

## A CASE STUDY OF COOPERATION BETWEEN THAILAND AND JAPAN IN ENABLING A SECURE AND SUSTAINABLE FUTURE FOR THEIR RESPECTIVE AGEING POPULATIONS

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### Abstract

This article aims to examine the nature of the cooperation between Thailand and Japan in terms of meeting the challenges of an ageing population. While both countries face different demographic stages, and have responded in different ways to the social issues and opportunities posed by this rapid transformation, efforts have been made on both sides to collaborate, learn, and share from respective experiences at international, national, and local levels. While much of the literature has focused on Thailand and Japan's strategies to provide support for the elderly and on the structures and programmes which provide strong foundations for meeting the range of specific challenges encountered by this growing segment of the population, little research has been conducted on analysis of practical project-based collaboration between both countries and whether or how the cooperation is mutually supporting their respective strategies related to healthcare for the elderly. By drawing on academic articles on a specific example of collaboration 'on the ground' in Thailand and Japan, this article will probe how the cooperation is contributing towards addressing the issue and draw out implications for a more sustainable and long-term cooperation framework that is truly mutually beneficial and responsive to the two countries' realities and context. This article will also analyse the implications of lessons learnt from such collaborative work for other Southeast Asian countries transitioning to ageing and super-ageing societies.

**Keywords:** Ageing population, Japan-Thailand cooperation, Elderly healthcare

### Introduction

People are now living longer. The proportion of older people is increasing in many countries and at a faster pace than in the past, according to the World Health Organization (2022). By 2030, 1 in every 6 people will be aged 60 years or over, and by 2050, the older population will double to 2.1 billion. This shift in distribution of population towards the elderly, called 'population ageing', started in high income countries but is now moving towards the low and middle-income countries. By 2050, two-thirds of the world's ageing population

will be in low- and middle-income countries (WHO, 2022). In Japan, a high-income country, 30% of the population is already over 60 years old. It is estimated that by 2030, Japan's workforce will have decreased by 8 million, implying a potential major labor shortage (Jones, 2020). In Thailand, meanwhile, in 2021, 13 million people were aged 60 and above, accounting for 20% of its population (ERIA, 2021). Both countries have become so-called 'super-aged societies', Japan in 2006 and Thailand in 2021. A 'super-aged society' is defined by the WHO as a society where more than 20% of its

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population is aged 65 years or older (21% threshold). By 2050, Japan will continue to hold its position as the world's most aged society (AARP International, 2021).

This demographic shift towards population ageing translates into serious challenges for traditional family support, communities and government health care systems and welfare support services for older persons. Japan has been grappling with these challenges far longer than other countries, but Thailand is only now starting to experience the stark realities of an ageing society. While Japan has resolved key ageing challenges over the years, other ageing countries such as Thailand can learn from the Japanese experience. Thailand is less wealthy than Japan was at similar stages of population ageing and thus has fewer resources to confront these challenges. Indeed, Thailand has had a lower GDP per capita than the global average at every stage of ageing, while countries in East Asia and the Pacific region have experienced GDPs per capita twice the level of Thailand (World Bank, 2021).

Societal ageing is an issue that affects economic growth, patterns of work and retirement, workforce supply, and the abilities of governments and communities to provide adequate social welfare, and medical and livelihood resources for older persons. For instance, since 2010, Japan has lost almost three million of its working age population due to ageing. A declining birth rate and ageing were perceived to be the root cause of economic shrinking thus prompting the Japanese government to include employment for the elderly as a key component of its so-called "Abenomics" policies (AARP International, 2021). In Thailand, the rapidly ageing population points to a smaller future workforce, with working age share projected to decline from 71% of the population in 2020 to 56% in 2060 (World Bank, 2021). The labor force reduction could hinder Thailand's economic prospects, already aggravated by the recent Covid crisis.

Another pressing ageing challenge, and one that is more difficult to address, is the delivery of appropriate medical and welfare care for the elderly, the human resources required for long-term caregiving, and the funding for such care. With the shift towards a super-aged society, growth in the government's healthcare and long-term expenditure and shortage in care facilities and caregivers are all expected in the coming years. Transforming countries' health care delivery systems has become a requisite. Japan, for example, has introduced a community-based integrated care system that is less dependent on hospitals and highly specialised professionals (Noda et al, 2021). It would be beneficial for Thailand and other low- and middle-income countries to gain an understanding of Japan's health reform policies for the ageing population in order to inform earlier policy decisions and the development of long-sighted policies.

The issue of an ageing population is not limited to economic and healthcare concerns but also education of the elderly for skills enhancement, employability, and personal development. Provision of lifelong learning activities to the elderly caters to their social and economic needs, integrating them into their communities as well as enabling them to continue to be part of the countries' human capital (Dhirathiti, 2014). Japan and Thailand, as with other countries, have different perspectives and sets of policies on lifelong learning for the elderly. Arguably more crucial for the elderly than any other demographic groups, lifelong learning has a central role in promoting well-being and good quality of life for older adults when they permanently leave the labour market (Ogg, 2021).

Ageing populations are a global issue with an increasing number of countries transitioning to this demographic shift. While ageing populations are mainly tackled via national policy agendas, at various stages of population ageing, countries can learn from each other, especially those of similar

cultural, economic, and political contexts. Cooperation in the form of sharing knowledge and skills would help create a pool of expertise in ageing-related policy fields and develop common minimum standards on this important social issue, bolstering governments' capacity and empowering persons across all generations. Meeting the demand of long-term care for the elderly, their labour market participation and lifelong learning provisions are not merely domestic affairs. International resources are crucial, and therefore, based on evidence, it is of value for all countries to engage in cooperation, whether at a bilateral, regional, and multilateral level. Japan and Thailand share both similarities and differences in contexts related to population ageing. While the two countries are at different stages (Thailand as a super-aged society for merely a year while Japan has been at this stage for over 16 years), there exists on-the-ground cooperation between the two countries that could provide understanding on both the nuances and commonalities in dealing with the challenges arising from population ageing. Such insights could potentially provide a framework for ageing societies to build a safer and more secure, human, inclusive, and social environment for the elderly which benefits all members of society. It is therefore the objective of this study to examine Thailand-Japan international cooperation with the aim of identifying collaborative work on ageing policies and practices that may be of support and assistance to other ageing societies. Specifically, this study aims to:

### Research Objectives

1. Provide an overview of the socio-demographic profile of ageing populations in Thailand and Japan and a snapshot of their current situation against the backdrop of changing national, regional, and global contexts.
2. Investigate the nature and mechanisms of cooperation between Thailand and Japan in relation to population ageing by examining as a

case study a specific Thai-Japan project on health care and social welfare services for the elderly population.

3. Understand the challenges and lessons learnt from the Thai-Japan cooperation and draw out implications for future collaborations between the two countries and with other ageing societies in Southeast Asia.

