

The Basic Principles of the Asia Health and Wellbeing Initiative

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Approved by the Headquarters for Healthcare Policy of Japan

In promoting a society of health and longevity, the government of Japan enacted the ‘Healthcare Strategy Promotion Act’ in May 2014. This was followed by the establishment of the Headquarters for Healthcare Policy (hereinafter referred to as “the Headquarters”) in June, and the Cabinet approval of the ‘Healthcare Policy’ in July of the same year. One of the objectives stated in the ‘Healthcare Policy’ was to promote the overseas activities of the healthcare sector by building mutually beneficial relationships with foreign countries, especially in the fields of medicine and long-term care.

In order to contribute further to global health, the Headquarters approved the “Basic Design for Peace and Health (Global Health Cooperation)” (hereinafter referred to as “Basic Design”), in September 2015. This Basic Design was a specific policy on issues mentioned in the “Development Cooperation Charter” approved by the Cabinet in February 2015 and was aimed at the achievement of Universal Health Coverage (UHC), whereby all people could receive basic health services throughout their life at any time and at an affordable cost. This is indeed, Japan’s commitment corresponding to the “Sustainable Development Goals (SDGs)” adopted by the United Nations in September 2015.

To achieve UHC, the wide provision of basic services, such as the implementation of preventive measures for infectious and non-infectious diseases, and the promotion of prevention, diagnosis, treatment and long-term care for diseases caused due to changes in lifestyle and aging, are all required. In Asia, where the elderly population is growing rapidly, there is a growing interest in Japan’s measures for its aging society; moreover, how its private long-term care sectors are to advance their businesses overseas. In Japan, the introduction of a universal health insurance system took place firstly for the medical field in 1961, and a structure of medical care provision according to this system was established. Following a significant increase in the elderly population, a long-term care insurance system was established in 2000. At present, Japan is promoting the construction of a community-based integrated care system, in which all medical care, long-term care, preventive care, housing, and livelihood support is integrally provided. At the same time, many Asian countries and regions are expected to become aged

societies well before the establishment of social systems to provide basic medical services. Therefore, instead of steadily following the stages experienced in Japan, it is necessary to draw up a plan to implement a community-based integrated care system that will provide both medicine and long-term care integrally from the very beginning. Japan's responsibility, therefore, is to encourage the establishment of UHC models that will suit the new Asia, adapting to the rapid population aging at national and regional levels, by sharing its experience as guidance and providing support for overseas advancement of its private sectors.

In June 2015, the Ministry of Health, Labor and Welfare approved "Health Care 2035" and domestically and internationally showed its role in the next generation. In this vision, the Ministry states that when Japan takes leadership in making international rules, it should show the importance of focusing on measures for establishing elderly-friendly communities and measures against lifestyle-related diseases and dementia, at the same time "exporting" the concept of a community-based integrated care system with the design and management of a healthcare system. It is assumed that local governments of Japan, which have constructed fine community-based integrated care systems, would be engaged in such efforts. This community-based integrated care system will become a key concept that extends beyond the promotion of concrete services for the elderly and the establishment of a UHC model appropriate for the new Asia.

To establish a UHC model that would suit the new Asia, it is important to take into account basic situations that differ depending on the individual countries and regions. The following are the two main classifications of the countries and regions:

- 1) Demand Type: countries and regions experiencing an increase in their elderly population like Japan and are seeking concrete measures.
- 2) Supply Type: countries that have enough time to face the issues of population aging. Therefore, they are more interested in training and exporting human resources engaged in services related to population aging, such as long-term care.

