

# “Transforming Together” towards ASEAN+3 Active Ageing Society



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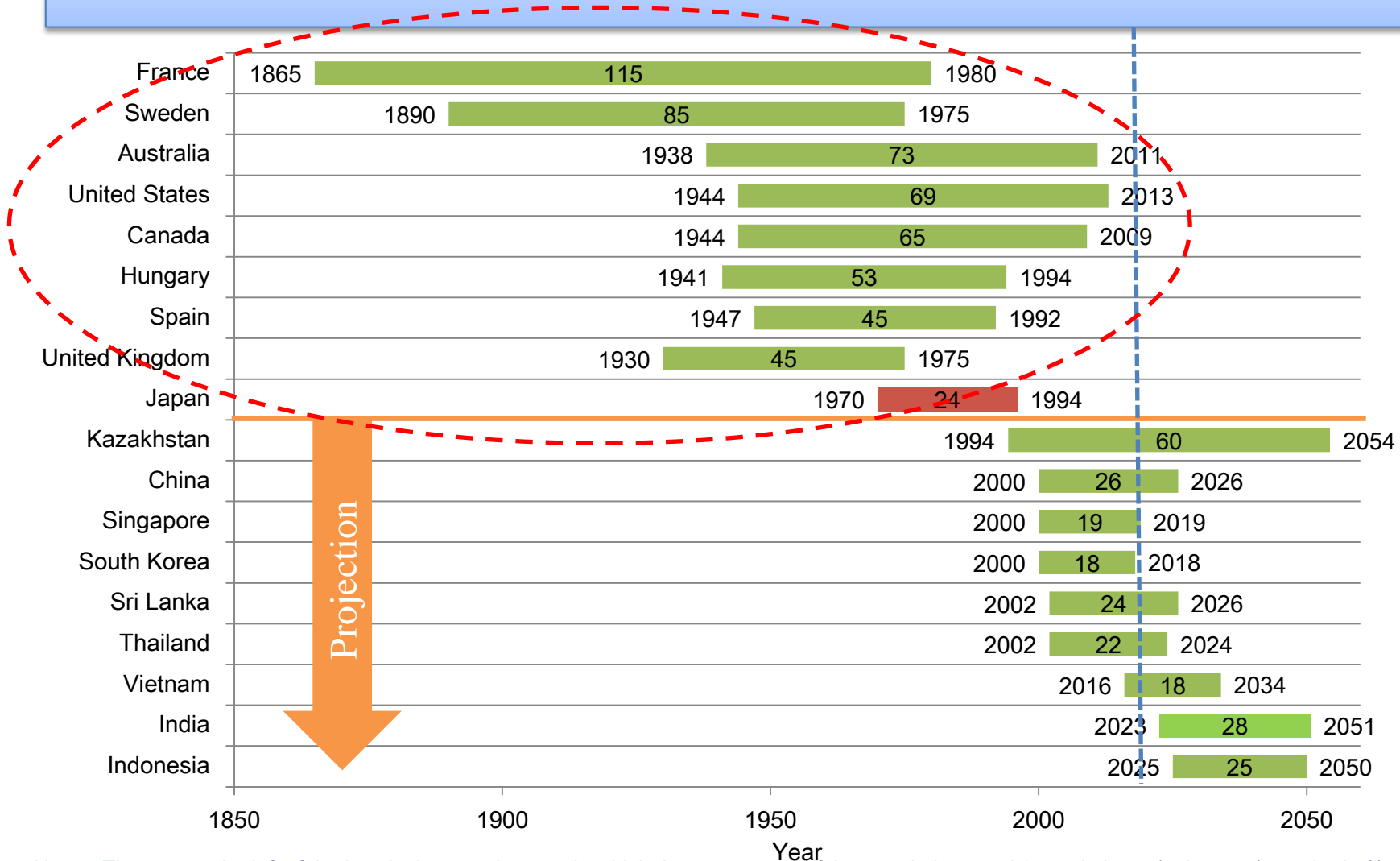
**2 April 2019, Bangkok, Thailand**

# Key Questions for “Our Ageing Society”

1. What are Short / Long-term Challenges / Opportunities for ASEAN+3 Ageing Society?
2. What are Priory Areas for ASEAN+3 Cooperation toward Active Ageing Society?
3. What are Possible Roles of the ASEAN Centre for Active Aging and Innovation(ACAI)?

# Aging was slower in Europe / North America

(\*Number of Years for +65 aged to increase from 7% to 14% = mostly 40-70 years)

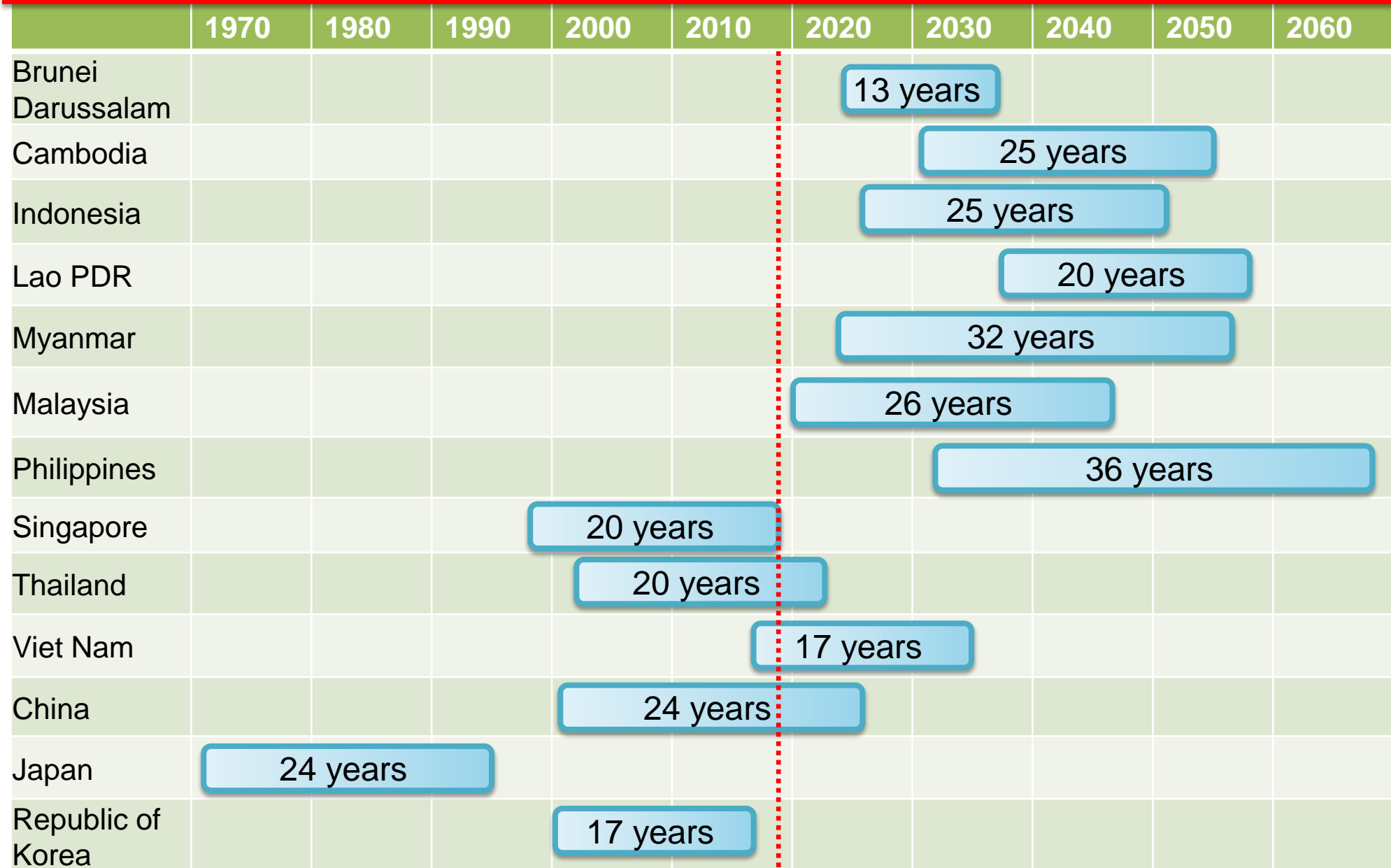


Note : The year to the left of the bar designates the year in which the percentage of the population aged 65 and above (aging rate) reached 7%; the number to the right of the bar designates the year when the aging rate attained 14%. The number on the bar designates the years required for that increase.

Source : Kinsella and Wan He (2009); Kazakhstan, Vietnam, India, and Indonesia calculated using UN (2015).