Thailand and Japan are selected as subjects for this study due to ongoing debates on the parallelism between these two countries in terms of their trajectory of demographic transition. Thailand, along with South Korea, Taiwan, and Singapore are following in the footsteps of Japan in terms of population ageing, but unlike Japan, Thailand will still find itself in the middle-income trap when it hits its peak (Garcia-Herrero, 2020). Compared to the other three countries, Thailand is the least prepared and as such, it is even more crucial for it to benefit from international resourcing to support its internal ageing policies.

Academic literatures tell us that collaborations exist between Thailand and Japan at all levels (governmental, institutional and academic), however there is little documentation on these collaborations and even less analysis on whether or how the cooperation is mutually supporting the two countries' respective strategies for the elderly. Further exploration is needed to understand these cooperation mechanisms on population ageing to draw implications for a more sustainable and long-term partnership framework that is truly mutually beneficial and responsive to the two countries' realities and context. This study will provide insights on the extent to which Thailand and Japan are successfully leveraging their bilateral collaborations.

### Literature Review

The United Nations has defined an older person as a person who is over 60 years of age but in many other definitions, such as that of the OECD, the elderly population represents those

aged 65 years old and older (OECD, 2023). In a 2002 United Nations report, *World Population Ageing: 1950-2050*, population ageing is referred to as the “process by which older individuals become a proportionally larger share of the total population”. The same report presents four significant points gleaned from analysis of population data: (1) the rapid growth of population ageing is unprecedented, (2) it is pervasive, affecting all countries globally, (3) it is enduring and there is no way of returning to the young population of the past, and (4) ageing has profound implications on humanity. Indeed, the report points out that while countries are at different stages of population ageing and at varying paces of change, all societies in the world are in the midst of this longevity shift. Countries which started late in this process will have less time to adjust. Given this scenario, past literatures on population ageing have naturally focused on country-level and comparative analysis of policies and strategies on promoting the wellbeing and productivity of the elderly, their impact, and the extent to which these are affected by cultural and contextual influences. This equally applies to the literature on Japan and Thailand.

Social welfare services serve one goal across countries, which is to promote quality of life, wellbeing, and the health of its citizens. It provides an assurance that all people will have access to state services related to social, financial, educational and health needs (Jitramontree and Thayansin, 2013). Traditionally in Asian culture, the family is the principal source of support for older people, with children looking after their parents. This is common in both Japan and Thailand. For Japan, it is a matter of filial piety under Confucian ethics and reinforced under the Meiji period’s patriarchal family system which made the eldest son responsible for elderly parents (Hayashi, 2011). Evolution of social welfare systems over the years are driven by changing perceptions of the older population. Thailand has developed its social welfare system from the concept of alleviating problems, stemming from its

value of gratitude namely “*Katunyu*”, which initially saw older persons as a burden who are reliant on government services. This later evolved into a deinstitutionalised social welfare system that focussed on self-care, promoting the independence of older people (Jitramontree and Thayansin, 2013). In Japan, the current social welfare system arose from recognition that family care is not only lacking but that it leads to cases of abuse, neglect, and abandonment of the elderly in public care homes or what is referred to as *Obasuteyama* in Japan. Past state-funded residential care homes were associated with *Obasuteyama* with stigmatized ageing adults abandoned by their families (Hiyashi, 2011).

### Healthcare and Welfare System

Extensive research exists on Japan’s ageing population from the healthcare and medical perspectives, compared with that written about Thailand and other countries. This can be explained by Japan’s status as the most aged nation in the world, a state it entered far earlier than any other country. As one may expect, health and caregiving systems are the common subjects of many existing comparative studies on Japan and Thailand, the focus being on analysis of their differing policies and practices for the elderly and identifying successful, effective practices from which other countries could also learn. Brodsky et al (2002), in their study of experiences of the care of the frail elderly of developing and developed countries including Thailand and Japan, indicate that understanding the existing situations within countries provides insights for the development of long-term care policies for the older population.

Early literature on population ageing in Japan and Thailand focused on analysis of the socio-economic and demographic changes over the last few decades, and their impact on healthcare systems and labor markets. Other academic literatures have discussed the issue on the elderly

within the context of the design of health, employment, and social security systems for the older population. Choowattanapakorn (1999) for instance, charts the demographic and socio-economic changes in Thailand from as early as the 1960s to the late 1990s to provide a picture of the social situation of Thai elderly and to inform nursing curricula and practices. In Japan, the changing social context of the elderly from the 1950s to early 2000s has informed the change in approach in the Japanese healthcare and welfare system from being centralized to becoming a community based integrated care system or CbICS (Aratame, 2007). CbICS, a comprehensive health care support for the elderly, first introduced by Japan, has been the subject of several academic papers, analyzing its effectivity and replicability. Sudo et al (2018) in their study of healthcare policies of Japan, Korea, Thailand, China, Indonesia, and the Philippines, suggest that other communities and countries, where population ageing is an emerging issue, could replicate CbICS, by considering their respective social, cultural, economic, and political conditions. The CbICS approach has been adopted in Thailand through its Health Promotion and Treatment Program, but the program was hindered by the increasingly complex needs of the older population (Sarabol, 2021). Thailand is, however, strong in terms of family caregivers for the elderly. While Japan has an established integrated CbICS, a comparative survey by Greiner et al (2017) indicates that the condition of family caregivers is better in Thailand than in Japan, despite the former having no long-term care insurance system. Informal support and social connections are key to the wellbeing of the family caregivers. Rodjarkpai (2016), similar to Greiner et al, emphasize the importance of family support for the care and wellbeing of the elderly. Japan implemented the Long-Term Care Insurance Act in 2000 but health insurance and pensions systems have been in place since 1961 (Oku et al, 2017). Nakamura's (2018) analysis of the Long-Term Care

Insurance Act offers insights into the significance of a long-term care system and solutions to inform new welfare-related systems for the elderly and to encourage industries to focus on the needs of the older population.

Health insurance and pension systems, or more broadly social service systems for the elderly, have likewise been subject to different analyses looking specifically at how they have historically developed at a country level. These social service systems have been generally expanding across countries. Masuda and Kojima (2001) trace the development of social services for the elderly in Japan from pre-war to the late 1990s and conclude that these services have changed from being solely for the poor to general and universal policies for all, regardless of income. In Thailand, social security system programmes started in 1901, mainly for government employees and only expanded in the 1970s and 1990s to the broader population, providing coverage for health care, old age, and unemployment, among others (Chandoevit, 2006). The first old age pension system was established in 1892 as part of state-funded welfare provision for public servants. It was an aspiration at the time for Thai people to work in the government (Krongkaew, 2007) and the social service systems provided welfare assistance, through the form of a pension, to the older population when they retire from employment. Pensions therefore became the norm in Japan and Thailand. The World Bank has published numerous studies on the fiscal impact of the ageing population on countries and pension systems which have, in turn, served as guidelines for countries in their development of their pension systems (Krongkaew, 2007). For instance, a World Bank report by Bandaogo and Van Doorn (2021) analysing the impact of ageing on Thailand's macroeconomics and fiscal sustainability recommends increasing the size of the labour force and increasing its productivity as mitigation to counter the negative impact of population ageing.

