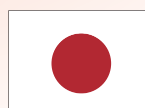
ACHIEVING HEALTHY AGING IN ASIA

ENVISIONING BETTER CARE FOR OLDER ADULTS

October 17, 2019

Tokyo, Japan



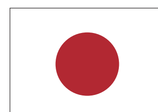
AHWIN FORUM

ACHIEVING HEALTHY AGING IN ASIA

ENVISIONING BETTER CARE FOR OLDER ADULTS

October 17, 2019

Tokyo, Japan



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

Copyright © 2020 Japan Center for International Exchange All rights reserved
Prepared by: Kimberly Gould Ashizawa
Layout and design: Kiyoko Shiromasa
Printed in Japan

CONTENTS

AGENDA 4

EXECUTIVE SUMMARY 7

SESSION SUMMARIES 9

Opening Session 9

Special Lecture 16

Session 1: 18

Changing Health Status of Older Adults: Getting Better? Getting Worse?

Session 2: 25

Who Will Be the Caregivers? Meeting the Growing Eldercare Needs in Asia

Closing Remarks 34

About the Speakers 36

About the Organizers 43

About AHWIN 44

AGENDA

EMCEE: Satoko Itoh, Managing Director, JCIE

13:30–14:10 Opening Session

OPENING REMARKS:

Akio Okawara President and CEO, Japan Center for International Exchange (JCIE)

Yasuhiro Suzuki Chief Medical and Global Health Officer, Ministry of Health, Labour and Welfare (MHLW), Japan

KEYNOTE SPEECH:

Takeshi Kasai Regional Director for the Western Pacific, World Health Organization (WHO)

Nguyen Van Tien Former Deputy Chairman of the Committee on Social Affairs of the National Assembly of Vietnam; Former Vice Chairman of the Asian Parliamentarians Forum on Populatioand Development (AFPPD)

Keizo Takemi Member of the House of Councilors, Japan; WHO Goodwill Ambassador for Universal Health Coverage

INTRODUCTION TO THE ASIA HEALTH AND WELLBEING INITIATIVE (AHWIN):

Hirokazu Morita Deputy Director-General, Office of Healthcare Policy, Cabinet Secretariat, Japan

14:10–14:30 Special Lecture

CHALLENGES FACED IN DEMENTIA AND COMMUNITY-BASED APPROACHES IN PREVENTION

Takao Suzuki Director of the Institute of Gerontology and Professor, J.F. Oberlin University; Distinguished Secretary, National Center for Geriatrics & Gerontology, Japan

[DISCUSSANT]

Peh Kim Choo Chief Executive Officer, Tsao Foundation, Singapore

14:50–16:20 **Session 1**: Changing Health Status of Older Adults: Getting Better? Getting Worse?

Japan has been the regional frontrunner in population aging, and while many older people are living with chronic illness in Japan, the country has seen clear improvements in recent years in the average health status among seniors, and that trend is expected to continue. Given that countries around Asia are now aging at a pace similar to or even faster than Japan, this session will examine the current health status and functions of daily living of older populations in Asian countries by drawing on the findings of the Longitudinal Survey of Aging and Health in ASEAN Countries, an ERIA study conducted under the auspices of AHWIN. This session will also address what trends are foreseen in the future, and how these research findings can be translated into effective policies to address population aging.

[INTRODUCTORY REMARKS]

Yasuhiko Saito Professor, College of Economics, Nihon University, Japan (SESSION MODERATOR)

[PANEL]

Tengku Aizan Hamid Director, Malaysian Research Institute on Ageing

Tribudi Wahyuni Rahardjo University President, Universitas Respati Indonesia

Khaing Khaing Soe Director, Department of Population, Ministry of Labour, Immigration and Population, Myanmar

Kazuhiro Oshima Director General, Health and Welfare Bureau for the Elderly, MHLW, Japan

[OPEN DISCUSSION]

16:20–17:55 **Session 2**: Who Will Be the Caregivers? Meeting the Growing Elder Care Needs in Asia

The aging of populations leads to rising demand for elder care, and thus securing an adequate supply of caregivers has emerged as a critical policy issue for many Asian countries. While family-based caregiving has been the norm in many Asian countries, urbanization, increasing numbers of nuclear families, greater participation by women in the formal sector, and other factors have gradually decreased the feasibility of relying on that arrangement. In Japan, where population aging has already advanced, securing enough caregivers has become challenging, and as one attempt to resolve this, the government has opened the door broadly to welcome in long-term-care personnel from other countries around the region. In this session, findings will be shared from an international ERIA study on the Demand and Supply of Long-Term Care for Older Persons in Asia, conducted under the auspices of AHWIN. Discussions will also focus on identifying the various players in caregiving and the types of policies required to address the emerging need for caregivers.

[INTRODUCTORY REMARKS]

Reiko Hayashi Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research, Japan (SESSION MODERATOR)

[SESSION KEYNOTE]

Shoko Sasaki Commissioner, Immigration Services Agency, Japan

[PANEL]

Grace Trinidad Cruz Professor of Demography, University of the Philippines Population Institute

Pham Duc Muc President, Vietnam Nurses Association

Mohd Rohaizat Hassan Associate Professor, Faculty of Medicine, University Kebangsaan Malaysia

Duangjai Lortanavanich Director, Ageing Business & Care Development Centre, Thammasat Business School, Thailand

[OPEN DISCUSSION]

17:55–18:00 Closing Remarks

Hidetoshi Nishimura Executive Director, Economic Research Institute for ASEAN and East Asia (ERIA)

18:15– Cocktail Reception

EXECUTIVE SUMMARY

By 2050, Asia will be home to the majority of the world's population aged 65 or older. How can we encourage and inform effective aging-related policies in countries throughout the region to better prepare for that shift? And how can we foster broad-based cooperation in promoting health and wellbeing among older persons?

The 2019 Asia Health and Wellbeing Initiative (AHWIN) Forum gathered more than 140 experts from a broad range of sectors and countries for an extensive dialogue on health and eldercare to address these and other challenging questions. Held on October 17, 2019, in Tokyo, the event capitalized on a gathering that week of health ministers and government officials in Japan for the G20 Health Ministers' Meeting, and it was organized by the Economic Research Institute for ASEAN and East Asia (ERIA) and the Japan Center for International Exchange (JCIE) in cooperation with the Ministry of Health, Labour and Welfare of Japan (MHLW); the Office of Healthcare Policy of the Cabinet Secretariat of Japan; and the Ministry of Economy, Trade and Industry of Japan (METI).

The 2019 forum served as an important milestone for AHWIN, marking three years since the initiative was launched by the government of Japan to promote bilateral and regional cooperation, and a number of the participants were able to share the results of their international research projects (work that has been supported by ERIA under the auspices of AHWIN), allowing them to discuss their findings directly with policymakers, government officials, and industry experts.

The presentations and discussions at the forum touched on a number of important elements in the approach to aging populations, including the changing health status of older adults, the challenges faced in dealing with dementia, and the growing need for caregivers for older people in the region. There is a widespread recognition that the rapid demographic changes underway in Asia will present a myriad of challenges as well as opportunities to learn from and with one another, and the discussions offered many important insights while also identifying areas that require further research and collaboration.

Some of the key takeaways from the forum include the following:

1) Japan, as the most aged society in the world and an advanced economy, feels it has many lessons to share based on its own experience, particularly in terms of social security and long-term care as well as the promotion of healthy aging and longevity.

Recognizing that rapidly aging populations will pose a significant challenge for many countries in Asia and a potential risk to the economic growth and security of the region in the coming decades, Japan is trying to foster sustainable growth by including R&D support and industrial promotion as part of its bilateral relationships. At the same time, it is looking to its regional neighbors for their ideas and their cooperation in securing a well-trained workforce to care for the older population. One of the underlying goals of AHWIN is to create a win-win situation where Japan can provide technology transfers by training healthcare workers from other Asian nations whose populations are just beginning to age. Those workers can help Japan address its immediate labor shortage and then take those skills back to their home countries to address the growing needs there.

2) Health and welfare systems must prepare now for rapid population aging as many countries in Asia will face a steep rise in the number of older persons in the coming decades, "becoming old before they become rich."

A common theme touched upon by several speakers was the need to address aging long before we are old—which applies equally to countries and to individuals. In Vietnam, for example, noncommunicable diseases (NCDs) are on the rise but the system is not yet focusing on health promotion, screening, or detection. Given that the country is expected to shift from an aging society to an aged society within 17–20 years, promoting physical as well as financial health from an early age is going to be critical to adapt to the rapidly changing demographics.

3) The early promotion of a healthy diet and behavior is key to increasing healthy life expectancy and to delaying or preventing the onset of dementia.

Early detection and action were pointed to as an

essential element in trying to delay or prevent the onset of dementia as people age. While age itself is the biggest risk factor for dementia, and while genetics do play a role, there are also a number of modifiable risk factors that were described in a special lecture on dementia by one of Japan's leading gerontologists. Pursuing lifelong learning, addressing health issues such as hypertension and diabetes, improving diet, remaining engaged in the community, and other steps have the potential to reverse mild cognitive impairment and improve brain health. In order to address both dementia and frailty, medical professionals must be better trained and more involved in prevention efforts, and public education is essential as well.

4) While we all want to live longer, the stress should be on increasing healthy life expectancy rather than just life expectancy.

Participants agreed that "health" means different things to different people: A young person views health differently than someone older, while doctors and caregivers may have a different perspective as well. Whether looking at the World Health Organization's definition of health or the general consensus in the community, however, clearly health is much more than an absence of illness. Holistic approaches are needed that address the psychological, social, and spiritual elements of aging, rather than just the physical elements. Participants felt there would be value in coming up with a standardized Asian concept of "healthy aging."

5) The supply and training of long-term care workers and the ability of eldercare systems to meet the current and future needs of their aging populations are major concerns in countries around the region, although the nature of the issue differs in significant ways.

As a result of its shrinking workforce, Japan is working to accept and train more foreign caregivers, expanding the visa programs available and the pathways to residency in Japan, while also encouraging the circulation of trained workers back to their countries to help those countries address their aging populations as well. Meanwhile, some countries in Asia have yet to fully develop the profession of caregiving and are working to develop a more comprehensive long-term care strategy. Older people in countries such as the Philippines still rely heavily on family members for care, while China and other countries in Asia turn to domestic workers to make up for a shortage of professional caregivers. All countries, however, face the shared task of improving compensation and the working environment for both informal and formal caregivers.

6) There is a need for a common vocabulary of aging in order to better collaborate and share data across the region.

One impediment to international comparative studies in this field is the lack of standardized terminology. For example, in Vietnam, the term "caregiver" was not used until the country signed an Economic Partnership Agreement with Japan, and it is translated as "healthcare personnel," distinguishing that title from "nurses" to clarify that the roles of the two differ. In Malaysia, on the other hand, "caregivers" are generally family members rather than trained personnel. Similarly, there is significant variation in what each country considers to be "long-term care," referred to as *kaigo* in Japanese. Having a better understanding of the terminology will facilitate the sharing of experiences, data, and policies throughout Asia.

7) The persistent and insidious problem of ageism is an obstacle to progress on healthy aging.

Governments, societies, media, and individuals—even many older persons themselves—continue to view aging in a negative light and consider older persons as a burden. A friendly environment is needed to facilitate participation by older persons in physical and social activities, which is critical to healthy aging. There was also broad agreement that communities and policymakers should view older persons as an untapped source of experienced human resources that can contribute to society, rather than simply as the object of welfare. Concerted, multisectoral efforts across the region are needed to address ageism and promote positive views of aging.

