

ACCELERATING RESPONSES TO CHALLENGES THROUGH INNOVATION

A Multistakeholder Approach to
Healthy and Active Aging

Event Report

Co-Organized by

CO-ORGANIZED BY:

Office of Healthcare Policy, Cabinet Secretariat of Japan
Ministry of Foreign Affairs of Japan
Economic Research Institute for ASEAN and East Asia (ERIA)
Japan Center for International Exchange (JCIE)
United Nations Population Fund (UNFPA)
HelpAge International



This side event was held as a part of the Asia Health and Wellbeing Initiative (AHWIN).

First launched in 2016 by the Japanese government, AHWIN aims to promote bilateral and regional cooperation that fosters sustainable and self-reliant healthcare systems in the Asian region. 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.

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

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Event Report

Official Side Event of UNESCAP/UNFPA Midterm Review of the Asian and Pacific Ministerial Declaration on Population and Development

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OVERVIEW

The countries of the Asian region, from Japan in the east through to Turkey and the Arabian Peninsula in the west, share the challenge of coping with rapid population aging. Some countries, such as Japan, are dealing with the challenge earlier than others, but leaders through the entire region recognize that they can benefit from sharing knowledge and innovative approaches. One additional point is clear: the complex and multifaceted nature of this challenge requires a multi-stakeholder approach involving policymakers, national and local governments, businesses, the healthcare sector, and civil society.

On November 27, 2018, a side event convened experts to discuss this challenge in Bangkok, Thailand, in conjunction with the United Nations ESCAP/ UNFPA Midterm Review of the Asian and Pacific Ministerial Declaration on Population and Development. This was carried out as part of the Asian Health and Wellbeing Initiative (AHWIN), and was co-organized by the Economic Research Institute for ASEAN and East Asia (ERIA), HelpAge International, the Japan Center for International Exchange (JCIE), the Japanese government—including the Cabinet Secretariat of Japan’s Office of Healthcare Policy and the Ministry of Foreign Affairs of Japan—and the United Nations Population Fund (UNFPA).

Participants in the meeting were asked to reflect on the implications of the rapid demographic shifts that we see unfolding in Asia and how can we engage stakeholders from various sectors and various countries in the effort to promote healthy and active aging in the region. Also, experts involved with groundbreaking innovations and community-based approaches in Japan and Thailand were asked to introduce their work. The following report summarizes many of the key points of their discussions.



SUMMARY OF DISCUSSION

The following are summaries of remarks, which have been condensed and edited for brevity and clarity.

OPENING REMARKS

Hiroshi Kawamura

Minister and Deputy Chief of Mission, Permanent Representative of Japan to ESCAP,
Embassy of Japan in Thailand



Today, issues associated with rapidly aging populations are recognized as common challenges across the Asia Pacific region. The United Nations estimates that the Asia Pacific region has more than 500 million people aged 60 and over—equal to 60 percent of the world’s elderly population. By 2050, the number of people aged 60 and over is expected to make up a quarter of region’s population. This rapidly aging population will have a significant economic, social, and political impact. It will be present a big challenge to achieving universal health coverage, as laid out in the sustainable development goals. It is also essential to promote healthy and active lives together with sustainable economic development. Population aging raises critical issues for health as well as human security.

Recently, the proportion of elderly people in Japan aged 65 and over has reached an all-time high. We are now faced with a “super-aged society” in Japan, and are seeing a corresponding rise in medical expenditures and social security costs. Japan has made various efforts, such as introducing a long-term care insurance system in 2000 and promoting integrated community care. These aim to enhance medical services and elderly care to maintain the health of elderly people and promote their financial independence. Based on the lessons learned from our successes and challenges, the Government of Japan launched the Asia Health and Wellbeing Initiative (AHWIN) in 2016. This initiative aims to realize a society of health and longevity in Asia in which the elderly can remain active both socially and economically. As a trailblazer in addressing the challenges of an aging society, Japan intends to strengthen bilateral and regional collaboration to take on the challenge of rapid aging in Asia.

Looking forward, public-private partnerships—particularly cross-border, multisectoral cooperation including advanced innovation and technologies—will be key to overcoming the challenges of aging populations and to realizing a society of health and longevity. I have high hopes that this event will provide opportunities to exchange ideas between Japan and Thailand, in particular, where aging is accelerating, on the roles and views of various stakeholders who are engaged in aging issues. I am confident this opportunity will be a concrete step toward greater cross-border, multisectoral cooperation in the Asia Pacific region.