Retirement is still widely considered as both a loss to the labour market and an economic and social burden on the nation. A shrinking labour force means fewer people paying into pension systems and governments having to increase spending on pension payments. Thailand could learn from Japan on how the government controls its budget and tax policy in order to manage its aged society (Chumjai, 2017). Chumjai (2017) indicates that the countries share similarities in terms of issues related to management and financing of healthcare and pension systems but with Japan having encountered these issues decades before Thailand, the latter has the opportunity to learn from Japanese schemes to prevent fiscal burden arising from its ageing population in the future.

### **Employment and Income Security**

The relationship between retirement, health status and income security is a common subject in the literature on population ageing. Countries vary in their strategies to counteract the negative economic and fiscal impact of retirement. Bandaogo and Van Doorn's (2021) study posits that an increase in retirement age in Thailand will increase its labour force, which in the long-term will boost the economy. In Japan, it is common for people who retire at the age of 60 to search for an alternative employment, and increasingly old persons work as long as they possibly can. Hence, Japan has a much higher number of elderly people in the workforce compared with other developed countries (Raikhola and Kuroki, 2010). Income security is well associated with feelings of psychological well-being. Teerawichitchainan and Pothisiri (2021), in their study of Thai social pension and its impact on family support, suggest that older persons who solely rely on old-age allowance (OAA) are less likely to report income adequacy and positive psychological wellbeing. OAA, outside of the pension system, is a government's means to

provide basic income security to its older persons. Thailand is one of the few developing countries which provides OAA. In Japan, pension benefits cover the entirety of one's life and as such older persons with higher pension benefits may have a stronger sense of financial security (Teerawichitchainan and Pothisiri, 2021), which positively affects their wellbeing. Better health and higher income contribute to happiness and pension increases ones' happiness (Panis, 2003).

It is widely accepted that retired people can still contribute to society in many ways, although the extent of their contributions will depend heavily on their state of health. In Japan, the government has been encouraging the older population to work longer to aid the social security system. The number of Japanese seniors who are willing to work is higher than in some Western countries such as the United States, Germany, and Sweden (Japan Times, 2022). However, with the available jobs often low paid, unstable and physically demanding, issues arise as to the viability and motivations to encourage older persons to continue working despite their advanced age. According to the Japan Times (2022), three out of four people working at age 65 or older in 2020 were hired in low paid, irregular jobs, an increase of 2.27 million from a decade earlier. In Thailand, a survey in 2022 indicated that out of the 9,408 seniors surveyed, 76% wanted to be self-employed, 15% wanted to continue to have full-time jobs and 9% were open to both arrangements. The Thai government has created jobs for seniors, such as production workers, housekeepers, security personnel, coaching staff, and drivers to reduce social inequalities (Lee, 2022).

While there is extensive comparative literature on population ageing in Japan and Thailand, there is however a lack of comprehensive studies and documentation on cooperation projects or arrangements (national or institutional), and much less on how impactful and effective these collaborations have been. As such, other

non-academic journals were also sourced to complement the academic studies.

Often cooperation arrangements between countries come in the form of broader bilateral trade agreements and economic cooperation frameworks. This research focuses only on one specific case study, a project between Japan International Cooperation Agency (JICA) and the Thai government through the Ministry of Public Health, Ministry of Social Development and Human Security, and National Health Security Office. Using publicly available academic studies and project documents, this research analyses lessons learnt and challenges from the collaboration and draw out recommendations for a future cooperative framework between the two countries and with other Southeast Asian countries transitioning towards ageing population societies.

### Instruments and Methods

The methodology for this research involved two components: desk-based research to gather secondary data, and semi-structured expert interviews to gather primary data.

The secondary data collection method involved desk-based research which, in turn, informed the primary empirical data collection method in the form of semi-structured interviews

with academics who have expertise or who have conducted research on the ageing population in Japan and Thailand. The secondary data aims to provide a picture of population ageing in Japan and Thailand, providing an understanding of the state and context of the elderly situation in the two countries. There is a wide range of literature on the ageing population, and therefore prioritized sources used for the socio-demographic profile of ageing populations in Japan and Thailand are taken from the most updated data available. Data on Japan-Thailand cooperation on ageing will draw mainly on a major collaborative project between the two countries entitled “Seamless Health and Social Services Provision for Elderly Persons (S-TOP)”, implemented from 2017 to 2022. Project literature and academic articles on this project provided valuable inputs to this research.

The primary data collection served to enhance and deepen the understanding of the secondary data analysis. From the analysis of secondary data in the desk-based research, gaps in existing knowledge were distilled and served as a basis for the semi-structured interviews. The interviews aimed at obtaining respondents’ rare insights and reflections that would otherwise not be accessible and clear to outsiders. 2 key informants were interviewed for this research:

Researcher/Academic	Pseudonym
A leading researcher and lecturer at a Thai public university experienced in the design and leadership of Thai-Japan collaborative efforts in social work related to the elderly.	Interviewee A
A leading academic expert and lecturer working at a Thai public university with many years of experience in research on social issues related to the elderly	Interviewee B

The results of the interviews inform the recommendations in this study. The secondary data from desk research is presented first in the *Results and Discussions* (Part 1 and 2) section with the

primary data from the semi-structured interviews incorporated in the sub-section *Insights, Reflections and Recommendations on Cooperation Related to Ageing Population* (Part 3).

## Results and Discussions

### Part 1: Changing Socio-Demographic Trend and Current Situation of Ageing Population in Japan and Thailand

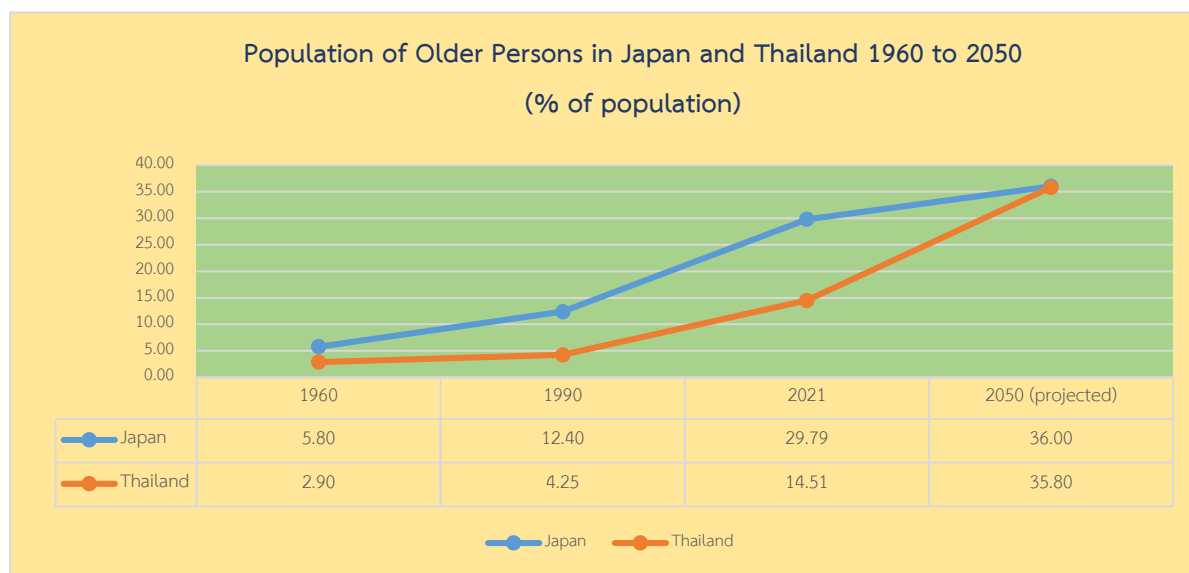
#### Population Trends and Older Population