SESSION SUMMARIES

Opening Session

Akio Okawara

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

Mr. Okawara warmly welcomed the participants on behalf of the co-organizers and JCIE. The forum was held on the sidelines of the G20 Health Ministers' Meeting, taking place in Okayama, Japan. It was jointly organized by the Ministry of Health, Labour and Welfare of Japan (MHLW); the Office of Healthcare Policy of the Cabinet Secretariat of Japan; the Ministry of Economy, Trade and Industry of Japan; the Economic Research Institute for ASEAN and East Asia (ERIA); and JCIE.

The event was held the week following a massive typhoon that caused severe flooding in parts of Japan and claimed more than 90 lives. Mr. Okawara offered his condolences to those affected and expressed his deep gratitude for the encouragement and support that Japan has received from people around the world.

JCIE has carried out a wide range of work over recent decades in the field of global health, playing a catalytic role in encouraging public-private and international cooperation to address a range of issues. Population aging is one such issue. In 2016, the Japanese government announced the launch of the Asia Health and Wellbeing Initiative (AHWIN), and in response, JCIE launched a program on Healthy and Active Aging in Asia in 2017, working in cooperation with ERIA. The program promotes international dialogue and information-sharing on aging policy in order to share the various lessons that can be drawn from Japan's experience in tackling aging-related challenges and to help Japan learn from the ways in which other Asian countries are tackling similar issues.

In closing, Mr. Okawara expressed his hope that the forum, which featured experts from 10 Asian countries, would serve to deepen the discussions between those guests and the nearly 200 attendees representing the Japanese government, academia, business sector, civil society, and other stakeholders.

Yasuhiro Suzuki

Chief Medical and Global Health Officer and Vice-Minister for Health, Ministry of Health, Labour and Welfare (MHLW), Japan

Japan is the most aged society in the world, with more than 28 percent of its population now aged 65 or older. But demographic change is progressing rapidly throughout Asia. While it took 115 years for France's population aged 65 and older to rise from 7 percent (an "aging society") to 14 percent (an "aged society"), and it took the United States 69 years, Japan made that transition in only 24 years, and surprisingly, some countries in Asia are projected to age much faster than Japan.

As Japan's population has aged, society has found it more difficult to rely on family members to take care of older people at home. For that reason, long-term care insurance was introduced at the turn of the century, which enabled society as a whole to support those older persons who are in need of care.

At the G20 Health Ministers' meeting in Okayama, aging was included as one of the key topics, with a focus on active and healthy aging and the promotion of dementia programs. The expansion of Japan's aging population is slowing down, but it has also seen a serious decline in its working-age generation. Active and healthy aging are therefore urgent for Japan to ensure that its older population remains in the workforce longer or continues to contribute to society in other ways.

If society is aging, the number of people with dementia increases. Last June, Japan introduced a national framework for dementia policy. It aims to delay the onset of dementia and realize a society where people can live with hope and dignity.

Mr. Suzuki noted that Japan is also facing difficulty securing an adequate workforce in the long-term care field and thus the Forum's discussions on the topic of human resource development in long-term care were of great importance. He concluded by expressing his hope that Japan's experience with aging can be shared in order to produce a win-win situation for Asia.

Keizo Takemi

Member of the House of Councilors, Japan; WHO Goodwill Ambassador for Universal Health Coverage

In his keynote speech, Professor Takemi offered an overview of demographic changes occurring in Japan and throughout Asia, noting that by 2050, the majority of the global population aged 65 or older will reside in Asia. The speed of aging in Asia is particularly notable. As Mr. Suzuki noted, Japan shifted from being an aging society to an aged society in just 24 years (from 1970 to 1994) and is now a "super-aged" society, with 28.6 percent of its population comprised of older persons. Other Asian countries are experiencing aging at an even more rapid pace than Japan. Vietnam, for example, recently became an aging society and is expected to be aged in 18 years. On the other hand, countries such as India and Indonesia have been lagging behind, creating several waves and gaps in aging that we can potentially use to our benefit to work cooperatively as much as possible to better respond to aging issues. That was the fundamental rationale for the Japanese government's launch of the Asia Health and Wellbeing Initiative (AHWIN)—to promote shared understanding and cooperative efforts to address the challenges and opportunities of aging that lie ahead.

Japan has seen a steady decrease in births and a steady climb in the mortality rate, leading to a decline in the country's working-age population. As the baby-boom generation reaches the age of 75 around 2022–2024, Japan will see a peak in the 75+ age group (the group for whom medical costs are highest) and then a fairly rapid decline after that. The peak for the increase in the elderly population will be in 2042, and after that the total population will be declining as well, so the Government of Japan is working to implement new social security measures by 2040 (ahead of the peak). The Liberal Democratic Party has also created a

committee on how people can live healthy lives up to the age of 100.

The decline in the working-age population is an important issue for Japan. It has dropped by 5.4 million people over the past seven years, although the number of people in the workforce has grown by 4.5 million people thanks to a rise in the number of women and healthy older people who are working. Employment rates among men are the highest in the world, while it is only recently that the employment rate for women of working-age has increased. Japan is creating policies to encourage women's employment, but better measures are still needed to support women who are balancing work and family in order for them to play an active part in society.

Against the backdrop of this workforce decline, Japan's economy has been slowing. Its GDP per capita fell from second highest in the world in 2000 to 18th in 2010 and dropped further to 26th in 2018. Japan also faces the issue of aging poor. About half of those 65+ now rely on welfare, so there is a need to enable older people to remain healthy, work, and prevent a situation where they require welfare.

To address these issues, the Japanese government is concentrating on four pillars: (1) let areas that do not require humans be handled by AI, robots, or IoT; (2) empower women so that they can help revitalize the economy; (3) extend healthy life expectancy and ensure the employment of healthy older people; and (4) invite foreign workers to Japan. By combining these pillars, the objective is to create a sustainable economy in Japan.

By 2025, Japan will have a shortage of 380,000 care workers. Policymakers now envision a positive cycle where individuals can come to Japan from Asian nations that are just starting the aging process, train and work here, and then eventually take their skills back to their home countries and contribute to care there. That would create a win-win situation where Japan can provide technology transfers while addressing its care worker shortage. This was another key background element behind the AHWIN initiative.

Professor Takemi concluded by calling on the participants to have a detailed and fruitful discussion and to produce conclusions that will help all of Asia realize those win-win gains.

Takeshi Kasai

Regional Director for the Western Pacific, World Health Organization (WHO)

Dr. Kasai took up his post earlier in 2019 and, based on extensive dialogues with national leaders, ministers of health, healthcare workers, and other leaders, he has become convinced that aging is one of the most important items on the agenda for the region. Indeed, the WHO Regional Committee Meeting in October 2019 endorsed "A White Paper on WHO Work in the Western Pacific Region," which outlines the organization's objectives for the next five years. It highlights noncommunicable diseases (NCDs) and aging as one of four key themes. The very obvious reason, he explained, is because the entire world is getting old.

Japan is ahead of others in terms of population aging, but the rest of the world is following Japan. For that reason, there are obvious expectations in terms of Japan's experience and technologies, and Dr. Kasai has been asked to liaise between Japan and other WHO member states in this regard.

To prepare for aging takes time because the system needs to be transformed from a dichotomy model focused on infectious diseases—i.e., infected people versus healthy people—to one that can address noncommunicable diseases that may last a lifetime. It also requires that we transform our societies in a way that addresses not only behavioral risks such as smoking or alcohol use, but also social determinants of health, such as the impact of where you live, what kind of family you have, and so on, on your health.

At the regional committee meeting the previous week, the power of early preparation was acknowledged. If you start addressing healthy aging in youth or even middle age, you can create a healthier older population, which will become an engine for sustainable development. And the benefits to society of preparing for aging can be felt not just in the future, but today as well.

In the coming year, the Western Pacific Regional Office of the WHO will be studying what are the most important actions that member states can take to prepare for aging societies, and Dr. Kasai noted that he and his team hope to serve as a liaison to help Japan share its experience and innovation—its technology, systems, services, and concepts—with other member states.

Nguyen Van Tien

Former Deputy Chairman of the Committee on Social Affairs of the National Assembly of Vietnam; Former Vice Chairman of the Asian Parliamentarians Forum on Population and Development (AFPPD)

Dr. Tien offered an overview of the current state of aging in Vietnam, the challenges related to aging society, and the lessons learned for healthy aging. Vietnam is not very rich, but it has a large population. It is ranked 15th largest in the world and 3rd largest in Southeast Asia. The country's population planning efforts have been successful in bringing the fertility rate down to about two children per woman, but the rise in aging presents a new challenge.

Vietnam is expected to transition from an aging to an aged society in a period of between 17 and 20 years, but its GDP is not expected to rise substantially, making it difficult for the country to respond. In particular, the dependency ratio—the working-age population per older person aged 65+—will decline rapidly, meaning that there will be fewer people paying into social security. The country is also seeing a "feminization of aging," similar to that in other ASEAN countries. Close to 70 percent of the older persons aged 80+ in Vietnam are women.

Dr. Tien outlined the ten aging-related issues that he believes are emerging as key challenges for Vietnam:

1. **Financial security**—only 70 percent of older persons receive a social pension, and many would like to continue working after retirement age
2. **Healthcare**—noncommunicable diseases (NCDs) are on the rise, but the current health system is still limited and not focused on health promotion, screening, or detection of NCDs
3. **Social care for older persons**—little attention has been paid to this area and there are not enough care services available for the estimated 4 million people in need of support for activities of daily living this year
4. **Appropriate living arrangements**—caregiving is still primarily dependent on family members, but there has been a steady rise in the number of older persons not living with their children
5. **Enabling environment**— the media has perpetuated ageism; a friendly environment is needed to facilitate participation by older persons in physical and social activities
6. **Loneliness and isolation**—the number of older persons living alone is on the rise, 80 percent of whom are women and most are in rural areas
7. **Abuse and violence**—this again predominantly affects older women
8. **Attention in emergency situation**—systems are needed to detect and rescue older persons in an emergency
9. **Intergenerational relations**—relations within the family and between young and old must be strengthened
10. **Preparing younger persons for old age**—there is a need to prepare young people both in terms of financial and physical health

Dr. Tien noted that the biggest lesson that ASEAN countries must learn from other countries' experiences is that they need to change population policy and reform health systems before it is too late. Adapting to aging populations has taken countries like Japan and South Korea around 20 years, so there is no time to lose. A comprehensive healthcare system that takes a grass-roots approach rather than one relying on hospitals is critical to provide care for older persons. Moreover, a comprehensive strategy is needed to address the ten aging-related challenges above, a strategy that focuses not on older people but on healthy and active aging.

Hirokazu Morita

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

Mr. Morita introduced the Japanese government's Asia Health and Wellbeing Initiative (AHWIN), the objective of which is to achieve a healthy longevity society in Asia. The challenge, however, is that this objective needs to be achieved within the context of sustainable growth. In other words, although AHWIN is a policy introduced by the Japanese government, the intent is to have governments of other Asian countries be able to use this as a guideline for their own policies on aging. That is how the initiative has been designed.

A Mt.-Fuji-shaped diagram can be used to explain Japan's experience. The broad base of the mountain symbolizes the stability of the system. The summit is medical care and eldercare services where public money is needed to provide checkups, diagnosis, and treatment to citizens. Underneath that is healthcare services, where private industry offers preventative and health maintenance services to support the upper tier. At the bottom are services and infrastructure that support a healthy life.

