Asian Parliamentarians' Study Visit on Population and Development

Aging in Japan

Tokyo and Nagano

28-31 July 2015

The Asian Population and Development Association (APDA)

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Programme

Monday, 27 July		
	Arrival of Participants Accommodation: Grand Prince Hotel Takanawa	Grand Prince Hotel Takanawa (3-13-1 Takanawa, Minato-ku Tel. 3447-1123)
Tuesday, 28 July		
09:00	Registration at the Hotel Lobby	
09:15 – 09:50	Departure from Hotel & Travel	
10:00 – 11:30	**Ministry of Health, Labour and Welfare** **Briefing by Mr. Shin Nomura, Office of Counsellor for Social Security, Ministry of Health, Labour and Welfare** **Discussion**	Ministry of Health, Labour and Welfare, 5th Fl., Room 4 (1-2-2 Kazumigaseki, Chiyoda-ku Tel. 3595-2159)
11:30 – 11:50	Travel	
12:00 – 13:00	**JPFP International Cooperation Committee Meeting** **Presentation by Hon. Keizo Takemi, Chair of AFPPD; Executive Director and Chair of International Cooperation Committee of JPFP** **Discussion**	The Capitol Hotel Tokyu, Banquet Room "Kiri" (2-10-3, Nagata-cho, Chiyoda-ku Tel. 3503-0109)
13:00 – 14:00	**Ministry of Finance** **Briefing by Mr. Takayuki Moriya, Deputy Director for Social Security Budget, Ministry of Finance, Government of Japan** **Discussion**	The Capitol Hotel Tokyu Banquet Room "Kiri"
14:00 – 14:30	Travel	
14:30 – 16:00	**Nihon University Population Research Institute (NUPRI)** **Presentation by Dr. Naohiro Ogawa, Director of NUPRI** **Discussion**	Nihon University College of Economics, Bldg. No.7, 14th floor (1-3-2 Misaki-cho, Chiyoda-ku Tel. 03-3511-5590)
16:00 – 16:30	Travel & Arrival at the Hotel	
	Non-group dinner (dinner coupons) Accommodation: Grand Prince Hotel Takanawa	Grand Prince Hotel Takanawa

Wednesday, 29 July		
08:00	Individual Check-out & Gathering at the Hotel Lobby	
08:15 – 11:30	Departure from Hotel & Travel to Nagano Prefecture	
11:30 – 13:00	Lunch	Tanaka Honke Museum (476, Koku machi, Suzaka City, Nagano Tel.026-248-8008)
13:00 – 13:30	Travel	
13:30 – 16:00	**Suzaka City Government** **Address by Mr. Masanao Nakazawa, Deputy Mayor of Suzaka City** **Briefing "TMCH Programs in Suzaka City in coordination with Health Promoters" by Ms. Akiko Asano, Section Chief of Health Promotion Section, Health Welfare Division** **Exchange with Health Promoters** **Discussion**	Suzaka City Government (1528-1 Suzaka, Suzaka City, Nagano Tel. 026-245-1400/ 026-24-9023)
16:00 – 16:30	Travel & Arrive at the Hotel	
19:00 – 20:00	Dinner	Hotel Metropolitan Nagano, 1st FL. "Cafe Restaurant Iris"
	Accommodation: Hotel Metropolitan Nagano	Hotel Metropolitan Nagano (1346 Minamiishido-cho, Nagano City Tel. 026-291-7000)
Thursday, 30 July		
09:00	Gathering at the Lobby	
09:15 – 09:30	Departure from Hotel & Travel	
09:45– 11:20	**Courtesy Call on Nagano Prefectural Office** **Address by Mr. Shuichi Abe, Governor of Nagano Prefecture** **Briefing by Mr. Hidenori Yamamoto, Health and Welfare Department** **Discussion**	Nagano Prefectural Office (692-2 Habashita, Minaminagano, Nagano City Tel. 026-232-0111/ 026-235-7093)
11:20 – 11:20	Travel	
11:30 – 12:30	Lunch	Hotel JAL City Nagano, 16th FL., "Sky Banquet Hakuba" (1221 Tsuruga-toigoshomachi, Nagano City Tel. 026-225-1131)

12:30 – 13:30	Travel	
13:30 – 16:30	**"Suzaka Yasuragi no sono" (A comprehensive welfare complex that include nursing home and health care facilities for the elderly and an intergenerational facility)** **Address by Mr. Hisao Kanno, President of Mutsumi kai** **Briefing "An overview of facility management" by Mr. Jundo Oshima, Director of Yasuragi no sono** **Tour at the facilities**	Suzaka Yasuragi no sono (2887-1, Terakubo, Hitaki, Suzaka City, Nagano Tel. 026-246-4600)
16:30 – 17:30	Travel & Arrival at the Hotel	
19:00 – 20:00	Dinner	Hotel Metropolitan Nagano, 1st FL. "Cafe Restaurant Iris"
	Accommodation: Hotel Metropolitan Nagano	Hotel Metropolitan Nagano
Friday, 31 July		
08:15	Individual Check-out & Gathering at the Hotel Lobby	
08:20 – 10:00	Departure from Hotel & Travel	
10:00 – 12:15	**Saku Central Hospital** **Address by Dr. Satoshi Izawa, M.D., Director Superintendent** **Briefing** **Tour at the facilities**	Saku Central Hospital (197 Usuta, Saku City, Nagano Tel. 0267-82-3131)
12:15 – 13:00	Travel & Evaluation	
13:00 – 14:00	Lunch	Karuizawa Prince Hotel East "Shinano" (1016-75 Karuizawa, Karuizawa-machi, Kitasaku-gun, Nagano Tel. Tel. 0267-42-1111)
14:15 – 17:30	Travel to Tokyo & head for MHLW	
17:45 – 18:00	**Courtesy Call on H.E. Yasuhisa Shiozaki, Minister of Health, Labour and Welfare**	Ministry of Health, Labour and Welfare, 5th Fl., Room 4 (1-2-2 Kazumigaseki, Chiyoda-ku Tel. 3595-2159)
18:00 - 18:30	Travel & Check-in at the Hotel	
19:00 –	Dinner	Grand Prince Hotel New Takanawa, Restaurant Building, 1st basement, "Marmolada Restaurant"
	Accommodation: Grand Prince Hotel Takanawa	Grand Prince Hotel Takanawa

Saturday, 1 August		
	Departure of Participants	

Co-hosted by:

The Asian Population and Development Association (APDA)

The Japan Parliamentarians Federation for Population (JPFP)

Sponsored by:

The United Nations Population Fund (UNFPA)

The International Planned Parenthood Federation (IPPF)

Participating Countries:

Cambodia, China, Indonesia, Malaysia, Thailand and Vietnam

28 July 2015

Ministry of Health, Labour and Welfare (MHLW)

"Efforts Concerning the Low Birthrate and Towards a Healthy Longevity Society"

Mr. Shin Nomura
Office of Counsellor for Social Security, Ministry of Health, Labour and Welfare of Japan

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Welcome Address

Mr. Araki Yasuhiro, Deputy Director, Office of International Cooperation, International Affairs Division, Minister's Secretariat of MHLW:

We welcome you all to the Ministry of Health, Labour and Welfare. Japan, which has the most aging population in the world, needs a new set of comprehensive health policies. There are also lessons and experiences that can be transferred to Asian countries and the world. We hope that we can share our experiences and learn from each other.

Briefing

Mr. Shin Nomura, MHLW:
Office of Counsellor for Social Security, Ministry of Health, Labour and Welfare of Japan

Outlook

The Japanese population aged 65 and over is on the rise, and by the year 2060, this age group will represent 39.9% of the total population. In that regard, this fact is bringing increased attention, as Japan's aging phenomenon is happening ahead of other countries that also have an increasing senior society; and expectations are put on how Japan will surpass its aging-related problems.

With regard to some Asian countries (e.g. Thailand, Malaysia, Indonesia, China), their population aged 65 and over represents around 10% as of today. Nevertheless, by the year 2025, that percentage will be over 10%, and by the year 2050, it will be in the range of 15%-20%. In summary, beginning from year 2010, these countries are also facing an increasing aging trend.

It might be, then, of value for parliamentarians present here, to utilize and analyze the information being offered, as it concerns the way Japan is tackling aging.

When it comes to the demographic pyramid in Japan, two big mountain-shaped peaks can be noticed. One of them pertains to the so-called first generation baby boomers (aged around 66-68 as of 2015) who are the biggest bulge in Japan now. This generation will be 75 and over in the year 2025 and we feel a looming crisis in the numbers. The second mountain refers to those aged 41-44 (second baby boomers). When this age group reaches retirement age (65 years of age), that will be a transition period Japan will be facing.

In the green (distributed) documents, you can see our "Japan Vision: Health Care 2035", proposed by the Minister of Health, Labour and Welfare, Mr. Shiozaki, that explains the way Japan expects to lead the world in the area of health.

Social Security in Japan: the need for more funding and reforms for improvements

Through tax and insurance, Japan has in place a social security system consisting of long-term care, medical care, pension and children support. The rising cost of providing such services and allowances poses serious challenge for Japan. Therefore, it seems inevitable to have to increase taxes and insurance premiums. Following those lines, the decision was made to increase consumption tax, gradually from 5% aiming to 10%. There is a need to raise 14 trillion yen so as to be able to cover the abovementioned services.

How do people in Japan see the consumption tax increase? For instance, explanatory sessions to mothers raising children were provided, with the aim of explaining the tax increase towards securing services such as child support. Our policies were understood, and Japanese people have high expectations towards the system. Understanding the increasing burden on people, the Ministry of Health, Labour and Welfare is committed to, by the year 2025, showing the fruits of the ongoing policies.

Medical care

First of all, we have the medical care system and health insurance system that are funded from people's contributions. Moreover, co-payment is necessary to provide the services. In total, our medical expenses represent 40 trillion yen, half of which is funded by insurance contributions, around 5 trillion is funded through co-payment when receiving the service, and the remaining 15 trillion is covered by public funding. Insurance schemes in Japan can be broadly divided into two categories:

1) Public corporation-run health insurance; society-managed and employment-based health Insurance; and mutual aid association;
2) National Health Insurance (basically controlled by municipalities).

Each scheme covers the insured with certain conditions (e.g. beneficiaries of the National Health Insurance are those who run their own businesses, or are irregular employees and the like).

Also, the Medical Care System is in place for the elderly aged 75 and over. This different treatment was borne so as to lessen the burden on the National Health Insurance System. There are so many people becoming older and needing more health services.

The system, which covers 90% of the medical cost, is supported by tax revenues and by the contribution of active workers. Under this system some differences might appear among the insured according to their financial situations. In the coming spring those differences will be adjusted.

Payment and benefits of the Public Medical Insurance

Broadly, there are two sets of payments by the Public Medical Insurance:

1) Healthcare payments (meals during hospitalization, high-cost medical care expenses, visiting nursing healthcare, etc.);
2) Cash payments (allowance for childbirth, funeral expenses, etc.). In most of those items, the coverage varies according to age and income. Furthermore, those aged 75 and over only have to face 10% of total cost. Concerning the high cost of medical care expenses, once the medical cost reaches certain level, the person does not have to make additional out-of-pocket payments.

In Japan there is serious debate concerning the extent of medical services to be provided under the health insurance scheme. Up until the year 2025 and after, the cost of medical expenses will continue to increase substantially, basically due to factors such as the increase of the level of necessity for receiving these services (aging) or the further improvement of medical technology.

Japan has been trying to control the rising cost so as to maintain it in the level of no more than 1.1 trillion yen increase for a 5-year span. Despite those efforts, it is essential to be mindful about the increasing elderly population and the increasing cost of living standards. There is little that can be done in controlling those factors, leaving the task of keeping low cost for medical technology improvement, without affecting quality. The Ministry of Health, Labour and Welfare has been seriously reflecting upon this, evaluating what services to be provided in the future, in connection with technology improvement and return of investment.

International comparison of Medical Service System as of 2010

In Japan, hospitals are the center of the medical service system, and average days of hospitalization (32.5 days) are the longest compared with other developed nations. If this average continues into the future, it will only drive up costs of medical services. There have been reflections among physicians about the goodness of hospitalization for such a long time; and there is a need to create a database for judging the necessity. Furthermore, there is an increase in the number of deaths (elderly) in a given year, due to the increasing number of the elderly.

Now the time has come for us to be able to further improve lifestyle so as to control diseases, cancer, diseases associated with adult lifestyle habits and the like. Moreover, heading to the year 2025, and even 2035, it is time for us to think about a comprehensive revision of the medical service system in Japan: institutions' roles, number of doctors, way of dealing with various diseases, etc.