In 2021, Japan's population was 125.7 million and Thailand's population stood at 66.7 million. Thailand's population growth has been rapid, much faster than Japan. From 1960 to 2021, its population increased by 161.3% from 27.40

million to 71.60 while in the same 61-year period Japan's population growth was 34.8% (93.22 million to 125.68 million people). Over the last 61 years, the population aged 65 years and above in Japan rose from 5.8% to 29.79% while Thailand's grew from 2.9% to 14.51%. Thailand is ranked as the third most rapidly ageing population in the world, even faster than Japan, and by 2050 Japan and Thailand's share of aged population will almost be at the same level, 36% and 35.8% respectively.

**Figure 1**

*Data Trend on Ageing Population in Japan and Thailand*



**Source:** World Population Prospects 2022, World Bank

Thailand is not alone in this upward projectile of ageing population. Some of the most rapidly ageing societies in the world are in the ASEAN region, a majority of which have 10% or more of their populations aged 60 years or older: Singapore (22%), Vietnam (13%), Malaysia (11%), Indonesia (10%), Myanmar (10%) and Brunei (10%) (Thai Gerontology Research and Development Institute, 2021). Japan, on the other hand, as of September 2022, has the highest number of adults aged 65 years old and older in the world, 5% more than the older population of Italy, which ranked

second. According to the United Nations (2022), roughly one in every seven people aged 60 years or older reside in the Asia and Pacific region and in 2050, this will double (1 in 4 people).

Population ageing is an inevitable result of a demographic shift in decline in birth rates and death rates. According to World Population Prospects 2022, once "total fertility rate of countries has reached (and fallen below) a level of 2.1 children per woman, fertility is projected to not exceed replacement level again by 2050. In countries like Japan and Thailand with fertility levels



far lower than replacement level, fertility might increase again but it is not projected to surpass replacement level by 2050” (United Nations, 2022). Thus, while population ageing might slow, population decline will not reverse.

**Table 1**

*Socio-Demographic Profile of Japan and Thailand Older Population (2021)*

Profile	Japan	Thailand
Population – 2021	125.7 million	66.7 million
Population (as of February 2023) <sup>2</sup>	125,477,411	70,251,670
Population growth rate	-0.37%	0.26%
Life expectancy at birth (In years)	84.8 years	78.7 years
Life expectancy at age 65 years (both sexes)	22.4 years	20.2 years
Female life expectancy at age 65 years <sup>3</sup>	24.7 years	22.4 years
Male life expectancy at age 65 years	19.8 years	17.8 years
Crude death rate	6.6%	9.0%
Sex ratio of older persons	95.38 men per 100 women <sup>4</sup>	74 men per 100 women
Percentage of older persons	29.79%	14.51%
Potential support ratio (PSR)	2	5
Top 3 causes of deaths among older persons (2019)	1-cancer, 2-heart disease, 3-old age (natural death) <sup>5</sup>	1-ischemic heart disease, 2-stroke, 3-lower respiratory infection <sup>6</sup>
Covid-19 deaths (60 years and older)	22, 837 <sup>7</sup> (as of March 2022)	14,597 in 2021 (70% of all COVID-19 deaths in that year) <sup>8</sup>

Source: World Population Prospects 2022, World Bank.

### Healthcare and Social Welfare System

An ageing population shifts the narrative of a country’s growth prospects not only because of the resulting decline in working-age population (leading to a decline in taxpayers) but also in terms of the financial costs of medical care and welfare

services for the elderly. Elderly care is an emerging global issue, demographics will continue to shift, and therefore national policies should evolve along with these transformations. The table below provides a snapshot of the current healthcare and

<sup>2</sup> Data from Worldometer

<sup>3</sup> ibid

<sup>4</sup> <https://statisticstimes.com/demographics/country/japan-demographics.php>

<sup>5</sup> <https://www.asahi.com/ajw/articles/13060556>

<sup>6</sup> <https://www.healthdata.org/thailand>

<sup>7</sup> <https://www.statista.com/statistics/1105162/japan-patients-detail-novel-coronavirus-covid-19-cases-by-age-and-gender/>

<sup>8</sup> Thai Gerontology Research and Development Institute, 2021

social welfare system in Japan and Thailand for its older adults.

**Table 2**

*Healthcare and Social Welfare System for Older Persons in Japan and Thailand*

Health and Social Welfare Services	Japan	Thailand
<b>Living arrangements and family support</b>	<ul style="list-style-type: none"> <li>■ Caregiving for the elderly is the younger generation's obligation - a traditional Japanese cultural belief though this is changing with growing nuclear family structure and familial support increasingly found to be lacking</li> </ul>	<ul style="list-style-type: none"> <li>■ Majority of older people prefer intergeneration family living<sup>9</sup>.</li> <li>■ Familial support for older persons is an obligation and accepted norm.</li> </ul>
<b>National Healthcare Policy and Approach</b>	<ul style="list-style-type: none"> <li>■ Community-based integrated comprehensive care system (CBICS) - which provides comprehensive up-to-the-end-of-life support services in each community</li> <li>■ Long-Term Care Insurance (LTCI) System (enforced since 2000) – social care system to reduce burden of care from families</li> </ul>	<ul style="list-style-type: none"> <li>■ The Older Persons Act provides rights, benefits, and support in various areas including medical and health service. Health Development Strategic Plan for the Elderly – emphasis on combination of assistance to elderly within family and a supporting system of health care and social services within their own community.</li> <li>■ Village health volunteer system is very strong and effective</li> </ul>
<b>Healthcare insurance system/scheme</b>	<ul style="list-style-type: none"> <li>■ National Health Insurance<sup>10</sup> (separate from long-term care from coverage of healthcare insurance)</li> <li>■ Employees Health Insurance</li> <li>■ Late-state Medical Care System for the elderly - elderly people at least 75 years old or between 65-74 years old and certified as having a specific disability</li> </ul>	<ul style="list-style-type: none"> <li>■ Civil Servant Medical Benefit Scheme (CSMBS)<sup>11</sup> by Ministry of Finance</li> <li>■ Social Security Scheme<sup>12</sup> by Ministry of Labour</li> <li>■ Universal Coverage Scheme by National Health Security Office<sup>13</sup></li> </ul>
<b>Government healthcare</b>	<ul style="list-style-type: none"> <li>■ Decentralised health care system</li> </ul>	<ul style="list-style-type: none"> <li>■ Highly centralized health care system</li> </ul>