Japan is supporting other countries with their policy design initiatives through the signing of bilateral memoranda of understanding. This is not an official development assistance (ODA) type of support, but rather a dialogue with the partner country, whereby the Japanese government, in cooperation with Japanese industry, tries to identify best practices and policies that might be available to promote healthy longevity and sustainable growth and then works with the counterpart country's private sector.

Mr. Morita noted that the Ministry of Economy, Trade and Industry (METI) is also promoting related initiatives that seek to integrate R&D and industrial promotion into policies for aging societies. He concluded by noting that METI was holding a Well Aging Society Summit during the same week as the AHWIN Forum and encouraged the participants to visit that event's website to learn about the results of that dialogue as well.

Special Lecture:
Challenges Faced in Dementia and Community-Based Approaches in Prevention

Takao Suzuki
Director of the Institute of Gerontology and Professor, J.F. Oberlin University, Distinguished Secretary, National Center for Geriatrics & Gerontology, Japan

In his special lecture on dementia, Dr. Suzuki offered a scientific perspective, focusing on science-based countermeasures. In Japan, as the number of older elderly (those 75+) increases, there is going to be an increase in the need for long-term care and also an increase in the number of people with dementia. Out of 35 million older people in Japan today, 5 million are estimated to have dementia, and that number is expected to increase to 7 million by 2030. Another major issue in Japan is Alzheimer's, which is a form of dementia.

Dementia is an issue around the world. A WHO report in 2012 found that there were approximately 7.7 million new cases each year, and because the population in Asia has been aging, it accounts for just under half of those cases.

The biggest risk factor for dementia is just aging. Almost half of all people aged 80 or older have dementia—and that is true both in Japan and worldwide. To some extent, genetics are involved, but there are risk factors that are potentially modifiable. Education throughout the life course, from early childhood through old age, has been shown to be important to prevent dementia. In midlife, hearing loss, hypertension, and obesity increase one's risk of developing dementia, while later in life, smoking, depression, physical inactivity, social isolation, and diabetes are risk factors. According to a report in the *Lancet* in 2018, by improving in these areas, the onset of dementia and Alzheimer's can be prevented or delayed by 35 percent.

There is no silver bullet for the prevention of dementia and Alzheimer's today. It is impacted by diet, exercise, communication, and intellectual performance (i.e., using your brain), and so working toward improvements in all of those areas would be the optimal way to prevent dementia. Pathological changes in the brain occur early on in life and progress very slowly.

When a person reaches the stage of MCI (mild

cognitive impairment), there is still the potential to reverse that trend and return to a normal state rather than progress to dementia.

Early detection of MCI is being done in Japan—a simple assessment. In one clinical study, brain atrophy was measured, comparing a control group to one that was in an exercise program where the brain was engaged as well, and it showed that the atrophy among those in the exercise class was stemmed. Particularly in the hippocampus region, which affects memory, there were signs that it had not only stemmed the atrophy but had actually recovered. For that reason, in Japan the term "Cognicise" has been coined for activities that combine physical exercise with games that involve cognitive thinking, and there are efforts to spread those programs through Integrated Community Support Centers (ICSCs).

Dr. Suzuki shared two pieces of good news. First, studies in Europe and the United States show that the prevalence and incidences of dementia are on the decline. The Health & Retirement Study (HRS) found that people are better educated, and those with more education are at a lower risk of developing dementia. A person with over 16 years of education has a 73 percent lower risk of developing dementia or Alzheimer's than a person with less than 12 years of education.

The second piece of good news: dementia entails a degeneration of nerves in the brain, but there is a substance called BDNF, brain-derived neurotrophic factor, that prevents that degeneration. It is highly concentrated in the hippocampus and plays a pivotal role in age-related memory impairment. Exercise can help increase BDNF, but it was recently learned that BDNF can also be increased by certain foods. Dr. Suzuki conducted a clinical trial that compared intake of fermented cheese (Camembert) versus non-fermented cheese (Mozzarella) and found that the groups eating fermented cheese showed a significant increase in BDNF, while the non-fermented cheese groups showed a decline. Older people in Japan have not traditionally consumed fermented cheese, so introducing this habit may be beneficial, particularly if exercise is not possible.

The key lesson to be learned, Dr. Suzuki concluded, is that in order to prevent dementia, it is important to promote exercise, healthy diet and lifestyles that can prevent the degeneration of brain and vascular systems, and at the same time, maintain and increase the brain's cognitive functions as much as possible through things like lifelong learning, Cognicise, writing diaries, and other measures.

Discussion

Peh Kim Choo, chief executive officer of the Tsao Foundation in Singapore, expressed her appreciation for Dr. Suzuki's presentation, which offered hope for the delay and prevention of dementia and Alzheimer's. She asked Dr. Suzuki for his thoughts on ways in which policymakers and practitioners who design and run programs can better apply data to policies, since that is the key that can greatly transform the landscape. How can prevention be integrated and focused on in the community-based care services and systems in a coordinated and integrated way to enhance health promotion? She noted the need for the systemic development of a more comprehensive approach to prevention and health promotion, one that is multidimensional, addressing the physical (diet and exercise) but also the psycho, social, and spiritual elements of health, all of which have an impact on aging.

Dr. Suzuki described how Japan's ability to fight dementia in the community is aided on the one hand by its provision of both medical insurance and long-term care (LTC) insurance—which allow people to receive consultation services, information, and care—and the existence of more than 5,000 ICSCs throughout Japan that handle various issues related to aging, including dementia prevention. He agreed wholeheartedly with her comment regarding the need to take a holistic approach to healthcare, addressing not just the health of the body but the entire quality of life. Finally, he noted that the issue of preventing frailty—not just physical frailty, but also mental and social frailty—is another key issue in Japan, and that a system is needed to address these issues holistically.

Session 1:
Changing Health Status of Older Adults: Getting Better? Getting Worse?

Yasuhiko Saito (Session Moderator)
Professor, Faculty of Economics, Nihon University, Japan

The session moderator was Professor Saito, who began a longitudinal survey of aging and health in the Philippines and Vietnam in 2018 with AHWIN support. Those two countries, he noted, offer an interesting comparison. The rate of aging is faster in Vietnam, but the Philippines has a large population of older adults in terms of the sheer numbers. Vietnam's GDP is lower than that of the Philippines, but its life expectancy is significantly higher, and therefore the researchers in his study are examining why that is the case. The study focuses on health status, including mental health, and estimates health expectancy. Their questionnaires are focused on older adults, but they also have questionnaires for the children of older persons and one for caregivers or potential future caregivers, and the questions cover not only the physical measurements and functioning health of the older adult, but also the demographic, socioeconomic, social, and other factors.

He reminded the presenters and audience that there are many different indicators of health expectancy—disability-free life expectancy, active life expectancy, healthy life years, health-adjusted life expectancy, healthy life expectancy, etc.—and so we must be careful to ensure that we are referring to the same thing when we hold these types of discussions. It is also important to remember that "unhealthy life expectancy" does not necessarily refer to the final years of a person's life. Professor Saito emphasized that, no matter the definition, health expectancy is more important than life expectancy.

He posed a number of questions for the presenters to consider: When we refer to "healthy aging," what do we mean by "healthy"? What are your expectations for the future health status of older adults in your country? What are the factors affecting changes? And what can we do together to achieve healthy aging in Asia?

PANEL PRESENTATIONS

Tengku Aizan Hamid

Director, Malaysian Research Institute on Ageing

Reflecting on definitions of health, Professor Tengku Aizan Hamid recalled that her 88-year-old mother-in-law once told her that as long as she can eat and walk, she considers herself healthy, even though she suffers vascular dementia. As long as she is not lying in bed, she is satisfied.

Malaysia is a diverse country, and there are substantial socioeconomic and cultural differences between peninsular Malaysia and the rest of the country, between rural and urban areas, between the different ethnicities, and between males and females, so the question that the country faces is how to keep everyone healthy. For example, the use of public health services versus private healthcare facilities differs as more Chinese utilize private healthcare due to the availability of facilities, financial means, and the higher likelihood that they have insurance.

How does Malaysia support scientifically grounded health promotion strategies? In Malaysia, there are many policies on paper, but implementation is another matter. Ensuring that public funding is then applied to implement those policies is an issue with which those in the field are grappling.

The Ministry of Health does use data. For example, in the development of clinical practice guidelines on various chronic diseases and the targeting of modifiable causative risk factors, they used empirical data collected from the National Health and Morbidity Surveys, academic studies, and so on, but there is inconsistency in the measures being used.

The country is facing many challenges ahead. Malaysia will become an aging population in 2020, with 7 percent of its population aged 65 or more, but the government still wants to talk about the fact that the aging population will reach 15 percent in 2035, thereby kicking the problem farther down the road. The dilemma for researchers is that there is a need to act fast since it takes 20 years for any policy to have any effect.

Tri Budi Wahyuni Rahardjo

University President, Universities Respati Indonesia

Dr. Rahardjo summarized the issues facing Indonesia, explaining that the number of older persons in Indonesia is expected to increase to 11 percent of the population (28.8 million people) in 2020 and to 28.68 percent (80 million people) by 2050. Currently, only a handful of provinces are experiencing the challenges of aging, but by the time Indonesia celebrates its 100th anniversary in 2045, most provinces will have aged populations, and so there is an urgent need to develop policies and programs for healthy aging, including long-term care.

The highest proportion of disease in the country includes such NCDs as hypertension, osteoarthritis, stroke, dental-oral problems, chronic obstructive pulmonary disease (COPD), and diabetes mellitus (DM). Related to that, there is a nutritional issue, with nearly a quarter of the older population being overweight or obese and another 16 percent being underweight. And a significant number of older persons also suffer from mental health issues. Healthcare is therefore a key issue for the country.

Indonesia currently has a network of almost 10,000 primary health centers (PHCs), and despite regulations that require PHCs to offer elderly health services, only 37 percent are elderly friendly today. However, the good news is that these are backed up at the community level by elderly integrated health services posts, which now number 100,000.

Indonesia has started to implement long-term care. It was found that 3.7 percent of older persons are living with severe disabilities and require caregiving. Although family-based care is good, the provision of long-term care improves the relationships within and the resilience of the family, reducing the burden on family members while at the same time improving outcomes for older persons, increasing their self-esteem, reducing pain, preventing accidents, and preventing complications from illnesses.

In this context, there is a need to improve informal caregiving. The study that Dr. Rahardjo is conducting found that about 60 percent of informal caregivers understand the various aspects of long-term care, but most are not professionals, so Indonesia needs to develop caregiving as a profession. Since 2013, they have worked with Japanese scholars to create a five-level system for formal caregiver training, which is now being implemented in 12 polytechnic schools. But the program implementation on long-term care is still being developed, and long-term care insurance must be introduced to make it practical.

Dr. Rahardjo shared that a decree has been drafted on a "National Strategy of Ageing," which seeks to realize an independent, prosperous, and dignified aging population. It will outline five strategic areas: social protection, healthier aging population, building awareness, caregiver and institutional arrangements, and respecting and fulfilling the rights of older people It is hoped that the president will be signing that decree shortly.