A combination of the different basic interests, traditions and cultures of Asia, and Japan's experience, achievements and skills attained through the community-based integrated care system, may harvest new ideas and create high-quality services, which may result in gaining new markets in Asia. Moreover, the combination of such efforts

and measures may result in an effective cycle throughout Asia. From such a perspective, Japan hereby declares an approach to create the new Asia as “The Asia Health and Wellbeing Initiative” (hereinafter referred to as “the Initiative”), and its first contribution efforts will be compiled in “The Basic Principles of Asia Health and Wellbeing Initiative” (hereinafter referred to as “the Basic Principles”). In accordance with the progress of efforts and development of dialogues with Asia, Japan will reflect those in the Initiative from time to time.

1. Policy Goal

Responding to changes brought about by population aging, Japan will cooperate with Asian countries and regions in making the whole Asia a socially and economically active society of health and longevity, where people can live their lives healthily. Due to increasing healthy longevity, guaranteeing healthy elderly people with opportunities for continuous employment is an important measure. This does not only allow them to secure a certain level of income, it will also relieve the burden on younger generations by maintaining human resources and productivity. It is indeed one of the ways of accomplishing sustainable economic growth.

2. Basic Concept

(1) Promotion Method

To promote the Initiative concretely, Japan will begin where the concrete opportunities are, regardless of public or private services, and those results will be fed back to consider how inter-governmental dialogues and support for private services should be done, based on the actual situation. The establishment of a framework for inter-governmental cooperation will allow the smooth flow of such feedback, and provides a basis for designing multiple systems that are required to establish a UHC model suitable for the new Asia. To establish a framework for inter-governmental cooperation, it is important for Japan not only to present a menu for systems design based on its experience and to suggest appropriate modifications corresponding to the actual situation of private services, but also to contribute to the operation of such system management. The appropriate combination of markets controlled by public systems or a market mechanism will hold the key to a successful system. Moreover, it is important to consider what joint approach should be adopted in Asia concerning the development of

human resources and the standards and qualifications of services, technologies etc., which will also become the foundation of such systems. In addition, it is important to construct a public-private network that will allow various efforts to lead to next stages.

Although it is inappropriate to specifically select and prioritize where the Initiative is to be applied at present, the countries and regions of East, Southeast and South Asia are expected to be the first candidates in regard to the current situation of drastic changes in the percentage of elderly population and in economies and industry. Nevertheless, the countries and regions of Central, West and North Asia should also be kept in mind. As mentioned earlier, these countries and regions are classified into ‘Demand-Type’ or ‘Supply-Type’. Amongst the ‘Demand-Type’ countries, apparently there are approximately fifty cases where Japanese private long-term care providers have already begun to venture abroad. To make this trend more productive, it is important to provide support by placing importance both on discussions about the design of national and regional systems of UHC, and the advancement of private long-term care providers. In comparison, ‘Supply-Type’ countries are expected to be motivated to acquire skills necessary for long-term care and to be highly interested in education, training and work experience related to industries for the elderly, including long-term care, in Japan. It is important to take into account cultural diversity including religion, etc., in either case.

(2) Schedule of Promotion

Japan will make efforts and cooperate with Asia to accomplish the Initiative. Needless to say, the construction of a public-private network cannot be completed in a short period of time; instead, it will be developed through a series of opinion exchanges, policy dialogues, and concrete projects at various times. In countries and regions widely across Asia (especially in East, Southeast and South Asia), elderly populations are expected to exceed 10% by 2035. Therefore, targeting that year as the first goal, it is desirable to move the PDCA cycle (Plan, Do, Check, Act cycle, which represents a feedback mechanism) about every five years, to appropriately evaluate its progress. In the first five years, support should be provided to Japanese private long-term care providers and other related providers venturing abroad to enter into the Asian market; and to encourage the acknowledgment by local people of the convenience of receiving long-term care service from people other than family members, outside the home and other related services. At the same time, Japan’s experience can be shared upon request with countries where the introduction of insurance systems has been clearly declared,

such as Vietnam, through policy dialogues, training in Japan, or by the dispatch of experts.

