資料２

アジア諸国の高齢化の現状と Active Agingにおける国際協力の方向性について

(https://www.asean.or.jp/ja/asean/know/country/)

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

Overview of Discussion on “Active Aging”

ASEAN Side

Problem Identification

Analyzing advantages and challenges in ASEAN countries on Elderly care

- Health and Welfare services
- Poverty and Income Gap
- Difference of Urban and Rural area

Portfolio of Japan’s Experience

Reorganizing knowledge and experience applicable to Asia

- Historical Development
- Community based health and welfare activities
- Human Resource Development e.g. Caregivers training

Japan Side

Priority Setting

Solution (≒ Project)

Identifying appropriate solution for ASEAN countries from the viewpoint of utilizing both their potential strength and Japanese experiences.

Identification of Problems and Solutions

Strategy Setting

Cooperation Approach for Government policies

Measures for the development of elderly care/ policy

- Model projects and System development
- Capacity Development
- Technical Support for Policy making

Framework for International Cooperation

- Bilateral Approach
- Regional/ Global Approach
- Industry-academia-government Collaboration
- Open Discussion Forum

Development of “User-oriented ” Cooperation

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Global Trend on "Active Aging"

■ **"Active Aging" by UN and WHO**

2002: UN, Madrid International Plan of Action on Aging (http://social.un.org/index/Portals/0/ageing/documents/Fulltext-E.pdf)

The document addresses four major areas of concern: older persons and development; health and well-being into old age; enabling and supportive environments for ageing; and implementation and follow-up. While MIPAA asks governments to integrate the rights and needs of older persons into national and international economic and social development policies, the plan is not legally binding.

2002: WHO, *Active Aging: Policy Framework* (http://whqlibdoc.who.int/hq/2002/who_nmh_nph_02.8.pdf)

Definition of Active Aging: *"Active aging is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age".*

2012: WHO, *Strategy and Action Plan for Healthy Aging in Europe, 2012-2020*
(http://www.euro.who.int/__data/assets/pdf_file/0008/175544/RC62wd10Rev1-Eng.pdf)

Allowing more people to lead active and healthy lives in later age requires investing in a broad range of policies for healthy ageing, from prevention and control of non-communicable diseases (NCDs) over the life-course to strengthening health systems, in order to increase older people's access to affordable, high-quality health and social services.

Four strategic priority areas for action; (i) healthy ageing over the life-course
(ii) supportive environments
(iii) health and long-term care systems fit for ageing populations
(iv) strengthening the evidence base and research.

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Global Trend on "Active Aging"

Active Aging in European Countries

2012: European Year for Active Ageing and Solidarity between Generations (http://europa.eu/ey2012/)

"It (Active Aging) implies optimizing opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life."

2012: UN, *Active Aging and Quality of Life in Old Age* (http://www.dza.de/fileadmin/dza/pdf/2012_Active_Ageing_UNECE.pdf)

The report proposed the "Hypothecal representations of three types of investments in active ageing"; (a) early investments, (b) late investments, (c) investments in societal framework for active ageing.

2013: EU summit on Active and Healthy Aging in Dublin (June 2013) (http://www.ahaconference2013.ie/)

Mayors across European countries are expected to sign "Dublin Declaration" in the Summit.

Active Aging in Japan

2012: MHLW(Ministry of Health, Labour and Welfare) , National Health Promotion in the 21st Century "Healthy Japan 21(1st revision)" (http://www.mhlw.go.jp/bunya/kenkou/kenkounippon21.html)

The increase of healthy elderly people not only activates community but increases participants of social activities. Thus Japan can announce to the world one solution for super aged society that "Active elderly support population-decreasing society". (tentative translation)

2013: MHLW Research Report (Health and Welfare Bureau for the Elderly)

・"International comparative research of Productive Aging and health promotion"
(http://www.nenrin.or.jp/center/profile/pdf/shiryou24_6.pdf)

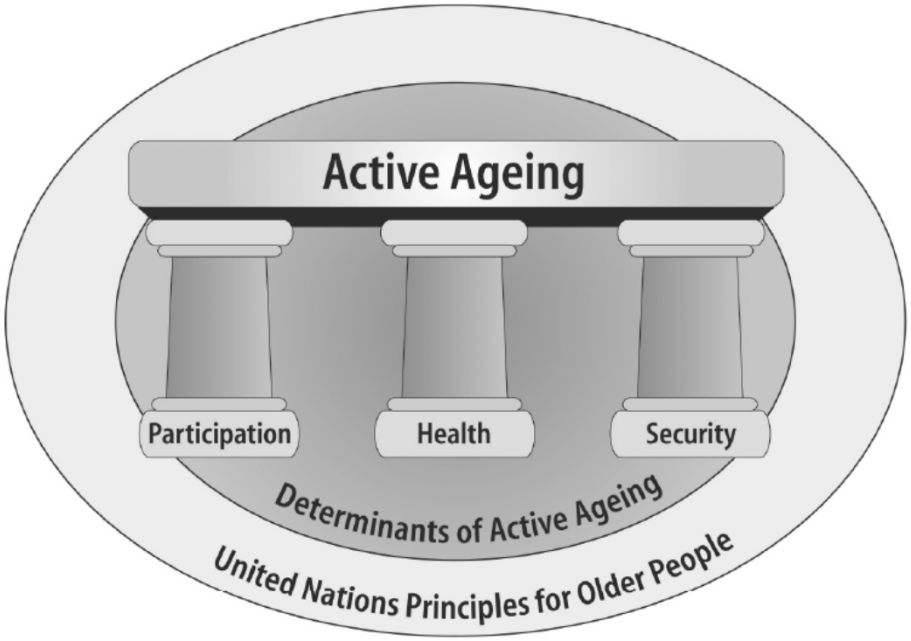
・"Study Group on the community based integrated care"
(http://www.murc.jp/uploads/2013/04/koukai130423_01.pdf)

The final report emphasized the importance of participation of the elderly to the society which they belong to, even more actively as provider of service for other dependent elderly.

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

Determinants of Active Aging (WHO policy framework, 2002)

- WHO defined Active Aging as "*Active aging is the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age*".
- WHO identified three elements based on UN classification as "determinants" of Active Aging; Participation, Health, and Security.



Health: When the risk factors (both environmental and behavioral) for chronic diseases and functional decline are kept low while the protective factors are kept high, people will enjoy both a longer quantity and quality of life; they will remain healthy and able to manage their own lives as they grow older; fewer older adults will need costly medical treatment and care services.
For those who do need care, they should *have access to the entire range of health and social services* that address the needs and rights of women and men as they age.

Participation: When labor market, employment, education, health and social policies and programmes support their full participation in socioeconomic, cultural and spiritual activities, according to their basic human rights, capacities, needs and preferences, people will continue to *make a productive contribution to society in both paid and unpaid activities* as they age.

Security: When policies and programmes address the social, financial and physical security needs and rights of people as they age, older people are ensured of protection, dignity and care in the event that they are no longer able to support and protect themselves. Families and communities are supported in efforts to care for their older members.

