

ORIGINAL RESEARCH

International approaches to population ageing: a case study of Finland and Japan

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Date Received: July, 2024

Date Accepted: August, 2024

Online Publication: December 15, 2024

Abstract

Objective: The swift rise in the elderly population globally presents significant health and social challenges. The World Health Organization (WHO) has crafted the Global Strategy and Action Plan on Ageing and Health (2016-2020) to enhance healthy ageing on a worldwide scale. This study examines how Finland and Japan implement this program and analyze how these countries utilize their policies to improve the situation of the elderly.

Materials and Methods: Data on national ageing programs and population policies in Finland and Japan were reviewed. The experiences of these countries in using evidence to inform policy and program decision-making were also analyzed.

Results: The findings show that Finland focuses on educational and family policies, particularly through the National Programme on Ageing 2030 and studies on future population ageing and productivity, to ensure the improvement of the functional abilities and well-being of the elderly. Japan, meanwhile, uses advanced technologies such as robotics and AI, as well as comprehensive health and welfare policies, to improve the situation of the elderly.

Conclusion: Although Finland and Japan face similar challenges in terms of population ageing, they have adopted different approaches to address these challenges. Both countries can benefit from each other's experiences and contribute to improving the ageing population's situation through international cooperation.

Keywords: Ageing, Self-efficacy, Well-being, Health, Ageing population

Introduction

The dramatic increase in the elderly population globally poses substantial health and social challenges. In 2019, the population of individuals over 60 years old surpassed one billion, accounting for 13.2% of the global population. This figure is projected to approach 1.2 billion by 2050.[1] To tackle this issue, the World Health Organization (WHO) formulated the Global Strategy and Action Plan on Ageing and Health to foster healthy ageing worldwide.[2] WHO describes healthy ageing as maintaining and developing the functional abilities that promote well-being in older age.[2] This definition includes three main components: functional abilities, intrinsic capacity, and the living environment. Functional abilities encompass all health-related aspects that enable individuals to engage in activities they value. Intrinsic capacity refers to the total physical and mental capacities of an individual. The living environment includes the physical, social, and policy environments in which people live and interact.[3, 4]

WHO's strategy has four main goals: the first goal is to combat ageism, which includes launching a global campaign to change attitudes and behaviors toward age and ageing. The second goal is to develop age-friendly environments, supporting communities to create environments that enhance the capabilities of older people. The third objective is to offer comprehensive care and primary health services that meet the needs of the elderly through the Integrated Care for Older People (ICOPE) program, which adopts a community-centric approach to enhance their functional abilities. The fourth objective focuses on ensuring that older individuals have access to long-term care, including the provision of high-quality long-term care systems designed to preserve their functional capacities and uphold their human rights and dignity.[2] A key aspect of this program is launching a global campaign to combat ageism, which includes extensive research on the prevalence of ageism, policy analysis, and the continuous provision of comprehensive reports.[5] WHO also supports local communities, including the Global Network for Age-friendly Cities and Communities, which has grown to over 1,100 members in 42 countries by 2023.[6, 7]

Materials and Methods

The ICOPE initiative is an essential component of this plan, delivering coordinated care and primary health services that are tailored to the needs of the elderly. It includes guidelines and support packages to facilitate integrated care for older people, helping

caregivers and health workers identify and address physical and mental issues in older people and take effective measures to prevent and delay care dependency.[8, 9] (Figure 1) Finally, WHO will publish a baseline report for the Decade of Healthy Ageing (2020-2030), including final estimates of functional abilities and intrinsic capacity for 30 countries and environmental analyses. This report will also review member countries' experiences in using evidence to inform policy and program decision-making.[10-13]

