

# MULTISTAKEHOLDER FORUM

## Investing in Healthy and Active Aging for Sustainable Growth

A Regional Approach to Promoting Innovative Long-Term Care

### FORUM REPORT



August 15, 2017  
Ho Chi Minh City, Viet Nam



The organizers of the forum would like to thank Dr. Ann Pawliczko and Dr. George I. Pawliczko for the compilation of this report.

All opinions expressed in this report are solely those of the speakers and do not reflect the views of JCIE or the forum co-organizers.

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## ABBREVIATIONS

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AFPPD	Asian Forum of Parliamentarians on Population and Development
AHWIN	Asia Health and Wellbeing Initiative
APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
ComSA	Community for Successful Ageing
ERIA	Economic Research Institute for ASEAN and East Asia
ICT	Information, Communications and Technology
IT	Information Technology
JCIE	Japan Center for International Exchange
JETRO	Japan External Trade Organization
MOU	Memorandum of Understanding
MRA	Mutual Recognition Agreement
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
VJEPA	Vietnam-Japan Economic Partnership Agreement
WHO	World Health Organization

## EXECUTIVE SUMMARY

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A multistakeholder forum entitled Investing in Healthy and Active Aging for Sustainable Growth, A Regional Approach to Promoting Innovative Long-Term Care was held on the sidelines of the 3rd APEC Senior Officials Meeting and related meetings on August 15, 2017, in Ho Chi Minh City, Viet Nam. The forum was co-organized by the Government of Japan, the Government of Viet Nam, the Asian Forum of Parliamentarians on Population and Development (AFPPD), the Economic Research Institute for ASEAN and East Asia (ERIA), HelpAge International, the Japan Center for International Exchange (JCIE) and the Japan External Trade Organization (JETRO).

More than 260 participants from 27 Asia-Pacific economies were in attendance, including parliamentarians, government officials, academics, service providers, journalists, and experts from international organizations and civil society organizations. The Forum was convened to respond to the challenges and opportunities of rapid population aging in the region. With the number of persons aged 60 years and over in the Asia-Pacific region expected to grow to nearly 1.3 billion by 2050—about one in four people—there is an urgent need for effective policy responses to adapt to the challenges posed by these changing demographics. Today, the Asia-Pacific region accounts for about 40.5 percent of the world's population, but its elderly population represents more than half of world's seniors (over 65 years of age) and by 2050, that number will increase to 70 percent.

Besides raising awareness of the urgent need to address the implications of rapid population aging, the forum provided an excellent opportunity to share experiences, explore ways to harness the benefits of aging populations and discuss the challenge of preparing for the upcoming wave of population aging in the region. Representatives from widely diverse economies and cultures came together to discuss possible ways in which they might work collaboratively to ensure that no one is left behind.

Active and healthy aging is key. Ensuring that people remain active and healthy as long as possible will enable societies to harness the potential of elderly

persons while delaying the need for expensive care in later life. At the same time, keeping elderly persons within their communities and close to home is also important in allowing them to actively participate in society. The forum discussion highlighted this essential role of community systems for long-term care and the need to address the expected shortage of trained and qualified care workers to complement informal family care.

Forum participants overwhelmingly agreed that community-based care approaches are the key to providing quality elder care close to home. Examples from China, Thailand, Singapore, Malaysia and Japan all illustrated the importance of bringing healthcare closer to home not only to contain costs but more importantly to respond to the desire of elderly persons to age in place. Some approaches can be replicated in countries throughout the region, such as Japan's community-based integrated care system, which is designed to meet the growing needs of elderly persons to continue to live in their own environment. The Community for Successful Aging (ComSA) project in Singapore focuses on bio-psycho-social risk screening to understand the profile of elderly persons and their needs. Domiciliary healthcare services in Malaysia help improve health access and provide holistic care at home for patients who have been discharged from the hospital recently but are still bedridden, thereby increasing their quality of life and reducing readmissions.

Participants recognized that guaranteeing the supply of skilled caregivers is an urgent problem that requires a regional approach. It was agreed that cooperation is needed among economies in the region to promote professional training and career development and to facilitate cross-border movements and circulation of care workers. Indonesia, Sri Lanka, the Philippines, Viet Nam and Japan are working on initiatives to train care workers for the elderly, including projects to address language barriers and develop IT knowledge. The standardization and harmonization of qualifications for care workers was noted as essential in order to promote the career development and cross-border movement and circulation of care givers and in order to minimize the effects of brain drain

while capitalizing on the “brain gain.” Participants also stressed the need to promote the social recognition of care workers and to protect the human and labor rights of migrant care workers.

Coordination and cooperation between and within the public and private sectors, including civil society, are seen as critical in all economies in the region and at all levels to address the challenges. It was also noted that collaboration among the diverse economies and cultures of the Asia-Pacific region can facilitate exchanges of ideas and lessons learned. Creating a mechanism to promote bilateral and regional cooperation, such as the Asia Health and Wellbeing Initiative, could contribute to furthering joint undertakings.

The following are the key messages that came out of the forum and some thoughts on the way forward.

## Key Messages

**1. Rapid population aging is a common challenge that transcends national boundaries and requires a multisectoral approach.** It was identified in Healthy Asia Pacific 2020 as an urgent issue that should be jointly addressed. It requires the involvement of parliamentarians, the various levels of national and local government, the business sector, the health-care sector, civil society, and the elderly themselves. Population aging and the resultant increase in the demand for healthcare services for the elderly began in industrialized economies and has begun spreading like a wave to affect middle- and low-income economies in the Asia-Pacific region.

**2. Immediate action is needed to formulate appropriate policies to meet the needs of increasing numbers of elderly persons.** The multifaceted nature of the issue calls for the strong commitment of parliamentarians who can play a crucial role in cutting across the jurisdictions of various government branches to formulate comprehensive policies. Population aging need not be a crisis since there are many mitigating factors and the ultimate impact depends on government policies, including those related to pensions, social protection and retirement age.

**3. Aging populations present a challenge, but healthy and active aging can be turned into opportunities.** Longevity is one of humanity’s greatest

achievements. An emphasis on active aging, the promotion of good health, healthy behaviors at all ages and prevention and functional recovery is essential. Health systems should be aligned to meet the needs of the senior population by creating a continuum of comprehensive care that shifts from an acute to a chronic-care approach and promoting coordination between health systems and social care. IT innovations can likewise promote healthy aging and address the rising needs of elderly care. Active participation of elderly persons in the economy can have a positive impact if appropriate social and economic structures are put in place that enable them to carry on a productive life for as long as they are willing to do so.

**4. An aging society is not only an economic challenge but is inherently a health and human security issue.** It also presents a significant challenge that impacts the achievement of universal health coverage (UHC), which is critical in ensuring healthy and active lives for all throughout the life course, as set out in the Sustainable Development Goals (SDGs) to ensure that no one, regardless of age and gender—and especially no one among the more vulnerable groups—is left behind.

**5. Community-based care systems are the key to long-term care.** They are not only more cost-effective, but more importantly they respond to the desire of elderly persons to remain at home and age in place. An integrated, person-centered, community-based care approach is replicable in middle- and low-income countries. What is needed is a change in mindset, adequate training of caregivers, political will and adaptation to local conditions. This requires coordination and collaboration among a number of different stakeholders, including governments, CSOs and the private sector. Building an effective long-term care system in the community would also serve as a driving force for advancing UHC.

**6. Regional cooperation is crucial for the capacity development of care workers and the promotion of their effective circulation within the region.** This can be facilitated through the signing of bilateral and multilateral agreements (e.g., MRAs). Caregiver training and qualifications need to be standardized and harmonized to enable and encourage circulation within the region. At the same time, it is essential

to give adequate social recognition to care workers, protect their human and labor rights, and ensure opportunities for their career development.

## The Way Forward

Evidence-based policy is needed to successfully address the challenges of rapid population aging. It is crucial that the appropriate metrics and indicators

be identified and utilized at the national and international levels in order to find holistic and pragmatic policy solutions.

While each country must find its own way of caring for the welfare of its elderly population in keeping with the local context, it is essential to build on the momentum of this multistakeholder forum by prioritizing aging in global, regional and national policy debates.







# AGENDA

## Investing in Healthy and Active Aging for Sustainable Growth— A Regional Approach to Promoting Innovative Long-Term Care

August 15, 2017 | Ho Chi Minh City, Vietnam

### CO-ORGANIZED BY:

Government of Japan, Government of Viet Nam; Asian Forum of Parliamentarians on Population and Development (AFPPD); Economic Research Institute for ASEAN and East Asia (ERIA); HelpAge International; Japan Center for International Exchange (JCIE); Japan External Trade Organization (JETRO)

### OPENING SESSION

<b>Opening</b>	AKIO OKAWARA, President and CEO, JCIE (MODERATOR)
<b>Welcome Remarks</b>	TIEN NGUYEN THI KIM, Minister of Health, Viet Nam
<b>Keynote Speech</b>	KEIZO TAKEMI, Member, House of Councillors, Japan; Chairperson, AFPPD ERMALENA MUSLIM HASBULLAH, Member, Parliament, Indonesia; Chairperson, Indonesian Forum of Parliamentarians on Population and Development

### SESSION 1: DISCOVERING ASIA'S PATHWAY TOWARD A VIBRANT AGING SOCIETY

#### Overview of Global Demographic Change and its Economic Impact from a Macro Perspective

SOONMAN KWON, Chief of Health Sector Group (Technical Advisor on Health),  
Asian Development Bank

#### Overcoming the Challenges—Lessons Learned from Japan's Experience

KOJI FUJIMOTO, Deputy Director General, Office of Healthcare Policy, Cabinet  
Secretariat, Japan

SHIGEMI KITAHARA, President, Kitahara Neurosurgical Institute, Japan

### SESSION 2: THE ESSENTIAL ROLE OF COMMUNITY SYSTEMS FOR LONG-TERM CARE

MODERATOR: EDUARDO KLIEN, Regional Director, Asia Pacific Regional Office, HelpAge  
International

PANEL:

DU PENG, Director, Institute of Gerontology, Renmin University of China

VICHAI CHOKEVIVAT, Member, Quality Control Committee under the  
National Health Security Act; President of Senior Citizen Council of  
Thailand; Former Expert in Health Promotion, Ministry of Public Health,  
Thailand

PEH KIM CHOO, Chief Executive Officer, Tsao Foundation; Director, Hua Mei  
Centre for Successful Ageing, Singapore

FARIDAH BINTI ABU BAKAR, Deputy Director (Family Health), Family  
Health Development Division, Ministry of Health, Malaysia

KOJI MIURA, Professor, Keio University Hospital Clinical and Translational  
Research Center; Former Director-General, Health and Welfare Bureau for  
the Elderly, Ministry of Health, Labour and Welfare, Japan

## LUNCHEON

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LUNCHEON SPEAKER **SARAH LOUISE BARBER**, Director, WHO Kobe Center, Japan

## SESSION 3: A REGIONAL APPROACH TO CAPACITY DEVELOPMENT AND THE CROSS-BORDER MOVEMENT OF CARE WORKERS

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**MODERATOR** **REIKO HAYASHI**, Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research, Japan

**PANEL:**

**DIONO SUSILO**, Head, Division of Empowerment of Foreign Human Resources for Health, Board of Development and Empowerment, Human Resources for Health, Ministry of Health, Indonesia

**SUVINDA SAMARAKOON SINGAPPULI**, Director, National Secretariat for Elders, Ministry of Social Empowerment and Welfare, Sri Lanka