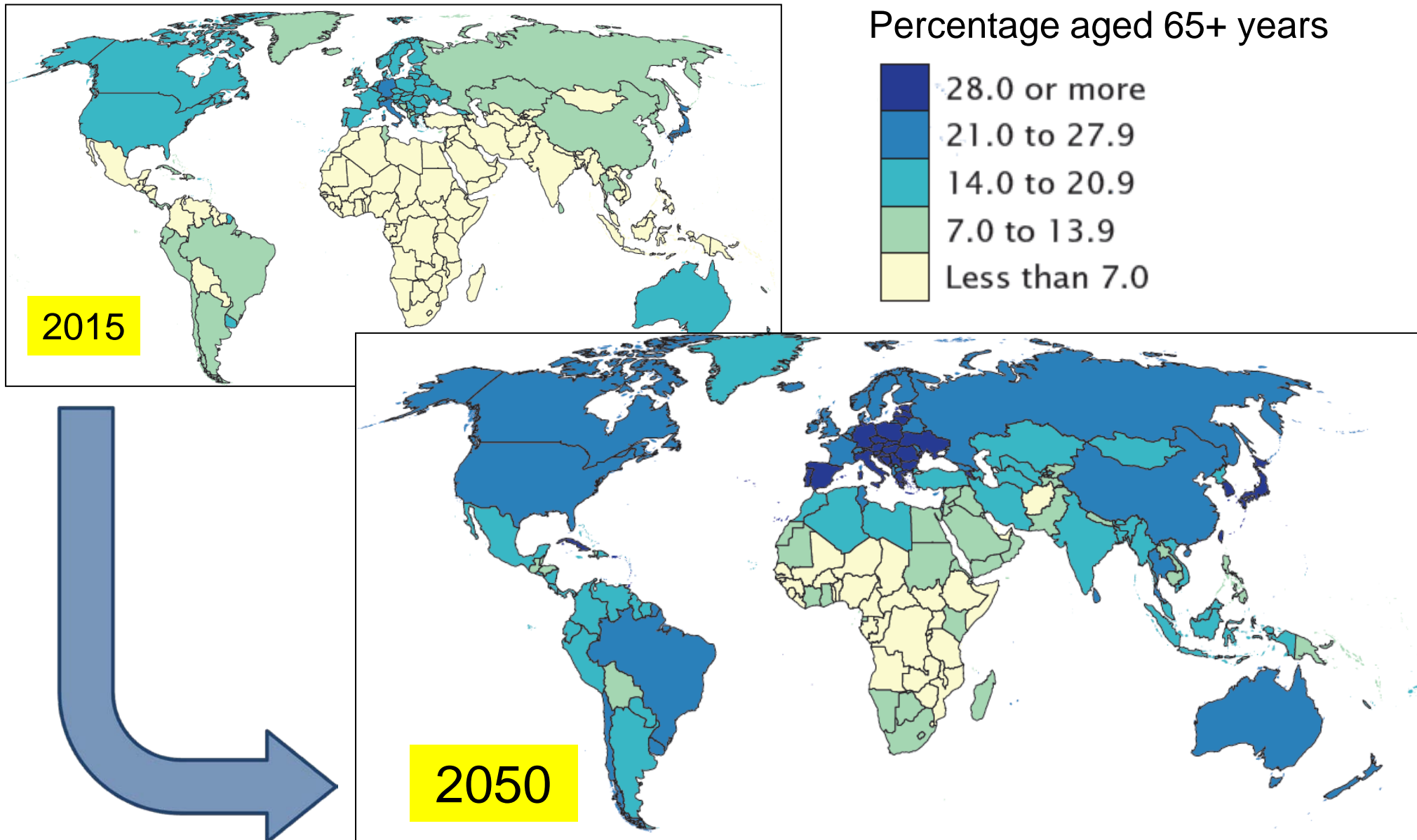
# We (ASEAN+3) are Ageing Much Faster...

(\*Number of Years for +65 aged to increase from 7% to 14% = mostly 15-30 years)



Data Source: United Nations World Population Prospects 2017

# But the World will be “Ageing Society” by 2050



Source: US Census Bureau (2015)

# We see CHALLENGES, but also OPPORTUNITIES in ASEAN+3 Ageing Society

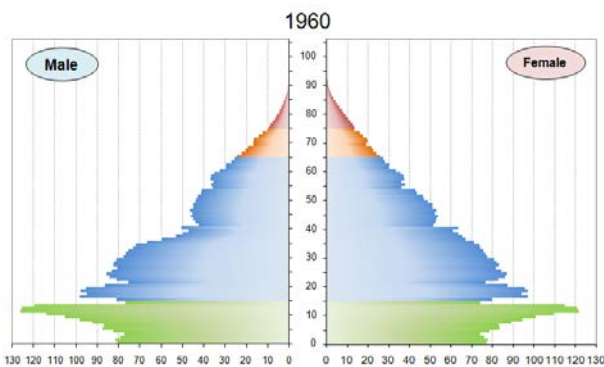
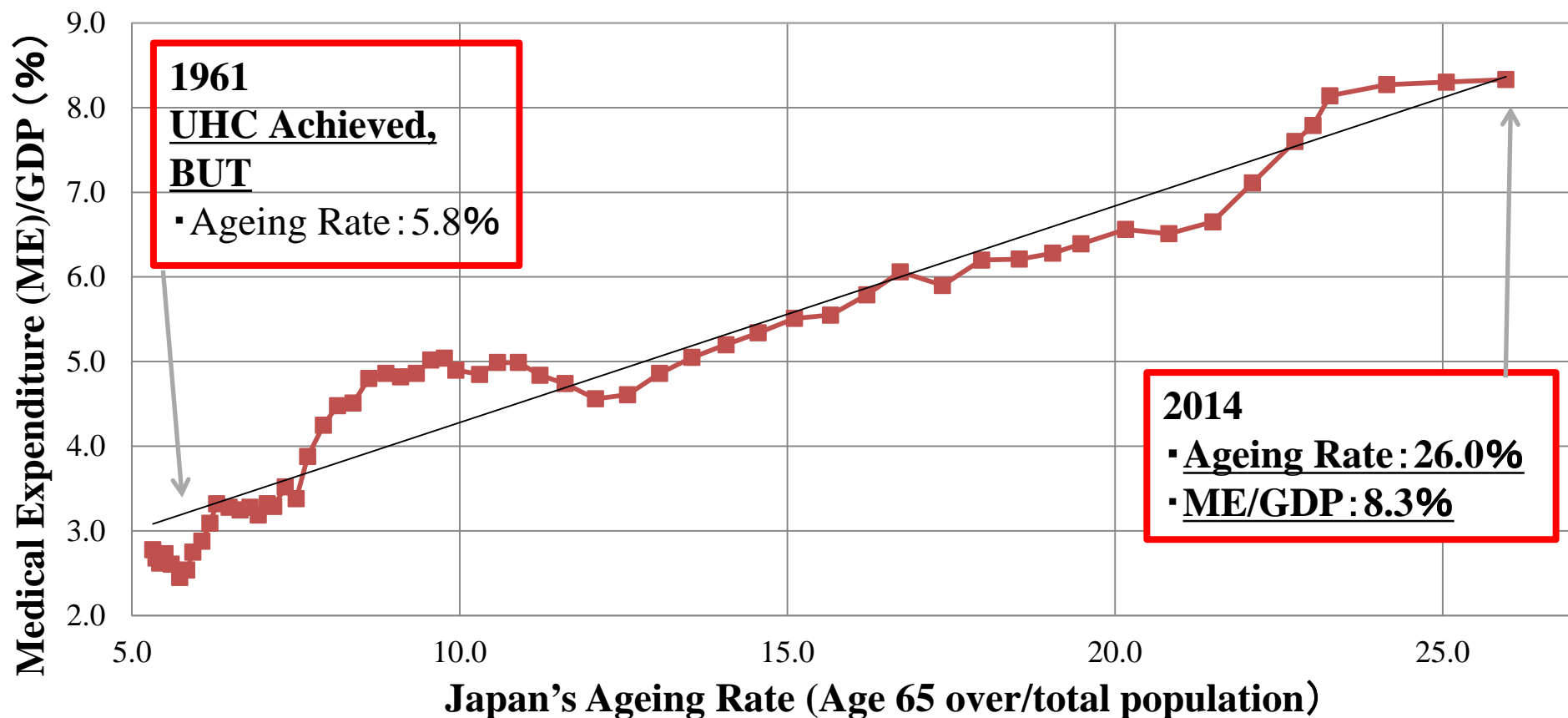
## ❑ CHALLENGES – How do we ensure...

- Long-term “**Fiscal Sustainability**” against rising public health / social welfare expenditure?
- “**Whole-of-Government**” response (eg. health, labor, welfare)
- “**Whole-of-Society**” or **community-based** solutions

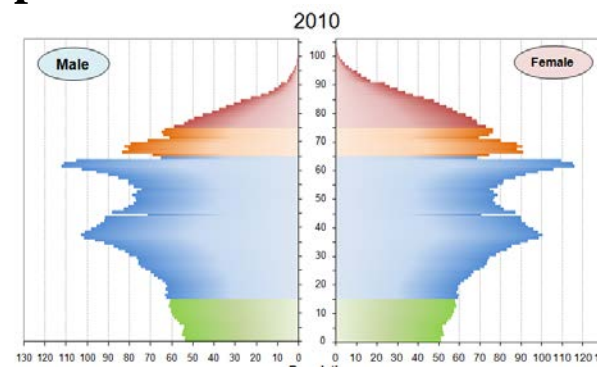
## ❑ OPPORTUNITIES – But WE CAN benefit from...

- Creating “**Regional Silver Economy**” ahead of the world
- Promoting “**Healthy Active Ageing**” through innovation
- Sharing **lessons / best practices** among ASEAN+3 countries