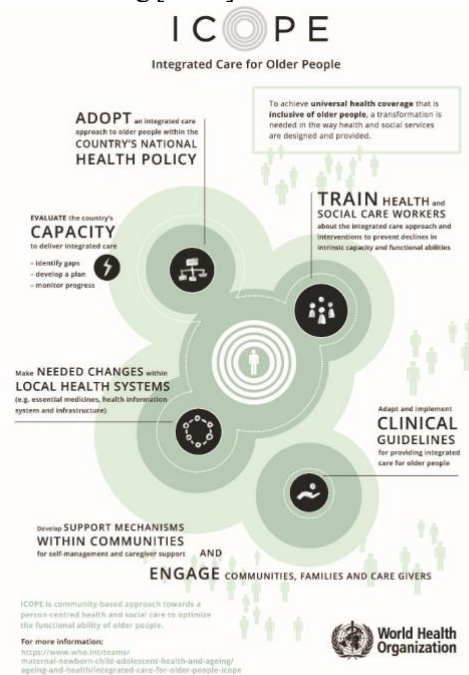


Figure 1 - Aims of ICOPE program

Results

The rapid increase in the elderly population and its consequences on various societies have prompted WHO to implement extensive programs to address these challenges. Key actions of this program include combating ageism, developing age-friendly environments, providing integrated care and primary health services, and improving long-term care. To combat ageism, WHO, in collaboration with various organizations, has launched a global campaign against ageism. This campaign includes a global study on the prevalence of ageism, analysis of country policies, and comprehensive reporting on this issue.[14] Studies show that ageism remains one of the largest barriers to achieving health and well-being for older adults, necessitating major changes in public attitudes and policies.[15]

To develop age-friendly environments, WHO's Global Network of Age-friendly Cities and Communities has grown to over 1,100 members in 42 countries. Additionally, the interactive platform

"Age-friendly World" has been established to share successful interactions and experiences in this field. This global network helps cities and communities tailor their policies and programs to enhance the well-being and overall quality of life for older adults.[2, 6] The ICOPE program has demonstrated early outcomes that highlight substantial enhancements in the life of elderly and a decreased reliance on long-term care.[2, 8-10] In the field of long-term care, WHO has published various reports and provided support programs for caregivers, including those caring for individuals with mental health issues. Developing high-quality long-term care systems, such as iSupport for Dementia, and ensuring access to basic health services are other priorities of this program.[16, 17]

Finland faces challenges related to an ageing population and declining fertility rates (Figure 2). To address these challenges, comprehensive programs have been developed, including the "National Programme on Ageing 2030" and studies on the future of ageing and productivity. These programs focus on improving the functional abilities of older adults, increasing education levels, and supporting families. Additionally, utilizing new technologies and increasing social participation are other effective strategies in this path.[18, 19] The National Programme on Ageing 2030 aims to enhance the functional abilities of older adults, extend the working period of older individuals, and facilitate volunteer activities. Key goals of this program include improving the functional abilities of older adults, extending the working period, facilitating volunteer activities, ensuring equality and economic sustainability of services, increasing support for older adults in residential environments, and developing the use of new technologies for ageing.[19, 20]

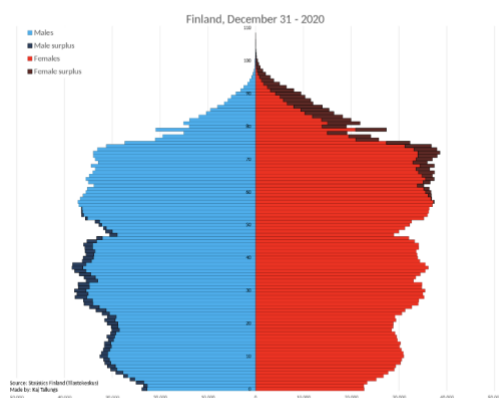


Figure 2 - Demographics of Finland (Source: Statistics Finland)

Studies on the future of ageing and productivity in Finland, which used microsimulation models to predict changes under different fertility and education scenarios, indicate that increasing education levels and improving fertility to 1.6 can help mitigate the negative impacts of population ageing on economic productivity.[21, 22] A high fertility scenario (2.0) shows greater improvement in the workforce dependency ratio, but this effect is observable only after 2040. Rapid increases in education levels also contribute to improved workforce dependency ratios and productivity.[23, 24] Based on these studies, combining policies to increase education levels and improve fertility to 1.6 can help reduce the negative impacts of population ageing on economic productivity. Recommended policies include increasing education levels, encouraging young people to continue their education, reducing dropout rates, especially among boys, and supporting families through parental facilities and work-life balance initiatives.[24]

On the other hand, Japan, known for having the fastest ageing population in the world, has a super-aged society where more than a quarter of the population is over 65, accounting for 28.7% of the population (Figure 3). Japan also has a large number of centenarians, projected to reach 440,000 by 2050.[25] With a declining and ageing population, Japan faces major challenges such as population decline and low fertility rates. This population decline is due to low fertility rates and increasing mortality rates from an ageing population. Life expectancy in Japan has been steadily increasing, reaching 87.45 years for women and 81.41 years for men in 2019. This increased life expectancy is attributed to various factors, including healthy dietary habits, access to clean water, and universal health insurance coverage.[26, 27]