Khaing Khaing Soe

Director, Department of Population, Ministry of Labour, Immigration and Population, Myanmar

Outlining the older population of Myanmar, Dr. Soe explained that of Myanmar's roughly 51.5 million population, an estimated 5.4 million are aged 60 and older in 2019, or about 10 percent, and that number is expected to grow at an alarming rate, more than doubling by 2050 to 12.2 million, or 18.6 percent of the population.

The 2014 census was the first in 30 years and thus the data is lacking, but there has been a clear gain in both the working age population and the older population in Myanmar. Life expectancy in Myanmar is still lower than in countries such as Japan, but like other countries in Asia, women have a longer life expectancy than men. For that reason, among those 80 years or older, 62.5 percent are women, indicating a feminization of aging. More older women than men are widowed, and this can put older women at higher risk of isolation and deprivation, particularly when the husband was the main earner. About 30 percent of people aged 60+ are still active in the labor force, primarily in agriculture and self-employed, underlining the need for adequate social services.

The country is aging relatively slowly compared to other countries in the region such as Singapore, Malaysia, and Thailand, so they still have time to adjust and prepare. But in terms of health status, particularly healthy life expectancy, the data is not adequate. It is estimated that by 2050, there will be 7 million older people living with some form of disability, particularly affecting sight and walking. A 2014 survey conducted by HelpAge found that one quarter of older people in Myanmar have at least one form of disability and nearly 6 percent have a moderate or severe disability. Only 33 percent of people aged 60+ in Myanmar reported being in good health, compared to 45 percent in Thailand.

The good news is that family networks remain strong and older persons continue to receive support for daily activities from family members, but with increasing urban migration and lower birth rates, these traditional means of support are expected to come under strain in the future.

The World Bank found that Myanmar only spent 2.3 percent of its GDP on health in 2014, compared to 6.5 percent among other countries in the region, and there is a shortage of health personnel and infrastructure.

What is the policy response? The Action Plan on Ageing 2014 encouraged employment of older people and other measures to promote income security. Community-based healthcare programs for older people had been established by previous national policies, but under the 2014 plan, the government put greater priority on NCDs and health promotion. The plan also aims to strengthen cooperation between older people's associations and other NGOs supporting older people. In 2019, the government has been supporting the creation of intergenerational self-help groups at the village level as well. In terms of financial security, Myanmar already had pension schemes for civil servants, the military, and politicians, and in 2017, they introduced the first national social pension. However, the eligibility age was 85 as of 2018.

Dr. Soe concluded by outlining the key steps Myanmar must take to address its aging population: invest in the development of health systems and UHC (as called for in the country's National Health Plan 2017–2021) in order to ensure accessible, affordable healthcare for older people; introduce comprehensive social protection systems; provide home- and community-based care programs; and promote healthy aging and prevention of NCDs.

Masaaki Kurihara

Policy Planning Officer, General Affairs Division, Health and Welfare Bureau for the Elderly, MHLW, Japan

Mr. Kurihara addressed the topic of health promotion for older persons in Japan. Both life expectancy and healthy life expectancy are higher for Japan than other G7 countries, and various measures have shown a steady improvement in the health of older Japanese people. Tests of physical ability, for example, have shown improvement each year since 1998. One study of older persons' walking speeds showed that an 80-year-old in 2002 was walking at the same pace as those in their early 70s just a decade earlier. Dental health has also improved thanks to the "8020" campaign that started in 1989—a push to ensure that people retain at least 20 teeth at the age of 80 since that allows people to eat by themselves. The ratio of people aged 75-84 years old with at least 20 teeth has risen from 10.6 percent in 1993 to 51.2 percent in 2016.

In terms of prevention and health promotion, Japan is undertaking initiatives in two major areas. One is the prevention of diabetes and lifestyle-related diseases from middle to older age. Under the Japanese system, people receive regular health checkups, and if the person scores badly, they are given a more thorough check. The second area is prevention of frailty.

The major stakeholders that the government is working with include insurers, who can strengthen health promotion efforts and should also make better use of data for prevention and health promotion; employers, who need to look after the health of their employees to ensure a healthy, productive workforce; and local governments, who are on the ground and involved in city planning initiatives such as the "Smart Wellness City" and frailty prevention.

Frailty is an important issue, and we need to take measures before people become frail. The key areas for frailty prevention are "meals" (nutrition and oral care), "physical activity" (exercising and going out), and "social participation" (employment, social activity, community-based activities, etc.). The role of municipal government is very important in this regard since community-building and resident participation are key and should be incorporated into local policy measures.

The MHLW, in the context of its long-term care insurance system, is supporting the expansion of "kayoinoba," resident-operated gathering places for activities such as exercise, hobbies, volunteering, dining together, and so on, where anyone can participate without segregating older people based on their age or physical or mental status. The concept is to have municipalities identify appropriate locations and support the kayoinoba to help prevent the need for long-term care across the entire locality. As of FY2017, there were about 91,000 kayoinoba in Japan, and about 5 percent of older persons are currently participating.

Finally, in terms of what should be done to enable older person to continue living in the community, Mr. Kurihara stressed that while the preventative measures he described are important, there is also a need for care and services for those who become sick, which is the medical and long-term care area. This requires specialists as well as mutual support in the community. In this way, the government is taking a vertical and horizontal approach to provide a "community-based integrated care system."

DISCUSSIONS

The discussion began with the question of what the ideal concept of health is in each of the panelists' countries. Professor Tengku Aizan noted that in Malaysia, the definition of health follows that of the WHO, but for the general public, "health" is considered to be mobility and the ability to function in society. It is also important to recognize that the definition of aging differs based on the cohort within society—health means something different to a young person than it does for an older person, while a service provider may have a different perspective as well.

In Indonesia, Dr. Rahardjo noted, they have tended to rely on the WHO concept of health—a holistic concept that covers physical, mental, and social aspects—but they also have reflected the 2015 update to that WHO concept, which views health as maintaining intrinsic capacity and functional ability, both mentally and physically. From a community perspective, however, health is viewed holistically as being spiritual, emotional, intellectual, social, physical, and environmental. In Japan, Mr. Kurihara said that there is general agreement with the WHO definition, but that they also consider one's engagement with society and whether one feels happy. Among the general population, Myanmar also views healthy aging as entailing both physical and mental wellbeing, and social wellbeing as well. Dr. Soe added that while in the past, older people used to say that if you can eat and move you are healthy, nowadays that has changed, and people working for healthy aging consider social wellbeing, quality of life, and productive participation in society. Professor Saito noted that the original WHO concept of health seems to be most prevalent, although the current WHO concept of healthy aging is moving away from a disease-centered approach and more toward a focus on functional capacity.

Panelists were then asked to consider whether the health situation in their country will be improving or deteriorating in the future. Here, the answers varied greatly. Malaysia, it was noted, is the leader in obesity in the region, but in terms of economic measurements, it is strong. Professor Tengku Aizan compared four typologies and found that the number of older people who fell into the category of "poor & unhealthy" represented less than 5 percent of the population, while 60 percent were healthy and had money to live. There is a need to look at the system as a whole, however, and the affordability of health services. She noted that while the country has moved from a welfare approach to a developmental approach, the government still looks at aging as burden. There is also a need to improve preventive health education. Japan is the most advanced in terms of aging, but it is also the most advanced in terms of health-consciousness and use of technology, so the government is working to continue that trend. In Indonesia, it was noted that there is a need to start education early—at least from midlife—to promote healthy aging. In Myanmar, mortality and disability rates have improved, but the data is insufficient to predict the future. NCD rates are very high among the working age and elderly populations and knowledge about healthy lifestyles is still low. There is also a lack of support services for older persons. Longer life expectancy does not necessarily guarantee that population health is improving, as has been shown in many studies.

Professor Saito asked the panelists what they think can be done collaboratively to improve healthy aging in the region? Professor Tengku Aizan noted that in order to do cross-country comparisons, common indicators and data sets that can be used by all are needed. This was echoed by Dr. Rahardjo, who stressed the need to have the same or a standardized Asian concept of healthy aging, and that healthy aging and active aging should be viewed together. Panelists also agreed on the need to address ageism. Unless the attitudes of technocrats and policymakers change to view aging as an untapped experienced human resource, then they will continue to take a welfare approach, which is very costly. Preventive care activities will strengthen the productivity levels of older population. Attitudes are key, including the attitudes of older persons themselves. Dr. Soe also called for efforts to change the attitude among the older population that they are too old to participate, and at the same time, stressed the need to promote respect for older persons.

Dr. Rahardjo called for greater interagency cooperation within countries, pointing to Japan's MHLW as a good example of combining health, labor, and welfare in one agency. This was echoed by Dr. Soe of Myanmar, where it is difficult to get consensus between the different ministries. Mr. Kurihara, however, noted that within Japan there are mixed views about having all three—health, labor and welfare—combined.

Finally, Mr. Kurihara pointed to the need for greater sharing of knowledge with non-experts in local communities, while Dr. Soe called for greater cooperation with NGOs, UN organizations, community-based organizations, and even families and communities to enhance healthy aging.

Questions from the floor began with an inquiry about Malaysia's plan to reduce healthcare costs and ensure affordability. The Malaysian government has not yet decided whether to implement insurance. The Ministry of Health has done a great deal of work to promote workplace health interventions for healthy aging, and the Health Promotion Board is organizing community activities for health promotion. But while there are policies related to healthy aging, they have not been widely implemented yet. For healthy aging, not just health but economic issues are involved as well. Professor Tengku Aizan noted that Malaysia has stores where you can go to eat 24 hours a day, even though that is not healthy behavior, and smoking legislation has been ineffective. These represent economic interests, and they also represent a lack of commitment to health among the population. Unless the older population is doing "self-care," there will be no impact. We need public education to promote taking care of one's own health.

Indonesia, on the other hand, has UHC and 90 percent of older people are insured, but it focuses on disease rather than health and therefore needs improvement. A question was raised about the impact of Indonesia's *posyandu lansia* program at Elderly Integrated Services Posts, which provides both elderly and child health. There are now 100,000 of these posts, but their effectiveness depends on the leaders of the communities. It is a bottom-up effort, so local leadership is the key to success.

An audience member from the Japanese business community noted that Japan has been promoting UHC, but the system is very expensive and needs to be better shaped to serve as a good model for others in Asia. He believes that prevention efforts have to be much better and that medical professionals must be better trained and get directly involved. Often, without a warning from the doctor, older persons will not take prevention seriously. Local governments like Kanagawa offer a good example, he noted; the governor there is very serious about prevention.

Finally, a request was made for further data and information to better understand how the very hopeful improvements in the health of older persons in Japan, as described by Mr. Kurihara, were actually achieved.

Session 2:
Who Will Be the Caregivers? Meeting the Growing Eldercare Needs in Asia

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

Dr. Reiko Hayashi began the second session by framing the issue of long-term care in terms of the Sustainable Development Goals (SDGs). She explained that SDG Target 1.3 concerns the implementation of social protection systems and measures for all, including older people. Target 2.2 calls for an end to malnutrition and specifically mentions addressing the nutritional needs of older persons. Target 3.4 concerns the reduction of NCDs and the promotion of mental health and wellbeing, which includes the older people.Target 3.8 is the achievement of universal health coverage. Target 5.4 is very important: recognize and value unpaid care. Family-based care for older persons is almost always unpaid and there is a need to better understand and place value on that burden. Target 8.8 covers the protection of the rights of migrant workers and promoting a safe and secure working environment for all workers. This is a key issue for caregivers, many of whom are foreign workers in high-income countries, and one of the goals of AHWIN is to better utilize transborder migration to increase the level of knowledge and skill levels of workers in the region as a

whole. Finally, Target 16.1 looks at reducing violence, which includes violence against older persons.

