

# **NATIONAL POLICY ORIENTATION AND ARCHITECTURE**

**KEIZO TAKEMI**

**MEMBER, HOUSE OF COUNCILLORS, JAPAN**

**CHAIRMAN, LDP POLICY BOARD IN THE HOUSE OF COUNCILLORS**

**KEIO LONGEVITY CLUSTER POLICY DIALOGUE MEETING  
ON SATURDAY, 14 APRIL., 2018**

# Changes in Major Policies before introducing the Long-term Care Insurance System

	Aging rate (year)	Major policies
<b>1960s</b> <u>Beginning of welfare policies for the elderly</u>	5.7% (1960)	1963 Enactment of the Act on Social Welfare Services for the Elderly ◇ Intensive care homes for the elderly created ◇ Legislation on home helpers for the elderly
<b>1970s</b> <u>Expansion of healthcare expenditures for the elderly</u>	7.1% (1970)	1973 Free healthcare for the elderly
<b>1980s</b> <u>“Social hospitalization” and “bedridden elderly people” as social problems</u>	9.1% (1980)	1982 Enactment of the Health and Medical Services Act for the Aged ◇ Adoption of the payment of co-payments for elderly healthcare, etc. 1989 Establishment of the Gold Plan (10-year strategy for the promotion of health and welfare for the elderly) ◇ Promotion of the urgent preparation of facilities and in-home welfare services
<b>1990s</b> <u>Promotion of the Gold Plan</u>	12.0% (1990)	1994 Establishment of the New Gold Plan (new 10-year strategy for the promotion of health and welfare for the elderly) ◇ Improvement of in-home long-term care
<u>Preparation for adoption of the Long-Term Care Insurance System</u>	14.5% (1995)	1997 Enactment of the Long-Term Care Insurance Act
<b>2000s</b> <u>Introduction of the Long-Term Care Insurance System</u>	17.3% (2000)	2000 Enforcement of the Long-Term Care Insurance System