Source) Active Aging: Policy Framework, WHO, 2002
(http://whqlibdoc.who.int/hq/2002/who_nmh_nph_02.8.pdf)

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

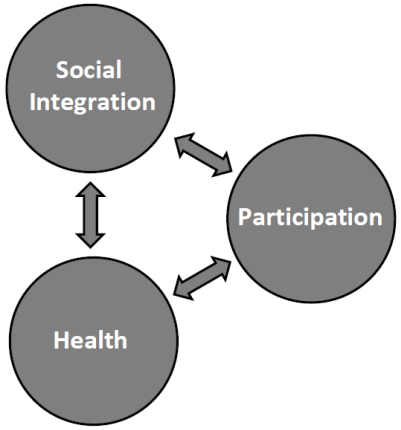
UNECE “Active Aging and Quality of Life in Old Age” (2012)

- UNECE（United Nations Economic Commission for Europe）report sets hypothetical representation of three types of investments in active aging

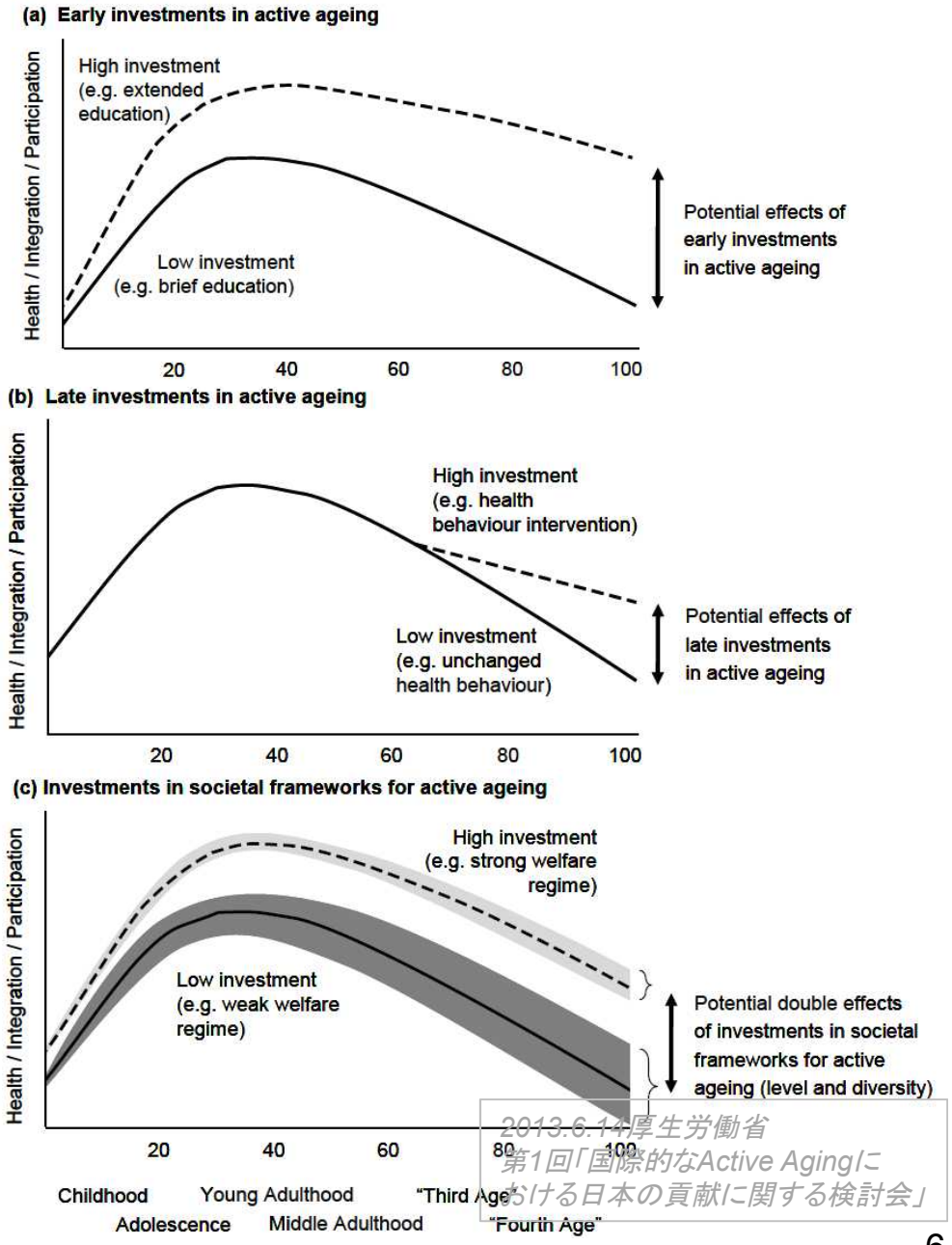
Early Investments: Active ageing must begin with investments early in life (e.g. education, health behaviour, volunteering in childhood and adolescence). Early life experiences, especially education, yield positive effects which will be visible in old age.

Late Investments: Even in middle and late adulthood investments in active ageing are effective (e.g. changing health behaviour, vitalizing social integration, stimulating volunteer activities). Intervention studies demonstrate that changes in health, social integration, and participation are possible up to late adulthood.

Investments in Societal framework: Health, integration, and participation in late life can be fostered by societal frameworks. Results from comparative surveys show that the extent of welfare state support – through social security systems like unemployment protection, pension system, health care system, and long-term care system – seems to be connected to opportunities for active ageing.



Domains of active aging and quality of life: These domains represent dimensions of quality of life in old age and influence each other in multiple. On the one hand, good health is the precondition for active social integration and participation in late life. On the other hand, it is well known that social integration and active participation positively influence the health status of older people.
Hence, “active ageing” is conceptualized in this paper as process which leads to both objective and subjective quality of life in old age in the domains of health, social integration, and participation.



Source) Active Aging and Quality of Life in Old Age, UNECE, 2012
（http://www.dza.de/fileadmin/dza/pdf/2012_Active_Ageing_UNECE.pdf）

Measures Applied to “Active Aging” based on WHO Description (selected)

Health	Participation	Security
◆ Prevent and reduce the burden of excess disabilities, chronic disease and premature mortality. ✓ Prevention and effective treatment ✓ Age friendly, safe environment ✓ Hearing and Vision ✓ Barrier free living ✓ Rehabilitation, community support for family, assistive device, eyeglasses. ✓ Social Support reducing risks for loneliness or isolation ✓ HIV/AIDS ✓ Mental Health services ✓ Clean environment (clean water, safe food and so on) ◆ Reduce risk factors associated with major diseases and increase factors that protect health throughout the life course. ✓ Physical Activity (safe guidance, safe walking area, and supporting leaders) ✓ Nutrition (including children) ✓ Healthy eating ✓ Oral Health ✓ Psychological factor ✓ Alcohol and drugs ✓ Medication ✓ Adherence (e.g. correct ing poor adherence to therapies) ◆ Develop a continuum of affordable, accessible, high quality and age-friendly health and social services that address the needs and rights of women and men as they age. ✓ A continuum of care throughout the life course (collaboration between private and public and formal and informal, aging at home and in the community) ✓ Affordable, equitable access to primary care ◆ Provide training and education to caregivers. ✓ Informal caregivers and Formal caregivers	◆ Provide education and learning opportunities throughout the life course. ✓ Basic education and health literacy ✓ Lifelong learning ◆ Recognize and enable the active participation of people in economic development activities, formal and informal work and voluntary activities as they age, according to their individual needs, preferences and capacities. ✓ Poverty reduction and income generation ✓ Formal Work and Informal Work ✓ Voluntary activities ◆ Encourage people to participate fully in family community life, as they grow older. ✓ Transportation ✓ Leadership ✓ Society for all age ✓ Positive image of aging ✓ Reduce inequalities in participation by woman ✓ Support organization representing older people	◆ Ensure the protection, safety and dignity of older people by addressing the social, financial and physical security rights and needs of people as they age. ✓ Social Security ✓ HIV/AIDS ✓ Consumer protection (e.g. unsafe medicine) ✓ Social Justice ✓ Shelter ✓ Crises (elderly people in emergency situation) ✓ Elder Abuse ◆ Reduce inequities in the security rights and needs of older women.