# Fiscal Sustainability in Healthcare Expenditure Needs to be Ensured with Ageing (Japan's case)

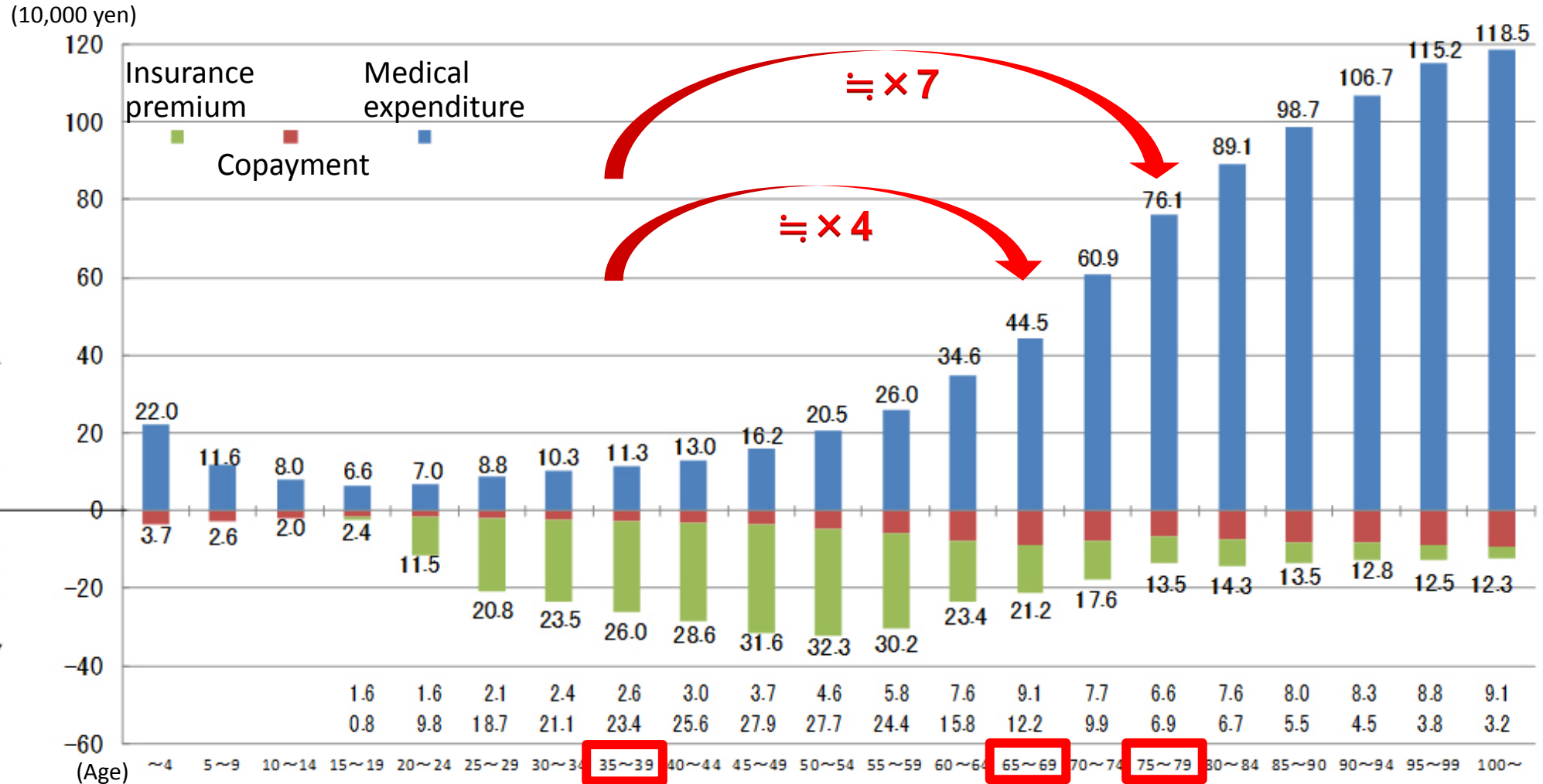


“Population Pyramid” Change



# Medical Expenditure is Much Higher in Aged Group..

(Japan's case (\*FY2010 figure))

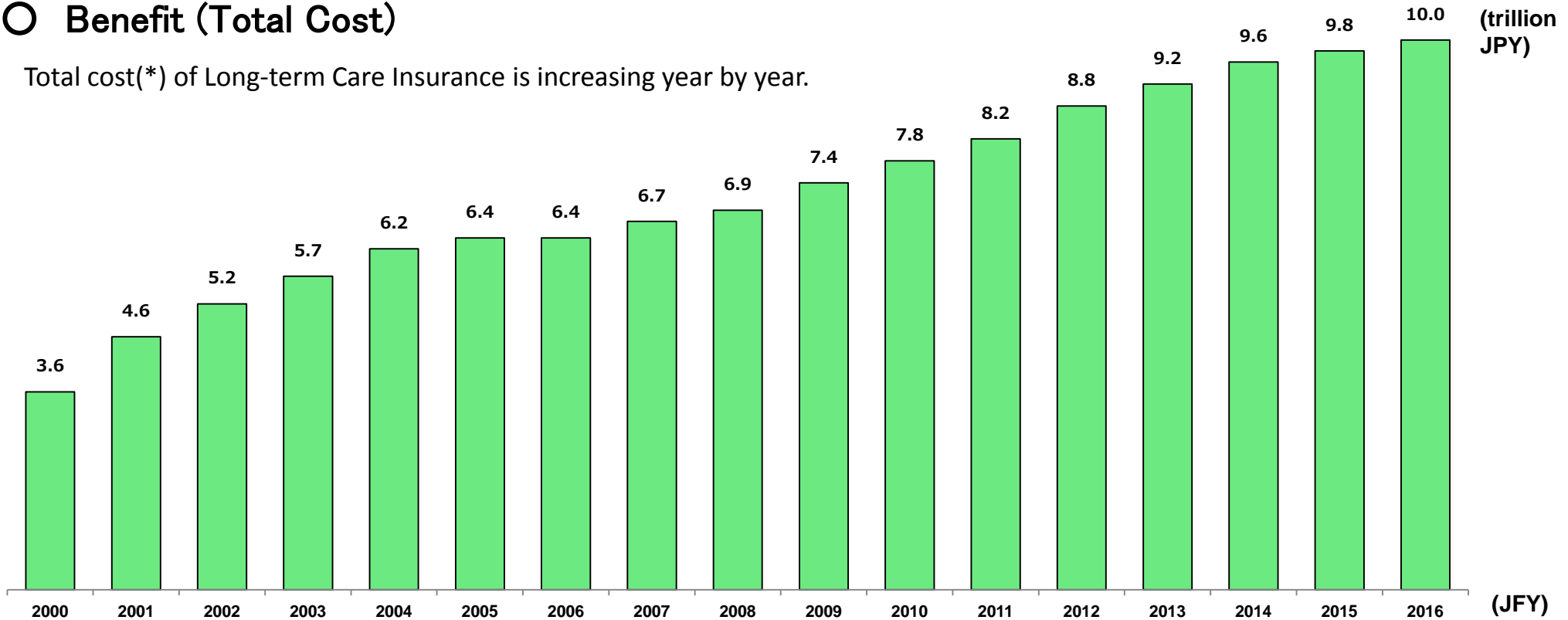




# Size of Long-Term Care Insurance is Growing in Japan...

## ○ Benefit (Total Cost)

Total cost(\*) of Long-term Care Insurance is increasing year by year.



(\*) Costs for operating Long-term Care Insurance system such as office expenses and personnel expenses are not included.

## ○ Insurance premiums paid by seniors over 65 (national average per month)

The 1<sup>st</sup> phase  
(2000~2002)

JPY2,911

The 2<sup>nd</sup> phase  
(2003~2005)

JPY3,293  
(+13%)

The 3<sup>rd</sup> phase  
(2006~2008)

JPY4,090  
(+24%)

The 4<sup>th</sup> phase  
(2009~2011)

JPY4,160  
(+1.7%)

The 5<sup>th</sup> phase  
(2012~2014)

JPY4,972  
(+20%)

The 6<sup>th</sup> phase  
(2015~2017)

JPY5,514  
(+11%)

The 7<sup>th</sup> phase  
(2018~2020)

JPY5,869  
(+6%)

# Japan's Policy Direction on Ageing

1. Policy Shift towards “All Generations” Social Security System (pension, younger people)
2. Better Environment for Silver Workforce (flexible jobs, enhanced employability)
3. Data, ICT and Robotics for Better Healthcare (more productive, efficient / innovative services)
4. Promoting Community-based, integrated Care and Life-Course Health Promotion / Prevention

# Japan's Shift towards "All Generations" Social Security System (since 2013)

- Providing a sense of security and satisfaction to all generations -

Super-Aging Society

Weakening Mutual-Support within  
Family / Community

Employment instability

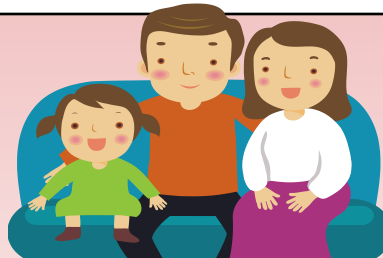
Strengthening social security  
function through stable financial  
resources with more focused /  
efficient benefits

Build-up sustainable  
social security



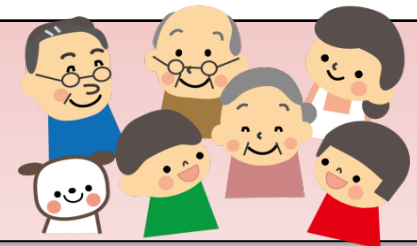
More investments for younger  
generations, such as child and  
child care support measures

Young people will actively  
participate in the social security  
system



Equitable Burden-sharing,  
based on ability, not by age

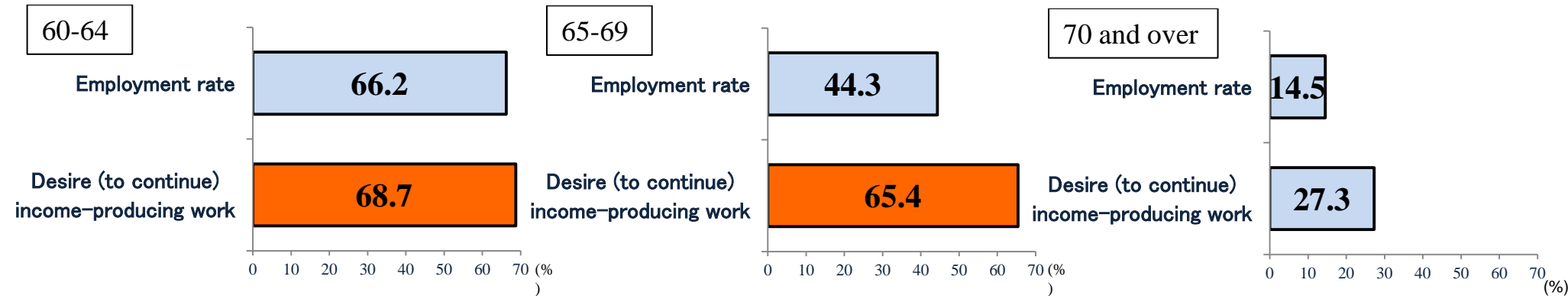
All generations support each  
other and secure necessary  
financial resources



# Elderly people have desire to work after age 60

- Approximately 70% responded that they desired (to continue) income-producing work in their 60s.
- The most popular type of employment after age 60 was part time.

