

Part 2

Key Administrative Measures of the Ministry of Health, Labour and Welfare (Annual Health, Labour and Welfare Report 2008-2009)

* In Part 2 key administrative aspects of health, labour and welfare for FY 2008 are described along with those for up to June 2009.

Chapter 1

Promoting Measures to Secure Healthy Lives and High Quality Medical Care

Section 1. Enhancing a Safe, Reliable, and High Quality Medical Care System, including Securing Doctors and Providing Emergency Medical Care

1. Securing Regional Medical Services such as Measures to Secure Doctors

Shortage of doctors is serious at medical practice sites in specific fields such as obstetric and emergency child medical services and in remote areas. It is an urgent issue to take measures for securing the necessary number of doctors that all the individual regions require and to ensure public safety and trust in medical care.

Accordingly, the Ministry of Health, Labour and Welfare, the Ministry of Internal Affairs and Communications, and the Ministry of Education, Culture, Sports, Science and Technology cooperatively compiled “Comprehensive Measures for Securing Doctors” in August 2005 and “New Comprehensive Measures for Securing Doctors” in April 2006. In addition, the government and ruling parties compiled “Regarding Emergency Measures for Securing Doctors” on May 31, 2007.

(1) Efforts included in “Emergency Measures for Securing Doctors”

“Regarding Emergency Measures for Securing Doctors”, compiled by the government and ruling parties in 2007, included short-term and mid-to long-term efforts such as emergency/temporary dispatch system of doctors, improvement of hospital doctors’ overwork conditions, and establishment of a system to help prevent

medical risk, in addition to the conventional measures to secure doctors. These measures are reflected in an increase of the budget for securing doctors. The budget expanded to 16.1 billion yen under the FY 2008 budget and to 27.2 billion yen under the FY 2009 budget.

1) Smooth Operation of Dispatch System of Doctors to Shortage Areas

In order to provide necessary medical services throughout the region with limited medical resources, it is important to establish a system to dispatch doctors from a regional core hospital to a hospital without enough doctors.

Accordingly, the Prefectural Councils for Securing Medical Services was established where local public medical institutions, university hospitals, and representatives of residents participate. The council held discussions on securing doctors including dispatching doctors from a regional core hospital to a hospital without enough doctors, and established a dispatch system of doctors to shortage areas. On the national level, a system to emergently/temporarily dispatch doctors has been established in response to the requests from prefectures where appropriate regional medical care cannot be maintained despite the discussions held at the Prefectural Councils for Securing Medical Services.

2) Creating a Hospital Work Environment for Doctors' Overwork and for Female Doctors

Hospital doctors, particularly those of a young or prime working age, face extremely severe overwork conditions, which should be improved immediately.

Accordingly, the FY 2008 budget was used to support the project for medical institutions to introduce rotating shifts and a system to employ part-time regular workers. These projects are still continuing in the FY 2009 budget, which also include support for the support projects for medical institutions that commit to improving working environment for hospital doctors.

In addition, it was pointed out that doctors occasionally have to involve themselves in activities that could well be done by non-doctor personal, and that it is a contributing factor to the severe working conditions that hospital doctors face. Hence in December 2007 "Regarding the Promotion of Role Sharing Between

Doctors/Medical Professionals and Office Workers” was issued and described typical activities that can be carried out by non-doctors in improving the working conditions. Further revision of role sharing will be compiled by the end of FY 2009.

Furthermore, with consideration to reducing the workload of obstetricians, who currently face extremely severe working conditions, efforts are being made to establish a system in which midwives can be responsible for normal delivery cases through appropriate role sharing and cooperation between obstetricians and midwives. The FY 2008 budget was used for the support projects to establish hospital maternity clinics and midwife outpatient services at hospitals and clinics with obstetric services. This project is still continuing in the FY2009 budget.

Under a medical fee revision made in FY 2008, 150 billion yen was allocated for measures to improve the working conditions of hospital doctors that will include focused evaluations of obstetrics and pediatrics as well as the placement of medical clerks.

In recent years, young female doctors are on the steep increase as illustrated by the fact that one third of examinees of national examination for medical practitioners are females. As one of long-term measures to secure doctors, it is important to prevent female doctors from being underemployed due to child delivery or childcare and encourage them to return to work.

The FY 2008 budget was used to enhance the resource bank of female doctors by supporting their reemployment, to support hospitals that provide training on returning to work and to provide facilities such as day care centers at hospitals. In addition to these efforts that will continue to be enhanced, consultation on childcare is being provided for female doctors and nurses.

3) Establishment of a System to Help Prevent Medical Risk

①The Japan Obstetric Compensation System for Cerebral Palsy

As part of measures to provide safe obstetric medical care, discussions were held on establishing the Japan Obstetric Compensation System for Cerebral Palsy. A preparatory committee operating the Japan Obstetric Compensation System for Cerebral Palsy, organized within the Japan Council for Quality Health Care, compiled a framework for the said system in January 2008. Accordingly, the Japan

Obstetric Compensation System was founded in January 2009.

One of the objectives of the system is to promptly compensate people for the economic burden of children that suffer from cerebral palsy as a result of medical accidents (including those due to both medical malpractice and non-medical malpractice) which occurred during delivery to prevent and promptly settle disputes. An additional objective is to improve the quality of obstetric medical care by analyzing the causes of accidents and then provide that information for use in preventing similar accidents from occurring in the future.

Although the system utilizes private sector insurance, the Ministry of Health, Labour and Welfare also give support for this system being introduced at childbirth institutions and help smooth operation of the system given this system will contribute to measures against the shortage of obstetricians and improve the quality of obstetric medical care through preventing repeated medical childbirth accidents from taking place.

② Investigation of Causes of Death through Medical Accidents and Recurrence Prevention

In order to improve medical safety, it is necessary to establish a system for use in investigating the cause of death occurring from medical accidents (including those due to both medical malpractice and non-medical malpractice) and thus prevent their recurrence. In consideration of bereaved families wishing to first know the truth and then prevent any recurrences of a similar accident, it will be necessary to establish institutions that specialize in analysis and evaluation in securing medical safety.

