.

Special Lecture

“Towards sustainable hot spring tourism city”

- **Mr. Nagano Yasuhiro**, Mayor of Beppu City, Oita Prefecture

Mr. Nagano, Mayor of Beppu City, began the keynote speech by extending his warm welcome to the participants, then he introduced Oita Prefecture and Beppu City. He highlighted that Beppu City has been visited by tourists from around the world in recent years and that tourism is its main industry. He then spoke about the city's characteristics. The first feature is diversity. As an example, he noted the high percentage of people with disabilities living in the city. Next is internationality. The city has three international universities, hosting as many as 4,000 international students from over 100 countries and territories. The third characteristic is abundant nature and hot springs. In particular, Oita City is blessed with the largest number of hot springs in Japan and rich water quality. Globally, it boasts the second highest spring water volume.

The mayor then talked about the integrated community-based care system in Beppu City. It is building sustainable regional nursing care and a medical care system that enables residents to live the rest of their lives in their own community. Beppu City has numerous welfare facilities for the elderly and can be said to be an advantaged community in this sense.

He also introduced the city's health promotion endeavors. The city promotes Nordic walking, which uses poles when walking. Through this practice, the elderly who may have weaker leg muscles can learn to protect themselves in case of a disaster. In addition, classes and lectures are being held in a variety of areas, including preventive care classes, health classes, baby food classes to learn about weaning babies, as well as cooking classes. A nationwide comparison of healthy life expectancy shows that both men and women in Oita Prefecture rank first and fourth respectively in Japan, although Beppu City ranks relatively lower. Beppu City has been making efforts toward demonstrating the best healthy life expectancy in Oita Prefecture.

Mayor Nagano then explained the new health cure and wellness tourism endeavors that leverage its hot springs and nature. In 2019 when Japan hosted the Rugby World Cup, spending per tourist in Beppu City significantly increased. Going forward, proposing high value-added travel will link to the theme of sustainability. Also, the city is scientifically verifying the benefits of hot springs and compiling updated data for the hot spring cure.

Rather than viewing the increased number of tourists as success, successful promotion of tourism should be considered important as it directly affects residents by enriching their lives leading to economically and environmentally sustainable tourism. Beppu City aims to become a sustainable wellness city for both residents and tourists. A regional economic circulation chart created by Regional Economy Society Analyzing System (RESAS) shows Beppu City's revenue is flowing out of the city before it can be recirculated. The city is studying initiatives that may improve the circulation ratio.

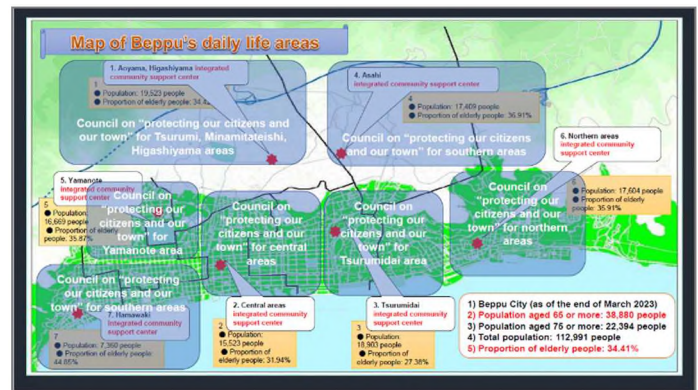
The keynote speech ended with Mayor Nagano expressing the intent to move forward with community development that can contribute to health for well-being of its residents and visitors.

Following the keynote speech, the Master of Ceremonies announced the conclusion to the Day 1 program and conveyed some administrative information to the floor.

Day 2: Wednesday, 29th November 2023

Site Visits in Oita Prefecture

- Day service center RAKU
- Social Welfare Corporation Taisyokai (Green Garden MINAMIOITA)
- Community salon for frailty prevention (kayoi-no-ba) in Oita city
- Community salon for frailty prevention (kayoi-no-ba) in Beppu city
- Social welfare Organization Japan Sun Industries



Day 3: Thursday, 30th November 2023 (9:30-13:35 JST)

Review of site visits

- Moderator, Mr. Itani Tetsuya from MHLW

Mr. Itani opened the final day by reviewing the activities and achievements of the Meeting for the first and second days. He then proceeded to ask the representatives to share their reflections about the site visits on the previous day.