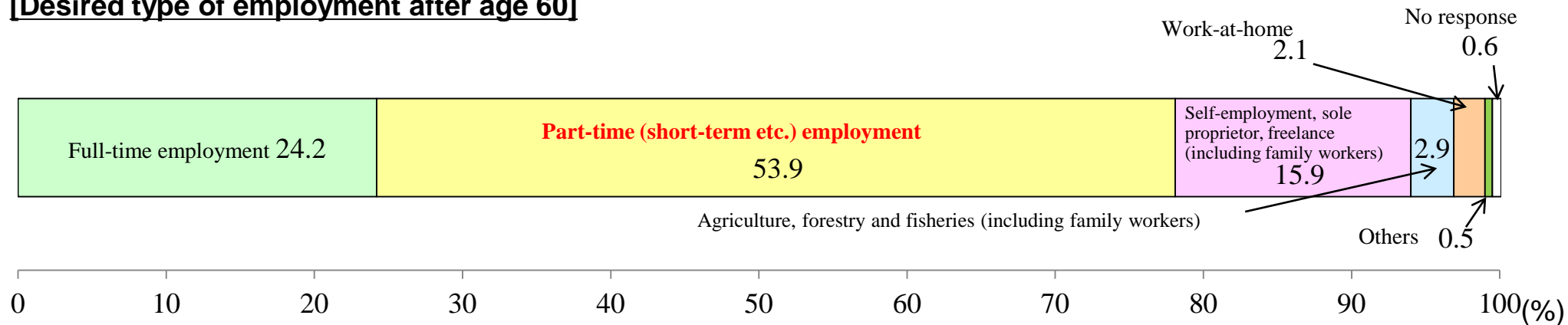
## [Employment rates and employment intentions after age 60]



Source: Ministry of Internal Affairs and Communications, "Labor Force Survey" (2017); Cabinet Office, "8th International Comparison Survey of the Daily Life and Attitudes of Elderly Persons" (2015)

(Note 1) Survey of men and women age 60 or over (excluding institutionalized) (n = 1,105). Percentage desiring (to continue) income-producing work represents total men and women.

## [Desired type of employment after age 60]

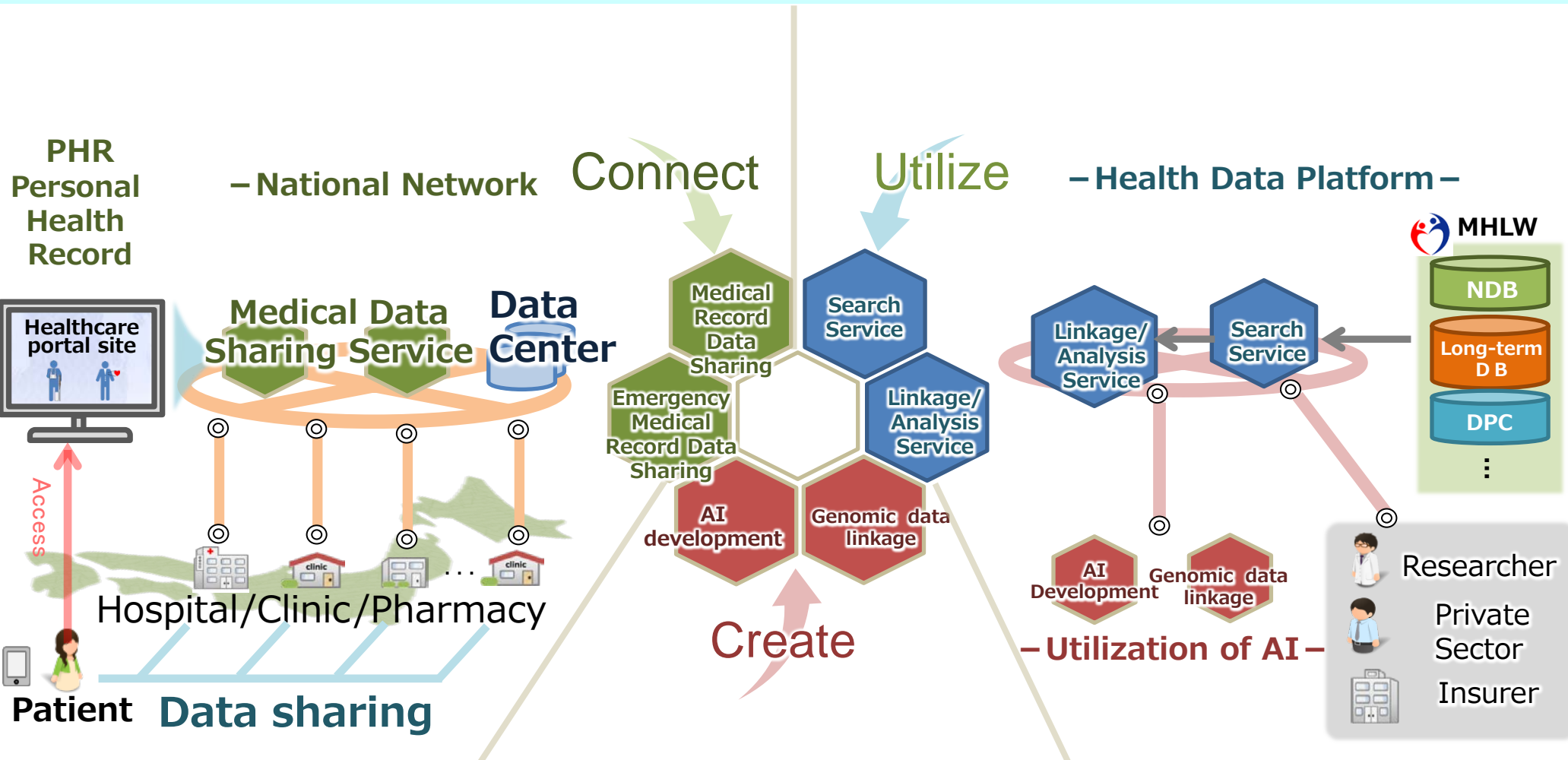


Source: Cabinet Office, "FY2013 Awareness Survey on 'Preparations' for Old Age" (2013)

(Note 2) Survey covered men and women ages 35-64 (n = 2,214). Questions on [desired type of employment after age 60] covered men and women ages 35-64 indicating an intention to continue income-producing work after age 60.

# Promoting Use of Data for Better Healthcare

(\*Japan's Nationwide Health Data Platform will be made available for researchers, public health insurers and private sector in 2020)



# Monitoring elderly health inequality nationally: For data-driven public health actions

## JAGES Survey Fields

### JAGES 2010/11

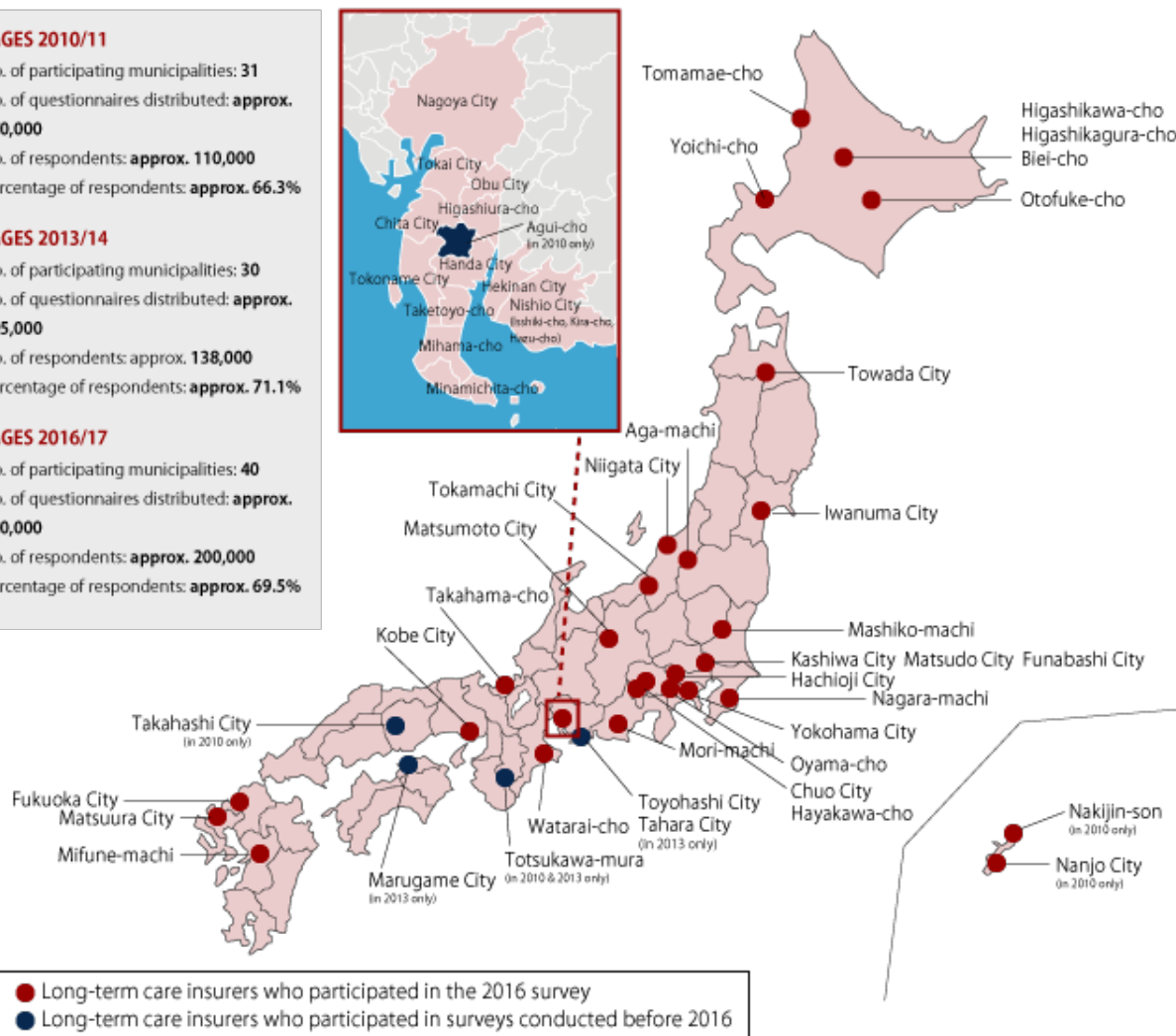
No. of participating municipalities: 31  
No. of questionnaires distributed: **approx. 170,000**  
No. of respondents: **approx. 110,000**  
Percentage of respondents: **approx. 66.3%**