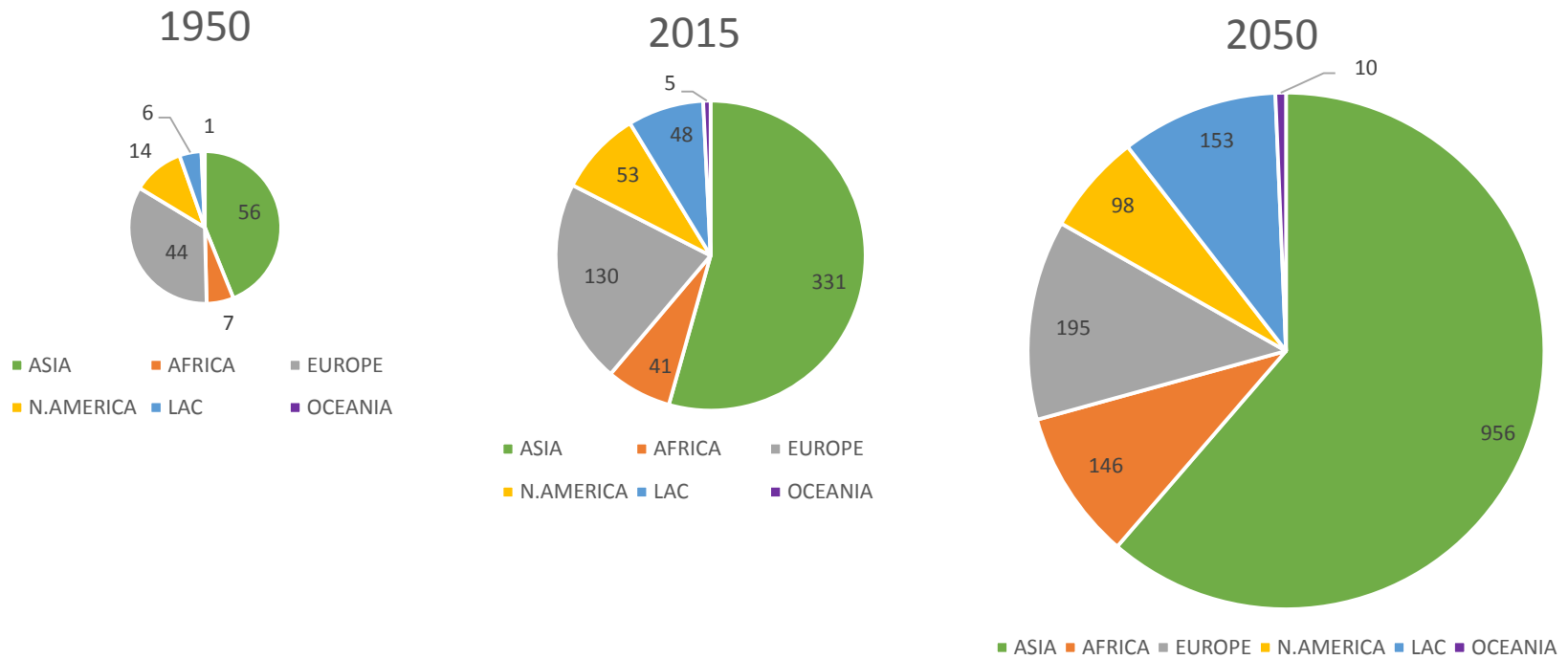
3

# Asia Human Wellbeing Initiative (AHWIN)



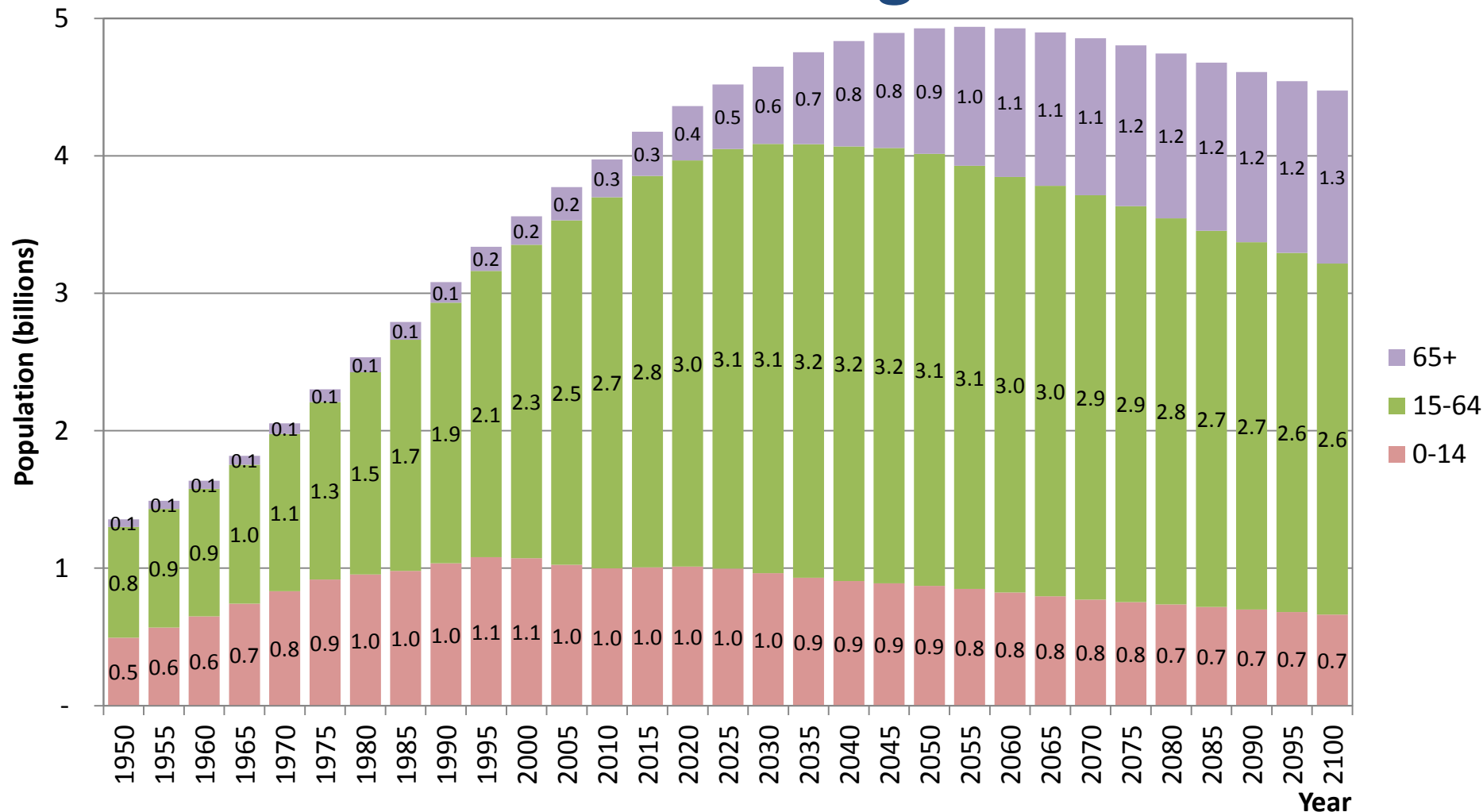
# Population aged 65 and over

(in million)