The Ministry of Health, Labour and Welfare announced the Third Draft Proposal in April 2008 after listening to a variety of opinions. The “Draft Act for Establishing a Medical Safety Investigation Committee” was announced in June 2008 and is currently being discussed.

4) Promotion of Training Doctors or in Regions/Departments that Face a Shortage

Shortage of doctors has been extremely serious in specific fields such as obstetric

and child medical services and in remote areas in addition to shortage nationwide. In compliance with the “Comprehensive Measures for Securing New Doctors” made in 2006 and the “Regarding Emergency Measures for Securing Doctors” made in 2007, there was an increase in the number of doctors to be trained for regional placement or in departments specified by prefectures making use of scholarships, totaling 168 trainees at 16 universities.

(2) Increase in the Number of Doctor Trainee

Since the reform of the medical care system was implemented in 2006, various issues related to medical care have been pointed out. In order to secure safe and expected medical care, it is necessary to establish both a medium-and long-term medical care system vision and implement its reform with an eye to the future.

Recognizing these issues, the “Vision for Securing Safe and Expected Medical Care” was compiled in June 2008.

The vision aims at fostering support for medical care by the public, including the patients and their families, as well as by medical professionals. Particularly with respect to the number of doctors, there is an increase of over 3,000 doctors each year, but it has not met the growing demands for medical care. In awareness of ongoing shortage of doctors nationwide, the vision presented ideal medical care with an emphasis on the following three points: a) the number of medical professionals and their roles (increasing the number of doctors, improving their working conditions, and facilitating cooperation between the different professions and through team medical care), b) promotion of community support medical care (promotion of measures to support emergency medical care and “community-oriented medical care”), and c) promotion of cooperation between medical professionals and patients and their families (the necessity for mutual understanding).

Furthermore, “2008 Basic Policies (Honebuto)”, which was approved by the cabinet in June 2008, revised the policy to curtail the number of doctors for the first time in eleven years and decided to increase the number of medical students to a record high of 8,486 in FY 2009. There will be an increase in quotas of medical students in FY 2010 as well.

(3) Efforts based on the FY 2009 budget

In the face of public concerns and dissatisfaction with the current situation of social security in Japan, it is necessary to discuss the policies in detail with the mind-set of the general public and to immediately take measures to ensure public safety and trust in medical care that people can receive medical care without any anxiety when they get sick.

In the light of the challenges for securing regional medical care such as emergency medicine, obstetric as well as emergency child medical services, shortage of doctors, and overtime work of hospital doctors, the FY 2009 budget related to medical care is allocated for the initiatives to realize the measures indicated in the “Vision for Securing Safe and Expected Medical Care” in order to ensure public safety and trust in medical care and maintain high quality medical services in the future.

For instance, as the measures against the issues such as securing emergency medical care, and obstetric as well as emergency child medical services, and lowering function of regional core hospitals, establishment of a system to ensures that critical-care patient can receive medical services at medical institutions was incorporated in the FY 2009 budget. More budget incorporated financial support for paying the allowances to the doctors in charge of emergency medical care during evenings and holidays, provision of medical helicopters, and establishment of medical institutions that function as a “control tower”, which enables to offer emergency medical care in accordance with patients’ conditions.

Furthermore, in order to protect regional obstetric and emergency child medical services, the budget incorporated financial support for allowances paid to obstetricians and midwives who support childbirth in community, support for preventing female doctors from being underemployed and encouraging them to return to work through enhancement of in-house child-care facilities at hospitals and consultation on childcare, and support for midwives who open “hospital maternity clinics” and “midwife outpatient services at hospitals” in community.

(4) “The Medium- to Long-term Fiscal Policy and an Economic and Fiscal Outlook for the Next Ten Years”

“The Medium- to Long-term Fiscal Policy and an Economic and Fiscal Outlook for the Next Ten Years” decided by the cabinet in January 2009, envisaged “society supporting peace of mind founded on good health, longevity and child-rearing” as one of the strategic fields. In Japan the average life expectancy has reached the world’s highest level both for men and for women, and the population is aging more rapidly than any other country in the world. However, the government does not consider the aging population to be a constraint on growth, but clearly aims to improve health and longevity. For this purpose, it will develop medical and nursing care as a growing field, while improving social systems such as the medical, nursing-care and pension systems, and promoting broadly-defined innovation in the area of research and development for the prevention, diagnosis and treatment of diseases. In particular, emphasis is placed on the following major targets: continuous cooperation between medical treatment and nursing care, as well as among medical institutes, etc; improvement of the environment in which people can select various services; and establishment of a system in which people who need nursing care can live independently in familiar surroundings. At the same time, the workforce absorption capacity of medical and nursing care services should be considered.

With regard to medical care in the future, it is necessary to facilitate a division of roles between medical service and nursing care based on cooperation between them, to invest human and material resources intensively on acute stage medical care in order to shorten the patients’ lengths of hospitalization and realize their early return to home as well as social activities, and at the same time to significantly improve home medical care and nursing care, and to enhance patients’ quality of life (QOL) by creating the comprehensive care system in community.

(5) Efforts based on the FY 2009 budget

The Policy Package to Address Economic Crisis (adopted on April 10, 2009 at the Joint Meeting of the Government and the Ruling Parties Council concerning the Policy Package to Address Economic Crisis and the Ministerial Meeting on Economic Measures) focused on implementing three projects (“the Low-carbon revolution”, “Health, longevity and child-rearing”, and “Realization of the potential of

the Japanese economy and development of infrastructure to deal with the challenges of the 21st century”) in order to foster medium-to long-term growth.

Concerning “Health, longevity and child-rearing”, emphasis is placed on the strengthening of local health care services through enhancing cooperation between medical institutions and securing doctors in regions, promoting the establishment of facilities for advanced medical care, making core hospitals quake-resistant, along with the promoting development of medical skills, drugs, and medical devices for cancer and other strategic fields.

