The 17th ASEAN and Japan High Level Officials Meeting on Caring Societies

-Healthy and Active Ageing Towards an Inclusive Society-

Overall Summary

Date: 4 - 6 December 2019

Venue: ANA Crown Plaza Hotel Grand Court, Nagoya, Japan

The 17th ASEAN and Japan High Level Officials Meeting on Caring Societies under the theme of “Health and Active Ageing Toward an Inclusive Society” was held from 4 December to 6 December 2019, in Aichi Japan, hosted by the Ministry of Health, Labour and Welfare, the Government of Japan (MHLW).

The meeting focused on partnerships among operators in health/medicine, social welfare and employment to promote the establishment of a society for the realization of longevity and healthy living.

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

Group photo of
the 17th ASEAN and Japan High Level Officials Meeting on Caring Societies

The 17th ASEAN & Japan High Level Officials Meeting On Caring Societies
December 4-6,2019 Nagoya,JAPAN

1. Background of the Meeting

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

This meeting has been recognized as a vital platform to support the ASEAN Plus Three (Japan, the People's Republic of China, and the Republic of Korea) Health Ministers' Meetings as well as the ASEAN Plus Three Ministerial Meetings on Social Welfare and Development. Japan reports the outcome of the meeting to the ASEAN Plus Three Ministers' Meetings.

Since 2011, MHLW has invited officials in charge of employment policies in addition to health and social welfare experts, with a view to promoting cooperation in these three related fields.

2. Date and Venue

4 - 6 December 2019, ANA Crown Plaza Hotel Grand Court, Nagoya, Japan

3. Organizer

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

4. Collaborators

The ASEAN Secretariat
World Health Organization (WHO)
International Labour Organization (ILO) Office in Japan
Japan International Cooperation Agency (JICA)
Aichi Prefecture
Toyoake City

5. Participants

(1) ASEAN countries: health sector, welfare sector, labour sector:

Brunei Darussalam, Kingdom of Cambodia, Republic of Indonesia, Lao People's Democratic Republic, Malaysia, Republic of the Union of Myanmar, Republic of the

Philippines, Republic of Singapore, Kingdom of Thailand, Socialist Republic of Vietnam

(2) Collaborators:

- The ASEAN Secretariat
- World Health Organization (WHO)
- International Labour Organization (ILO) Office in Japan
- Japan International Cooperation Agency (JICA)
- Aichi Prefecture
- Toyoake City

(3) Keynote speaker and expert: Dr. Hidenori Arai, President, National Center for Geriatrics and Gerontology

(4) General audiences: Open to media and general audience

Day 1: Wednesday, 4 December 2019

Opening Remarks

Mr. Kazuho Taguchi, Director for Global Health Cooperation, Ministry of Health, Labour and Welfare (MHLW), opened the 17th ASEAN and Japan High Level Officials Meeting on Caring Societies and welcomed the participants. He then introduced speakers, guests, and supportive and collaborative members.

Mr. Suzuki, Chief Medical and Global Health Officer, Ministry of Health, Labour and Welfare, gave opening remarks. He explained that the goal of the ASEAN and Japan High Level Officials Meeting on Caring Societies is to create a closer relationship with ASEAN member states and to develop human resources. This year's theme is Healthy and Active Ageing towards an Inclusive Society. It is estimated that the ageing population in ASEAN member states and other countries will progress at a rapid pace. In order to live healthy and happy lives, social challenges around ageing societies have to be responded to appropriately. Economic development and an inclusive society must be created in order to realize a healthy ageing society. To do that, Mr. Suzuki introduced three initiatives. First, healthy life expectancy must be extended. The MHLW created an outline with measures to support an extended life expectancy including living in a community and actions towards prevention. Secondly, employment and social participation must be addressed. The productive population is declining; therefore, the working population must be secured. Another area to address is welfare medical services, such as utilizing the

most advanced technology to increase the productivity of medicine as well as care services.

Sharing experience and knowledge among the ASEAN member states and Japan is a valuable resource for the future management of ageing societies. The MHLW would like to continue to strengthen the relationship between ASEAN member states.

Mr. Hideaki Omura, Aichi Prefecture Governor, then gave a few words of greeting. Officials from ASEAN member states, and Japan are discussing healthy and active ageing towards an inclusive society. He expressed his gratitude to take part in such a meeting.

Aichi Prefecture is ranked third for males and first for females in regard to life expectancy in all 47 prefectures. Aichi Prefecture must promote healthy ageing so the elderly can prevent diseases and live out their lives happily. In addition, Aichi has a relatively young demographic structure and a high working age population due to the manufacturing sector, such as Toyota automobiles. However, Aichi is still an ageing society. Aichi utilizes a community-based integrated care system which promotes health and disease prevention. In 2017, the Aichi Orange Town concept was made which included facilities where dementia-friendly community development is promoted. In 2018, a dementia ordinance was enacted to support dementia sufferers and their families, such as accommodation suitable for dementia sufferers.

The ASEAN Deputy Secretary-General then gave his opening remarks. He started by expressing appreciation and gratitude for the 17th ASEAN and Japan High Level Officials

Meeting on Caring Societies. He explained that this meeting comes at a crucial time for the ASEAN region because ageing is rapidly occurring in ASEAN member states with Singapore, Thailand, and Viet Nam at the front.

He explained that ageing societies require multi-sectoral measures and collaboration between various sectors including health, social welfare, gender, labor, and economic empowerment. Ageing should not be seen as a negative point. Instead, it should be seen as a positive result of human development. On the other hand, ageing is expected to impact the economy and society in various ways. A balance needs to be established between the protection and provision of the care approach, and the intrinsic rights and empowerment approach.

The idea that the elderly are incapacitated or not less deserving has created a stigma. Therefore, empowerment of the elderly is important, such as employing, enabling, and engaging. As a result, this will not only enable and empower the elderly, but also create a positive and valuable belief towards the elderly. Action should be focused on removing barriers and providing conducive environments rather than emphasizing the disadvantages and limitations of the elderly.

He then emphasized the impact of population ageing and the need to address emerging challenges to ensure that the ageing and elderly are provided with appropriate care and support. Addressing these challenges needs to be done in development planning, emphasizing that the elderly should be able to engage in and benefit from national regional developments. It is also vital that an environment is created which allows them to prosper. To this end, ASEAN has placed a high political commitment on promoting and protecting the rights and welfare of the elderly through declarations. He then commended Malaysia on the Kuala Lumpur Declaration on Ageing for empowering the elderly in the ASEAN region. Measures such as these are essential not only for the elderly's well-being, but also to end old-age inequalities. Similarly, the ASEAN Health Cooperation has been addressing population ageing through the Promotion of Healthy and Active Ageing Initiative 2010. In addition, the ASEAN Center for Active Ageing and Innovations was established to promote healthy and active ageing. The center's goal is to generate knowledge and innovations which support active ageing policies and their implementation, strengthen capacities, and facilitate collaboration among member states, international entities, and partners.

ASEAN recognizes the increasing feminization of ageing; women are living longer than men. In addition, women have uncompensated care that hinders access to education and skills development which limit employment opportunities. To address this matter, ASEAN Committees on Women and ASEAN senior officials on social welfare and development have highlighted this issue by organizing regional forums on social protection for policy to support elderly women.

The ASEAN secretariat is currently engaging in research for active ageing funded by the ASEAN Development Fund. This research focuses on the dual incidents of poverty and the potential economic contributions of the elderly. The goal of this research is to inform multi-sectoral policies targeting the poorest elderly especially those in vulnerable conditions, and those who are socially and economically insecure.

He then concluded by emphasizing supporting active and healthy ageing and expressed his hope for fruitful discussions during the 17th ASEAN and Japan High Level Officials Meeting on Caring Societies.

The Objectives of the Meeting

Mr. Taguchi explained that the purpose of the meeting is to enhance human resource development in health and social welfare areas and to strengthen Japan-ASEAN cooperation. This meeting has been recognized as a vital platform to support the ASEAN+3 Health Ministers Meeting and the ASEAN+3 Ministerial Meetings on Social Welfare and Development. The theme of this meeting is Healthy and Active Ageing towards an Inclusive Society.

Ageing in many ASEAN member states is progressing at a high rate. It is urgent to realize a society where people can enjoy a healthy and fulfilling life regardless of their age. This goal requires health promotion and disease prevention including preventative long-term care (LTC) against dementia and the establishment of seamless health and welfare services. It is also important to provide support for diverse lifestyles and workstyles in order to support individuals with a variety of conditions or disabilities.

This meeting will focus on collaboration between governments and organizations in health, medicine, social welfare, and employment to promote the establishment of a society to realize longevity and healthy living. Discussions will explore experience and

policies implications around this theme in Japan.

Keynote Speech

Promotion of Dementia Prevention for Healthy and Active Ageing

Dr. Hidenori Arai, President of the National Center for Geriatrics and Gerontology (NCGG), began by introducing the various national medical research centers in Japan each with their own specializations. The NCGG is the only center that specializes in gerontology. Dementia and frailty treatment are the focuses of the center. Basic clinical and epidemiological studies create a comprehensive approach to dementia and frailty research. The center functioned as a hospital and R&D facility, however, now it is a mission-oriented facility for research and development. The various research domains within the center are collaborating with each other to treat and prevent dementia and frailty. Also, other ageing-related science studies are conducted.

Dr. Arai then explained the history of dementia research which started in 2010. Last year, the center published in Nature journal an article based on Alzheimer's disease. He described the details of the research in the article which involved a new method to determine individuals with a high Alzheimer's disease risk factors in a simple manner.