**JUAN ANTONIO A. PEREZ III**, Executive Director, Commission on Population, Philippines

**PHAM THI QUYNH HUONG**, Division for Japan-Europe and Southeast Asia, Department of Overseas Labor, Ministry of Labour, Invalids and Social Affairs, Viet Nam

**WAKO ASATO**, Associate Professor, Graduate School of Letters, Kyoto University, Japan

## CLOSING SESSION: WAY FORWARD FOR POLICY DISCUSSIONS AND DECISION-MAKING ON REGIONAL AND MULTISECTORAL COLLABORATION

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**KEIZO TAKEMI**, Member, House of Councillors, Japan (MODERATOR)

**EDUARDO KLIEN**, HelpAge International (MODERATOR FOR SESSION 2)

**REIKO HAYASHI**, National Institute of Population and Social Security Research, Japan (MODERATOR FOR SESSION 3)

**JETN SIRATHRANONT**, Member of Parliament, Thailand; Secretary General, AFPPD

**PHAM LE TUAN**, Vice Minister of Health of Viet Nam

## CLOSING REMARKS

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**LUBNA BAQI**, Deputy Regional Director, Asia Pacific Regional Office, United Nations Population Fund

**HIDETOSHI NISHIMURA**, President, ERIA

Visit JETRO Exhibition & Performance

## Buffet Reception

**Remarks** **JUN-ICHI KAWAUE**, Consul General of Japan in Ho Chi Minh City

**PHAM LE TUAN**, Vice Minister of Health of Viet Nam

# OPENING SESSION

## Opening

### **AKIO OKAWARA**

**President and CEO, Japan Center for International Exchange (JCIE) (MODERATOR)**



Mr. Okawara warmly welcomed the participants on behalf of the co-organizers and JCIE. The Forum was held on the sidelines of the third APEC Senior Officials Meeting and related meetings. It was jointly organized by the Government of Viet Nam, the Government of Japan, the Asian Forum of Parliamentarians on Population and Development (AFPPD), the Economic Research Institute for ASEAN and East Asia (ERIA), HelpAge International, the Japan External Trade Organization (JETRO) and JCIE. The Forum's aim was to provide a platform to discuss the urgency of addressing population aging, share good practices, challenges and ways to respond to rapid aging among Asia-Pacific economies.

There was overwhelming interest in the Forum, as shown by the large attendance, which included over 260 participants from 27 economies in the Asia-Pacific region representing all stakeholders, including policymakers, government officials and representatives from international organizations, the private sector, academia and civil society organizations. JCIE, as part of civil society, is pleased to have

the opportunity to take part in this very important undertaking and to play a catalytic role in connecting various stakeholders across the region. No single sector alone can respond to the multifaceted and complex challenges brought on by rapid population aging and that concerted collaboration among all stakeholders is essential.

Mr. Okawara expressed his sincere appreciation to the Ministry of Health of Viet Nam for its commitment and cooperation in organizing the Forum and also thanked the Government of Japan, the co-organizers and all involved in ensuring the success of the Forum. The Forum would not have been possible without their hard work and support.

In closing, Mr. Okawara expressed his hope that the Forum will bear fruitful discussion, lay the foundation for promoting policy dialogue and strengthen multistakeholder networking and collaboration in the Asia-Pacific region as it addresses the enormous challenges of investing in healthy and active aging for sustainable growth.

## Welcome Remarks

**TIEN NGUYEN THI KIM**

Minister of Health, Viet Nam



Minister Tien Nguyen warmly welcomed the participants on behalf of the Ministry of Health of the Socialist Republic of Viet Nam. She pointed out that population aging is one of the greatest demographic changes in the world today. The number of elderly persons is expected to increase from over 900 million (12.3 percent of the world's population) to 2 billion (22 percent) by 2050. The population of APEC member countries accounts for 40.5 percent of the world's population while their elderly population represents nearly 50 percent of the world total. Most APEC member countries have been and are facing population aging and some have the highest number and density of elderly persons, including China, Japan and Indonesia.

Thanks to the achievements of socioeconomic development and the healthcare program, life expectancy at birth in Viet Nam increased in recent years. Viet Nam is among the countries with the fastest aging populations. Currently, there are 10.1 million elderly persons in Viet Nam, accounting for 11 percent of the total population. It is estimated that in 2030, up to 18 percent of the country's population will be elderly and this percentage will increase to 26

in 2050. While it may take many decades for developed countries to transform from an aging population to an aged population, for Viet Nam it will only take 22 years.

The Multistakeholder Forum on Investing in Healthy and Active Aging for Sustainable Growth is co-organized by the Government of Viet Nam, the Government of Japan, the AFPPD and other stakeholders. The Forum is an opportunity for Viet Nam to learn from the experiences of others as well as an excellent opportunity for policymakers, managers, scientists and other stakeholders to share and discuss ideas in order to come up with concrete and practical solutions for investing in healthy and active aging for the sustainable growth of each particular economy as well as for the prosperity of the Asia-Pacific region as a whole.

In concluding, the minister wished participants a very pleasant stay in Viet Nam, enjoying the Vietnamese people and their culture during their stay in Ho Chi Minh City, which is the most dynamic city in Viet Nam. She wished all participants good health and happiness and looked forward to a productive meeting.

## Keynote Speech

### KEIZO TAKEMI

Member, House of Councillors, Japan; Chairperson, Asian Forum of Parliamentarians on Population and Development (AFPPD)



### Aging Populations and Sustainable Growth, Pathway Toward a Vibrant Aging Society

A giant wave of population aging will soon be hitting an increasing number of APEC economies. These changing demographics will have a significant economic, social and political impact on the region's economies in the medium to long term. An aging society is not only an economic challenge but also a health and human security issue. It will have a significant impact on the achievement of universal health coverage, which is essential to ensure healthy and active lives for all throughout the life course as set out in the Sustainable Development Goals, particularly SDG 3, which calls on governments to ensure healthy lives and promote well-being for all at all ages. Universal health coverage means that all people have the quality, effective, affordable, promotive, preventive, curative, rehabilitative and palliative health services they need. The role of policymakers is crucial in responding to the multisectoral challenges posed by population aging.

More than half of the population aged 65 years and over lives in Asia and by 2050, that percentage is expected to be 70. The youngest age group, that of 0–14 years old, reached a peak in 1995 and subsequently began decreasing. In 1950, there were 300 million persons aged 65 years and over and by 2050, the elderly population will reach 900 million. Population aging is no longer a domestic issue, but a common agenda item that goes beyond national borders. The main concern is how countries work together in the region to address population aging.

The dependency ratio is an important barometer of population aging. It is calculated by dividing the population aged 0–14 and 65 and over by the working age population aged 15–64; the higher the dependency ratio, the higher the burden on the working population. Japan hit the peak around 1960 in terms of its working-age population and had 40 years of preparation before speedy aging began in 2000; the dependency ratio went up very rapidly after that and Japan had a large aging population. During this 40-year period, Japan was able to put in place policies to address population aging, including universal health

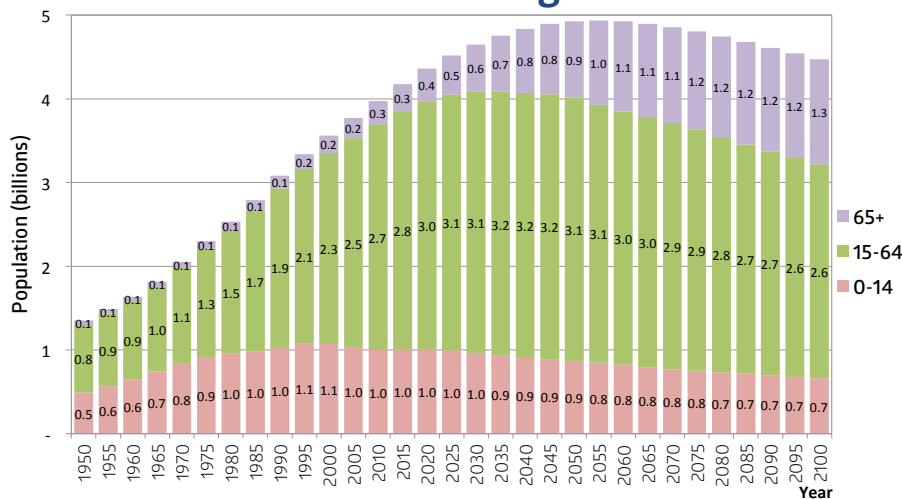
coverage, a universal pension system and a long-term care insurance system. In contrast, once other Asian countries hit the peak, their dependency ratios immediately went up so that these countries did not have many years to prepare for aging. Japan had time to build up a good system and produce industries with efficient tools and facilities.

Regarding the speed of aging, the United Nations defines an “aging society” as one in which 7 percent of the population is elderly, an “aged society” is 14 percent, and a “super aged society” is 21 percent. Most of the first wave of aging occurred in European countries around 1940. Japan, the most advanced aging country, started to age in 1970 and became an aged society in only 24 years. Another wave of aging came around 2000 as South Korea, China, Singapore, Thailand and Sri Lanka took 18 or 20 years to become aging societies. Their speed of aging is much faster than Japan’s. China’s large population took only 23 years to become aged. The number of Chinese over 65 is now larger than the total population of Japan.

focus must be on the community and on home-care services as a priority for service delivery, including for long-term care services. The new challenge of the Japanese integrated community care system is to create efficient networks among the major players, including home-care services, healthcare services and nursing homes. The basis of the services should be the cohesion of the community itself. The creation of an elderly community should be encouraged within each community. The second impact is the aging poor, who are recipients of public assistance. Forty-three percent of recipients of public assistance are the elderly over 65. An increase in the number of nuclear families and the loss of jobs for the elderly resulted in an aging poor. This is a major issue for advanced aging countries. Healthy life expectancy must be prioritized, not just the extension of life expectancy. Given a healthy life expectancy, the elderly population should have jobs, continue working and keep their own income, thus decreasing the burden on the younger generation. This means active aging, socially and economically.

The third impact of aging is the shortage of care workers. Japan is facing a very serious shortage of long-term care workers; the country expects a shortage of nearly 400,000 care workers within 10 years. Japan has now opened its doors to foreign labor especially for healthcare services. Many Asian countries will have large numbers of elderly persons within the near future. However, many of them do not have the educational system necessary to produce long-term care workers. Therefore, elderly-care workers can be invited to Japan for five years to receive training and experience and to gain the necessary sophisticated skills for elderly-care services, which they can then bring back to their own countries. When these workers return, they will be able to provide continued long-term care services to their increasingly elderly populations. If such a labor market for long-term care workers can be designed

### Population by age group Asia and Pacific region total



Note : Asia and Pacific region includes East, Southeast, and South-Central Asia, and Oceania

Source : United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision (DVD edition).