More specifically, following initiatives were incorporated in the package and were reflected in the FY 2009 budget:

- Support for initiatives to strengthen the local medical care functions based on the “Local Health Care Revitalization Plan” and to secure doctors
- Enhancement of functions and facilities of medical institutions (functional enhancement of university hospitals, provision of advanced medical devices at National Center for Advanced and Specialized Medical Care, and enhancement of earthquake resisting of disaster core hospitals, etc.)
- Development, mediation, and enhancement of commercialization of pharmaceuticals in the strategic fields such as cancer (establishment research and development system, support for venture projects, support for special zone for advanced medical care development
- Support for the development of unauthorized drugs such as the ones for cancer and children, accelerating the screening process of such drugs and enhancement of the clinical trial infrastructure

2. Establishment of a High Quality and Efficient Health Care System

As a result of upgrade within the universal health care insurance and free access system to allow people to receive the necessary health care, the Japanese health service system has become an important foundation for securing people’s health.

On the other hand, it is necessary to take measures against the imminent issues, including serious shortage of doctors in obstetrics and pediatrics and in remote areas, as well as the creation of an emergency medical care system. At the same

time, the environment surrounding the health care has been undergone changes because of a rapid progress of the aging of society, and changes in the way people think. Under these circumstances, it is also necessary to cope with the mid-to long-term issues regarding how to build a medical service system, which will be sustainable in the future.

In consideration to that, “Draft Legislation to Amend the Medical Care Act for Establishing a Quality Medical Care System” was submitted to the regular Diet session in February 2006 and approved on June 14, 2006. The law came into effect on April 1, 2007. A system in which public safety and trust in medical care can be achieved and high quality medical services adequately provided has been created through means such as reforming the medical care system in 2006.

(1) Promotion of Information Contributing to Support Patients and Public to Make a Choice

In order to support patients and people to obtain sufficient information on medical care and thus make an appropriate choice, the following efforts have been made:

- ① Creating a system on a prefectural level to collect, summarize, and provide residents with easy-to-understand information including the one on medical institutions (System to Provide Information on Medical Functions Overview)
- ② Substantial relaxation of the issues, which can be used in advertising by medical institutions
- ③ Increasing the number of department names that can be used in advertising.

(2) Promotion of a Division of Roles and Cooperation between Regional Medical Institutions within the Medical Care Plan System

In health care reform of 2006, the health care plan system was revised with the aim of providing continuous medical care in all the regions. Based on the revision, starting in 2008, prefectures concretely clarify medical care cooperation system for four specific diseases and five services that include cerebral apoplexy, cancer, emergency medical care, and maternal and perinatal service, and enabled to implement ex-post evaluation with use of numerical targets that suit the regional situations. A division of roles and cooperation between medical institutions are being

promoted through these initiatives.

(3) Securing a System to Provide Emergency Medical Care, Perinatal Care, and Other Medical Services in All the Regions

1) Emergency Medical Care

It is necessary to secure emergency medical care systems in all regions to properly provide emergency medicine according to the symptoms of critical-care patients in order to ensure people's daily lives without undue anxiety. Hence, the provision of system was systematically promoted since FY 1977 based on sharing of roles in early stage emergencies, emergencies requiring hospitalization (second stage emergencies), and lifesaving emergencies (third stage emergencies). In addition, an emergency medical information system was introduced to help critical-care patients to be transported and accepted at the hospitals more efficiently.

The number of critical-care patients has been increasing, while the medical institutions to provide emergency medical care have been decreasing. As a result, it has been pointed out that the burden of core hospitals to offer emergency medicine expanding, and the capability to accept critical-care patients is nearly reaching the limit. In order to improve such situations, the number of doctors to be trained will be increased. In addition, efforts are being made in the FY 2009 budget to giving support for the allowance to the doctors in charge of emergency medical care during holidays and evenings; support for the medical institutions that function as a "control tower" for emergency medicine in regions; and support for emergency and critical care centers.

Furthermore, the Ministry of Health, Labour and Welfare in conjunction with the Ministry of Internal Affairs and Communications submitted "Bill on Partial Revision of Fire and Disaster Management Act" to the regular Diet session in 2009. The bill incorporated the establishment by prefectures of implementation standards for transporting and accepting critical-care patients, and the foundation of councils to discuss the said standards with the membership from fire departments, medical institutions and other institutions. The bill was to be enacted in April, promulgated in May, and came into effect on October 30, 2009.

Aiming at deploying medical helicopters nationwide, the promotion projects to

introduce medical helicopters have been implemented since FY 2001, and the “Draft Law Concerning Special Measures for Securing Emergency Helicopter Medical Services” was approved in 2007. As of July 2009, medical helicopters are in operation in a total of 16 prefectures.

2) Children’s medical care

It is important to establish a system for children’s medical care in consideration of protecting and nourishing lives of youth who will become a member of mainstream society in the future as well as ensuring a guardians’ sense of security about child-rearing.

Hence, through the medical plan, a division of roles and cooperation between medical institutions have been promoted, and a system is being established to secure child medical services necessary throughout the region. Particularly with regard to emergency medical services for children, the projects have been carried out, namely emergency medical service support projects for children to ensure hospitals to treat critical-care child patients in secondary medical areas by introducing rotating shift (since FY 1999); the project to secure core hospitals that offer children's emergency medical care to secure the hospitals to accept critical-care child patients targeting more than two secondary medical areas (since 2002); and establishment projects of early stage emergency medical service centers to secure medical services for mildly ill children during holidays and evening since FY 2006).

Furthermore, since March 2009, “Study Group on Emergency Medical Care System for Child Patients in a Serious Condition” was held to discuss emergency medical care system for these patients suffering from respiration insufficiency or multiple traumas. In July same year, a written report were compiled to recommend provision of medical institution to provide emergency medical care for children, and creation of intensive care units for children.