PANEL DISCUSSION

Reiko Hayashi

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



Through AHWIN, I am conducting research on the demand and supply of long-term care in Asia, and this presentation can be seen as a summary of the interim report that was submitted recently. On the demand side, the number of elderly in Asia who need care will rise from around 14 million people to over 100 million from 2015 to 2100. The need for care is very much dependent on age; of course, people who are 65 years old have much less need for care than those who are 100 years old. Right now, there is a large number of people living in Eastern Asia—around 85 percent of them are in China—and there are also many in Southern Asia. However, given the structure of aging, there are many more elderly people in Eastern Asia than in Southern Asia. But then when we project over the years, from around 2050, the numbers of elderly needing care rises most rapidly in Southern Asia.

Another demand-side issue is that, as family size becomes smaller, there are more and more elderly living alone, not being cared for by their families. If you look at the sub-national level, you can see this trend is much more obvious. This is because of internal migration. The percentage of the elderly aged 65+ who are living alone is actually highest in South Korea, followed by Iran. As family structures change, there are increasing challenges and a growing demand for long-term care.

Turning to the supply side, if family members do not provide care, then there is a need for professional caregivers. However—and this is the most critical part—the number of caregivers is insufficient, including health personnel, social workers, and domestic workers or maids. Our data shows that in Japan, and also in South Korea, we do not have a sufficient supply of caregivers. Still, since 2000, the number of caregivers has increased a lot. For example, 4.6 percent of the total workforce in Japan is now engaged in social work to support the elderly.

However, for emerging economies such as China, Vietnam, Indonesia, and Philippines, we see almost no people engaged in social work to support the elderly. This is a big challenge. When I visited Malaysia five years ago, people told me that they do not need long-term care insurance because they have maids. But now the situation has changed because there is a shortage of maids and there is also an increasing number of young couples where the women work. For young, middle-income couples, hiring a maid is difficult. In the Philippines, you still see many domestic workers, but in Vietnam, Indonesia, and China, the supply is not as abundant as before. When we compare demand and supply, it is clear that the lack of caregivers is one of the biggest challenges.

Sakarn Bunnag

Director, Institute of Geriatrics, Department of Medical Services, Ministry of Public Health, Thailand



First, I would like to start with the situation in Thailand. At the end of 2017, there were 11 million people, or 17 percent of the total Thai population, who were over 60 years old. This is the second highest in ASEAN, after Singapore.

According to the WHO, active aging requires good health, social participation, and security of life. The proportion of healthy elderly in Thailand increased from 76 percent to 85 percent in the last 10 years. However, the proportion of elderly who could not perform basic daily activities also increased to 5 percent, and for those over 80 years old it was 19 percent. The majority of health problems among the elderly in Thailand are non-communicable diseases (NCDs) such as hypertension, diabetes, kidney disease, stroke, and heart attack. The prevalence of NCDs has increased over the time and is still increasing. However, smoking and alcohol consumption has decreased.

In terms of social participation, the number of elderly people who attend elderly clubs have increased. Now, we have 30,000 elderly clubs.

In terms of security, during the past 10 years, the ratio of working aged population changed very little. Right now it is just 35 percent. The income of the elderly mostly comes from their children, then from working, and then from their spouse. Just 2 percent comes from their own savings.

So, to deal with the health aspects of active aging, we focus on health promotion and prevention of NCDs, starting before people are elderly. One issue is that there are a lot of specialists in Thailand, and people tend to want to see different doctors for each disease. This is a systemic problem in that there is not holistic care. Another problem involves polypharmacy and a lack of coordination when medications are prescribed. So, we are trying rearrange the system to offer more seamless and holistic care. Previously we focus on institutional care and the healthcare budget rose very quickly, so now we would like to shift from institutional care to community-based care.

As for the social aspects, we provide people with an opportunity to study their whole life and we are working to change societal attitudes that view the elderly as a burden on society to a view of the elderly as a valuable resource. There are efforts to promote participation of the elderly in various activities. There are also efforts to develop communication systems and technology for use by the elderly. Right now, after retirement, many stay at home alone, but we know that social media can bring them together, so we try to use that to connect them. We also try to develop universal design for an aged society.