As an example of the various challenges we are facing, we have an imbalance of the distribution of physicians; in western Japan we have more physicians than in eastern Japan, and also in many areas we do not have enough beds for the patients while there are more beds than needed in others.

We need to be able to match the supply and demand in that regard, along with making sure we have the proper return of our investment in the medical field. We also need to properly evaluate the medical technology being introduced in the medical sector. We need to be able to provide the most appropriate and effective medical service as well.

Long-term care insurance system

Founded in 2000, it is similar to the medical service system introduced earlier, having its funding from insurance payments and tax revenues. Users of this system (aged 65 and over in category I and aged 40-64 in category II) have to bear, as co-payment, 10% of the cost. Thanks to this long-term care insurance system, the users are able to use the providers, with part of the cost funded with public money. Therefore, it does not operate merely on market principle.

This system is primarily aimed for those aged 65 and over, but it is also possible for those aged 40-64 in case of developing aging-related diseases. The system is designed in a way that previous certification (required for using the system) issued by city halls is required. Once certified, a plan is put so that the receiver and the private sector provider judge the specific service needed.

There are several types of services to be provided, including institutional care services and in-home services, which allow patients to stay at home while having someone prepare their meals, or clean their houses.

Similarly, as in the case of the "medical care system", as more people require this long-term care system, costs will increase. The very important point is whether or not some services will be covered by this long-term care insurance. What is being discussed now are households' specific needs such as cooking meals. This is to say, what kind of elderly person will need such service? Certification helps to determine the level of care to be provided; nonetheless, as time passes by and the person rehabilitates, the need of care changes, and determination has to be made as how much service to be provided.

The future vision of the long-term care is called "Integrated Community Care System", by which the focus is "shifted" from established institutions as the center of the medical service to communities, taking into account that the majority of elderly persons needing long-term care (around 60% for those who are 65 and over) would prefer to stay and live in their own towns and homes. The idea is to make it possible for the elderly to live in their own communities though an integrated system. Otherwise, they leave their places and find entering an institution, finding themselves reclusive as a consequence. Kashiwa city in Chiba Prefecture is an example, where in cooperation with the University of Tokyo an Integrated Community Care System has been put in place.

Helping working mothers: children and childrearing support

Working towards bringing more women into the Labour force and towards creating the environment for working mothers, the government has also plans in that regard. One of them is the After-School Plan, consisting of children's clubs and classrooms for afterschool activities. The full utilization of school facilities will be one of the many action plans.

On the other hand, the government aims to decrease to zero the childcare waiting list by the end of year 2017. There are many action plans regarding that target, being one of them the recruitment of supporting nursery teachers. There will be 69,000 of such teachers needed by 2017.

Health Care 2035

Considering many challenges we have to grapple with, the thinking in Japan has become as which direction to take. A paradigm shift came into being: our existing model needs to change from focusing merely on quantity, inputs, regulation, cure in a fragmented manner, into one that prioritizes quality, value, autonomy, care, and integration. Currently, we think the more the better; more nurses and the associated cost, the availability of medicine A, B, C, etc. There is no joke in narrating the cases of elderly people who become full of stomach from taking plentiful medication.

This paradigm shift is about how we are to engage in the way we provide medication. We need efficacy, better technology, and good results. It is not about "the more the better". Changes need to be made. Deliberations are taking place towards the years 2016 (earliest), 2019 (latest), when we need conclusions concerning the sort of medical service to provide.

Another point to be mentioned is that, despite the

abovementioned shortcomings, there is still high level medical service being provided in Japan, together with many cases of high level successful operations. There is also increasing specialization in the medical field, breaking down into further fields. As a result, patients have to go from one hospital to another looking for appropriate specialists. This causes confusion for patients. We would like to promote general practitioners (GPs) as "gate openers", developing and ensuring the access throughout the country to GPs.

This 2035 Vision includes the tobacco-free Tokyo for the 2020 Olympic Games, not from the point of view of being responsible of one's own health, but from the standpoint of having the entire community interested in each other's health.

Such an ambitious vision has no precedent. It includes difficult issues and indications of what needs to be done into the future. Some people have said things written in this Health Care 2035 Vision are too difficult to achieve. Despite those voices, we would like to be able to realize such vision. With that purpose, various activities such as symposia are held, and the Minister is very engaged. Please continue your interest in what we are doing in Japan. Thank you.

Q&A

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:
First, just a comment about funding: I think it is important to make people aware that supplemental funding from the tax increase will be used to fill the budget gap. If there is a discrepancy with the level of service, there will be discontent among people if high expectations are not properly met.

Second, how will you try to decrease the costs for the services to be provided? Amidst the changing population structure, when it comes to the Asia-Pacific countries, there needs to be a soft landing. How will these countries be able to provide those services as in Japan? How will these countries have to support such system without much cost? How such a system could be supported in each of these Asia-Pacific countries without having to invest large amounts of money?

Third, about medicational functional food, some companies are promoting health issues through their corporate social responsibility (CSR). For instance, Seven-Eleven, the convenient store chain, provides special services for the delivery of food for the elderly. If a medical doctor prescribes more calcium for a certain patient and if the convenience store's supply chain can provide such nutrients, it would be very helpful.

How we bridge this so-called functional food including supplements and medicines will be very beneficial for the elderly who are not ill but who would like to stay healthy.

I also read many papers and looked into the various statistics presented both by medical doctors and statisticians in the sense that different results can be achieved by the intake of different kinds of medicines and different types of functional food. How is it then that you will try to continue to match your efforts along those lines?

Mr. Shin Nomura, MHLW:
Concerning the first question, from 5% of the tax consumption mentioned, only 1% is used for paying medical services. The remaining 4% is allocated to paying the large and increasing debt. Nonetheless, if we look at the recent 3-year data and figures, thanks to the economic growth and improvement in medical technology, we are not talking about dreams.

Furthermore, we are able to have more healthy people, and this has been keeping medical costs down to a reasonable cost that can be covered. We can do more, and for this to happen we need to keep focus on efficacy and on reduction of cost while raising the quality of medical service. We have a never-changing objective which is the provision of high quality medical services, while we need to be mindful about not promising too much, to keep the discussions for improvement.

Regarding the second question, indeed, the increase in tax is still necessary to sustain the system. In Japan, there are 3 coexisting ideas: help yourself, help one another, and the public sector helping. It is important for all of us to help each other, and we discuss the way of harvesting this mindset, through volunteerism, for instance.

Nowadays, more disable people and senior citizens are working to supporting the communities. My own experience; my 65-years old mother has expressed interest in working in the community and has become a member of a

group that works to make the community more livable. She is teaching senior citizens how to use ipads, tablets, etc. The principle behind those efforts is to live a healthier life. We would like to take advantage of these efforts by the elderly, who are very engaged in supporting their counterparts.

Concerning the last question about functional food, in the Ministry we see it as important, and we would like to cooperate with all stakeholders so as to evaluate what is to be done. We also think about collecting the proper data, not only about food, but also about lifestyle. Having an accurate understanding of the data allows us to promote a healthier lifestyle.

There are many activities and discussions underway. For instance, the company called Fuji Film is also moving into the health field with their products and services; so is Suntory which is moving into providing health related products. There is going to be more conversion towards health. Also, convenient stores are providing health checkup services and also the private sector cooperating with the public sector.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
About pharmaceutical supply for hospitals: in Vietnam price control is very difficult. How is it in Japan? In Vietnam, neither the Ministry of Finance, nor the Ministry of Health is interested in keeping the prices down.

Mr. Shin Nomura, MHLW:
As far as drug cost in Japan is concerned, it is covered by the insurance health system. Users can use drugs and pay only 10% (65 years old and over) or 30% (younger). Users are not aware of the expensive cost of drugs in Japan. We need that awareness. Also in Japan, as in Vietnam, what is happening is that drugs A for dementia might not be so different from drug B in terms of effectiveness, but the research cost for their development noticeably makes the prices differ. There are two ways to solve this: first, the user can use generic drugs which are cheaper; second, we have to figure out how to decrease the cost in R&D, which in turn is related with the cost of clinical tests that should be conducted.

28 July 2015

JPFP International Cooperation Committee Meeting

"Universal Health Coverage: Lessons Learned from Japan"

Hon. Keizo Takemi
Chair of AFPPD; Executive Director and Chair of International Cooperation Committee of JPFP

Welcome Address

Hon. Keizo Takemi, Chair of AFPPD; Executive Director of JPFP:

We understand that the purpose of your visit to Japan is to gain insights into how Japan is dealing with aging, which is a serious and important topic, considering that Japan is the most advanced aging country in our planet. It is now taking a global view. Other countries such as Singapore, South Korea and Indonesia are also entering the aging process and global aging is already taking place in recent years.

What is then the role of Japan in coping with aging? What are the experiences (positive and negative lessons) to be learned?
Thank you!

Address

Ms. Junko Sazaki, Director of UNFPA Tokyo Office:

In 2012, the UNFPA launched the Global Aging Report, aiming to show that aging is not the issues only found in developed countries. UNFPA works together with all UN agencies in tackling aging. Furthermore, we think about how to support an aging society with a smaller proportion of young people.
Thank you all and special gratitude to APDA for the great job!

Presentation

Hon. Keizo Takemi, Chair of AFPPD; Executive Director of JPFP:

How the world stands on aging

When we looked at the world population dynamics in year 2000, we could see that most of the southern hemisphere in our planet was not necessarily entering aging. Nonetheless, in the years to come, some changes have been taking place. By 2030, only the African Continent and some parts of South Asia will remain younger, with the rest entering a speedy aging process. Aging, then, is a global serious issue in our planet.

The speed of aging in Asia

In 1944, the Japanese life expectancy was much lower than those in other developed nations. In the 1970's Japan was able to catch up with the average life expectancy for developed countries. After that, we can see a continuous and steady increase in the life expectancy in Japan. How then, after the 1970's, was Japan able to achieve such success?

As of today, Japan is the most advanced aging society than any other Asian countries (and in the world). We can also see that some Asian countries such as South Korea, Thailand, China and Vietnam are catching up. Moreover, the speed of aging in many of these Asian countries is faster than that of Japan, which means that they will have fewer years to enjoy the population bonus. These countries also will have to think about how to tackle rapid population aging.

There is also this rural-to-urban migration trend in the world. The speed of people moving to urban areas is fast, and by 2050 it is projected that more than two-thirds of the population in our planet will be living in urban areas. There is also the case of larger share of middle-class people concentrating in urban areas.

As a result of aging, the disease structure has also been changing. In Japan, from 1945 to 1970 the most common causes of deaths were the infectious diseases such as TB. There was also high mortality rate of newborns. After the 1970's, the major causes of deaths have been gradually changing from communicable diseases to non-communicable diseases, being cancer and strokes the most typical causes of deaths. It is a

trend similar almost all over the world.

In our planet, we have a double burden:
1) the diversification of threat of infectious diseases (Influenza, HIV, and Ebola) and environmental infections. Some diseases used to happen only in some isolated areas, but now the spread is becoming fast due to population movement; and
2) non-communicable diseases.

The Japanese positive lessons
How did Japan cope with these various subjects after the end of World War II? We had a very successful policy package in the late 1950's and early 1960's, to create a healthy and well-educated middle class society (expanding the middle class). To achieve this, what policy package was formulated in the more efficient way?
1) Growth and income strategy (10-year economy growth/income doubling plan) which initially focused on growth but then expanded to income increase on an individual basis;
2) Social security net (pension, unemployment insurance, public assistance, and others);
3) Progressive Taxation (income redistribution);
4) Universal Health Coverage (UHC) that was achieved in 1961, so that every person had access to medical services.

Universal Health Coverage (UHC)
Its function is not only to ensure the access to health services for everybody. It also has re-distributional function. It works to strengthen a nation's re-distributional power. In Japan, 70% of the government's re-distributional power was realized through UHC.

The timing of introduction of the policy package was decisively important. The redistribution features of the policies implemented were appropriate during the period of high economic growth. The economy, as well as population, continued to grow. Policy makers should think about how to create synergies among polices.

Trends in the Gini coefficient in Japan
While Japan was enjoying high economic growth rates, the Gini coefficient declined. There was no mismatch in Japan. We can attribute that to the effective functioning of the government for the implementation of effective policies, especially UHC. Nowadays, countries that are experiencing high economic growth are at the same time experiences social upheavals due to the widening of income inequality.

Moreover, Japan was able to prevent avoidable deaths such as those from infectious diseases and non-communicable diseases as well (e.g. from strokes that used to be higher than in other developed nations). Through UHC – easy access to medical doctors and medication – and policies such as healthy food and anti-salty food campaign, we were able to successfully control high blood pressure.