Besides, child-oriented emergency medical telephone services (#8000) provided by professionals such as pediatricians for guardians of child patients has been in service since 2004. Since 2006, assistance has been provided to the efforts made by local residents and related organization to support regional medical care for

children.

3) Perinatal Services

Aiming at properly providing high level medical care to pregnant/parturient women and newborns, efforts are being made to secure cooperation between regional labour/delivery facilities and high level medical institutions, through establishing a system for perinatal services focusing on Maternal and Perinatal Care Centers.

However, there was a case that occurred in Tokyo in 2008 that many referrals had to be made before a pregnant woman was finally received at the hospital. In consideration of this case, “Study Group on securing perinatal services and emergency medical care and their cooperation” was held to discuss perinatal emergency care. The written report was compiled in March 2009, which recommended review on the measures for perinatal services, financial support for emergency medical care and perinatal services, and establishment of Neonatal Intensive Care Unit (NICU). Based on this report, efforts are being made to secure perinatal emergency care.

4) Medical care in disasters

Utilizing the experience brought about by the great Hanshin-Awaji earthquake, efforts are being made to establish core disaster hospitals and to provide training for Disaster Medical Assistance Teams (DMAT) as measures for securing medical care in disasters.

Core disaster hospitals are the institutions capable of providing high-level medical treatments, such as emergency medical care for patients in a serious condition, receiving a large number of those patients, and providing a wide-area medical transportation. Medical support centers in disaster areas and disaster medical centers have been established (a total of 582 locations as of July 2008).

DMAT is sent to a disaster area immediately after the attack, conducts triage or provides emergency lifesaving at the sites, observes and treats victims in transporting them to neighboring or distant areas, and assists a medical care at hospital at disaster area. Training for DMAT members commenced in 2005. As of April 2009, 596 teams completed the training.

In addition, all medical institutions are required to ensure that their buildings and facilities are earthquake-proof and to make preparations for coping with an interrupted lifeline so that the safety of patients can be secured and it can function as a base for relief of the community in the case of a disaster occurring. The ministry's respective intention is to understand the disaster measures taken by medical institutions and based upon that understanding promote being prepared for disasters.

5) Medical care for remote areas and islands

It is difficult to secure medical services in remote areas and on islands because of small population and inconvenient transportations. In consideration to this, "Health and Medical Care Plans for Remote Areas" had been mapped out every five years since 1956, and efforts had been made to improve the situation according to the plan. In FY 2006, the "10th medical care plans for remote areas" (for the period of 2006 to 2010) was formulated. Since then, efforts have been made according to the plans, including support for clinics in remote areas, support for mobile clinics, securing transportation means for providing first aid, and introduction of remote medical care.

6) Establishment of Social Medical Corporation System

Social medical corporations are medical corporations to provide medical care particularly needed in region (emergency medical care, medical care in disasters, medical care in remote areas, perinatal cares, medical care for children) based on the medical care plan. They are certified by prefectural governors and the Minister of Health, and are granted tax exempt for corporate income tax related to medical and healthcare business, and property tax imposed on fixed assets used for business for instance to secure direct emergency medical care. This system was established in the medical care system reform of FY 2006, and 58 social medical corporations have been certified as of July 31, 2009.

(4) Securing Medical Safety

Securing medical safety is one of the most important medical care policy issues in

Japan. Accordingly, the following measures have been promoted in complying with the “Comprehensive Measures for Promotion of Safety Measures for Medical Care” compiled in April 2002, the “Emergency Appeal for Measures against Medical Accidents”, announced by the Minister of Health, Labour and Welfare in December 2003, and the “Regarding Safety Measures for Medical Care in the Future” (report) in June 2005.

1) Securing Medical Safety at Medical Safety Support Centers

In order to promptly cope with claims and consultations from patients regarding medical care, medical safety support centers were established in total 47 prefectures. At present establishing those centers in their respective cities and wards with health centers and secondary medical areas is being promoted.

In June 2006, medical safety support centers were legally established within an organization under the Medical Care Law. And efforts have been made through activities that include a) responding to claims and consultations from patients or their families regarding medical care and offering advice to the managers of medical institution, b) providing information to the aforementioned managers, patients, and families, and c) providing training on medical safety for the managers and employees of medical institutions.

As a comprehensive support project for counselors working at medical safety support centers and in order that they can respond appropriately to difficult consultations, the Ministry of Health, Labour and Welfare has been conducting activities which include supporting training courses for acquiring specialized knowledge and improving their abilities and the collection, analysis and making available of information on the consulted matters.

2) Obligations of medical institutions managers to secure medical safety

Managers of hospitals and clinics with beds are obliged to establish guidelines for safety management related to medical care and establish safety management systems that include providing training for employees. In the medical care system reform of FY 2006 the subject institutions were expanded to include clinics without beds and birth centers. In addition, measures such as establishing a system for the

safe use and maintenance of pharmaceuticals and medical devices was also included in securing medical safety.

3) Medical accident report system

In order to prevent medical accidents and their recurrence it is necessary to collect a wide range of high quality information from medical practice sites, have it analyzed by experts, and provide improvement measures back to the relevant sites. Since October 2004, the third party organization, Japan Council for Quality Health Care (JCQHC) has been collecting information on medial accidents based on reports from the National Centers for Advanced and Specialized Medial Care, national nursing homes for Hansen' s disease patients, hospitals run by the National Hospital Organization (NHO), university hospitals (main hospitals) and special function hospitals. The collected information is analyzed with written reports being published every 3 months.

In the written reports, particular accident cases are analyzed and examined in addition to being numerically analyzed. From the reported information, the cases that require particular attention are then made available to all medical institutions through related organizations and prefectures.

(5) Securing and Improving the Quality of Human Resources to Support Medical Services

In order to secure the quality and safety of medical care, it is important to improve the quality of human resources and the skills of medical professionals such as doctors. Reeducation of administratively punished doctors is also important in ensuring the safety and security of patients as well as the trust of the in medical care.