The center established an all Japan system involving mild cognitive impairment (MCI) registered healthcare facilities for the preclinical stage or early dementia sufferers. This is called the Japan Orange Plan. There is a wide range of institutes from Kyushu to Hokkaido that take part in the system. This registry is shared by and collaborates with Canada, Europe, and the U.S. dementia registries.

Now, Japan has the largest ageing population with a large percentage of individuals over 65 years old. To respond to this rapid ageing, healthy ageing must be promoted. Ageing, especially with dementia, is a global issue, so countermeasure worldwide must be taken

to support dementia sufferers.

How to take care of the elderly is a complex issue. The elderly need more than curing their diseases or illnesses. Comprehensive countermeasures must be taken to support the elderly. Detecting social issues, evaluating life capability, providing nutrition, and considering frailty behind the diseases need to be addressed comprehensively.

Dr. Arai highlighted other problems in the elderly, such as disease-oriented issues, lack of evidence, fragmented care without integration, cognitive impairment which has no preventive care, and insufficient social support.

Dementia sufferers in Japan is increasing which will continue to be a social burden on the country. An age-dependent increase of dementia is observed which means as age increases, the risk of dementia also increases. In Japan, there will be a large population of 85 years or older, so with that will come more dementia sufferers.

Dr. Arai described current issues for dementia care in Japan. Early detection of dementia is the main issue. Dementia sufferers are treated usually after they visit the hospital for an acute illness such as pneumonia. General hospitals are not experienced in dealing with dementia sufferers with acute illnesses. As a result, the dementia sufferers do not receive adequate treatment. Then, the dementia sufferers are taken home to be cared for. In addition, a critical issue in Japan is the lack of dementia experts in health and social care. To combat the issues, prevention of dementia and the establishment of a dementia-friendly society are needed.

Dr. Arai then explained the history of dementia policy in Japan. He highlighted the Orange Plan as being five-year plan to promote dementia measures in a more organized manner. Three years after the Orange Plan was launched, in 2015, the New Orange Plan was launched. This plan outlines seven pillars behind dementia care. The Basic Dementia Act will be enacted in the near future, and after that, dementia programs will be implemented.

Dr. Arai described the medical care system and training program in Japan. First, primary care doctors take care of the patients, and if they are unable to adequately care for the patients, the patients visit dementia support doctors. If the dementia support doctors are not sufficient, then the patients will be sent to a medical center for dementia where the

treatment policy will be decided. The patient will then return to the primary care doctor. The issue is there are not enough professionals and medical centers for dementia to take care of dementia sufferers effectively. Therefore, it is necessary for primary care doctors to enhance their skills and abilities to adequately care for dementia patients. In addition, the Dementia Supporters System was created as a way to promote understanding of dementia in Japan so dementia sufferers will have appropriate treatment.

Dr. Arai went on to explain dementia prevention including the risk factors in early, middle, and late life. It is important to intervene on these risk factors as early as possible to stop the onset of dementia. In addition, keeping the heart and brain healthy will help prevent dementia.

Dr. Arai explained that there is a decrease of dementia incidence and prevalence in the U.S. Also, Alzheimer's disease and vascular dementia is decreasing due to managing hypertension. To compare, in Japan, he described that risk factors for dementia in total, especially for females, are decreasing.

NCGG has the largest memory clinic in Japan. Over the last 10 years, the ages of new patients were monitored and it was found that the average age has been increasing in men and women. Older age with milder conditions were observed at the clinic. These results were compared with Kyorin University Hospital in Tokyo. The results from Kyorin were similar to NCGG; older people with milder conditions tend to be referred to clinical centers.

At NCGG, the prevention of dementia and disability actions include health screening and cognitive function testing, classroom lessons, questionnaires, physical assessment, and blood tests. The center developed "cognicise" which is a combination of aerobic and cognitive exercise. This combination of exercises is effective for blood flow to the brain. As a result, cognitive scores are on the rise, showing the effectiveness of cognicise. Cognicise is effective for preventing the onset of dementia for people with MCI. Similar research occurred in Finland and Sweden which demonstrated that comprehensive efforts are effective in preventing the onset of dementia.

Japan-multimodal Intervention Trail for Prevention of Dementia (J-MINT) was started to clarify the effectiveness of multi-modal dementia prevention programs because intensive and multifaceted intervention is necessary to prevent further decline of cognitive function.

Multimodal intervention of this trial included a medical check for lifestyle disease, physical exercise, nutritional guidance, and cognitive training.

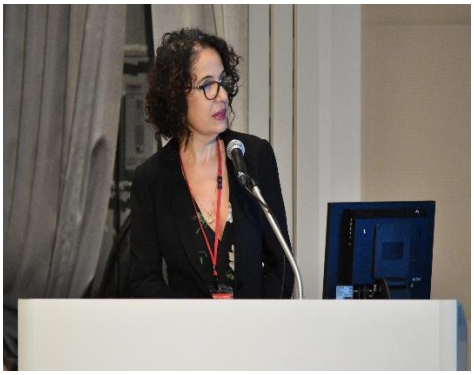
Dr. Arai explained that physical and cognitive functions are closely linked. The trial explored if people with lower physical conditions may be more likely to develop dementia. He then explained that lower physical ability is likely to lead to lower cognitive ability and vice versa. People with a low gate and weak hand grip tend to be related to low cognitive function; the lower grip strength group showed a higher risk of dementia. He added that prevention exercises are very effective to combat dementia. Also, hearing loss is a major risk factor to dementia.

Dr. Arai then described the sections of the brain that are closely related to social functions, and if those areas atrophy, then social function is affected, and Dr. Arai would like to demonstrate that it could be closely related to physical exercise.

For ageing societies, dementia is a burden. However, with appropriate intervention, dementia can be prevented. If dementia develops, then proper care should be provided through programs and mechanisms. In addition, dementia-friendly societies need to be built.

Collaborator Speeches

<u>WHO</u>



Dr. Islene Araujo de Carvalho, Team Lead, Ageing and Health Unit, Division of UHC and Life Course, World Health Organization, presented on two important WHO programs to respond to the health and social care needs of the elderly: Integrated Care for Older People (ICOPE) and Age-Friendly Cities program.

Dr. Carvalho explained the ageing demographics worldwide by the end of 2030, highlighting the fact that it is relevant especially for developing countries. Many countries do not have access to basic resources for a meaningful and equal life. Due to the rapid ageing rate and demographic shift, low- and middle-income countries must adapt more quickly.

Dr. Carvalho then explained the global commitments of the WHO to address this issue including Madrid International Plan of Action on Ageing; the Global Strategy and Action Plan on Ageing and Health; the Universal Health Coverage Agenda 2030; Sustainable Development Goals which provide health, equality, accessible resources, and leaving no one behind; and the WHO Global Target to reduce the number of older people who are care dependent by 15 million by 2025

Dr. Carvalho explained that member states consulted with the WHO about how to reduce care dependence. In response, the WHO launched the World Report on Ageing and Health which redefined the meaning of healthy ageing by shifting the focus to functional ability instead of diseases.

The WHO reported that intrinsic capacity (IC) and functional ability (FA) are elements which matter as an older person. IC capacity is the combination of the individual's level attributes: physical and mental, including psychological, capacities. FA is the combination of interaction of IC with the environment in which people live. She gave an example of IC by explaining that if she does not wear eye glasses, her vision is blurry, which means her IC is declining. However, when she wears eye glasses, her vision is clear, which creates a normal functional ability. It is important to differentiate between IC and FA so, when considering interventions, some target the health of the person (IC) and some target the environment (FA).

What older people value are basic needs; to learn, grow and make decisions; to be mobile; build and maintain relationships; and contribute to society. In order to do all of those things, physical and mental capacities are needed. Dr. Carvalho explained that psychological, locomotor, vitality, vision, hearing, and cognition capacities are important as targets of the integrated care program. Intervening on one capacity is not effective. All capacities have interventions in an integrated fashion at the same time.

As people age, IC and FA decrease. There are three life phases of IC and FA: high and

stable capacity, declining capacity, and significant loss of capacity. With the appropriate intervention at the right stage, significant loss of capacity can be prevented. ICOPE's approach is to intervene before significant loss of capacity.

In 2017, WHO launched guidelines to manage intrinsic capacity of older people. There are six actions including improve musculoskeletal function, mobility, and vitality; maintain older adults' capacity to see and hear; prevent/slow cognitive declines and promote psychological well-being; manage age-related conditions such as urinary incontinence; prevent falls; and support caregivers.

Most of these interventions should be given in a community-based integrated model. Many of these interventions are provided in fragmented services which results in multiple prescriptions that interact with each other. Additionally, the services are too far from where individuals live; they face ageist attitudes of healthcare workers; and lack of interventions to optimize IC and FA. Therefore, integrated care is important to help maximize IC and FA.

Dr. Carvalho then explained about how integrated care works. First, care at the communities close to where people live needs to be provided. A person-centered assessment and care plan shared with everyone involved needs to be introduced as a way to assess the health and social care needs of the elderly. All professions work together to have a single goal of maintaining IC and FA. Finally, it is necessary to engage communities and support caregivers.

ICOPE reflects a community-based approach that will provide support for optimizing FA for the elderly. The key is having one goal of FA, person-centered care, and community-based care.

In 2019, the WHO launched a package of tools for integrated care support. Along with handbooks and guidance for ICOPE implementation framework, ICOPE launched an app which guides health and social care workers through the process of screening the elderly at risk of care dependence, a person-centered assessment of health and social care needs, and designing a personal care plan. The app can also be used to train health and social care workers to deliver personalized care, which could alleviate the issue that many countries have of training their health workforce.