Dr. Hayashi then described an ERIA-supported project she has been conducting on demand and supply of long-term care in Asia, through which her research team is analyzing the future care demand in East and Southeast Asia. They found that in 2015, there were an estimated 9 million people in need of long-term care (i.e., in need of intensive care), and that number is expected to more than double to 34 million people by 2050. Family structures are changing rapidly, and there are now more elderly people living alone, with substantial differences at the subnational level.

Who are the care givers? Family members represent the highest proportion of caregivers, but depending on the country, care may be provided by domestic helpers rather than by professional home helpers or certified caregivers or long-term care workers. In many countries, there are almost no professional caregivers. In Japan, the creation of a home helper system started in 1962 to help housewives and to give employment to war widows, and as the number of older persons increased, they began to provide long-term care. In 1987, Japan established national qualification requirements for "certified care workers" and "certified social workers." Since 2000, it started a long-term care insurance system, which helped increase the number of certified long-term caregivers in the country, although the number is still considered low.

In China, there are not enough professional caregivers, so many depend on domestic workers. There is a mobile phone system to dispatch domestic workers to provide care, and in 2016 there were 25 million domestic workers engaged through that system, of whom 16 percent were providing long-term care. In Taiwan, there are live-in foreign caregivers, primarily from Indonesia.

Every country has to find the best solution for its country to increase the supply of long-term care, which also means that they must consider the implications for international migration. In Japan, only 0.6 percent of the long-term care workers (around 10,000 people) are foreign citizens, while in Australia, for example, 45 percent of the long-term care workers are foreign born. The WHO has asked that the ratio of foreign workers be decreased, but we need to find a way to make international migration a brain gain and not brain drain, and to ensure that those skills are not wasted by underemployment of trained long-term care workers when they return to their home countries.

SESSION KEYNOTE

Shoko Sasaki

Commissioner, Immigration Services Agency, Japan

Commissioner Sasaki offered an overview of the various measures that Japan has taken to accept foreign care workers, describing in particular the government's proactive measures to improve the infrastructure to accept long-term care workers from Asia.

There have been four methodologies for accepting foreign workers in this field. The first, going in chronological order, was the EPA (Economic Partnership Agreement) Candidate method, which allowed foreign personnel to engage in nursing and long-term care. The objective was to enhance bilateral economic activity and partnership in the region. This began in 2008 with care workers from Indonesia, then in 2009 from the Philippines, and in 2014 from Vietnam. Before coming to Japan, they have to undergo training and achieve a certain level of Japanese language ability in order to become candidates. They then come to Japan for up to 4 years, study as they work, and are expected to take the national exam to become certified care workers. If they are successful, they can stay and work in Japan and extend their stay an unlimited number of times. They can also have their spouse and children join them in Japan. If they are not able to pass the exam in four years, the candidates may be able to extend their stay for one extra year to try again.

The second mechanism is a "Nursing Care" status of residence (*zairyu shikaku "kaigo"*). As the needs for long-term care become more diverse and sophisticated, the nursing care industry needs to provide high-quality care. Those who pass the Japan certified care worker exam are recognized as having high-level skills. In 2014, the Japanese government decided to introduce a policy to let foreign students who have graduated from Japanese higher education with this certification continue to live and work in Japan indefinitely and have their families accompany them as well. This system went into effect in 2017. The initial system only provided this status to those who completed certain education in Japan, but in 2017, the government decided to expand the system to allow those who have work experience in Japan to take the national exam and qualify for this status as well.

The third mechanism is the Technical Intern Training Program, designed to promote technology transfer to developing countries. This system has been around for 30 years, but from November 2017, the category of nursing care was added, which allows for up to five years of technical training in Japan. The work experience that people accumulate on this program would also make them eligible to take the national exam for certification as long-term care workers mentioned above, which, if they pass, would make them eligible for the residential status.

And the fourth mechanism is the Specified Skilled Worker Program, just introduced in April 2019. Level 1 is equal to semi-skilled workers and they would have to pass technical and language skills to qualify.

The government wants the private sector to utilize these various mechanisms as much as possible and try to embed these mechanisms into the long-term care strategies of various Asian countries. The greater vision of AHWIN, which has been promoted by the Cabinet Secretariat, is to have Japan and Asia work together to increase the number of care workers to respond to the region's growing needs.

PANEL DISCUSSION

Grace Trinidad Cruz

Professor of Demography, University of the Philippines Population Institute

Professor Cruz addressed the question of "Are we providing enough long-term care for older Filipinos?" She began by looking at the demography of aging in the Philippines. Based on an ERIA 2018 Longitudinal Study of Aging and Health in the Philippines along with other data sources, the Philippines remains a relatively young country compared to a country like Japan, but the number of people aged 60+ is expected to reach about 8 million by the end of 2019. That age cohort will represent 10 percent of the total population by 2030, while in 2040, 10 percent of the population will be 65+.

How healthy are Filipinos? About half of the population—and particularly women—say they believe that they are of average health, but that does not necessarily reflect the reality. Among older people, the most prevalent diseases according to doctors are NCDs including hypertension, arthritis/rheumatism, cataracts, diabetes, and so on. It was reported that 4 percent of older persons had experienced a heart attack, 33 percent were troubled with frequent pain, and 19 percent had suffered a fall within the past 12 months. Older women in particular are suffering from functional difficulties at higher rates than their male counterparts.

Currently, 8 percent of older persons are receiving long-term care, of whom 56 percent are female. The mean age is 71 years old for men and 78 years old for women. Usually older persons are taken care of by spouses and daughters, who provide assistance with meals, medicine, bathing, getting around the house, and so on. Men are generally taken care of by wives and daughters, while women are taken care of by daughters, sons, and other family members, but less so by their husbands.

There is a gap between the need and supply of long-term care. Only 64 percent of those who have difficulty performing all seven ADLs, and only 37 percent of those rated "severely limited" using the Global Activity Limitations Indicator (GALI), are receiving long-term care. Many Filipinos are not sure who will take care of them if they become bed-ridden or develop dementia.

What is the future of caregiving in the Philippines in the context of cross-border movement of nursing and eldercare personnel? Will there be a care drain in the future given that the Philippines is one of the world's largest exporters of labor migrants? Given the reliance on daughters for care, the labor migration among young women may pose challenges for the Philippines. There are well-known economic benefits of cross-border movements of nursing and 10 percent of women aged 60+ reported that the remittances from children abroad are the most important source of income for them. The negative aspect, on the other hand, is the shortage of trained caregivers at home, particularly in rural areas. Another implication is that 11 percent of older persons are the sole provider of care for grandchildren whose parents are working overseas. Policymakers therefore need to address the unmet needs for long-term care, both in terms of quantity and quality, and address the imbalance in healthcare services, particularly with the increasing wave of outward migration of trained and experienced nurses and caregivers.

Pham Duc Muc

President, Vietnam Nurses Association

The role of Vietnamese nurses in meeting the future increasing healthcare needs of older people was the focus of Mr. Pham Duc Muc's presentation. Vietnam is among the ten fastest-aging populations in the world. The 2019 census recorded Vietnam's population as 96.2 million people, placing it 15th in the world and 3rd in Southeast Asia. The average population growth rate is 1.14 percent per year. According to the General Statistics Office's forecast, by 2038, the population group over 60 years old will be about 21 million people, accounting for 20 percent of the total population. By 2050, one out of every four people will be 60 years or older (about 27 million). In addition, from 2038, the working-age population will begin to decline, which will adversely affect socioeconomic development without appropriate adaptive policies.

The majority of older persons in Vietnam live in rural areas with family members. Vietnam is facing an alarming shortage of human resources to care for its older people. The nurse population ratio is 1 nurse per 900 people, and most nurses work in hospitals and in urban areas and are not trained in geriatric care.

In the world in general and Vietnam in particular, nurses are critical for eldercare. Older people need nursing care most as they are affected in unique ways by the combined effects of aging and disease, and thus the quality of care service for older people should be a top priority for the government. Nurses play five essential roles in the health and wellbeing of older people: care service provider, care restorer, care educator, care communicator (listen to and encourage the older person), and medical supporter (working with the medical team). Nurses assist older patients in achieving optimal levels of independence, reduce risk of disease and lessen the need for medical treatment, and collaborate with the entire care team, including medical doctors.

Vietnam has been sending nurses abroad for 40 years. More than 7,000 senior doctors and senior nurses worked in Africa under a government-to-government program. When they finished, they returned to their home institutions. Since 2014, a total of 892 nurses so far have entered Japan under the Economic Partnership Agreement (EPA). About 70 have passed the exams and are working in Japan as nurses, while another 622 are working as care workers in Japan. From 2015, a similar program started in Germany. But it is hard to get these nurses trained abroad to come back and work as nurses in Vietnam since they have better opportunities upon their return.

The pluses of these cross-border programs include the personal benefits, job advancement, and better language communication skills that provide more job opportunities when they return home. In addition, the country also gained benefits, such as a reduction in unemployment, increased GDP, and a larger pool of skilled nurses and caregivers. But there are minuses as well. For the individuals, they have to leave their families, and some nurses feel that it is degrading to work as a caregiver when they have a nursing degree in Vietnam.

Mr. Muc offered three recommendations: (1) The national health policy and plan must ensure an adequate number of geriatric skilled nurses and caregivers who can provide health services in all settings, including hospitals, nursing homes, social welfare centers, health clinics, and families. (2) Regional collaboration is needed on developing a standardized education for geriatric nurses and caregivers, as is mutual recognition among Asian states to facilitate cross-border movements of health personnel. (3) Priority must be given to education on eldercare for general nurses, geriatric nurse specialists, caregivers, family care members, and key local staff. These steps are critical to meet the multifaceted care needs of older persons.

Mohd Rohaizat Hassan

Associate Professor, Faculty of Medicine, University Kebangsaan Malaysia

Professor Hassan outlined the Malaysian scenario for eldercare providers. Malaysia is unique in that it is a multiethnic country and thus there are differences across cultures, but most of the country's older residents live with family members according to a study done in 2009, and most caregivers are thus informal workers. This is related to the social environment, where a son or daughter's neglect of their elderly family members is considered a sin. Another source of care is foreign helpers who are hired specifically to take care of elderly family members rather than to do housework or take care of children, but these individuals are usually not trained.

Religion and culture play a big role in who is taking care of older persons, but another factor is the trend among young people to move to urban areas, leaving older adults back home. Also, the number of women in the workforce increased from 44.2 percent in 1999 to 49.5 percent in 2017, which leaves fewer women available to look after older people.

If there are no family members who can take of an older person, then they need to rely on government institutions. This comes under the Department of Social Welfare. For active older persons, there are public welfare facilities known as Rumah Seri Kenangan, and for those requiring medical care, there are Rumah Ehsan.

There are also various services in the community, like PAWE, which is an activity center for older people, or UPWE, mobile teams that provide medical care, and respite care centers.

Private care centers and NGOs are also emerging as major players in this field, with 1,300 registered private care centers now offering all levels of care. But there is a severe lack of trained personnel. As of 2018, Malaysia had only 28 geriatric specialists, and nurses are generally not trained specifically in geriatrics.