The abovementioned policies are the underlying reasons behind Japan's achievement of such long life expectancy.

The Japanese UHC
It has the following characteristics:
1) It depends on health insurance premiums, more than out-of-pocket payments;
2) The socially vulnerable are covered by public livelihood assistance that does not require out-of-pocket money;
3) Healthcare services are provided by private and public hospitals and clinics;
4) The Fiscal Equalization Grant (FEG) was introduced to adjust disparities among the plans;
5) The UHC was introduced as part of the comprehensive policy package to expand the middle-class population;
6) The UHC was introduced before the economic growth and population burst.

The improvement in life expectancy (e.g. through measures against chronic diseases), the effect on redistribution, nurturing the spirit of solidarity, and stabilization of society can be mentioned as some of the effects of the UHC. In some words, we are talking about a typical case of investment in human capital, as opposed to consumption.

Dynamic of demographic transition in Japan
The Japanese total population has already started a declining cycle. It is projected that by the year 2060, at the current fertility rate, Japan will shrink to 90 million people, with a 40% aging rate. This means the loss of social dynamics.

On the other hand, it is not only about long life expectancy (LE), which is 79 years old for males and 86 years old for females, but also about healthy life expectancy (HALE). Efforts have to be made to narrow that gap, which at present stands

at 9.13 for males and 12.68 for females. As far as the gap increases, the elderly has to rely more on health services, and the young generation has to take the burden. This is the cause of the vicious cycle of aging and loss of dynamics. How to recover social dynamics is the subject of the new policy package to be made.

Future direction of Japan

We need to think about the followings:

1) Increase HALE (healthy life expectancy);
2) Raise the age of mandatory retirement and make possible for the elderly to remain in the middle class. By 2025 it will have gradually increased to 65 one year every three years beginning from 2013⁄14. My expectation is that in the future it might increase further to 70 years old;
3) Decrease the burden on younger generations;
4) Utilize the healthy elderly, women, foreigners, and other under-utilized workforce;
5) Consolidate health insurance plans to equalize the premiums among the plans.

On the downside of reforms, we have to be aware that once the new system is created (such as the consolidation of insurance plans), many interest groups raise their voices, even though sustainability is under question. Therefore, when you design your UHC, do it carefully and make it under one umbrella following public guidance.

These are the experiences from Japan, including the negative ones that might still be learning experiences for you.

Q&A

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:

There is no co-payment in Thailand, and it consumes a lot of budget. There are opposing voices, arguing equality for instance. Could you elaborate on the Japanese system?

Hon. Keizo Takemi, Chair of AFPPD; Executive Director of JPFP:

How to define the share of the co-payment depends entirely on the average income of your own population. In the case of Japan, nonetheless, equality was the basic principle for designing our system. The problem Japan had was that policy makers had not consolidated the insurance plans, which then took around 30 years because of opposing voices. Consolidating insurance plans is important.

Mr. Yos Phanit, Deputy Director-General, Ministry of Health, Cambodia:

In the Cambodian case, as a young country that emerged from the war and that needs to catch up with more advanced nations, we need to balance between being competitive in a globalized world against being a welfare state. Shall we be a welfare state from the beginning or be competitive? For Cambodia it is very difficult to develop as a welfare state at the start. Secondly, between consolidating and not consolidating insurance plans, for young countries, we need some time before the private stakeholder can come out with insurance plans. We cannot be too preemptive because at the moment we do not have a competitive market. We need to mature first.

Hon. Keizo Takemi, Chair of AFPPD; Executive Director of JPFP:

Of course, you can enjoy more consistent economic growth. Nevertheless, as mentioned before, economic growth cannot continue in a safety manner if there is not a stable social safety net. Only the rich will rip the benefits of economic growth, and social discontent in the form of social and political instability will emerge. I think that building the safety net under the name of welfare state is not contradictory to nation-building for the economy. The timing of the introduction of the policy package and the strengthening of the government capacity to redistribute is very important. Those are the elements Cambodia might think to create before entering a consistent economic growth cycle, so as to be able to create a stable middle-class society

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:

This is a great learning experience for us. In Vietnam we are facing plenty of difficulties concerning regulations of insurance. As of 2015, 72% of our population is covered by health insurance. We learned so greatly from the Japanese's experience. Vietnam is preparing for the pharmaceutical law, but we would like to know about traditional medicine in Japan.

Hon. Keizo Takemi, Chair of AFPPD; Executive Director of JPFP:

Our patients can use traditional medicine under our UHC insurance. Traditional medicine is also popular in Japan. The government defines what

kind of traditional medicine can be delivered as part of the UHC service. Every medical doctor should first have the national license as a medical doctor, and also have basic knowledge of western/scientific-based medicine. Having those requirements, they can also use traditional medicines. There is a different system for medical doctors in China and South Korea, where no medical examination for applying traditional medicine is required.

Hon. Ermalena Muslim Hasbullah, Indonesia:
In Japan, three Ministries are merged in one, which is not the case for Indonesia. I would like to share what Indonesia has done for the last years. We just run our health insurance for all citizens. Nevertheless, we have a big population which is territorially very scattered because of the numerous islands. This causes organization an logistic problems. The government has dedicated more money for the social sector (e.g. increasing facilities). The problem that aroused is that since many people now are insurance-covered, more of them want to use the facilities, which are not enough. My questions are:

1) How to put in place a proper bill for these issues?
2) How to further push the government to put more money? Would you please explain the Japanese experience?

Hon. Keizo Takemi, Chair of AFPPD; Executive Director of JPFP:
It is a very serious humanitarian issue to support the elderly, but then budget is limited. How do we prioritize and deliver services in a more consistent and effective way? Our responsibility, as parliamentarians, is to always check the government's policy-making.

In the 2000's, Japan introduced the long-term care service, to assist the daily life of elderly people, which is not necessarily a typical medical service. So, in Japan we managed to implement two services for the elderly: the long-term care service and the medical service. Now we are trying to put them both under one umbrella, not at hospitals but at home. We are trying to develop social comprehensive services for the elderly living at their own places. Focusing on people in the community is important. We are trying to move hospital patients into their homes, so as to effectively combine services. We have to encourage the elderly to keep their independent life through this long-term care service, because traditional medical services are not enough for achieving this objective.

28 July 2015

Ministry of Finance (MOF)

"Social Security and Fiscal Policy in Japan"

Mr. Takayuki Moriya
Deputy Director of Social Security Budget, Ministry of Finance of Japan

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The focus of today's presentation is on social security. Looking at the historical fiscal year graph for total expenditures and tax revenues, we can see that the expenditure is way above revenues. This has been especially acute since the year 2008, due to the lower tax revenues associated with the economic downturn. Since around the mid-1990's there has been the issuing of special deficit financing bonds and the gap between expenditure and revenue has been growing.

As a consequence, there is this yearly increase in accumulated government bonds. In the end of fiscal year 2015, it will be reaching 807 trillion yen, which already represents a huge burden for future generations.

On an international comparison (among several OECD countries) concerning the government financial balance to GDP, in the second half of the 1990's Japan continued to run fiscal deficits while others were able to improve their fiscal balance. Although at the beginning of the first decade of the 21st century, Japanese fiscal balance had entered an improvement track, after Lehman Brothers crash worsened it. In the 2010's, while other major advanced nations reduced their fiscal deficit, Japan could not.

In terms of the ratio of general government gross debt to GPD, again on an international comparison, the Japanese one has been worsening, reaching the worst level among those countries.

In terms of government's revenues and expenditures among OECD member countries, we also have that from the year 1995 to 2011, the total expenditure in Japan increased around 6% as percentage of GDP. Furthermore, the expenditure for social security has increased around 10%, during that time span, while, at the same time, non-social security expenditure decreased. You can see that, as a starting overall picture, the increase in expenditure of the Japanese government is largely due to the increase in social security.

Concerning the tax revenues and fiscal balance in OECD member countries, you can see how tax revenues in Japan have decreased, causing deterioration of the fiscal balance for the abovementioned time span. After looking at the figures, we can have a better idea of the extent and seriousness of the fiscal situation in Japan.

Looking at the Japanese general account budget for the fiscal year 2015, the budget for social security expenditure is in the order of 31,529 trillion yen. This is a huge amount, which makes one-third of the total budget. Before coming to work for the Ministry of Finance, I had the opportunity to work for a financial agency, which oversees the banking industry in Japan. The abovementioned amount would be equivalent to 1200 working years for such agency, if it were provided such budget.

Seen from a historical perspective, from fiscal year 1990 compared to year 2015, there has clearly been an increase of about 20 trillion yen in the expenditure for social security in Japan. Yet, in comparison with OECD member countries, the Japanese social security expenditure remains moderate while the tax and social security contribution ratio remains low, both as percentage of GDP.

Nevertheless, when looking at the balance between beneficiaries and contributors, the social security system is getting vulnerable because of the Japanese demography. Looking back around 50 years, 1 retiree was supported by 9.1 young persons, while nowadays the ratio is 2-3 young people for every retiree. In 2050, the ratio is projected to be 1 to 1. Therefore, we have to deal at the same time both with the rapid aging society and with the lower birthrate. We are predicting that we will become an ultra-aging population by

the year 2025, when all first generation baby boomers reach the age of 75 and over. This means a rapid increase in social security benefits. For instance, the long-term care scheme will cost 2.34 times more.

Looking at the international comparison of the ratio of those 65 years old and older to the total population and the national burden ratio, we can see first the rapid speed of aging in Japan and since the deficit is being covered by issuing special deficit-financing bonds, the burden is being shifted towards future generations.

Under such severe reality, we are comprehensively revising the system. As part of this reformation effort, there has recently been an increase in the consumption tax from 5% to 8%. This tax has high fundraising capability. It is less susceptible to economic fluctuation and can ensure neutrality to economic activity. There was a plan to further increase that tax to 10% in October this year. Nevertheless, considering the current economic situation of Japan, the Abe's administration judged appropriate to postpone this measure to the year 2017. In any case, our Prime Minister is committed to assigning those revenues to social security, as done in the past. Furthermore, attention will also have to be directed to tackling the low birth rate.

Q&A

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:
It seems that despite the various efforts, the economic burden keeps increasing. When looking at the figures, it is indeed easy to understand the reason. Nonetheless, I do believe there is one primary reason: there has been miscalculation concerning the decline in the birthrate. Somehow, the social security system was built in such a manner that having children is a burden for the family. As far as our organization concerns, we are taking these issues very seriously. It is difficult to solve this problem unless we tackle the underlying basis, related to the "Tragedy of the Commons" that is causing such low birthrate.

It would be appreciated if these issues are considered, and not only from the financial point of view. Furthermore, it would be also of great value exerting some pressure on those ministries involved in these matters. From that perspective, APDA will also extent its willingness to assist in whatever it is necessary.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
How about tax on tobacco and alcohol in Japan? They are useful for revenues. Nonetheless, there seems to be confusing message with, for example, the Tobacco-Free campaign for the 2020 Tokyo Olympics.

Mr. Takayuki Moriya, MOF:
There is indeed taxation for tobacco and alcohol in Japan. There are also measures concerning the protection of non-smokers. Special smoking rooms have been built by using the money coming precisely from those taxes.

Hon. Ermalena Muslim Hasbullah, Indonesia:
Would you elaborate on the support from local governments concerning the social security system?

Mr. Takayuki Moriya, MOF:
Revenues originated from the tax consumption are shared by the central, prefectural and local governments. These three levels of government support the social security system with varying degrees. There is indeed cooperation.

28 July 2015

Nihon University Population Research Institute (NUPRI)

"Rapid Population Aging and Changing Intergenerational Transfers in Japan and Selected Asian Countries"

Dr. Naohiro Ogawa
Director of NUPRI

Some reasons for the declining TFR
Even though a great part of the declining Japanese Total Fertility Rate (TFR) has been due to the postponement and decrease in the number of marriages, marital fertility has been playing a considerably important role. Thus the government has been making a series of strenuous efforts to boost marital fertility.

According to one survey, 25% of Japanese married couples aged 20-59 are sexless for more than 12 months. A major reason is men spending too much time in office. Therefore, there have been efforts from the government to boost fertility: continuing improvement in the child-care leave scheme, including extension to part-time workers, over many years of reform (1972-2012), etc. Some measures have proved effective, for instance, the one concerning the allowance for more women taking childcare leave. Other measures did not necessarily achieve the target: e.g. men reluctant to exercise that child-care leave right.