- **Brunei**

I'd like to thank the organizers for their hospitality. It was a very fruitful opportunity and an eye opener for our country, Brunei, to see the grassroot operations very closely and to see the factors for successfully implementing all the work.

- **Cambodia**

Thank you for sharing with us the practices. We learned a lot for our own directions. Learning from historical reviews and experiences as well as seeing how the company is involved, we were able to learn a lot from the visits.

- **Indonesia**

The visits were organized and managed very well. It was fruitful and very interesting for myself and for our country. It was interesting to see how the community organizes the service for the elderly. As we presented previously, Indonesia has limited resources, but we have learned that starting from the society is very useful for us. Also, it was my first time to see all of those devices and I found them very interesting. How to empower the disabled for work was also very inspiring for us.

- **Lao PDR**

For Lao PDR, as we are looking at social welfare of the elderly and starting to work on how to serve senior citizens especially through the legal framework, we learned a lot yesterday visiting many places. Especially, how senior citizens are engaged in work and people with disabilities working in the factory were something we are looking for. As ASEAN is also looking at the impact of development of technologies affecting vulnerable groups such as children, women, disabled and elderly people, I was happy to see during the field trip how Japan is adapting technology in their effort to minimize the impact on vulnerable people.

- **Malaysia**

After attending the program, my impression is that Japan has an excellent management system to keep elderly and disabled people empowered. Also, you have excellent social security or pension system covering even workers of informal employment. I was impressed by the innovation and technology advancement in managing the elderly and disabled. My concern now is the cost of particular products, and I hope the prices can be competitive in the global market so the users can have options.

- **Myanmar**

To share my impressions from yesterday's tour, there are two things to note. Firstly, Japan is very caring for older people and they provide good day care service. Secondly, regarding ICT for disabled and older people, the gap is big between younger and older generations in terms of use of ICT, AI, etc. For the next generation, we should consider how we can care for older people with this kind of ICT based application.

- **Philippines**

Firstly, I learned a lot from other countries' practices, especially for supporting and protecting the right of elderly people. Secondly, it is about the Japanese government's approach to involve the whole of society. The focus on the society is important as the disabled or elderly are the people who can be left behind in crisis or disasters. The Japanese government encourages active participation of business sector and communities. Also, I'd like to stress the importance of technology for taking care of those people and in strategies for supporting them. The theme of this meeting is a timely topic as the 10 ASEAN countries and neighboring countries are aging.

- **Singapore**

To share some of the highlights of our learning, firstly, yesterday's visit to the community-driven salon was very interesting. They are community run, yet so comprehensive and effective. Secondly, we were impressed by the focus on regaining self-reliance and functions. At Day Center RAKU, we saw them help the elderly to do things by themselves instead of just offering help. This is something we want to bring back home. Thirdly, we saw the inclusiveness of the industry in Japan for the disabled to participate. We can see a potential to expand such ideas and programs to seniors, especially ones with dementia. The fourth point is something we learned from the first day of the conference, the way the Japanese government is trying to reduce the manpower demand by integrating technologies.

- **Thailand**

I'd like to give thanks for an excellent organization of this meeting. Japan is the best model in the world taking care of the elderly. As Thailand is also an aging country, we found the long-term care and the system of taking care of the vulnerable useful. Especially, the advanced technology is something that Thailand can learn to organize the best system for aging and vulnerable people in our country. We can also learn from the ASEAN countries and South Korea.

- **Vietnam**

As the other countries' delegates have stated, facility visits on the second day were meaningful. We observed good service you provide for the elderly and disabled. Application of technology to reduce the physical burden of care givers to provide quality care was notable. I was impressed with the way you provide more chance for those people to participate and to be included in the society. In the same way, the theme for this meeting is for the people to be included in the society to live better. We should have more training for policy makers of different governments, care givers and service providers in ASEAN +3 countries. One thing I'd like to suggest is that the Recommendation No. 5 should cover more focus on strengthening the cooperation among care givers and service providers. It is regrettable that we cannot stay for the later discussion due to the flight schedule, but we'd like this issue to be included in the Recommendation.