Dr. Carvalho then demonstrated how the app functions through its three steps: screening, assessment, and developing an integrated care plan. Before the care plan is developed, the app will show interventions which doctors could use to implement with the patients. The integrated care plan can be downloaded in health information systems, printed, and sent to any necessary health professional. The WHO is working on the interoperability of the app so it can work in different health systems. It has been translated into various languages and piloted in ten countries.

The WHO also looks at social care and support. The app provides a variety of interventions for various situations including if the individuals have financial issues, need personal care, have issues with accommodation, etc. Dr. Carvalho emphasized that loneliness is one of the most important issues among older people. Also, social engagement is very important for the brain to prevent cognitive decline. The app also assesses elder abuse which is often an overlooked and sensitive issue.

An appropriate environment is necessary in order to utilize the interventions and provide the appropriate support. Therefore, the WHO established the WHO Global Network for Age-Friendly Cities and Communities (GNAFCC) to enable cities and communities around the world to become more age-friendly by trying to inspire change, connecting cities, and supporting cities and communities to find appropriate solutions. To become an affiliate of GNAFCC, the members have to contribute to the mission and objectives of the network, develop a three-year work plan, have visibility of actions being taken, share knowledge, collaborate, and mentor.

ILO

Ms. Akiko Taguchi, Director, International Labour Organization (ILO), Japan, presented on ILO activities for ageing societies. She started by explaining the mission and activities of the ILO, one of which being the adoption and implementation of international labor

standards. She emphasized that the organization is unique due to its tripartite structure not only with the government but also with workers and employer organizations.

Ms. Taguchi then talked about ILO's promotions of decent work for all that was incorporated in the 2030 agenda for sustainable development. Decent work, which involves employment creation, rights at work, social protection, and social dialogue is a key to sustainable development. She also talked about ILO's Future of Work Initiative which includes demography, technological innovation, climate change, and globalization as major factors in the world of work.

She then explained the establishment of the Global Commission on the Future of Work and its report. It gives recommendations for a human-centered development agenda for the future of work, including increasing investment in people's capabilities, increasing investment in institutions for work, and increasing investment in decent and sustainable work.

Following, Ms. Taguchi talked about ILO activities for ageing societies. There are several international labor standards related to the age of workers which the ILO adopted and implemented. The ILO launched the Future of Work Initiative and one of the main factors is demographic change. With demographic change, expanding youth populations and ageing populations must be focused on.

She then described the Global Commission Report on the Future of Work in more detail. Elderly workers will need choices that enable them to remain economically active for as long as they desire which will create a lifelong active society. Also, workers will need support through the increasing number of labor market transitions over the course of workers' lives. Active labor market policies and public employment services need to be proactive and expanded, respectively.

The ILO Centenary Declaration for the Future of Work includes a phrase stating, "supporting measures that help older workers to expand their choices, optimizing their opportunities to work in good-quality, productive, and healthy conditions until their retirement, and to enable active ageing." The Government of Japan supports this phrase and proposed to include the phrase into the Centenary Declaration. This phrase is important for Japan and many ASEAN member states because it could allow for the mandatory retirement age to be increased which will allow those who want to continue

working to do so.

Ms. Taguchi then highlighted another issue of safety and health for elderly workers. Younger workers experience a higher rate of occupational injury compared to elderly workers. So, there are special international labor standards for younger workers. In addition, health and ability among ageing populations may differ substantially. Therefore, employers should integrate age and gender into workplace risk assessments which promote healthy working conditions for ageing workers.

Regarding social protection for the elderly, Ms. Taguchi explained that only 29% of the global population is covered by comprehensive social security systems that include the full range of benefits, and 55% is completely unprotected. She explained that a pension scheme should be designed to keep older workers motivated to work in developed countries. Also, a sustainable health insurance system is needed.

The ILO is an organization that devotes its efforts to the world of work. So, the ILO must also address the shortage of LTC workers. A large number of women could be brought into paid employment through universal access to care policies, services, and infrastructure.

Ms. Taguchi then recommended the One UN Policy, strengthening partnerships, and sharing good practices. The One UN Policy involves coordination between UN agencies in many countries. Also, partnerships among stakeholders must be strengthened. Lastly, sharing good practices is the most suitable alternative. For example, this meeting is a good opportunity to share good experiences of each country.

JICA

Mr. Shintaro Nakamura, Senior Advisor on Social Security, Japan International

Cooperation Agency (JICA), presented on JICA's cooperation and contribution for active ageing in ASEAN member states. He highlighted that the ageing issue is something that JICA and Japan can provide insight on by sharing experiences, good practices, and failures. In addition, ASEAN member states can provide knowledge about their experiences with ageing societies.

He then introduced JICA's programs in ageing cooperation: a technical cooperation project involving hands-on training by dispatched experts and study programs in Japan; a knowledge co-creating program which enhances experience sharing in Japan; and partnerships with the private sector which facilitates introducing the innovative technology of private enterprises.

Mr. Nakamura then went into detail about the programs. JICA worked on the technical cooperation project with the Thai government. The cooperation began in 2007 with the CTOP project. This included creating a mechanism to discuss the ageing issue in four sub-districts in Thailand. The mechanism includes a forum with authorities from the health and social sectors, the local government, community leaders, and volunteer leaders. Surveys were conducted on the elderly to identify priority needs. Stakeholders then came up with solutions to address priority needs. Then, intervention was implemented by cooperation with the health and social sectors.

The CTOP project was followed by the LTOP project. For the LTOP project, JICA and the Thai government focused on the frail elderly, introduced care management, and trained care givers. Due to the results of this project, the Thai Ministry of Public Health started training care managers and securing a large budget for sub-districts to improve their LTC programs.

The LTOP project was followed by the S-TOP project which focuses on the intermediate stage or recovery phase after the acute phase. The reason for the S-TOP project was because in many cases after patients' hospital stay, they would return home without sufficient follow up or rehabilitation.

JICA's second program is based on experience sharing in Japan involving visits, lectures, and discussions. Through visits, like community based integrated care programs and activities in municipalities, JICA was able to listen to the elderly's LTC needs and services. Based on these visits and lectures, participants gained knowledge and possible solutions

from Japan's experience. Since Japan's ageing society is in an advanced stage, it is a good example of what many countries will face in the future.

The third program is partnerships with the private sector to introduce innovative technology. Mr. Nakamura described a nursing care support robot "Mimamori" system which utilizes sensor and information and communications technology (ICT) for detecting unusual movement of clients and notifies care workers, in turn reducing the risk of accident. A verification survey to confirm its effectiveness and necessities in hospitals and households which care for older persons was conducted in a province in Thailand. Through this survey, JICA realized that before introducing the system, the elderly had to be checked on every three hours. After introducing this system, checking occurred every six hours. He also explained about the Self-Sustained Movement (SSM) Program which is a health support program including an SSM test, exercise instructions, and SSM training.

Mr. Nakamura then summed up JICA's key message from its experiences. First, ageing Asian countries have a number of opportunities in responding to ageing needs, such as insufficient financial resources or professional care workers. A cooperation model is necessary to support lives of elderly people. For Japan, it is difficult to develop a coordination model due to fragmentations and privatization. In Thailand, many are cared for under tax-based universal healthcare, so the healthcare scheme is predominantly public, which encourages health services providers to share information. Secondly, models and practices developed in other countries can be effective, but they should be carefully tailored to local contexts. For example, in Thailand, there is a sufficient number of health volunteers to take care of the elderly. However, not every country has such availability of volunteers. For example, Sri Lanka has elderly committees in villages which are utilized for human resources to take care of their elderly. Therefore, local contexts vary from location to location and should be considered when creating the program or intervention. Finally, Mr. Nakamura explained that developing community resources in health and social services and coordination among them is the groundwork for better responses to aging needs. Solid community care is needed to support elderly persons in need of care. He added that if an intermediate care facility is developed without a solid community care system, the intermediate care facility would become a "dumping site" for elderly in need of care.

Q&A

A participant from Indonesia asked Dr. Arai about LTC interventions due to health, welfare and social life, the promotion for health and preventions in the Orange Plan, and if there is a standard model of dementia intervention in Japan. To Dr. Carvalho, he asked how to reduce the risk factors due to different maturity levels of countries, and how to overcome equality issues in ASEAN member states. To Ms. Taguchi, he asked what the ILO Future of Work Initiative's agenda is regarding human capital's importance for the progressivity of dementia.

Dr. Arai answered that dementia care is still fragmented. A care manager, who organizes care of dementia sufferers, is the key and many healthcare professionals work with the care manager to improve quality of life of dementia sufferers. Japan has a good system in terms of comprehensive community healthcare combining medical insurance and LTC insurance.

Regarding the Orange Plan, the government is trying to promote it. Each of the seven pillars has key outcomes and goals, which is one way to promote the plan. Now, the government is working on the Dementia Act which will enhance dementia care in Japan.

Regarding a standard model of dementia intervention, there is a dementia specific ward in NCGG which can provide comprehensive care and support.

Dr. Carvalho then answered how to address the prevention, health, and social care needs of the elderly in countries with different levels of health system maturity. She explained that each country should consider the resources already in place, and then enhance the existing system. For example, community-based integrated care in Rwanda involves community health workers which do not have appropriate tools to provide support. Providing the tools will allow for screening and appropriate intervention.

Ms. Taguchi answered that the Future Work Initiative focuses on the employment of elderly and not their health condition. She added that she will consult with her colleagues to provide an appropriate answer at a later time.