1) Obligating reeducation of administratively punished doctors

In accordance with the reform of the medical care system in 2006, punished doctors, dentists, public health nurses, midwives, and nurses have been obliged to undergo reeducation in reconfirming their professional ethics and medical skills and to confirm if they are competent enough to resume medical practice.

In FY 2008, reeducation took place for a total of 95 doctors and dentists and 15 public health nurses, midwives. Reeducation training for assistant nurses takes place in each prefecture.

2) Clinical training system

Since April 2004, doctors engaged in medical examinations and treatments have been obliged to take clinical training, which had previously been voluntary, for 2 years after acquiring a doctor's license with the basic idea of offering doctors the opportunity to cultivate the appropriate bedside manner and acquire basic diagnosis and treatment abilities while recognizing the social role to be fulfilled by medicine and medical services regardless of their future specialty.

On the other hand, in consideration of uneven number of doctors in each region, lowering function of dispatching doctors by university hospitals and other medical institutions, improvement of clinical training programs, there was a demand for reviewing clinical training system, for instance reviewing quotas of the system.

In addition, the Subcommittee of Clinical Training under the Medical Committee within the Medical Ethics Council commenced discussions on the desirable clinical training system in December 2006. Based on the written report prepared in December 2007, the criteria for designating clinical training hospitals were reexamined in April 2008.

Furthermore, the Ministry of Health, Labour and Welfare, and the Ministry of Education, Culture, Sports, Science and Technology held "Study Group on the Positioning of Clinical Training System" in September 2008 with the aim of discussing desirable clinical training system and other related systems. Based on the written report compiled in February 2009, discussions were held at the Subcommittee of Clinical Training under the Medical Committee within the Medical Ethics Council to review flexible clinical training system, quotas, hospitals to receive trainees, and the systems related to clinical training.

New clinical training system is to be reviewed in five years.

3) Review of Clinical Training System for Dentists and Improvement of Dental Practices

The environment surrounding dental practices in Japan has undergone a drastic change due to epidemiological transition and the diversification of people's needs related to the aging of society and changes in the manner in which patients and dentists communicate in respecting the rights of patients.

Dental skills are also increasingly becoming more advancing and specialized, and as a result all dentists need to fully understand and acquire the basic attitudes that are necessary in being a medical professional as well as the skills and knowledge that ensure safe, reliable, and high quality dental health care. In consideration of that clinical training for dentists was made compulsory in April 2006 to enhance the quality of dentists.

In recent years, there is a growing demand on safe, reliable and high quality dental practices. In order to cope with this demand, the project has been implemented since April 2008 to promote safety management system for dental practices in accordance with the actual situation in each region.

Furthermore, despite a strong demand on dental practices for the elderly and the bedridden people at home, there are not many dental institutions providing at-home dental practices yet. In consideration of this situation, efforts have been made since April 2008 to meet the public demands on dental health care through providing training to develop dentist and dental hygienists who are involved in promoting at-home dental practices and oral care for the elderly and the bedridden people at home, and implementing a subsidy system for devices used for at-home dental practices provided by dental institutions where the dentists who completed the training work.

4) Improving quality of human resources in nursing

The environment surrounding nursing in Japan has undergone drastic changes due to the rapid decrease in the number of children and the aging of society as well as through the advancement of medical technologies. The roles of nurses such as in supporting the safety and security of medical practice sites and in providing nursing care that is in accordance with patients' needs are expected to become increasingly important. And therefore improving the quality of nursing human resources is considered necessary. On the other hand, as nursing services have become more

complex and diversified, and public awareness on medical safety has been growing the scope of practical training as well as the opportunity for students to participate in training tend to be limited.

In consideration of that discussions have been held in the “Study Group on Upgrading Basic Nursing Education“ since March 2006 with regard to the content of the education to be upgraded, improving the quality of the human resources of full-time instructors, and the methods used in practical laboratory training. In accordance with a written report, ministerial ordinances will be revised as needed in upgrading the content of the education and will include consolidation of practical training and new curriculums was introduced in FY 2009.

Since November 2008, various issues concerning nursing professionals were discussed both in quality and quantity at the “Study Group on Improving and Securing the Quality of Nursing Care”, and the interim report was compiled.

Based on this report, “Study Group on the Contents and Methods of Nursing Education”, “Study group on Nursing Instructors in the Future”, “Study Group on Training for New Nursing Professionals”, “7th Study Group on the Prospect in Supply and Demand of Nursing Professionals” have been held in sequence since April 2009 to discuss specific measures for improving and securing the quality of nursing professionals.

Besides, “Act on Partial Revision of the Public Health Nurses, Midwives and Nurses Act and the Assurance of Work Forces of Nurses and Other Medical Experts Act”, which revised the eligibility requirements for the National Examination for Medical Practitioners, and stipulated clinical and other trainings for new nursing professionals, was approved in July 2009 as legislation (drafted) by House members.

(6) Promotion of Wood as the Building Material in Medical Institutions

Medical care is now required that takes into consideration the healing environment for patients. In consideration of this the effort to promote the mental relaxation of patients through active use of wood as the building material in medical institutions has taken place in recent years.

Accordingly, using wood as the building material has been promoted in such areas

as the interiors for rehabilitation sectors, dining rooms for patients, and others.

3. Promoting the Dissemination of Generic Medicine

As the dissemination of generic medicine contributes to reducing the burden on patients and improves medical insurance finances, the “Action Programs for Promoting Safe Use of Generic Medicine” was established in October 2007, which set numerical targets to raise the share of generic medicine per unit to 30% or more by FY 2012. Efforts have been made in accordance with this program to gain the trust of patients and medical professionals with regard to generic medicine. The efforts include securing a stable supply of generic medicine, ensuring its quality, and improving the dissemination of information on it.