- **China**

First of all, it is essential to promote quality and dignity in life for old people, and that's what we saw in the long-term care center yesterday. The residents and community can play a good role making old people achieve their dignity. Also, it is important to create reliable environments for disabled people. The government, community and corporations can work together to help make the disabled achieve self-satisfaction and independence.

- **ERIA**

Oita Prefecture is a very good place to see the reality of elderly care in Japan. Aging situations in rural areas are much more serious than in urban areas because of the higher rates of elderly people and limited resources. Places we visited yesterday are not particularly luxurious or considered top level, but they still provide high quality service to the users. For long-term care, we might think that advanced technology, expensive machines, or complicated IT system may be beneficial, however, we also need to consider how to utilize them. Even with low technology, it is possible to encourage people to keep their fitness and physical functions. I think we were able to learn it yesterday.

- **The ASEAN Secretariat**

It was an excellent opportunity to observe the community-based initiatives to prevent frailty and long-term care for the elderly. Also, visiting the facilities catering to the disabled was inspiring. I am jealous in a way as I hope to see all these kinds of developments in my own country. Not only because Japan is a rich country, but those initiatives and activities are coming from the ground up, led by the people themselves and private sectors. I hope to see this kind of spirit in other countries. One thing that struck me was that it is very important for the government to look into the appropriate implementation of the policies. Even our policies are well-meaning, the way stakeholders implement them may not comply with the original intentions, so to observe the compliance of policies is important. Another point is that we have to consider the use of research data to inform our policies and programs. For

example, types of disabilities are changing over time, so our policies must also evolve and adapt with the time. As policy makers, it is important to bring home such learnings from yesterday's visits.

Mr. Itani thanked the delegates for their comments and happily shared his view that each country or organization has good experiences under the theme, "Towards building a society where everyone can live lively as being oneself in communities". He went on to announce a short break before the panel discussion.

Panel Discussion 4

Utilization of Healthy and Active Ageing Indicators

- Moderator: Mr. Kato Takuma by ERIA

Mr. Kato Takuma from ERIA firstly expressed his appreciation for being allowed to take a role of panel discussion moderator for the last day of the Meeting. He briefed on the proceeding of the panel discussion, and then introduced the first presenter, Dr. Hayashi Reiko, Deputy Director-General of National Institute of Population and Social Security Research, Japan.

Presentation:

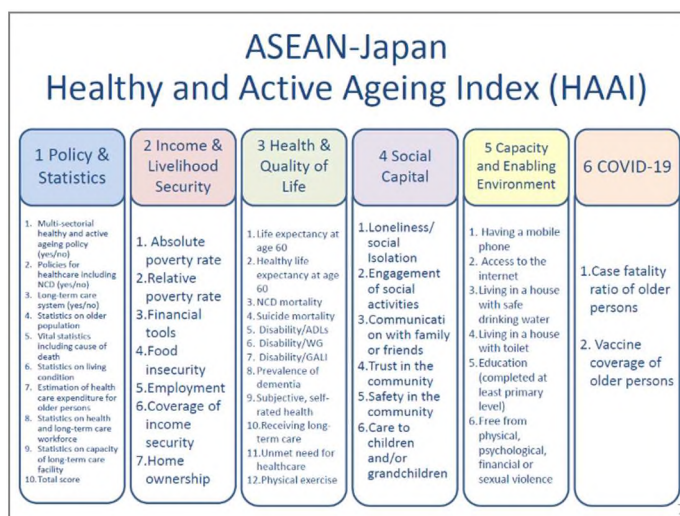
"Revised ASEAN-JAPAN Healthy & Active Ageing Index (Revised HAAI) and its application for ageing policies"

- **Dr. Hayashi Reiko**

Deputy Director-General, National Institute of Population and Social Security Research (IPSS)

Dr. Hayashi illustrated how the issues of aging are dealt with internationally, focusing on Healthy and Active Ageing Index (HAAI) and other related indicators and practices. She began her presentation by introducing Japan as a rapidly aging country compared to some major European countries. She then touched on history of international policies on aging, such as Madrid International Plan of Action on Ageing (2002), several UN frameworks on aging, and some ASEAN initiatives for Active Ageing.