<sup>9</sup> In a 2019 survey by Mahidol University, 80% Thai (15-65 years old) prefer to have two or more generations live together in one home

<sup>10</sup> Insurance for self-employed individuals, farmers, non-regular employees, unemployed people, and retired persons under self-employees' health insurance

<sup>11</sup> Covers government employees and dependents

<sup>12</sup> Compulsory insurance for employees in private sector

<sup>13</sup> Insurance for all Thais not covered by CSMBS and SSS

Health and Social Welfare Services	Japan	Thailand
<p><b>providers, welfare facilities and aged care providers</b></p>	<ul style="list-style-type: none"> <li>■ Ministry of Health, Labour, and Welfare as main provider</li> <li>■ Long-term care (LTC) services caregivers</li> <li>■ Community based integrated care centres</li> <li>■ 8.2 thousand welfare facilities and 2.3 thousand homes for the aged (2019)<sup>14</sup></li> </ul>	<ul style="list-style-type: none"> <li>■ Ministry of Public Health as leading agency responsible for policy formulation, regulation, workforce development, service provision, program implementation, and monitoring &amp; evaluation</li> <li>■ Public sector dominates Thailand's health delivery systems<sup>15</sup> - 75% of hospitals are public</li> <li>■ Availability of informal health support system at the community level - government-supported Village Health Volunteer, Elderly Care Volunteer, and other volunteer programs</li> <li>■ Presence of elderly clubs, elderly centres</li> <li>■ 1.208 million persons are either employed or serve as volunteers as aged care providers under government welfare<sup>16</sup></li> </ul>
<p><b>Number of older persons in welfare facilities</b></p>	<ul style="list-style-type: none"> <li>■ 571 thousand in welfare facilities requiring long-term care and 95 thousand in aged homes (2019)<sup>17</sup></li> </ul>	<ul style="list-style-type: none"> <li>■ 2,196 elderly persons residing in assisted living facilities under local administrative organisations and MSDHS (2019)<sup>18</sup></li> </ul>

Globally, elderly care is provided through both formal and informal systems (with no government intervention) with the latter being more common in most developing countries and the former practised more in developed countries, backed up with legislation and policies (Raikhola

and Kuroki, 2010). Policies in healthcare and welfare in Japan and Thailand have evolved over the decades. Analysis of secondary data from extant literatures and the current situation of the older population (as presented in Table 2) demonstrates features and trends distinct to Japan and

<sup>14</sup> <https://www.statista.com/statistics/667140/japan-home-for-seniors-numbers/#:~:text=In%202019%2C%20the%20number%20of,homes%20available%20in%20the%20country.>

<sup>15</sup> Research on the International Cooperation Projects for Response to Population Aging in Thailand, JICA, 2022

<sup>16</sup> Thai Gerontology Research and Development Institute, 2021 Thai Gerontology Research and Development Institute, 2021

<sup>17</sup> <https://www.statista.com/statistics/667115/japan-senior-homes-resident-numbers/>

<sup>18</sup> Thai Gerontology Research and Development Institute, 2021 Thai Gerontology Research and Development Institute, 2021

Thailand's respective contexts but that could also be rooted in the broader context of Asian culture.

1. Familial support for the elderly is deeply ingrained within cultures but intergenerational relations are weakening and so is support for the elderly. Thais consider caregiving for the elderly as a sacred norm and Japanese, similarly, have traditionally regarded elderly caregiving as an obligation. In a 2021 survey by Ipsos in Thailand, over 9 out of 10 Thais rejected the idea of sending their parents to a nursing home (Wuthithanakul, 2021), preferring to have their elderly relatives living together with them. Intergenerational family living is rising globally amid ageing demographics. One strand of literature, mostly from a Western perspective, argues that longstanding family and cultural arrangements in the West protect the elderly from changing national contexts (Hermalin, 2014). However, rapidly changing global population dynamics contradict this assertion, as we see increasing numbers of elderly in households and fewer young people to care for them, pointing to an inevitable decline in family support for the elderly over time. It is important to note that familial structures and cultural arrangements vary from region to region and as such the trajectory in East and Southeast Asia may not necessarily follow the same path as in the West. It remains to be seen how continuing socio-demographic shifts will more specifically affect the intergenerational support system in Japan and Thailand.

2. Considerable stigma is attached to government welfare. Before the long-term care insurance (LTCI) was introduced in Japan, nursing homes were considered as facilities for those who could not afford to pay, with welfare equating poverty, especially for the Japanese middle-class. In Thailand, people are seen to reject sending their parents to 'nursing homes' (government funded or private) because it goes against their 'norm'. The reasons in both countries may be different but the stigma associated with the use of public nursing and welfare facilities continues to persist.

3. Welfare for the elderly is a work in progress. Healthcare and welfare systems have changed over time and are keeping up with the changing needs and national pressures (economic, social). Coping with the evolving needs will depend on the agility of governments and whether they are able to maintain strong institutional arrangements and make realistic assessments of socio-demographic trends.

### **Employment and Income Security**

One way to combat the economic impact of an ageing population is to promote the employment of older adults. With advances in medical and nutritional technologies, recent (and future) generations of older adults tend to enjoy better health and with higher levels of education attainment and work experience, the elderly are able to retain employment longer or find new jobs, post-retirement age, much easier than previous older generations. Governments should therefore be able to provide the elderly with ample upskilling or re-skilling, training support and employment opportunities to relieve the fiscal limitations they may experience.

In Thailand, policy infrastructure on post-retirement employment is still lacking, policies that will enable the elderly to continue to work in organizations while at the same time allowing them the flexibility to live their lives as elderly people (Phijaisanit, 2015). Japan over the years has initiated various government measures to retain the elderly in the labour force and by 2006, Japanese companies had 3 options: to raise the mandatory retirement age to 65 years old, to continue employment for employees up to 65 years old and to abolish mandatory retirement (Conrad et al, 2008 cited by Martine and Jaussaud, 2017). From further amendments to Japan's employment policies in 2013, employers are now prevented from setting criteria for re-employment of employees younger than 65, ensuring that they continue to employ workers in some capacity until the age of 65 (Martine and Jaussaud, 2017).