Professor Hassan concluded by examining the recent push to use ICT to improve care for older people which he believes has great potential, particularly in terms of improving connectivity in ways that can alleviate stress and loneliness. The majority of older persons use mobile phones, but only for communications. ICT allows people to connect via social media with others who share the same interests and hobbies, and it can be used to supplement institution-based social activities with at-home activities that link people with similar interests. It also has medical applications to improve health, including activities that improve memory and wearable devices that record and monitor health conditions. For example, Professor Hassan himself is developing an app for older people to monitor their diabetes.

Duangjai Lorthanavanich

Director, Ageing Business & Care Development Centre, Thammasat Business School, Thailand

Dr. Lorthanavanich described Thailand's concerns regarding the future supply and quality of caregivers. The Ageing Business & Care Development Centre at Thammasat Business School conducts research and work focused on learning how to meet the needs of the country's aging population and to train personnel for the development of the aging business and care development. These efforts are essential given that Thailand's aging population will reach 30 percent in the next 20 years.

As Thailand works to address rapid aging, a major concern is that one in three elderly Thai people are living below the poverty line. Only 10 percent have sufficient savings and can afford to retire, and many actually want to continue working. Another concern is the difficulty in finding caregivers in Thailand. Young people are moving to the city, while old people are moving back to their hometowns, so the "young old" wind up taking care of the "old old."

There are three key issues that need to be considered when looking for solutions: the type of living or housing arrangements, the economic status, and the level of dependency. Different categories require different solutions. In Thailand, there are five types of caregivers: family members (usually daughters aged 40+), health volunteers (part-time workers paid by the government), volunteers in the virtual community (there is an emerging compassionate community in cyberspace that works to help the poor, the sick, and the elderly), paid/hired care givers (young and old people from rural areas and from other ASEAN countries such as Myanmar and Laos), and paid professionals in institutions (nurses and trained personnel).

The biggest problem that Thailand faces is the inadequate quality of professional eldercare providers. To solve these problems, they are looking to Japan. Thailand should have facility-based eldercare, but money and culture are obstacles. The government focuses primarily on monthly pensions and medical equipment and has not yet addressed the supply and quality of eldercare. Dr. Lorthanavanich described a recent training initiative at her center that brought Thai businesspeople in the medical, real estate, and hotel hospitality fields to Japan to visit various models of eldercare provision, such as housing for older people with home-care services, special eldercare nursing homes, and so on. The result was that three businesspeople opened new facilities in Thailand for older people. The center hopes to continue to motivate Thai businesses to expand their work in eldercare in the future.

DISCUSSIONS

In all of the countries discussed, there are many different parties involved in providing long-term care for older persons—family, nurses, care workers, volunteers, and various institutions—but in all countries, there is a shortage of trained personnel.

The discussions focused first on how countries define the terms "long-term care" (which in Japanese is *kaigo*) and "caregivers." In Japan, there is a tendency to think that the term *kaigo* is universal, but the concept of long-term care seems to differ by country. Some people think of "caregivers" as being nurses, but others view it as those who provide healthcare in general or informal caregivers for older people In Japan, there are certified caregivers for older people. Dr. Hayashi pointed out that the panel had discussed these terms among themselves and realized that while nurses in the long-term care field may be considered as caregivers in some countries, that definition does not apply to Vietnam, for example, and that "long-term care" itself is viewed quite differently. It is important to know how different countries view these terms and how they view the Japanese form of long-term care.

In the Philippines, the terms and the field itself are still developing. In the study conducted under the ERIA research program, the need for "long-term care" referred simply to those who are sick or bedridden and thus need assistance over a long period of time. Caregiver training in the Philippines is part of vocational training for those wanting to go abroad to work, but within the Philippines itself, "caregivers" are primarily informal, untrained individuals. There are few nursing homes in the Philippines, and they are mostly institutions run by government or religious groups for abandoned older persons without family members to take care of them. International migration has led to the emergence of some private homes for the elderly that people pay for, but there is still a social stigma against parents being in a nursing home rather than being taken care of by children.

In Vietnam, the term "caregiver" was new, introduced for the first time when Vietnam signed the EPA with Japan. The government is now working on curriculum to train "caregivers," which is translated into Vietnamese as "healthcare staff" or "healthcare personnel," and they try to differentiate between nurses and healthcare staff. The latter do not provide technical or medical jobs but focus instead on supporting daily activities for the older people. Lately there are private companies opening nursing homes in Vietnam, and they have been recruiting nurses to work there. After receiving training in elderlycare, many quit after a year or so because the work involves tasks they view as work for "caregivers," not nurses.

The Malaysian government is still thinking about how to implement long-term care, although they have been looking at the Japanese *kaigo* system as one model. The problem is that the government has traditionally subsidized everything for health. "Caregivers" in Malaysia are generally family members since they are considered best able to handle the social and emotional needs as well as the physical needs of older persons. But the landscape is changing and there are now hired caregivers who have a nursing background. There are certain physical and medical aspects of eldercare that nurses are best able to handle. But they do not handle aspects of care like nutrition, social activities, and emotional care. A curriculum has recently been developed in Malaysia by the Ministry of Human Resources for eldercare that has five levels, covering everyone including providers and managers of long-term care.

In Thailand, the government defines long-term care only as care for dependent older people. The policy research being conducted by Dr. Lorthanavanich and her colleagues is trying to introduce a broader perspective that includes pre-aging to aging. This corresponds with the presentation about dementia in the sense that if you address aging only when the person becomes dependent on care, then you miss opportunities to extend the healthy lifespan.

The discussion also touched on the fact that while countries throughout Asia are looking to the models of Japan and Korea, those systems are possible thanks to long-term care insurance. Financing is a key issue, and it is what enables Japan to pay for trained caregivers. One participant stressed that long-term care is a policy, not a service.

A related issue raised was how much full-time caregivers are paid compared to other professions. It is a very labor-intensive job but is generally not paid well relative to other workers. Although Japan talks about a labor shortage for caregivers, that shortage is really created by the low pay—20–30 percent lower than nurses in Japan. It is also related to the amount covered by insurance. The working environment is also an issue.

In the Philippines, it is difficult to say what the pay level is since there are really no professional caregivers. If families do hire caregivers, they are paid a low wage, similar to other hired household helpers. This is why people look for work abroad. The country has recently

passed universal health coverage, but the actual implementation is yet to come, so it is important to hear the experience of Japan and others.

In Vietnam, there are two schemes for payment of nurses or caregivers serving older people. Ninety percent of nurses work in public institutions and thus payments are set by the government. But for those hired by private families, there are no standards, so they could be paid higher depending on the family. That situation is similar in Malaysia, where caregivers hired by the government are paid a similar rate to nurses in public institutions, but those hired by a private company or by a private family can earn much more.

Dr. Hayashi concluded the session by noting that the discussions had made it clear that when speaking of caregivers and long-term care, the financial structure of the long-term care system and the political will of the government are critical considerations. She noted that different countries have different systems but share common problems, so dialogues like the AHWIN Forum are important to encourage collaboration and help find solutions.

Closing Remarks

Hidetoshi Nishimura

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

Professor Nishimura thanked the participants for an energetic and passionate discussion that provided much food for thought. The Japanese government launched AHWIN three years earlier, covering various themes. The AHWIN Forum offered a good opportunity to review the research that has been carried out to date in the area of aging. ERIA has been given a great deal of support from the Japanese government—and particularly from the MHLW—for this initiative, and Professor Nishimura expressed his deep gratitude.

ERIA was established more than 10 years ago, following an agreement reached at the 2007 East Asia Summit (EAS). It was created as an international organization that began by covering the EAS countries and producing policy recommendations for the development of the ASEAN Economic Community. The initial focus was the economy, but it now looks at social and cultural issues such as the environment, energy, agriculture, disasters, and aging. Thanks to Professor Keizo Takemi, ERIA has been expanding its work on health studies as well, and it is developing policy proposals for ASEAN and EAS. Some of the research ERIA is supporting was highlighted in the AHWIN Forum, including a longitudinal study of aging and health in Vietnam and the Philippines, a study of demand and supply for long-term care, a study of cross-border movement of caregivers in Asia, and others. ERIA is looking forward to seeing the final results of these studies.

Professor Nishimura shared with the audience his passion for Japan's haiku poetry, which he has been pursuing for 50 years. He stressed that people who want to come to Japan to care for older people and really connect heart-to-heart need to learn not just the language but the culture as well. He shared a new project that has been launched between the Modern Haiku Association of Japan and the Indonesia University of Education to incorporate the study of haiku in a textbook used in the international long-term care program for nursing students, which they hope to expand to other countries as well.

In closing the event, Professor Nishimura expressed his thanks to all those who participated in the forum and to the JCIE staff for organizing the event.

G20 Health Ministers' Meeting Side Event
ERIA
JCIE
AHWIN FORUM
ACHIEVING HEALTHY AGING IN ASIA:
ENVISIONING BETTER CARE FOR OLDER
アジアにおける高齢者ケアを描く：あるべき健康長寿社会とは
AHWIN
Asia Health and Wellbeing Initiative

ERIA
JCIE
AHWIN FORUM
ACHIEVING HEALTHY AGING IN ASIA:
AHWIN

About the Speakers

OPENING SESSION

Akio Okawara

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

Akio Okawara is president and CEO of the Japan Center for International Exchange (JCIE), one of the leading independent, non-profit organizations in the field of international affairs in Japan. He assumed the position in April 2014 after a long career in international business. He is concurrently appointed panel member of the US-Japan Conference on Cultural and Educational Interchange (CULCON) and a member of the Foundation Council of the Japanese-German Center Berlin. At JCIE, he also serves as Japanese director of the UK-Japan 21st Century Group, chair of the Roundtable on Japan's Migration, and director of the Global Health and Human Security Program Executive Committee and of the Friends of the Global Fund, Japan (FGFJ), among others. Prior to joining JCIE, he was executive director of the Sumitomo Shoji Research Institute from 2006 to 2013, where he oversaw research and analysis on domestic and international political and economic trends and on the promotion of the use of new technology in cooperation with universities and other research institutions. He started his career at Sumitomo Corporation in 1973 and served in the automotive, overseas transport, and research departments during the span of his 40-year career with the company, including several assignments in the United States. Mr. Okawara graduated from Keio University with a BA in law and also studied at Williams College in Massachusetts.

Yasuhiro Suzuki

Chief Medical & Global Health Officer and Vice-Minister for Health, Ministry of Health, Labour and Welfare, Japan

Yasuhiro Suzuki was born in 1959 and graduated from the School of Medicine of Keio University with an MD in 1984, trained as neurologist. He received his PhD for public health from Keio University in 1996 and two master's degrees from the Harvard School of Public Health (MPH in 1999 & MS in 2000). Dr. Suzuki's professional career at the Ministry of Health, Labour and Welfare (MHLW) spans 30 years covering infectious diseases, mental health, environmental health, food safety, international health, ageing & health, and health research policy. He was seconded to the World Health Organization (1998-2002) as executive director for social change and mental health, and later for health technology and pharmaceuticals (covering vaccines, immunization, and biologicals). Before assuming his current position in July 2017 as chief medical & global health officer as well as vice-minister for health, he had served as head of the R & D Division of the Health Policy Bureau (2005), deputy director to promote measures in tackling new types of influenza (2009), director of the Medical Economics Division of the Health Insurance Bureau (2010), director general for health and medicine of the Ministry of Defense (2012), then back to MHLW as deputy minister for technical affairs at the Minister's Secretariat (2014), assistant minister for global health and health industry strategy (2015), and director general of the Health Insurance Bureau (2016).