There are three impacts of aging. First, a growing number of non-communicable diseases including cancers, ischaemic diseases and stroke are becoming the largest causes of death. In Japan, the number of persons dying at home declined from 82 percent in 1951 to 12 percent today. Currently there are many hospitals and nursing homes and this is where most people die. This contributes to the high cost of healthcare overwhelming the national budget. The



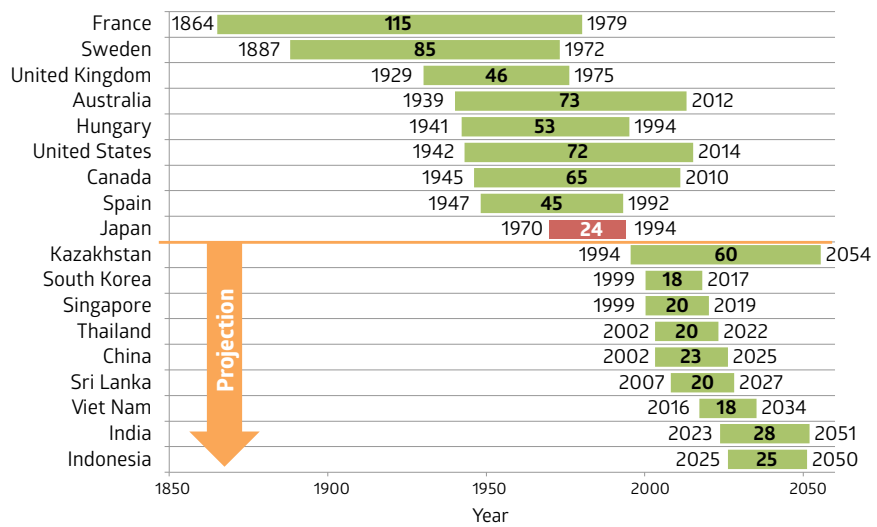
beyond national boundaries, it will be a win-win situation. How such a system is designed depends on government-to-government collaboration. Japan already has such a scheme entitled the “Asia Health and Well-Being Initiative.”

There are three key issues: 1) the role of the community system for long-term care and public and private civil society partnerships, 2) human resources and regional innovative approaches for capacity development of professional care workers through cross-border movements and 3) collaboration among APEC economies that are experiencing different waves of aging. There are so many providers, some of which have started to use elderly-care robots and various sophisticated skills. It is not certain to what extent these skills can be made available to Asian countries

now. But if countries have elderly populations, they should have many industries and providers in the community so that they can efficiently overcome the new challenges of an aging society.

### Speed of aging

Years required for aging rate to rise from 7% to 14%



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 : Hungary by Kinsella and Wan He (2009); Kazakhstan, Viet Nam, India, and Indonesia calculated using UN (2015) and others by IPSS (2016)

## Keynote Speech

### ERMALENA MUSLIM HASBULLAH

Member, Parliament, Indonesia; Chairperson, Indonesian Forum of Parliamentarians on Population and Development (IFPPD)



APEC will soon be entering its fourth decade, and each APEC member country shares a responsibility and commitment to achieve APEC's vision, objectives and goals. This commitment must be manifested in collective efforts, both short- and long-term, to promote healthy aging within the Asia-Pacific region. By promoting healthy aging, we can transform the future of aging societies so that they can continue to contribute productively to shaping APEC's future.

Changing demographics are expected to generate a negative impact across the region with some countries enjoying a demographic dividend while aging societies will tackle rising costs. Research by the International Monetary Fund showed that Japan's population decreased by a record number in 2016, with its gross domestic product (GDP) expected to decrease by one percentage point from 2020 to 2050, adding to concerns over public finances caused by rising health and welfare costs. China, Hong Kong, Thailand and the Republic of Korea are also estimated to experience a 0.5 percentage point annual decline over the same period. Rapid aging is expected to hit GDP growth in China, Hong Kong, the Republic of Korea and Thailand by 2020 and Singapore by 2025,

well before China's expected transition into high-income status in 2026 and Thailand after 2040.

Overall, Asia's populations are expected to age at a faster pace than any other region in the coming decades, with the elderly population projected to reach nearly 923 million by 2050. Asia's rapid pace of population aging is caused by declining fertility, increased longevity and falling mortality. Asia-Pacific economies should not fear to face this scenario together even though the future will come sooner than expected. There are several key factors that need to be addressed to turn aging Asia's demographic challenges into incentives that will bring opportunities and benefits to APEC member countries. Policymakers must be actively engaged and remain committed, turning to education, migration and social and technological innovations, all of which must be addressed to ensure the formulation of policies that can influence outcomes in APEC's favor.

To succeed in facing the challenges, APEC countries must selectively analyze the essential demographic segments of society that are most likely affected, namely women. In the Asia-Pacific region, women on average outlive men by at least four years.

What makes them vulnerable is that they still are not able to fully participate in society. Even in their younger years, they encounter various challenges because of their gender. Women have a lower labor force participation rate, which means that they have less savings than men, making them financially vulnerable in old age. Moreover, having less education and fewer resources than men has created employment gaps. Those who are widowed or unmarried often have difficulty receiving adequate healthcare and social protection. In the Asia-Pacific region, there is a growing number of elderly who live in poverty in rural areas. Limited access to education and the labor force throughout their lives have made women more vulnerable to poverty and deprivation, social insecurity, neglect and physical and psychological violence.

Challenges related to public policy promoting healthy and active aging in Asia and the Pacific have largely been uneven across the region. Some APEC member economies have been more proactive about implementing public policies to meet the needs of the elderly while others have been much slower in their response because of limited resources and the demands placed on governments to prioritize other areas. Two broad challenges lie ahead for APEC member economies: 1) generating economic growth in a social climate with increasing numbers of elderly and declining numbers of younger persons and 2) delivering accessible healthcare and old-age support structures to ensure that no one is left behind. Both challenges will affect APEC's commitment to achieve the Sustainable Development Goals by 2030.

Population aging is a cause for concern for APEC policymakers and individuals alike because of the economic, social and political implications for APEC efforts to achieve its three pillars: trade and investment liberalization, business facilitation and economic cooperation, all of which have a positive impact on regional economic growth of APEC member economies. APEC member economies have roles and responsibilities to ensure that the policies they formulate are in line with APEC's present and

future priority needs. They must ensure that education becomes a central focus with equal access for girls and youth and equal access to the economy. They must also ensure active participation of youth in helping elderly persons with social innovation programs that APEC member economies must create. APEC's policymakers and political leaders should work together closely to share information and better allocate expertise to provide training, transfer knowledge and be more open to allow migration of healthcare workers.

Business leaders are important APEC stakeholders and should provide quality, affordable healthcare systems. APEC economies must make technological innovations accessible and affordable for all APEC members. APEC member economies are entering the early phase of the fourth Industrial Revolution, marked by technological breakthroughs that will fundamentally affect the way people live, work and relate to one another. In scale, scope and complexity, the transformation will be unlike anything humankind has experienced before. These breakthroughs include fields such as artificial intelligence, robotics, the Internet of Things, autonomous vehicles, 3-D printing, nanotechnology, biotechnology, materials science, energy storage and quantum computing. APEC member economies can seize upon these important breakthroughs to find better solutions to face population aging issues. NGOs are also important APEC stakeholders and should actively participate in APEC efforts to create social innovation programs based on the social and cultural needs of individual APEC member economies.

The various stakeholders are each addressing the challenges of population aging in the region. All participants should exploit the opportunities offered by the Forum to further develop the APEC post-2020 vision. Ms. Hasbullah thanked the government of Viet Nam as APEC Chair 2017 and the organizing committee, welcomed all participants and expressed her wish that the Forum discussions will generate more valuable ideas for APEC member economies and AFPPD members to continue socioeconomic development in the region.

## SESSION SUMMARIES

## Session 1: Discovering Asia's Pathway toward a Vibrant Aging Society

### Overview of Global Demographic Change and its Economic Impact from a Macro Perspective

#### SOONMAN KWON

Chief of Health Sector Group (Technical Advisor on Health), Asian Development Bank (ADB)



An examination of the relationship between aging and economic development shows that there are two major inputs to economic growth: labor and capital. Focusing on the impact of health on the size of the labor force, labor productivity and savings/capital accumulation, many are worried about the negative impact of aging on economic growth, but there are various facilitating and mitigating factors. These worries are unfounded because the potential decrease in economic growth due to aging can be offset by higher education and the participation of women in the labor force. Whether people wish to work past retirement age depends on government pension and social security policies. Today more people have attained higher education, are in better health and have the capacity to work. As a result, countries can still have a large labor force. Policy measures on immigration

also impact the labor force. Higher education and better health of elderly persons translates into higher capacity and higher productivity. While physical capacity may be lower, the mental capacity to work may remain into old age. The complementarity of skills of the younger and elderly workers working together can also have a positive impact on the labor force.

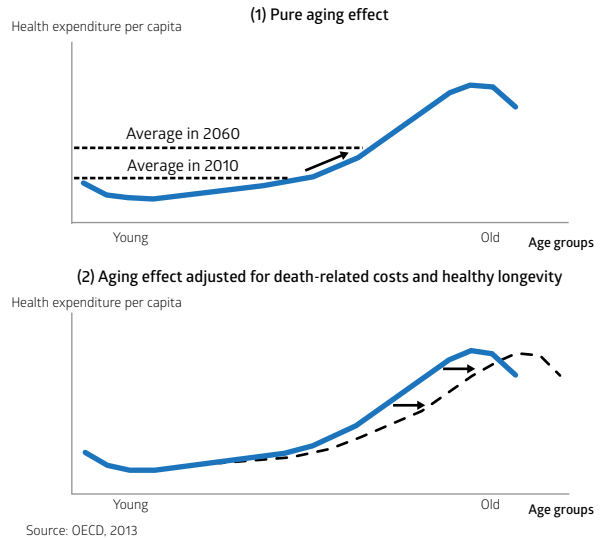
Regarding capital accumulation, Asia has a culture of high savings. While aggregate savings may decline with population aging because of the smaller number of persons in the labor force, it is possible that people will have an incentive to save if they expect to live longer. Here again, the social security system and financial markets have a role to play in the decision whether or not to save.

Regarding the effects of aging on pension, health and long-term care systems, there is a large impact on pensions, with policies on benefits and pension age playing an important role. When there is a pay-as-you-go pension system, aging may have some negative impact on the financial stability of the system. It is important to have a well-designed pension system. Good policies are needed such as increasing age eligibility of pensions or re-designing the benefit systems. Regarding the impact of aging on health, while people are worried that aging has a very negative impact on healthcare expenditures, studies show that healthcare spending is greatest in the last year or half year of life. Therefore, aging itself, especially healthy living when the health of the population is improving, does not have that great of an impact on health expenditures. The effect on long-term care depends on how it is designed. The region still wants to preserve family and informal care. Care within the community setting is more cost effective than that

provided by institutions. In the end, the impact of aging on economic development depends on how governments design policy and how it is implemented.

A graphic presentation showed the way in which demographic and non-demographic drivers contribute to healthcare spending. The mechanical effect of population aging on expenditures is portrayed as moving up along the expenditure curve, assuming that the age profile of expenditures remains constant over time. When the age factor is adjusted by incorporating the healthy aging hypothesis, the curve shifts to the right, meaning that higher expenditures are shifted toward later in life. This means that while elderly persons still cost more than the young, they do so at progressively older ages. Other non-demographic factors, including income, health prices and policies and institutions, can affect the expenditure curve.