Panel Session 1: Health Promotion towards Active Ageing

The moderator, Dr. Sita Sumrit of the ASEAN Secretariat, began panel session one by highlighted the fact that the ASEAN region is aware of the issue of ageing societies. So, it will make efforts moving forward to promote the empowerment and a more effective care system for ageing policies and programs. She explained the objectives of the session as how to achieve healthy life expectancy, promotion of health and prevention through lifestyle, the life cycle approach to healthy life expectancy, disease prevention including long term care, prevention of dementia, and establishment of seamless health and welfare services.

Aichi Prefecture, Japan

Dr. Kazuyo Tsushita, Director of Aichi Health Plaza Comprehensive Health and Science Center, presented on evidence-based health promotion for active ageing in Japan. She started by introducing the Aichi Health Plaza Comprehensive Health and Science Center. A variety of people, from young to old, visit the center to learn about health science and how to maintain and improve their health.

Dr. Tsushita explained the different intervention stages in an adult's life to promote a healthy lifestyle. In addition, health promotion can be done from childhood to adulthood.

She then introduced Healthy Japan 21 which is a program to promote the extension of life expectancy and reduction of health inequality. To achieve quality of life goals, specific targets, such as prevention of non-communicable diseases (NCD), hypertension, obesity, and diabetes, are set and monitored. To achieve quality of social environment goals, such as health equality, access for health resources is important. In line with Healthy Japan 21, each prefecture created plans to promote health and increase awareness of healthy environments.

Another action that Aichi Prefecture has taken as part of Healthy Japan 21 is called "Aichi New Project." It aims to promote health of the residents throughout the 54 municipalities to enable them to have a healthy and active life. As a result, the mortality rate at each age has been decreasing year by year.

She explained that the percentage and trend of the overweight and obese population of Asian countries are far less that in the west, however, it is rising. Japan has a low rate of obesity and its increase is suppressed possibly due to advocacy campaigns and a healthy environment.

The Shokuiku Basic Act, started in 2005, was another effort to promote food and nutrition education and is key to educate about what to eat and how to enjoy food. For example, school children are taught about health food and eating habits, and provided a healthy lunch. For adults, Smart Meal is a certified healthy meal which was created in order to disseminate healthy food among adults.

Along with healthy eating, Aichi Prefecture promotes exercise through its Active Guide with a key message of "+10." Sometimes, a high-level goal is difficult to achieve, therefore, thinking small—at just 10 minutes more walking or exercising—is good to promote healthy living.

In Japan's health checkup system, medical insurers provide annual health checkups. People who do not want to go to hospitals or health centers are the target of this system. The health guidance program includes individual counseling or group sessions designed to provide information about individuals' data and how to make changes in various aspects. To implicate this program, the standard health guidance program and evaluation system was established. This system and program resulted in an increase of health checkup and health guidance participants, and led many people to become aware of their

own health, improving their health conditions. Spreading the interventions widely across whole country is important, not just to have it in small groups.

In addition to promoting health living to the ageing, it is also important to take measures to prevent frailty. Elderly healthcare insurers have to act as a gate keeper to prevent frailty and dementia.

As a result of municipality intervention of physical activity, physical test results, such as standing up, showed improvement. Physical activity is connected to needs for care services. Participants who regularly come to exercise centers had a lower proportion of future care than non-participants.

Dr. Tsushita concluded her presentation by emphasizing the need to communicate positively to the elderly, the importance to pay attention to what the elderly can do in their daily lives, and maintain and enhance what they can do.

Dr. Sumrit summed up the key takeaway message from Dr. Tsushita's presentation. To promote healthy ageing and a healthy life expectancy, awareness through positive messages, behavioral changes to lead a healthy lifestyle, and infrastructure are needed.

Thailand

Dr. Sakarn Bunnag, Director, Institute of Geriatric Medicine, Ministry of Public Health, Thailand, presented on health promotion towards active ageing in Thailand. He first explained the current ageing situation in Thailand. The rate of increase in the number of elderly people is becoming comparable to that in Japan.

In order to prepare for the increase in elderly people, the Ministry of Public Health of Thailand announced the National Agenda for Aged Society which is a collaboration

among many ministries. For the sake of this conference's topic, Dr. Bunnag will focus on welfare and social protection, and the health system among the collaborations.

The Ministry of Public Health is focusing on health throughout the life course from motherhood and early childhood to old age. Focusing on the old age group, it is divided into four categories: being active with +/- comorbid disease (including health promotion and disease prevention and control), acute illness with capacity to reverse, chronic deterioration, and end of life care.

With a focus on health promotion, disease prevention and control, and health literacy, Thailand has many community health promotion centers, multidisciplinary care teams, and health volunteers to utilize as primary healthcare teams for all age groups. With a focus on LTC and end of life care, care managers and semi-paid care givers are utilized as LTC teams for dependent old age groups.

Focusing on dementia health promotion, risk reduction, and health literacy, initial screening is done through questionnaires, and then comprehensive assessment is conducted. Following, the patient is divided into one of three groups: normal, MCI, or suspected dementia. Dr. Bunnag highlighted that MCI is the focus because intervention is easy and not costly. When an individual is assessed as MCI, they are referred to the Cognitive Stimulation Program. It can be implemented into the community level. In the case that an individual is assessed as suspected dementia, a bottleneck occurs when diagnosing dementia because of the lack of physicians.

Dr. Bunnag explained that the social welfare side utilizes volunteers working together with health volunteers at the community level taking care of the financial, environmental, and welfare aspects. In addition, elderly schools are also set up in order for the elderly to take part in learning and teaching. Community-based elderly development centers were set up to provide services to the elderly, promote careers and sell goods made by the elderly, transfer knowledge and wisdom of the elderly to local communities, and act as information centers for the elderly.

To conclude, Dr. Bunnag explained that Thailand has already established the ASEAN Centre for Active Ageing and Innovation (ACAI) which is not yet honored by the Thai government, but it is hoped to be recognized by the government in early 2020.

Dr. Sumrit summed up the presentation by Dr. Bunnag by highlighting good practices, Thailand's National Agenda for Aged Society, the life-course approach in dealing with ageing issues, and the importance of integrating the ageing issue with social welfare.

Viet Nam

Dr. Le Van Hoi, Director, Department of Personnel, Organization & International Cooperation, General Office of Population and Family Planning, Ministry of Health, began by giving an overview of the demographics in Viet Nam. Life expectancy is 73.6 years and the percentage of the elderly is almost 12%. In 2011, Viet Nam entered the stage of population ageing and the ageing population is increasing. The transition from ageing population to aged population in Viet Nam happened quickly compared to other countries. It is projected that the population of 65 years and older will increase.

Older people in Viet Nam live in rural areas and most of them are farmers. They tend to live with their children and grandchildren, however, the number of elderly living alone is increasing as their children move into cities for work. Even though life expectancy is high at 73.6 years old, the healthy life is only until 64 years old. Around 50% report bad or very bad health conditions.

Regarding the status of elderly care in Viet Nam, a comprehensive legal framework, expansion of the network of caring for older people, a strong new level of social awareness, and a sustainable income are promoted.

Viet Nam has established legislations on healthcare management for older people, including approval of a National Action Program for Elderly by 2020. Support from the WHO, JICA, and other international organizations has been useful in developing modern

policies and providing services for the elderly's healthcare. Even with these positive actions, issues are still apparent, particularly traditional care of the family to the elderly is decreasing resulting in more elderly living alone. Also, the living standard of the elderly is low in general. It is expected that by 2025, 80% of the elderly will have regular health checkups at least once a year, 90% of the elderly will get access to healthcare services in the case of illness, and 100% of the elderly will have health insurance cards. By 2030, it is expected that life expectancy will increase to 75 years and healthy life expectancy will increase to 68 years.

To achieve these objectives, priority issues were set including further improving the legal framework; promoting the private sector to take a part in providing service; diversifying care models in a more effective and professional way, particularly in a community-based model; focusing capacity building for staff and social work to be involved in older people's care; strengthening, monitoring, and evaluation system in elderly care policy implementation; increasing cooperation, sharing experience, and mobilizing resources; and more international cooperation for elderly care.

Dr. Hoi then presented two models of elderly care with a focus on health promotion. Firstly, the Healthcare for the Elderly project was approved by the Ministry of Health for 2017 to 2025. The goal of the project is to meet healthcare needs of the elderly adapting to population ageing, to improve healthcare for the elderly by enhancing healthcare schemes and improving access to primary healthcare, and to meet sufficient long-term needs of the elderly at home. As a result of these efforts, life expectancy increased, the elderly covered by health insurance increased, geriatric departments in hospitals increased, and the number of beds in operation clinics increased.

Viet Nam has been promoting the establishment of community-based clubs for elderly care which promote regular physical exercise, monthly health screening, quarterly communication on healthcare topics, and access to health insurance; a volunteer network is maintained supporting community-based healthcare; a routine health checkup is organized; training and knowledge about healthcare is provided; income generation activity is provided; social and cultural activities are facilitated; the life-long learning process is promoted; and resource mobilization is promoted.

To conclude the presentation, Dr. Hoi explained the advantages, difficulties, limitations, and recommendations. Recommendations focus on optimizing the golden population

structure, and facilitate adaptation to populating ageing. Contents should be implemented under the local project on healthcare for the elderly, particularly a community-based healthcare approach should be promoted, LTC expansion, promote private sector participation in healthcare, build an age-friendly environment. The second recommendation is to develop the geriatrics system at all levels, to provide training for health workers, to enhance capacities of health agencies, to develop healthcare, to promote an age-friendly environment, and to provide more opportunities for volunteer collaboration. The third recommendation is to propose more international support for building an age-friendly environment, capacity building of professional caregivers and the volunteer network, and applying ICOPE from the WHO.