In the reform of the medical fee payment system of FY 2008, prescription forms were revised to include a check box to facilitate the use of generic medicine. The check box is marked if the prescribing doctor believes it would be harmful to change to a generic medicine. But if the box is not marked, the originator products can be replaced by generic medicine at the pharmacy.

In addition, each prefecture established the “Council for Promoting Safe Use of Generic Medicine” to create the environments including dissemination and enlightenment on the use of generic medicine in accordance with the accrual situation in each region.

4. Promotion of Health Policy in Japan at National Centers for Advanced and Specialized Medical Care, etc.

Medical institutions operated by the national government and that fall under the jurisdiction of the Ministry of Health, Labour and Welfare currently consist of the National Centers for Advanced and Specialized Medical Care (hereinafter referred to as “National Centers”) and the National Hansen's Disease Sanatoria. They strive to provide the consistent medical services that need to be available as part of national health policies in close cooperation with the National Hospital Organization (NHO). NHO was established in April 2004 after assuming responsibility for the

national hospitals and sanatoria but excluding National Centers and the National Hansen's Disease Sanatoria.

National Centers consist of 6 main centers (National Cancer Center, National Cardiovascular Center, National center of Neurology and Psychiatry, International Medical Center of Japan, National center for Child Health and Development, and National Center for Geriatrics and Gerontology). By taking an advantage of the fact that patients with serious diseases and medical professionals that have specialized in those diseases are both available at National Centers the respective centers can offer advanced pioneering medical care, undertake research to develop breakthrough treatments, conduct training, and publish information.

With respect to division of and cooperation between medical functions, National Centers are expected further to play an important role particularly in raising the level of medical service for national health policies such as with cancer treatment.

As they are scheduled to become independent administrative agencies in FY 2010, National Centers are being required to establish their roles, functions, and systems. With regard to cooperating with regional core hospitals, National Centers are expected to act as a driving force in providing medical services, conducting research, developing human resources, and disseminating information as well as playing the role of developing advanced pioneering medical skills. It is also expected that National Centers will play a role in making policy recommendations. Furthermore, with respect to promoting innovations, National Centers are expected to act as the core institution particularly in fields that require focused promotion in establishing close cooperation with industry, universities, the National Hospital Organization and thus promote development of advanced pioneering medical technologies, pharmaceuticals, and medical devices.

In consideration of these demands, efforts are being made in recent years to enhance and strengthen the functions of National Centers for instance by strengthening a collaborative relationship among industry, government and academia by providing clinical training hospitals, and facilities and equipments for joint experiments by company and university, and by starting establishment in sequence of "medical cluster" to promote the developments of innovative drugs and medical devices. In addition, National Center was designated as centers for

state-of-the art healthcare under the system, “Super Clusters for Innovative Medical Treatment”, which was established in 2008.

The “Draft Act on Independent Administrative Agencies Researching Advanced and Specialized Medical Care” was enacted in 2008 and concerns the necessary actions to make each of the 6 National Centers a non-public office type independent administrative agency in FY 2010. Upon establishment each of the National Centers will become research and development corporations (a group of the leading independent administrative agencies that carry out research and development) in accordance with the “Act on Improving Research and Development Capabilities and Promoting Research and Development Efficiently by Promoting the Reform of Research and Development System” , which was established in the same year.

Section 2. Promotion of Comprehensive Measures for Health Promotion

1. Promotion of Measures against Lifestyle-Related Diseases through National Campaign

The Ministry of Health, Labour and Welfare has been promoting the “National Health Promotion Movement in the 21st Century (Health Japan 21)” as the third health promotion measure for citizens since 2000. “Health Japan 21” aims to reduce the number of deaths of people in the prime of their life, prolong healthy years of life, and improve people’s quality of life (QOL) in order to become a vigorous society in which all citizens can live in good health both physically and mentally. To this end, the Ministry of Health, Labour and Welfare set goals within the 9 areas given below.

The Health Promotion Law was enforced in May 2003 to establish legal foundations for facilitating greater health promotion efforts by citizens made in accordance with “Health Japan 21”.

The Subcommittee on Community Health and Nutrition and Health Promotion of the Health Sciences Council conducted an interim evaluation of “Health Japan 21” in December 2006 and published a written report of the “Health Japan 21 middle evaluation report” in April 2007. In consideration of the middle evaluation, countermeasures against lifestyle-related diseases will be further promoted as a national campaign in cooperation with industry and through efficient as well as effective health checkups and counseling guidance made by health care insurers.

Since 2008, “National Campaign for Healthy Lifestyle” has been carried out in partnership with industry as a new national movement focusing on “appropriate exercise”, “appropriate dietary habits” and “no smoking” aiming at preventing lifestyle-related diseases by feeling a sense of freshness of “healthy lifestyle” in daily lives and encouraging individuals to change their lifestyle.

In addition, as part of the reform of the medical care system, measures against lifestyle-related diseases are being promoted through providing specific health checkup and specific counseling guidance focused on metabolic syndrome (visceral fat syndrome).

(1) Nutrition and Dietary Habits

Nutrition and dietary habits are closely related to most lifestyle-related diseases and people's quality of life. To improve people's nutrition and dietary habits, it is necessary to encourage individuals to change their lifestyle as well as develop the necessary underlying environment.

Accordingly, "Dietary Reference Intakes for Japanese (2005)" was scientifically prepared and includes health promotions to be used over the period of 5 years from FY 2005 to 2009, and aims at preventing energy or nutrient deficiency diseases, lifestyle-related diseases, and health disorders due to excessive nutrient intake. In FY 2008, with the aim of preparing Dietary Reference Intakes for Japanese (2010)" to be used from FY 2010, "Study Group on Preparing Dietary Reference Intake for Japanese", was held to have discussion on this matter. To promote better dietary patterns as a measure in promoting "Shokuiku (Food and Nutrition education)", the Ministry of Health, Labour and Welfare, and the Ministry of Agriculture, Forestry and Fisheries jointly compiled a "Dietary Guidelines for Japanese ", and the Ministry of Health, Labour and Welfare, and the Ministry of Agriculture, Forestry and Fisheries decided "Japanese Food Guide Spinning Top" in June 2005 to provide easy-to-understand information on what and how much to eat and thus encourage individuals to follow an appropriate lifestyle. Efforts are being made to disseminate and utilize the guide through measures that include promotion of the services available from registered dietitians, dissemination and enlightenment via community volunteers such as promoters of healthier dietary habits, and measures in cooperation with the food industry (promotion of Shokuiku (food and nutrition education) will be further described later).