### JAGES 2013/14

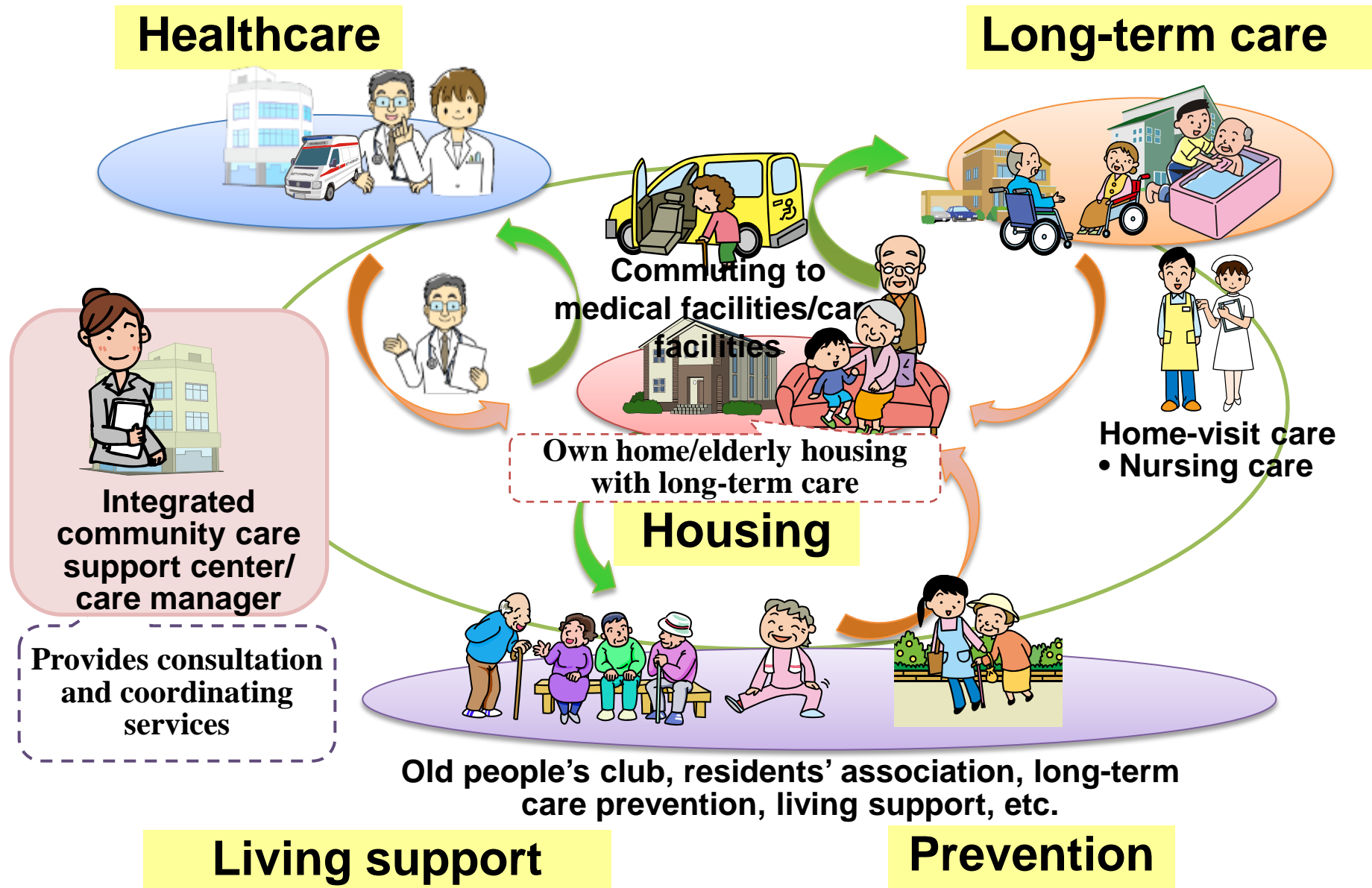
No. of participating municipalities: 30  
No. of questionnaires distributed: **approx. 195,000**  
No. of respondents: **approx. 138,000**  
Percentage of respondents: **approx. 71.1%**

### JAGES 2016/17

No. of participating municipalities: 40  
No. of questionnaires distributed: **approx. 300,000**  
No. of respondents: **approx. 200,000**  
Percentage of respondents: **approx. 69.5%**

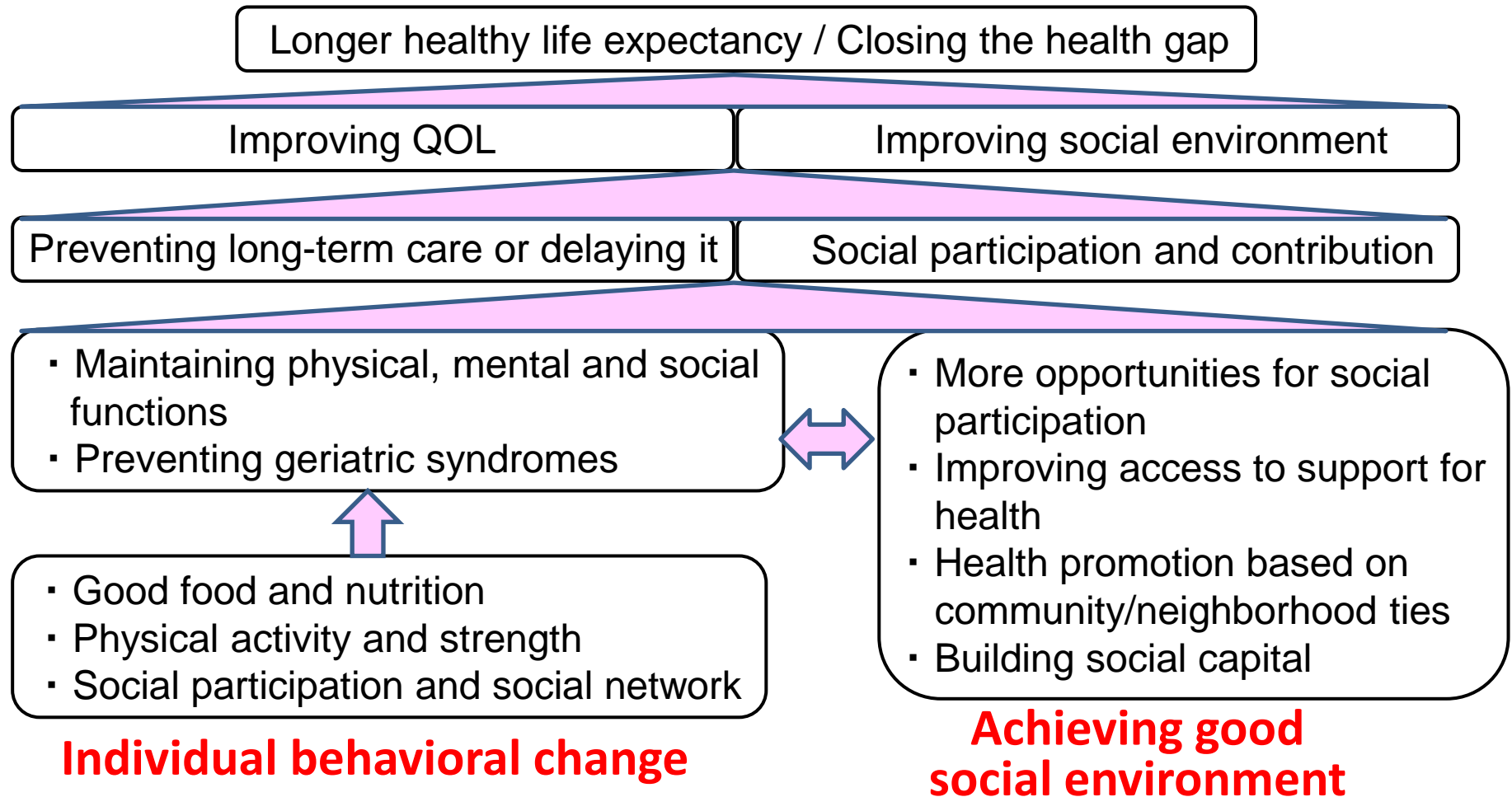


# Community-based, Integrated Care System in Japan



# Health Japan 21 (the second term), 2012-















## New national health promotion strategy





## Specific Targets (Health Japan 21 (2<sup>nd</sup>))

○ 53 specific targets are established for the 5 basic directions

| Basic Direction  | Specific target (example) (The numbers in the brackets indicate the current situation)  | Numerical target  |
|--|---|---|
| ① Extension of healthy life expectancy and reduction of health disparities   | <ul style="list-style-type: none"> <li>Average period that people have healthy lives without physical limitation in day-to-day living. (Male 70.42 years, Female 73.62 years)</li> </ul>  |  Increase more than the increase of average life expectancy.   |
| ② Prevention of onset and progression of lifestyle-related diseases (Prevention of cancer, cardiovascular disease, diabetes and COPD)  | <ul style="list-style-type: none"> <li>Reduction in age-adjusted mortality rate of cancer under age 75 (84.3 (per 100,000 people))</li> <li>Average systolic blood pressure level (Male 138mmHg, Female 133mmHg)</li> <li>Reduction of diabetic complications (16,271 people)</li> </ul>  |  73.9 (per 100,000 people)<br> Male 134mmHg, Female 129mmHg<br> 15,000 people  |
| ③ Maintenance and improvement of functions necessary for engaging in social living (Promotion of health including mental health and health of next generations and elderly)                                      | <ul style="list-style-type: none"> <li>Decrease in percentage of individuals who suffer from mood disorders or anxiety disorders (10.4%)</li> <li>Reduction in percentage of low birth weight infants (9.6%)</li> <li>Increase in the level of identification of elderly with a high risk of cognitive decline (0.9%)</li> </ul>  |  9.4%<br> Trend of decrease<br> 10%  |
| ④ Improvement of the social environment to support and protect health  | <ul style="list-style-type: none"> <li>Increase in the number of companies that make efforts voluntarily in engaging in health promotion activities and dissemination of information (420 companies)</li> </ul>   |  3000 companies  |
| ⑤ Improvement of the social environment and individual's life-style related to health such as nutrition, dietary habits, physical activity and exercise, rest, alcohol drinking, tobacco smoking and oral health | <ul style="list-style-type: none"> <li>Ratio of obese males in their 20s to 50s (31.2%)</li> <li>Salt intake (10.6g)</li> <li>The number of steps in day-to-day living between 20 and 64 years old (Male 7841 steps, Female 6883 steps)</li> <li>An amount that makes the risk of lifestyle-related diseases to increase (net alcohol intake per day : more than 40g for male, 20g for female)</li> <li>Adult smoking rate (19.5%)</li> <li>Ratio of people who have 20 teeth or more at the age of 80 (25%)</li> </ul> |  28% (decrease by 15% from the increasing trend)<br> 8g<br> Male 9000 steps, Female 8500 steps<br> Male 13.0%, Female 6.4%<br> 12%<br> 50% |

