In part 2, as a part of annual report, charts and graphs etc. are used to help easy understanding of how the Ministry of Health, Labour and Welfare manages various current political issues.

Chapter 1 State measures for crisis management – concentrated on novel influenza (A/H1N1)

- → Ensuring peace and security in life is an important issue.
 Crisis management measures concentrated on novel influenza (A/H1N1), which became epidemic since 2009, are described.
- Chapter 2 Efforts toward the Establishment of participatory Social Security (Positive Welfare)
 - → The concept of "participatory social security (positive welfare)" is redefined, and the current results of discussions are indicated before the situation of measures taken for each policy issue is offered.

①Part2 Chapter 1 Points of (the state measures for crisis management)

Section 1 The property and features of novel influenza (A/H1N1)	Section 2 Governmental management after the outbreak of novel influenza (A/H1N1)
 The symptoms of novel influenza (A/H1N1) are largely similar to those of the seasonal influenza, and severe or fatal cases were reported less than was anticipated initially. (Symptoms of the novel influenza) Sudden high fever, cough, sore throat, malaise and additional nasal discharge/snuffle plus headache etc. Those with chronic diseases, pregnant women, infants and the elderly are at high risk of developing serious complications. Epidemic situation Epidemic started in August 2009 and reached a peak in November. A second wave may arrive at any moment. Expected number of people who received medical examination: about 20.77 million (about every 6 the citizen) Fatalities: 201 cases (as of July 4, 2010) 	 From formulation of basic management policy till WHO declaration of phase 5 (end of April) Quarantine was strengthened in accordance with the "Guidelines for Measures against Novel Influenza." The first detected case at quarantine and outbreak of domestic infection (May) Taking into account such features of virus, the Ministry of Health, Labour and Welfare revised the "Basic Guidelines for Measures" and formulated the "Guideline for Securement of Medical Services, Quarantine and Request for Temporary Closure of Schools and Childcare Facilities." (May 22) WHO declaration of phase 6 and revision of the guidelines (June) The time (the middle ten days of June) was positioned as the preparatory period for controlling increase in cases with preventive measures for i nfection spread thereby managing autumn/winter situations, and the
	• "Basic Guidelines for vaccination of the novel influenza (A/H1N1)", which represents basic ideas about vaccination, was formulated. (October 1)

Section 3 ~ Section 8 Measures against novel Influenza

(3) Performance of adequate surveillance	 Implementation of various types of surveillance Establishment of international surveillance/ information-sharing system
(4) Securement of medical system and medicine etc.	 Establishment of the medical system to give top priority on prevention of serious condition Stable provision of necessary medicine etc.
(5) Vaccination	 Necessary quantity of vaccine was secured with the aim of preventing serious cases, and vaccination successively started since October. Amendment of the Preventive Vaccination Act as an immediate measure and an effort toward fundamental revision in the future
(6) Public relations on novel influenza	 Calling for attention through basic message (hand washing, gargling, good manners to cough, etc.)
(7) Summary of the measures against novel influenza (A ⁄ H 1 N 1)	 Holding of the "Summary Meeting" (Report released in June) → Revision of the Action Plan for Measures against novel influenza and the Guidelines etc., strengthening of future organizational framework, etc.
(8) Response to avian influenza (H 5 N 1)	 Measures against avian influenza based on the "Action Plan for Measures against novel influenza" (Revised in 2009)

Section 9 Risk management measures conducted by the Ministry of Health, Labour and Welfare

(General risk management measures)

The Ministry of Health, Labour and Welfare is coping with health crisis management by arranging necessary system based on the "basic guidelines for health risk management of the Ministry of Health, Labour and Welfare" not only for novel influenza but also for medical supplies, food poisoning, infectious diseases, drinking water or some other situation resulting from some cause and threatening citizens' life and safety of health.