Table 3

*Employment and Income Security of Elderly Japanese and Thais*

Employment and Income Provisions	Japan	Thailand
<b>Retirement policy</b>	<ul style="list-style-type: none"> <li>■ Older adults can continue to be employed by companies up to 65 years old, when they become eligible for public pension benefits</li> <li>■ Businesses are encouraged to secure opportunities for employees to work until 70 years old by abolishing or raising the retirement age and rehiring employees on post-retirement contracts or commissioning older adults for certain tasks</li> </ul>	<ul style="list-style-type: none"> <li>■ Retirement age is 60 years old for private employees while for civil servants, retirement age was raised from 60 to 63 years old (fully taking effect in 2024 and not applicable to positions that require physical fitness such as those in national security agencies)</li> <li>■ All retiring employees are entitled to statutory severance pay</li> </ul>
<b>Pension system and other government financial support for older persons</b>	<p>3-layer pension system:</p> <ul style="list-style-type: none"> <li>■ National Pension Insurance - basic pension mandatory for all residents between 20 and 59 years of age</li> <li>■ Employees' Pension Insurance and Mutual Aid Association Pension Insurance – for public and private workers</li> <li>■ Voluntary Pension Insurance, which is voluntarily available for individuals and companies</li> </ul>	<ul style="list-style-type: none"> <li>■ Social Pension Scheme (Old-age allowance- OAA)</li> <li>■ Government Pension Fund (for civil servants)</li> <li>■ Social Security System Pension Scheme</li> <li>■ Government Pension (government retirees)</li> <li>■ National Savings Fund (informal workers)</li> <li>■ State Welfare Card</li> <li>■ Support for funeral arrangements for older person's death</li> </ul>
<b>Other income</b>	<ul style="list-style-type: none"> <li>■ Own income from informal jobs</li> <li>■ Family support</li> </ul>	<ul style="list-style-type: none"> <li>■ Financial support from children (HelpAge study in 2017 indicated most older people (79%) receive some income from children, but only a minority (37%) consider children as their main source of income)</li> </ul>
<b>Post-retirement/old-age employment</b>	<ul style="list-style-type: none"> <li>■ Japanese choose to work for as long as possible to lessen the economic burden for families</li> <li>■ Jobs available are often in the informal sector, manual-intensive, less stable and low paid</li> </ul>	<ul style="list-style-type: none"> <li>■ Thai older persons continue to work because of obligation and not by choice.</li> </ul>

Employment and Income Provisions	Japan	Thailand
		<ul style="list-style-type: none"> <li>■ Older people who continue to work tend to be in the agriculture sector and poorer<sup>19</sup></li> </ul>

The favourable labour laws in Japan are viewed as the main reason for Japanese older adults' desire to work longer, as well as for the high employment rate among 60-64 years old. However, the high participation rate among the elderly does not necessarily mean that everyone benefits from these policies. Accounts abound of various kinds of discriminations suffered by the elderly population in employment. While there *are* existing labour laws, enforcement measures are lacking and the law does not specify the nature and status of employment contract and compensation, allowing companies greater flexibility and even unrestrained discretion for employee dismissal (Hamaguchi, 2016 cited in Martine and Jaussaud, 2017).

In Thailand, the number of older workers<sup>20</sup> has been increasing yearly, from 3.10 million people in 2010 to 4.70 million in 2020. The Thai government's 2<sup>nd</sup> National Plan for the Elderly set out that 67% of older people need to continue to work post retirement (Thanapop and Thanapop, 2021). The protection of older workers is covered in its Labour Protection Act 2008 and this covers provisions related to age discrimination that generally arise from employment. Discrimination claims against Thai companies' hiring processes are relatively uncommon, and age limit is often specified in recruitment processes (Agediscrimination. Info, 2018). Japanese and Thai older adults shared the same reasons for remaining in the labour force: to

maintain a good standard of living and for economic reasons.

## Part 2: Japan-Thailand Cooperation on Ageing Populations

Goal 17, the goal for partnerships, is arguably the most important of all the United Nations Sustainable Development Goals (SDG) because the achievement of this goal is anchored in effective and impactful cooperation and engagement among all societal actors – governments, the private sector, academics, and individuals. Collective action generates sharing of knowledge and mobilisation on a wider scale, allowing for the potential to achieve even the most daunting of goals. Ageing population is a global issue that requires sustainable cooperative action, especially considering its massive socio-economic impact on society. Not only does collaboration enhance countries' capacity to tackle national and global challenges more strategically and sustainably, but it also instils ownerships of the process and results.

Japan and Thailand have diplomatic ties stretching back over 135 years since the two nations signed the Declaration of Amity and Commerce in 1887 but their strong alliance actually goes back even farther, spanning over 600 years. Japan is Thailand's foremost country in terms of overseas development assistance (ODA) and investments, with the bulk of ODA assistance delivered by Japan International Cooperation

<sup>19</sup> HelpAge International Asia from analysis made by Charles Knox-Vydmanov, Work, Family and Social Protection: Old Age Income Security in Bangladesh, Nepal, the Philippines, Thailand, and Vietnam, HelpAge International, 2017  
<https://www.refworld.org/pdfid/5a8a8aea7.pdf>

<sup>20</sup> Workers aged 45 years and over as defined by World Health Organisation (WHO) and European countries. Thailand has identified older workers as those aged 60 years and older who are still working and able to perform their duties.

Agency (JICA). Japan is a consistent top investor with over 6,000 Japanese businesses and nearly 100,000 Japanese living in the country (The Japan Times, 2022). In 2021, the trade value between the two countries grew by over 20% with free trade agreements in place, such as the Japan-Thailand Economic Partnership Agreement and ASEAN-Japan Comprehensive Economic Partnership (SCG News Channel, 2022). On the other hand, Thailand is also important for Japan because of its geopolitical position and central role in the ASEAN Community and a key country in the development of the Mekong region (Embassy of Japan in Thailand, 2020). Thailand also helps Japan as a production base, enabling Japanese corporations to remain competitive and at the center of the automobile and electronics industries. Japanese development cooperation with Thailand covers SDG-related goals such as human resources development, research and development, quality infrastructure, disaster management, energy and environment and climate change. It also includes addressing issues such as ageing society and supporting socially vulnerable groups as Thailand transitions into a mature society (Embassy of Japan in Thailand, 2020).

#### **Case Study: Seamless Health and Social Services Provision of Elderly Persons Program (S-TOP)<sup>21</sup>**

The S-TOP program is a technical assistance project developed in 2017 for Thailand by JICA<sup>22</sup> to assist Thai hospitals in implementing intermediate

care systems for elderly patients. S-TOP demonstrates interplay between different stakeholders - key medical providers and foreign and local partners in facilitating health programmes for the elderly. S-TOP aligns with the priorities of JICA and more broadly, Japan, for Thailand: sustainable economic development and management of a maturing society, coping with common ASEAN issues and promotion of cooperation with non-ASEAN countries in the region. S-TOP followed two other JICA elderly care related projects: 'Community Based Integrated Health Care and Social Welfare Services Model for Persons in the Kingdom of Thailand', C-TOP (2007-2011) which focussed on community-based systems, and the 'Long-term care Service Development for the Frail Elderly and Other Vulnerable People', L-TOP (2013-2017), which targeted a long-term care system for the elderly. All 3 projects have been piloted in selected districts in Thailand, with the two earlier projects paving the way for S-TOP thus making its transition smoother. S-TOP's beginnings also coincided with the Thai government's prioritisation of ageing society as a national agenda.