After the Diet passes the Bill on “Proper Implementation of Technical Intern Training for Foreign Nationals and Protection of Technical Intern Trainees,” which is still under deliberation, “long-term care” will be added to the job types covered by the technical intern training program simultaneous to the enforcement of the new technical intern training program. Similarly, if the Diet passes the Bill for “Partial Amendment of the Immigration Control and Refugee Recognition Act,” the category of “long-term care” will also be newly added to the statuses of residence. The implementation of such acts will enable the employment of foreign students in Japan and overseas, after having studied at high-level educational institutions (training centers for certified care workers) and acquired such qualifications in Japan. It is important to give necessary consideration after the enactment of these bills so that these programs can be used within the framework of the Initiative.

(3) Government Organization for Promotion

The main government ministries in charge of the promotion of the Initiative differ accordingly. The Ministry of Health, Labor and Welfare is in charge of experience and knowledge of social systems related to the elderly population, such as the long-term care system. The Ministry of Justice is in charge of immigration control and the Ministry of Foreign Affairs is in charge of diplomatic affairs. The Ministry of Economy, Trade and Industry is in charge of R&D on ICT, robots, etc., in the long-term care industry, while their introduction is under the charge of the Ministry of Health, Labor and Welfare. The Ministry of Economy, Trade and Industry and the Ministry of Agriculture, Forestry and Fisheries are in charge of experience and knowledge in the healthcare industry. The development of human resources is under the charge of the Ministry of Health, Labor and Welfare and the Ministry of Education, Culture, Sports, Science and Technology. Provision of financing support is under the charge of the Ministry of Foreign Affairs, the Ministry of Economy, Trade and Industry and the Ministry of Finance.

As stated in “Health Care 2035,” the Ministry of Health, Labor and Welfare will take charge of domestic social systems and industrial development, overseeing the situations in Japan and overseas. Therefore, under the supervision of the Headquarters, it will also

coordinate the related government agencies and play the central role in the Initiative. The cooperation involved in the construction of multiple systems, which is required for the establishment of community-based integrated care systems in Asia, will become an opportunity for the Ministry to objectively self-evaluate its domestic efforts, and may then also lead to reformation of its administration. In addition, it will provide support to private long-term care providers in their overseas development, and create model cases by cooperating with the Office of Healthcare Policy, Cabinet Secretariat. The meetings of the Promotion Council on the Asia Health and Wellbeing Initiative (the working group established under the Task Force for Global Reach of Japanese Medical Technology and Services), will also be facilitated by cooperation between the two.

3. Inter-governmental Cooperation

(1) Establishment of a Framework for Cooperation

Since the elderly population is expected to increase sharply in Asia, if Japan were to support the construction of community-based integrated care systems in the region by sharing its experience and knowledge of various measures for the elderly, such as long-term care, it would become an important international contribution. In the field of medical care, Japan has already been supporting the activities of private businesses venturing abroad and concluding inter-governmental memorandums of cooperation with countries and regions in Asia. Therefore, to establish a new framework of inter-governmental cooperation for the Initiative, Japan will additionally include a new perspective on population aging, such as long-term care, in countries where such foundations already exist, while continuing to prepare new memorandums with countries where Japan has not yet concluded such memorandums.

(2) Action for Cooperation

1) Promulgation of the Asia Health and Wellbeing Initiative through Multilateral and Bilateral Meetings

The outcome documents of the G7 Ise-Shima Summit in May 2016 have clearly expressed that the G7 countries will commit to promoting active aging throughout the world in various fields, including healthcare, long-term care, welfare, employment, pension, housing and urban / transportation planning. In addition, the World Health

Assembly has just adopted the Global Strategy and Action Plan on Aging and Health, which includes the recommendation of establishing healthcare and long-term care programs for the elderly, as well as a resolution to support the adoption and implementation of the Global Strategy and Action Plan under the leadership of Japan.