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

Examples in Japan

Health	Participation	Security
◆ Appropriate medical treatment for the elderly ✓ Technical assistance for the appropriate consultation for the patients of chronic disease ◆ Human Resource for Health/LTC service ✓ Training for caregivers, social workers, and other related specialist in elderly care (care managers) on the care skills and assessment. ✓ Training for public health and LTC related local government officers ✓ Training for occupational therapist or physical therapists for rehabilitation ◆ Health Promotion Activities for NCD prevention ✓ Regular Health Checkup ✓ Disease prevention activity at community level ◆ Environmental Support ✓ LTC facility regulation and operation ✓ Heart Bill Act (Barrier free) / Universal Design ◆ Community and Service Development ✓ Community activities (watch over) for isolated elderly ✓ Community based integrated service system ✓ Oral Care, Eating, Nutrition for the elderly ✓ Supporting to caregivers ✓ Medical care at home ◆ Public Awareness ✓ Dementia Supporter Caravan	◆ Social Participation (employed) ✓ Silver Human Resource Center ✓ Extension of employment ✓ Promotion of employment after retirement age ✓ Improvement of pension scheme for diversity of retirement ◆ Social Participation (as peer provider in community) ✓ Social Entrepreneur/ Community business development ✓ Support for NPO ✓ Volunteer ◆ Social Participation (peer support/ neighborhood) ✓ Peer Counseling ✓ Formation of informal group ✓ Life long education (Elderly University) ◆ Environmental Support ✓ Transportation service (e.g. community bus)	◆ Social Security [income] ✓ Pension Scheme (including informal sector) ✓ Arrangement for woman in the pension scheme ✓ Public Assistance ◆ Health Security ✓ Health Insurance ✓ Health service for the poor ✓ Financial control over health security system at the macro level ◆ LTC Security ✓ Service Development for home care ✓ Long term care insurance (financing mechanism for elderly care) ✓ Care Management System ✓ LTCI accreditation system ◆ Life Support ✓ Elderly Abuse ✓ Adult Guardianship ✓ Advocacy for the elderly program ◆ Shelter and Elderly housing policy

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

Comparison of Aging-Related Indicators (ASEAN+3)

	Aging rate 1990 (60+) (%) [1]	Aging rate 2010 (60+) (%) [1]	Prospect of aging rate 2025 (60+) (%) [1]	Prospect of aging rate 2050 (60+) (%) [1]	Total fertility rate [1]	Life expectancy at birth [1]		Labor-force participation ratio (60-64year-old) [2]		Per capita GDP (US$) [3]	Income disparity (Richest 10% to poorest 10%) [4]
						Male	Female	Male	Female		
Japan	17.4	30.5	35.5	41.5	1.32	79.3	86.1	76.0	45.7	45,903	4.5
Republic of Korea	7.7	15.7	27.2	38.9	1.29	76.5	83.3	70.2	41.5	22,424	7.8
Singapore	8.4	14.0	27.1	37.8	1.25	78.5	82.7	67.5	35.4	46,241	17.7
Thailand	7.3	12.9	21.3	31.8	1.63	70.2	77.1	50.1 (60-)	29.5 (60-)	4,972	12.6
China	8.9	12.3	20.2	33.9	1.64	71.1	74.5	58.3	40.6	5,445	21.6
Vietnam	7.3	8.4	15.3	30.8	1.89	72.3	76.2	69.4	58.2	1,407	6.9
Indonesia	6.1	8.2	13.2	25.5	2.19	66.3	69.4	78.9	47.3	3,495	7.8
Malaysia	5.6	7.7	13.1	20.4	2.72	71.2	75.7	52.3	17.1	9,977	22.1
Myanmar	7.0	7.9	13.0	24.5	2.08	62.1	65.0	-	-	880	-
Brunei Darussalam	4.4	5.7	12.1	23.1	2.11	75.3	80.0	45.5	11.2	40,301	-
Cambodia	4.5	6.2	9.5	19.0	2.80	60.2	62.6	69.5	33.0	897	12.2
Philippines	4.7	5.7	8.9	15.3	3.27	64.5	71.3	79.0 (55-64)	54.8 (55-64)	2,370	15.5
Lao PDR	5.7	5.9	8.4	18.9	3.02	64.8	67.3	-	-	1,320	8.3

Source 1) UN: World Population Prospects: The 2010 Revision Population Database
2) Statistical data of respective countries.
3) World Bank Search 2011 (Myanmar ; National Accounts Estimates of Main Aggregates, 2010, United Nations Statistics Division)
4) Human Development Report 2007/2008:Published for the United Nations Development Programme (UNDP)

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

Target Countries

	Rapid Aging **2025 aging rate ≧20% (60+)**	**Moderate Aging** **10% ≦2025 aging rate < 20% (60+)**	**Young** **2025 aging rate < 10% (60+)**
High Income Country **GDP per Capita: >10,000$**	Japan Singapore Republic of Korea	Brunei Darussalam	
Middle Income Country **GDP per Capita: >1,000$**	Thailand China	Malaysia Indonesia Vietnam	Philippines Lao PDR
Low Income Country **GDP per Capita: <1,000$**		Myanmar	Cambodia

ODA countries

Source ・UN: World Population Prospects: The 2010 Revision Population Database
・World Bank Search 2011 (Myanmar ; National Accounts Estimates of Main Aggregates, 2010, United Nations Statistics Division)

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

International Cooperation in the field of the Elderly Persons between Thailand and Japan

Project on the Development of a Community Based Integrated Health Care and Social Welfare Services Model for Thai Older Persons (CTOP)
(Nov. 2007～ Nov. 2011)

- **Health and welfare community-based service models were developed at 4 project sites in accordance with the needs of the sites, for example,**
  1) **One-stop service such as health-check and welfare registration for the elderly people**
  2) **Community rehabilitation**
  3) **Prevention activities of high blood pressure**
- **Ownership of the communities was strengthened based on "user-oriented principles".**
- **Guideline of developed services was disseminated nation-wide.**

Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP)
(Jan. 2013～Aug. 2017)

- **Thai Service models of long-term care will be developed, taking Japanese models into consideration. Service models will be tested both in urban and rural areas and improved.**
- **Policy development of the sustainable care system in Thai society will be discussed.**
- **Human resource development will support the to-be developed models.**