Keizo Takemi

Member of the House of Councilors, Japan; WHO Goodwill Ambassador for Universal Health Coverage

Keizo Takemi is a member of the House of Councillors from the Liberal Democratic Party and serves as chair of the Special Committee on Global Health Strategy, and Deputy Chairperson of General Council. He has

been involved in various global initiatives focusing on global health, including the Commission on Information and Accountability for Women's and Children's Health, Global Health Workforce Alliance (GHWA), WHO Expert Working Group on R&D Financing, Prince Mahidol Award Conference (PMAC) international organizing committee, UN High Level Commission on Health Employment and Economic Growth, and the UHC Financing Advisory Committee for the G20 2019. He is also vice chair of the International Oversight Board for the National Academy of Medicine's Global Roadmap for Healthy Longevity (USA), and chair of the Parliamentary Caucus on Stop TB Partnership as well as of the Asian Forum of Parliamentarians on Population and Development (AFPPD). He served as senior vice minister for health, labour and welfare, led the initiative to establish the UN Trust Fund for Human Security as state secretary for foreign affairs and was subsequently nominated to the High-Level Panel on UN System-Wide Coherence in Areas of Development, Humanitarian Assistance and Environment. He was a research fellow at the Harvard School of Public Health (2007–2009). As senior fellow with the Japan Center for International Exchange (JCIE) since 2007, he chairs the Executive Committee of the Global Health and Human Security Program. He was appointed WHO Goodwill Ambassador for Universal Health Coverage (UHC) in July 2019.

Takeshi Kasai

Regional Director for the Western Pacific, World Health Organization (WHO)

Dr. Takeshi Kasai began his term as WHO Regional Director for the Western Pacific on 1 February 2019, following his nomination by the WHO Regional Committee for the Western Pacific and his appointment by the WHO Executive Board. The public health career of Dr. Kasai began nearly 30 years ago when he was assigned to a remote post on the northeast coast of Japan, providing health-care services for the elderly. His early experiences there impressed upon him value of building strong health systems from the ground up. In the mid-1990s, Dr Kasai attended the London School of Hygiene & Tropical Medicine, where he studied in the Department of Global Health and Development and received a master's degree in public health. Dr. Kasai has worked for WHO for more than 15 years, and at the time of his nomination was Director of Programme Management, the No. 2 position at the WHO Regional Office for the Western Pacific in Manila, Philippines. As a Technical Officer and later as the Director of the Division of Health Security at the Regional Office, he was instrumental in developing and implementing the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies, which guides member states in preparing for and responding to public health emergencies. Dr. Kasai also served as the WHO Representative in Vietnam from 2012 to 2014, and in 2014 received the For the People's Health Medal from the Government, the top honor bestowed upon those who have made significant contributions to public health.

Nguyen Van Tien

Former Vice Chairman of the Parliamentary Committee on Social Affairs, National Assembly, Vietnam

Nguyen Van Tien served for a decade as a member of the National Assembly and deputy chairman of the Committee on Social Affairs of the National Assembly of Vietnam, and as the vice chairman of the Asian Parliamentarians Forum on Population and Development (AFPPD). He graduated from Hanoi Medical College in 1979, with a master's degree from Mahidol University (Thailand) in public health, and a PhD from Hanoi Military Medical College. He has worked closely with the public health policy transition process in Vietnam, particularly with population aging, and has been a key person on almost all public health laws in Vietnam over the last 30 years, advocating for public health policy in Parliament and in society. He has attended health and population policy advocacy training courses at the East-West Center (Hawaii, US) and many aging research courses in Japan, Korea, and China. He served as the editor of the magazine of Vietnam's Conference on Population and Development from 2000 to 2015 and is currently a consultant to the World Bank on its Grassroots Health Capacity Building Project, to USAID on health insurance law, and to UNFPA for developing a strategy to cope with the aging process in Vietnam.

Hirokazu Morita

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

Hirokazu Morita first joined the then Ministry of International Trade and Industry (the current Ministry of Economy, Trade and Industry) in 1989. He served in various positions, including the Basic Industries Bureau, Environmental Pollution Bureau, Industrial Policy Bureau, JETRO Overseas Intern Program, Machinery and Information Industries Bureau, and the New Energy and Industrial Technology Development Organization (NEDO), before being seconded to the Research Institute for Economics and Business Administration of Kobe University as associate professor to conduct research on management of technology in 2003. In 2006, he was appointed head of the Chemical Safety Management Division, then director of the biotechnology and medical technology at NEDO in 2009, and director of the Healthcare Industries Division in 2013 during which time he became involved in the policy-making of various healthcare measures and strategies and in the creation of the Japan Agency for Medical Research and Development (AMED). He was appointed in charge of business-academia partnership at AMED in 2015 and served as a specially appointed professor at the Research University Promotion Organization of the Tokyo Medical and Dental University in 2017 before assuming his current position in July 2019. Mr. Morita is a graduate of Kyoto University, holding a BS and MS in industrial chemistry.

SPECIAL LECTURE

Takao Suzuki

Director of the Institute of Gerontology and Professor, J.F. Oberlin University; Distinguished Secretary, National Center for Geriatrics & Gerontology, Japan

Takao Suzuki is currently director of the Institute of Gerontology, J.F. Oberlin University in Machida City, Tokyo and also a distinguished secretary at the National Center for Geriatrics and Gerontology in Obu City, Aichi Prefecture. He graduated from Sapporo Medical University (MD) in 1976 and the Graduate School of the University of Tokyo (PhD) in 1982. After serving as associate professor at Sapporo Medical University, he worked as general manager (1990–2000) and vice director (2000–2009) of the Tokyo Metropolitan Institute of Gerontology (TMIG), then as director of the Research Institute of the National Center for Geriatrics and Gerontology (NCGG) from 2009–2015. Dr. Suzuki has published more than 200 peer reviewed international papers and served as editorial member to several domestic and international journals. He has chaired some national committees related to the Long-Term Care Insurance in Japan, particularly involved in the strategy for the effective prevention of long-term care state in the elderly living in the community. Over the years, he has been accumulating evidence-based effective measures for the prevention of geriatric syndrome such as falls, incontinence, foot and walking trouble, undernutrition (especially vitamin D insufficiency), sarcopenia and mild cognitive impairments (MCI) as an early stage of dementia, all of which are crucial targets to be solved in the super-aged society because of their negative influence on the health status and quality of life among the elderly people.

SESSION 1: CHANGING HEALTH STATUS OF OLDER ADULTS: GETTING BETTER? GETTING WORSE?

Yasuhiko Saito

Professor, College of Economics, Nihon University, Japan

Yasuhiko Saito is professor at the College of Economics and a research fellow at the Population Research Institute of Nihon University. He earned a BA in economics from Nihon University and his PhD in sociology from the University of Southern California (USA). He has served as a council member of the International Union for the Scientific Study of Population (IUSSP) from 2005 to 2009 and has also served as an executive

committee member of the International Social Science Council (ISSC) representing IUSSP from 2010 to 2018. His specializations are in demography and gerontology, and he has been working on population aging and health issues in both developed and developing countries. In order to understand aging societies and older adults' health in particular, his research is interdisciplinary, and he has often collaborated with scholars from various social science and natural science fields as well as medical science fields. One of his areas of expertise is research on health expectancy. He has been involved as a founding member in the activities of a research network on health expectancy called REVES. In order to study health status of older adults and estimate health expectancy in Japan, he has conducted a six-wave national longitudinal survey on aging and health in Japan.

Tengku Aizan Hamid

Director, Malaysian Research Institute on Ageing

Tengku Aizan Hamid is founding director of the Malaysian Research Institute on Ageing (MyAgeing), formerly the Institute of Gerontology (IG), since 2002. A prolific researcher with extensive publications in refereed journals and books, she has been instrumental in the development of gerontological research, policy, and education in Malaysia. In 2017 she completed a study on the "Facilities and Services to Meet the Needs of Older Malaysians by 2030" commissioned by the Department of Social Welfare. Consequentially, this led to the establishment of a national industrial group, the Association for Residential Aged Care Operators of Malaysia (AgeCOpe) in 2018. A fellow of the Academy of Sciences Malaysia (ASM), Professor Dato' Dr. Hamid sits on both the National Advisory and Consultative Council for Older Persons (MWFCD) and the Technical Committee on the Health Policy for Older Persons (MOH). She is also an international tutor of the United Nations International Institute on Ageing (INIA), Malta, and a member of the global National Transfers Account (NTA) group, the Active Ageing Consortium in Asia Pacific (ACAP), and the ASEAN Research Networking on Ageing (ARNA) project. She is currently serving as president of the Gerontological Association of Malaysia (GeM).

Tri Budi W. Rahardjo

University President, Universitas Respati Indonesia

Tri Budi W. Rahardjo obtained her BDS and MS in dentistry and PhD in health science from the University of Airlangga Surabaya, also attending the University of Wales Cardiff UK. She was professor of dentistry and gerontology at Universitas Indonesia (1975–2011), then director of the Centre for Ageing Studies Universitas Indonesia (CAS UI) (2010–2017). She established CeFAS (Centre for Family and Ageing Studies) Universitas Respati Indonesia in 2018. She was honorary visiting research fellow at the Oxford Institute of Population Ageing, University of Oxford (2011–2014), and has served as a consultant on aging programs for the Indonesian Government, private sector, and NGOs since 2011; a board member of the Active Ageing Consortium Asia Pacific (ACAP) since 2009; a member of the Healthy Ageing Task Force of the Ministry of Health; a temporary advisor to WHO SEARO (2013); a technical advisor on Global Healthy Ageing Strategy to the WHO (2015); and a steering board member of APRU Population Ageing Research Hub since 2014. She works with the Asian Aging Business Center (AABC) Fukuoka Japan on long-term care since 2014. Her current research covers aging and dementia, age-friendly communities and cities, long-term care, quality of life of older persons, and caregiver issues. Author of numerous articles, she helped establish the Indonesia Gerodontology Association in 2006. In 2017, she was appointed supervisor to the Age Friendly Community at the Institute of Gerontology, University of Tokyo as rector of Universitas Respati Indonesia. She also conducts research with Nagasaki University supported by ERIA on oral care, and with Loughborough University UK on temper and dementia since 2016, supported by the Newton Fund Institutional Link.

Khaing Khaing Soe

Director, Department of Population (DOP), Ministry of Labour, Immigration and Population, Myanmar

Khaing Khaing Soe is currently the director of the Department of Population (DOP) under the Ministry of Labour, Immigration and Population of Myanmar. She obtained her BSc in mathematics in 1995, MA in population and reproductive health research, and a PhD in demography from Mahidol University, Thailand

in 2009. She also received a diploma on population studies from the International Institute for Population Sciences (IIPS) in Mumbai (1997), a diploma in computer science from the University of Computer Science and Technology in Yangon (1998), and a diploma in development studies from the University of Economics (2003). She served in technical and managerial roles in a government ministry and has over 29 years of domestic and international experience in the fields of population dynamics, fertility, migration, disability, elderly, gender, labor force, reproductive health, and development. Dr. Soe has participated in numerous surveys and censuses with various responsibilities, including data processing and analyses as well as report writing for the 2014 Population and Housing Census; Fertility and Reproductive Health Survey in 2007, 2001, and 1997; and the 1991 Population Changes and Fertility Survey. She is currently working on the 2019 Inter-census Survey. Having conducted several population studies for the country based on census and survey data, she has contributed in the preparation of thematic analyses on fertility, population dynamics, disability, labor force, and on the subjects of the elderly and gender.