### Healthy Aging and Health Expenditure



## Overcoming the Challenges—Lessons Learned from Japan’s Experience

### KOJI FUJIMOTO

Deputy Director General, Office of Healthcare Policy, Cabinet Secretariat, Government of Japan



### Asia Health and Wellbeing Initiative

Japan’s Asia Health and Wellbeing Initiative (AHWIN) is designed to enhance collaboration with Asian countries in order to improve aging societies through reciprocal and mutually beneficial

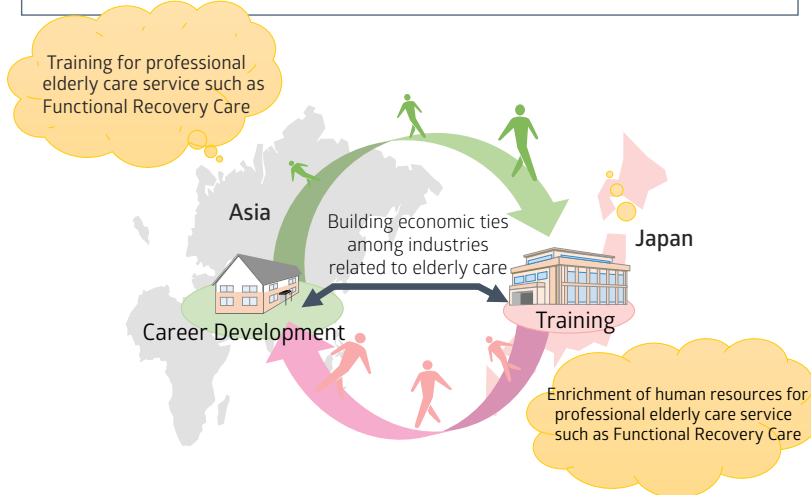
approaches. AHWIN is still in its preliminary stage and Japan has just started to propose it to Asian countries. Participants were encouraged to consider the Initiative and engage in discussion with a view towards improving the idea of enhancing both healthy aging and economic development.

There is a paradigm shift in the current situation of medical and elderly care in Japan. Acute care has expanded and contributed to the development of medical treatment and surgery. On the other hand, rehabilitation after acute care still has room for improvement. The key question of whether a person can receive adequate rehabilitation is very important for the patient to return to the routine of daily life as, for example, in the case of a stroke victim who is hospitalized and undergoes surgery. Sometimes acute medicine oriented hospitals are not keen on providing intensive rehabilitation. They tend to provide less intense rehabilitation mainly as a result of their management policies. The Japanese National Health Insurance is not adequately designed in this respect. This often leads to the patient receiving less frequent rehabilitation, and as a consequence, becoming a care receiver. Even at the care receiving stage, there is



### Asia Health and Wellbeing Initiative (AHWIN)

- AHWIN aims to **amass** bilateral and regional cooperation, business and projects on aging-related challenges in the Asian region.
- The goal of the initiative is to **create a vibrant and healthy society** where people can enjoy long and productive lives, and to contribute to **the economic growth**.



First approach image suggested by Japan

cooperation on aging-related efforts in Asia in order to attain an ideal aging society and economic growth. The Initiative seeks to support Asian countries in the development of industries such as care services by enhancing economic ties in related industries. Under the Initiative, Japan will provide training in professional elderly care services, such as functional recovery care, through a new technical intern program that will build up the care-giving capacity in other countries by obtaining advanced functional recovery care skills in Japan and will trigger a revitalization of these services in Japan as well. A successful example included building economic ties

another chance to get back to daily life if one receives functional recovery care.

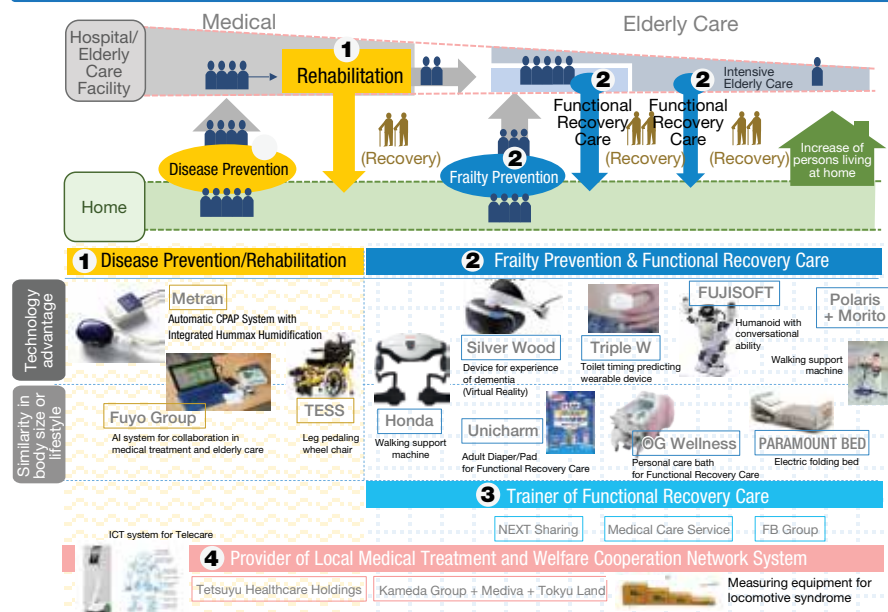
Japan is refining this system to place more importance on providing enough rehabilitation and functional recovery care services and guaranteeing that everyone can receive the services. Last year, the Prime Minister instructed the Japanese government to strengthen the prevention of both disease and frailty, shifting to a new medical and elderly care system clearly emphasizing rehabilitation and functional recovery care. Technologies of prevention, rehabilitation and functional recovery should be utilized from the early stages of constructing and implementing the elderly-care system in order to attain both independent and healthy lifestyles for people and to improve the national financial situation. There are many cases of patients undergoing rehabilitation and achieving remarkable results.

AHWIN aims to increase bilateral and regional

in industries related to medical and elderly care in Cambodia, where a Japanese-style healthcare facility was established with the Cambodian medical society.

Examples of useful innovations in the area of elderly care in Japan were provided and an invitation was extended to participants to view the exhibition of unique technologies produced by Japanese companies.

### Japanese latest and most useful innovations in the area of elderly care related products and services





## SHIGEMI KITAHARA

President, Kitahara Neurosurgical Institute (KNI), Japan



### Establishing a Safe, Comfortable and Sustainable Society

Universal healthcare in Japan used to be highly regarded but its sustainability is at risk due to a lack of finances because of the stagnant economy caused by low birth rates and an aging society. Japan is faced with challenges to protect healthcare and sustainable prosperity under this scenario. As a reflection of the level of development of a society, the healthcare system can be described in three stages: stage one typified by emerging countries with the establishment of equal medical services as the highest priority and the establishment of domestically facilitated medical services; stage two in advanced countries where it is essential for medical services to be industrialized and profitable and where exportation of new medical equipment and drugs is necessary to recoup development costs; and stage three characterized by future-oriented medical services where there is less use of extravagant high-cost machinery and where the establishment of medical services as a total life-support industry is key.

The ideal healthcare system is a total life-support industry that provides everything needed to achieve

a good quality of life and a comfortable death. Accordingly, everything from agriculture, education and IT infrastructure building to funerals are all part of healthcare. Once healthcare develops into a total life-support industry, it will create a stress-free society and the number of people with diseases will decrease. This is stage three healthcare that can protect people's health and happiness at a small cost. Stage three should be adoptable in developing countries as well. The role of a country that has reached stage three is to establish an ideal healthcare system with a total life-support industry and to export it to other countries. There is now a great competition in the healthcare market in Asia. This competition is affecting the development of domestic healthcare systems in developing countries and impeding social development. Japan should become the first stage-three country and serve as an example of the new healthcare system, one that can bring happiness to all.

Blue Zones are areas where large numbers of elderly people live and work in a healthy setting. The secret to the longevity of people living in these zones is regular moderate exercise, simple vegetable-based diets and good relationships with others, resulting in a low level of stress. These areas do not have advanced medical care. Healthcare as a total life-support industry will be the key to prosperity.

There are a number of ongoing initiatives, including an emergency lifesaving center in Cambodia opened with the support of the Japanese government as well as projects in Viet Nam and Laos; a total life-support system in Hachioji, Japan; a Digital Living Will System that will enable consumers to provide required information in advance to enable them to receive care and treatment as per contract when needed; a "healing facility" where people will be healthy and happy just by staying there; and a next-generation digital hospital with artificial intelligence. The challenge in Japan is to develop high-quality, low-cost healthcare as a total life-support industry to save and develop societies around the world.

## Session 2: The Essential Role of Community Systems for Long-Term Care

### MODERATOR

**Eduardo Klien**, Regional Director, Asia-Pacific Regional Office, HelpAge International

### PANELISTS

**Du Peng, Vichai Chokevivat, Peh Kim Choo, Faridah Binti Abu Bakar, Koji Miura**

#### **DU PENG**

**Director, Institute of Gerontology, Renmin University of China**



China has 230 million persons aged 60 or over, which is more than the 0–14 age group. By 2050, this number is expected to increase to 480 million. China's experience in long-term care can be characterized by three stages: 1) whether the country needs long-term care services given the tradition of filial responsibility, 2) how to provide long-term care services, whether in nursing homes or community-based and 3) how to make more effective sustainable service systems for long-term care, especially in community service centers. Most cities in China are at the second stage, while rural areas are at the beginning of this stage. There is a hot debate concerning stage three.

Rapid population aging and projections for 2050 in China necessitate the prioritization of aging policies on community care for the elderly. The past national five-year plan had a clear target to have 3 percent institutional care for the elderly. China's current five-year plan has shifted its focus to community-based care. China has made impressive progress on elderly care, especially long-term care in communities. The new plan is to explore the development of long-term care at different levels by 2020. Transforming from a planned economy, the national policy emphasizes supportive policies on care provision and a monitoring system on the quality of care. The current policy is to include all elderly persons in need of long-term care. The challenge is to provide services closer to home.

China has learned lessons from the previous community-care programs and has been trying its best to establish community long-term care systems in both urban and rural areas. Hardware facilities are easier to establish but the operation needs sustainable input and management. Since long-term care services have progressed in cities, the increasing gap between urban and rural care poses a challenge. The focus is on improving the information system, integrating medical and social care at the community level and promoting joint efforts of the government and communities to implement policies.

## VICHAI CHOKEVIVAT

Member, Quality Control Committee under the National Health Security Act; President of Senior Citizen Council of Thailand; Former Expert in Health Promotion, Ministry of Public Health, Thailand



### The Essential Role of Community Systems for Long-Term Care

A nation of 66 million people, Thailand became an aged society in 2003 and is expected to be a complete aged society by 2021. There are now approximately

11 million persons aged 60 or over, comprising over 17 percent of the total population. About 1.2 million elderly persons need long-term care. Over the years, the government instituted a number of policies, plans and legislation to address the financial and health needs of elderly persons. Under the universal health-care program (National Health Security Act 2002), a local health fund was established in 2005 and a rehabilitation fund was begun in 2009. The long-term care program began in 2015.

The government provides training for caregivers and care managers. In the area of long-term care, the demand far exceeds the supply. Only 8 percent of the need for long-term care training was met in 2016; this increased to 10 percent for the first six months of 2017.

There are two major challenges: 1) policy acceptance, including delay of budget allocation and slow expansion of the program and 2) policy implementation, including bureaucratic red tape and more focus on rules and regulations and not on benefits for elderly persons. Lessons learned include the need for active participation of elderly persons in society, good cooperation among government organizations, nongovernmental organizations and academia, and knowledge-based works.

## PEH KIM CHOO

Chief Executive Officer, Tsao Foundation; Director, Hua Mei Centre for Successful Ageing, Singapore



### The Community for Successful Aging

Singapore is one of the fastest aging societies in Asia. By 2030, roughly 25 percent of the population will be 60 years or over. Community-based care forms an essential part in the design of healthcare. From an economic and welfare policy perspective, this is a more sustainable option than building institutions to house elderly persons. When designing community-based care programs, it is important to think of a care process, a care eco-system.