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

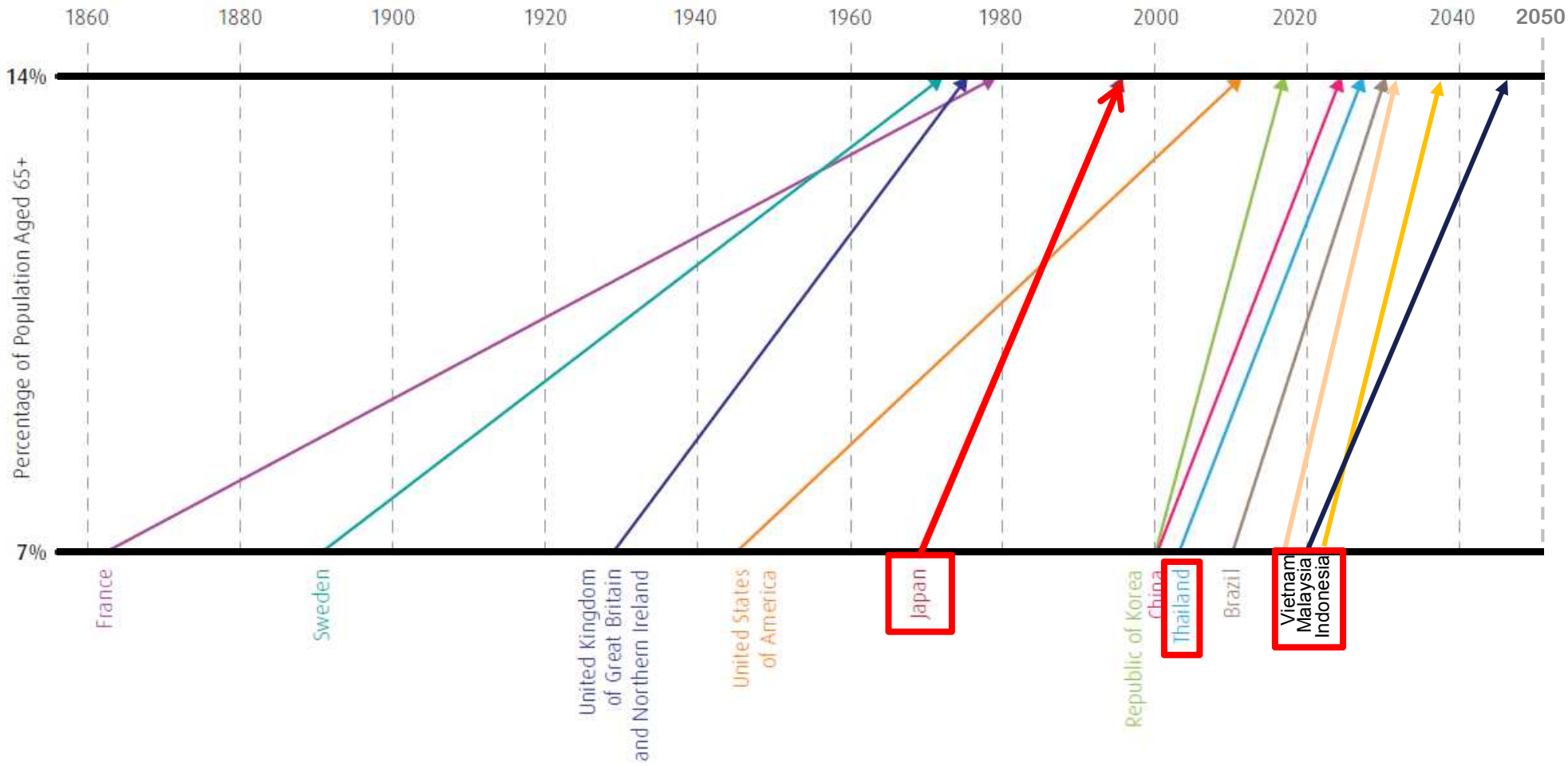
各国の社会保障制度の整備状況と高齢化に関する課題等 (未定稿)

	社会保障制度の整備状況	高齢化に関する課題等
Thailand	2002年にUC制度が創設され、プライマリケアの整備が全国的に進んでいる。インフォーマルセクター向けの医療の保障水準はプライマリケアを中心にアセアン諸国では比較的高く、自己負担率も低い。	アセアン諸国の中でも高齢化の進展が最も早い国の一つ。普遍化が進んだ医療保障において、高齢者の透析を保険適用とするかなど、高齢化にかかる政策議論が進んでいる。また、地域では、高齢者ケアのためのボランティアの養成が進んでいるが、専門職の養成も課題となっている。
Indonesia	中央政府・地方政府それぞれが構築していた医療保険・年金保険の統合が進められ、新たな社会保障運営機関として2013年にBPJSが創設された。島嶼部が多いことから、医療資源の適正配置などに課題が残っている。	No information
Malaysia	全国民を対象とした公的医療制度が整備されているが、富裕層は、民間医療機関を受診することが多く、公的医療機関と民間医療機関に二分している。政府は、両者の格差是正のため、公的医療保障に対する公的支出の増大を目指している。	高齢者介護については、インフォーマルセクターを中心に、在宅ケアを進展させることをターゲットとしているが、資源開発には、時間を要する。高所得国を目指す中、中間層以上をターゲットとした民間施設が増加しているが、規制が不十分であり、高齢者のQOLを確保するための取組が必要。
Philippine	PhilHealthが全国的な統一機関として医療保険を運用しており、カバレッジも人口の半数を超えているとされるが、給付水準が低く、医療費支払いにおいては、自己負担が約8割に達するとも言われている。島嶼部においては、医療供給にも課題を残している。	アセアン諸国の中では、最も時間をかけて高齢化が進むと予想されており、高齢化は、政策課題としては優先順位が低い。
Cambodia	かつての内戦の影響もあり、保健医療の人材・資源不足が顕著である。社会保障制度の整備においては、後発国であり、近年、公務員・被用者向けの所得保障制度が創設されたが、加入者はごく一部の国民に限定されている。	No information
Lao PDR	1990年代より都市部を中心に社会保障制度の整備が進むものの、保健医療資源は乏しい状況にあり。都市部以外の地域では、カバレッジの低く、プライマリヘルスケアにも多くの課題を残す。	インフォーマルセクターの医療保障など、基本的な医療保障の普遍化が優先されるべき段階にある。ただし、2040年代後半から始まる高齢化は、急速に進むことが予想されている。
Vietnam	医療保険と年金保険がベトナム社会保障（VSS)で統合的に運営されている。医療保障については、インフォーマルセクターへのカバレッジを進めている段階。自己負担率が極めて高い点が問題になっている他、医療機関と患者による不正受給も問題となっている。	高齢者協会などが全国的に組織化されている点に特徴があるが、社会サービスとしての公的サービスはほとんど存在しない。地方自治体が運営する高齢者施設は、身寄りのない高齢者に限定されており、質の水準も低い。
Myanmar	No information	No information
Brunei Darussalam	No information	No information
Singapore	No information	No information

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

（出典）JICA（2012)「アジア地域社会保障セクター基礎情報収集・確認調査報告書」等を基に作成

Doubling Time of Aging Rate (65+, 7%→14%) in Total Population



Source: Kinsella K, He W. *An aging world: 2008. Washington, DC: National Institute on Aging and US Census Bureau, 2009. Vietnam, Indonesia, and Malaysia was added by Secretariat of Active Aging Study Group.*

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

Number of Years Required for the Proportion of the Aged Population to Double (Doubling Time)

	Population (million)	Aging rate (65+) 7% Aging society	Aging rate (65+) 14% Aged society	Doubling time Number of years required for the proportion of the aged population from 7% to 14%	Aging rate (65+) 21% Super Aged society
Philippines	94.85	2032	2062	30	2088
Malaysia	28.86	2020	2046	26	2073
Japan	127.82	1970	1995	25	2008
China	1,344.13	2000	2025	25	2037
Cambodia	14.31	2030	2053	23	2068
Thailand	69.52	2001	2024	23	2038
Myanmar	48.34	2021	2041	20	2060
Singapore	5.18	1999	2019	20	2027
Lao PDR	6.29	2034	2053	19	2065
Republic of Korea	49.78	1999	2017	18	2027
Brunei Darussalam	0.41	2023	2041	18	2063
Indonesia	242.33	2021	2038	17	2056
Vietnam	87.84	2018	2033	15	2047

Note: Japanese statistics generally state the doubling time as 24 years, using 1994 as the year that the rate reached 14.0%, whereas the UN statistics showed that the rate was 14.39% in 1995. This table shows the doubling time as 25 years, for comparability.

