

The aging of societies around the world will continue to proceed rapidly over the next half century. Therefore, we have to provide and share ideas to tackle the dramatic social changes we are facing due to aging populations. To help solve the issue of "super aging," we will invite global experts from industry, academia and government to discuss how to achieve a more active aging society.

The 4th Nikkei Super Active Ageing Society Conference (SAAS)

Special Message:



FUMIO KISHIDA
Prime Minister of Japan

Mr. Kishida explained his policy initiative of “new capitalism.” He said “transforming” social issues faced by Japan “into growth engines and achieving strong growth” was the essence of his initiative. He showed his approval of the SAAS’s intent to regard older people as key players in “new capitalism” and aim to realize a better society.

Opening Panel Session: Older People as Major Player of the New Capitalism



Panelist
TOMOYUKI SAISU
Councilor for the Minister (Health and Welfare for Elderly and Persons with Disabilities), Ministry of Health, Labour and Welfare



Panelist
YUMIKO MURAKAMI
General Partner, MPower partners



Panelist
HIROSHI YOSHIKAWA
Professor emeritus, University of Tokyo



Moderator
ATSUSHI SEIKE
President of Japanese Red Cross Society
Executive Advisor for Academic Affairs and Professor Emeritus, Keio University

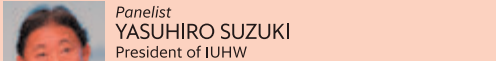
There are more than 9 million elderly workers aged 65 or older in Japan, with more than 60% of financial assets held by people aged 60 or older. Older people have already become an indispensable player in the Japanese economy in terms of both production and consumption. While appreciating this trend, Mr. Yoshikawa said that sustainable social security programs were essential for a super-ageing society, and this would require “innovation-based economic growth.”

Ms. Murakami questioned Japan’s low labor productivity. She said that older people should receive training in line with the current trend of digitalization. She also expressed her opinion that higher liquidity in the labor market would create an incentive for upskilling, which in turn could help enhance labor productivity. Japanese older people are better at reading comprehension and mathematical thinking than those in other countries, meaning that they have greater potential to improve themselves.

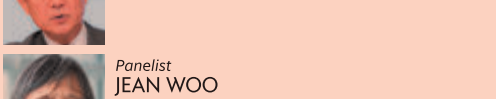
Mr. Saisu took note of the buying power of older people. He said that stimulating consumption among older people, who had an average of 20 million yen or more in savings, would help keep the economy going. He suggested that measures to address Japan’s aging population might be directly applicable to Western and Asian countries.

Finally, Mr. Seike concluded the session by noting the importance of changing the mindset that set young people up as supporters of society and older people as those to be supported, and of supporting and building our society across all generations.

Panel Session 1: HEALTH Health Promotion of Older People and Extending Healthy Life Expectancy



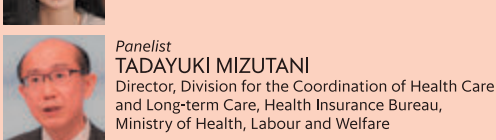
Panelist
YASUHIRO SUZUKI
President of IUHW



Panelist
JEAN WOO
Director, CUHK Jockey Club Institute of Ageing



Panelist
MY LINH KHA
Senior Vice President and General Manager, Japan Asia-Pacific, Amgen



Panelist
TADAYUKI MIZUTANI
Director, Division for the Coordination of Health Care and Long-term Care, Health Insurance Bureau, Ministry of Health, Labour and Welfare



Moderator
TAN CHORH CHUAN
Chief Health Scientist, Ministry of Health, Singapore
Former President of the National University of Singapore

Among several characteristics of Japan’s aging process, Mr. Suzuki focused on “increased healthy life expectancy” and “rejuvenation.” In fact, the physical activity test score for Japanese older people has improved by as much as five years over the past 18 years. Japan has more elderly workers aged 65 or older than other developed countries. Given this phenomenon, Mr. Suzuki said that even if our society became much grayer, we would still be able to retain a certain level of workforce.

Mr. Mizutani said that the effort to retain workforce was further accelerated by the MHLW’s policy to “improve and enhance elderly reemployment support.” and the policy encouraged their social participation, which would help enhance their health. And he also said that the ministry was also working on the prevention of fracture and frailty for older people, and it aimed to implement versatile policies to reduce medical and nursing care costs collectively.

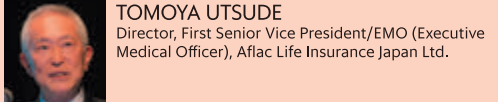
Ms. Woo praised Japan’s efforts as “a good combination of medical and social policies,” which she said contributed to the rejuvenation of Japanese older people. She offered her view that unlike Eastern countries, Western countries tended to

see aging negatively, adding that each country should try to find social and healthcare programs according to its own culture.