# Making a better social environment: Building more opportunities for social participation

## Community salons

- Run by local volunteers

## Activities

- Arts and crafts, games (bingo), and interactive activities with pre-schoolers

## Eligibility

- Resident aged 65 years or older
- 100 yen (about 1 US dollar) per visit.

## Progress

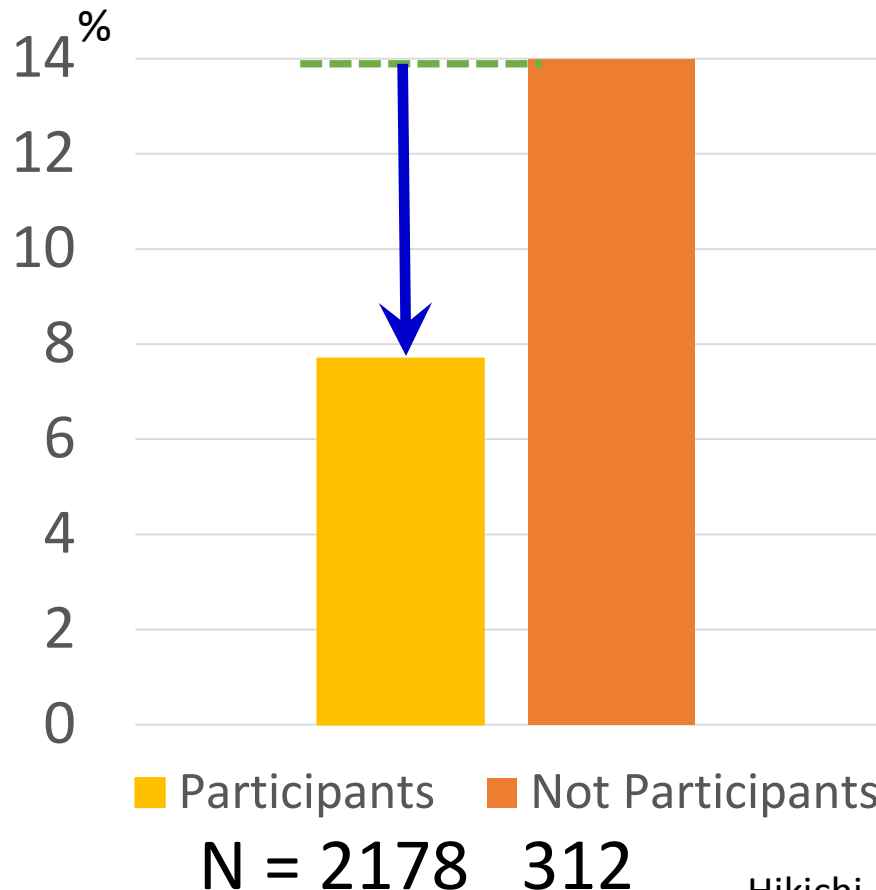
- Three salons were launched by May 2007,  
then five more added by end of 2011.
- About 10% (1,000 people) older residents have participated.
- Poorer individuals participate more



# Participants showed lower risks for mortality and functional disability

Taketoyo project, 2014

% of persons function declined



- Comparison between Participants and Non-Participants in Taketoyo Project
- Salon participation halved the risks
  - Distance to the salons used as an instrument variable

# What are ASEAN+3 Priority Areas of Cooperation for Active Ageing Society?

1. Enabling Better Research in Key Areas (dementia, long-term care, NCD prevention)
2. Sharing Good “Life-Course Policy” Practice (silver workforce, community-based health promotion)
3. Developing Health Workforce fit for Ageing Society (guidelines, training for long-term care)
4. Improving Statistics and Data Base (mobile health, civil record and vital statistics (CRVS))

# Japan-ASEAN Cooperation on Ageing / Social Security

## Thailand:

2007-17 Two JICA Projects on Long-term Care (CTOP, LTOP)  
2017-2022 JICA “Project on seamless health and social services provision for elderly persons” (S-TOP)  
2014-17 JICA SME/NPO projects on Active Ageing / Long-term care  
  
2017 **JICA Regional Seminar on Long-term care (8 ASEAN countries)**

## Viet Nam:

JICA SME/NPO projects on Long-term Care  
Asia Health and Wellbeing Initiative (AHWIN) (Long-term care)

## Philippines:

Asia Health and Wellbeing Initiative (AHWIN) (Long-term care)

## Cambodia, Lao PDR, Viet Nam:

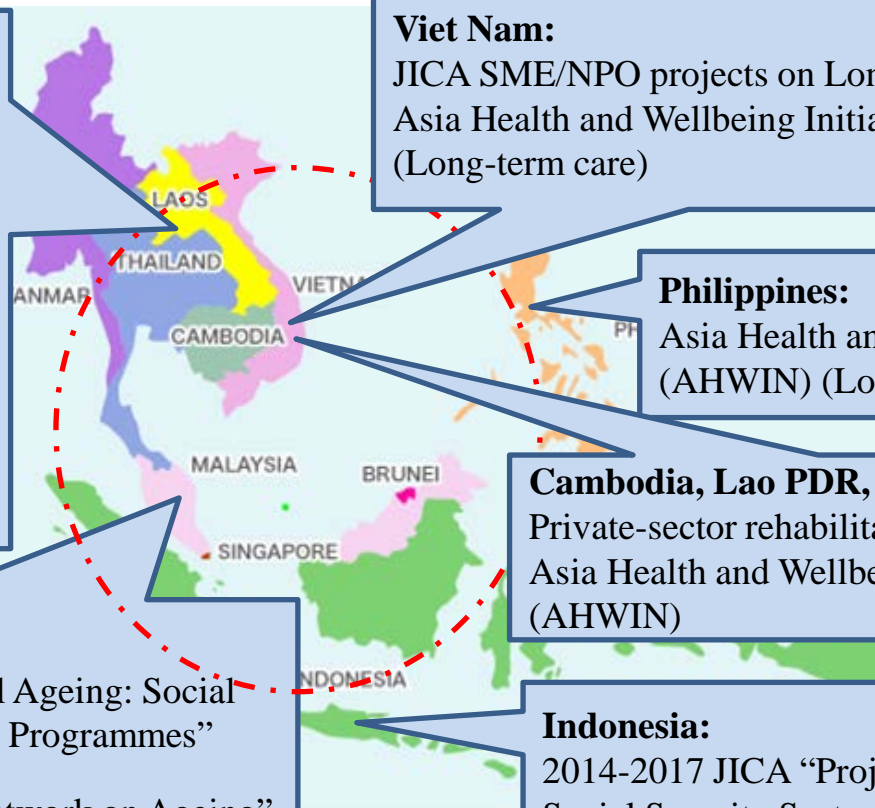
Private-sector rehabilitation hospitals under Asia Health and Wellbeing Initiative (AHWIN)

## Indonesia:

2014-2017 JICA “Project for Strengthening Social Security System”

## Malaysia:

2015-2017 JICA “Project on Successful Ageing: Social Support System and Community Based Programmes”  
2017-2020 JAIF “ASEAN Research Network on Ageing”



## Cooperation Framework

- ASEAN+3 Health Ministers and Senior Officials Meeting
- ASEAN+3 Ministers and Senior Officials Meetings on Social Welfare and Development
- ASEAN & Japan High Level officials Meeting on Caring Societies

# JICA's Ageing Projects with Thailand

2007 -2011 “Project on the Development of a Community Based Integrated Health Care and Social welfare Services Model for Thai Older Persons” (**CTOP**)

- Trial for Integration of Health and Social services



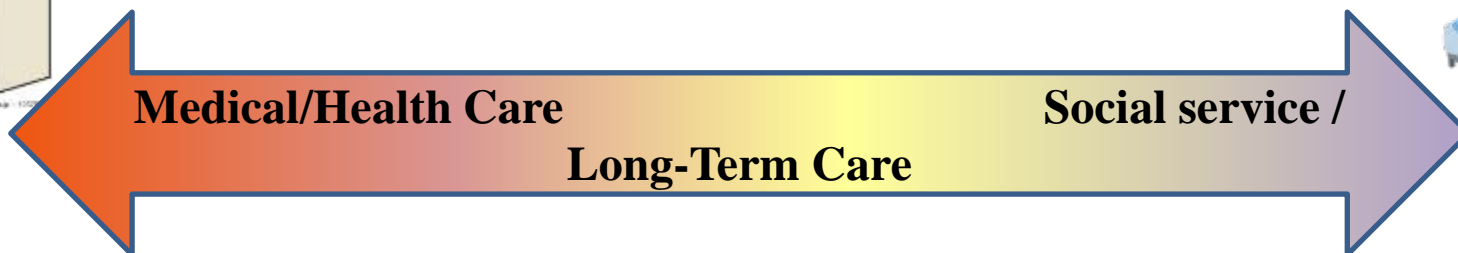
2013-2017 “Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People” (**LTOP**)