Dr. Hayashi went on to introduce the ASEAN-Japan Healthy and Active Ageing Index (HAAI), which consists of indicators in 6 different domains including the additionally included category of COVID-19 related matters. She briefly went through each domain to review some specific indicators and briefed on calculation methods and results. To conclude her presentation, she introduced some successful practices and key factors to promote healthy and active aging in some ASEAN countries. Her key finding is that availability of data disaggregated by age is extremely important while the issues of healthy and active aging should be measured from a variety of aspects in various domains.



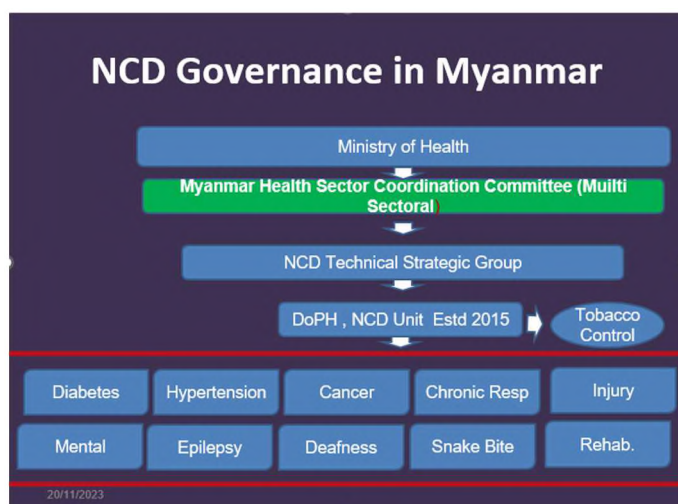
Reports by countries

- **Myanmar**

Dr. Thida Win, Director for Non-Communicable Disease Control Division, Ministry of Health

Dr. Thida Win, on behalf of the department of public health in the health ministry, delivered a presentation focusing on the government's policies and activities for the society in terms of health care. Her report covered the following four main areas: NCDs; mental health; community-based rehabilitation; and elderly Care.

Dr. Win presented data showing NCDs as a major cause of death in the country accounting for about 68% of all deaths, with cardiovascular diseases responsible for as many as one out of every four deaths. She then explained NCD management in Myanmar including the Package of Essential NCD Intervention focusing on specific townships, which was adapted from WHO Package of Essential Non-Communicable Disease Intervention for Primary Health Care in Low Resource Setting.



Tobacco control measures were also outlined as part of the key factor for preventing cardiovascular diseases. The community-based rehabilitation project for the disabled and mental health care were touched upon as examples of community-based health care strategies. Dr. Thida Win cited some demographic data to illustrate aging population of Myanmar. The data indicated the projections that the elderly population (individuals 60 years old and above) will increase to 13 million, constituting 20% of the total population by 2050. The older age dependency ratio is expected to rise from 14.5 in 2015 to 33.6 in 2050. She continued that elderly health care program (since 1994), Elderly Law (2016) and other elderly health care policies and plans had been implemented. The country is currently in the midst of carrying out the strategic action plans for elderly health care services (2021-2026).

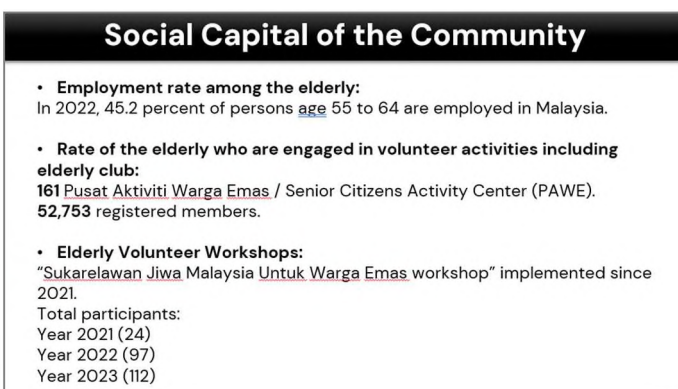
- Malaysia

Ms. Dana Binti Zulkeefly, Principal Assistant Secretary, Ministry of Women, Family and Community Development

Ms. Zulkeefly firstly briefed on the demographic situation of Malaysia. According to her reporting, the population of the country rose from 32.6 million in 2020 to 33.7 million in 2022, and life expectancies for both men and women have increased. She explained that this demographic trend led to the need for the administration to provide better health care and economic security for the citizens.