Source: World Bank, World Development Indicators database

Compiled by Mitsubishi UFJ Research and Consulting based on data from the United Nations' *World Population Prospects*, the 2010 revision

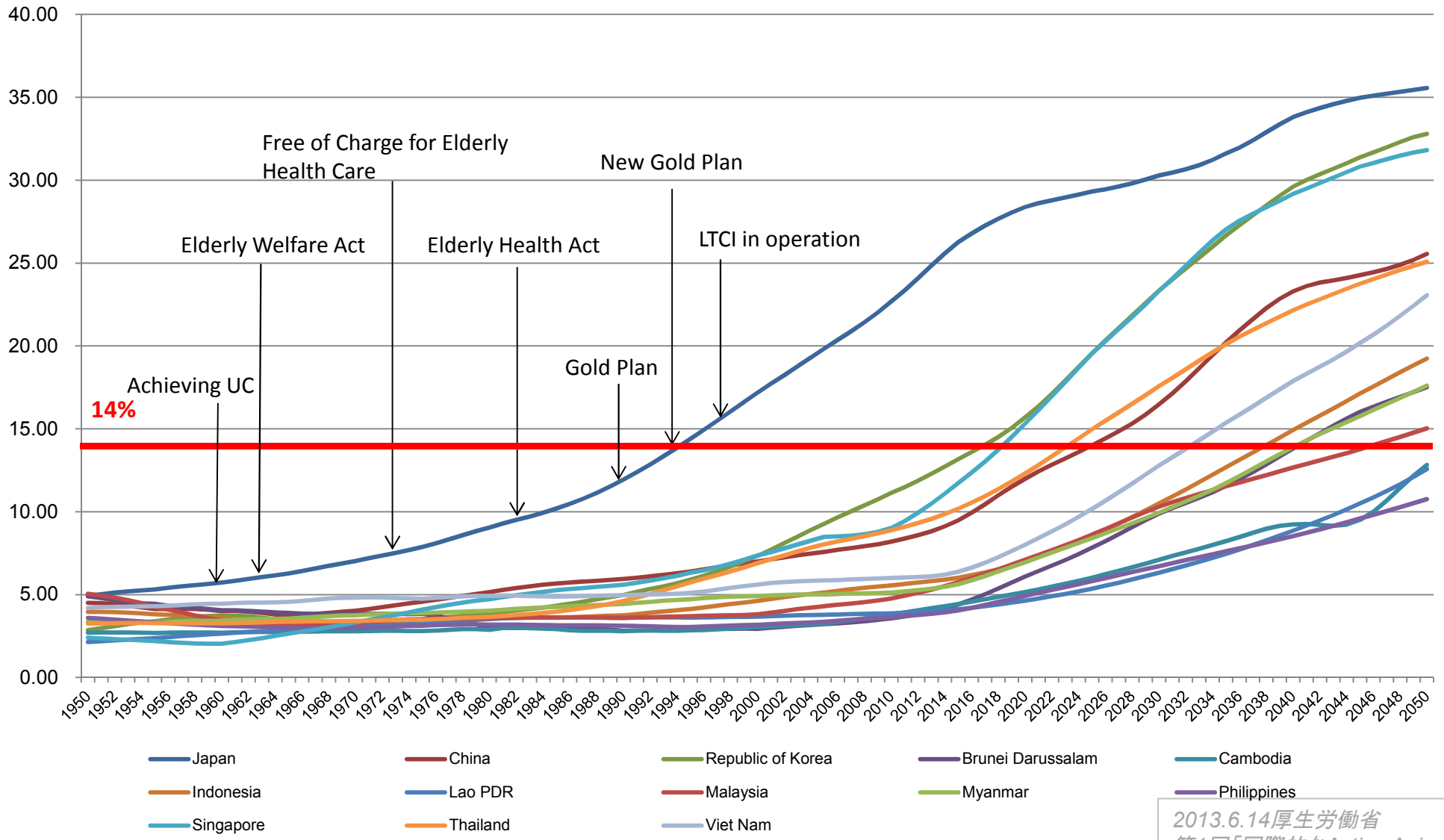
2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Milestone Elderly Policies in Japan

	Rate of 65+ in total pop.	Policies and Schemes
1960s Beginning of Elderly Welfare	5.7% (1960)	1961: Universal Pension System 1961: Universal Health Care 1963: Elderly Welfare Law (start of Special Nursing Home; SNH)
1970s Expansion of Expenditure for Elderly healthcare	7.1% (1970)	1973: Free Health Care for Elderly
1980s Hospitalization and Bedridden elderly Elderly issues recognized as Social Problem	9.1% (1980)	1982: Elderly Health Act 1983: Partial Co-payment for Elderly 1988: Municipalities to make health and welfare plans for Elderly 1989: Gold Plan (National Strategy to secure Elderly services)
1990s Implementation of Gold Plan	12.0% (1990)	1994: New Gold Plan 1995: Aging Society Basic Law
2000s Long Term Care Insurance	17.3% (2000)	2000: Long Term Care Insurance 2006: Elderly Abuse Prevention Law

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Aging Rates of ASEAN Countries and Historical Development of Japan's Elderly Care System



Source: UN, World Population Prospects, Database

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Appendix

International Comparison of Healthcare Facilities

[OECD Health Data 2012, OECD Health at a Glance: Asia / Pacific 2012]

Country	Average length of stays for acute care in hospitals	Doctor consultations per capita	Hospital beds per 1,000 population	Doctors per 1,000 population	Nurses per 1,000 population
Japan	18.2 (2010)	13.1 (2009)	13.7 (2008)	2.2 (2010)	10.1 (2010)
Malaysia	4.4 (2006)	3.5 (2010)	1.9 (2010)	1.2 (2010)	2.4 (2010)
Thailand	4.2 (2005)	2.1 (2005)	2.1 (2010)	0.3 (2010)	1.7 (2010)
Indonesia	4.3 (2009)	-	0.6 (2010)	0.3 (2011)	2.0 (2007)
Vietnam	6.7 (2003)	2.3 (2010)	3.1 (2009)	1.2 (2008)	0.9 (2009)
Singapore	4.7 (2006)	-	2.0 (2010)	1.7 (2011)	5.2 (2011)
Brunei Darussalam	4.8 (2010)	3.9 (2008)	2.7 (2009)	1.4 (2010)	6.5 (2011)
Republic of Korea	10.6 (2003)	12.9 (2010)	8.8 (2010)	2.0 (2011)	4.7 (2011)
China	8.6 (2009)	4.7 (2011)	4.2 (2010)	1.8 (2011)	1.7 (2011)
Philippines	-	-	0.5 (2010)	1.1 (2004)	4.3 (2004)
Cambodia	5.0 (2011)	0.7 (2011)	0.7 (2011)	0.2 (2010)	0.6 (2010)
Lao PDR	-	-	0.7 (2010)	0.2 (2005)	1.0 (2005)
Myanmar	6.3 (2008)	-	0.6 (2006)	0.6 (2011)	0.6 (2011)

Elderly Situation of ASEAN+3 (60+)