# Population by Age Group

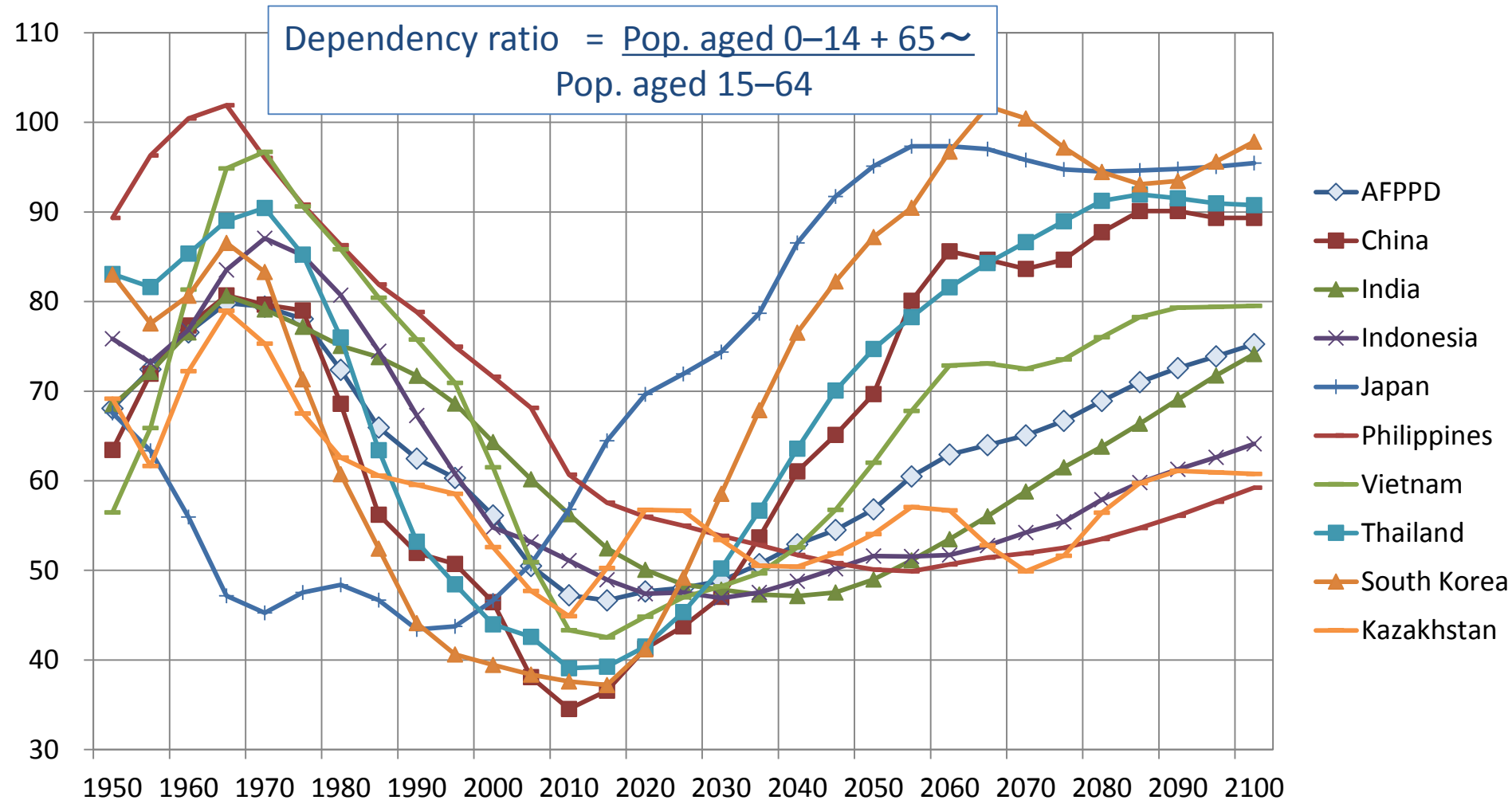
## Asia and Pacific Region Total



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

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

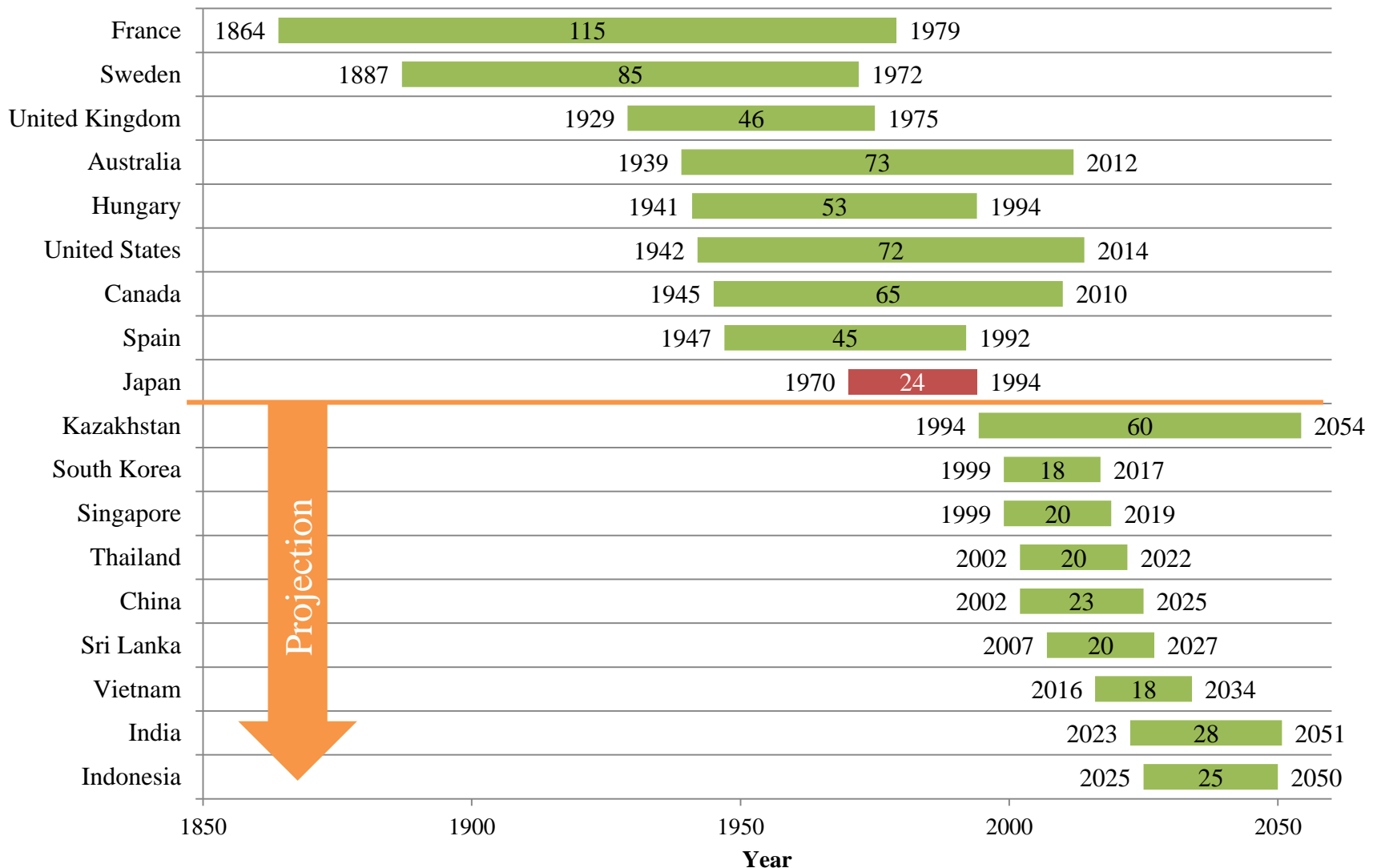
# Dependency ratio of selected Asia and Pacific economies