Dr. Sumrit summed up that the intersectionality issue is that ageing is also a rural phenomenon in many ASEAN countries, and there is already a robust infrastructure in place in Viet Nam. The example from Viet Nam has encouraged the consideration of the empowerment approach.

Q&A

A participant from Thailand commented that there are three things to develop a healthy ageing society. Firstly, emphasis on a community-based approach. Secondly, an effective network including ministries and local authorities. Finally, the key factor is that finances should not be a barrier to providing services to those in need; universal health coverage is needed.

Panel Session 2: Support for Diverse and Flexible Work Styles

Aichi Prefecture, Japan

Mr. Toshiaki Asai, Chief of Health Services Section, Labour Standards Division, Aichi Labour Bureau, presented on supporting diverse and flexible workstyles. He started by talking about what the Health Section of the Labour Standards Division of the Aichi Labour Bureau is working on. It is supporting all workers who have cancer, stroke or other serious illness by providing opportunities for diverse and flexible workstyles in collaboration with nurses and social workers at hospitals.

Mr. Asai described that increased rates of health checkups and complete medical checkups as well as advances in medicine have allowed earlier detection of diseases, and diseases that used to be detected too late are now increasingly found at earlier stages.

In the past, if a person became ill with a serious disease, they would be expected to resign from work. Now. After appropriate treatment, people can return to work after a few months. If people diagnosed with cancer were provided with personalized living and work assistance, instead of having to resign from work, they would feel safer living in society.

In February 2016, the Ministry of Health, Labour and Welfare issued “Guidelines for workplace personnel to promote work and treatment balance” which offers guidance for what businesses are expected to offer when requested by their employees and to support workers who want a balance between treatment and work in order to continue working without worsening their illness. People can utilize the support to combine work, leisure, and treatment.

In order to realize this, companies who employ individuals with diseases should collaborate with hospitals. Aichi Prefecture has coordinating organizations for this collaboration.

Mr. Asai continued to talk about consultation desks for people diagnosed with cancer. The consultation desks offer people diagnosed with cancer consultations on their illness, living, and work.

A network was created where the Cancer Center and the Aichi Labour Bureau collaborate. This network has been created through communications between the Health Section of the Aichi Labour Bureau, hospital social workers, and nurses who share the same beliefs, but it is not fully established yet. Some people diagnosed with cancer do not reach out for

assistance and continue to spiral downwards.

In fact, if diagnosed with a serious illness, 92.5% of people want to continue working. Therefore, it is necessary to create an environment where workers will serious illnesses can work while receiving treatment. On the other hand, 34.6% of people diagnosed with cancer voluntarily quit their job or are dismissed by their employers.

Serious illness and diseases cause mental impacts for the sufferers due to after-effects and intractability. As a result, people suffering from serious illnesses may not reach out for help or inform those around them of their illness.

Mr. Asai expressed that the Aichi Labour Bureau would like to reach out and assist people who need support but do not have motivation to seek help.

Many people with cancer act hastily after they are diagnosed and quit their jobs because they think their life expectancy is short. Mr. Asai explained that providing support to these people before they make hasty decisions is important. The earliest chance for outreach is at the time of diagnosis which can be done by the staff giving the diagnosis.

Outreach is done after cancer diagnosis from a designated cancer hospital. Through outreach, the person can talk to experts and those in similar situations.

At designated cancer hospitals, social workers and nurses are professional counselors who offer advice on daily living and medical advice. Since the number of people with cancer between the ages of 20 and 55 is not high, it is possible to provide outreach to all of them.

Hospitals are not experts in solving problems around daily living, work environments, and the cost of medical treatment. Social workers are experts in giving advice but not professionals in actually solving problems. Social workers can recommend the appropriate professionals for patients to contact, and problems are likely to be solved if patients take such action. However, as mentioned before, there are patients who cannot or will not take such action and miss out on valuable support.

Hospitals can contact the Aichi Labour Bureau's Health Section to be referred to appropriate organizations which help enhance the professional capabilities of the hospitals. In addition, the Aichi Labour Bureau can support cancer sufferers to work.

Once the patient comes to the clinic, they can have a consultation with a nurse. Newly diagnosed patients can be supported. Once they recover, they can have a better, healthy life. Patients between 55 and 65 can get information on their next stage of life based on collaboration between the Aichi Bureau and hospitals. For example, if an older person wants to open a noodle shop, they would first learn how to make noodles by working in a shop. So, they will have a chance to get information on how to get a job in a noodle shop. In addition, the Labour Bureau can be a liaison and find out which institutions provide support to those in need.

Mr. Asai explained that Aichi Prefecture's initiative is for the hospital and labor bureau to collaborate to help the patient. In addition, it could provide an environment where individuals with diseases feel comfortable with seeking treatment and do not hide their illness.

Dr. Sumrit concluded that outreach and assistance are important, but understanding and empathy is also important towards workers suffering from a serious illness.

Brunei

Ms. Atiqah Ibrahim, Assistant Deputy Controller of Pension, Department of Community Level, Ministry of Culture, Youth and Sport, first presented on the social welfare aspect of aging. In the social development aspect, Brunei provides old-aged pension distributed through the heads of the villages every month. In addition to this, a disability pension and allowance is available for all ages.

Following, Ms. Ibrahim talked about the Activity Centre for the Elderly which aims to ensure the elderly practice an active, healthy lifestyle and are able to fill their time with

beneficial activities. These centers are in all districts of Brunei. This is where activities are run, and religious education and cooking classes take place. Also, it is a place for elderly to meet and socialize. Recently, a technology literacy program was launched. The goal of this program is for the elderly to engage with technology, so they can learn how to use phones, email, etc.

Dr. Shodeena Hj Mohamad, Senior Medical Officer, Tutong Health Office, Ministry of Health, then spoke on the demographics, including the percentage that are aged 65 and above at 5.4%. Recently, Brunei had a change in the cabinet ministry. The strategic plan for the Ministry of Health was updated for the next five years. There are five strategic goals that the ministry would like to focus on from 2019 to 2023. One of these goals is prevention and control of NCDs which cause a high rate of obesity and morbidity in Brunei. Under that goal, there is one initiative that includes the promotion of healthy ageing. Under this initiative, the baseline for elderly health status will be established. With the evidence and reports from the elderly health status, national strategy on healthy ageing would then be developed.

With regards to the healthcare systems, focus is put on ensuring that the working age groups can work later in life if they want to. Therefore, it is important to focus on preventive measures. To accomplish this, universal health coverage is strengthened, for example, medicines and treatment are given free of charge which results in tackling issues relate to non-communicable diseases. When there are services or therapies which are not available in Brunei, then the Ministry of Health could send patients abroad to receive the necessary services or therapies.

Dr. Sumrit commented that it is evident that promoting healthy ageing is the priority regarding the strategic plan on health for Brunei.

Cambodia

Dr. Sum Sophor, Deputy Director, National Social Security Fund, first presented on the country's background, including the life expectancy for males is 67.3 and for females is 71.2.

He then presented on the social protection structure. Two pillars of this structure are social assistance and social security. The social assistance pillar includes emergency responses, human capital development, vocational training, and welfare of vulnerable people in which multiple ministries make efforts. The social security pillar includes pensions for public workers, occupational risk, healthcare, pension, and unemployment.

To elaborate on social security, he explained that it is fragmented among different ministries which support different aspects of social security such as healthcare, life insurance, and pension.

The benefits of social security schemes include an occupational risk scheme which includes benefits such as medical care, transportation, and daily allowance; a healthcare scheme which includes health benefit package, health prevention, excluded services, and chronic diseases; a pension scheme; and unemployment.

The national ageing policies are based on the declaration of the Second World Assembly on Ageing and the Madrid International Plan of Action on Ageing. The Royal Government of Cambodia committed to the implementation of Madrid's spirit to ensure that every elderly person lives a life with dignity as any young person. The policy of the elderly in 2003 is to ensure that the elderly are provided access to opportunities that contribute to and a share in the benefits of the development of their nation. However, the policy has been considered as inadequate in addressing the changes of population, society, and economics of the country.

The policy of the elderly 2003 was revised based on the changes of demographic, economic, and social situations. The revised policy was called "National Ageing Policy 2017-2030." The Royal Government of Cambodia adopted the new policy on August 25, 2017. It addresses a wide range of issues emerging from the evolving ageing situation. Regarding the new policy, the government commits to implement regional agendas such as the Macao Plan of Action on Ageing, the Shanghai Regional Implementation Strategy on Ageing, the WHO Regional Strategy for Healthy Ageing, and the Kuala Lumpur Declaration on Ageing adopted at the 27th ASEAN Summit in 2015.

The National Ageing Policy 2017-2030's vision is to continuously enhance and improve the quality of life of the elderly in Cambodia with emphasis on ensuring them equal rights and opportunities. Its goals are to ensure that the elderly are enabled to fully participate with freedom and dignity for as long as they wish to in their family, community, economic, social, religious, and political activities; and to ensure that younger persons are better equipped with knowledge that enables them to lead a more productive, healthy, active, and dignified life in their old age.

For achieving the policy's vision and goals, nine priority areas with objectives and strategies were established to ensure financial security, health and well-being, living arrangements, an enabling environment, active ageing and OPAs, elder abuse, neglect and violence, preparing the younger population for ageing, integrate relations, and emergency situations.