60 or over	1990 (thousands)		1995 (thousands)		2000 (thousands)		2005 (thousands)		**2010 (thousands)**		2015 (thousands)		2025 (thousands)		2050 (thousands)	
Brunei Darussalam	11	4.4%	13	4.5%	14	4.4%	17	4.8%	23	**5.7%**	33	7.7%	60	12.1%	139	23.1%
Cambodia	431	4.5%	510	4.6%	591	4.7%	719	5.4%	880	**6.2%**	1,072	7.1%	1,587	9.5%	3,612	19.0%
Indonesia	11,157	6.1%	13,176	6.6%	15,473	7.3%	17,633	7.8%	19,585	**8.2%**	23,164	9.2%	35,774	13.2%	74,703	25.5%
Lao PDR	239	5.7%	267	5.6%	296	5.6%	324	5.6%	364	**5.9%**	428	6.5%	622	8.4%	1,581	18.9%
Malaysia	1,025	5.6%	1,188	5.7%	1,443	6.2%	1,727	6.6%	2,191	**7.7%**	2,861	9.3%	4,622	13.1%	8,850	20.4%
Myanmar	2,734	7.0%	3,019	7.2%	3,222	7.2%	3,404	7.3%	3,801	**7.9%**	4,706	9.4%	6,897	13.0%	13,566	24.5%
Philippines	2,884	4.7%	3,333	4.8%	3,870	5.0%	4,528	5.3%	5,350	**5.7%**	6,859	6.8%	10,528	8.9%	23,633	15.3%
Singapore	254	8.4%	326	9.4%	422	10.8%	522	12.2%	713	**14.0%**	971	18.1%	1,575	27.1%	2,308	37.8%
Thailand	4,176	7.3%	5,247	8.8%	6,487	10.3%	7,594	11.4%	8,902	**12.9%**	10,842	15.3%	15,529	21.3%	22,620	31.8%
Vietnam	4,874	7.3%	5,602	7.6%	6,148	7.8%	6,641	8.0%	7,350	**8.4%**	9,359	10.1%	15,218	15.3%	32,037	30.8%
China	101,862	8.9%	116,398	9.6%	129,706	10.2%	142,159	10.9%	165,151	**12.3%**	206,399	15.1%	281,597	20.2%	439,206	33.9%
Japan	21,269	17.4 %	25,312	20.3%	29,275	23.3%	33,486	26.5%	38,542	**30.5%**	41,533	33.0%	43,599	35.5%	45,005	41.5%
Republic of Korea	3,302	7.7%	4,137	9.3%	5,163	11.2%	6,257	13.3%	7,574	**15.7%**	9,177	18.7%	13,679	27.2%	18,320	38.9%

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Source: UN: World Population Prospects: The 2010 Revision Population Database

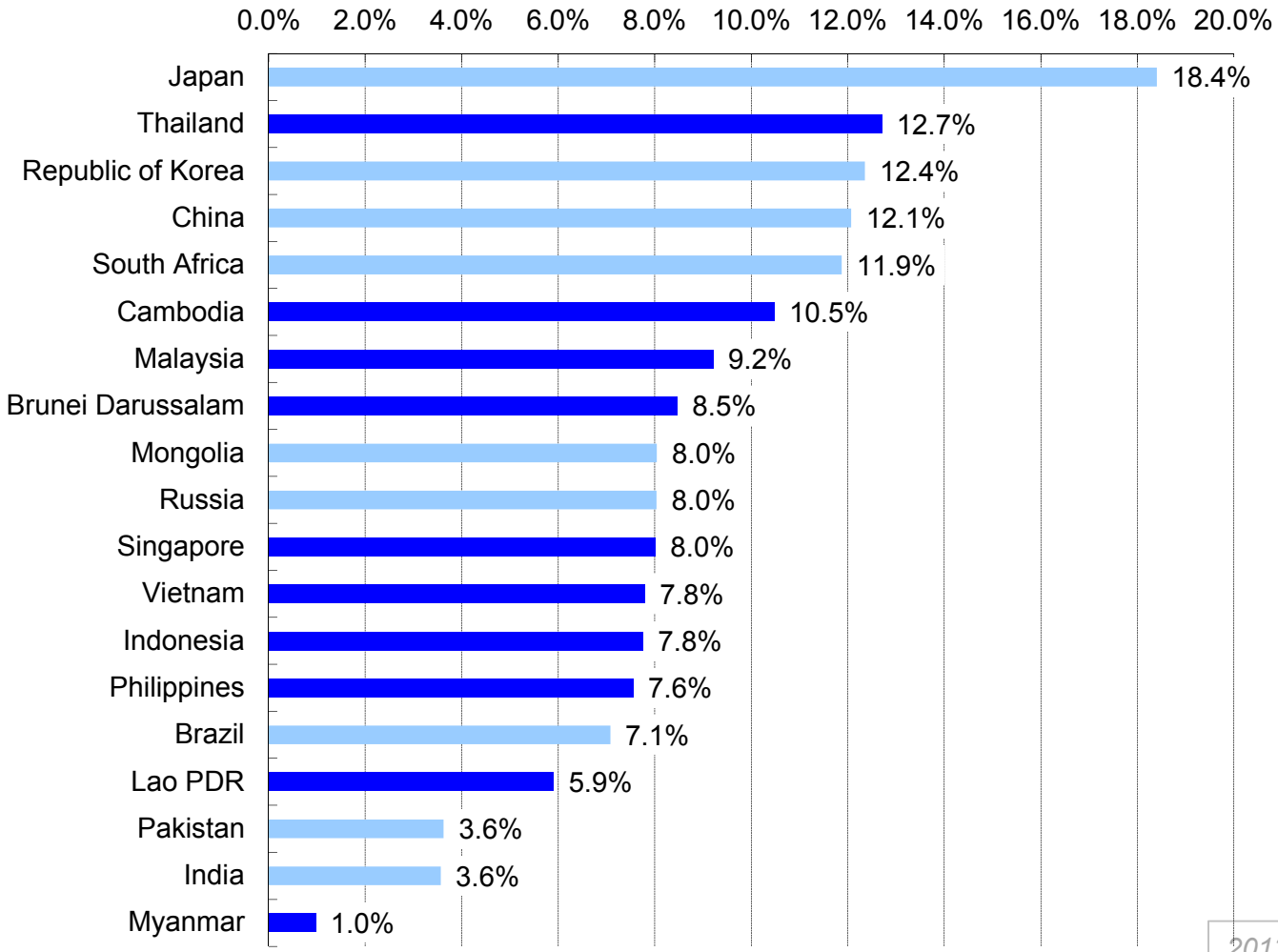
Elderly Situation of ASEAN+3 (65+)

60 or over	1990 (thousands)		1995 (thousands)		2000 (thousands)		2005 (thousands)		**2010 (thousands)**		2015 (thousands)		2025 (thousands)		2050 (thousands)	
Brunei Darussalam	7	2.8 %	9	3.0%	10	2.9%	12	3.2%	14	**3.6%**	19	4.4%	39	7.8%	105	17.5 %
Cambodia	266	2.8 %	317	2.8%	377	3.0%	435	3.3%	538	**3.8%**	667	4.4%	1,006	6.0%	2,432	12.8 %
Indonesia	6,932	3.8 %	8,238	4.1%	9,849	4.6%	11,662	5.1%	13,318	**5.6%**	15,153	6.0%	23,265	8.6%	56,482	19.2 %
Lao PDR	151	3.6 %	173	3.6%	195	3.7%	217	3.8%	240	**3.9%**	273	4.1%	398	5.4%	1,054	12.6 %
Malaysia	655	3.6 %	767	3.7%	894	3.8%	1,122	4.3%	1,355	**4.8%**	1,765	5.7%	3,038	8.6%	6,532	15.0 %
Myanmar	1,743	4.4 %	1,989	4.7%	2,209	4.9%	2,322	5.0%	2,459	**5.1%**	2,810	5.6%	4,467	8.4%	9,741	17.6 %
Philippines	1,919	3.1 %	2,113	3.1%	2,462	3.2%	2,877	3.4%	3,390	**3.6%**	4,104	4.0%	6,861	5.8%	16,678	10.8 %
Singapore	169	5.6 %	220	6.3%	289	7.4%	362	8.5%	458	**9.0%**	631	11.7%	1,133	19.5%	1,943	31.8 %
Thailand	2,640	4.6 %	3,428	5.7%	4,352	6.9%	5,362	8.0%	6,143	**8.9%**	7,221	10.1%	10,910	15.0 %	17,816	25.1 %
Vietnam	3,330	5.0 %	3,780	5.1%	4,411	5.6%	4,874	5.9%	5,274	**6.0%**	5,900	6.4%	10,107	10.2%	23,976	23.1 %
China	68,050	5.9 %	77,576	6.4%	88,912	7.0%	99,087	7.6%	109,845	**8.2%**	129,928	9.5%	195,500	14.0%	331,204	25.6 %
Japan	14,607	12.0 %	17,919	14.4%	21,602	17.2%	25,091	20.0%	28,707	**22.7%**	33,109	26.3%	36,006	29.3%	38,599	35.6 %
Republic of Korea	2,140	5.0	2,639	5.9%	3,374	7.3%	4,368	9.3%	5,369	**11.1%**	6,469	13.2%	9,833	19.6%	15,433	32.8 %