Ms. Kha shared her analysis that chronic diseases are the main cause that puts older people in a state requiring care. She said that such chronic diseases were preventable, treatable, and controllable with medical products and behavioral changes.

Finally, Mr. Chuan expressed his impression of the session, saying that healthy longevity would be achieved when healthcare and social programs, employment, innovation of pharmaceutical products, participation in communities and other various factors interacted with one another in a complex way.

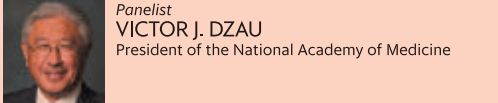
Keynote Speech 1: For Cancer Patient-Centric Engagement - Ecosystem Supporting "100-Year Life" -



TOMOYA UTSUDE
Director, First Senior Vice President/EMO (Executive Medical Officer), Aflac Life Insurance Japan Ltd.

Previously known as an incurable disease, cancer is no longer incurable. However, coexistence with and complete recovery from cancer has caused another sort of worry. Mr. Utsude said that insurance companies must reduce economic burdens on patients through the payment of insurance benefits, and that they should be “side by side with patients and provide necessary information and opportunities for consultation.” He also proposed a “cancer ecosystem” for comprehensive support for cancer patients from healthcare personnel, administrative agencies, companies, and other relevant institutions.

Lunch Time Session: Healthy Longevity Report by the National Academy of Medicine



Panelist
VICTOR J. DZAU
President of the National Academy of Medicine



Panelist
LINDA P. FRIED
Dean, Columbia University's Mailman School of Public Health
Director, Robert N Butler Columbia Aging Center



Panelist
JOHN EU-LI WONG
Senior Vice President, Health Innovation and Translation, National University of Singapore



Panelist
YUJI KUROIWA
Governor, Kanagawa Prefecture



Panelist
HARUKO NOGUCHI
Professor, Faculty of Political Science and Economics, Waseda University



Moderator
HIROKI NAKATANI
Visiting Professor, School of Medicine, Keio University, Special Advisor to the President of ERIA

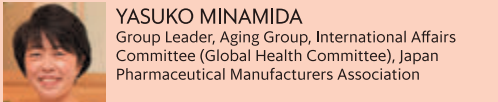
The National Academy of Medicine (NAM) spent three years to compile the Healthy Longevity Roadmap Report. Mr. Dzau described the report as containing measures to overcome aging-related issues and enjoy benefits brought by older people. Ms. Fried explained the definition of healthy longevity in the report as “the state in which years in good health approach the biological life span, with physical, cognitive and social functioning, enabling well-being across populations.” Mr. Wong said healthy longevity would “come from a complicated system with different factors intertwined.” He cited such factors as “work and other forms of social participation,” “a world without discrimination against older people,” “economic stability,” “housing and transportation,” and “access to healthcare.”

Mr. Kuroiwa responded by introducing the case of the Wakabadai housing complex in Yokohama. He noted that the percentage of the elderly population (aged 65 or older) there exceeded 50%, though there had been no increase in older people in need of care over the past decade. “Steady municipal activities and frequent multi-generation interchanges have sustained healthy longevity,” he said.

Ms. Noguchi presented various data concerning healthy longevity in Japan. She said that a person who once got in a state requiring care would remain in that state, and concluded by stressing the importance of precautions.

Finally, Mr. Nakatani said that he wanted actual cases in Japan to be shared across the world and used to form a more affluent society.

Keynote Speech 2: Pharmaceutical Industry Initiatives and Recommendations for Health Challenges in an Aging Society



YASUKO MINAMIDA
Group Leader, Aging Group, International Affairs Committee (Global Health Committee), Japan Pharmaceutical Manufacturers Association

The aging of the world’s population has brought about an increase in cancer, dementia, and other non-infectious diseases worldwide, giving rise to the problem of increased treatment cost. Ms. Minamida said that to reduce such burden, the pharmaceutical industry was “working not only on the development of new drugs, but also on the building of towns friendly to people with dementia, and the development of cancer-treatment-support applications.” She also mentioned the recommendations from the pharmaceutical industry stating that “the Japanese government should set targets toward and discuss increased healthy life expectancy” for the G-7 summit to be held in Hiroshima next year.