Considering institutional arrangement for implementation of NEP, for effective implementation of the NEP, the Ministry of Social Affairs, Veteran and Youth Rehabilitation through the Cambodian National Committee for the Elderly (CNCE) (15-line ministries and institution committee members) plays a central role in implementation of the policy. The CNCE works cooperatively with concerned line ministries and institutions, and also with broad participation from development partners, civil society organizations, and the private sector.

With regards to ways forward, the Royal Government of Cambodia in the coming 6th legislative mandate strongly commits to lift up the well-being and quality of life of the elderly with specific measures including: strengthening roles and responsibilities of the OPAs, and establishing law on older persons for guaranteeing older people's rights to

financial security, access to health services, protection against abuse and violence, and the elimination of age discrimination.

Regarding the new law on social security schemes, workers should apply to the law on social security schemes or specific agreements, meaning the law has portability for the migrant workers. The scope of the social security scheme is the universal coverage for public employees, private employees, self-employed, and especially for the portability of pensions form target to target, meaning they can work from public to private and private to self-employed by ensuring the employment seniority.

Malaysia

Ms. Rosmahwati bt. Ishak, Deputy Director General, Department of Social Welfare, Malaysia, started by presenting on the country report to support diverse work styles in Malaysia. She began with explaining an overview on the demography of Malaysia. Malaysia is committed to supporting and preparing for its aged society and the elderly as it is expected to become an aged nation and the old-age dependency ratio is expected to increase by 2030.

Malaysia established a National Advisory and Consultative Council for Older Persons to monitor and evaluate the effectiveness of programs carried out for the elderly as stated in the Plan of Action. This council is chaired by the Minister of Women, Family and Community Development and consists of 22 members from the various ministries and agencies. These include non-governmental organizations, the private sector, and communities as well as individuals who have interests in ageing. Under this council, six sub-committees are set up which are led by various ministries and agencies.

Regarding national legislation and rights, Malaysia is currently studying the need to formulate a specific act for the elderly to protect them from abuse and neglect as well as

to guard their rights by providing an enabling environment and support systems for the elderly and communities. There are several laws pertaining to matters such as employment, retirement, and healthcare but are not specifically focusing on the elderly.

Ms. Ishak then explained that there are two national policies in place; the National Policy and Plan for Action for Older Persons which includes six strategies such as promotion and advocacy, and life-long learning; and the National Reproductive and Social Health Education Policy which includes six guiding principles and seven strategies such as health promotion and provision of a continuum of comprehensive healthcare services.

Programs and initiatives related to the healthcare, welfare, and the labor sector include (1) supported employment in order to enhance the development of supported employment nationwide. (2) 1% employment quota for people with disabilities (PWDs) in the public sector. Since 1988, a policy has been initiated of equal chances to people with disabilities to secure jobs in public services. (3) Disability equality training (DET), is a comprehensive method for understanding the issues relating to disability based on the social model perspective. This was implemented by JICA in 2005 for developing a range of services to support a full and effective participation of PWDs in society including the employment sector. It made the work environment inclusive. (4) The self-employment goal was to encourage PWDs to be economically independent through self-employment. The government, through the Ministry of Human Resources, has introduced the Business Encouragement Assistance Scheme for PWDs tailored to assist disabled entrepreneurs to enhance their businesses and employ other PWDs in their business.

Programs and services for the elderly in the health sector range from preventive and promotive programs to curative and rehabilitative services.

Finally, Malaysia has implemented employment and economic empowerment programs for the elderly. (1) The income tax program allows employers to get tax reductions for employing older persons, among others. (2) The job fair and employment program for senior citizens. (3) Improved senior citizen's access to employers through senior activity centers in Kuala Lumpur, for example. (4) A life-long learning program is offered in selected senior activity centers. (5) Research on employability of senior citizens by the Ministry of Human Resources. This resulted in the publication National Strategic Development Plan on Ageing Population for the Inclusion and Employment of Malaysia's Ageing Population.

Dr. Sumrit concluded panel session two by thanking the panellists.

Panel Session 3: Building Age-Friendly Communities

The moderator, Mr. Shintaro Nakamura, Senior Adviser on Social Security, Japan International Cooperation Agency (JICA), talked about two essential factors for age-friendly communities including quality human relationships and encouraging built environments, which encourages the elderly to participate in society. In thinking about these two factors, Mr. Nakamura considered three key questions: how to develop and maintain quality human relationships; what is encouraging built environments and how to design encouragement of built environments; and how to involve the local stakeholders for the government sector. Mr. Nakamura considered these questions throughout the panel session.

Mr. Masafumi Kouki, Mayor of Toyoake, Aichi Prefecture, first explained the overview of Toyoake, which has a percentage of 25% of elderly people and growing. After 2025, Toyoake will have a greater percentage of elderly people aged over 75.

As a background of the Keyaki Lively Project, which is a regional development project to address the needs of ageing populations, he explained hospitals and housing complexes in the city. The government, universities, and private companies have joined in the Keyaki project to ensure that the elderly live out their lives happily. For example, Fujita Hospital students and staff living in the complex have regular meeting with the elderly residents.

He explained that resources were identified though support cases and gaining knowledge of the elderly's daily lives. Anything in the city is connected to the improvement of everyday life to support healthy living. An important factor to prevent dementia is to have the elderly go out from their homes. So, the city is actively promoting activities which

get the elderly out of their homes. For example, private companies provide low-cost programs to benefit the elderly and the city makes an agreement or contract with private companies to provide services for the elderly, such as hot springs and karaoke, which results in direct collaboration between local governments and private companies.

Making places commutable for the elderly is important to facilitate this collaboration between the government and private companies. Choi-soko is a special transportation system allowing the elderly to reach public facilities, hot springs, karaoke, etc.

In Toyoake, the number of senior citizens living alone is increasing. So, Toyoake provides a mutual support program which residents help other residents who have some issues. To receive support, one must pay 250 Japanese yen for 30 minutes of service, which is a low charge. With this support system, the elderly can continue living in their hometowns by themselves and continue to be members in the community.

Mr. Nakamura commented that elderly people working together is impressive to continue to live in the community. Also, Toyoake provides a win-win situation by providing benefits to private companies, to the government sector, to the elderly population, and to society.

Akita, Japan

Ms. Yuko Kodama, Chief, Age-friendly City Section, Longevity and Welfare Division, Health and Welfare Department, Akita City, Japan, presented on age-friendly city efforts in Akita City. She started by giving an outline of Akita's geographic features, industry, demographics, tradition, and history.

She then explained that Japan is the world leader in the old-age-to-population percentage. Akita City has the highest elderly population in its prefecture.

In 2009, the age-friendly program began. Since then, various projects have been created and launched. For example, a one-coin bus system is utilized in which taking the bus only costs 100 Japanese yen, encouraging the elderly to go out and socialize. If one is qualified for the one-coin bus, the senior film festival in the city is offered to those aged 65 and older at a discounted price.

Infrastructure projects include the new city hall building which is universally designed for easy access to services not only for older people, but for all people of Akita City.

Regarding private sector initiatives, most of the partner companies are hiring elderly people and creating an age-friendly opportunity. For example, benches for the elderly to rest have been installed on sideways and retail shops have been renovated to be more age-friendly. This is also connected to the one-coin bus system by providing discounts on goods and services.

In 2015, a unique program started in which building a mutual support community is the focus. SWOT analysis was conducted to identify strengths, weaknesses, opportunities, and threats in local communities. Then, local resources were identified in order to come up with unique activities, such as outdoor parties, sake tasting, and learning how to take care of elderly people. Also, an intergenerational program was launched in efforts to building friendships beyond generations.

Ms. Kodama explained that, in Akita, the declining birthrate and aging population were on the rise, which increased the burden on healthcare workers resulting in elderly neglect and abuse. So, power and resources in the private sector were utilized to create an age-friendly society and community instead of relying solely on the government. Through these efforts, citizens, private companies, and the government came together to create an age-friendly community.

Myanmar

Ms.Thandar Htwe, Director, Department of Social Welfare, Ministry of Social Welfare, Relief and Resettlement, presented on building age-friendly communities and started by explaining that the populations around the world are getting older. In Myanmar, the older population is increasing, and it expects a rapid ageing population in the future. Regarding labor force participation, it is dominated by men younger than 60 years old, then people aged 60 and over, and the lowest percentage is women younger than 60 years old.

Considering national policies, rules, and regulations, the Elderly People Law was enacted in December 2016 and provides access to a friendly environment and participation in communities. Rules to formulate laws relating to elderly people, and the consultation process for formulating the 20-year national policy on ageing will be finalized this year. Additionally, a five-year national action plan of action on ageing is under the reviewing process.

Myanmar offers six insurance systems including social and health, employment, injury, unemployment, and family assistance.

Good practices include behavioral actions such as giving more respect to the elderly, governmental efforts such as the Department of Social Welfare supporting registered homes for the aged across the country, community efforts such as volunteer-based home care for the elderly, and national plans such as the National Social Protection Strategic Plan which includes two main flagships responsible to support the elderly.

Myanmar faces many challenges and gaps involving the government in terms of budget constraints, lack of awareness for mainstreaming the elderly's needs for annual programs and capacity development.

To conclude her presentation, Ms. Htwe explained recommendations which includes sharing experience and feedback from ASEAN member countries and like-minded organizations; sharing ageing related information/experiences with inter-ministerial stakeholders; initiatives to advocating with key government ministries about the inclusion of the elderly's needs into their program; and international aid (technically and financially) to boost the government's initiatives for the elderly.