Other Japanese ODA projects implemented with a focus on the ageing population in Thailand include the Public-Private Partnerships (PPP) (SDGs Business Supporting Survey), JICA Partnership Program (JPP), Grant Assistance for Grassroots Human Security Project (GGP), and Japan Overseas Cooperation Volunteer (JOCV) (Japan International Cooperation Agency, 2022).

<sup>21</sup> Data on S-TOP was drawn extensively from the report "Japan-Thai Collaboration to Address the Challenges of an Ageing Society: the dynamics of policy transfer" by Nalanda Robson, 2022.

<sup>22</sup> JICA has country-specific projects spanning 150 countries, including Thailand

**Table 4***S-TOP Programme*

Project Title	Seamless Health and Social Services Provision of Elderly Persons Program
Partners/Funders	Thai Ministry of Public Health, Ministry of Social Development and Human Security, National Health Security Office and JICA
Timeline	November 2017 – October 2022
Project Objectives	<ul style="list-style-type: none"> <li>■ To ‘ensure the nationwide expansion of community-based models developed for the seamless provision of medical, rehabilitative, social and life-support services for elderly persons’.</li> <li>■ The overall goal for implementing the program was to transfer and utilise a model of care nationwide.</li> </ul>
Outputs <sup>23</sup>	<ul style="list-style-type: none"> <li>■ For the seamless provision of medical, rehabilitative, social and life-support services, issues to be solved are identified through situation analysis at the central and pilot sites</li> <li>■ Based on the existing initiatives, models are developed at pilot sites for the seamless provision of medical, rehabilitative, social and life support services</li> <li>■ Recommendations are developed on the implementation results of the models at pilot sites as well as Thai and Japanese knowledge and experiences</li> </ul>
JICA Support	<ul style="list-style-type: none"> <li>■ Technical support, training of human resources, as well as funding support for educational trips to Japan for all Thai medical staff implementing S-TOP</li> </ul>
Thai Partners’ Responsibilities	<ul style="list-style-type: none"> <li>■ Cooperation and engagement with JICA experts, participation in training, regular meetings, Japan visits</li> <li>■ Reporting on S-TOP implementation, situations/incidents related to S-TOP services, financial costs, and revenues</li> <li>■ Promotion of S-TOP nationwide</li> <li>■ Integration of S-TOP model in hospital’s existing systems</li> </ul>
Benefits for the Elderly and Care for the Elderly	<ul style="list-style-type: none"> <li>■ S-TOP serves to benefit patients in Thailand who suffer from three common ailments among elderly Thais: stroke, spinal cord injury, and traumatic brain injury. S-TOP primary beneficiaries are the elderly, but it does not preclude the younger population from benefitting from S-TOP.</li> <li>■ S-TOP benefits hospitals and health care providers as one of its aims is to shift the health care burden to families, carers, community volunteers, social services, neighbours in the community and to the patients themselves.</li> <li>■ Transfer of knowledge from health staff to carers (families, community volunteers etc)</li> <li>■ S-TOP incorporated systems at existing hospital services for a more structured and reliable form of care in communities with a high population of the elderly</li> <li>■ S-TOP pools support from the local communities</li> </ul>

<sup>23</sup> <https://www.jica.go.jp/project/english/thailand/026/outline/index.html>



### Lessons and Implications for Future Cooperation

It is important to note that as of the time of writing, a final report on S-TOP is not yet publicly available. However, existing academic studies and reports allude to its early outcomes and lessons learned that clearly have implications for future Japan-Thailand cooperation, details of which can be found below, including those from this author's analysis of literature related to this project:

1. The project complements both Japan's priorities for Thailand and Thailand's own national agenda. This ensures ownership and commitment from both governments.

2. S-TOP's objectives lie in the 'seamless' provision of services and performance of medical staff. Elements such as human resources (adequate number of well-rounded and knowledgeable medical doctors and staff) and greater hospital space were critical to the project. Addressing the human resource issue, S-TOP utilised a mix of community-based skilled formal and non-formal workforce (family carers, volunteers).

3. Volunteers were critical of the delivery of S-TOP. Thailand has a strong volunteering culture and the Thai government had long established Village Health Volunteer, Elderly Care Volunteer, and other volunteer programmes at the community level as informal support. However, direct engagement with these volunteers came from the Thai implementers only and not from their Japanese counterparts. Given that volunteerism is declining in Japan, this could have been an opportunity for Japan to learn from the Thai experience in order to address the decline of relationships within communities, and the increasing number of elderly people who tend to experience social isolation and loneliness.

4. Japan and Thailand counterparts took a complementary approach, affirming relationships between the implementers and ensuring delivery

of the project. JICA provided a much-needed model or structure to establish the changes in the healthcare and administrative services while the Thai side provided experience in creatively adjusting the day-to-day project delivery and interactions with patients.

5. S-TOP is the third in a series of Japan and Thailand co-operations related to the elderly, developed to leverage on previous successes and learning from its predecessors. This continuity ensures sustained efforts, with project results informing policy reforms. C-TOP fed into Thailand's National Plan on Older Persons 2020-2021.<sup>24</sup>

6. Reports on the impact and lessons learned from C-TOP and L-TOP are documented and reported in JICA project documents, which served to inform S-TOP, and chart the future of JICA and Japanese cooperation with Thailand on the elderly.

7. While S-TOP aligns with both Japan and Thailand's priorities, technically it is a donor-project, aimed to introduce the Japanese integrated community-based model to Thailand. The relationship is one of a donor to grantee, with policy and technology transfer from Japan to Thailand. Given the nature of the collaboration, mutual learning opportunities are therefore limited. This may be, however, understandable as Japan has been an ageing society for decades and therefore has more experience to share, having undergone and overcome similar challenges far earlier than Thailand. There is also a general acknowledgement from Japan that the Japanese models cannot be directly introduced 'as is' to other countries. Adjustments are required in order to make the model suitable to the country's context. Thailand has made its own adaptations of C-TOP, L-TOP, and S-TOP to suit its elderly's needs, the health and welfare infrastructure and Thai culture and values.

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<sup>24</sup>JICA, 2022

### Part 3: Insights, Reflections and Recommendations on Cooperation Related to Ageing Population

S-TOP as a case study of Japan-Thailand cooperation provides lessons that are applicable to other bilateral and multilateral projects in other countries. The Thailand-Japan experience, based on their long-standing partnerships on addressing population ageing, will serve as useful reference to further drive SDG17-partnerships to achieve shared goals and to advance global and multi-sectoral cooperation to collectively address issues related to ageing populations.

#### 1. National agenda and contextualization.

Cooperation should be anchored on national agendas and a common goal, but differences in country context should be acknowledged and adjustments must be made not only through project adaptations but also in the expectations of partners in terms of sustaining gains from the partnerships.