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

# Speed of aging—

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



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

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

# The **1<sup>st</sup>** impact of aging

---

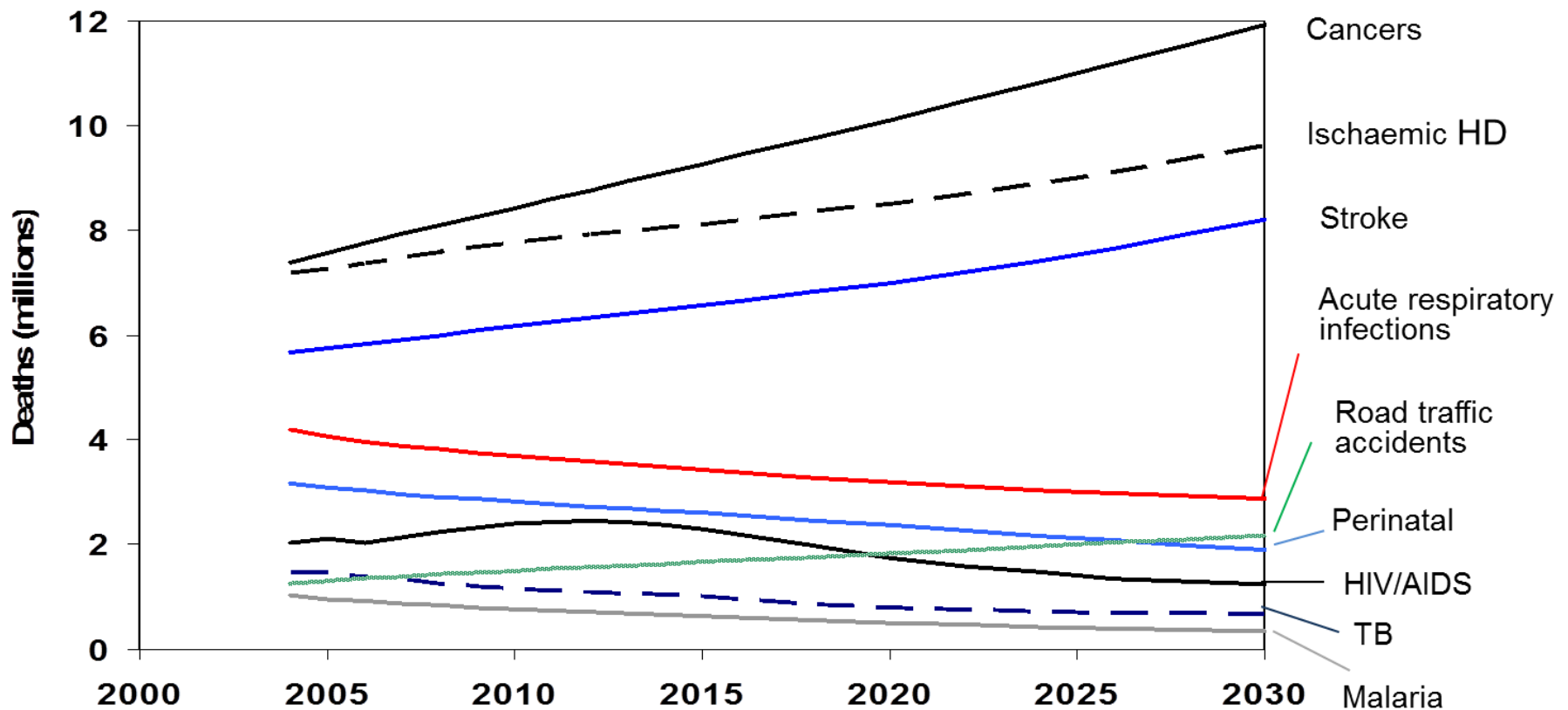
GROWING DANGER OF  
NON-COMMUNICABLE DISEASES





# Growing number of cases of non-communicable diseases as causes of deaths

Global projections for selected causes  
2004 to 2030



# Aging and Cancer in Asia

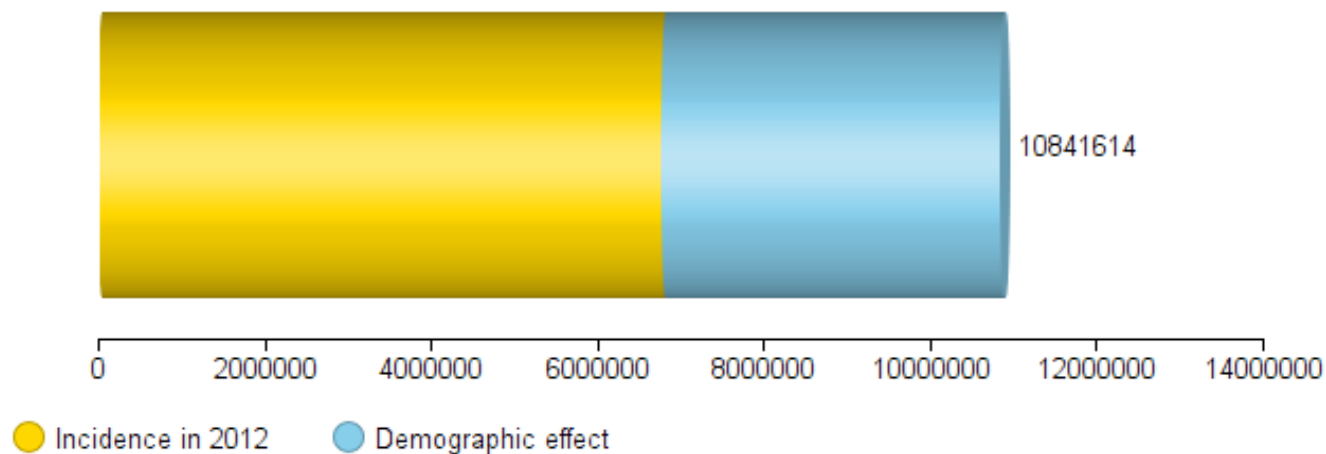
Year	Estimated number of new cancers (all ages)	Male	Female	Both sexes
2012		3694857	3068173	6763030
	ages < 65	1885404	1925594	3810998
	ages >= 65	1809453	1142579	2952032
2030		6123889	4717725	10841614
	ages < 65	2628092	2561325	5189417
	ages >= 65	3495797	2156400	5652197
	Demographic change	2429032	1649552	4078584
	ages < 65	742688	635731	1378419
	ages >= 65	1686344	1013821	2700165