Panel Session 2:FINANCIAL GERONTOLOGY/WORK-STYLE Older People as Workers, Consumers and Investors



Panelist
ANDREW SCOTT
Professor of Economics, Former Deputy Dean at London Business School, Research Fellow at the Centre for Economic Policy Research



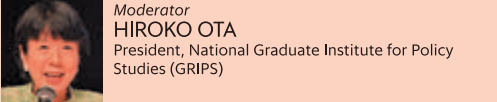
Panelist
YUJI KOBAYASHI
Principal Researcher, PERSOL RESEARCH AND CONSULTING CO., LTD.



Panelist
HIROSHI WATANABE
President, Institute for International Monetary Affairs



Panelist
JOHN PIGGOTT
Director of the ARC Centre of Excellence in Population Ageing Research (CEPAR) and Scientia Professor of Economics at the University of New South Wales



Moderator
HIROKO OTA
President, National Graduate Institute for Policy Studies (GRIPS)

The term, “super-aging society” brings to mind a society that has lost liveliness with an increase in older people, and might prompt us to think how to deal with this situation. However, what is more important is to think about how life plans can be conceived for current young people, who will likely live a longer life than before, as life expectancy increases. In his keynote speech, Mr. Scott said young people should invest more in health, skills and human relationships, and prepare themselves to adapt to a longevity society.

Mr. Kobayashi noted that the biggest issue faced by Japan in relation to the employment of older people was their “low adaptability to change.” This means a lack of self-efficacy, or a feeling that one can still be useful even if one’s organization or surrounding environment changes. Mr. Kobayashi said this could be overcome by individual companies’ efforts to “visualize the details of work and personal careers, and advance dialogue-based liquidation of internal human resources.”

Meanwhile, how should older people manage their financial assets in a longevity society? Mr. Watanabe said that the best way was to spend all the assets when they die other than the inheritance deliberately set aside, and warned that judging capabilities necessary for asset management would decline due to aging. In support of this theory, Mr. Piggott expressed his view that in contrast to declining capabilities, older people tend to have greater confidence in themselves. However, older people have more opportunities to make decisions in relation to asset management. Mr. Piggott pointed to “the need for a policy to prevent exploitation of older people.”

Finally, Ms. Ota said that young people must think of a life plan different from older generations’ in order to take advantage of their anticipated longevity. She concluded the session by saying that it was important for the young to keep up their determination to make a change themselves.

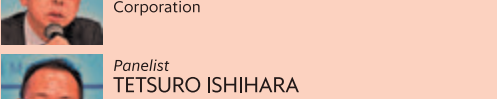
Panel Session 3: SOCIAL PARTICIPATION Community and Social Participation of Older People



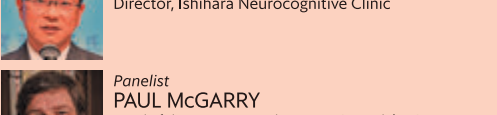
Panelist
TAKAKO SODEI
President, Japan Association for Age-Free Society



Panelist
KOJI ISHIZAKI
Executive Adviser, Mitsubishi UFJ Trust and Banking Corporation



Panelist
TETSURO ISHIHARA
Director, Ishihara Neurocognitive Clinic



Panelist
PAUL MCGARRY
Head of the Greater Manchester Ageing Hub/Assistant Director Public Service Reform Directorate, Public Service Reform Directorate, Greater Manchester Combined Authority



Moderator
NANAKO TAMIYA
Professor, Department of Health Services Research, Faculty of Medicine and Director, Research & Development Center for Health Services, University of Tsukuba

At the beginning of the discussion, Ms. Tamiya said that social participation by older people would prove beneficial for both themselves and society. For older people, invigorating social activities may bring them healthy longevity more effectively than nutritious diet or exercise. Meanwhile, communities can draw on the elderly’s experience and knowledge to help restore diluted connections within communities.

In response to this view, Ms. Sodei cited the case of Namic-machi, Fukushima Prefecture, a town which was severely affected by the 2011 Great East Japan Earthquake. In this town, older people played a central role in reviving an obsolete traditional festival. She said that this experience gave “people a stronger feeling of belonging to their community.”

Mr. Ishizaki looked at how older people engaged with society through work. It is said that Japanese people’s satisfaction with their work hits bottom at age 50, when they become conscious of retirement, and bounces back sharply after 60. He assumed that this was because older people tended to choose a new workplace which strikes the right balance between work and personal life or where they can realize their contribution to others.

As a physician, Mr. Ishihara conducts proof of concepts on home assistance for people with dementia living alone. He said he realized that not only people with dementia, but also “the whole

residential area were becoming grayer.” In this context, he said that it became clear that senior citizens in their 50s and 60s had increasingly engaged in activities to support residents in their 70s and 80s.