Source: UN: World Population Prospects: The 2010 Revision Population Database

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

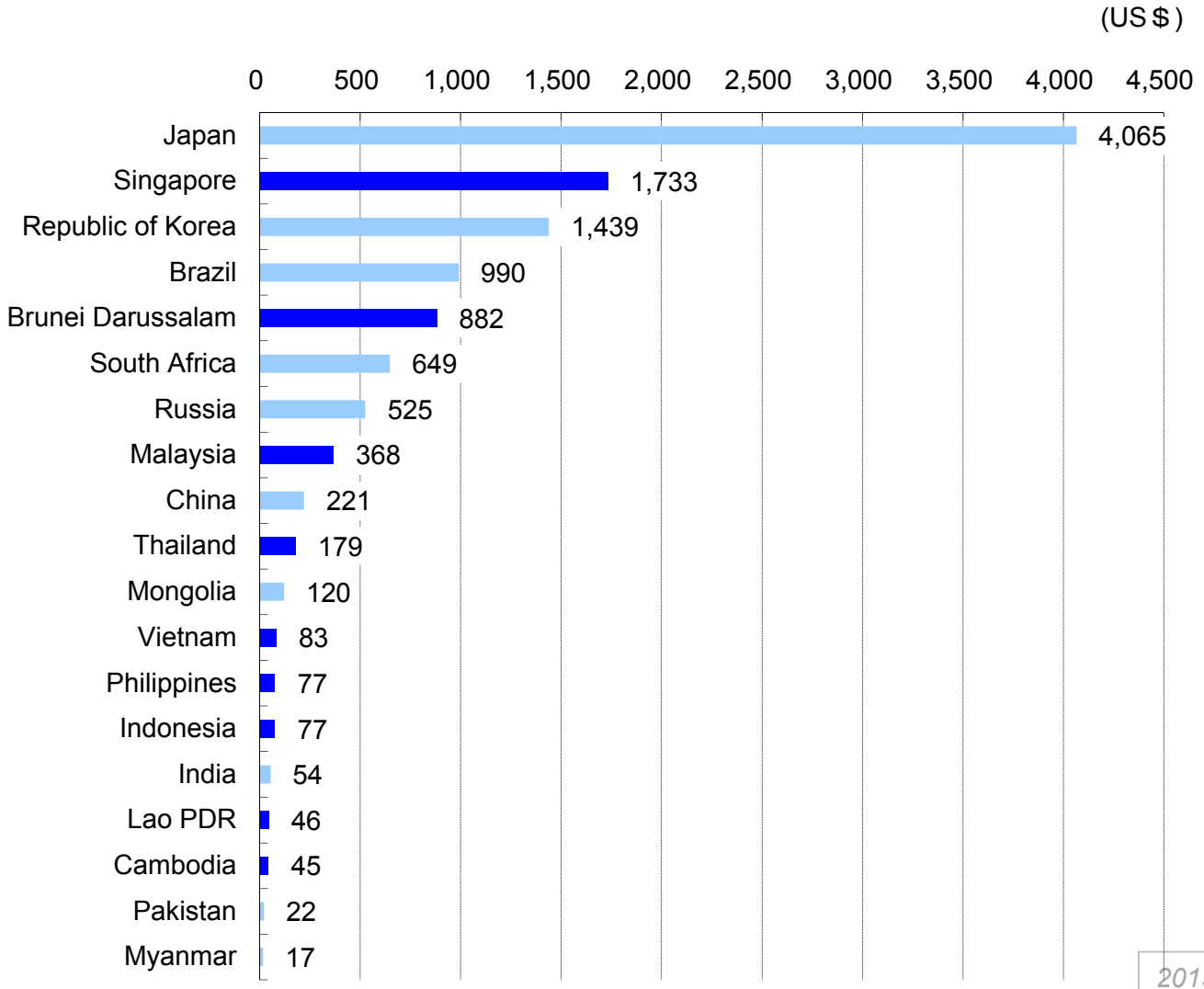
Public Health Expenditure (Percent of Government Expenditure)(2010)



2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Source: JICA (2012) *Data Collection Survey on Social Security Sector in Asia which* compiled by Mitsubishi UFJ Research and Consulting based on data from WB Health Nutrition and Population Statistics

Health Expenditure per Capita (current US$)（2010）



2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Source: JICA (2012) *Data Collection Survey on Social Security Sector in Asia which* compiled by Mitsubishi UFJ Research and Consulting based on data from WB Health Nutrition and Population Statistics

Overview of Health Security 1/2

(未定稿)

	Japan	Malaysia	Thailand	Indonesia	Vietnam
Population	120 million	28 million	65.5 million	240 million	87 million
Out of pocket rate to health expenditure	14.3%	34.2%	13.9%	38.3%	57.6%
Universal Coverage [Achieved or target year]	Yes 1961	Yes	Yes 2002	No [expected in 2014]	No Target year is not set *6
Health Security for Civil Servants	Government official mutual association Local Government official mutual association	Tax based health service provision	CSMBS	ASKES	SHI
Contributory ／ Non-Contributory	Contrributory	Non-Contributory	Non-Contributory	Contributory	Contributory
Beneficiaries	9 million	—	5.9 million	16.5 million	2.3 million
Health Security for private employees	Society Managed Health Insurance Association Managed Health Insurance	Tax based health service provision	SSS	JAMSOSTEK	SHI
Contributory ／ Non-Contributory	Contrributory	Non-Contributory	Contributory	Contributory	Contributory
Beneficiaries	30 mil/35mil	—	9 million	5 million	6.6 million
Health Security for informal sector and others	National Health Insurance/ Medical System for Aged 75 and over	Tax based health service provision	UC SSS(voluntary)	JAMKESDA JAMKESMAS	SHI
Contributory ／ Non-Contributory	Contrributory	Non-Contributory	Non-Contributory Contributory	Non-Contributory Non-Contributory	Contributory
Beneficiaries	39 mil/14mil	—	47 million 1.65 million	50 million 76 million	46 million
Entire Coverage	Almost 100%	100%	Almost 100%	65%	63.71%
Service Provision Private:Public *1	Mainly Private 75 : 25	Mainly Private *5 62 : 38	Mainly Public n.a.	Mainly Public 40 : 60	Mainly Public n.a

Overview of Health Security 2/2

(未定稿)