A new emerging factor
As the number of children in Japan has been declining, the number of pets is on the rise. Since the year 2003, the number of pets has exceeded the number of children. There is even a sophisticated market for pet-related products such as bottled water that can easily cost more than those for humans. There are also more than 200 cat cafes in Japan. There are therapy sessions for dogs, not to mention many other interesting products such as lens implants for dogs. It seems that Japanese people are more interested in pets than ever. Even robotic animal therapy is practiced at nursing homes. The number of pets is increasing and their life expectancy is also increasing.

Limitless life expectancy?
Overall, life expectancy has been rising, which is accelerating the aging of the Japanese society. Together with it, the modal age of death in Japan (most common age of deaths) has also been moving forward. As of today, that modal for women is around age 93.

Of particular interest is the continuous expansion of life expectancy. Since the 1550's England was the champion in life expectancy, then many countries (e.g. Norway) have been taking the post. Life expectancy has been improving linearly, and there seems not to be limit or slowing down of the improvement. It rises by 3 months every year. In case of Japan, in calculation, life expectancy is extending 6 hours per day on a daily basis. That explains the large number of Japanese centenarians as of 2015, and in the near future, that number will rise to 2 million.

Under such scenario, it seems inevitable to worry about sustainability of the pension system. Furthermore, when it comes to the total dependency ratio, and for Asia as a whole, it has been increasing, loading more the economic burden on those in the labour force. Many Asian countries are already facing various challenges to establish or improve their social protection programmes.

National Transfer Accounts (NTA) as an innovative approach to aging-related problems
Initiated as a project, the NTA keeps the accounting of economic flow from one age group to another. As of July 2015, there are 49 NTA member countries, including 3 prospective members. All the participating countries in this Study Visit are already members (with Malaysia as a prospect). There is a NTA Manual which allows every member countries to join the studies.

The NTA has the following features:
1) It unites macro-level (public) and micro-level

(familial) data;
2) It allows the interplay among various age groups;
3) It is consistent with the system of national income.

The bottom line story for Japan, concerning its own NTA, is that many Japanese young people are not making enough money, as many work part-time or as non-regular employees.

Second, nowadays adults do not receive money support from their children until average 81 years of age (that average used to be 64 in year 1984). Third, on the contrary, it is the elderly who is mostly supporting economically those who are supposed to be supporting (children, grandchildren). Their children's generation is giving money to their own children but not to their parents. Fourth, in terms of net intra-household transfers received by age groups, the age group 60-74 is a net giver (to younger and older age groups).

Rising of "double cost"
Not only in Japan, but also in other Asian countries, the cost of the elderly is rising, together with the cost of children, as if both generations were competing for limited resources. The working generation is suffering.

Furthermore, in most of East Asia and some other Southeast Asian countries, the proportion of per capita educational costs for those aged 0-24 is much higher, as compared to Sweden (3%), France (5%) and other European countries. Particularly in Taiwan (69%), South Korea (over 50%) and China, that spending is very high. The reason behind is the success-oriented parents in these countries. The open question for a pending answer is whether these "quality" children will be able to support their parents in the future.

Japan's other policy options
One important task to focus on is the maintenance of the Economic Support Ratio (ratio of effective labour to effective consumers), as a way of relaxing the increasing economic burden on the working population. For Japan, it was at peak in 1996 but since then it has been declining. Every passing moment, the Japanese economy is been dragged down by aging. We also need to focus on extending the peak of the labour income (current peak is 51 years of age). For instance, extending that peak in 9 years will do a lot in halting the decline and fighting the economic consequences of aging.

Some other countries, represented in this Study Visit, do not have that much pressure from aging, as compared to Japan. Nevertheless, it is recommended that they start implementing policies so as to pave the way to address the economic burden of aging. For China, for instance, its labour income peak shifted from 42 years old to 32 years age over the past 5 years, given its fast economic development. If they can keep this peak until 2050, it will allow them to keep on going.

Asia's philosophy behind its social security system
In Asia, families are very strong, and this has implications for economic transfers programmes. When designing the social security system, it is important to take in to consideration this family philosophy.

In the case of Japan, at the beginning, it was planning to follow a Swedish approach for its social security system (welfare state oriented), but when the oil crisis stroke in the 1970's, it changed from the Swedish model to labour oriented system.

Wealthy elderly and no knowledge on investment
About 70% of Japanese adults have no knowledge about investment in equities and bonds. Also, one of the major banks in Japan does not sell risk instruments to customers aged 80 and over unless they can demonstrate sufficient knowledge of investing. Often they are accompanied by other family member when purchasing financial instruments. Financial education is urgently needed in Japan.

Deterioration in family care in Japan
Back in 1955, none administrative unit in Japan had problems related to insufficiency in the number of caregivers for the existing elderly population. That scenario has been turning gloom, and by 2025, most areas will face shortage in caregivers. This will call for more measures such as more robotics and foreign workers. There are already some villages with a proportion of 4 caregivers per 100 elderly persons. The aging of the society is going so fast that it is very important to tackle this issue now.

On top of this, it seems that the willingness of

young Japanese people of taking care of their old parents is decreasing together with parents expectations towards their offspring. In 1950, two-thirds of parents said they would depend on their children for their old age, and 80% of youngsters declared their willingness to take care of their parents. In 2010, however, those percentages decreased significantly to less than 50%. Japanese values are changing faster than demographics. This is important to take into account when you make policies on aging. Thank you!

Q&A

Mr. Yos Phanit, Deputy Director-General, Ministry of Health, Cambodia:
From outside we see Japan as a successful country, but what I have just heard is quite sad. But other countries will also face these issues sooner or later.

From a philosophical point of view, we are to support each other and make a society. Globalization deepens interdependence among countries. Each government makes and implements policies based on figures and numbers. I think we have to weigh between letting the society take its course and letting the government make intervention.

Dr. Naohiro Ogawa, NUPRI:
I think each country indeed should do its own exercise so as to figure out its own future.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
I would like to hear more about measures to tackle the low birthrate and low fertility in Japan. Thailand is following Japanese footsteps about these problems, and it would be of value learning what Japan thinks about all these issues.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
What is the main reason for aging in Japan? Is it migration policy? Is it family planning? Is it the side effect of industrialization?

Dr. Naohiro Ogawa, NUPRI:
Concerning how Japan should work on fertility; in reality, in 1969 there were recommendations made to the government on this issue. At that time, however, the government paid more attention to other issues such as pollution. The importance of population issues was recognized but not considered as urgent. Had the government decided to do something about this issue back in 1969, Japan could have avoided this low fertility problem.

1966 was a year of low fertility for Japan (1.58). It was the year of the Fire Horse in the Chinese zodiac, which comes every 60 years. There is a superstition in Japan that says if a girl is born that year, she would have had a miserable life. So people avoid having a child that year. The government thought that the drop of the birthrate was only temporary, but in 1986 the birthrate became lower than that of 1986. This shocked the Japanese government and they decided to grapple with low fertility in 1990.

Nevertheless, generally speaking, these measures did not bring out good results. It is now very difficult to change marriage patterns. Arranged marriage is gone. It is only 3% these days. Back to the time of Tokyo Olympics, two-thirds of marriages were arranged. As I said earlier, 40% of men in their 40's in Tokyo do not have a partner. And it is likely that almost half of men in Tokyo will remain single in 2030. In rural areas, things are almost the same. There are many single men taking care of their parents. Who is going to take care of them when they grow older?

Since 1997, male workforce has been shrinking. The policy decision was to attract more women into the labour market. That in principle is a good policy, but at the same time, because of lack of preparation (e.g. appropriate maternity leave scheme), some other problems arose. We need to improve the environment so as women can have children without having to quit the job. Starting in 2006, part-time workers are also able to take maternity leave, so it has some positive impact. Probably because of this, the TFR rose slightly to 1.43 last year. If we keep on going implementing these kinds of good policies, we might improve fertility up to 1.6-1.7.

In addition, there is also the biological factor playing against improving fertility in Japan. There has been deterioration in men's sperm in Japan. This requires attention to be paid to such medical aspect.

Ms. Nobuko Horibe, Interim Executive Director of AFPPD, Thailand:

What can you say about internal migration? I heard there are many people moving to the metropolitan areas.

Dr. Naohiro Ogawa, NUPRI:
Japan had massive migration during the 1960's when the economy was booming, basically among younger people. In Japan there is the tradition that the oldest son has to take care of parents, so his siblings tend to leave the house and go to the cities. Now this generation is retiring, and we are at a crossroad concerning these people's decision about whether going back to their hometowns or staying in cities.

Policies are being implemented to attract back many people to depopulated areas. In the future I see more of these programmes coming. I believe this massive inflow of migrants coming to Tokyo is going to disappear.

29 July 2015

Suzaka City Government

Welcome Address

Mr. Masanao Nakasawa
Deputy Mayor on behalf of Mr. Masao Miki, Mayor of Suzaka City

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Although we receive many delegates from overseas, this is our first time to receive a delegation from APDA. Your presence is a great honor for us. The City of Suzaka, located in the Northern region of Nagano Prefecture, is characterized by producing quality fruits (e.g. grapes, apples, peaches) and by having a good environment (good air, etc.). From spring to autumn, there are plentiful flowers.

Suzaka is the city where health promoters' activities first stated in Japan. After World War II it was a small town of 2,500 people. From 1958 the health promotion system was firmly stablished and as of 2015, 7,000 people played the role of health promoter.

Public health nurses are officials who helped people improve their health as part of the "New Life Campaigns" set up in the years following World War II. Residents of Suzaka City would see these public health nurses out and about, and felt a strong urge to help them with their work. This keenness to help led to the start of their activities as health promoters, which also proved to be a major catalyst for the introduction of family planning and other health programmemes. These days emphasis is placed on promoting diet and a healthy life.

Our prefecture has the longest life expectancy for women and men in Japan. Considering that Japan, as a country, has the longest life expectancy in the world, being number one in Japan means we have the longest life expectancy in the world. The existence of health promoters is one of the reasons for this success. We will be happy if you can learn something from this session. Thank you!

Address on behalf of the delegation

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:

We came to Tokyo and Nagano to study population and aging issues, which are becoming serious issues in the world. Nagano was selected as it is well-known as healthy going.

APDA makes it possible for us to take this opportunity to learn a lot from Nagano and we would like to take it back home to apply this knowledge to our respective contexts.
Thank you!

Explanation of traditional food

This traditional food [distributed to all guests] is prepared in every household. It contains plenty of vegetables and it is good for health.

We have been eating this food, Oyaki, from childhood. Made from wheat and vegetables, it contains nutrients. In Nagano, very little fish was available before and other products were scarce, so Oyaki was offered at households. Nowadays, it is becoming more popular because of its nutritional value. This Oyaki is particularly known as the "healthy longevity Oyaki" because it contains 30% soy flour, which has less sugar content.

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:

Japan is known as a rice-eating country, as it is the case for many Asian countries. In Nagano it is difficult to grow rice because of its mountainous terrain. Therefore, the people of Nagano made use of the foods available to them and made nutritious products. That is one of the reasons for the longevity.

Mr. Masanao Nakasawa, Suzaka City:
Indeed, besides Oyaki, there are other specialties in this region. I hope you will have a chance to take a look at and buy them.

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:
Please let me introduce our organization. APDA was stablished in 1982 to support population issues. We focus on the entire life span of people. In the 1960's the world population was growing at an alarming rate, and it was under that context that Japanese parliamentarians decided to tackle population issues by setting the organizational framework. Population is a sensitive problem because it is regarded as a personal choice and no one can force it on people. So parliamentarians felt that that was a problem they needed to tackle, by playing a medium role between people and the government. This is exemplified by the Suzaka city's case, at the grassroots level, in a way to promote the public understanding on the importance of population issues including family planning. The success story of achieving demographic transition and economic growth is something we can share with other Asian countries.

JPFP was established in 1974 under the leadership of Japanese former Prime Minister Nobusuke Kishi.

APDA was established in February 1982 as a result of a strong request from parliamentarians who felt there was a need to create an institutional basis for supporting parliamentarians' activities on population and development, in particular the creation of the Asian Forum of Parliamentarians on Population and Development (AFPPD) in March 1982.

Due to the successful efforts we have made for the demographic transition, now we have to tackle with aging issues. Aging is an inevitable result of that, so we need to create an active society that can overcome the problems surrounding aging. Nagano is a good example for this. That is why we are visiting Suzaka city.

29 July 2015

Suzaka City Government

"TMCH Programs in Suzaka City in coordination with Health Promoters"

Ms. Akiko Asano
Section Chief of Health Promotion Section, Health Welfare Division, Suzaka City Government

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Overview of Suzaka City
In 1987, Suzaka city declared that each person would be responsible for his own health. The Maternal Health Project is approached with the cooperation of the health promoter.