Ms. Zulkeefly introduced major policies and legislations on both national and regional levels for elderly care and health services. As the rate of employment among the elderly (55 to 64 years old) reached over 45 % in 2022, the importance of social capital for the elderly community including promotion of volunteer work was also emphasized as a key policy for the welfare of the aging society. As resources for elderly care and services, she briefed on facilities such as hospitals and welfare institutions, and human resources including geriatricians, specialized nurses and other medical staff.

Her report continued to introduce specific actions to promote participation of elderly in society, including Senior Citizen Day Celebration, Grandparenting Program, as well as the effort of the charitable voluntary organization (PSK), which has successfully trained and allocated many volunteer elderly careers. She went on to present some other examples of measures to provide better environment for Active Ageing such as transportation discounts, home help service, and activity centers for the elderly. She concluded her report by mentioning some additional campaigns that are currently going on to promote employment of senior citizens, and to provide financial support (i.e., grants and loans)

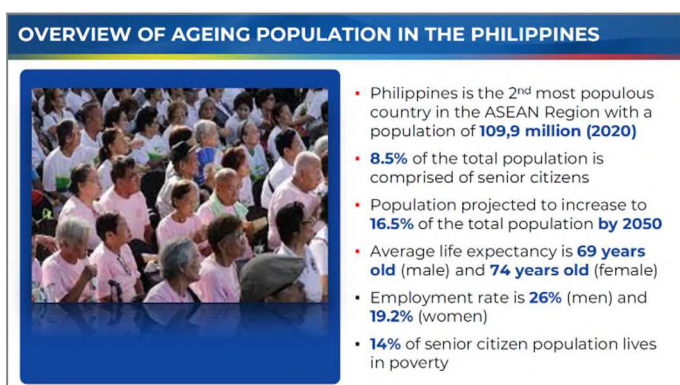


for seniors to start new businesses.

- Philippines

Ms. Amelita Macliing Pangilinan, Director, DOH-Center for Health Development Cagayan Valley

Ms. Macliing Pangilinan commenced her report with an overview of the elderly population in the Philippines, which she cited as the second most populated among the ASEAN countries. The country's senior citizens (60 years old and above) are said to account for approximately 8.5% of total population, and it is estimated that the ratio of the elderly will increase by 16.5 to 17% by 2050. She added that the life expectancy of women is particularly long in the Philippines.



During her report, she presented various indicators as well as policies and administrative measures for the elderly population. To begin with, the Expanded Senior's Citizen Act of 2010 was mentioned as a legal background for the administrative measure for the elderly. The Act allows senior citizens to be granted benefits and support in their daily life including financial benefits of tax discounts, free or prioritized public transportation and medical services.

The government's pension scheme was also mentioned as part of the financial support for the elderly. This welfare scheme, along with the health insurance scheme, is mandatory for all citizens and the government's effort is on specifically supporting the elderly who have no family members to depend on.

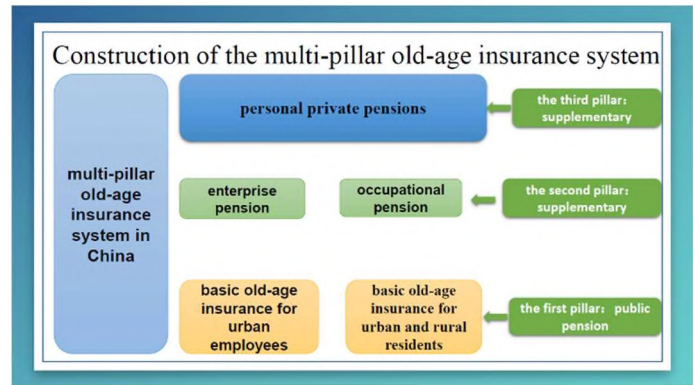
According to Ms. Pangilinan, while the government emphasizes that the base care for the elderly should be provided by family members, or alternatively by the community, the government is also aware of the social need for the care of elderly people who live away from their children and other family members. The Department of Health is currently looking to start more comprehensive support for those people in 2024. Another specific administrative scheme introduced during her report is the country's "Walang gutom" program, which is a project to combat poverty throughout the country. She explained that the program was initiated as pilot projects in 55 regions and to be expanded nationwide to eradicate hunger within the country by 2027. She concluded her report by referring to the presentation slides prepared as a reference for more specific examples of measures taken by the government.