The Tsao Foundation's Community for Successful Ageing (ComSA) is an experiment in a ground-up, community-wide, multi-component, multi-system approach to optimize the longevity dividend of added years where elderly persons can thrive. While the typical scenario is referral from a hospital, the ComSA project has developed a community case finding

system that uses a bio-psycho-social risk screener to identify people at risk in the community with the idea that prevention results in less care needed in the future. The physical and bio-psycho-social aspects can help understand the profile of elderly persons and their needs. Age-friendly primary healthcare and the integration of the health and social aspects of care, as well as building up a network of care among all the service providers in the community, grass-root leaders and businesses are essential. Self-care and the involvement of elderly persons themselves as well as their families are very important.

### **FARIDAH BINTI ABU BAKAR**

**Deputy Director (Family Health), Family Health Development Division, Ministry of Health, Malaysia**



### **The Essential Role of Community Systems for Long-Term Care: Malaysia**

The tempo of population aging in Malaysia will accelerate in the next few decades and the country will be an aging society by 2030. The proportion of persons aged 60 years and over increased from 5.2 percent in 1990 to 9.3 percent in 2016. Mainstreaming aging in the country's development agenda is one of the strategies in the Plan of Action for Older Persons. The policy calls for efforts to enable elderly persons to live independently, with respect and dignity, through self-reliance and continued participation in society.

The greatest challenges are financing, establishing a relationship-based working network, co-creating one vision that all can subscribe to and looking within the community for solutions. The most important lesson learned was the need for a paradigm shift in how the role of the elderly person is envisaged as well as how services can be designed from the perspectives of the government as well as the public and private sectors. Community-based care is a given and it needs to be urgently developed because it is cost-effective and because elderly persons want to live at home.

Approximately 90 percent of elderly persons are cared for at home by family members. Currently, the majority of long-term care is provided by informal caregivers. To address the need for long-term care, the Ministry of Health introduced domiciliary healthcare services in 2014. Services at home provide holistic care to stable but bedridden patients who have just been discharged from the hospital. The objective is to provide continuation of treatment and care at home, to empower family members as well as the community in the care of bedridden patients in order to reduce readmission, to train caregivers in the correct technique of managing bedridden patients and to educate patients in improving their self-care.

The Ministry of Health also provides training to caregivers at home, in institutions and NGOs to increase the pool of informal caregivers, while training more professional staff and paramedics to support those informal caregivers. Many NGOs and organizations were set up at various levels to complement and supplement the efforts of the government to take care of the well-being of elderly persons.

Future needs include training more caregivers, optimizing the function and capacities of NGOs, development of private healthcare facilities and services for the elderly, policies that optimize intergenerational and interdependency support, task shifting of health personnel from maternal and child health to basic nursing care for the elderly and mapping elderly needs to long-term care facilities and services.

## KOJI MIURA

**Professor, Keio University Hospital Clinical and Translational Research Center; Former Director-General, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, Japan**



### Long-Term Care Insurance System of Japan

Japan is characterized by rapid aging. In 1990, one person over age 65 was supported by 5.1 working persons; in 2010, one elderly person was supported by 2.6 working adults. In 2060, the working population will have to support an almost equal number of elderly persons. Aging is a societal issue that should include a discussion of social security, healthcare, social welfare and other fields such as employment and education. Japan is in a position to share its experience with others in the region.

Japan prepared for population aging by introducing various legislation over the years, from the beginning of welfare policies for the elderly in the 1960s to the long-term care insurance system that was introduced in 2000. The idea behind the long-term care insurance system is to support the independence of elderly persons who need care; provide integrated health, medical and welfare services from diverse agents based on the patient's own choice; and finance the care as a social insurance where the insurance is compulsory and the benefits and burdens are clear. The insurance is financed by taxes and premiums paid by those aged 40 and over. Municipal governments are the insurers and services run the full gamut from private home care to long-term care facilities: home-visit services, day services, short-stay services, residential services and in-facility services.

After almost twenty years since the implementation of the insurance, we face a major turning point now. Japan expects more care needs and people wish to live a life of quality. The national and local governments are working together to construct a community-based integrated care system that will meet the increased needs of the growing number of elderly persons so that they can continue to live in their own environments even if they need long-term care.

Dementia is another problem that did not receive sufficient attention and that is closely related to hypertension, diabetes and other conditions. Prevention of dementia is extremely important.



## Session 2 Discussions



Session 2 discussions began with the moderator posing questions to the panelists regarding the replicability of the person-centered care approach in middle- and low-income countries and whether such an approach needs a large investment. There was overwhelming agreement that an integrated person-centered care approach is replicable in middle- and low-income countries. Mindset is the key. As in Malaysia, what was done for maternal and child health can be done for elderly persons. Integrated community-based care is essential because people want to live in their own home as long as possible. There is also a need to focus on home-based care because it is much cheaper. One study found that the cost of institutional care is ten times greater than home-based care. There is also a need to focus on health promotion so that elderly persons can maintain their health.

Questions and comments from MPs and civil society organizations made for a lively discussion. Regarding the procedure of identifying a “needy” person, in Thailand, surveys and assessments were done to identify the exact care needs of each elderly person and to determine who needs long-term care. A care plan is drawn up for each person by a care manager, typically a nurse. The level of care is different for each person. In China, the statistical bureau and the census identified needs of elderly persons and it was decided that 3 percent of the elderly needed long-term care. As a result, the plan was to have 3 percent nursing home beds but it turned out that half of the beds were

not used because people wanted to remain at home. Now the plan is to develop community-based, multi-functional small-scale day-care centers.

Concerning laws requiring children to look after their parents, an earlier law in China protecting elderly persons’ rights clearly mandated

that the family was responsible for taking care of elderly parents including providing economic support, emotional care and long-term care. The law was subsequently revised to make the responsibility more balanced between the family and the government. The country will support the family members and children are encouraged to contact and visit parents.

Since different types of medical assistance are required for each age group as physical conditions change with advancing years—varying by age from living well and being active and independent to chronic disease and frailty—understanding age profiles is important. Needs are different at each stage, ranging from the treatment of multiple medical conditions, to handling functional disability and providing end-of-life care. Risk profiles such as the bio-psycho-social risk assessment tool have been developed to understand the needs and provide appropriate interventions. Some healthcare systems are trying to understand different profiles.

In response to a question concerning the justifications for the introduction of ICT into long-term care settings, it was noted that ICT is a hot topic and a priority in cities in China, but in rural areas, the first step is how to provide daycare services and find professional caregivers. ICT is very effective for improving the efficiency of services. Artificial intelligence can be used to train employees and to determine who gives the best care as well as the outcome and satisfaction levels of patients. As an example, in Thailand, old mobile phones were repaired and



given to elderly patients at home who need to press only one button in an emergency for an ambulance to take them for immediate admission to a hospital that has been informed of their ailment in advance. This initiative received a United Nations award for long-term care.



Regarding the applicability and cost feasibility of models of long-term care in rural areas, it was pointed out that a rural program in Thailand was inexpensive and can be applicable to other countries.

China has compulsory rural medical insurance and the current long-term care insurance is part of the medical care insurance. This

will not increase the burden on families. In reply to a question on whether elderly persons are trained as caregivers, it was pointed out that the “young old,” including spouses, are being trained to act as caregivers for the elderly.



The importance of equitable systems was brought up as well as the need to have a way to pay for long-term care systems. There was a request for a fund for lower-income countries in the region to help elderly persons.

It was agreed that long-term care systems are largely based on community care. They all require a strategy, careful design, pilot experimentation and adaptation to local conditions.



## Luncheon

### SARAH LOUISE BARBER

Director, WHO Kobe Center, Japan



Even though population aging presents great difficulties and challenges, longevity is the result of our successes in public health. Today, Asia is leading the world. Japan, Singapore and the Republic of Korea all have among the highest life expectancies globally. Aging does not necessarily imply that populations are becoming less healthy. Sixty or sixty-five years is used as a cut-off point from an economic and planning perspective. But this is not based on physical or mental capacities. People generally have a gradual decline in capacity with increasing age. But there is no one point when “old age” occurs and capacity suddenly deteriorates. There is a need to change the concept of elderly persons. They are vibrant members of society.

The implication is that some countries are rethinking the 60- or 65-year-old cut-off point. Perhaps retirement should occur when someone can no longer work. For health, this gradual decline implies that one can measure decline, identify when capacity starts to decline, and intervene where possible to correct the

course through nutrition, exercise, medicines, and social interaction, all of which can have an important impact on wellbeing.

The World Health Organization’s (WHO) vision of active and healthy aging and health systems is informed by three main commitments. The first is the United Nations SDGs for 2030 and the commitment that all member states of the United Nations made to accelerate progress toward universal health coverage. Commitments to UHC require changes in how services are organized and financed to cover the entire population. The hospital-based system that is predominant in many countries is not sustainable and significant health gains are not being made. Care must move closer to the people and the focus should be on prevention.

Secondly, there is a 2016 World Health Assembly Resolution in which member states of the WHO committed to strengthening the framework for integrated people-centered health services. This document identifies the individual as the heart of the

health and social care system and focuses on what matters to the patient.

The third document that guides the WHO and its member states is a 2016 World Health Assembly Resolution that endorsed the Global Strategy and Action Plan on Ageing and Health, which set forth a framework that promotes the highest level of physical functioning regardless of age.

Integrated, coordinated care is necessary to achieve long and healthy lives. This implies coordination with the health and social sectors. Incremental progress may not be enough in some settings and there is an important role for data, research and innovations to leapfrog progress and to share lessons learned across countries. One of the

most important things that can be done is to keep people healthy for as long as possible. Promoting healthy aging and staying healthy requires policies and legislation that create healthy environments and communities, environments that enable people to make healthy choices more easily.

The WHO Kobe Center is working closely with the Government of Japan to organize a consultation on Metrics and Research Standards for Healthy Ageing this year. The Center will work with the Ageing and Life Course Department of the WHO and other stakeholders to hold an expert meeting in Asia this fall to consider data and research needs to inform policies on healthy aging in the Asia-Pacific region.

## Session 3: A Regional Approach to Capacity Development and the Cross-Border Movement of Care Workers

### MODERATOR

**Reiko Hayashi**, Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research, Japan

### PANELISTS

**Diono Susilo, Suvinda Samarakoon Singappuli, Juan Antonio A. Perez III, Pham Thi Quynh Huong, Wako Asato**

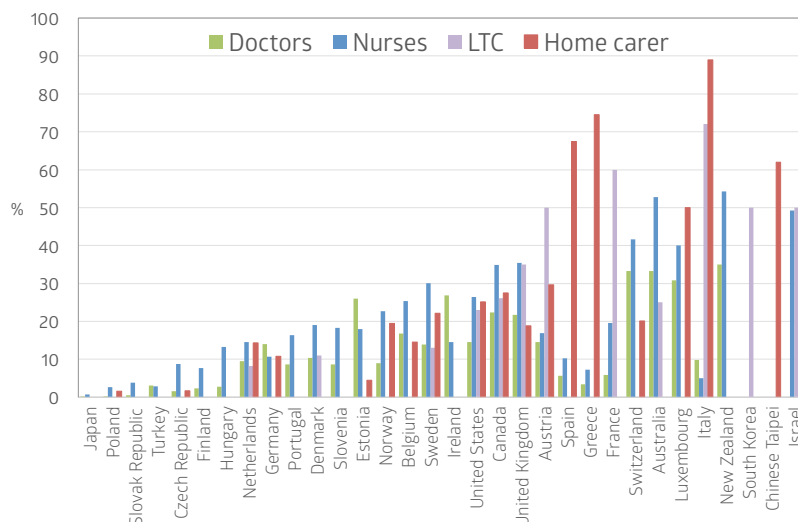
#### REIKO HAYASHI

Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research, Japan



There is an explosion in the elderly population in Asia. Although there is a growing number of elderly persons who need care, not all do. When they begin to need care, many receive that care in the family or at home. However, with the shrinking size of the family, there will be some elderly persons whose care cannot be delivered by a family member and the community is becoming more important than ever. There are many actors that play a role: hospitals, clinics, care facilities, municipalities, community health centers, elderly associations and civil society. The importance of human resources cannot be overemphasized. Countries have different training requirements and registration systems. Continuous on-the-job training is necessary to improve the quality of care personnel. The Moderator

**Proportion of foreign health and care personnel  
Brain drain or brain gain?**



Source: Data for doctors and nurses are around 2010/11 by OECD (2015), for long term care worker and home carer are by Colombo (2011), Fujisawa (2009), Song (2015), OECD(2015), Japan by Census 2010

provided examples of long-term care human resource development in selected countries and a snapshot of the proportion of foreign health and care personnel

in developed countries. Is it brain drain or brain gain? The circulation of human resources is essential in developing an elderly care system.