In addition, nurturing health instructors such as registered dietitians has been promoted to cope with the specific health checkup and specific counseling guidance for use against metabolic syndrome (visceral fat syndrome) that commenced in FY 2008. Furthermore, strategic services to prevent metabolic syndrome with a focus on the promotion of exercise and dietary rhythm adjustments have been promoted that include a clear understanding of the current situation, seminars, and measures in cooperation with private industry.

(2) Physical Activities and Exercise

Physical activities and exercise effectively prevent lifestyle-related diseases and are an important factor in health promotion, and therefore it is necessary to implement measures such as for raising public awareness on physical activities and exercise, increasing the percentage of individuals involved in daily exercise activities and habits, and creating environments where those activities can take place.

Accordingly, the “Recommended Exercise for Health Promotion” was revised as the “Exercise and Physical Activity Reference for Health Promotion 2006 –Physical activity, exercise and fitness” in July 2006 to be in line with the latest scientific knowledge. Standard values for physical activities, exercise, and physical strength for preventing lifestyle-related diseases based on the results of a variety of research are given in the revised edition. In addition, “Exercise and Physical Activity Guide for Health Promotion 2006” was compiled to make widely available the content of the standards in an understandable manner. Ongoing efforts are being made to disseminate and utilize the guideline.

(3) Rest and Mental Health Development

Mental health is a decisive factor in determining quality of life. Three major factors for maintaining health both physically and mentally are said to be appropriate “exercise”, well balanced “nutrition and dietary habits”, and “rest” to ensure physical and mental refreshment and thus comfortable lifestyle. In addition, getting sufficient rest and handling stress are both essential to good mental health.

Accordingly, “Sleep Guidelines for Health Promotion” were established in 2003 and dissemination and enlightenment of information on sleep has been promoted in cooperation with related organizations and the mass media (For measures against stress and prevention measures against suicide, please refer to Section 4 of Chapter 3 and Section 4 of Chapter 7, respectively).

(4) Tobacco

Tobacco smoking has been pointed out as being related to the cause of many types of cancer such as lung cancer as well as ischemic heart disease. It has also been pointed out that the negative impact on people’s health is not limited to the smoker

himself/herself, but extends to the people surrounding them via “passive smoking”, which is accidentally inhaling the smoke when someone else is smoking.

“Health Japan 21” is promoting measures with specific goals to achieve ① dissemination of the necessary information on the impact of smoking on the health, ② prohibiting minors from smoking, ③ complete separation of smoking areas in public areas and workplaces and promoting awareness on it, and ④ dissemination of programs to support people giving up smoking.

The Health Promotion Law stipulates that managers of facilities with heavy human traffic are required to take relevant measures to prevent passive smoking. Since FY 2005, regional efforts against smoking at the prefectural level have been supported by special emergency promotion projects with countermeasures against smoking that focus on preventing parents from smoking, which has a big impact on their children and other minors, and complete separation of smoking areas in recreational facilities where preventive measures against passive smoking are yet to be fully implemented.

In February 2005, the “World Health Organization Framework Convention on Tobacco Control” was established. And in consideration to this, Japan is promoting the establishment of a system to enhance tobacco control measures.

In addition, smoking cessation treatments have been covered by health insurance since April 2006, and the effects were evaluated. A “Manual on Smoking Cessation Support” was compiled in May 2006 and distributed to promote even more effective support for people to stop smoking. In response to “Guidelines on protection from exposure to Tobacco Smoke” adopted in July 2007, a “Study Group on Preventive Measures against Passive Smoking” was held in March 2008, and discussion was made for nearly one a year. In March 2009, the written report was prepared incorporating the basic policies such as total smoking ban basically in public spaces with heavy human traffic.

In consideration of these situations, it is important to positively promote measures to prevent negative impacts of smoking on health, including preventive measures against passive smoking and prohibiting minors from smoking

(5) Alcohol

The effect of alcohol on health includes acute alcohol intoxication when a large amount of alcohol is consumed over a short time, liver disease from chronic drinking, and a relationship to illnesses such as cancer. Underage drinking is considered to affect both young people's physical and mental development, while alcohol being consumed by pregnant woman is considered to affect the fetus.

The following goals were set in "Health Japan 21", ① reducing the number of heavy drinkers, ② prohibiting minors from drinking, and ③ disseminating information on appropriate alcohol intake. In accordance with these goals measures such as disclosing information at seminars and holding symposiums on underage drinking are being implemented.

A "public-health problems caused by harmful use of alcohol" resolution was adopted at a World Health Assembly in May 2005, and Member States were requested to formulate, implement, and evaluate effective strategies and programs to reduce the negative impact on health and society caused by harmful use of alcohol. In accordance with the resolution, discussions were held at a WHO Regional Committee, and "Strategies to reduce the harmful use of alcohol" was approved. At the World Health Assembly in May 2008, it was decided to submit a proposal for global strategy at the World Health Assembly slated in 2010. Countermeasures against alcohol abuse has become an important global issue

In consideration of these situations, the Ministry of Health, Labour and Welfare has been promoting countermeasures against alcohol abuse, in cooperation with related ministries and agencies including the National Tax Agency.

(6) Oral Health

Maintaining oral health is an important factor to promote quality of life through enjoying meals and communication in addition to chewing food. In oral health field, the "8020 Movement" has been promoted with the aim of encouraging maintaining chewing ability by keeping 20 or more of their own teeth even until the age of 80 and to enjoy healthy dietary life. For this end, oral health promotion is indispensable.