**Interviewee A** highlights the importance of this point, indicating that Japan and Thailand have differing systems of governance and quality of health and welfare service. Even at the municipality level, the effectiveness or quality of the services for the elderly in Thailand varies. Japan has a long-term care (LTC) system while Thailand has not, and health care provisions are dependent on budget. Hence, establishing a similar Japanese LTC system in Thailand will be problematic, given inadequate government funding.

**Interviewee B** cites frequent change in leadership at the local level as one key barrier to the continuity of policy and to the sustaining of project gains. This interviewee makes specific reference to a Thai province that was the host of a Japanese project on the elderly but with the changes in local leaders, policy decisions likewise changed and ageing policy ceased to be a priority.

**2. Community actors for sustainability and continuity.** Partnerships should leverage on the strengths of community actors to ensure that policies initiated are continued and gains are sustained.

As with the S-TOP experience, Japan brought in the model and the structure and Thailand creatively implemented it, making adjustments along the way to suit the Thai context. But imperative to the delivery is the rigorous examination from the Japan side (JICA) of Thailand's systems (financial and health systems), and capacity and willingness to cooperate in order to realise its plan for its elderly. One significant learning from this Japan-Thailand cooperation on ageing population is the importance of engaging a cross-sectoral agency approach and drawing strongly on Thailand's formal and informal health and social welfare human resources (family carers, volunteers). Thailand's well-established government-supported community-based volunteer system is a key elderly support system and Thai implementers ensured that S-TOP benefits from it. **Interviewee B** explained that engagement of community actors forms a crucial means to continuity, and should be a critical element of any national policy on the elderly. Engaging with these communities and training and upskilling them will ensure their continued contributions to the community through care for the elderly. **Interviewee A** corroborates this view, emphasising that "whether programmes work or not, it depends on the policy of the mayor. It's not the central government which motivates people to do things. It depends on the mayor's policy". Local actors in the healthcare system play a leading role in implementing policy transfer (Robson, 2022).

**Interviewee A** further states that "many people comment on the strength of communities in Thailand compared to a perception of more separated groups in Japan who do not talk to each other. I think Japan

and Thailand are very similar in terms of strength of the community. In Japan older adults do activities and work together, [they are] not dependent on the government or private sector [support], same as in Thailand. That [community] is a very powerful aspect for elderly care in both countries”.

Future cooperation on the elderly should place more conscious and deliberate efforts on ensuring that community-based actors are central to the project and with volunteerism playing a significant role. In this way, due recognition will be given to their valuable and cost-effective services, motivating more people to volunteer and in turn creating pressures to make volunteer work more formal, sustainable, and a key part of government policies. This will address issues around attracting and retaining volunteers, which is an issue in many countries, including Japan.

### 3. Cultural challenges and considerations.

Care and support for the elderly is closely tied to cultural orientations, social norms, and values, thus any cooperation in this area should have this as primary consideration rather than an afterthought.

Caregiving for the elderly is a sacred norm in Thailand and the Japanese have been brought up to treat elderly caregiving as an obligation. Thailand strongly believes in “aging in place”, the supporting of older adults to age within their homes and communities (Asian Development Bank, 2020). The difference in how Japan and Thailand treat their elderly is also manifested in terms of employment of older adults. This is best illustrated by an example offered by **Interviewee A**. “Compared to Japan, I feel Thai companies do not accept the potential of the elderly in Thailand, in reality”. This interviewee observed that elderly Thais are only given small tasks that are not commensurate with their potential, that companies often deny ageing employees the opportunity to continue to work, and only hire a very minimal number of older adults in order to merely show compliance with the law. **Interviewee A** points out that this is not

the case in Japan and believes the reason may be due to the fact that “in Thailand we respect the elderly so Thai people are not comfortable seeing the elderly work as cleaners in toilets for example. It is not part of Thai culture [to see the elderly work in such jobs]. This is a cultural challenge for the elderly who want to work after retirement”. However, these differences in culture should not hinder countries and institutions in terms of collaboration. **Interviewee B** reinforces this point that “Thailand and Japan have a long-standing relationship and there are similarities in cultures so there is potential to share a lot”.

### 4. Whole government approach.

Cooperation on ageing populations should form part of a broader cooperation between partner countries and should take on a whole-government approach.

As pointed out in this research and in many other studies, the impact of population ageing is far-reaching and all-encompassing, affecting not only the elderly population itself but also the rest of the population. As such, the strategy should involve a multi-agency approach, both cross-sectoral and engaging participation from all levels of the society, including younger people who will eventually be caring for their elderly. **Interviewee B** sums this up succinctly: *“when it comes to ageing policy, the Thai government only think about this group [elderly], but we exist within a society made up of many groups of people. We need to think as a whole. Every group of the population, we are together, the young as well as the old. The youth and the young are important. They will be responsible for the elderly in our society, so they need to know about this. They must take responsibility and face this”*.

### 5. Win-win situation and mutual learning.

Partners in the collaboration should find mutuality and reciprocity in terms of benefits, gains and learning.

Even if the nature of the collaboration is a donor-grantee arrangement, valuable mutual

learning opportunities are available to both. In the case of S-TOP, it is evident that Japan (as donor) can learn from Thailand (donor recipient) in terms of Thailand's volunteerism system. Japan's integrated community-based care system while very established relies on paid (private) workers on the ground. There is opportunity for Japan to draw on the strongest and most successful elements of Thai's volunteerism model to revive the Japanese volunteerism culture, and in doing so, address issues of elderly isolation. **Interviewee A** affirms this mutual learning aspect of cooperation, indicating that in her extensive experience of working with both countries, Japan applies knowledge gained from Thailand in the same way as Thailand does. The barrier to achieving a truly win-win solution, according to this interviewee, lies to a great extent in changing the mind-set of government leaders.

## Conclusion

While the experiences of Japan, a global forerunner in becoming an aging society, offer valuable insights for other countries in the region that will soon be undergoing population ageing, the knowledge, processes and actions of other countries also provide important inputs for Japan, potentially leading to new and innovative solutions in tackling social issues related to ageing. Japan has been managing the ageing population issue for many decades now, developing efficient models and strategies based on its aggregated experience and learning. It represents a model for Thailand to study and adopt but with due considerations of, and adaptations to, the Thai context. This case study of the S-TOP collaboration between Thailand and Japan, while identifying areas which continue to obstruct the efficiency and sustainability of such projects, direct us towards the exciting potential of further meaningful collaboration between these two countries based on mutual understanding, in order to ensure more secure and sustainable futures for both countries. It is clear from the

interviews with experts in the field and investigation of the literature on Thai-Japan initiatives that this can be achieved despite the divergences in national goals stemming from differing stages of the ageing population cycle, and contrasting historical, cultural and socio-economic dimensions. Further study would benefit from interviews with collaborators and experts on the Japanese side, and with a particular focus on how community-driven care for the elderly, and a more holistic and multi-generational response to the issues relating to ageing societies, can be practically and successfully implemented driven by new and relevant national policies in Thailand and Japan.

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