Necessary measures will be taken for the promulgation of the Initiative at places of international cooperation, which relate to long-term care. By contemplating the future construction of community-based integrated care systems and further progress of private services, their trends should be monitored closely. In addition, the Initiative can also be presented as a topic at ASEAN-related meetings, by considering it as a part of “Enhancing ASEAN Institutional and People-to-People Connectivity to Support the ASEAN Community”.

2) Sharing Japan’s Experience and Knowledge of Social Systems related to the Elderly Population

In Asia, the issues caused by population aging vary amongst countries and regions according to their traditions, culture, religion, society, and economy. Therefore, when Japan’s experience is to be shared, it should ideally provide as much information as possible to fulfill the requirements of partner countries. For example, the sharing of issues, experience and knowledge of population aging can be further promoted in Asia through efforts to share information amongst many countries. Such efforts could include strengthening the development of human resources in the field of social security in the ASEAN Region; participation in the ASEAN & Japan High Level Officials Meeting on Caring Societies, which was established for the purpose of strengthening cooperative relationships between Japan and ASEAN countries; and by creating opportunities for policy dialogues, such as meetings for discussions on the topic. In addition, the use of the World Health Organization (WHO) Center for Health Development (WHO Kobe Centre) will be considered for accumulating and communicating domestic and foreign knowledge.

When constructing a medical or long-term care insurance system, Japan should state concrete themes, such as the history of construction of the programs, medical education, information systems, public finance (including insurance finance), medical and long-term care systems and the development of human resources for policymaking and administration. It is important to provide appropriate and continuous cooperation for the

partner country; this could include dispatching experts who were previously engaged in the construction, management, and revision of systems related to elderly and long-term care in Japan, and taking enough time for such discussions. The Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP), carried out in Thailand by Japan International Cooperation Agency (JICA), is one practical example to note.

Japan's universal health insurance system was not designed as a whole from the beginning. Over the course of some years, the initial Employees Health Insurance system was gradually taken over by regional insurance systems and developed into the current program in use today. It is desirable to share, not only Japan's knowledge and experience in designing the system, but also the difficulties and challenges that it has faced and overcome. These approaches will also provide an opportunity for self-analysis and to have the results accumulated as references to use when considering the program for the next generation.

3) Promulgation and Coordination of Qualifications and Standards for Elderly-related Industries, including the fields of Medical and Long-term Care, in Asia

Among the industries for an aging society, human resources that have skills in medical care, long-term care, prevention care and rehabilitation, etc., are all vital. In Japan, the services of elderly-related industries are mainly provided by doctors, nurses, physiotherapists, occupational therapists, registered dietitians, care managers and certified care workers etc. Such jobs that play key roles in the field of long-term care do not exist in many Asian countries today; however, in years to come, the demand for such specialists is sure to increase as the population ages. For this reason, the introduction of expert systems in accordance with the situation and needs of each country or region will be required. When introducing them, inter-governmental coordination will become important so that such expert systems in Asia will have "connectivity" as much as possible. In future, it will be significant for motivated and talented human resources in Japan to gain opportunities to demonstrate their ability to conceive and carry out original and innovative ideas in Asia. The introduction of such expert systems will lead to the construction of business environments that will enable the smooth exchange of human resources and will provide mutual learning opportunities.

(3) Promotion of Research and Study

The Initiative is based on the mutual exchange and understanding of, and respect for national or regional traditions, cultures, religions, etc. When a new society is created to accommodate its aging population, such mutual exchange and understanding may produce wisdom and devices that might have not been acquired within one's own country or region. For this reason, ongoing practical research on population aging in Asia will be carried out as a basis for such mutual exchange and understanding. Moreover, when Japanese private providers develop long-term care service in Asia, it is necessary for them to acquire information, not only from the countries, but also from local districts. Through public-private cooperation, such detailed research and provision of detailed information will be carried out.