International Agency for Research on Cancer

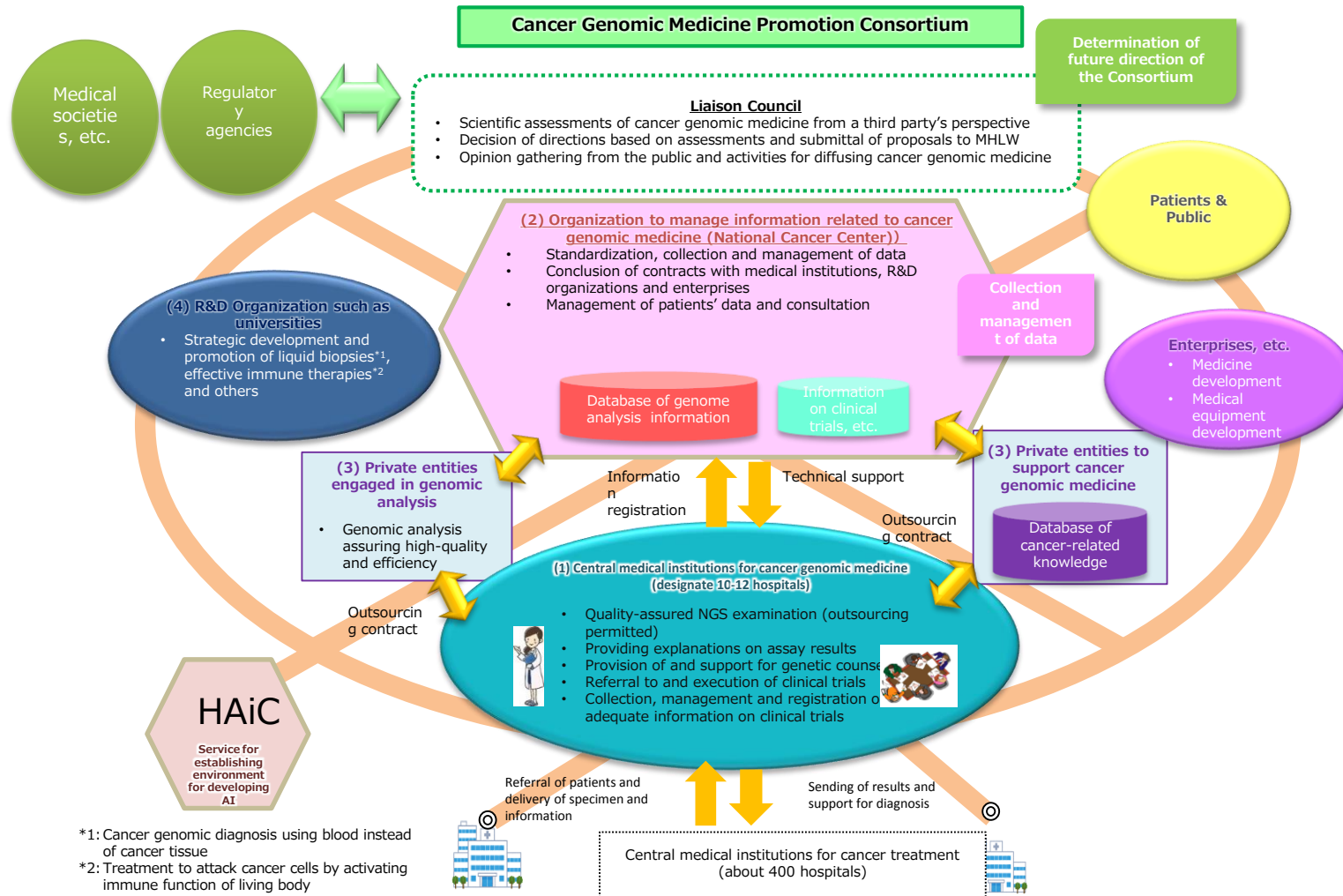
Asia

All cancers excl. non-melanoma skin cancer

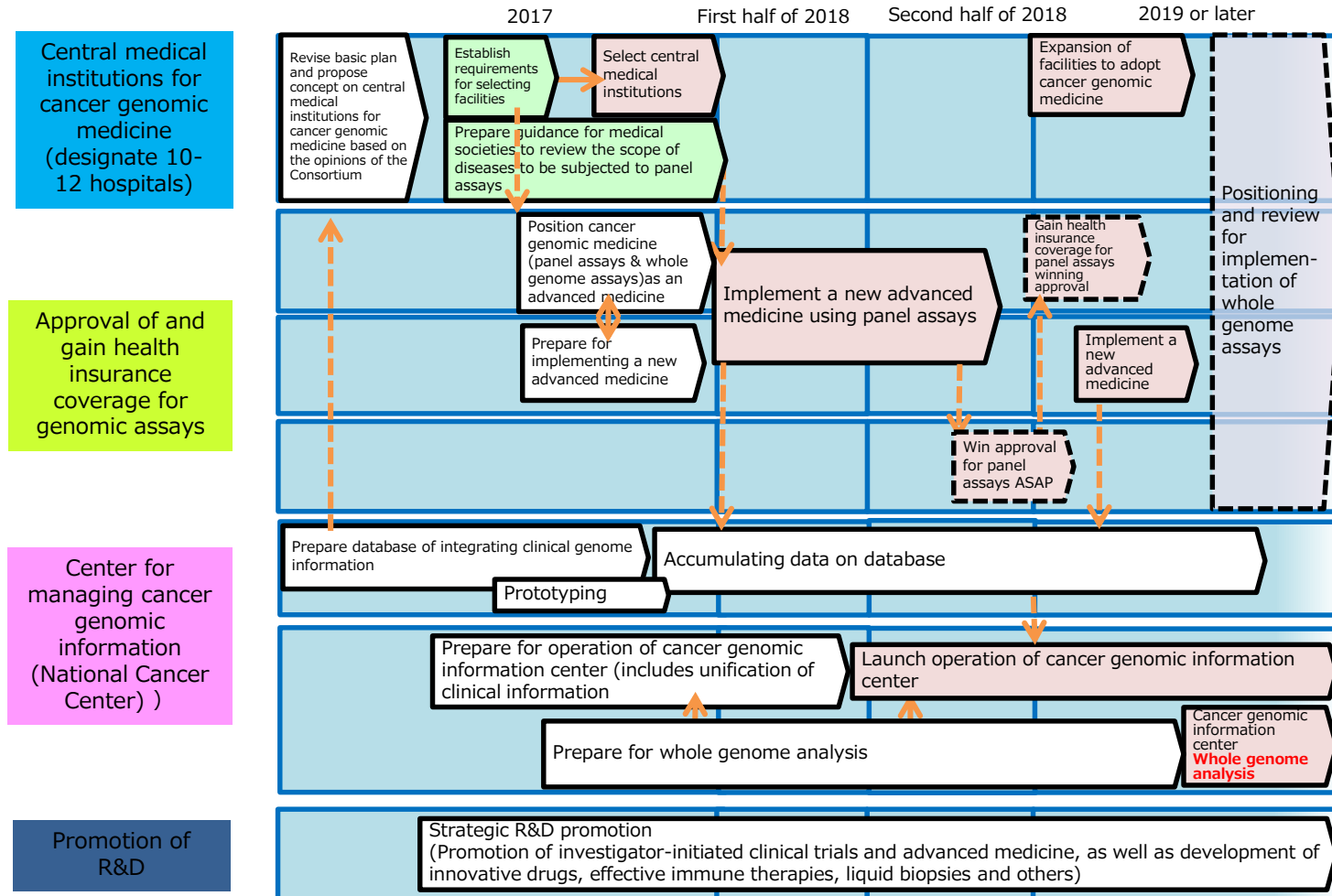
Number of new cancers in 2030 (all ages) - Both sexes



## Cases & Proposals: Future Vision of Cancer Genomic Medicine Promotion in Japan



# Schedule for Implementing Cancer Genomic Medicine in Japan



# The 2<sup>nd</sup> impact of aging

---

SUSTAINABILITY OF MEDICAL CARE



# Proportion of population 60 years or over living independently, alone or with spouse

	Male (%)	Female (%)
Germany	91.5	88.7
USA	76.8	73.8
Japan	51.5	46.9
China	39.7	34.1
Vietnam	29.8	26.8
Indonesia	24.1	24.1
Thailand	21.3	16.8
India	17.3	15.8

# Health and welfare services for elderly in Japan— Impact of introduction of Long-Term Care Insurance System (2000)

## Place of death

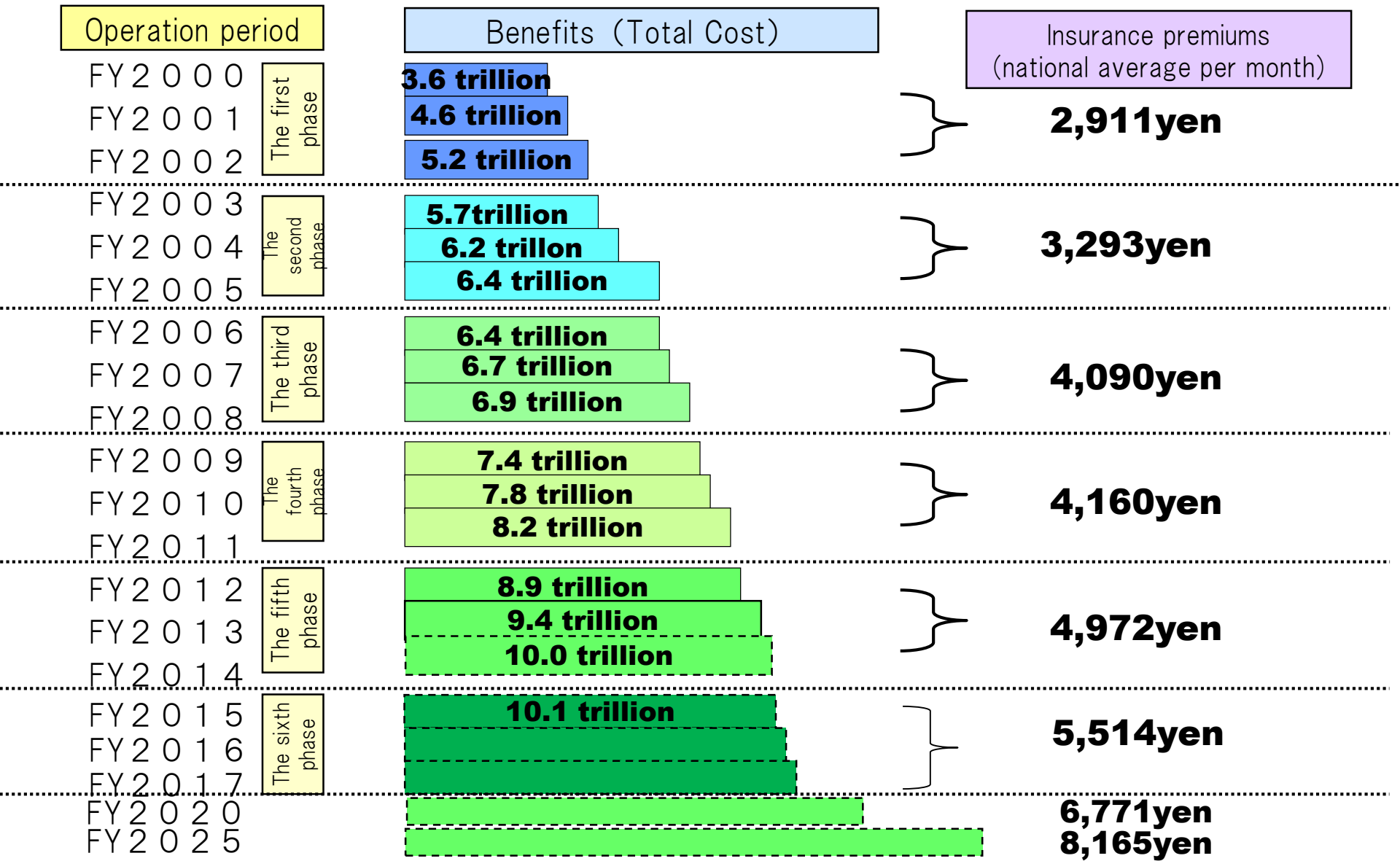
Year	Hospital	Clinic	Senior citizen health facilities	Nursing homes	Home
1951	9.1	2.6	-	-	82.5
1970	32.9	4.5	-	-	56.6
1990	71.6	3.4	0.0	-	21.7
2009	78.4	2.4	1.1	3.2	12.4