Lao PDR

Mr. Sisavath Khomphonh, Deputy Director General, Department of Policy, Lao PDR, presented on healthy and active ageing towards an inclusive society in Lao PDR. He began by presenting an overview of the country. The ageing population is more than 400,000 people out of over a 6 million total population.

The Government of Lao PDR has adopted legislation for action on health and welfare including health treatment, hygiene education, and social security. Also, the decree on social welfare is for vulnerable people, especially poor, disabled, and children. The decree on older persons has recently been finalized and may be adopted early next year. Even though Lao is not yet an ageing society, it is researching future possible issues and preparing early for an ageing society. The government also issued the decree on association and foundation which supports those who want to set up a foundation. Additionally, the national social protection plan was recently submitted to the government. To implement the policies, the government utilizes the National Committee for Elderly, provincial committees, elder associations, and groups in villages.

Good practices include promoting healthcare for the elderly by providing facilities in cities. Also, first aid at home is promoted to support health treatment. Promoting income

generation programs for the elderly provides financial support. Handicraft groups have been established to allow the elderly to earn an income.

Programs have been created on livelihood improvement. For example, saving funds in villages which have proven to improve livelihoods. This provides income for the elderly to support their families by borrowing at a low interest rate. In addition, older people have important roles in traditional practices such as Buddhist religious events, wedding ceremonies, and festivals.

Lao PRD also comes across obstacles and challenges such as knowledge and experienced professionals, the government's budget, and mechanisms for implementation. However, Lao PDR has gained valuable knowledge from ASEAN member states such as Japan and South Korea.

Singapore

Mr. Gary Khoo, Director, Healthy Ageing Division, Health Promotion Board, Singapore, presented first on the action plan for successful ageing. The plan looked at the individual level, such as health and wellness, and learning opportunities; the community level, such as social inclusion in communities to combat loneliness; and the national level, such as aged care services and research into ageing.

Under the action plan, age-friendly communities were investigated in two forms: ageing-in-place and active ageing. Under ageing-in-place, investigated where elderly live and providing age-friendly apartments; community-based support to exercise, join a cooking class, etc.; and age-friendly urban design. Under active ageing, the National Silver Academy encourages seniors to go back to school; exercise is promoted; and activity centers for active ageing are promoted. The Kampong Admiralty, under the ageing-in-place initiative, is a village that combines housing, healthcare, care facilities and shops.

Mr. Khoo then explained that the goal is to have people live longer healthier lives. To realize this, improving and maintain functional ability through healthy lifestyle practices and social connectedness is needed.

Q&A

The moderator opened the floor to comments and questions.

Dr. Kanai asked Mr. Kouki to elaborate on the programs providing activities for frailty. He asked Mr. Khoo to explain the kind of activities that were surveyed for individuals in need of care.

Mr. Kouki answered that fitness gyms and karaoke provide measures against frailty.

Dr. Kanai then elaborated on his question to Mr. Khoo to ask how to select people who get assistance. Mr. Khoo answered that the programs are open to all seniors. Functional screening and cardiovascular screening are conducted, and then those are followed up on. There is a battery of services that seniors can take advantage of. More than that, it is a case of reaching out to seniors to explain services, encourage screening, and identify those who are isolated.

Dr. Bunnag commented that many governments implemented activities into the community level and realized collaboration between the community and local government is important. A key success factor is having a leader in the community to facilitate this collaboration. He then asked if there is any country with measures to determine who is the best leader in the community and how to train them to be leaders.

Mr. Kouki answered that finding a leader is the most important factor. Identifying and contacting someone who is committed, passionate, and motivated is the first step to find a leader. Then, supporting and leading them in the city's, province's, or country's activities must be done.

Mr. Khomphonh first answered on the leader of implementation, promotion, and protection of the elderly's rights. First, legislation is implemented. Next, the mechanism is executed. In Lao PDR, the ageing population issue is across many sectors. In healthcare, there will be leaders in how to promote health. In social welfare, the Ministry of Social

Welfare is the leader. In employment, the Ministry of Labour is the leader. He added that cooperation among the sectors is necessary.

Thursday, 5 December 2019

Observation Tour:

The participants engage in an observation tour in Nagoya, Aichi Prefecture to observe active ageing efforts. The tour involved visits to Fujita Health University, Aichi Health Plaza Comprehensive Health Science Center, and the National Center for Geriatrics and Gerontology.

【Fujita Health University Hospital】



【Comprehensive Health Science Center, Aichi Health Promotion Public Interest Foundation】



【National Center for Geriatrics and Gerontology】



Friday, 6 December 2019

Collaborator Speech

Dr. Kaname Kanai, Director General, Tokai Hokuriku Bureau of Health and Welfare, Ministry of Health, Labour and Welfare, presented on public-private partnership to cover an inclusive society.

Dr. Kanai explained that the Tokai Hokuriku Bureau of Health and Welfare supports people through their entire lives. The Tokai Hokuriku Bureau is based on Nagoya and covers six prefectures. The coverage population is approximately 14% of the Japanese population.

Through tables and charts, Dr. Kanai demonstrated that ASEAN member states are losing their population size even though the population now is large due to a low fertility rate. In some countries, reluctancy of having children is based on financial issues, such as for education and care.

In Japan, population is decreasing by around 300,000 every year. At the end of WW2, there were many young children because each family had around five to ten children. Two baby booms occurred in the past and now those individuals are senior citizens. With a large number of senior citizens and low number of workers in Japan, working conditions and social ideas must change. A community-based integrated care system is necessary to prepare for an old society and young children. In addition, creating an environment for healthy ageing is necessary to ensure a happy life for the elderly.

Dr. Kanai explained a community support system and gave an example of an apartment

complex that is occupied by elderly people on its lower floors and university students on its upper floors. The students receive a rent discount in exchange for interacting with the elderly residents. Since some of the students are studying healthcare, living in that environment is an advantage.

Regarding frailty, Japan has an 80/20 policy meaning if one is 80 years old, having 20 teeth is important in order to eat correctly. Also, there is an 80/60 issue which means individuals at 60 years old are nearly at the age for retirement and their parents are around 80 or 90 years old. Therefore, the 60-year-old generation needs to care for their parents. Keeping the older age group healthy and in good condition is vital for the Japanese population.

Overview of the Observation Tour

Mr. Taguchi opened the floor to comments on the observation tour.

Dr. Kanai added that Atami City has a system to keep medical records in individuals' refrigerators. If a medical or healthcare staff visit the house, they can find medical records to determine the individual's condition.

A participant from Viet Nam asked about how to increase the number of babies and what percent of elderly people are assessed at home or a medical center.

Regarding increasing the number of babies, Dr. Kanai answered that in Japan, marriage age is higher than in the past. As women become older, it is more difficult to become pregnant. Regarding the second question, the high percentage of elderly is a big issue, so the local government is considering how to deal with a rapidly ageing society.

A participant from the Philippines asked about Japan's experience in financial, management, and technical integration of universal healthcare.

Dr. Kanai answered that medical resources and conditions are mostly equal in Japan because each prefecture has medical universities and facilities. The central government produced guidelines for prefectures and municipalities which resulted in consistent standards throughout the country. Social welfare is mainly provided by the local governments. Also, Japan has a medical insurance system that covers the same standards for private and public hospital.

The participant from the Philippines then commented that they are looking into best practices and they have learned a lot of valuable information from the observation tour. For example, the collaboration among entities in the field in Nagoya is exemplar.

A participant from Lao PRD commented that the observation tour showed the participants examples of high-quality healthcare and treatment services. He then asked about insurance, how patients pay for such a high quality of services, and what is distinguished between LTC and ordinary social insurance that people have to contribute. Dr. Kanai answered that the next speaker, Dr. Kanako Kitahara, will answer the question.

Panel Session 4: Establishment of Seamless Health and Welfare Services

Dr. Kanako Kitahara, Director, Office of Long-Term Care Insurance Data Analysis, Division of Health for the Elderly, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, moderated panel session four and presented on the LTC system in Japan. Dr. Kitahara started with the demographics of Japan and the government structure. Also, she demonstrated that Japan's percentage of individuals aged over 75 has rapidly increased and will continue to increase.

Dr. Kitahara then touched on the LTC insurance system in Japan. She explained that since the 1960s, there have been welfare policies for the elderly, providing social welfare services, health and medical services, and LTC insurance.

Issues faced before introducing the LTC insurance were around the fact that the welfare system was not attractive for users. Instead, the users preferred to use the medical system for LTC, not the welfare system. As a result, the medical cost increased and the number of medical staff members were not sufficient. The welfare system and medical system had limitations in solving problems. Therefore, the LTC insurance system was introduced

in 2000. This system is based on support for independence, user-oriented services, and a social insurance system concept.

In order to use the LTC services, users of LTC services must apply to their municipality, and then they will become certified of needing support or LTC. There is a variety of LTC insurance services ranging from care in the user's private home or LTC services in facilities.

Dr. Kitahara then presented on the medical care and LTC collaboration. First, stakeholders in the collaboration are identified, such as clinics, hospitals, and user-oriented and LTC service centers. Municipalities are main players in the collaboration. She then highlighted a project for promoting home medical care and LTC collaboration. This project incorporates eight subprojects. The first subproject is for municipalities to identify resources regarding long-term and medical care. Then, the municipality identifies issues related to that care, and addresses the issues. Many stakeholders are involved in this area, so municipalities provide a workshop for health and LTC professionals. Other subprojects include a seamless collaboration, supporting information sharing systems, consultation systems to provide information to health and LTC professionals, raising awareness to local residents, and collaboration between municipalities.