It has a population of 51,717; 29.7% of whom are 65 years old and over, which is slightly higher than the national average (26%). The birth rate is 7.0; mortality rate 11.1; and infant mortality 2.7. Suzaka's Total Fertility Rate is 1.55. It is experiencing aging.

Since 1958 we have been aiming to become a lifetime healthy city, with people also being responsible for their own health and learning about health. After World War II ended in 1945, there was food shortage and spread of infectious diseases. Under that context, people began asking what to do to contribute. The word health promoter came into existence with the meaning of helping each other, spreading knowledge. The serving term of the health promoter is 2 years, because we would like as many people as possible to have this experience.

After the war there was no water service (people were washing clothes in the river) and 70% of people had parasites. That percentage is less than 1% as of 2015. Nowadays, there is the habit of washing hands properly, of not using hands to eat, drying mattresses.

Back at the abovementioned times, induced abortion was prevalent and infant mortality was high. People started the change by studying family planning. They learned about contraception. Couples were encouraged to participate and condoms were made more available. Health promoters played a central role in improving people's lives. The percentage of vaccination increased and the rate of abortion dropped.

Activities in the 1970's and 1980's
Infant mortality rate decreased and women were giving birth an average of two babies. The challenges at that time were to decrease induced abortion and to have healthy children. Family planning projects were implemented targeting different generations: classes for the youth, orientations for couples before and after marriage, family planning guidance for married couples, others such as sex education. In order to raise healthy children, health checkups were stablished. Japan has a national policy for infant checkups (18 months, 3 years old). In Suzaka, there are checkups for 3-month old babies, 1-year old and 2-year old infants as well.

Current activities
There have also been classes about feeding babies when they begin eating solid food, which has called attention of many mothers. In recent years, the increase in the number of nuclear families has led to the isolation of mothers. We are working with health promoters to alleviate this problem. Concerning the other various activities, there is also the child-rearing playground with health promoters to support mothers and children.

The Health Promoters' System can be described as follows: first it is about studying (health issues); secondly, it is about having the experience of being a health promoter; third, it is about sharing knowledge with family members and neighbors.

They meet every month so as to communicate results, share the knowledge about health issues that they study, and stablish a new network among community people. They perform awareness-creation activities and improve their individual skills on health promotion.

As of 2015, 7,000 people in Suzaka had the Health Promotion experience. The motivation for them is to share experiences with people in their own

community. This scheme continues for 58 years, making Suzaka the “Lifetime Healthy City”. Thank you.

Q&A

Ms. Nobuko Horibe, Interim Executive Director of AFPPD, Thailand:
What can this programme do to contribute to the aging population?

Ms. Akiko Asano, Suzuka City:
We will have health promoters talk about their activities and about their contribution towards the elderly later.

Ms. Nobuko Horibe, Interim Executive Director of AFPPD, Thailand:
What is the demographic profile of health promoters?

Ms. Akiko Asano, Suzuka City:
They are all women in Suzaka, 58 years old in average; ages range from the 30’s to 70’s.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
1) What is the salary for health promoters?
2) Why do women here give birth only less than two children (1.5 in average)?
3) When young people finish secondary education, where do they work?

Ms. Akiko Asano, Suzuka City:
1) There is subsidy from the municipal government for various expenditures, but in principle health promoters are volunteers. There is even payment of membership fee.
2) Concerning the low birthdate, people get married later in life and not in big numbers, which is a similar situation across Japan.

Hon. Mariany Mohammad Yit, Malaysia:
What are your challenges? Do you face shortage in the number of health promoters?

Ms. Akiko Asano, Suzuka City:
The number of health promoters is adjusted according to the number of households requiring the services. The number of health promoters is increased if there is shortage or the demand increases.

Hon. Mariany Mohammad Yit, Malaysia:
What is the ratio of health promoters per population?

Ms. Akiko Asano, Suzuka City:
The idea is to have one health promoter for every 50-60 households. Sometime it is one for 100 households in residential complex areas.

29 July 2015

Suzaka City Government

Presentation by Suzaka City Health Promoters

Ms. Kumiko Uchiyama, Chair of the Health Promoters in Suzaka City:
We are housewives who start our roles as health promoters in this programme with no experience. We are taught what to do at the beginning. We are now in our second year. Our goal for this second year is to spread more of what we have learned for the community's benefit. Another goal for us is to promote medical examinations and disease prevention. Our work also includes the promotion and spreading of health exercise. We will teach you how to do this later, and it would be good if you take this experience to your countries.

In the first year, we begin by studying about our own health (checking blood pressure, salt content, etc.). For instance, my blood pressure was high, but I was successful in lowering it down. In doing so, I even improved my physical appearance. I look younger now. I also studied dental health which also plays a role in attaining overall good health. In the area which I am in charge of, when I visited households, some people did not answer the door. So we decided to publish newsletters about our activities and drop them at their doors. Now we realize there are more people looking forward to receiving our newsletters. Thank you.

Ms. Tomoko Tomisawa, Vice-Chair of the Health Promoters in Suzaka City:
Do I look mentally and physically healthy? Indeed I am heathy. We have health exercises devised to maintain your health. It has been created over a period of 30 years. It includes exercise for the shoulder, and so on.

As population ages it is very important to remain mentally and physically healthy. I came to notice that I loved doing these kinds of exercises because it helps without putting too much strain on you. It is enjoyable as well. For those reasons I decided to spread the word to my neighborhood and my community. For instance, people with leg pain do exercises while they are sitting on the chair. I do it even if nobody comes at the exercise gathering.

Shortly there will be demonstration about this health exercise for you. Thank you.

Ms. Fukisama Toshie, Director of the Health Promoters in Suzaka City:
We are indeed in this period of aging and the decrease in the number of children.

Some years ago, I heard from many mothers they wanted places where their children can play. We created a place in my neighborhood for people to meet and discuss. We asked health promoters to make a list of the children in the neighborhood. That is how we started what we call the Child Square. Many events were held there. There was even one memorable experience at Christmas. People were happy to make more friends while children played in an open space. Mothers were able to share their daily problems and worries and got rid of stress.

There are Children Squares in many neighborhoods now. There are even events for the elderly and children to come together. Eventually, people come out with more ideas. There are people volunteering. Their friends' networks keep growing. Our children will be able to live healthy life if this continues. Thank you.

Ms. Akiko Asano, Suzuka City:
Given that health promoters have knowledge on health, some of them become workers in the social/health-related areas later, such as welfare staff for instance. In some districts health promoters also have their frequent gatherings so as to socialize. After finishing their 2-year terms, health promoters still cooperate to promote health exercise.

Q&A

Ms. Nobuko Horibe, Interim Executive Director of AFPPD, Thailand:
1) Are you paid, or are you volunteers?
2) How are you appointed?

Health Promoters/Suzaka City:
1) We are 100% volunteers
2) By the district chief.

Hon. Ermalena Muslim Hasbullah, Indonesia:
Who facilitates the venues for gatherings?

Health Promoters/Suzaka City:
We use public facilities, once or twice a month, but the frequency depend on the area.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
After finishing your terms, where do you move or where are you promoted?

Health Promoters/Suzaka City:
In many cases, we move on to various positions/occupations such as family diet consultants.

Hon. Huynh Van Tinh, Vietnam:
In Vietnam we have volunteers for population programme. Do you have another volunteer programme concerning population issues?

Health Promoters/Suzaka City:
Not aiming at the population issue per se, but there are those who are helping mothers raise their children which eventually might help improve the low birthrate.

Hon. Ermalena Muslim Hasbullah, Indonesia:
In Indonesia, because of religions, people are sensitive to things such as condom usage. Do you have that kind of challenges?

Health Promoters/Suzaka City:
There is no religious problem or involvement in Japan. Nowadays condoms are available everywhere and it is not health promoters' responsibility anymore.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
Does your programme also include promotion of no smoking or no alcohol?

Health Promoters/Suzaka City:
Health promoters work with other people to publish posters about the danger of smoking. We also inform family members. Thanks to such campaigns, many people quit smoking.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
In the area of health, do you have more volunteers?

Health Promoters/Suzaka City:
There are those who teach the elderly how to do exercise. There are those who look after the safety for children. There are also those performing family support activities (helping mothers raise children). There are various types of volunteer activities indeed, and not all of them are necessarily and directly related to health.

Hon. Ermalena Muslim Hasbullah, Indonesia:
In percentage, how much money do districts spend on this programme?

Health Promoters/Suzaka City:
The percentage varies by district. Nonetheless, it is not a big amount. In our case, the city pays 3.3 million yen for the health promoters' programmes. And the number of promoters is 270 and the city allocate the budget for health promoters' activities about 12,000 yen per promoter.

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:
I think that the background question is about the merit for the health promoters: why is that they participate in the programme despite the fact that there is no monetary reward?

Health Promoters/Suzaka City:
I asked myself the very same question. Honestly I first thought that I would be happy to be paid. I spent my first year wondering why I was busy all the time without getting paid. In the second year my awareness changed. In the end I came to realize that it is not only about other people but actually about my own family. It took some time but I enjoyed it now. Talking about the newsletter for instance, learning that there are people looking forward to receiving our newsletters gave me satisfaction. I came to understand the spirit of volunteering. Now I can confirm it is true what once one senior health promoter had told me: you would appreciate it later.

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:
Sometimes it does not seem easy when there are changes such as new family comers. How do you do to be successful under such circumstances?

Health Promoters/Suzaka City:
I became a health promoter one year after moving to an apartment complex. It is expected that one member of each household become a health promoter. I decided to take on that responsibility before becoming too old. The Health Promoting System has been recognized in the community as very important. Our activities have become more visible as a result of various events we organized. Uniforms also were made for PR. It is true that some districts are facing problems in finding health promoters. In such cases, they receive support from other districts.

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:
Something that is not necessarily easily grasped overseas is the power of community participation.

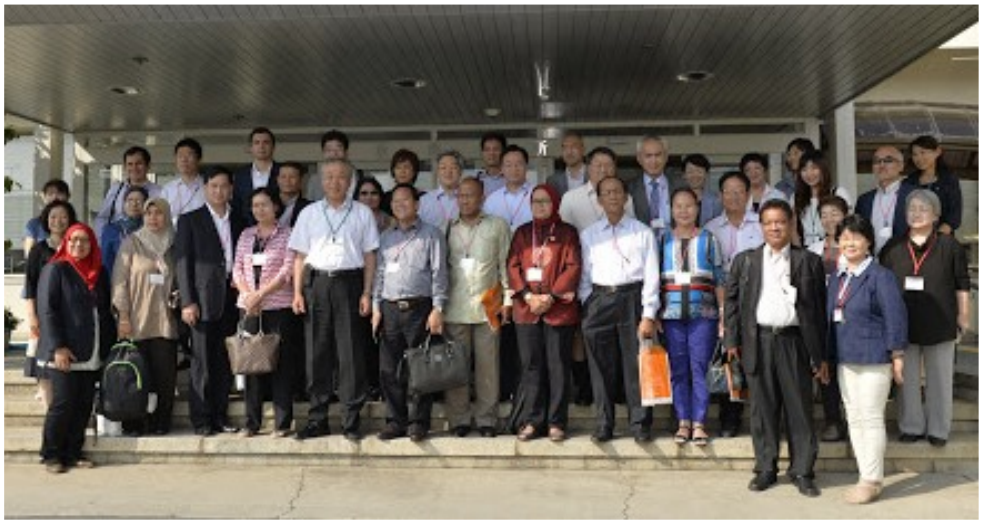
Health Promoters/Suzaka City:
The biggest responsibility of health promoters is community building. This philosophy, in daily life, translates into real support. For instance, mothers do not have to take care of their children all the time by themselves. The community will be there to support them. It goes the same way for the elderly who is sick.

Hon. Ermalena Muslim Hasbullah, Indonesia:
Do you also target adolescents, with reproductive health for instance?

Health Promoters/Suzaka City:
There are other settings for this, and other people are working for the youth. There are, for instance, people patrolling dangerous areas for the youth.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
What do health promoters do for detection of abnormalities in physical and mental development of the child?

Health Promoters/Suzaka City:
There are health check-ups for children. Doctors, nurses, dentists and dietitians are involved. Clinical physicians are also available in case detailed consultation is needed. There are also facilities for children requiring rehabilitation.