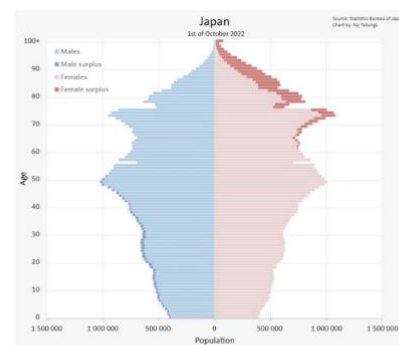


Figure 3 - Demographics of Japan (Source: Statistics Bureau of Japan)

Japanese government policies include programs such

as the "Angel Plan" to support families, facilitate migration, and use new technologies to support older adults. Supportive programs include childcare services, parental leave, and financial assistance. Migration facilitation includes new laws allowing skilled foreign workers to reside and work in Japan.[25, 28, 29] However, these measures have so far had little impact on increasing fertility rates. Japan has been active in global cooperation in health and ageing. The country has incorporated the concept of human security into the UN's Sustainable Development Goals and focuses on international cooperation on ageing, especially in the ASEAN region. Japan implements the ASEAN-Japan Health and Welfare Initiative to promote healthy lifestyles and disease prevention in ASEAN countries. Additionally, developing new technologies such as robotics and artificial intelligence is another significant action in this field.[25, 30, 31]

Discussion

Both Finland and Japan emphasize the development of new technologies to support the elderly. These technologies include the use of robotics and artificial intelligence in elder care, as well as digital tools to elevate their life satisfaction. Finland is leveraging new technologies like AI and robotics to enhance the well-being and independence of older adults,[20] and Japan similarly employs these technologies to enhance the living standards of its senior citizens.[25] Both countries have developed comprehensive programs to enhance the functional abilities and well-being of the elderly, which include family support, increased social participation, and improved health and social services. In Finland, the National Programme on Ageing 2030 focuses on improving the functional abilities of older adults, extending the working period, and facilitating volunteer activities.[20, 22] In Japan, supportive programs include childcare services, extended parental leave, and financial assistance.[25, 30, 31] However, the approaches of Finland and Japan in addressing the challenges of an ageing population differ significantly. Finland focuses on educational policies and increasing fertility rates through family support. The country, with the development of the National Programme on Ageing 2030, aims to improve the functional abilities of older adults, extend the working period of older individuals, and encourage volunteer activities. Additionally, Finland strives to enhance the well-being of older adults by

creating age-friendly residential environments and utilizing new technologies.[2, 17, 20] In contrast, Japan relies more on technological advancements such as robotics and AI in elder care. Given the low fertility rate and migration limitations, Japan focuses on using technology to compensate for the labor shortage and improve services for the elderly. Japan is also active in global cooperation and human security initiatives, implementing programs like the ASEAN-Japan Health and Welfare Initiative to promote healthy lifestyles and disease prevention in ASEAN countries.[25, 27, 30]

Finland also focuses on increasing education levels and improving workforce productivity. Studies show that rapid increases in education levels help improve the workforce dependency ratio and productivity. These approaches include encouraging young people to continue their education and reducing dropout rates, especially among boys, and supporting families by providing parental facilities and balancing work and family life.[18-20, 24] In Japan, the economic and budgetary crisis caused by an ageing and declining population has deeply impacted the economy. Increased healthcare costs and a reduced young workforce have led to decreased production and innovation, negatively affecting Japan's exports. Additionally, the population dependency ratio is increasing, with predictions that by 2060, there will be nearly one elderly person for every working individual. Japan is trying to manage part of this crisis by increasing female labor participation and facilitating migration, but it still faces significant challenges.[25, 29, 30]

A comparative analysis of ageing policies in Finland and Japan reveals that both countries face similar challenges but have adopted different approaches to address them. Finland focuses on educational and family policies and creating age-friendly environments to enhance the well-being of the elderly. In contrast, Japan leverages new technologies and international cooperation to promote a better quality of life for aging adults. Both countries can benefit from each other's experiences and contribute to enhancing the situation of their ageing populations through international collaboration. Additionally, utilizing a suitable combination of these methods, tailored to Iran's specific characteristics, can significantly aid elderly support activities in Iran.

Conflict of interest

Author declares no conflict of interest.

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