The research and study including academic perspectives will be carried out through cooperation with international organizations such as WHO Kobe Center; which advances research on UHC and population aging, and the Economic Research Institute for ASEAN and East Asia (ERIA), which was founded to promote economic integration in East Asia. Through providing support for policy-making to individual countries in Asia, the related systems will be exported and any coordination required will be applied.

(4) Promotion of Development and Exchange Systems of Human Resources

The key concepts of the Initiative are the development and exchange of those human resources and the establishment of seamless environments that will allow their active involvement throughout Asia. The multi-layered opportunities of education, training, and practical experience in Asia will enable Asian people to acquire skills and abilities suitable for themselves and be actively involved in industries for the elderly. Keeping these aims in mind, Japanese public and private sectors will cooperate with each other, firstly by using their own experience, knowledge and educational systems to start a concrete contribution to the development of human resources.

- 1) To contribute to the development of human resources in Asia, Japan will increase the number of foreign students in Japan in healthcare fields, including medical students. Those foreign students are expected to take central and active roles in their countries by qualifying as doctors and other specialists, who will also play important

roles in the provision of services for the elderly. To this end, Japan will construct a framework that enables itself and other Asian countries to jointly fulfill the purpose to cooperate in fostering leaders for the Initiative through Japanese Government Scholarship Programs offered by the Ministry of Education, Culture, Sports, Science and Technology, and various scholarship programs for international students in healthcare offered by JICA, the Japan Science and Technology Agency (JST) and so forth.

- 2) Japan will increase the number of foreign students studying at vocational colleges for certified care workers. Japan will carry out necessary measures so that the conditions of scholarship payment by the private sector will be advantageous to recipients, and will guarantee scholarships to serve their appropriate purpose. Moreover, Japan will improve education in disease and frailty prevention and rehabilitation, the demand for which is expected to rise in Asia.
 - 3) A list of persons who have received education in Japan or worked for private companies in fields related to the elderly, such as medical or long-term care, (hereinafter referred to as “Japan-experienced persons”), will be prepared for each country or region with their consent. For example, this will create a matching system whereby employment can be offered to Japanese companies that are planning to advance into foreign countries. In addition, cooperation with private companies will strengthen by establishing a system whereby such lists are used for exchanging information amongst Japan-experienced persons, or requesting such persons to provide necessary support to “would-be Japan-experienced persons.”
 - 4) Through the Clark Green City Project, where the Japan Overseas Infrastructure Investment Corporation for Transport & Urban Development (JOIN) is in charge of carrying out investigations, consideration will be given in making proposals about bases for exchange of human resources for private services, including proposals about the development of technical human resources necessary for the Initiative and the establishment of an institution that will carry out research and provide training and education about cultural translations of skills so that each human resource can fully display his / her ability in the culture of the partner country.
4. Support for Private Long-Term Care Sector

50 or more long-term care providers have already begun to promote their services in Asia to meet the growing need and to continue their own business in Japan. This trend is helping to foster long-term care service and industry in Asia. However, there are many problems, such as inefficient administrative procedures, causing a lack of leading long-term care services; and difficulty in introducing superior Japanese-style long-term care service, causing cultural diversity and low awareness of social long-term care services in Asia. There are various factors that could account for this, including the following: a lack of networks with local governments and service providers; insufficient knowledge and experience in overseas services where Long-Term Care Insurance systems do not exist; and insufficient funds and human resources. To overcome these difficulties, the public and private sectors will begin to cooperate with each other to carry out the following measures:

(1) Establishment of the committee for the Asia Health and Wellbeing Initiative

The committee for the Asia Health and Wellbeing Initiative will be established as a platform for Public and Private sector cooperation to discuss specific issues and implement specific countermeasures with private sectors considering overseas expansion. The Promotion Council on the Initiative (Working Group on the Initiative) established under the Headquarters will be responsible for the partnership and work on the themes described below. The Working Group on the Initiative gives feedback to support inter-governmental dialogues and private sectors by using the committee based on the current situation.