## DIONO SUSILO

Head, Division of Empowerment of Foreign Human Resources for Health, Board of Development and Empowerment, Human Resources for Health, Ministry of Health, Indonesia



### A Regional Approach to Capacity Development and the Cross-Border Movement of Care Workers

Indonesia and other countries in Asia are all facing the same problem of very rapid aging and a lack of adequate human resources for elderly care. The main actor responsible for elderly care in Indonesia is the Ministry of Health, which issued a number of National Acts that addressed the health of elderly persons, including a Decree on the National Action Plan of Elderly Health and a Decree on the Implementation of the Guidelines of Healthy Indonesia using a family approach. There is a program of healthy living in the

community focusing on daily exercise, healthy activity, consuming fruits and vegetables, no smoking, no alcohol, regular medical checkups and cleaning up the environment.

Elderly-care workforce development is comprised of six levels of education and an obligatory competency test that leads to a national caregiver certificate. The education levels range from caretaker training of 600 hours to caregiver vocational school training for four years, leading to a diploma 3. The level of qualification follows the Indonesia National Qualification Framework.

Indonesian regulations on the outflow of the health workforce are guided by a number of acts that have been passed over the years, including the Health Act and the Hospital Act, both originating in 2009; two Ministry of Health (MOH) decrees from 2013, one of which deals with health workers' registration and the other addressing foreign health workers' management; and the Indonesian Health Workers Act and the Indonesian Nursing Act, both from 2014. Also, there was an MOH decree for the empowerment of health workers abroad in 2015. The foreign health workforce management includes an evaluation of competency, administrative requirements, proof of capability, a temporary letter of registration and a practice license, which subsequently leads to a transfer of knowledge and technology. Administrative requirements include validation of the education certificate, physical and mental health letters, and a statement promising to follow professional ethics. Proof of capability is measured by a competency test in accordance with laws and regulations.



## SUVINDA SAMARAKOON SINGAPPULI

Director, National Secretariat for Elders,  
Ministry of Social Empowerment and Welfare,  
Sri Lanka



### Capacity Development and Cross Border Movement of Care Workers in Sri Lanka

The care workers' implementation system in Sri Lanka includes three categories: government professionals, private professionals and volunteers. Volunteers include family care workers, the community-based elder care system and NGOs. Under the community-based elder care system, young elders from rural elder communities are selected for training as elder care workers and assigned to bedridden elders in their area. The government plans to subsidize family members, especially the poor. Most NGOs and

charity organizations have informally trained caregivers. They focus mainly on hospitalized elders.

There is currently a large gap between supply and demand of caregivers in Sri Lanka. Almost all caregivers are not academically qualified. Challenges in capacity development of care workers include: a lack of academic qualifications, language barriers, a lack of IT knowledge, workforce shortages, a lack of stakeholder collaboration and a lack of social recognition. The capacity and career development of care workers include an academic path with foundation, certificate and diploma levels; improving language proficiency; improving computer literacy; improving social recognition; strong collaboration of the health and social sectors; development of international qualifications and standards; and development of the regional care worker exchange system.

Sri Lanka has no proper recognition for elder care workers so most people are reluctant to choose this profession. To enhance regional collaboration on cross-border movement and career development of elder care workers, it is necessary to develop international academic qualifications and care worker standards. Sri Lanka has no policies or regulations on the outflow of its health and care workforce. Qualified care workers are sent to other countries to gain experience and return to Sri Lanka to work and to train others. Regional migration rules and regulations should be flexible to facilitate the smooth movement of care workers across borders. The Madrid International Plan of Action on Ageing should guide the development of the regional system.

## JUAN ANTONIO A. PEREZ III

Executive Director, Commission on  
Population, Philippines

### Responding to the Needs of Aging Societies: The International Mobility of the Filipino Health and Care Workforce

The Philippines is one of the major exporters of domestic and healthcare workers. The government is committed to honing technically competitive and



dedicated health and care workers by focusing on education and training, core competency standards, quality assurance, remuneration prospects and personal attributes, including language skills. It has been working on technical cooperation toward the signing and implementation of MRAs to facilitate the recognition of qualifications of Filipino professional nurses in countries of destination.

The Philippines is confronting a paradox of increasing out-migration of Filipino health and care workers vis-à-vis the rapid domestic rate of growth of its elderly population, which accounted for 7 percent of the population in 2015 and is expected to increase to 16 percent in 2045. While the tradition of families caring for their elderly members still exists in the Philippines, there must be an adequate supply of good quality health and care workers at the community level who can care for elderly persons who have no family members or others who are able to provide care.

The exodus of health and care workers is seen as a brain drain for labor-exporting countries such as the Philippines and a brain gain for receiving

countries. The challenge is how to tap into the benefits of the phenomenon of losing and gaining skills and experience through brain circulation. Both financial and social remittances appear as the counter-weight to the brain drain. Nevertheless, the return of Filipino overseas care workers and others requires improvements, such as competitive salaries, adequate incentives and opportunities for continued education and training as well as a sound reintegration program.

As a way forward, the Philippine government is taking steps to advance the career growth and welfare of the Filipino health and care workforce through the following: 1) benchmarking and comparability of course curriculum and technical cooperation toward signing and implementation of MRAs, 2) promotion of welfare, social security and protection of rights through bilateral dialogues with countries of destination, 3) implementation of the ASEAN Qualifications Reference Framework and MRAs for seven priority professions including nursing and 4) provision of health and pension benefits for returning migrant health and care workers.

## PHAM THI QUYNH HUONG

Division for Japan-Europe and Southeast Asia, Department of Overseas Labor (DOLAB), Ministry of Labour, Invalids and Social Affairs (MOLISA), Viet Nam

### Dispatching Vietnamese Nurses and Caregivers to Japan Under the VJEPA

Within the framework of the Viet Nam–Japan Economic Partnership Agreement (VJEPA) signed by the two governments, the program of dispatching Vietnamese nurses and caregivers to study and work in Japan was approved and was coordinated by the MOLISA and Japan in 2012.

The duration of stay is up to four years for caregivers, renewable every year, and up to three years for nurses with one-year renewals. Candidates receive one year of free Japanese language training courses, meals, dormitory, monthly living expenses, visas,



airfare and training courses in Japan. Over 670 candidates were deployed for the training.

Developed countries with rapidly aging populations and an increasing demand for care workers are benefiting from such cross-border movements of care workers. The Japanese government is considering expanding the caregiver program to technical intern trainees so that there are more chances for Vietnamese care workers to work in Japan. After completing their working time abroad, caregivers

return home and contribute their knowledge and experience. Among the challenges of such career development of care workers through cross-border movements include language barriers, difference in skills training, lack of job attractiveness including salary, boring working environment, hard work, and the need for patience. There will be an increased demand for this workforce in Viet Nam in the future.

The government of Viet Nam promotes sending people for work abroad. It promotes human resource development through legal policy support, approval of a counterpart fund, training schools and

standardization of training programs, and strengthening international cooperation including by sending nurses to Japan and Germany and care workers to Chinese Taipei. In addition to the cross-border worker program, government plans include improving manpower and qualifications of the local workforce. The government hopes to have its caregivers be part of the regional labor market where they can gain skills and experience. It plans to collaborate with developed countries to train care workers, update training documents and support foreign language training for nurses.

## WAKO ASATO

Associate Professor, Graduate School of Letters, Kyoto University, Japan



### Who Cares? Challenges of Cross-Border Movement of Care Workers

There has been a rapid increase in the supply-demand gap for caregiving due to population aging, which causes a dual pressure: work and care. In fact, there will be a gap of several million until 2035 in East Asia. Even with a strong preference for family and community care, declining family size and a lack of the skills required for special care for the disabled, demented or elderly with cancer or paralysis make it difficult for families to provide care. More attention should be given to ensure the sustainability of family care. There is an increase in

the recruitment of caregivers from abroad to the extent of over one million migrant domestic workers who are recruited for elderly care in East Asia. However, there is no proper cross-border training due to the absence of a concept of elderly care in sending countries and the lack of an institutional framework. Due to the absence of a care concept, there is a lot of de-skilling and under-qualification, which may hinder the quality of care. There is an increasing number of foreign domestic workers since they are available 24/7.

Foreign domestic workers are vulnerable when it comes to citizenship and working conditions. Many nurses are working as nurse aides and care workers. It is estimated that nearly 10,000 nurses are recruited as care workers per year in East Asia. This shows that there is confusion over the concept of elderly care. Some countries approach it from a nursing perspective, some from social welfare and others from a rehabilitation perspective. The recruitment of nurses as domestic workers results in over-qualification and under-qualification of care that, in turn, results in inadequate human resource allocation throughout Asia. There is a need for standardization and harmonization of qualifications for healthcare workers to ensure better care skills and protection for both the elderly and the migrants. Asian family-oriented societies need to empower family care providers, including domestic workers and community care workers, to improve the quality of care through work-life balance.

## Session 3 Discussions

After the presentations, the moderator asked the panel whether there are enough care workers in their countries and, particularly given the large outflows, whether there are enough care workers for the domestic market. There was general agreement that there are not enough care workers, that not all of them are professionals and that the cross-border system of caregiver movement is a challenge. Healthcare workers are drawn to urban areas, leaving rural areas underserved. Salaries of healthcare workers are stagnant, causing many to seek better opportunities with better pay. Health workers see out-migration as an opportunity for increased training. Policies must be crafted to preserve the workforce. Family members are the main source of health provision, yet they do not have adequate skills or training. A code of ethics is needed to recruit healthcare workers for the sustainability of the care system. Healthcare workers often do not receive the recognition and social respect to which they are entitled. There are quality issues in providing proper healthcare and there is the issue of migration.

MPs shared the experience of their own countries when it came to pay and recognition of caregivers and brought up the issue of narrowing the gap between supply and demand. Civil society actively participated in the discussions in Session 3 with pertinent questions regarding equity, representation of care workers and migrant groups, and human and labor rights of foreign care workers.



A recent New Zealand court order for a 25 percent pay increase for healthcare workers was seen as one way of valuing their work. Most healthcare workers are women, and while it is agreed that their work is vital and should be adequately rewarded and recognized as a career, the work is still not highly valued. Magnet countries draw healthcare workers and other countries are missing out. There is a huge demand for healthcare workers in some countries and a huge supply in others. This can be remedied by signing MOUs and setting up training institutes in countries.