In terms of the security aspect, we encourage the elderly to continue to work as long as possible, taking into account their competence and safety. We also encourage people to have adequate retirement savings, and we support the elderly to ensure they have safe shelter and can live without depending on others.

So, at the national policy level, since 2002 we have had a National Elderly Plan. Right now, we are pushing the cabinet to declare a national “aged society” agenda, which we expect to see by the end of this year or the beginning of next year, including 10 measures. Some have already started and some of them will start soon. This includes issues such as how we shift from institutional care to community care. We have dedicated a lot of human resources to this and have national measures to pay for caregivers who will take care of dependent elderly in their communities, as well as prevention and health promotion measures.

Peter Morrison

Regional Programme Adviser, Asia Pacific Regional Office, HelpAge International



Some people think that innovation means technology. That is usually the first thing that pops into people's minds. Technology, of course, can help address many problems, but it is not the solution to every problem. So, I am going to talk about social innovation, which is nothing fancy but something that governments need to think about as their societies are aging.

In Japan, there are many services provided by the government, including through long-term care insurance and other schemes. But in many low-income countries, aging has basically been subcontracted to the family. The government may just leave caregiving largely to the family. Especially in low- and middle-income countries, there is a "middle level" that needs further investment, and that is the community. There are some innovations within this region in terms of investing in communities so they can meet the needs of older people before fully formed government services have been put into place.

In Thailand, as mentioned before, there are 30,000 Older People's Groups, and these are really an important resource for mobilizing people and for getting older people engaged within the community to keep them healthy and active. There are some critical points to keep in mind. These groups should be self-managed and they should respond to local demands. If they want government investment, they should also be able to demonstrate some response to social issues within the community. Also, they should be financially sustainable. We see a number of these throughout the region which meet all of these criteria and are growing quite quickly because they respond to the demands of the people. In many cases, they not only represent older people at the community level, but they can also represent the voices of older people at a higher level through policy engagement.

The ways that these organizations can support older people are, first, through social inclusion. Especially as families change and migration takes place across the region, many older people have been left alone. They feel lonely and are not well engaged within their community. So, these clubs and older people associations can keep them engaged in the society around them.

Second, they also promote healthy and active aging. They do this in a number of ways, from providing exercise and health check-ups, to referrals to the health system, to getting people informed about how to take care of themselves.

In many cases, they also support incomes and livelihoods. There is a close connection between income and health, especially in Southeast Asia, where a lot of health expenditures are out-of-pocket expenditures.

They also promote mutual self-help by encouraging people within the community to help one another and by enabling people to get support when they need it, including by linking them with government services.

Finally, they can also provide a voice in policymaking so that the voice of older people can reach not only the community level but also a higher level through networking federations.

A number of countries within the region have these. Vietnam is an excellent example, Thailand also has a number of active groups, and China has a massive potential through its network of community-based Older People's Associations. These can be built upon to make sure that we do not simply rely on the family, and we do not rely completely on the state while there are still gaps in public services and protections. We need to get the community involved as well.

Rintaro Mori

Regional Advisor on Population Ageing and Sustainable Development, UNFPA
Asia-Pacific Office



Population aging is actually a triumph. It is an achievement, but it requires that we change how we work, and it means that we need innovation. So, I am going to talk about three steps that UNFPA should take to tackle population aging.

First, we need to harness data to understand population dynamics. The speed of aging is affected by fertility levels, together with internal and external migration. It is critical to have an accurate diagnosis of its dynamics based on high-quality census and other data because every country is different. Notably, even every subnational population is different. As such, accurate data will inform the journey of each member state to find the best mix of social policies to tackle population aging.

The second step is to address the needs and rights of individuals—both men and women—and individual countries. While taking into consideration that each member state faces a different form of population aging, we also need to think about protecting the rights of individuals. At the UNFPA, we can play a catalytic role in advancing the required financial, social, and health policies. At present, however, we do not have any window or coordinating mechanism for these services. Therefore, we are happy to work collaboratively with other health agencies in this aspect.

Third, at the UNFPA, we are advocating the “life cycle approach” as a solution for population aging. Let me give you three examples. One aspect of aging that needs to be considered is the social inclusion of elderly. But when we think about the elderly, we cannot just look at the elderly population alone. There are different generations in the community; young people could be matched with the elderly to advance social inclusion. Also, one factor in population aging is low fertility, and one of the factors that affects this is the working environment for women. Hence, gender inequality should be addressed. Finally, investing in sexual and reproductive health, or in women’s and children’s health, promotes healthy aging in the future. Therefore, countries with younger populations should still have legitimate reasons to invest in sexual and reproductive health to secure a healthier population in the future.