30 July 2015

Nagano Prefectural Office

Welcome Address

Mr. Shuichi Abe
Governor of Nagano Prefecture

Warm greetings to all of you! I understand that your purpose in visiting us is to learn about the long-healthy living experience. Although you will have a detailed explanation by our officers shortly, I would like to stress the following: Nagano's life expectancy is the longest in the world. People ask about the secret, and I would like to point out 3 tings, before you hear more details later:

1) The effort of the medical and welfare staff in our prefecture, together with volunteering and residents' efforts in improving their own health
2) Our diet. Nagano Prefecture is a mountainous region and we produce plenty of vegetables and fruits, and also a lot of fermented food. Consumption of vegetables in Nagano is the highest among 47 prefectures. As a healthy and long-living prefecture, we would like to provide you healthy food. If the Asian countries represented here are interested in importing our products, please do contact us.
3) Our elderly people continue to work until old age. The employment structure of Nagano plays a role for this. Agriculture is a big sector. There are also many small- to middle-size companies. People in this sector and owners of such businesses do not retire when they get older.

We are not satisfied yet. We would like to extend life expectancy further, and we are doing efforts for this to be realized. We have the Nagano ACE Project, which stands for **A**ction = exercises; **C**heck = physical check-up; and **E**at = healthy eating.

Healthy and long living is important for the happiness of each resident and for the development of each region as well.

Japan is now experiencing a decline in the number of children and young people, and then rapid aging, ahead of many countries, coupled with the problems of medical cost. We hope to lower medical cost by making each resident live a healthy life. We would like to share our efforts not only with you but also with the world. We would also like to support such efforts.

Nagano is famous for healthy and long living but also for tourism. We are blessed with great geography (e.g. snow for skiing, hot springs), culture, castles, etc. We hope that you will visit us again with your family in the future. I wish you a wonderful stay and a good learning experience here. Thank you!

Address on behalf of the delegation
Hon. Ma Xu, MP from China:
Greetings! In China pollution is a big problem. We also have the issue of gender disparity. Another problem, nowadays, is aging. I think it is important to ensure access to medical services for children, old people, among others. Our government decided to reform the medical service sector aiming for quality.

The Japanese experience is of great value for us. We pay attention to the health care system, long-term care system, health promoters, etc. This study visit allows us to learn a lot. Thank you!

30 July 2015

Nagano Prefectural Office

"Nagano is Heathy and Long-Living"

Mr. Hidenori Yamamoto
Welfare and Health Department of Nagano Prefecture

Overview
Nagano is located in the center of Japan. It has the 4th largest area of the 47 Japanese prefectures. It is very mountainous, but the access to Tokyo and Nagoya is good, through express highways, by the Shinkansen (Japanese bullet train), and so on. Recently, the Shinkansen line was extended to Kanazawa, and now we have easy access to the Hokuriku area.

Nagano has the longest life expectancy for men and women which will be explained in detail later. Our GDP is about 7,950.33 billion yen (as of 2011) and it is the 15th largest in Japan. The largest industry is manufacturing; the second services. Within manufacturing, assembling goods is the largest sector. Our production includes an array of goods such as IT equipment, electronic components and devices, transportation equipment, electrical and general machinery, etc. Asian countries are our main important trading partners, accounting for around 50% of export value of Nagano.

In general, Japan has 4 seasons, and in Nagano we have wonderful environment for each of them. Tourism is important for us and many Asians visit us. There are over 200 hot springs. As you might remember, Nagano hosted Winter Olympics. We also have plenty of educational exchange activities.

Nagano is healthy and long-living
In the past, we were not the most long-living people in the world. In the 1960's, women's life expectancy was lower than the national average. The incidence of deaths from strokes was a very challenging task for us. Thanks to local governments and residents' efforts, we were able to become the longest living society in the world. I will explain later the efforts made. On an international comparison, Nagano has the top-level life expectancy in the world. Many people think our expenditure in the medical sector is large to have such achievement. On the contrary, those expenses for Nagano are one of the lowest in Japan, and the per capita medical cost for the elderly is the 5th lowest. People then think that medical care service is not prevalent in Nagano, which would explain such low expenditure. However, the reality is that medical services are available anywhere even though it is a large prefecture. For us, prevention of diseases is an important factor.

Factors for healthy and long life
We have examined factors that are relevant to long life expectancy:

1. *High employment rate of the elderly*

This leads to a fulfilling life and a physically active lifestyle for the elderly. As of 2010, Nagano ranked first in Japan for employment rate of the elderly (26.7%), 6% higher than the average.

2. *Large vegetables intake*

We produce large amounts of fresh vegetables. Nagano comes first in the entire Japan in the consumption of vegetables, with 379g/day per person, compared to the average of 297g for Japan (similar quantity for men and women).

3. *Active involvement of volunteers for healthy life*

There is an array of volunteering activities such as diet and health counselors. They encourage citizens to star living healthier and it has been very effective.

4. *Active services by medical professional*

As of 2012, Nagano ranked 1st in the number of public health nurses (69.5 per 100,000 people), compared to 37.1 on the average in Japan.

Past concrete efforts made in Nagano
As stated before, in the 1950's and 1960's, deaths from stroke were a serious concern. The mortality

rate due to cardiovascular diseases was over 250 persons for every 100,000. We established a system of volunteering called the Health Counselors. These Health Counselors first learned about health so as to pass on the knowledge to residents. Furthermore, in the 1960's, various occupations (medical doctors, nurses, nutritionist, healthy diet promoters, etc.) worked together towards preventing diseases. The amount of salt intake was one of the reasons for the high rate of strokes, so we reduced its consumption through campaigns. Moreover, people did not want to use heaters even during cold weather. They were encouraged to do so at least in one room. There were also efforts towards controlling other diseases.

Efforts by medical professionals

Tomorrow you will visit Saku Central Hospital. Efforts at hospitals such as Saku's made have been playing an important role. They did not wait for the residents to come to the hospital. They went out of their way to visit houses and examine the people. Hospitals in the Nagano Federation of Agriculture Cooperatives for Health and Welfare provide medical services in farming villages (using travelling clinics, etc.); and the National Health Insurance System Medical Facilities provide public health activities and medical care, including visits by public health nurses.

Receiving medical services is a problem when you have an aging society, as in Japan now. Nagano has been a pioneer prefecture in providing such services. Not only at Saku General Hospital, but also at other facilities, doctors, hospital workers and public health nurses worked collaboratively and created great impact.

Nagano towards the future

We believe that prevention of diseases is the most important measure. That is why we started this ACE project. The purpose of this project is to continue our efforts to reduce the risk of strokes and high blood pressure, which is still high in Nagano. We believe that not only the local government but also businesses, health insurance sector, volunteers, can and should work together to maximize the effectiveness.

The ACE project and its action policies

1. Promotion of "healthy businesses"

By encouraging businesses to give employees opportunities for doing exercises, to give dependents an opportunity for health checkups, to provide health meals at cafeterias

2. Promotion of healthy communities

By encouraging municipalities to promote walking events and original exercises, citizens to get their health checked, and restaurants and stores to offer healthy food

3. Promotion of health education

By promoting exercise programmes at school, healthier food (low sodium and more vegetables) both at home and schools

4. Promotion of "ACE government"

By promoting voluntary health-building activities of prefectural government staff (exercise and health check)

The ACE project and its 5 action plans:

1. Start workout programmes at all municipalities
2. Designate model municipalities/businesses for "interval brisk walking"
3. Improve the number of health checkup rate (public health insurance plans for the unemployed, mutual aid for government employees, etc.)
4. Achieve 1000 restaurant/stores that offer "ACE menus" (low sodium and more vegetables)
5. Promote healthy diet at home and schools.

We have been making efforts not only in prevention but also in the medical and nursing care service provision as well. The situation is becoming difficult in japan due to aging. Adding to prevention, we are providing efficient medical services at home. Thank you.

Q&A

Hon. Ermalena Muslim Hasbullah, Indonesia:

It was a good presentation. My questions are:

1) What is the relationship between the health promoters with the health institutions?
2) What is the number of health facilities you have?
3) What is the number of nurses in terms of percentage of population?
4) What is the retirement age of government workers here?

Mr. Hidenori Yamamoto, Nagano Prefecture:

1) There are various kinds of relationships which differ by region. They exchange information

for instance. Their efforts depend on each area. Volunteers might do various activities even on their own without the help of the government

2) We have around 132 hospitals and around 1500 clinics in the entire prefecture (although the figure is a little old). Also, each city or village has its own public health center. They play different roles.
3) We have around 69.5 public nurses per 100,000 people. Considering the population of Nagano prefecture which is slightly over 2 million, you can have the final number by making the math (around 1390 public nurses). We have about 18,000 nurses who take care of the elderly.
4) In general, Nagano Prefectural public workers retire at age 60, though it may be slightly different among job categories.

Hon. Mariany Mohammad Yit, Malaysia:
Concerning point No. 3 (improving the number of health checkups rate) in the 5 Action Plans, in concrete, about the public health insurance plans for those unemployed; how do they get covered under health insurance?

Mr. Hidenori Yamamoto, Nagano Prefecture:
In principle, Japan has a universal health insurance coverage system, so everybody is under health insurance. In the private sector, businesses cover their employees and their family members. Self-employed people and retirees are covered by a public insurance scheme by the local municipalities until they reach 75 years old. Prefectures cover the elderly, those over 75 years old. Everybody has a chance to have free or subsidized health check-ups under the health insurance policy. Usually those who are over 40 years old can get such services.

Hon. Mariany Mohammad Yit, Malaysia:
What is the expenditure in favor of those unemployed?

Mr. Hidenori Yamamoto, Nagano Prefecture:
There are many meanings for being “unemployed”. Sometimes, “unemployed” people can include those who are retired. So it is difficult to make clear distinctions. As I mentioned earlier,

The health insurance policy that each local government provides for the unemployed includes self-employed people as well. Generally speaking, each resident has to pay a premium to take out the health insurance, and the premium fee depends on their income.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
I have two questions:

1) What is the number of nursing homes in this prefecture?
2) Do you have a mechanism for family doctor?

Mr. Hidenori Yamamoto, Nagano Prefecture:

1) We have various kinds of nursing homes, and the number varies according to definitions. If we count such facilities under the care insurance policy, it amounts to 12,000 beds in Nagano (208 in total).
2) We do not have a family doctor system as in the U.K. People can go to clinics or large-scale hospitals. Nevertheless, we encourage people to first visit clinics before receiving more advanced service at large-scale hospitals.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
How many public nurses are working in rural areas/villages?

Mr. Hidenori Yamamoto, Nagano Prefecture:
Given that the definition of rural area is somehow blurry, it is difficult to provide statistics.

Mr. Yos Phanit, Deputy Director-General, Ministry of Health, Cambodia
I have some questions:

1) Are there a large number of working people from abroad in Nagano?
2) You stated that Nagano is geographically located at high altitude. Is healthy aging related to altitude? From the medical viewpoint, the lower altitude you live in, the more likely you will have diseases, and vice versa
3) In my country, the number of clinics is related to population. In Nagano, are there any standards for setting up clinics?

Mr. Hidenori Yamamoto, Nagano Prefecture:

1) We have many workers from overseas, but I do not have precise figures for this international flaw
2) Many people indeed believe that high altitude contributes to healthy life, but I do not think that is scientifically proven.
3) Basically, doctors can establish clinics anywhere. However, if they would like to open

hospitals with beds (for hospitalization), they cannot do so in the areas where there are already more than enough hospitals (with beds). This is for optimal distribution of hospitals.

Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA, Japan:
Historically, there indeed seems to be a relationship between altitude and diseases. For one, mosquitoes do not live at a higher altitude, so malaria infection is rare and thus infant mortality rate is lower in such areas.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
I have interest in the ACE Project, as in Thailand we have a similar project called "DEE Project": D for diet, E for exercise and E for emotion. I wonder why you do not have this last E in Japan. I think that emotion, in terms of stress, is closely linked to health and is important to look into.

Mr. Hidenori Yamamoto, Nagano Prefecture:
We also believe that stress control is very important. We have other projects to take care of emotions in order to prevent suicides. So we have similar efforts, outside the ACE Project, as in Thailand.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
Some years ago I visited the Visiting Nurse Association in Tokyo. Are there such associations in Nagano?

Mr. Hidenori Yamamoto, Nagano Prefecture:
I do not have the exact information, but Nagano has an association of nurses and I think they are working on visiting nurse services.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
What is the reason for the low birthrate in Nagano? Are young people too happy that they do not want to get married?

Mr. Hidenori Yamamoto, Nagano Prefecture:
The low birthrate issue is out of my responsibility. But I can say that there are many factors affecting the birthrate, including the one you mentioned.

Mr. Xie Xiaoping, Deputy Director-General, Office of Population, Public Health and Sports, ESCPH Committee of NPC, China:
I understand that Nagano has the longest life expectancy in the world. Do you also face problems and challenges? And what is the relationship between population aging and having the longest life expectancy?