The discussion turned to the scientific measurement and narrowing of the gap between supply and demand of healthcare workers. According to a number of international organizations, there will be a shortage of several million care workers in the future. Chinese Taipei recruited 220,000 care workers from other countries in addition to 10,000 institutional care workers. Hong Kong has 300,000 domestic workers, of whom probably more than 50 percent are taking care either of the elderly or disabled persons. The number of domestic workers as care workers is also high in Singapore, Malaysia and Thailand. This is a shortage filled by migrants.

To address the issue of brain drain, it is important





that health workers become competitive and that care work is seen as decent work. Incentives should be created to encourage the return of healthcare workers to their home countries in consideration of the life stage approach and to create a market of circulation of caregivers in the region.

There should be a way of properly licensing care giving. There must be an international framework to control and decide this issue. There is a need for international standards and harmonization for healthcare workers. Workers sent to other countries tend to be over-qualified and this can create a mismatch between the healthcare worker's qualifications and the level of care that is necessary in a given situation. Healthcare workers should return to their home countries after 5–10 years to transfer their knowledge before returning abroad again. For this, there must be domestic regulation.



It was observed that healthcare work provides an opportunity for employment, which often leads people abroad, but this migration can lead to human trafficking. Are there measures in place to prevent human trafficking? So far, human trafficking is not so obvious in the care sector, but it may happen. Bilateral and regional collaboration is very important. Sometimes MOUs will be needed for this collaboration.

Harmonizing the definition of care is extremely important. Some countries adopt a nursing approach, others adopt a family approach, while still others have a social welfare perspective. Japan is one country with this latter perspective. It is also important to make care giving decent work. Because Asian countries are heavily dependent on migrants, sometimes care workers might be seen as disposable because the migrants are temporary. Since the region relies on healthcare workers from abroad, it should make care work decent and professional work and

ensure a bright career for the workers; otherwise, care work will not be sustainable.

It was pointed out that the Forum has been taking an isolated approach when looking at the issue of healthcare provision for elderly people without looking at the broader health infrastructure system. Countries with weak healthcare systems cannot be expected to provide robust healthcare for the elderly. Moving forward, we should make sure that we do not keep on privileging countries that already have strong health systems while leaving others behind. There is an equity issue across and within countries.

It was also pointed out that it is imperative to listen to migrants and migrants' rights groups. Much can be learned about these issues if we bring civil society and activist groups on board. As we move forward and shape universal healthcare, including caregiving for the senior population, we should not privilege the already privileged sectors of society, we should not come up with models that just serve rich elderly people or rich countries, but rather we should develop systems that serve different countries at different stages of development.

Regarding the protection of the rights of care workers, it was noted that there were no speakers who represented care workers and foreign care workers in the countries concerned. It is necessary to make the dialogue more multisectoral and to include representatives of health and care workers. Regarding the protection of the human rights and labor rights of foreign care workers, it was pointed out that while institutional care workers are protected by labor laws, such laws usually do not apply to domestic workers if healthcare is provided within a household. There is a need to protect the human and labor rights of healthcare workers in receiving countries. Another important aspect that is missed is the recruitment process (including fees and entitlements), which makes workers vulnerable. It may cost the healthcare worker as much as several months' salary in fees. Being indebted makes a person easily controlled by the employer. It can turn the migrants from workers into servants without our knowledge. We need to be cautious about this.

Migrant rights begin with security of place, meaning that people should be secure in their own countries and not be pushed out. This security should be ensured before countries enter into agreements with





other countries. There should be equitable systems in place. MRAs and MOUs should be in place to ensure proper remuneration. Perhaps in the future ASEAN can work on the movement of natural persons. For example, the Philippines makes sure that its workers abroad have proper social security in the Philippines even if they are outside the country, but these systems are not complementary. There is a need for the expansion of MRAs for doctors, dentists and nurses and eventually to other professions.

Regarding social security, pensions and medical insurance, migrant care workers usually have medical insurance paid for by the employer. This is obligatory. But when it comes to pensions and other rights, this is problematic because migrants usually stay for a short period of time. In Japan, for example, migrants should pay pension and other social

insurance but they will not stay beyond the age of 60, so they pay for their pension but do not receive it. The Japanese government returns the pension after three years but not more than that. So many migrants are considering whether they will stay in Japan since after three years, their money is wasted. The migration and social security system should be compatible for migrants. It was pointed out that Japan recently reduced the number of years needed to contribute in order to receive old age pensions from 25 years to 10 years. The country has an increasing number of international social security agreements on a bilateral basis.

There was also a question of how to maintain a good environment for capacity building of foreign workers in receiving countries. There should be mutual recognition within ASEAN and a standard for Asian and Pacific countries. MRAs are important. They can facilitate free migration within the region. MOUs between governments are important as are communications between health workers and embassies. Embassies should know the location of workers and can help control and monitor human rights and other issues. It is important to keep communications open with overseas workers. It was pointed out that the migrant issue is becoming increasingly important in all countries. Many domestic policies are being changed.



## Closing Session: Way Forward for Policy Discussions and Decision Making on Regional and Multisectoral Collaboration

MODERATOR

**Keizo Takemi**

PANELISTS

**Eduardo Klien, Reiko Hayashi, Pham Le Tuan, Jetn Sirathranont**

Comparing the sessions, Prof. Keizo Takemi noted that Session 2 had a community focus. Community-based care is key to health-service delivery and long-term care. Since each community has different characteristics, there is no cookie-cutter approach, but sharing of experiences to achieve UHC is important. Session 3 focused on capacity development and the design of programs and training of caregivers, cross-border movement of care workers and how to avoid brain drain.

**Mr. Eduardo Klien**, Moderator for Session 2, summarized that designing long-term care systems is complex and involves multiple stakeholders, human endeavors and feelings and financial commitment. The challenge is to build systems that are durable, sustainable and participatory. The hardware of long-term care is relatively easy; the software, the human resources, is crucial. The community-based approach is the pillar upon which long-term care systems are built. ICT systems are instrumental in developing an effective linkage between the specialists, the caregivers and those receiving care. Innovative approaches such as bio-psycho-social assessments at the community level are needed prior to critical care. Prevention and the promotion of healthy living and



healthy aging are crucial to reduce demand for long-term care and essential to decrease costs. It is important to remember that elderly persons are a resource; they are an asset for caregiving.

**Dr. Reiko Hayashi**, Moderator for Session 3, noted that many countries have training systems for care workers but there is still a need, domestically and internationally. There is also a need for harmonization of qualifications. There is concern over the brain drain and the inadequate supply of healthcare workers for the domestic market. The brain drain must be solved internationally and nationally. Circular migration may help to do this. The rights of migrants are very important. These should be secured through regional agreements and MOUs to ensure the protection of human and labor rights as well as adequate social security for care workers. There is a disparity between poor and non-poor elderly persons. This needs international collaboration.



**Dr. Pham Le Tuan**, Vice Minister of Health, Viet Nam, noted that many important ideas, suggestions and recommendations came out of the Forum and these will be addressed in the policies of each APEC member economy, each country and the entire region.

Promoting the role and care of elderly persons based on the family and community is one of the most effective and important solutions in the context of population aging. It is necessary to mobilize and build a strong network of formal and informal, skilled and unskilled volunteers and caregivers. The role and participation of the private sector, NGOs and the community should be promoted. Regional and multisectoral collaboration, support for capacity building at all levels and intensified sharing of information and experience in order to adapt to population aging and turn the challenges into opportunities for socioeconomic development should be strengthened.



Along with other APEC member economies, Viet Nam is facing population aging. Thus, the recommendations of the Forum are very important and useful for the Vietnamese government. As host economy of APEC 2017, Viet Nam looks forward to more discussions of the recommendations of this Forum as well as those of the International Workshop on Adaptation to Population Aging Issues, held in July 2017 in Ha Noi, and the Policy Dialogue on Promoting Healthy Aging and NCD Control for a Healthy Asia Pacific, held in August 2017. The Vice Minister concluded his remarks by thanking the organizers on behalf of the Ministry of Health and expressed his hope for continued cooperation in the relevant areas.

**Dr. Jetn Sirathranont**, Member of Parliament, Thailand, observed that population aging is about community, human resources and collaboration. Enormous challenges are facing the region, which is home to 60 percent of the world's elderly population. This amounts to 547 million elderly persons and is expected to increase to 1.3 billion by 2050. In view of the rapid pace of aging, three areas require stronger collective action: 1) senior



income services, including strengthening the pension systems, creating and adopting innovative flexible work schemes for seniors, and making higher investments in job training and retraining programs for senior adults; 2) strengthening healthcare systems and ensuring universal healthcare for all; and 3) establishing, maintaining and sustaining the right long-term care system for each country. The future of long-term care demands better planning, efficient financing and investments in human resources. Investing in the healthcare workforce is imperative. There is a need for the development of training and education programs for family care providers and community-based approaches for elderly care and for promotion of healthy aging.

The mission of members of parliament includes 1) developing legislation and policy; 2) monitoring implementation and progress on long-term care; 3) ensuring oversight of oneself, parliament and the government; 4) enacting laws in parliament and establishment of committees; 5) creating a new international development agenda, transparency, accountability and good governance for achieving the 2030 SDGs; 6) overseeing budget; 7) providing mutually supportive linkages for monitoring at national, regional and international levels; 8) bringing together government, the private sector and the United Nations system; and 9) mobilizing available resources.

Emphasizing the need for collective action to reaffirm political will and to strengthen accountability to their constituencies, Dr. Sirathranont called on participants to be part of the national and regional processes to address aging issues, including the Madrid International Plan of Action on Ageing. He urged engagement in the Third Regional Review in September 2017 and encouraged inter-agency discussions. The five-year review meeting of the outcomes of the 6th Asian and Pacific Population Conference in 2018 will provide a forum to measure progress made, identify gaps and chart the way forward.

There is a need for a bottom-up, participatory, multistakeholder approach to these processes to gauge the impact of government actions on the improvements of aging policies and the quality of life of elderly persons. Dr. Sirathranont concluded by expressing his gratitude to APEC for bringing together many of the economies facing the common challenge of aging societies and hoped that the challenges and



recommendations of the Forum will facilitate policy debates among APEC officials at the Third Senior Officials Meeting. The dialogue and mutual learning will continue over the next two days with the study tours and the third AFPPD Standing Committee Meeting on Aging, where additional interventions such as the UN Open Working Group on Ageing and the UN Convention on the Rights of Older People will be discussed.

Prof. Takemi closed the session by pointing out that there were almost 70 parliamentarians in the audience in addition to government personnel, experts, representatives from international organizations and civil society. There are many service providers with experience in delivering at the community level. There is a need to see the reality at the community level. Provider participation is very important. There

is also a need for an innovative process to address aging. In the near future, there will be an elderly care robot. The aging issue is no longer just a domestic issue. It is on the common agenda beyond national boundaries in the Asia-Pacific region. There are so many waves of aging. Japan is on the first wave of aging. Many other waves of aging are coming. Most countries on the later waves do not have enough time to prepare for population aging. Latecomers can use their beneficial position as latecomers and diminish the period of preparation for aging. There are so many challenges. There is a need to come together and create a momentum through which we can create a real consensus in the region. Close collaboration is important, as is the promotion of active, healthy aging socially and economically. Collaboration should be at the core of this new challenge.