Certainly, there are many other solutions as well, but more innovation—including policy innovation, social innovation, and technological innovation—is no doubt required.

Masanori Kobayashi

CFO and Director, Triple W Japan Inc.

At Triple W, we have developed the world’s first toilet timing predicting device called “DFree.” The name DFree comes from “diaper free.”

Five years ago, our CEO, Atsushi Nakanishi, had a terrible experience in the US. He was very shocked by this accident. So, he undertook research about incontinence, and he realized that many people have problems with incontinence, especially the elderly. Around the world, 500 million people suffer from incontinence. The number of senior citizens is increasing worldwide and the population of Japan, especially, is aging rapidly. Five years ago, in Japan, the percentage of



senior citizens exceeded 25 percent, and the adult diaper market surpassed the baby diaper market. In Japanese nursing homes, 70 percent of people suffer from incontinence and wear diapers. Caregivers need to take them to the toilet every two to three hours or change their diapers. The cost of toilet care is actually over a quarter of all costs. This is a very big problem.

We understood how big of an issue incontinence is from his terrible experience, and we decided to find a solution to this problem. After three years, we created this new product and started selling it in Japan. DFree uses an ultrasound sensor to monitor the size of the bladder. It detects changes in bladder size and lets you know the right timing to go to the bathroom or change diapers. You put an ultrasound sensor directly on the body, using gel and medical tape to fix it in place.

Five hundred nursing homes and 2,000 people are already using DFree in Japan and the US. We have two business models. One is a B2B model for nursing homes, which is a US\$100/month subscription. And we do a B2C model for individual use, selling devices for US\$500. So, DFree can reduce labor cost in nursing homes and also reduce the cost of diapers. The most important thing, however, is that DFree improves the quality of life for care-receivers by allowing them to maintain their human dignity.



DFree: Toilet Timing Predicting Device

Incontinence problems are not only seen in Japan. Every country will face the same issue as the numbers of senior citizens keep increasing. For example, here in Thailand, the percentage of senior citizens is about 10 percent, but in ten years it will be about 20 percent. So, we think every country can be our target market to expand this business.

Lastly, let me ask you a simple question. Do you want to change the diapers for your parents? Or do you want your children or others to change diapers for you? I think absolutely not. It is very important to go to toilet by yourself, so DFree makes you diaper-free as long as you want. This is our innovation.

Q&A



A question was posed about how innovation can be effectively applied and disseminated in the region. Several panelists remarked that it is critical to keep affordability in mind, particularly when encouraging innovation in low- and middle-income countries, such as those in Southeast Asia. For example, new technology is useful, but an emphasis needs to be placed on simple or intermediate technology products, not pricy, complicated ones. Also, relying more on

community-level innovation rather than the use of consumer technology is likely to be more affordable and effective.

In addition, public-private partnerships can help disseminate innovation in a cost-effective manner, although these often require regulatory reforms to be feasible. For instance, structuring long-term care insurance schemes in a way that they can cover rental payments for devices such as DFree may reduce costs for caregiving over the long run.

One panelist also noted that it is critical to focus on changing peoples' mindsets about aging if we are to create an environment conducive to innovation. For instance, data tends to focus on just chronological age, but we know that people age differently. Another reiterated the point that it is critical to design policies that encourage people who are not yet elderly to become educated on key issues and technologies that they will need to work with when they age.

The challenges of dementia care were also raised, since this is one of the most complicated conditions facing the elderly. Thailand has launched a national initiative to build up infrastructure for dementia care, ranging from institutional care to community programs, but it is very difficult to tackle this in a holistic manner. Some effective community programs have also been launched in Japan that utilize life-cycle approaches by training students to support community members suffering from dementia. In some cases, these types of programs are supported by private or charitable funding, demonstrating that all of the resources do not necessarily have to come from the government, but can be from a mix of stakeholders.

CLOSING REMARKS

Laura Londén

Deputy Executive Director for Management, UNFPA



Earlier, speakers referred to not just the challenges but also to the opportunities presented by population aging. Multisectoral approaches are required to ensure that everyone is able to live a healthy life. And, personally, the word “burden” when it comes to the elderly is something that I find to be very uncomfortable.