- 1) Establishment of methods for accurately explaining the added value of services for the elderly, such as Japanese-style long-term care service
 - 2) Facilitation of partnering and matching between private sectors, and support for equipment manufacturers' entry into overseas markets
 - 3) Collection and provision of information about local regulations, laws and culture
 - 4) Consultations to support overseas business expansion by the Japanese government and related organizations
 - 5) Development of education methods / text books for elderly care considering various cultural and linguistic backgrounds
 - 6) Holding of seminars and symposiums for advocacy and provision of information
- , etc.

(2) Support for Business Finance

Funds for overseas businesses such as long-term care that contribute to the promotion of the Initiative will be steadily increased by finding and coping with issues to be tackled through the creation of concrete examples. These specific cases are examined with the active use of JICA's Private-Sector Investment Finance (PSIF) and support for feasibility studies; Cool Japan Fund's investments; and the Japan Bank for International Cooperation (JBIC)'s loans.

(3) Support for Establishment of Businesses

According to the individual situation of private service providers, Japan External Trade Organization (JETRO) will support their business establishment by providing the following: consultations using JETRO's business support centers in Asia to serve as a temporary office(*), and linking their business opportunities with local key persons.

*As of July 2016, JETRO's business support centers exist in five countries: Thailand, Vietnam, India, Philippines, and Myanmar.

Through the various methods of dispatching experts, technical cooperation experts from Japanese private companies will be dispatched to partner countries.

5. Expectations for the Exchange of Human Resources of the Next-Generation that will Support the Asia Health and Wellbeing Initiative

In the Diet, the Bill on "Proper Implementation of Technical Intern Training for Foreign Nationals and Protection of Technical Intern Trainees" is currently under deliberation. After the Diet passes the Bill, 'long-term care' will be added to the job types covered by the program simultaneous to its enactment. If human resources accumulate experience in working for private long-term care providers in Japan, opportunities will increase for their engagement in services in partner countries later on. Simultaneously, the Bill for "Partial Amendment of the Immigration Control and Refugee Recognition Act" is also under deliberation. If it passes, 'long-term care' will also be added to the statuses of residence, which will enable foreign students who have studied and qualified as care workers in Japan, to be employed in Japan. Through these opportunities, synergistic effects with the pillars of the Initiative can be anticipated, such as the smooth

introduction and construction of community-based integrated care systems and the development of services and industries for the elderly in Asia. The total population of Asia is expected to reach approximately 2.2 billion and the percentage of elderly population to approximately 20% by 2035. Although the market size may differ according to social recognition of the existence of long-term care service and to the degree of demand for such services, there is an estimated 500 trillion yen latent market for the elderly waiting to be served in Asia. One of the pillars of the Initiative is to activate such latent markets through the advancement of Japanese long-term care providers into Asia; such markets are also expected to provide places for foreign human resources, including those technical intern trainees returning to their home countries, in which to play an active role.

It is also important for foreign human resources to participate in education, training, and long-term care businesses in Japan with a view to gaining job opportunities in and out of countries where the percentage of elderly population has been increasing. As a result, Japan will become a hub for the education and exchange of human resources where many motivated and talented human resources would also be attracted. To promote smooth exchanges, Japan will consider a system where appropriate private companies could stand surety for foreign human resources and accept them within a certain framework. In addition, as the flow cycle of human resources increases, issues concerning foreign human resources are also expected to increase, such as the establishment of their living environment in Japan. Therefore, in the near future, it will be necessary for related government offices and local governments to cooperate to resolve those issues. Exchange and cooperation between such human resources from Asia and Japan's skilled and experienced human resources will produce new movements to form the foundations for the Initiative.