## CLOSING REMARKS

### LUBNA BAQI

Deputy Regional Director, Asia Pacific Regional Office, United Nations Population Fund (UNFPA)



Speaking on behalf of the UNFPA, Ms. Baqi thanked the organizers for bringing together such eminent speakers to share their knowledge and experience of policies and programs that promote healthy and active aging. The discussions help advance the common agenda to ensure inclusive societies that support inter-generational growth and development and that uphold the human rights of all citizens. Since the endorsement of the Programme of Action of the International Conference on Population and Development in 1994, UNFPA has been committed to promoting a holistic understanding of the nature, causes and consequences of population aging and advocating for the integration of aging issues into social and economic development policies. This is a priority area of work for UNFPA in this region. As the international community gears up to implement the 2030 Agenda on Sustainable Development, it is essential to work together, bringing expertise and comparative advantage as organizations and individuals to advocate for aging issues and ensure that elderly persons are not forgotten in the pledge to leave no one behind.

This is especially important for the one-fifth of the global population who will be above the age of 60 by 2050. It is also crucial for the attainment of the Sustainable Development agenda itself. The

profound socioeconomic, cultural and political implications of aging must be factored into every goal of the 2030 Agenda. This will require political commitment at the highest level, a change in mindset and cross-sectoral collaboration and innovation. As countries begin to localize the SDGs and establish national targets and indicators, the opportunity for integrating the aging agenda is now and the challenge is how to translate the discourse from the Forum to country realities, recognizing that each country is unique. UNFPA is committed to being part of the effort to ensure that the discourse on aging shifts away from focusing on the cost and burden of aging to recognizing the important contributions that elderly persons can make to societies and economies and to help find holistic and pragmatic policy solutions. Healthy and active aging cannot be achieved through a single initiative or a single agency but requires a range of actions, approaches and actors at all levels. There is great potential for achieving a longevity dividend, provided that the discriminatory practices that prevent elderly persons from participating and contributing to society end and countries begin to support age-friendly policies.

The review of the Madrid International Plan of Action on Ageing and the mid-term review of the Ministerial Declaration on Population and



Development adopted at the Asian and Pacific Population Conference are great opportunities to accelerate work around aging and reaffirm the commitments made under the global and regional development frameworks. This region in particular has a wealth of experiences and knowledge to share and

the capacity to shape the Sustainable Development agenda as well as support countries to reach their aspirations in protecting the rights and dignity of elderly persons. UNFPA hopes to continue the dialogue and thanks all participants for inspiring it to move forward together in pursuit of common goals.

## HIDETOSHI NISHIMURA

President, Economic Research Institute for ASEAN and East Asia (ERIA)



Professor Nishimura expressed his sincere gratitude to all participants on behalf of the organizers. Aging is ultimately the result of humanity's success in living healthy lives and so must be considered positively, not negatively. Of course, an aging society involves various problems, as well as benefits. ERIA would like to play a leading role in harnessing the knowledge, practice and policymaking among stakeholders of this aging world. Japan has already become a super-aging society. The Republic of Korea, China, and the economies of ASEAN are also expected to soon reach the same status as Japan. Each economy and each culture must have its own way of caring for the welfare of its elderly population. For example, Japan invented the system of long-term care insurance and elderly care-related products and services shown in the JETRO exhibit.

Aging is an opportunity. Active aging can be the engine of the sustainable development of human beings. In conclusion:

1) The participants shared current trends and future projections on population aging and recognized the urgency of the issues caused by aging.

2) Each country will experience a different wave of aging and have a different model of the long-term care system.

3) In any state or region, the role of the community is indispensable in the establishment of long-term care systems, as well as the role of the government.

4) The social insurance system can be a solution for long-term care systems, but it is not a panacea. The role of the community must not be ignored.

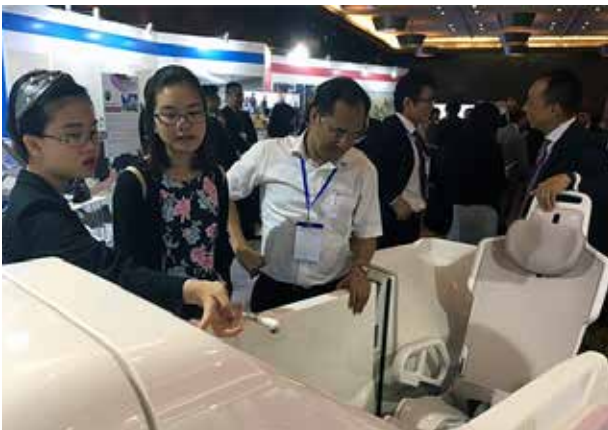
5) Some challenges on cross-border movement of the care workforce were identified. Standardized care and harmonized qualifications are recommended to promote the improvement of skills of care workers, and international cooperation should be strengthened.

The discussions of this Forum will provide substantial intellectual input to the upcoming APEC summit. ERIA will closely work with the Vietnamese government to build up the elderly-care agenda toward the deliverables of the Viet Nam Chair of the ASEAN summit in 2020. Thanking all the contributors and participants, Professor Nishimura brought the Forum to a close.

## JETRO EXHIBIT

The Forum included an exhibit of innovative products and services for the elderly. It was organized by JETRO (Japan External Trade Organization) and consisted of sixteen panel exhibitions and short stage presentations and performances showcasing the latest and most useful innovations in the area of elderly care-related products and services and the promotion of healthy aging. These included a

humanoid communications robot with advanced artificial intelligence, a bath system in which a patient can be wheeled in while sitting in a wheelchair, a walking-assist robotic device for gait training, a weight-reducing lift with which a person can walk unassisted, a pedal-powered wheelchair and a fascinating virtual reality simulation of the symptoms of dementia.







## ABOUT THE ORGANIZERS

### Government of Japan

The government of Japan is a strong advocate for UHC. Through the global health policies implemented as part of Japan's development cooperation (as set out in the Basic Design for Peace and Health, announced in September 2015), the government of Japan is helping countries achieve UHC in a way that ensures affordable access to basic health services while accommodating the growing needs created by rapidly aging populations—a trend that is particularly acute in Asia. In 2016, the government of Japan launched a new initiative called the “Asia Health and Wellbeing Initiative (AHWIN)” that aims to promote bilateral and regional cooperation on aging-related challenges in the Asian region. In July 2017, the government of Japan hosted the ASEAN-Japan Health Ministers Meeting in Tokyo, where the importance of UHC and addressing the emerging needs of aging populations were emphasized.

### Government of the Socialist Republic of Viet Nam

As the APEC Chair for 2017, the government of Viet Nam has shown its firm commitment to addressing the challenges and opportunities presented by population aging, recognizing that Viet Nam is projected to be one of the most rapid population aging countries in the Asia Pacific region in the future. In July 2017, the government of Viet Nam hosted the “APEC International Workshop on Adaptation to Population Aging Issue” in Ha Noi. In August, the Vietnamese government jointly organized the Multistakeholder Forum on the sidelines of APEC SOM3 and related meetings in Ho Chi Minh City. The outcomes and recommendations derived from these two events will be shared with the APEC Health Working Group and the Policy Dialogue on promoting healthy aging and non-communicable diseases control toward healthy Asia Pacific, which are to be held in Ho Chi Minh City the week after the Forum.

### The Asian Forum of Parliamentarians on Population and Development (AFPPD)

The Asian Forum of Parliamentarians on Population

and Development is the oldest regional network of parliamentarians across Asia and the Pacific. Since its inception in 1981, AFPPD has committed to engaging with parliamentarians to champion policies on population and development. AFPPD's mission is to encourage and promote parliamentary work to obtain government and public support in facilitating population and development policies and legislation on ensuring healthy lives and human wellbeing, eradicating poverty, and contributing to sustainable development. AFPPD envisions a world where demographic changes and population issues are taken into account in planning for sustainable development. AFPPD aims to realize its vision through parliamentary work by (1) advocating for, formulating, and amending policies and legislation that promote active aging, investing in youth, gender equality and women's empowerment, and other population issues; (2) holding governments accountable for their related commitments and implementation; and (3) advocating for increased financial resources in these areas. Since 2016, the AFPPD Strategic Plan (2016–2019) has aimed at national capacity building and political influence in accelerating the implementation of the International Conference on Population and Development's Programme of Action and achieving the Sustainable Development Goals of the Agenda 2030.

### Economic Research Institute for ASEAN and East Asia (ERIA)

The Economic Research Institute for ASEAN and East Asia is an international organization based in Jakarta. Since its founding in 2008, ERIA, through its research, supports the regional economic integration process among ASEAN member countries. As the leading economic think tank in the region and the Sherpa institution for the East Asia and ASEAN Summit process, ERIA's research and policy recommendations have influenced the policymaking process in the region. ERIA conducts research under three pillars: (1) deepening economic integration; (2) narrowing development gaps; and (3) promoting sustainable economic development. ERIA's studies cover a wide range of

areas such as trade and investment, human resource and infrastructure development, globalization, and energy issues. ERIA publishes books, reports, discussion papers, and policy briefs that present the key recommendations of its studies. In partnership with regional research institutes, ERIA regularly conducts capacity-building seminars and workshops for policymakers, administrators, researchers, and business managers of the CLMV countries (Cambodia, Laos, Myanmar, and Viet Nam) and other developing areas in East Asia to strengthen the link between research and policymaking.

### HelpAge International

HelpAge International is the secretariat of a global network of organizations with a mission to work with and for disadvantaged elderly people worldwide to achieve a lasting improvement in the quality of their lives. The HelpAge Asia Pacific Regional Office is based in Chiang Mai, Thailand. It engages with national network partners across Asia, supported in some countries by HelpAge country offices.

Since 1988, HelpAge has worked together with this network on a wide range of issues such as social protection, community-based organizations, livelihoods, health and care, and rights promotion. It also responds to emergencies and promotes resilience through disaster risk reduction. HelpAge in Asia promotes the social and economic adaptations needed in policies and national systems to help governments prepare for rapid population aging. HelpAge works closely with governments and policymakers, academic institutions, UN/NGOs, and elderly people's groups by bringing people together, sharing knowledge, piloting innovation, conducting research, and skills transfer.

### Japan Center for International Exchange (JCIE)

Founded in 1970, JCIE is one of the leading independent, nongovernmental organizations in the field of international affairs in Japan. It organizes

policy-oriented studies, dialogues, and exchange programs that bring together key figures from diverse sectors of society, both in Japan and overseas. JCIE is headquartered in Tokyo, and it operates with an American affiliate, JCIE/USA, in New York. For more than a decade, JCIE has been a leader in policy research and dialogue in the health sector through its Global Health and Human Security Program, which seeks to develop a better understanding of the critical value of human security to global health and aims to explore ways for Japan to enhance its leadership role in global health over the long term and to build domestic and international support for such a role. As an extension of that work, in 2017 it began looking at the critical impact of aging on Japanese and other societies. Partnering with ERIA, it has launched a program on Healthy and Active Aging in Asia, which will work in close consultation with the government of Japan's AHWIN initiative and will contribute to the promotion of bilateral and regional cooperation on aging-related challenges in Asia.

### Japan External Trade Organization (JETRO)

JETRO is a government-related organization that works to promote mutual trade and investment between Japan and the rest of the world. Originally established in 1958 to promote Japanese exports abroad, JETRO's core focus in the 21st century has shifted toward promoting foreign direct investment into Japan and helping small- to medium-sized Japanese firms maximize their global export potential. JETRO was designated as a core organization tasked with facilitating overseas business expansion by Japanese companies active in the nursing-care industry in the "Growth Strategy 2017" and the "Asia Health and Human Wellbeing Initiative" set forth by the Japanese government. It has been introducing Japanese products and services related to nursing care to the rest of the world through numerous business matching events both overseas and within Japan.