SESSION 2: Who Will Be the Caregivers? Meeting the Growing Eldercare Needs in Asia

Reiko Hayashi

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

Reiko Hayashi is director of the Department of International Research and Cooperation at the National Institute of Population and Social Security Research (Japan) since April 2012. Prior to this position, she served in Senegal as technical advisor to the Minister of Health (2008–2011), as an expert on the development of community health workers in the Project for Development of Human Resources in Health (2002–2003), and was engaged in other projects concerning population and health in various countries, notably the French-speaking African countries. Dr. Hayashi is a regular member of the Japanese delegation to the United Nations Commission on Population and Development and also a member of the Advisory Panel on Global Health of the Ministry of Health, Labour and Welfare, Japan. Her research topics cover health and population development, and her current focus is on global aging and international migration of care personnel. She holds a PhD in policy studies from the National Graduate Institute for Policy Studies (GRIPS), Japan, having completed her master's in health sciences and a bachelor's degree in technology (Architecture) at the University of Tokyo and a DESS at the Université de Paris I.

Shoko Sasaki

Commissioner, Immigration Services Agency, Japan

Shoko Sasaki first joined the Immigration Bureau of the Ministry of Justice in April 1985 and has since served in the Immigration Bureau until the time of her appointment as the first commissioner of the newly created Immigration Services Agency in April 2019. The agency was established as an external organ of the Justice Ministry and was upgraded from the status of "Bureau" to that of "Agency" in line with the government establishing a new status of residence in order to respond to the growing labor shortages being experienced by small and medium-sized businesses and others. Earlier in her career, she took a leave of absence to engage in field work and research on the issue of foreign workers' labor at the Institute of Southeast Asian Studies (ISEAS) in Singapore from 1988 to 1990. Upon returning to Japan, she served in various roles in the Immigration Bureau. Ms. Sasaki was appointed to the position of deputy director general of the Tokyo Immigration Bureau in 2006; director of the Immigration Information Management Office, General Affairs Division in 2007; director of the Enforcement Division in 2008; director of the Entry and Residence Management Division in 2010; director of the General Affairs Division in 2012; director of the Finance Division of the Minister's Secretariat in 2014; deputy director-general of the Minister's Secretariat for the Immigration Bureau in 2015; and most recently served as director-general of the Immigration Bureau.

Grace Trinidad Cruz

Professor of Demography, University of the Philippines Population Institute (UPPI)

Grace T. Cruz is a professor of demography at the University of the Philippines Population Institute (UPPI). She is currently the project investigator of the Longitudinal Study of Aging and Health in the Philippines (LSAHP), a project implemented by the Demographic Research and Development Foundation, Inc. (DRDF) in collaboration with the Economic Research Institute for ASEAN and East Asia (ERIA). LSAHP is the first longitudinal study on aging in the Philippines. Dr. Cruz has long experience in aging research. She has been involved in the three national surveys on older Filipinos conducted by both the UPPI and DRDF. These studies include the 1996 Philippine Elderly Survey, the 2007 Philippine Study on Aging (PSOA) and the 2018 LSAHP. The 2007 PSOA study was funded by the Nihon University Population Research Institute (NUPRI). Dr. Cruz's research interests mainly focus on the aging of the Philippine population and the various issues related to aging, particularly health expectancy and functional health. Dr. Cruz holds a PhD in sociology and a masters in demography both from the University of the Philippines. She also received a diploma in population and development at the International Institute of Social Studies at the Hague, Netherlands.

Pham Duc Muc

President, Vietnam Nurses Association

Pham Duc Muc currently is president of the Vietnam Nurses Association (VNA) and director of the Center for Nursing Consultation and Services Based on Community of the VNA. He earned his master of primary healthcare management from Mahidol University of Thailand after completing nursing degrees. Previously, he held several positions as chief nursing officer of the National Pediatric Hospital in Hanoi, chief editor of the *Vietnam Nursing Journal*, and chief nurse as well as vice director of the Administration for Medical Services at the Ministry of Health of Vietnam. For nearly 45 years, Mr. Muc has been in the nursing profession in Vietnam. He was part of the national nursing leader team that initiated the establishment of nursing offices in hospitals and became the first nurse to start the Nursing Office at the Ministry of Health. He is also a founder (with Madam Vi Nguyet Ho and others) of the Vietnam Nurses Association. In recent years, Mr. Muc has been engaged in collaborative research with Nagasaki University on the movement of Vietnam nurses to work in Japan and other countries, to promote policy and education for nurses, and to improve the quality of healthcare for older people. He has written extensively on nursing, hospital management, infection control, quality management, and patient safety. In recognition of his contributions, he has been awarded a number of medals and certificates from the national president, prime minister, minister of health, and president of the Vietnam Medical Association.

Mohd Rohaizat Hassan

Associate Professor, Faculty of Medicine, University Kebangsaan Malaysia

Mohd Rohaizat Hassan is associate professor in the Department of Community Health, Faculty of Medicine, Universiti Kebangsaan Malaysia (UKM). He obtained his MD from Universiti Sains Malaysia (USM) in 1998 and a master's degree in community medicine (epidemiology & statistics) in 2009 from UKM. He was awarded a PhD in medical science from Niigata University, Japan in March 2019. He started his earlier career as a medical officer in Kuala Lumpur Hospital and later as assistant director in the Medical Development Division of the Ministry of Health, Malaysia before joining the Faculty of Medicine, UKM in May 2004 as medical lecturer. His field of interest is in epidemiology of both communicable and non-communicable diseases, but ardently gives his focus on communicable disease such as vaccine-preventable diseases, vector-borne diseases, and zoonotic diseases. Dr. Rohaizat has 52 publications, which include 36 indexed articles in *Web of Science* and *Scopus*. He has actively participated in national and international conferences that involved 52 abstracts/proceedings. Apart from teaching and supervising undergraduate and postgraduate students, he is also program coordinator for the Master of Community Health Science and academic expert for the Diploma of Environmental Health Program at DSH Institute of Technology, Kuala Lumpur. He was one of the editorial members of *International Journal of Public Health Research*.

Duangjai Lorthanavanich

Director, Ageing Business & Care Development Centre, Thammasat Business School, Thammasat University, Thailand

Duangjai Lorthanavanich is director of the Ageing Business & Care Development Centre (ABCD Centre) of Thammasat Business School (TBS), Thammasat University. At TBS's 80th anniversary in 2018, she initiated the Ageing Business & Care Development Programme and the ABCD Centre was subsequently founded in January 2019. The Centre aims to create a happy and graceful aging society; offer comprehensive training program for elderly care business entrepreneurs and provide consultancy for elderly care; and conduct practical research for social and business development. The ABCD Centre network includes the government, business, scholars, NPOs, and international organizations for better care of the elderly. Her team has been doing policy research on "The Preparation of Ageing Society in Thailand," to be completed soon. She began her career as a Japanese lecturer after obtaining a master's degree from Keio University (1992). With a long-standing research interest in all aspects of managing cultural tourism and their socioeconomic impact on local communities in Japan and Thailand, she completed her PhD in integrated sciences, focusing on anthropology, sociology, psychology, and tourism management at Thammasat University (2009). In 2018, she conducted field surveys of 100 community businesses to highlight key successes and best practices of sustainability in community business, and also published a book, *Thammasat Model: The Method for Sustainable Community Business Management*.

CLOSING REMARKS

Hidetoshi Nishimura

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

Hidetoshi Nishimura graduated from the Faculty of Law, University of Tokyo, and obtained a master's degree in international development and economics from Yale University. He joined the Ministry of International Trade and Industry in 1976. He has assumed numerous positions, including representative of the Asia-Pacific Region of the Japan Overseas Development Corporation, director of the Southeast Asia and Pacific Division of the Trade Policy Bureau, vice governor for International Affairs of Ehime Prefecture, director-general of the Business Support Department of the Small and Medium Enterprise Agency, executive managing director of the Japan-China Economic Association, and president of the Japan-China Northeast Development Association. Prof. Nishimura assumed the position of ERIA's executive director in June 2008 and subsequently was appointed as ERIA's first president in June 2015; he was reappointed as president of ERIA by the Governing Board for a third five-year term in June 2018. He concurrently serves as visiting professor of Waseda University (Japan) and Darma Persada University (Indonesia), as an honorary professor of Guangxi University (China), and as a fellow at the Musashino Institute for Global Affairs of Musashino University (Japan).

About the Organizers

Economic Research Institute for ASEAN and East Asia (ERIA)

ERIA is an international organization based in Jakarta. Since its founding in 2008, it has been supporting the regional economic integration process among ASEAN member countries through its research. As the leading economic think tank in the region and the Sherpa institution for the East Asia and ASEAN Summit processes, 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) 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.

ERIA's activities have largely focused on the promotion of the ASEAN Economic Community, which is one of the three pillars of ASEAN, but since 2017, ERIA has expanded its activities to cover the other two pillars as well, and especially the ASEAN Socio-Cultural Community. In response to the launch of the Asia Health and Wellbeing Initiative (AHWIN), ERIA began carrying out research on population aging and long-term care in 2017. This research is expected to contribute to the policymaking processes of ASEAN member states where rapid population aging is projected to take place in the near future.

Japan Center for International Exchange (JCIE)

Founded in 1970, JCIE is a nonprofit and nonpartisan international affairs organization dedicated to strengthening Japan's role in international networks of policy dialogue and cooperation. JCIE undertakes a wide range of programs of policy research, international dialogue, and exchange related to the themes of globalization, governance, and civil society. Since the late 1990s, it has been promoting policy studies and dialogues focused on human security issues, and since the early 2000s, 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.

About AHWIN

The goal of the initiative is to create vibrant and healthy societies where people can enjoy long and productive lives, and to contribute to the region's sustainable and equitable development as well as economic growth. This goal is closely related to the third sustainable development goal (SDG3), "Ensure healthy lives and promote well-being for all at all ages," and particularly objective 3.8, which calls for universal health coverage that ensures all people have access to quality essential health care services without suffering financial hardship.

The emphasis of AHWIN is on creating an enabling environment for health through a multitiered, pyramid-shaped approach that begins with a strong, broad foundation of infrastructure that supports healthy lifestyles and healthy communities. The next level of the pyramid is the prevention of disease, the promotion of a healthy diet, and the provision of effective healthcare to maintain people's health. The highest priority is the provision of quality medical treatment and long-term care, particularly as people age. Investing more in the first two tiers will eventually minimize the burden of that top tier and will thus lead to more economically and socially vibrant societies.

Drawing on the lessons learned in Japan, the most aged country in the world, this initiative first focuses on tackling aging-related challenges. It is composed of four pillars:

(1) to review and share elements of Japan's experience with the provision of care and service that could bene fit other countries in the region,
(2) to provide training for long-term care providers in the region and to facilitate the smooth and effective regionwide movement of care workers,
(3) to promote and develop the long-term care industry and peripheral industries in the region, and
(4) to conduct policy research and dialogues on healthy aging, elderly care, and other relevant issues that benefit from a regional approach.

AHWIN is led by the government of Japan (Asia Health and Wellbeing Initiative Promotion Working Group, Headquarters for Healthcare Policy of the Cabinet Secretariat) and the Special Committee on International Health Strategy of the Liberal Democratic Party of Japan, in partnership with a private-sector consortium of institutions and individuals from the business sector, service providers, and other experts in Japan, as well as from partner nations and organizations overseas.