Mr. McGarry cited the case of Greater Manchester in the U.K., in which elderly citizens themselves advanced their views to the administration. He said that older people playing a leading role in their community could “enjoy a healthier, happier and more productive life.”

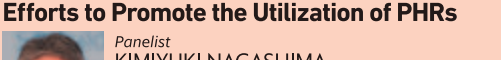
Panel Session 4 : INNOVATION Innovation to Improve the Lives of a Super-Aging Society

Interventions for preventing stroke, cardiac disease, and dementia in a healthy state entail lower costs than treatments after symptoms appear. These diseases are also deeply related to advancing age. Mr. Kennedy said that the right exercise, diet and other measures to deal with aging would help prevent such diseases. He also mentioned recent studies on pharmaceutical products which might reverse the aging process, describing them as highly promising. Mr. Taki agreed on the importance of precautions. He performs an AI-based analysis of brain images for his study on a system that keeps the brain healthy. He said that if this technology allowed for prevention of dementia, healthy life expectancy would further increase.

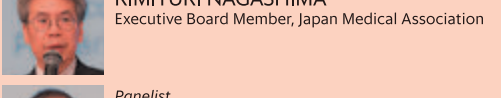
Mr. Sawa is the director of the “inochi mirai project” aimed at building a country where people can live a long and healthy life. He focuses on human development among other initiatives. He said that young people who had sympathized with the project’s philosophy had gathered. Ms. Matsui, one of those young people, has worked together with her fellows on healthcare issues we need to address in a super-aging society, including

The 5th Well Aging Society Summit Asia-Japan (WASS)

Panel Session 1:PERSONAL HEALTH RECORD (PHR) Efforts to Promote the Utilization of PHRs



Panelist
KIMIYUKI NAGASHIMA
Executive Board Member, Japan Medical Association



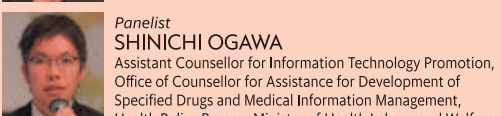
Panelist
KAZUO NAKAMURA
Chairman and CEO, CMIC HOLDINGS CO., Ltd.



Panelist
TAKERU HIKI
CEO, Welby Inc.



Panelist
SHINICHI OGAWA
Assistant Counsellor for Information Technology Promotion, Office of Counsellor for Assistance for Development of Specified Drugs and Medical Information Management, Health Policy Bureau, Ministry of Health Labour and Welfare



Moderator
KAZUSHIGE TANAKA
Deputy Director-General, Ministry of Economy, Trade and Industry, Commerce and Service Industry Policy Group

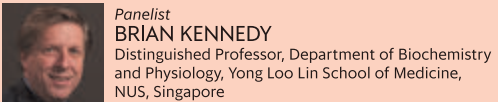
Personal medical information has been saved and managed respectively by hospitals and pharmacies. Now, personal health records (PHRs), where medical information is digitally and centrally managed and used, are in the spotlight.

According to Mr. Nagashima, the greatest value of PHRs is that patients can share their own health information such as weight, blood pressure, and number of steps taken per day with their primary care physicians. In reality, the time allotted for patients to receive medical treatment and examination is very short. Consequently, learning about the daily lives of patients for doctors is significantly useful for prevention and medical treatment. In addition, subjective involvement in medical treatment by patients has a positive impact on medical treatment and maintaining health.

Mr. Nakamura focuses on the benefits of carrying PHR cards for seniors. He stated that learning about underlying illnesses and regular medications from the cards during emergencies will result in appropriate treatment at medical sites and good prognosis. According to Mr. Nakamura, creative ideas such as placing the cards in the pouches of good luck charms can help seniors who tend to struggle with digital devices become familiar with PHR cards. Mr. Hiki discussed the potential of PHRs as a medical treatment app. For example, diabetic patients can manage their daily blood sugar levels and weight with the app. According to Mr. Hiki, it was confirmed that the measure encouraged behavioral changes in patients and data including blood sugar levels was significantly improved.

On the other hand, the Japanese government has created a system that allows individual patients and medical institutions access to personal medical information by using Mynportal. Mr. Ogawa said an online qualification check system is used as security infrastructure for the system. According to Mr. Ogawa, the communication of private PHRs with Mynportal by using API realizes a user-friendly system with good security.

At the end of the panel session, Moderator Tanaka stated that medical data can be used as a secondary use of PHRs for drug development by pharmaceutical companies in addition to the primary use of PHRs, which is the health management of individuals, and concluded with his comment that the further potential of PHR should be pursued.