- Piloting “care management” and training of “care giver”



2017- 2021 “Project on Seamless Health and Social Services provision for Elderly Persons” (**S-TOP**)

- Development of Intermediate care and Rehabilitation from hospital to home

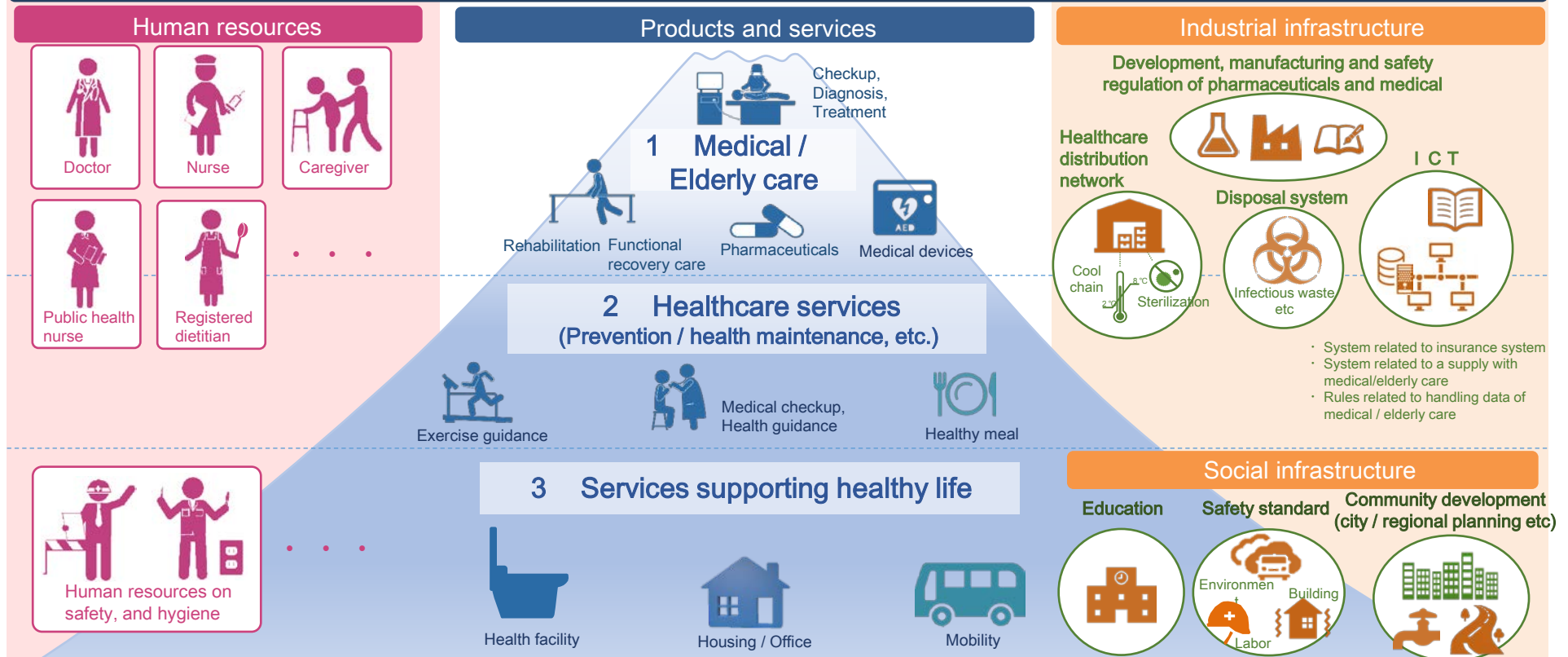




# Asia Health and Wellbeing Initiative (AHWIN)

- ◆ Aiming at realizing healthy and vibrant societies in Asia along with achieving sustainable economic growth
- Contributing to 3rd goal of SDGs, achievement of Universal Health Coverage (UHC)
- Promoting autonomous industries of medical / elderly care, healthcare services and other services which support healthy life and realizing comprehensive “Mt. Fuji-shaped” healthcare in respective Asian countries through mutually beneficial cooperation among Asian countries
- Minimizing the needs of medical / elderly care through enriching necessary healthcare services including business based approaches
- (1) Promoting specific projects and clarifying the purpose of the projects and (2) building an environment to advance further cooperation on business basis by creating MOCs with each partner country which cover the projects contributing to AHWIN

The amount of demand-supply of products and services in ideal health and longevity society, and necessary human resource and infrastructure for it



※Healthcare service: services related to prevention and health maintenance, etc. which are not covered by public insurance in Japan

※The area of Mt. Fuji shows the amount of demand-supply of above products and services in ideal health and longevity society

# Ongoing projects under Asia Health and Wellbeing Initiative

## Human resource exchange and development program in the field of emergency medical care (India)

- Japanese Association for Acute Medicine and Japanese Association for The Surgery of Trauma are planning to conduct human resource exchange such as providing opportunities for Indian medical personnel to take DMAT training in Japan and for Japanese medical personnel to take clinical training in India through cooperation with All India Institute of Medical Sciences.
- Introducing Japanese medical equipment, infrastructure and systems for emergency medical care which meet India's needs is to be considered.



## Hankun hospital (China)

- Japanese-style medical facility established in China, May 2018 by Trim Medical Holdings Inc.

### 【Features】

- General hospital for chronic disease treatment with a focus on diabetes, dialysis and rehabilitation.
- Providing not only medical care but also relating healthcare services such as:
  - Operating Japanese-style restaurant which conducts nutrition management and distributing special meals such as Chinese low-carbohydrate meals to surrounding area
  - Promoting and selling Japanese healthy foods, skin care products, etc.



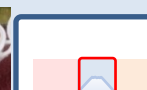
Dialysis bed

Water purification equipment

Rehabilitation equipment



Spicy boiled beef with oil (carbohydrate < 4g (per 100g))



[Products and services]  
\*1, 2, 3

## Asia rehabilitation center network (Viet Nam, Lao PDR and Cambodia)

- Medical facilities group in Viet Nam, Lao PDR and Cambodia being developed by Kitahara Neurosurgical Institute (Kitahara International Hospital)

### 【Progress】

- Viet Nam: Considering to develop a Japanese-style rehabilitation center at Viet Duc University Hospital in Ha Noi.
- Lao PDR: Considering to develop a stroke center at Mittaphab Hospital in Vientiane.
- Cambodia: Developed “Sunrise Japan Hospital” in Phnom Penh. Considering to promote meals and exercise for healthy life.



Rehabilitation in Viet Nam and Lao PDR



Sunrise Japan Hospital in Cambodia

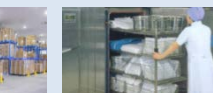


## Next-generation centralized management healthcare distribution center (India)

- Konoike Transport Co., Ltd considers to develop in Tamil Nadu, India "Next-generation centralized management healthcare distribution center" combining technologies such as sterilization and clinical testing into Japanese medical distribution model.
- Improving quality of hospital services and eliminating its disparities along with improving medical logistics efficiency.



Current condition



Ideal image





# “ASEAN Centre for Active Aging and Innovation(ACAI)”

## - Japan’s thought / suggestions -

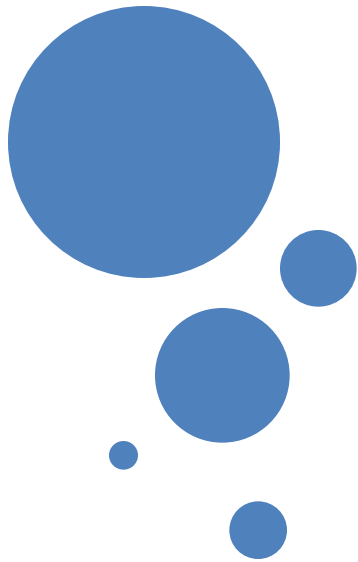
### □ Key Principles

- “**ASEAN Think Tank**”, collaborating with **East Asia** researchers
- “**Whole-of-Government**” & “**Life-Course**” approach, involving health, welfare and labor ministries
- “**Whole-of-Society**” or **community-based** solutions, engaging with **civil society** and **the private sector**

### □ Possible Roles

- **Center of Excellence / Research** for Evidence-based **Policy and Innovation** (dementia, long-term care, health promotion)
- **Sharing of Best Policy Practices** for ASEAN policy makers
- **Capacity building / training** for health-workers / practitioners
- **Stimulating Private Sector** and **Public-Private Partnership**