## Number of nursing homes

Year	Number of facilities	Change	
1990	2,260		3,994 nursing homes were newly established in a period of 20 years. There was a 277% increase in facilities.
2000	4,463	+2,203	
2011	6,254	+1,791	

# Trends and the Future Prospects of Long-Term Care Benefits and Premiums

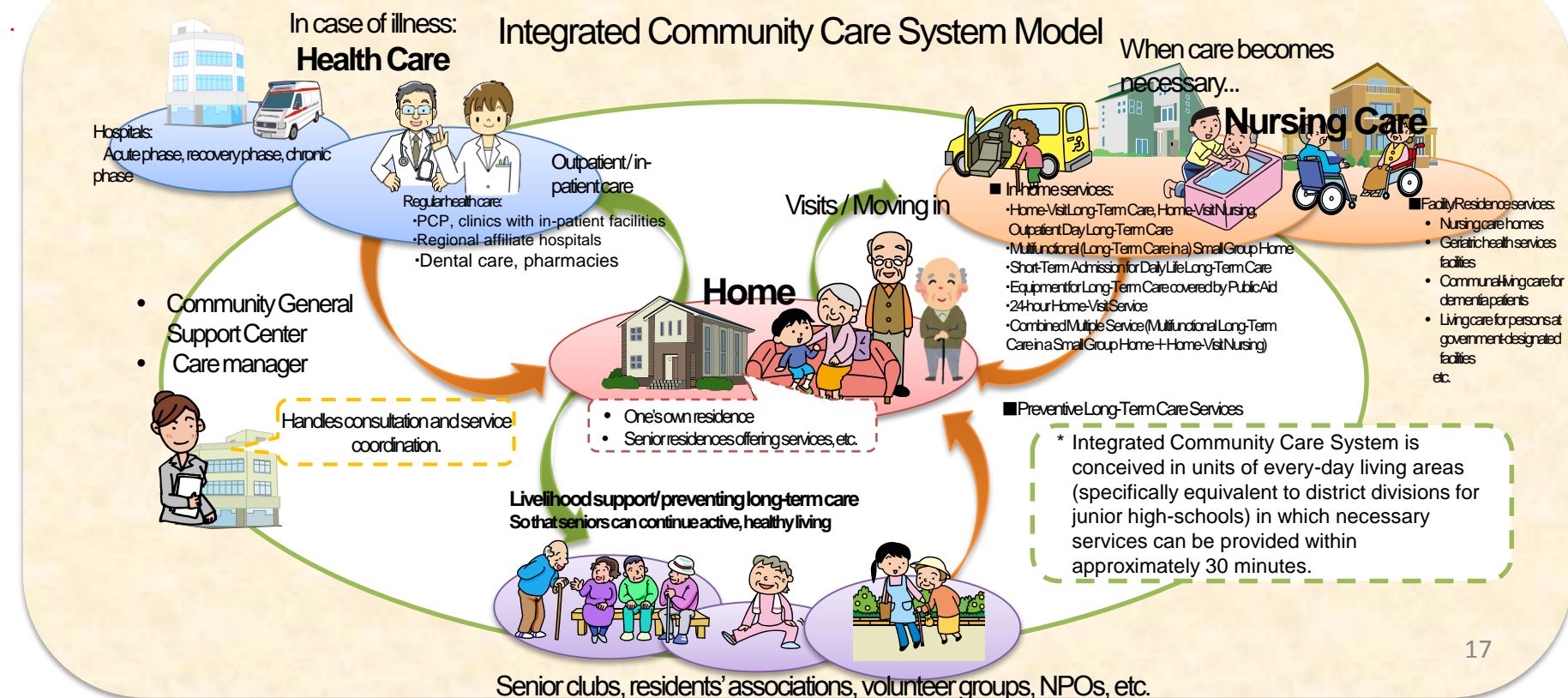
- The municipal governments formulate a Long-term Care Insurance Service Plan, which designates 3 years as one term and is reviewed every 3 years.
- As ageing proceeds, premiums estimated to rise to 6,771 yen in 2020 and 8,165 yen in 2025. In order to maintain sustainability of the long-term care insurance system, it would be necessary to establish Integrated Community Care System, and to make services more focused and efficient.





# Establishing 'Integrated Community Care System'

- By 2025 when the baby boomers will become age 75 and above, a structure called 'Integrated Community Care System' will be created that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the remainder of their lives in their own ways in environments familiar to them, even if they become heavily in need for long term care.
- As the number of elderly people with dementia is expected to rise, creation of Integrated Community Care System is important to support community life of the elderly with dementia.
- The progression status will have regional differences; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.
- It is necessary for the municipalities and prefectures that serve as insurers to create Integrated Community Care System based on the regional autonomy and independence.