Panelist
BRIAN KENNEDY
Distinguished Professor, Department of Biochemistry and Physiology, Yong Loo Lin School of Medicine, NUS, Singapore



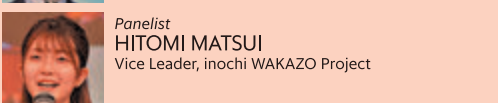
Panelist
YASUKO AKUTSU
CEO, MT healthcare Design Research Inc., Associate Professor, Patient Support Department, Chiba Universal Hospital



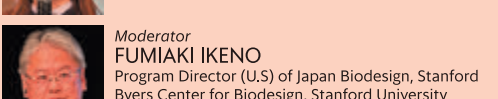
Panelist
YOSHIKI SAWA
Specially Appointed Professor Division of Health Science Osaka University Graduate School of Medicine, Director of Osaka Police Hospital



Panelist
YASUYUKI TAKI
Co-Deputy Director & Professor, Smart Ageing International Research Center/Institute of Development, Aging and Cancer, Tohoku University



Panelist
HITOMI MATSUI
Vice Leader, inochi WAKAZO Project



Moderator
FUMIAKI IKENO
Program Director (U.S.) of Japan Biodesign, Stanford Byers Center for Biodesign, Stanford University

sudden cardiac death, dementia, and frail health. She said that the biggest feature of the project was the process of “heeding real opinions of people concerned, turning them into ideas and implementing them in society.”

Ms. Akutsu said how useful it would be for older people to use digital devices. She questioned the general belief that older people are not good at technology. She went on to say that older people would be willing to use digital devices if they could enjoy changes in life brought by technology.

Mr. Ikeno concluded the session by expressing hope that Japan would create innovation as the first runner in the aging society, and that its outcomes would be disseminated throughout the world.

Panel Session 3: HEALTH PROMOTION THROUGH WORK International Promotion of Health and Productivity Management Based on Human Capital Formation



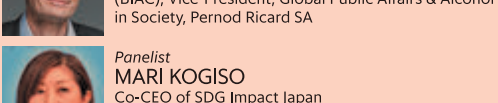
Panelist
MARK PEARSON
Deputy Director, OECD Directorate for Employment, Labour and Social Affairs



Panelist
SEIJI INAGAKI
Representative Director, President (Chief Executive Officer), Dai-ichi Life Holdings, Inc.



Panelist
LAURENT SCHEER
Vice-Chair, Health Committee, Business at OECD (BIAC), Vice-President, Global Public Affairs & Alcohol in Society, Pernod Ricard SA



Panelist
MARI KOGISO
Co-CEO of SDG Impact Japan



Moderator
KAORI TAKAHASHI
Senior Staff Writer, Nikkei Inc., News Manager, Nikkei CNBC

Health management is promoting the health of employees from the management perspective by companies. In fact, poor employee health results in a loss for companies. For example, workers suffering from emotional distress are more likely to be absent from work by 56% compared to workers not suffering from emotional distress.

According to Mr. Pearson, every dollar invested in health promotion programs by companies suppresses medical costs by four dollars. Since companies can receive a fourfold return, companies should work on health management at all costs. Mr. Pearson added that investment in health management not only contributes to the health of employees but it also increases the company’s possibility of receiving ESG (Environment, Society, Governance) investment. Mr. Inagaki introduced his company’s initiative using a health enhancement App. As a result of events including a team walking event, the number of steps walked by employees doubled. Mr. Inagaki stated that his company is disseminating its initiatives to other companies, and that the points for success of such initiatives are digitalization, collaboration with other companies and passion.

Ms. Kogiso’s investment firm gains returns by taking part in the management of companies that the firm invests in, promoting company initiatives for ESG and increasing corporate value. The ESG theme for the firm in investing is health and safety. If companies pay attention to health and safety, the risks of accidents at work and occupational injuries and falling productivity decrease and the corporate image improves. However, the impact of health and safety on corporate value and performance is unclear. Therefore, Ms. Kogiso stated that indicators to objectively demonstrate the impact of health management on companies are necessary for successful funding.

Mr. Scheer, who advocates the promotion of health management to OECD member states and corporations as a member of BIAC, is also vice president of an alcohol producer. He said his company has a responsibility in regards to the consequences of alcohol consumption. Therefore, he introduced the company’s specific initiatives such as promotion of responsible drinking to employees and involvement in educational activities on the prevention of drinking and driving.

Moderator Takahashi said the promotion of health is beneficial for both employees and companies. She concluded the session by wishing for the success of the initiatives of each panelist.

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