	Philippines	Lao PDR	Cambodia	China	Rep. of Korea	Singapore	Brunei Darussalam	Myanmar
Population	94 million	6.2 million	14 million					
Out of pocket rate to health expenditure	54.0%	51.2%	40.4%					
UC[Achieved or target year]	No	No 2020	No					
Health Security for civil servants	PhilHealth (Paying program)	SASS	NSSF-C (Planning)					
Contributory ／ Non-Contributory	Contributory	Contributory	—					
Beneficiaries	5.94 million	0.45 million	—					
Health Security for Employees	PhilHealth (Paying program)	SSS	NSS (Planning)					
Contributory／Non-Contributory	Contributory	Contributory	—					
Beneficiaries	17.79 million	0.12 million	—					
Health Security for informal sector	PhilHealth (Sponsored program)	CHBI HEF	CHBI HEF					
Contributory ／ Non-Contributory	Non-Contributory	Contributory Non-Contributory	Contributory Non-Contributory					
Beneficiaries	38.94 million	0.14 million 0.50 million	0.14 million 3.3 million					
Entire Coverage	82 or 50%*7	19.5%	24.6%					
Service Provision Private:Public *1	Mainly Private*8 60:40	Mainly Public n.a.	Mainly Public n.a.					

to be added

*1 Ratio of the number of hospitals
*2 The enrollment figures for each scheme do not add up to the total population due to the rounding of figures.
*3 The enrollment figures are the actual number including dependents and other beneficiaries (except JAMSOSTEK).
*4 The total coverage figures are actual numbers, in principle.
*5 There are more private hospitals than public ones, but 75% of all patients seek services at public hospitals (Malaysia).
*6 A target of 73% is set for 2015 (Vietnam).
*7 The official figure of 82% was reportedly calculated by multiplying the number of insured by the average number of household members, and PhilHealth, who published this figure, admits this figure to be questionable. Some researchers suggest the coverage to be around 50%.
*8 Compared by the number of beds, however, the proportion of public hospitals is higher, at 60:40 (the Philippines).
Source: Compiled by Mitsubishi UFJ Research & Consulting based on data from various sources

Source: JICA (2012) *Data Collection Survey on Social Security Sector in Asia* and various sources

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Overview of Employee Income Security 1/2 (未定稿)

	Japan	Malaysia	Thailand	Indonesia	Vietnam
Labor force	65.6 million (2012)	12.7 million (2012)	39.3 million (2011)	117.3 million (2011)	52.20mill (2012.Q1)
Coverage *5 (against labor force Population)	Approx.95%*2	Approx.55％*3	Approx.35％	Approx.10％	Approx.20％
UC	Yes (1961)	No	No	No （Target:2014～29）	No
Income Security for Civil servants	Government official mutual association Local Government official mutual association	GP	GPF GP	TASPEN （TASPEN, THT）	Social Insurance
Type of old age benefit	DB	DB	DC DB	DB	DB
Tax input	Yes	Yes	Yes	Yes	Yes
Beneficiaries	4.4 milllion	0.53 million	1.17 million 1.72 million	4.29 million	9.40 million *6
Income Security for Employees	Employee Pension Private school Mutual	SOCSO EPF	SSS	JAMSOSTEK（JHT）	Social Insurance
Type of old age benefit	DB	Fund	DB	Fund	DB
Tax input	Yes	No	Yes	No	Yes
Beneficiaries	38.8 million	SOCSO 5.51 million EPF 6.26 million*4	9 million	9 million	9.4 million*6
Other pension schemes	Employee Pension Fund Approved Pension Scheme etc	No	TPF RMF	No	No
Income security for informal and others	National Pension	EPF (voluntary)	NSF SSS(voluntary)	ASKESOS TKLHK	Social Insurance
Type of old age benefit	DB	Fund	Fund Fund	Fund	DB
Tax input	Yes	No	Yes Yes	Yes No *4	Yes
Beneficiaries	19 million	0.048 million	n.a. 1.65 million	0.28 million 0.14 million	0.05 million

2013.6.14厚生労働省
第1回「国際的なActive Agingにおける日本の貢献に関する検討会」

Overview of Employee Income Security 2/2

(未定稿)

	Philippines	Lao PDR	Cambodia	China	Rep. of Korea	Singapore	Brunei Darussalam	Myanmar
Labor force	57.39milion (2012)	2.78million (2005)	6.54million (2011)					
Coverage *5 (against labor force Population)	Approx.60%	Approx.20%	Approx.10 %					
UC	No	No	No					
Income Security for Civil servant	GSIS	SASS	NSSF-C NFV					
Type of old age benefit	DC	DC	Unknown					
Tax input	Yes	Yes	Yes					
Beneficiaries	1.5 million	0.45million	0.18million					
Income security for Employees	SSS	SSS	NSSF					
Type of old age benefit	DC	DC	Unknown					
Tax input	No	No	No					
Beneficiaries	30 million	0.12 million	0.48 million					
Other Pension Schemes	No	No	No					
Income Security for informal sector and others	SSS (Voluntary)	No *7	No					
Type of old age benefit	DC	—	—					
Tax input	No	—	—					
Beneficiaries	3.3 million	—	—					

to be added

*1 The definition of "coverage" differs by country due to a discrepancy in the definition of the working population (the denominator in this fraction). The working population was compiled using data from the census for Lao PDR and a workforce survey for other countries: *Labour Force Survey* (2012) for Japan; *Monthly Principal Statistics of the Labour Force* (February 2012) for Malaysia; *Labor Force Survey* of the National Statistics Office (January 2012) for the Philippines; and the working population of age 10 and above (2011) for Cambodia. For Lao PDR, the "economically active population" (2005) from the population census was used, premised on the total population of 5.62 million.

*2 The number of Japan's pension scheme members does not include the 10.05 million "Category III" insured persons.

*3 Coverage was calculated based on the number of persons paying EPF contributions.

*4 It was deemed as "no" tax funding, as government support is provided only for the first eight months after enrollment—not permanently.

*5 Enrollment figures are the number of actual contributing members, not the number of account holders.

*6 The insured persons of the formal sector, comprising government officers and business employees, total 9.4 million.

*7 Voluntary enrollment in the SSS is accepted, but a negligible few actually enroll.

Source: Compiled by Mitsubishi UFJ Research & Consulting based on data from various sources, JICA (2012) *Data Collection Survey on Social Security Sector in Asia* and various sources

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

Outline of Measures Related to Social Welfare (未定稿)

	Japan	Malaysia	Thailand	Indonesia	Vietnam	Philippines	Lao PDR	Cambodia	China	Rep. of Korea	Singapore	Brunei Darussalam	Myanmar
Implementation of CCT	No	No	No	PKH	No	4P	No	JFPR・ESSP					
Community based welfare activity	No	CWC	SML project NHIF	PNPM	National program of poverty production	KALAHI-CIDSS	No	No					
Database for poverty reduction	No	E-Kasih	BMN	PBI	NTPPR（National Targeted Program for Poverty Reduction）	NHTS-PR	No*1	ID-Poor		to be added			
Public assistance	Public Assistance	Cash benefit scheme for needy dependent	Cash benefit scheme for needy dependent	JSPACA, JSLU, PKSA	Cash benefit scheme for needy dependent	No	No	No					
Cash benefit for elderly except pension scheme	Social Welfare Pension	Elderly allowance	Elderly allowance	JSLU	Welfare allowance for the elderly Social Welfare allowance	No	No	No					

*1 Identification of the poor is covered in the household budget survey, expenditure survey, the census, and other surveys, but the results are not compiled as a database.

Source: JICA (2012) *Data Collection Survey on Social Security Sector in Asia* and various sources

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」