- China

Ms. Jia Jiang, Deputy Director General of the Department of Old-Age Insurance, Ministry of Human Resources and Social Security

Ms. Jia Jiang firstly touched on the demographic situation of China, stating the specific figures to indicate the country's aging population. According to her report, by the end of 2022, the population of China aged 60 years old and above reached more than 280 million, accounting for 19.8% of total population, while the population of 65 years old and above was over 209 million, which is about 14% of total population.

In order to promote high quality elderly livelihood in the rapidly aging society, the government has implemented various practices in the area of old-age insurance system to secure sufficient income for the elderly. The government has established and promoted the old-age insurance system, or pension scheme covering the entire population in urban and rural areas. By the end of 2022, 1.05 billion people have participated in this scheme. In January 2022, the unified national management system was established to build up a network of



management and service for the insurance system. Together with the establishment of the old-age insurance fund, the social insurance public service platform has aimed to enable service efficiency and improved benefits. The number of people holding the social security cards exceeded 1.37 billion by September 2023, covering 97.4% of the population. China has been constructing the multi-pillar old-age insurance system, bringing in enterprise or occupational pension and personal private pensions as supplementary additional options within the whole old-age insurance system. The enterprise or occupational pension as the second pillar of the system will enable increased pension payments, and the personal and private pensions as the third pillar can also supplement the universal basic public pension and enterprise/occupational pensions. In 2022, the government launched pilot projects in 36 cities to promote personal private pensions. The government will continue to promote better livelihood of elderly citizens through continuous effort to improve the country's old-age insurance system.

Q&A and Discussion

- Q: Singapore (to Dr. Hayashi)

A representative from Singapore asked two questions. The first one was about utilization of the indicators; if there are specific targets set for each country for each of the indicators. The second question was about the review or revision of the index; how frequently they would review or revise the indicator and what would be the factors for considering reviewing the index.

- A: Dr. Hayashi

Dr. Hayashi explained as follows. When data was collected for the indicators, they had different values in each indicator. If one wonders whether particular values are true or not, then each indicator has to be examined more in-depth to understand the reason behind the results. The process of data collection may even be reconsidered. To respond to the question about targets, Dr. Hayashi pointed that each value had to be carefully looked at from different aspects. With regard to the revision of the indicator, it is the first draft and now that the ASEAN Center for Active Ageing and Innovation (ACAI) has been established in Thailand, this index is going to be further developed through the activities of ACAI.

Dr. Hayashi also expressed her apology to the representative of Singapore as she was not able to include Singapore in the first research. She added that Singapore surely had plenty of useful data for the insight of ASEAN situations in terms of Active Ageing.

- Q: Malaysia (to China)

A representative from Malaysia asked which organization administered the scheme of the old-age insurance system in China, while also expressing interest in the ratio of salary allocated as pension contributions to participate in the scheme.

- A: China

Ms. Jia Jiang, in answering the question, went over part of her presentation stating that China's old-age insurance system had three pillars. The first is public pension to meet the basic living. The

second is occupational or enterprise pension, and the enterprise one is voluntary. The third is personal and private pensions.

Discussion of recommendation

Mr. Itani shared the draft of the Recommendations and went through each paragraph, reviewing the notes of comments already made by some members. He also asked whether there were any additional comments from the members present at the discussion. After some discussions, Mr. Itani announced that the updated version of the Recommendation draft would be circulated among all the member countries for the final confirmation to adopt the draft. He added that the final version of the Recommendation draft would be circulated by email or presented on the ministry's website.

Closing

- Mr. Itani Tetsuya

Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, MHLW Japan

Before concluding the Meeting, Mr. Itani asked for any further issues to be raised or any suggestions for future meetings, and confirmed no further comments from the floor. He expressed his appreciation on behalf of the organizer to all the participants for the proactive roles they had taken during the three-day event, and declared the adjournment of the Meeting.