In addition, Japan will consider the functions required to promote a smooth flow cycle of human resources in elderly services and industries in Asia. It is also important for talented and experienced Japanese human resources to gain opportunities to make an impact in Asia with their skills and business ideas. Therefore, the appropriate cultural translation function will be considered to promulgate Japan's qualification systems throughout Asia, enabling Japanese registered dietitians to display their abilities in other cultural spheres – for example, comparing nutrition amongst food materials so that recipes specifying basic nutrition can also be used with different food materials in Asia.

6. Promotion of Next-Generation Services for the Elderly with Consideration for Overseas Development

Although it is important to be able to receive medical or long-term care service when needed, it is better to live healthily or even by controlling a disease in remission and physical conditions well enough that the use of such services becomes unnecessary; that is to live ‘self-reliantly.’ For example, if a person who has weak eyesight can wear a pair of glasses and live comfortably. It is desirable to create a society where physical problems can be ‘treated’ so that they will disappear to the extent possible. From such a perspective, the improvement of services, such as health maintenance, disease prevention, frailty prevention, and uninsured rehabilitation that satisfy individual needs are of great interest in Japan today. Instead of relying on publicly insured medical and long-term care services, it is preferable to maintain one’s health positively by effectively using the services to prevent diseases and frailty. This will consequently result in a decrease of demand for publicly insured medical and long-term care services. Against this background, Japan has gradually begun to focus more on the importance developing innovative healthcare services, and a social mechanism to support and accommodate such new movements.

Given such a situation in Japan, it is advisable to make efforts in Asia to establish societies and communities where it is easy to maintain health and prevent diseases; and based on those results, necessary and sufficient medical and long-term care services can be provided. In China, for example, the plan of Japanese private companies to provide service for preventing the exacerbation of diabetes by cooperating amongst various specialists, is drawing strong interest. Therefore, by actively promoting prevention-related services to those not covered by public insurance in Japan, such as health maintenance and frailty prevention, a market can be established where Japan could display its full latent technical power. Then they may also be “re-imported” to Japan. In addition, each country’s traditions and cultures may become useful for diversifying services for the elderly – for example, the existence of many kinds of fermented food – and they may also contribute to the improvement of such services in Japan.

Therefore, if support is given to the overseas development of long-term care service, training and education service, it is important to give active support to services that cannot be insured in Japan, such as health maintenance and frailty prevention, on the

condition that scientific evidence is presented. It is also important that long-term care human resources play an active role in such services in Asia.

Not only will the traditional exporting of welfare tools be promoted; the use of ICT and robot technology will be promoted in Japan to innovate and improve the productivity of the long-term care field by keeping in mind the expansion of long-term care service into markets in Asia. Furthermore, innovative approaches will be promoted as model cases.

7. Toward the Future

The Asia Health and Wellbeing Initiative is based on the mutually beneficial concept of Asia, where Japan will contribute in creating a new Asian Society that will be prepared for population aging; at the same time, it will acquire human resources and markets essential for making itself a better aging society. It is also assumed that such an Initiative will become helpful, especially when constructing a highly ‘connective’ Asian society on the concrete theme of population aging.

It is important to note, however, that demands will change even in such a highly ‘connective’ Asian society. For example, Japanese people may begin to wish to go overseas to receive services for the elderly, while people in other Asian countries may wish to visit Japan to receive their services. Therefore, in responding to the various changes that may arise in the future, further discussions will be required to achieve the true goals of the Initiative.

As the number of foreign nationals may rise who wish to acquire long-term care skills and be actively involved in the field of long-term care in Japan, concrete measures will be required to promote their smooth acceptance in communities. One of the first challenges is assumed to be the provision of multi-lingual and multi-cultural support for their local lives. Furthermore, various other efforts will be required to accommodate such foreign nationals’ families to adapt themselves and to live enriched lives in Japan.

The promotion of the Initiative requires a flexible response to existing issues and to those that may emerge in future. By evaluating the status of achievements through the PDCA cycle described earlier, Japan will contribute and cooperate with Asia to carry out effective, new measures according to domestic and international situations and circumstances.