Also, for UNFPA, aging is a part of the life-cycle approach to health, which continues from safe pregnancy through to childbirth, to young people maturing and realizing their reproductive rights, and to healthy and productive old age. So, multisectoral approaches need to be anchored in this life-cycle approach and require all of us—the government, civil society organizations, the United Nations, and the private sector—to adapt to the changing needs of the people in our society.

It is often said that necessity is the mother of invention. As we heard today, we must ensure that individuals are able to realize their right to the highest attainable standards of physical and mental health. This includes ensuring full and equal access to quality healthcare, which includes sexual and reproductive health through universal health coverage. People that can stay healthier longer can contribute to society longer.

It was also mentioned that we must all be prepared to collectively address the immediate impact of population aging. This includes promoting active contributions to society by extending mandatory retirement ages and increasing the provision of long-term care services in healthcare systems.

We also must tackle the growing feminization of poverty among older people. Due to men's greater lifetime earning in most countries, we are seeing a concentration of poverty among older women.

UNFPA stands ready to continue its support of governments in this area of population and development, especially in the Asia Pacific region.

Kaveh Zahedi

Deputy Executive Secretary for Sustainable Development, UN ESCAP



First of all, thank you very much to the Government of Japan for bringing us together to discuss what is a vital issue in terms of population and development. These issues are front and center for our governments and stakeholders.

As many of the panelists said, population aging is really the result of successful social development. That must be recognized. It is also likely to impact all of the countries in our region at some stage, and should not come as a surprise.

The challenge that we have in the Asia Pacific is that the timespans have been shortened. The timespans for going from an aging to an aged society and from an aged to a super-aged society are getting shorter and shorter. It is not just that society is aging, but that there is less time for countries to put in place what is needed. There is less time for a change in mentality, to change the thinking about infrastructure, for technological innovation. Countries in Europe benefitted from having over a hundred years to go from an aging to an aged society. Yet, in our region, Iran will go from an aging to aged society in less than 20 years, and it is the same case with Vietnam and Thailand. So, time is short.

What that means is that we must learn from the leaders. Japan is one of the leaders. We must quickly adopt and adapt what has been put in place because there is no time to start from scratch in thinking up new policies or taking a blank slate approach.

So that is why, when there is a technological innovation, we quickly have to get it out to be shared. This is especially important because in our region, most of the population, over 60 percent, is not covered if they become ill, not covered if they become unemployed, and not covered when they age. And so all of a sudden, it is as if you go off the edge of a cliff. Especially for vulnerable populations such as aged and aging populations, we see increasing incidences of poverty and inequality. We must be able to address this in the broader sustainable development picture, leaving no one behind.

That is the context in which ESCAP works, putting the issue of aging at the center of sustainable development—of leaving no one behind—and making sure that the commitments, or at least the aspirations, of the International Plan of Action on Aging are translated into action at the national level. We follow up and review that periodically to make sure that countries are meeting their own aspirations. We look at ASEAN's Kuala Lumpur Declaration, and make sure it is turning into an actionable plan. Thailand takes over the chair of ASEAN next year, and has again put aging and active aging as one of the priorities. In fact, they will inaugurate a center on active aging.

This is where we, as ESCAP, will continue to be active because we truly believe that unless we address aged, aging, and super-aged populations, we cannot in any way claim to be leaving no one behind.

PROGRAM

Opening Remarks

Hiroshi Kawamura, Minister and Deputy Chief of Mission, Permanent Representative of Japan to ESCAP, Embassy of Japan in Thailand

Panel Discussion

Speakers

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

Sakarn Bunnag, Director, Institute of Geriatrics, Department of Medical Services, Ministry of Public Health, Thailand

Peter Morrison, Regional Programme Adviser, Asia Pacific Regional Office, HelpAge International

Rintaro Mori, Regional Advisor on Population Ageing and Sustainable Development, UNFPA Asia-Pacific Office

Masanori Kobayashi, CFO and Director, Triple W Japan Inc.

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Ryoko Nishida, Senior Associate, Japan Center for International Exchange (JCIE)

Closing Remarks

Laura Londén, Deputy Executive Director for Management, UNFPA

Kaveh Zahedi, Deputy Executive Secretary for Sustainable Development, UN ESCAP