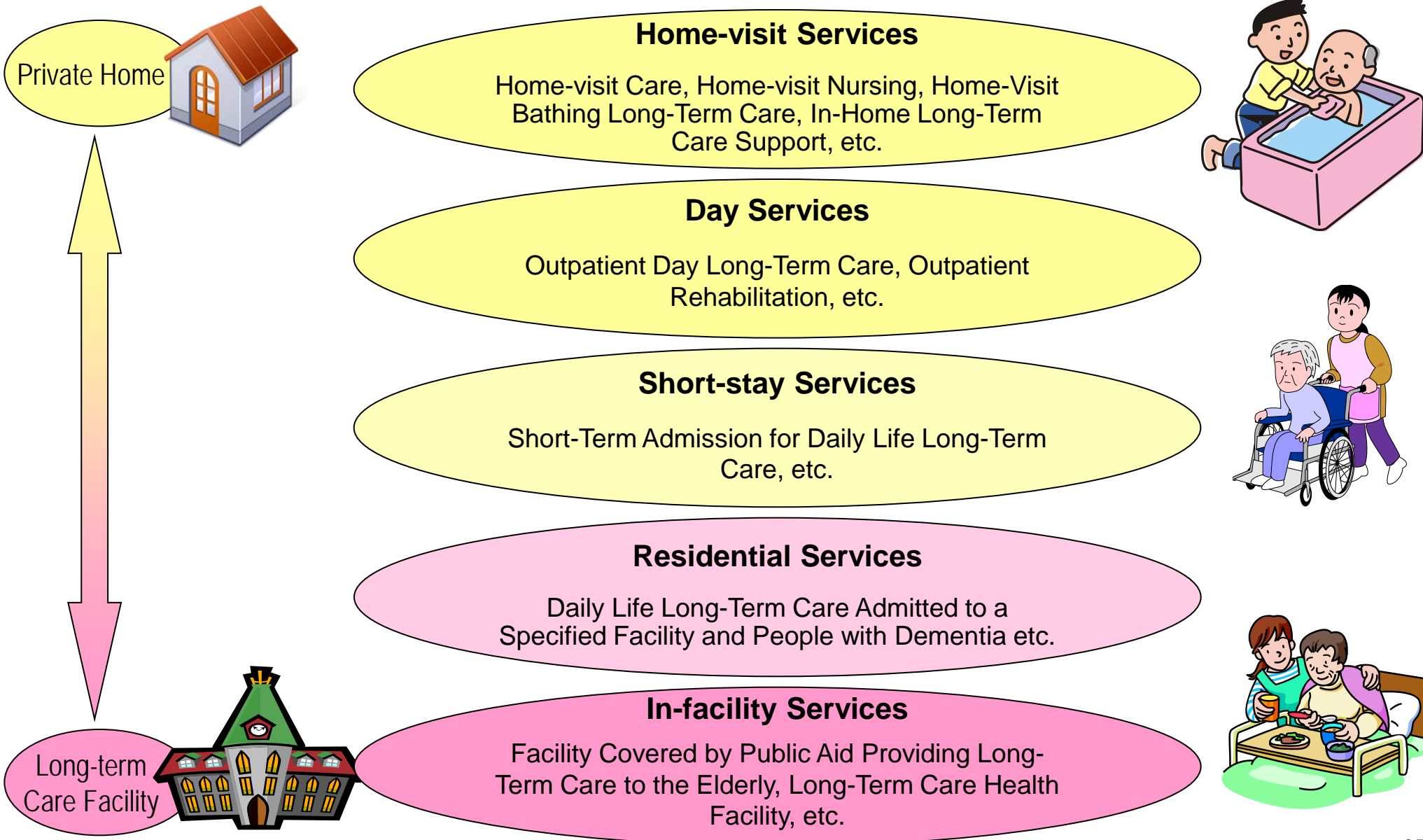
# Thank you for your kind attention.



For people, for life, for the future



# Varieties of Long-term Care Insurance Services



# Background of the introduction of the Long-Term Care Insurance System

- As society ages, needs for long-term care have been increasing because of more elderly persons requiring long-term care and lengthening of care period, etc.
- Meanwhile, due to factors such as the trend towards nuclear families and the aging of caregivers in families, environment surrounding families has been changed.



**Introduction of the Long-Term Care Insurance System in 2000  
(a mechanism to enable society to provide long-term care to the elderly )**

## **【Basic Concepts】**

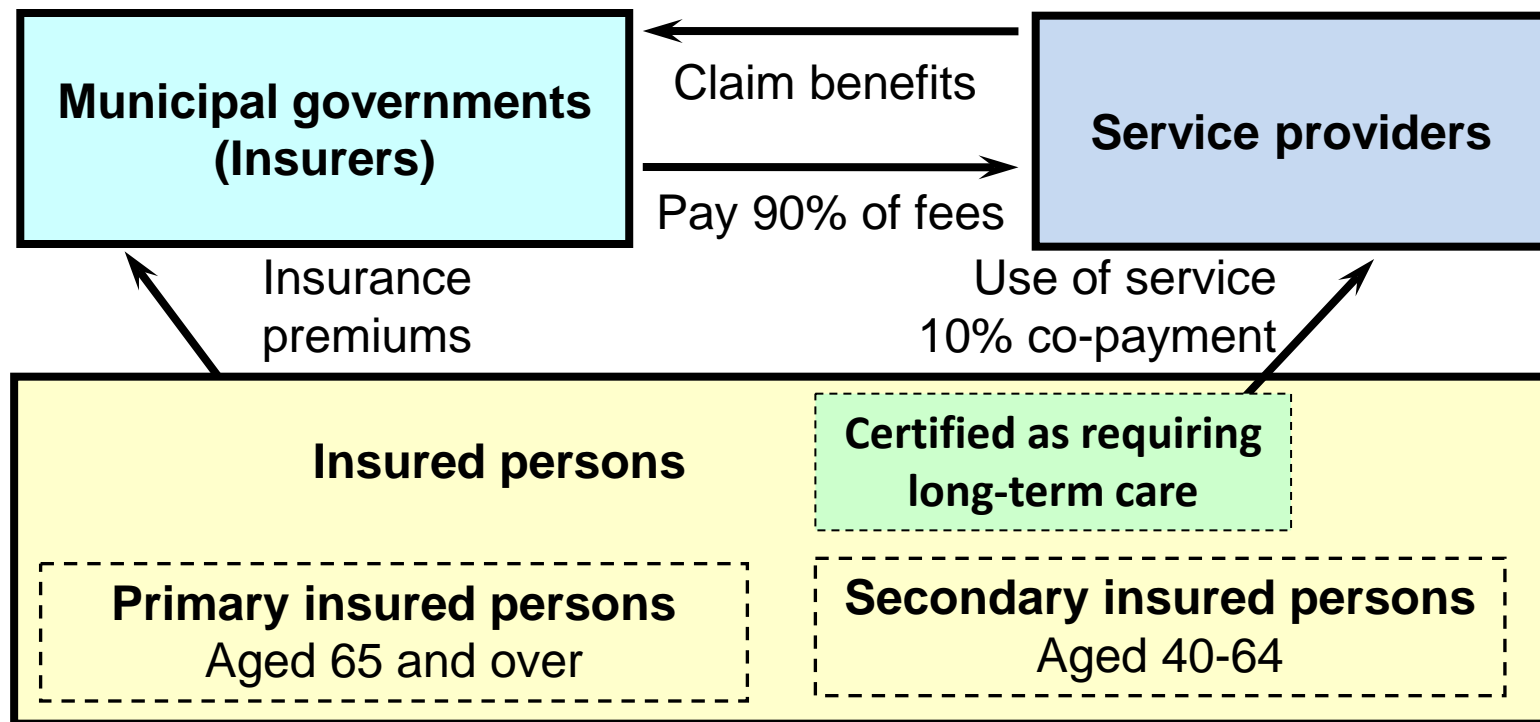
- **Support for independence:** The idea of Long-Term Care Insurance System is to support the independence of elderly people, rather than simply providing personal care.
- **User oriented:** A system in which users can receive integrated services of health, medicine, and welfare from diverse agents based on their own choice.
- **Social insurance system:** Adoption of a social insurance system where the relation between benefits and burdens is clear.

# Regulations for Long-term care providers

- LTC providers have to comply with labor laws as other sectors.
- LTC providers need to be accredited by local governments and comply with relevant standards to receive payment from the LTC Insurance, such as following;
  - Minimum standards of type, qualification and number of workers
  - Standards of appropriate management and planning
- Accreditation can be canceled if a provider violates labor laws and is fined.

# The mechanism of long-term care insurance

## 【How the long-term care insurance system works】



## 【Examples of the long-term care services】

- Home-visit long-term care
  - ✕ Provided by Home Helpers
- Home-visit nursing
- Outpatient day long-term care
- Fee-based home for the elderly
- Group home for the elderly dementia patients
- Intensive care home for the elderly

For professionals and residents

# Long-term care prevention activities in City M, based on the community diagnosis

Community diagnosis by  
a public health nurse

Matsura city, Nagasaki Prefecture (All elderly)  
Community Diagnosis Form



Understanding of the current situation and  
selecting problems by a community diagnosis

Sharing and opinion exchange on results of community  
diagnosis

- Residents throughout the city (various organizations)
- Community care meetings
- Long-term care prevention supporter training workshops, etc.

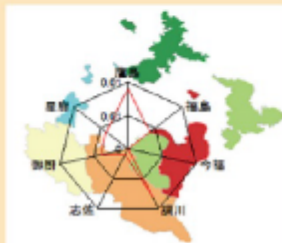
Selecting the regions of focus and deciding details  
of project

Initiated "Oyorimasse," a seniors' salon in District A

Community diagnosis by JAGES-HEART

Living alone and has difficulty shopping

"Household chores service needs,"  
"Unable to shop for daily items," "Living alone."



- 1st Takashima
- 2nd Tsukinokawa
- 3rd Fukushima

Example: community diagnosis using the long-term care  
prevention web atlas

A day in "Oyorimasse" (held twice a month on the 2nd and 4th Wednesdays)

|       |  |
|-------|--|
| 9:00  | Supporters arrive, start preparing lunch                       |
| 10:00 | "Ikiiki salon" starts  |
| 12:00 | Lunch  |
| 13:00 | Shopping from a mobile shop                                    |
| 14:00 | Participants return home, supporters hold a post-event meeting |
| 15:00 | Supporters return home   |



# Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan)

~To Realize Age and Dementia-Friendly Community~

- One-fourth of aged 65 and over is either persons with dementia or those in its preliminary stages. In 2012, one in seven, 4.62 million, is persons with dementia. It is supposed to be one in five, around 7 million in 2025.
- We should look to provide support so that persons with dementia can live well with dementia, recognizing that they are not merely persons to be provided with care.

## Basic Concept

**Realization of a society where persons with dementia can live with dignity in a pleasant and familiar environment as how they hope to be as long as possible.**

- Formulated by MHLW in collaboration with Cabinet Secretariat, Cabinet Office, NPA, FSA, CAA, MIC, MOJ, MEXT, MAFF, METI, and MLIT
- Targets at 2025 when the baby boomers turn 75 years and older
- Prioritizing the standpoint of persons with dementia and their families

## Seven Pillars

- ① Raising awareness and promoting understanding of dementia
- ② Providing health care and long-term care services in a timely and appropriate manner as the stages of dementia progress
- ③ Strengthening the measures for early onset dementia
- ④ Supporting those looking after people with dementia
- ⑤ Creating age and dementia-friendly community
- ⑥ Promoting research and development and disseminating the results, of prevention, diagnosis, cure, rehabilitation model, and care model for dementia
- ⑦ Prioritizing the standpoint of persons with dementia and their families