(Disaster relief measures)

The Recent domestic cases of health risk management

- 1995 The Great Hanshin-Awaji Earthquake, the sarin gas attack on the Tokyo subway
- 1996 Sakai City O-157 Food Poisoning
- 1998 Wakayama poisoned curry incident
- 1999 Tokai-Mura criticality accident
- 2000 Mt. Usu Eruption, the Snow Brand food poisoning incident, Miyake-Jima eruption
- 2001 Akashi, Hyogo fireworks accident
- 2002 Japan FIFA World Cup 2002, Severe Acute Respiratory Syndrome (SARS)
- 2004 Typhoon Number 23, The Mid Niigata Prefecture Earthquake, Sugihiratake mushroom -induced cryptogenic encephalopathy
- 2005 JR West Fukuchiyama Train Crash
- 2007 Chūetsu offshore earthquake
- 2008 Food poisoning from Chinese dumpling
- 2009 Novel influenza (A/H1N)

O In order to execute the Disaster Relief Act, which rules emergency measure etc. in times of disaster such as shelter, provision of foods for emergency feeding and drinking water, temporary housing etc., the "Ministry of Health, Labour and Welfare Emergency Action Plan" was formulated to promote disaster prevention measures and to ensure flexible response in case of outbreak of disaster

(2) The points of Section1, Chapter 1 in Part 2 (Redefinition of the roles of social security ~ Shift from social security based on consumption and protection to participatory social security)

What is participatory social security (positive welfare)?

- support each person to bring out and exert one's full potential rather solely depending on the social security that emphasizes "equal opportunities";
- support the self-decision concerning one's life when support is needed for work style and nursing care, etc.

(For instance, by providing support to enable a person to stay in the community or at one's own home where he/she has lived so long); and

secure involvement in the labor market, local community and family.

The participatory social security (Positive Welfare) is an investment for future to develop the foundation for the economic development rather than a system to slow the economic development.

Difference between the Conventional and the Participatory Social Security (Positive Welfare) systems

For example	Conventional Social Security system 〈social security based on consumption and protection〉	Future Social Security system 〈participatory social security〉 (Positive Welfare)
Employment (Support for reemployment)	 It is difficult to take measures for the unemployed people who are troubled with complicated issues such as housing and money-related problems, and the system does not necessarily lead to employ- ment. 	 Measures can be taken in accordance with the situation or each unemployed person, enabling him/her to return to wor as if bouncing on a trampoline. Services are provided by combining life security benefits, including housing allowanc and unemployment benefit, and job training/job placement. When necessary, personal support is also offered.
Medical care/ Nursing care	 It is difficult to maintain regional medical services such as emergency medical care in some regions due to shortage of doctors and insufficient network of medical institutions. Long-term hospitalization is required, and patients cannot be discharged from hospital soon. Insufficient home medical care and welfare service make it difficult to continue to live in the community or at one's own home where he/she has lived so long. 	 A division of roles and cooperation between medical institutions focusing on emergency medical care enable patients to return to society and home soon. Home medical care/welfare services are provided in a given area such as a school district of junior high school, making it also possible to stay at one's home till the end of life considering his/her own request.
Childrearing support	 Many children are on the waiting list for admission to a daycare center, and daycare service for sick children and temporary daycare service are not sufficiently provided. On the other hand, there are vacant spaces at nursery schools. 	•The New System for Children and Childrearing helps to realize integration of functions of nursery schools and daycare centers, good work-life balance, provision of various services for children and elimination of waitlisted children for daycare centers.
Pension	• The number of non-regular workers who cannot join the employees' pension scheme has been increasing in the changing employment structure, and the problem for the people who receive only a small amount of pension benefit exists.	•With the unified earnings related pension and minimum safeguard pension, both of which have no disparity among occupations, fair and flexible measures for jobs and various work styles become available, and the nation's safety can be secured.
Public assistance	○Under the current severe employment conditions, an increasing number of people have difficulty in	 In addition to aiming at regular employment at companies, support is provided to restore the connection to society by offering programs including work experiences, welfare employment and volunteer activities and opportunities to exchange with others by utilizing "New Public Commons" provided by NPOs, etc. in accordance with the situation of people receiving public assistance.

Examples of Participatory Social Security (Positive Welfare) 1 Working actively(to increase the labor force)