Dr. Kitahara then presented on the challenges, especially increasing costs for LTC services. Social security benefits are comprised of pension, medical services, welfare, and the cost is increasing. In 2000, the LTC system began at a reasonable premium. However, it has increased more than twice the original amount. Therefore, promoting LTC services is important. For example, the national government promotes social or outing activities organized by residents, such as exercising, hobbies, and tea parties. Toyoake City is exemplar in providing these kinds of social or outing activities.

In conclusion, Dr. Kitahara summarized the challenges which are sustainability, especially the cost of the insurance system, and evidence-based LTC.

Indonesia

Dr. Riskiyana Sukandhi Putra, M. Kes, Director for Health Promotion and Community Empowerment, Ministry of Health, started by presenting on the numbers of elderly in Indonesia, which is increasing; most of the elderly live with family; most get their source of income from family; and most work as their main source of activity. In terms of health, hypertension and dental problems are the front.

Indonesia has two kinds of approaches: government and community. Elderly health programs include development and strengthening of basic health services, strengthening the referral health services, community empowerment through the implementation of activities for the elderly, empowerment of the elderly, improving home care services, integration services with cross programs, development of LTC, and enhancing partnerships with cross sectors and public figures.

The LTC mechanism involves the elderly in two groups: those who live in home and those who live in a facility. Indonesia has three parts of the LTC system, community based, primary healthcare, and hospital. Also, comprehensive geriatric assessment determines whether the elderly stay in home care, enter a nursing program, or live in a facility.

The policy for ageing and social protection is divided into three parts: financial protection, non-financial protection, and active ageing. Programs to tackle elderly issues are based on three pillars: social care and family support, elderly assistance, and accessibilities support, aimed to restore and develop the social functions of the elderly.

The Indonesian government realized that handling the ageing population requires a plan, therefore, it is drafting a presidential regulation on national strategy on ageing with an aim to create an independent, prosperous and dignified elderly population. To strengthen

collaboration, an elderly LTC integrated system is being developed in home-based, community-based, and facility-based LTC services groups. LTC funding cannot be covered by national health insurance. At the moment, it is mostly out of pocket. However, some private sectors have started providing LTC insurance.

Dr. Riskiyana concluded his presentation by showing challenges in developing a program for the elderly and showing some examples of actions taken in Indonesia.

The Philippines

Ms. Wilma Naviamos, Director, Department of Social Welfare and Development, highlighted the country's experience on health and welfare services for the elderly. She started by describing the country's demographics and an overview of the ageing population in the Philippines, which is on the rise. In a traditional Filipino family, the elderly live out their lives with their children and also rely on them for financial support. Additionally, they are suffering from either undernourishment or obesity, undernourishment being more prevalent.

She then went over laws and policies for the elderly, such as the Senior Citizens Act, the Expanded Senior Citizens Act, and the mandatory frail health coverage of all elderly people.

Privileges of the elderly under the Expanded Senior Citizens Act include discounts at restaurants and food purchases, admission fees to entertainment and recreation centers, medicines, and vaccinations among others. Other services from government assistance services include social pension, mandatory PhilHealth Coverage, and social insurance. Other government assistance services include employment opportunities, education and training, centenarian gift, home care support, and universal healthcare.

Collaborative efforts on health and welfare include health insurance enrollment, nationwide poverty mapping, health screenings, social participation and wellness activities, medical maintenance for prediabetes and hypertension medicines, purchase of essential medical supplies, accessories and equipment, and a community-based rehab program.

For health, emergencies, and disasters, provisions include nutrition, water sanitation and hygiene, medical services, mental health and psychosocial services, and environmental and an occupational health program. Long-term services are also provided.

For increasing income livelihood and employment opportunities, the health sector provides health education, a medical screening, and matching physical abilities to appropriate jobs.

For the Department of Labor and Employment, the integrated livelihood program provides grant assistance for those in need for capacity building on entrepreneurial ventures. From 2017 to the third quarter of 2019, over 10,000 senior citizens were served.

The Philippines still faces many challenges including availability of a comprehensive and unified database on the elderly as a basis for the provision of services, harmonizing existing IT programs/systems, implementing the Data Privacy Act which gives an additional layer to access data/information sharing among agencies, establishing nationwide seamless health and welfare services due to cultural/political reasons, and access to services due to the geography of the Philippines.

Moving forward, the guest speaker from the Philippines explained that the Long-term Care Act is being pushed to address the needs of the elderly. The Family Care Act aims to bring back equality and justice to family caregivers. The Anti Senior Citizens Abuse Act aims to define and penalize elder abuse.

Q&A

The moderator opened the floor for comments and questions.

A participant from Viet Nam asked Dr. Kitahara about how senior citizens pay for the LTC insurance premium. To Indonesia, he asked about where the transitional care system is established. To the Philippines, he asked about an elaboration on the funding for

diabetes and hypertension medicine.

Dr. Kitahara answered that an insured person for LTC is over 40 years old and the fee is automatically withdrawn from the salary or bank account. Also, there is a waiver for people in need and who cannot pay the premium.

Dr. Riskiyana answered that the government, community, universities, collaborators, and media are involved. Interface communications is important to add the human element instead of only solving issues through machines. A participant from Indonesia added that, regarding transitional care, an integrated LTC system is being developed. This involves home-based care, community-based care, and facility-based care. Transitional care is a type of facility-based care. This builds a bridge to elderly people who are discharged from the hospital but are not yet ready to go home.

A participant from the Philippines answered that patients are supplied on a monthly basis if they are registered as a diabetic and hypertension sufferer. The National Department of Health has allocated a budget for the program. Eventually, PhilHealth will supply the budget which will mostly come from the Philippine Amusement and Gaming Corporation.

A participant from Thailand commented that a key for LTC success is financial support and decentralization from the central government. However, the municipality can manage independently from the central government. He asked Dr. Kitahara about the mechanism that keeps the municipality aligned with the national policy in the LTC system.

Dr. Kitahara answered that LTC's main player is municipalities because they insure the LTC system. Alignment between the national, prefectural, and municipal governments occurs due to national laws, and under the laws are ordinances. So, the municipality follows the ordinance under the national laws.

Ms. Ibrahim asked the Philippines about employment for the elderly. Specifically, she asked about the kinds of employment opportunities that are provided. Ms. Naviamos answered that the elderly are organized into groups, and the local level provides self-help training in the senior citizen centers. Also, capital grants are provided for groups of senior citizens. The Department of Labor provides its own income generation through programs for the elderly.

Dr. Kitahara concluded the panel session by summing up the main topics of her presentation from Japan, the presentation from Indonesia, and the presentation from the Philippines.

Adoption of Recommendations

Mr. Taguchi started this session by reading out the preamble. Thailand commented on paragraph 5 of the preamble to capitalize "center" and add "located in Thailand" after "(ACAI)."

On paragraph 1 of the preamble, Cambodia asked for "health, labour and social welfare sectors" in that order. Mr. Taguchi confirmed its consistency thereafter.

The Philippines requested changing "ASEAN member states" to "ASEAN countries." And changing paragraph 6 to "Considering that the current situation of ageing in the health, labour and welfare sector, the promotion of measures related to ageing and that cultural and social backgrounds vary among ASEAN member states and differ with Japan, therefore the current issue that they are face with may not be the same."

On paragraph 2 of the preamble, Cambodia suggested adding "care management" after "trained workforce and," and Malaysia asked to change "for primary healthcare and long-term care" to "for health care." Viet Nam suggested including "universal health care." Another participant suggested deleting "for as long as possible." Indonesia commented that "universal health care" should be "universal health coverage."

Mr. Taguchi read recommendation 1, and Indonesia suggested adding "including preventive long-term care" after "health literacy." Viet Nam commented that this may create confusion with "including" twice.

Mr. Taguchi then read recommendations 2 to 10. On recommendation 10, Cambodia suggested moving "employment" after "health," and another participant asked to add "and technological" after "good practices." Viet Nam suggested adding "ADB, World Bank" after "JICA." Thailand recommended non-specific names, and "development partners" was suggested instead. Lao PDR commented to use "areas of public health, social welfare and employment" without "for health and active ageing." Brunei agreed on the word order "public health, social welfare, and employment."

Thailand commented on recommendation 5 to add “and volunteers” after “local leaders.”

Brunei commented on recommendation 3 to change the paragraph to “Incorporate elderly focused policies into labour and occupational safety policies in recognition of the importance of promoting social participation, skill utilization, experience and capacities of the elderly people as well as securing income, considering that there is a vast informal sector.”

Thailand recommended the new preamble paragraph of “Recognizing that universal health coverage is fundamental in providing the essential services that guarantee good accessibility of those older persons.” A participant suggested adding “and good accessibility for older persons” after “essential services.”

On paragraph i, Cambodia suggested adding “socio-economic” before “context,” and a participant suggested adding “national regulation and policy” after “with their respective.” Thailand commented on recommendation ii to delete the remaining sentence after “SLOM+3.”

On recommendation 8, Malaysia proposed adding “in implementation and evaluation of active and healthy ageing policies,” and on recommendation 7, adding “labour,” after “welfare.” Mr. Taguchi affirmed the order of “health, welfare, and labour.”

Viet Nam proposed that recommendation 9 precede recommendation 8. Cambodia commented on recommendation 4 to change “clarify” to “identify.” Viet Nam claimed that “promote” is muted. Mr. Taguchi replied that the high level meeting should not choose strong wordings.

Closing Remarks

Mr. Taguchi concluded the 17th ASEAN and Japan High Level Officials Meeting on Caring Societies, expressing the honor to moderate the meeting and thanking the participants.