Mr. Hidenori Yamamoto, Nagano Prefecture:
The important thing is that our old people live long and healthy. Indeed we have problems in social security cost, but we believe it is important to encourage people to live long and healthy all the same.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
How much money does the prefecture spend on health promoters' activities?

Mr. Hidenori Yamamoto, Nagano Prefecture:
We do not pay each health promoter directly, but we pay to the projects they do, those are important for our healthy life. They basically do volunteer work.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
Do not medical doctors work in the mountains? If they want to work in the mountains, what do you do about it?

Mr. Hidenori Yamamoto, Nagano Prefecture:
We do not build hospitals in the mountain areas. Doctors visit those areas regularly. The frequency depends on each area, considering actual needs. In case of emergency, a doctor-helicopter flies in for emergency medical services.

Mr. Yos Phanit, Deputy Director-General, Ministry of Health, Cambodia:
1) Do you employ foreign nurses or nursing care service provider in Nagano?
2) About salt intake and high blood pressure, what are the factors still contributing to this problems?

Mr. Hidenori Yamamoto, Nagano Prefecture:
1) We have bilateral relationship with various countries called Economic Partnership Agreement and I believe we do have foreign nurses in this framework. Unfortunately I do not have precise numbers
2) Nagano prefecture has the culture of consuming salty pickled vegetables and drinking the remaining soup of buckwheat

noodles. We cannot ban our culture and forbid people from eating such food. It is, however, important to disseminate the information about the risk of large amounts of sodium intake and encourage people not to take it too much.

30 July 2015

Suzaka Yasuragi no Sono

Briefing on Suzaka Yasuragi no Sono

Mr. Oshima Jundo
Director of Suzaka Yasuragi no Sono

Welcome Address
Mr. Hisao Kanno, President of Mutsumi kai
The center is a community-based large-scale multi-functional facility. It is privately operated but we receive support from the prefecture and Suzaka local government. There was also great understanding and cooperation from the community. The inclusion of a nursery for children, which is not common in Japan, adds to the uniqueness of the center. The philosophy behind it is that everyday contact with small children enriches the life of the elderly. It is also beneficial for female workers here. They can concentrate on their work while their children are being taken care of. Many people wish to utilize the center, and we are working wholeheartedly towards fulfilling their needs by extending cordial service and care to the elderly.

Briefing
Mr. Oshima Jundo, Director:

Overview
I would like to start with the general overview of the facility. It includes 17 business units: 1) Special nursing home for the elderly; 2) Special nursing home for short stay; 3) Unit type short stay; 4) Health center for the elderly; 5) Elderly health facility for short stay; 6) Nursing home for the elderly; 7) Nursing home for short stay; 8) Visiting Nurse care, 9) Day care service, 10) Day care and rehabilitation service, 11) Group shared residence – group home; 12) Small multi-functional home; 13) Nursery school; 14) Home care support office; 15) Home care support center; 16) Nursing staff teacher introduction training business; 17) Local exchange business. Also, we will open a clinic in April 2016 and start providing medical services.

History
It has 22 years of history, starting as a special nursing home for the elderly, with a large-scale vision. In 1998, 3 facilities were added (health center for the elderly, a day care center and a nursery school). In 2006, management was delegated from Suzaka City so as to meet the diverse needs/expenses. In 2012, a small multi-functional home was added, and in 2014 a group shared residence (group home) was developed into a community-based facility. Aiming at supporting people with low income, the clinic, which will open in April 2016, will provide services free of charge or at very low cost. This does not have precedent in Japan.

It is predicted that the population aging rate will reach around 40% in 10 years. To prepare for this, we are building the system so that the elderly people continue living in their home and community and receive necessary care and services close to where they live. Our responsibility is to provide a comprehensive care system, including medical and nursing care.

The center is designed considering the various special needs. For instance, there is one section for people who require special treatment; or another one for rehabilitation. There is also a section for taking care of those with special financial difficulties; etc.

Aging of Asian countries
As of 2014, Japan has a population aging rate of 25.78%, which is the highest of all the 6 Asian countries represented here, and even of the planet (world average is 8.06%). Suzaka has a population aging rate of 29.72%.

In Japan, due to the increase in the number of nuclear families, there are few cases of the elderly living with them. We created the environment so as the children and the elderly can interact daily. It is good for children's emotional development, and it is also psychologically beneficial for the elderly.

More and more patients would like to go back home, so we have more rehabilitation staff than the average to rehabilitate them so they can go back home as soon as possible. Therefore, our rehabilitation staff, using the latest rehabilitation equipment, aims at prompt physical function improvement.

Our special nursing home for the elderly has a capacity of 60 people. People in need of care who are certified as Grade 3 or more under the care insurance scheme receive care and service here.

The nursing home for short stay has a capacity of 20 people. It is used for temporary care (one week to less than a month)

The nursing home for the elderly, with a capacity of 50 people, is used for long-term care insurance services. All rooms have been privatized. It is for those having difficulties in life due to economic and other reasons. Privacy is of importance.

The health care center for the elderly has a capacity of 100 people. It provides a generous rehabilitation system that includes medical doctors, therapists and other professionals. They come here to recover their physical abilities.

People come to the day care center to maintain physical abilities and do exercise. The day care center offers transportation and meals.

The day service center differs from the day care center in that the first is used for exercising and training, while the latter is for socializing. Transportation and lunch are also offered.

The group shared residence (group home) provides services to people in need of support 24 hours a day. At the group home and the small multi-functional home, the elderly people enjoy interaction with small children.

Home consultation assistance is also available. As preventive care service, seminars and lectures among various services, concerning topics such as disease and injury prevention for the elderly are held. The visiting care service provides a variety of daily life services. The nursery school, with a capacity of 30 infants under 4, supports working people.

Staff structure

There are 9 corporate directors, 19 corporate councilors, 2 corporate auditors. There are also units with 1-2 professionals; and also part-time and commission doctors. There are other professionals too on part-time basis (nurses, child-minders, etc.). Care workers (117 people) are the most numerous, followed far below by childminders (18), nurses (17), and so on. There is a total of 270 staff.

The future tasks include ensuring that facility operations run smoothly, focusing on the welfare of the region, and providing the highest quality service possible. Therefore, part of our action plans include enriched training to improve staff quality.

On a broader perspective, every nursing home has the challenge of securing nursing workers. We start hiring people from abroad and we hope that when they go back to their own countries, they transfer what they learn here to their own communities. We would also support such efforts as well. As the aging society progresses, we will face further challenges and we believe that cooperation among Asian countries is very important. Thank you.

Q&A

Hon. Lork Kheng, Cambodia:

1) What are the requirements for foreigners to be employed here?
2) From what age do people come to this center?
3) What is your biggest expenditure?
4) How many caregivers are there per 10 patients?
5) How much is the cost for every patient per month?
6) How big are the premises?
7) What is the running cost of this center?

Mr. Oshima Jundo, Director:

1) First of all working visa is required; plus some proficiency of Japanese as well
2) Generally, people aged 65 and over come here, but under special circumstances younger can come.
3) Personnel cost is the biggest expenditure.
4) Generally 3 nurses per 10 patients is a standard but we have more (5 nurses per 10 patients)
5) The cost depends on the specific facility to be used. For people in the most critical condition

(certified Grade 5), sharing a room for 4 patients, the cost is around ¥400,000 per month, 80% of which is covered by insurance. It is cheaper for not critical cases, with an average of ¥250,000. As the aging society progresses, people will probably have to pay more out of their pockets.

6) 23,000 ㎡
7) The running cost is 1 billion yen a year.

Hon. Ermalena Muslim Hasbullah, Indonesia:

1) What is the role/support of the government here?
2) This is a large facility, including all the staff. I wonder how this is duplicated somewhere else.
3) Where do people with scarce financial resources go?

Mr. Oshima Jundo, Director:

1) The Prefectural government provided a subsidy to build the facility. And under the nursing care insurance, a one-third each comes from the prefecture, national government, and local government
2) It depends on the public demand for this kind of facilities. It is important to make market research to be able to estimate the number of potential users, the amount they can pay for such services, how much the government subsidizes, and so on. The most important part is to investigate the demand.
3) There are different facilities for different kinds of people. The special nursing home for the elderly, which I referred to earlier, can accept those who have no income at all.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:

1) What is the public/private participation on these kinds of facilities?
2) I think receiving nursing care in Japan is becoming more expensive. I can see more Japanese people travelling to Thailand for this kind of service. What do you think about it?

Mr. Oshima Jundo, Director:

1) This facility is private in principle. I think what you mean by a “private facility” is the one operated by the private company. Their service was much higher, but the price gap is now narrowing. This is because the premium now depends on the income. Competition is becoming more severe
2) Indeed there were many cases of Japanese people going to Thailand, especially Chiang Mai, after they retire. The living cost is lower there than in Japan.

Probably it will be beneficial to have some kind of exchange programmes so that we can exchange ideas, know-hows, and so forth.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:

1) What do you do when patients die, for instance those with dementia?
2) Are there Alzheimer patients?

Mr. Oshima Jundo, Director:

1) 99% of patients here have relatives who take care of the funerals. There were only 2 occasions when we took care of the funerals by ourselves. In those cases, we ask the person to write in their will to allow us be in charge of such ceremony. Those are rare cases.
2) There are indeed such patients and on the rise. It is due to the overall increase in the number of elderly people.

Ms. Nobuko Horibe, Interim Executive Director of AFPPD, Thailand:

Talking again about foreign workers here, I heard that foreign nurses have to pass the national examination after 2 years of training. My understanding is that very few people succeed and they have to go back to their countries. What is the situation here?

Mr. Oshima Jundo, Director:

The situation of the staff members in this center differs from what you described. They are already legally permitted to work here. They are people who are already established in Japan. We have people who are married to Japanese. For instance, the person from the USA can also teach English in the nursery school.

On the other hand, we had 2 people from China. One of them is currently in China. She has opened a professional nursing school. We can think of the possibility for exchange programmes with that school. That would widen possibilities for workplace.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:

How many facilities such as this one are there in Nagano?

Mr. Oshima Jundo, Director:
There are less than 10, but this is the largest.

Mr. Yos Phanit, Deputy Director-General, Ministry of Health, Cambodia:
Is there any cooperation with Cambodian centers?

Mr. Oshima Jundo, Director:
There is a national programme to train Asian people here in Japan, but it is in the agricultural sector and not in our sector. The government is now saying that they will start such programme in this sector as well, and if this comes true, we will be happy to have people from Cambodia. Thank you.

31 July 2015

Saku Central Hospital

Briefing on Saku Central Hospital

Dr. Satoshi Izawa, M.D.
Director Superintendent of Saku Central Hospital

Saku Central Hospital was built in January 1944. In March 1945, Dr. Toshikazu Wakatsuki was assigned here. This hospital has been developing ever since. He was 34 at that time and became the director of the hospital at age 36. He remained in this hospital for 48 years. It is not exaggeration to say this hospital was built by Dr. Wakatsuki.

The spirit, in one word, of this hospital is "Together with farmers". Dr. Wakatsuki's teaching was that we doctors need to go to the communities to understand their needs and address them. His philosophy included bottom-up management as opposed to top-down. Although it is now common sense for us in this hospital, it is not necessarily the prevailing philosophy in the medical practice in Japan. To keep people healthy, awareness needs to be raised. So the role of this hospital is to raise that awareness in prioritizing community needs and to answer to those needs.

Hon. Ermalena Muslim Hasbullah, Indonesia:

1) Is it a community-based hospital?
2) About out-reach programmes; how do you specifically work with the community? How many people go there?
3) Do you work with various stakeholders such as health promoters? Do they receive training at the hospital?

Dr. Satoshi Izawa:

1) Yes, it is a community-based hospital
2) We have a division called the health management center which is responsible for going outside of the hospital for medical check-ups. We also have the visiting nurses programme and this region has the highest rate of visiting nurse services in the country. Out-reach programmes are also implemented. We are also interested in farming disasters. We have a small laboratory to study accidents by tractors, not only of this region but also of the entire country. Sometimes there are deaths from such accidents. Although we do not have substantial results yet, we are hopeful that it will help reduce the number of accidents related to farming machinery in Japan. We are actively implementing these activities outside of the hospital
3) We also have health promoters. Suzaka City has the oldest history in that matter in Japan, but our system was established very soon after Suzaka City's. Technically, they do not receive training at the hospital; instead we go out to meet with them and discuss what to do for the community, and we do this on a constant basis.

This health center management division has 3 doctors and 23 nurses, and 12 clerks. They go out as a travelling clinic with a team of 2 doctors, 3 nurses and 6 clerks.