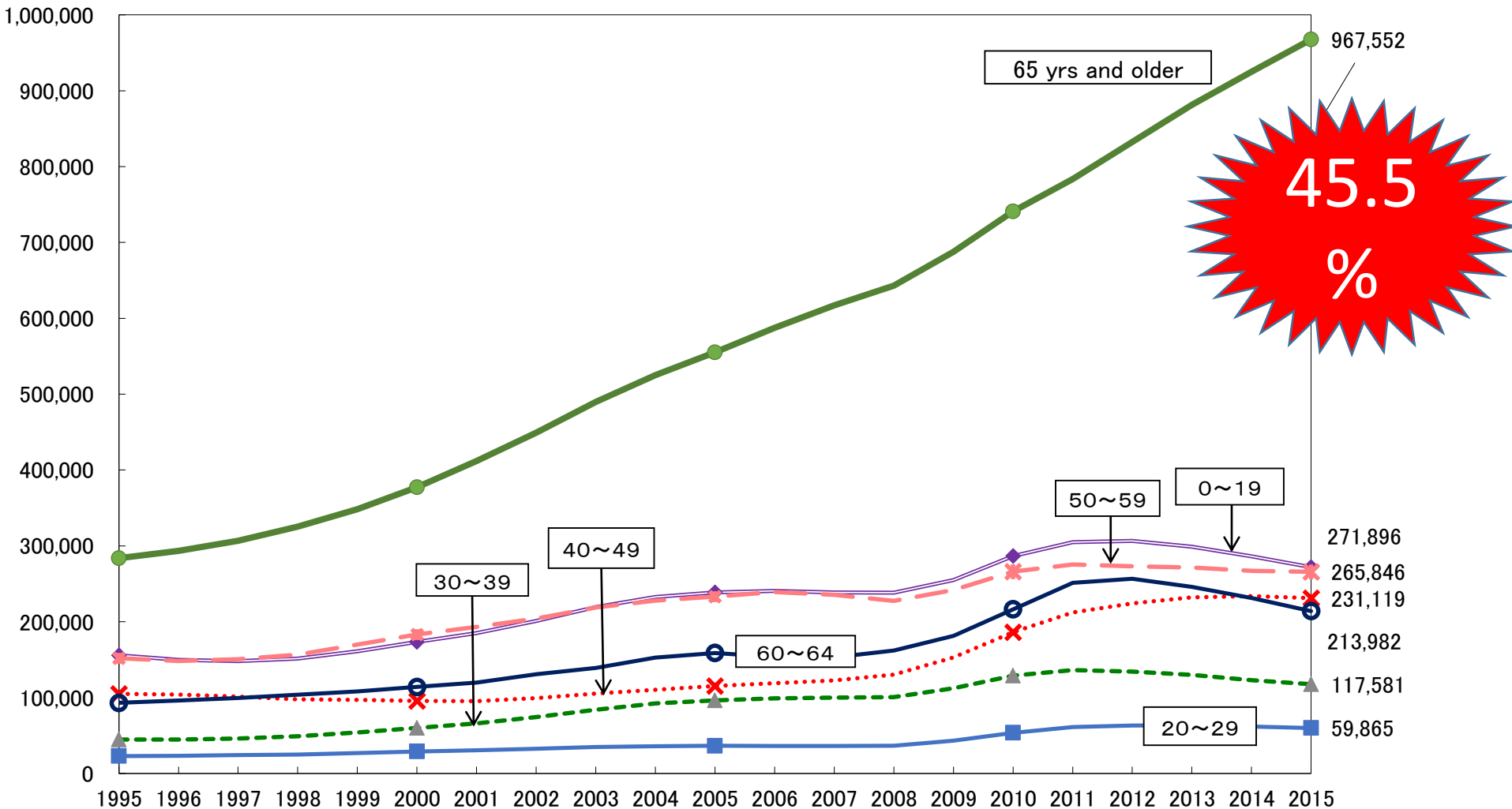
The **3rd** impact of aging

---

AGING POOR



# Recipients of Public Assistance by Age



Source: Ministry of Health, Labour and Welfare "National Survey on Public Assistance Recipients"