Hon. Ermalena Muslim Hasbullah, Indonesia:
Which do you think better, having a travelling clinic, or establishing a branch office for outreach programmes?

Dr. Satoshi Izawa:
It is a question of who will build the branch office. In Nagano Prefecture, and in each municipality of Japan there are public halls which can be used for mobile clinic examinations.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
I understand this is a general hospital. In the past, was the service free of charge? In Thailand, it has always been free of charge, and I think that is a problem.

Dr. Satoshi Izawa:
Until 1983, people had to pay 10% of the cost. It gradually increased to 30%. A lot of work has to be done to maintain the system and ensure sustainability, but we are very concern about the high percentage that needs to be covered by the patient. Still today people who are on welfare with

no income can receive treatment without charge.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
Do you practice traditional medicine?

Dr. Satoshi Izawa:
We have the Oriental Medicine Institute for acupuncture and moxa cautery treatment, for intstance.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
1) Who pays for the doctor helicopter?
2) Why are there so many beds for psychiatry in Saku Central Hospital?

Dr. Satoshi Izawa:
1) We do not own the helicopter. Its running cost is subsidized by the prefecture.
2) In reality, as of 2015, there are 70 beds in the psychiatry but reduction will be made by allowing them to stay home and providing visiting doctor services.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
1) Is psychiatric illness a big issue in Japan?
2) Would you mention the 5 most common diseases in this hospital?

Dr. Satoshi Izawa:
1) Psychiatry in Japan has been a little behind, compared to other fields. Emphasis has being put on hospitalization. Most of psychiatric hospitals were privately operated. In general, even now there is a tendency to hospitalize those patients. Nevertheless, compared to other regions, the number of beds for those patients is very low in this region. We are trying as much as possible to treat these patients outside the hospital and let them stay at home in their own community
2) The most common diseases in this hospital are hypertension, diabetes, orthopedics, cardiovascular disease, stroke and cancer.

Hon. Damry Ouk, Cambodia:
1) Talking about patient rights/responsibilities. I want to know how you can increase the patients' awareness about responsibility.
2) I had the experience of visiting a hospital in Japan. Three main things called my attention: it was very clean, disciplined and quite. Anyway, I think the number of nurses, in proportion to the number of medical doctors, is large. What are they doing?

Dr. Satoshi Izawa:
1) We have explanations placed in various locations so that patients can see and read. I think it is a very important point. Dr. Wakatsuki wanted this sense of responsibility and rights, and their awareness needs to be raised from bottom up. For this, how we work with the patients is very important.
2) In the case of Japan, the number of nurses is not necessarily high compared to the U.S. and European countries for instance. This goes for the number of medical doctors, too. There are not so many doctors, so 1 doctor has to see many patients. It is a difficult job for us.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
1) Who owns this hospital?
2) Is there any special government regulations concerning this type of hospital?

Dr. Satoshi Izawa:
1) This hospital is owned by Japan Agriculture Cooperatives. There are 111 hospitals owned by this organization and Saku Central Hospital is the largest of all. And no other such hospitals have such a wide range of activities. We have diverse activities, with 3 hospitals, 2 rehabilitation facilities for the elderly, 1 nursing school and 1 training center, etc.
2) As a hospital, we have to operate according to the guidelines of the Ministry of Health, Labour and Welfare. Given that it is a hospital owned by the Agricultural Cooperatives, we must meet the standards of the Ministry of Agriculture, Forestry and Fisheries. One of them is to keep the number of cooperative members using this hospital bigger than that of non-members.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
About 10 years ago, in Vietnam we also had the same system of agricultural hospitals, but we changed it and many agricultural hospitals became general hospitals.

Dr. Satoshi Izawa:
There were many hospitals that were converted into prefectural hospitals in some prefectures. One of them is Iwate Prefecture. We have been offered also to convert into a prefectural hospital but Dr.

Wakatsuki completely rejected the idea and we remained as a cooperative hospital.

Hon. Mariany Mohammad Yit, Malaysia:
Are there counselors for the patients as well as for the hospital staff? In Malaysia they are exposed to stress and it is becoming an issue.

Dr. Satoshi Izawa:
In this hospital, we have 4 clinical psychologists. They are also engaged in mental health of hospital workers here. People working here are very busy and are exposed to a lot of stress, so they are supported by those professionals. The work of clinical psychologist has not been established in Japan yet. Their cost is not much covered by insurance. This hospital is special in that there are more professionals in this field than the average hospitals.

Participant:
What is the population of Saku?

Dr. Satoshi Izawa:
It is about 100,000.

Hon. Jetn Sirathranont, Secretary-General of AFPPD, Thailand:
What do you do for helping farmers?

Dr. Satoshi Izawa:
This is a deep question. Our slogan "Together with farmers" is quite symbolic. The word "farmer" includes a lot of connotations. Fundamentally, it is those who are engaged in agriculture, which is a very important industry. Without agriculture, people cannot survive. Historically speaking, however, farmers have not been treated with respect despite their importance. The situation may have improved over years, but not enough. They work under severe conditions. There is gap between rural and urban areas, and I think it is not good if that gap widens. Therefore, we need to raise voices along with the farmers.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
What is the role of the Federation of Cooperative Agriculture and this hospital?

Dr. Satoshi Izawa:
The Federation owns 10 hospitals in Nagano Prefecture. So these 10 hospitals are under the umbrella of the Federation, but each hospital is financially independent. The 10 hospital together have an income of 90 billion yen. Saku hospital's is 28 billion yen a year.

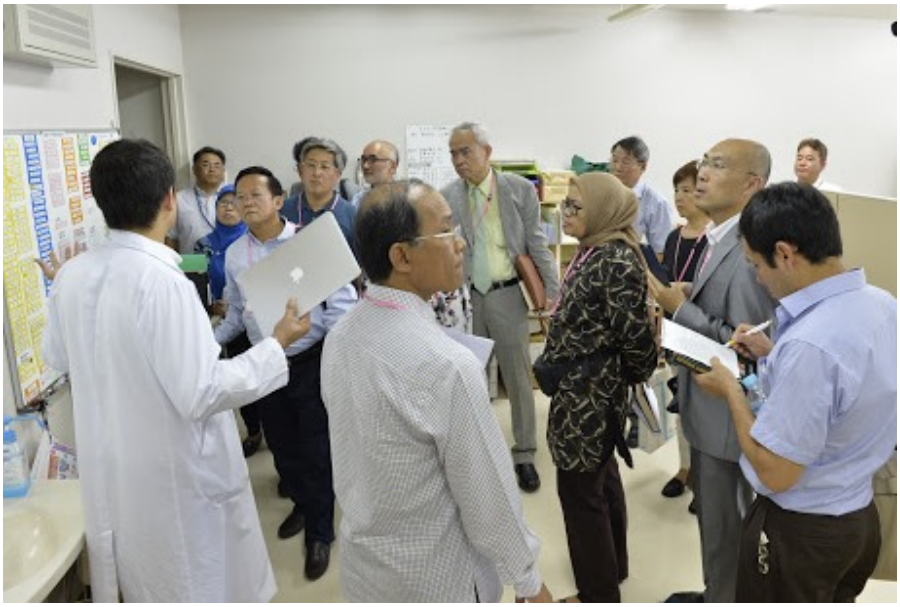
Health and longevity in our prefecture were prevalent even before war times. Nonetheless, in the 1970's life expectancy dropped compared to other prefectures, mostly due to stroke. We needed to reduce hypertension to be able to reduce stroke prevalence. And to reduce hypertension, we needed to reduce the quantity of salt intake. The movement to do so started in Saku and was spread throughout the prefecture. We were able to reduce the number of strokes in males and females. Now we live the longest in Japan. However, salt intake is still high. If salt intake is further reduced, Nagano people will be living even longer.

Ms. Nobuko Horibe, Interim Executive Director of AFPPD, Thailand:
I noticed some indications for the air conditioner temperature for winter (20 degrees Celsius) and summer (28 degrees Celsius). Is it the prefectural government regulation or the central government's?

Saku Central Hospital:
Because of global warming, the national government has issued some guidelines concerning the temperature setting. In this hospital, we also abide by those guidelines.

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:
1) What is the bed occupancy rate in this hospital?
2) What is the cost, in percentage, of the staff here?
3) What is the process for buying pharmaceutical drugs here and who decides the prices?

Saku Central Hospital:
1) The bed occupancy rate is around 85%.
2) The wage bill represents 60% in this hospital. Starting about 10 years ago, we have the medical fees open to the patients. If the patient is hospitalized, the cost will rise above certain levels. This induced us to use cheaper medicines such as generic drugs. Every month, pharmacists ask the medical doctors which medicines are needed. This coordination can help us save money.



31 July 2015

Ministry of Health, Labour and Welfare

Courtesy Call on H.E Yasushisa Shiozaki, Minister of Health, Labour and Welfare

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Address on behalf of the delegation

Hon. Nguyen Van Tien, Vice-Chair of VAPPD; Vice-Chair of AFPPD, Vietnam:

This Study Visit represented a good opportunity for learning and exchange between Asian parliamentarians and Japanese parliamentarians and other dignitaries about policies and legislation concerning population and development. It is important to mention the role of APDA and JPFP in advocating very important topics such as aging. Precisely, the learning from this Study Visit is translated, for us parliamentarians, into more knowledge and skills so as to tackle population-related issues.

Furthermore, the cooperation for effective usage of ODA on public health issues can bear better fruits with these activities that APDA and JPFP have been organizing.

Thank you on behalf of the Asian parliamentarians present here!

Participants' List

MPs and Natonal Committees on Population and Development				
1	Hon.	Kimsour Phirith	Cambodia	MP; Member of Commission on Legislation and Justice
2	Hon.	Lork Kheng	Cambodia	MP; Member of Commission on Human Rights Reception of Complaints, Investigation and National Assembly-Senate Relation and Inspection
3	Dr.	Damry Ouk	Cambodia	Secretary-General of Cambodian Association of Parliamentarians on Population and Development (CAPPD)
4	Mr.	Yos Phanit	Cambodia	Deputy Director-General, Ministry of Health, Royal Government of Cambodia
5	Hon.	Ma Xu	China	MP; Member of Education, Science, Culture and Public Health (ESCPH), Committee of the National People's Congress (NPC)
6	Mr.	Xie Xiaoping	China	Deputy Director-General, Office of Population, Public Health and Sports, ESCPH Committee of NPC
7	Mr.	Zhang Chuansheng	China	Division Director, Office of General Administration, ESCPH Committee of NPC
8	Mr.	Lyu Xianhai	China	Division Director, Office of Education, ESCPH Committee of NPC
9	Mr.	Sun Aixin	China	Deputy Division Director, Office of General Administration, ESCPH Committee of NPC
10	Hon.	Ermalena Muslim Hasbullah	Indonesia	MP; Vice Chair of Commission IX DPR RI
11	Hon.	Syamsul Bachri	Indonesia	MP, Deputy Chair of Commission IX DPR RI
12	Hon.	Pius Lustrilanang	Indonesia	MP, Deputy Chair of Commission IX DPR RI
13	Ms.	Nelita Mulyadi Abdullah	Indonesia	Officer of IFPPD
14	Hon.	Mariany Mohammad Yit	Malaysia	MP
15	Ms.	Wan Noorzaleha Wanhassan	Malaysia	Parliamentary Officer
16	Hon. Dr.	Jetn Sirathranont	Thailand	MP; Secretary-General of AFPPD
17	Hon. Gen.	Podok Bunnag	Thailand	MP
18	Ms.	Nobuko Horibe	Thailand	Interim Executive Director of AFPPD
19	Ms.	Thor PaiToon Bunnag	Thailand	Member of delegation
20	Hon. Dr.	Nguyen Van Tien	Vietnam	MP; Vice-Chair of VAPPD; Vice-Chair of AFPPD
21	Hon.	Huynh Van Tinh	Vietnam	MP, Member of VAPPD
22	Hon.	Nguyen Thi Kha	Vietnam	MP, Member of VAPPD
23	Mr.	Dinh Ngoc Quy	Vietnam	Vice Executive Director of VAPPD
The Asian Population and Development Association (APDA)				
24	Dr.	Osamu Kusumoto	Japan	Secretary-General/Executive Director
25	Ms.	Hitomi Tsunekawa	Japan	APDA
26	Mr.	Farrukh Usmonov	Japan	APDA
27	Mr.	Sebastian Heredia	Japan	APDA

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30	Mr.	Keiji Sakakibara	Japan	Photographer
31	Mr.	Yoichiro Miyakawa	Japan	Photographer
Interpreters				
32	Ms.	Frances Seeds	Japan	Interpreter
33	Mr.	Sadao Miyamoto	Japan	Interpreter