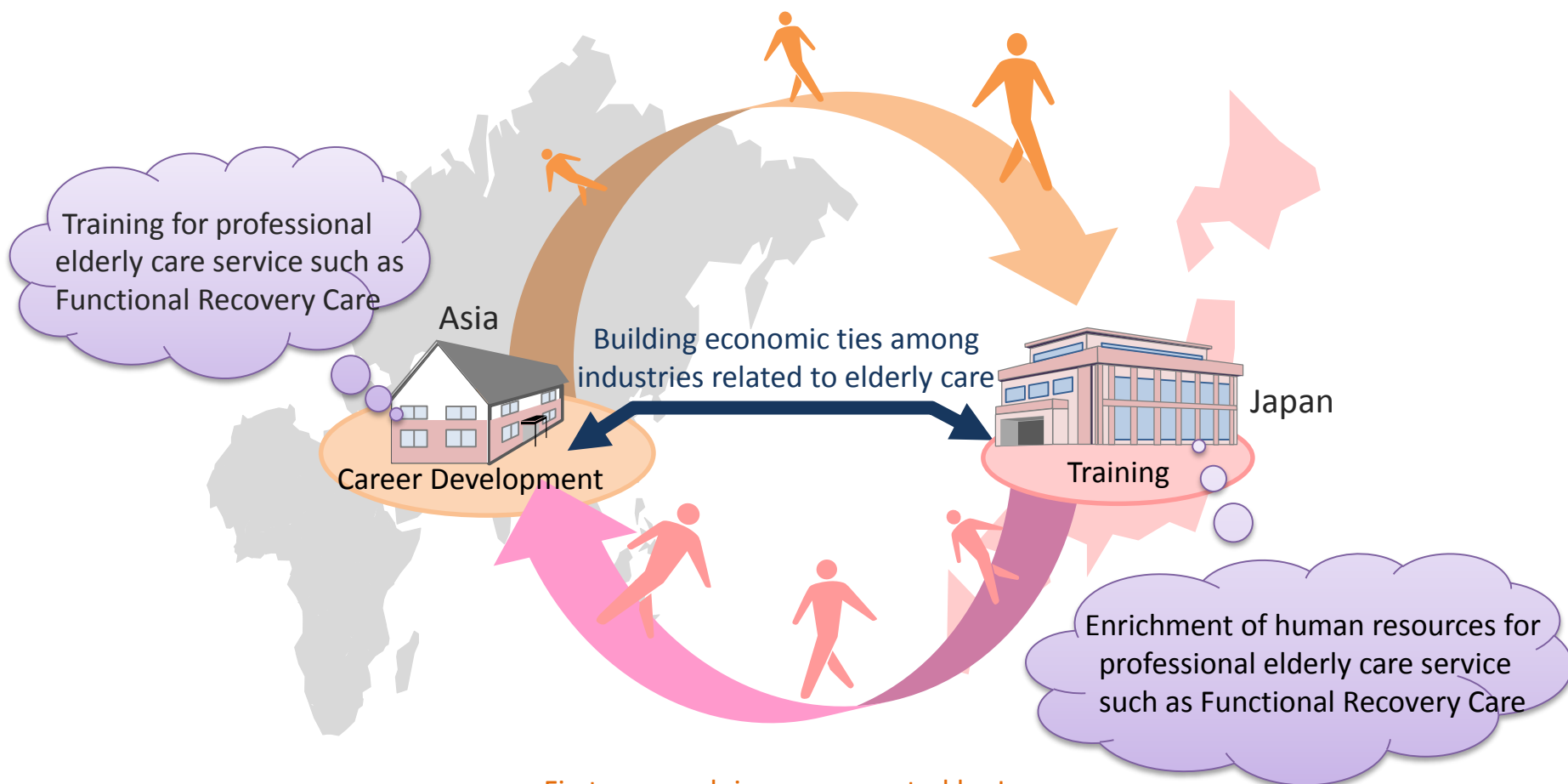
The **4th** impact of aging

---

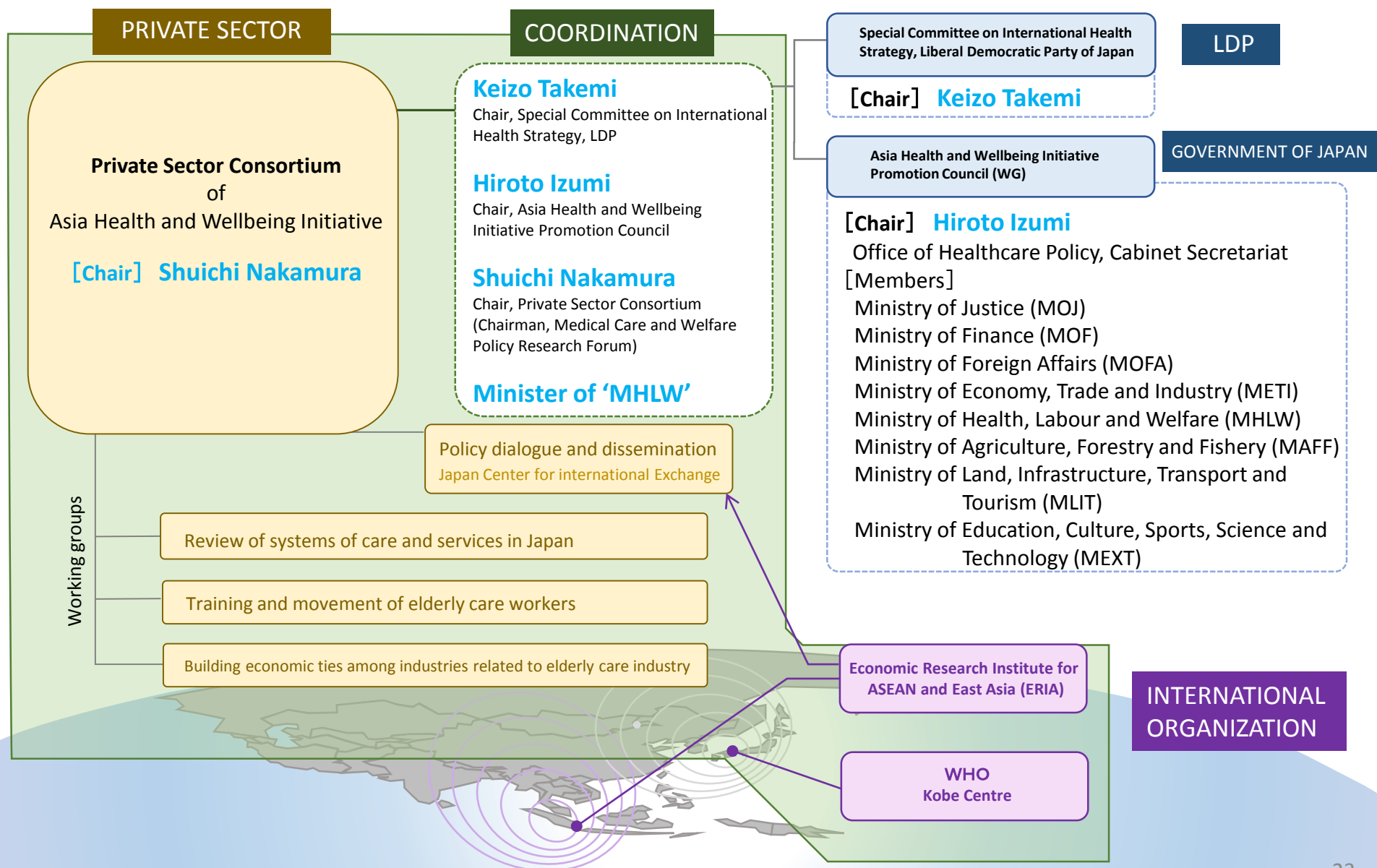
SHORTAGE OF CARE WORKERS

## Asia Health and Wellbeing Initiative ('AHWIN')

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



# Asia Health and Wellbeing Initiative Promotion System in Japan



# Councils and Working groups for Asia Health and Human Well-Being Initiative

## Councils

Information dissemination  
Policy dialogues

### Conceptualization of Elderly Care in Japan Working Groups

- ① Organization and Management for Rehabilitation
- ② Development methods for Needs analysis, Care and evaluation
- ③ Medical cooperation for Care Services for Independent Living for Elderly
- ④ New technology, Robot and ICT
- ⑤ Private Service provider
- ⑥ Dementia

### Development of teaching and training method Working Groups

- ① Human resource development in Asia
- ② Support for the livelihoods of foreign workers
- ③ Networking in Asia
- ④ Home Care

### Government support for overseas market cultivation Working Groups

- ① Support for overseas business development
- ② Large-scale projects (Clark Green City Project)



## The High-level Commission on Health Employment and Economic Growth

### Recommendations of the Commission

1. Job creation
2. Gender equality and rights
3. Educations, training and competencies
4. Health service delivery and organization
5. Technology
6. Crises and humanitarian settings
7. Financing and fiscal space
8. Partnership and cooperation
9. International Migration
10. Data, Information and Accountability



#### Partnership and cooperation

Promote intersectoral collaboration at national, regional and international levels; engage civil society, unions and other health workers' organizations and the private sector; and align international cooperation to support investments in the health workforce, as part of national health and education strategies and plans.



#### Data, Information and Accountability

Undertake robust research and analysis of health labour markets, using harmonized metrics and methodologies, to strengthen evidence, accountability and action.

High-Level Commission on  
Health Employment  
and Economic Growth



#### Box 10.

### Maximizing the mutuality of benefit from socially responsible health worker migration, country examples

Germany and the Philippines have a bilateral agreement called the Triple Win Programme. All involved benefit: migrating health workers have an opportunity to work and upgrade their skills; pressures on the domestic labour market in the Philippines are relieved; and Germany, which adheres strictly to the WHO Global Code and is committed to negotiating only with countries with a surplus of qualified personnel, obtains qualified health workers.

Japan is promoting the Asia Health and Human Well-Being Initiative. Based on the concept of reciprocity, Japan will contribute to the creation of a new Asian community that is shaped by the rapid ageing underway in the region, securing in return the human resources and broad markets it needs to create a better ageing society. The Initiative's central tenets are the development of human resources, the creation of a seamless environment for workers' activities in the Asian region, and a "circulation" policy that enables workers to come and go between countries. Giving health workers the option to return to their own country is essential because demand for health-care services for the elderly will eventually increase in middle- and low-income countries.