Additionally, many local governments carry out another approach called "the periodontal screening" to control periodontal disease. It is carried out based on the

Health Promotion Law in the place of the Health and Medical service law for aged from FY2008. The Screening is intended to for the adults at the age of 40, 50, 60 and 70. MHLW subsidizes local governments to carry out the screening test.

Some of indices about oral health in "Health Japan 21" have been achieved or being approaching the targeted values. Many indices have regional properties, and proper interventions for oral health are required for each region. (For details about oral health promotion, please refer to 5. (1) in this section.)

(7) Diabetes

Diabetes can often occur before the patient is aware of its development. And without appropriate treatment, it can result in serious complications such as retinopathy, nephropathy, and neuropathy. In the terminal stage, it can lead to blindness or require dialysis treatment. Diabetes is also known to facilitate the onset or development of strokes and cardiovascular diseases, such as ischemic heart disease, resulting in lowering people's quality of life (QOL). Countermeasures such as preventing the onset, early discovery, and prevention of complications are important with this disease.

The number of diabetes patients in Japan has been on the increase as a result of the changes in people's lifestyles and social environments. According to an "Outline of the National Health and Nutrition Survey, Japan 2007" announced in 2008 by Health Service Bureau, Ministry of Health, Labour and Welfare, approximately 8.9 million people are strongly suspected of having diabetes, and the total number of patients is expected to reach nearly 22.1 million when those who definitely have it are included.

In "Health Japan 21", specific goals were set for improving lifestyle, early discovery, and continued treatment in promoting the primary prevention of diabetes.

Furthermore, in consideration of the interim evaluations of the reform of the medical care system and "Health Japan 21", new goals were set that include "reducing the number of patients and those that have a high risk of contracting metabolic syndrome (visceral fat syndrome)" and "increasing the number of visits for specific health checkup specifically programmed against metabolic syndrome (visceral fat syndrome) followed by specific counseling".

In addition, subsidies for health science research expenses have been spent on “Japan Diabetes Outcome Intervention Trial” since FY 2005 to examine such intervention measures as ① halving the rate of transition from the pre-diabetes stage to actual diabetes, ② halving the discontinuation rate of treatment by diabetes patients, ③ reducing diabetic complications by thirty percent.

(8) Cardiovascular Diseases

The second leading cause of death in Japan is heart disease and the third cerebro-vascular disease, while the number of deaths caused by cardiovascular disease accounts for approximately 30 percent of the total. Reducing the prevalence rate and death rate of cardiovascular disease has become an important issue as the aftereffects of cardiovascular disease are important factors in lowering patients' quality of life (QOL).

In “Health Japan 21”, specific goals were set to improve lifestyles and the early discovery of cardiovascular disease through the primary prevention. Therefore, in addition to early discovery through health checkup and prevention from becoming chronic, primary prevention through dissemination and enlightenment of nutrition and dietary habit information as well as physical activities and exercise is important.

Furthermore, research on the prevention, diagnosis, and treatment of cardiovascular disease has been promoted in “Comprehensive Research on Cardiovascular and Lifestyle-Related Diseases”.

(9) Cancer

Cancer has been the leading cause of death since 1981 in Japan with currently more than 300 thousand people dying from it every year. In consideration of this preventive measures such as improving people's lifestyles are very important. Accordingly, in accordance with the “Cancer Control Act” that was introduced by members of the Diet and approved in June 2006, the “Basic Plan to Promote Cancer Control Programs” was approved in June 2007, and efforts against cancer have been made in a comprehensive and systematic manner. (For more details on the comprehensive and systematic promotion of countermeasures against cancer, please refer to Chapter 1 Section 3).

2. Women's health promotion

Cervical cancer screening and breast cancer screening have been implemented as conventional measures for women's health promotion, but most of which did not pay much attention to gender differences. In recent years, however, it has gradually become clear that there exist gender differences in incidence rates and progress of patients' conditions depending on a kind of disease. Additionally, such issues have been point out that "Many young women are striving to lose their weight though they are skinny" and "Along with women's social advancement, increasing number of women are becoming ill because lifestyle events such as promotion at work site, marriage, pregnancy, childbirth, child rearing, nursing care for families, may take place at the same time ." Thus, it has become more important than ever to take measures for women's health promotion.

In order that women independently lead their healthy, lively, and enriched life, a whole society needs to provide support for women's various health problems in a comprehensive manner. In consideration of this, the Ministry of Health, Labour and Welfare established "Discussion Group for Women's Health Promotion" in December 2007 and has been discussed women's health issues comprehensively for the purpose of promoting dissemination and enlightenment of women's health and developing women's health promotion as a national campaign.

Additionally, with the aim of enhancing the knowledge about women's health and raise awareness of health issues surrounding women, "Women's Health Week" was designated for March 1 to March 8 every year. A whole society including the national government, local authorities, and related organizations, is united together to develop a variety of enlightenment programs and events.

3. Mental Health Development

(1) Further Promotion of Measures against Dementia

In FY 2008, with the recognition that it is necessary to effectively promote measures against dementia further, and develop society in the near future a society which is safe to live even after developing dementia, "an urgent project for

enhancement of medical treatment of dementia and improvement of life quality” was established, and a written report was compiled on the basic policies for the measures against dementia in the future. More specifically, necessary measures will be taken to promote “confirmation of the facts concerning dementia”, “promotion of research and development”, “promotion of early diagnosis and provision of proper medical service”, “diffusion of proper care and support for patients and their families”, and “measures against juvenile dementia.”

1) Establishment of a Dementia Support System in Communities

Preventing dementia is a central issue with future nursing care for the elderly and comprehensive measures need to be taken with an eye to coming decades in the future.

The basis of measures for dementia is to have as many people as possible understand it and eliminate prejudice against dementia. Accordingly, “creating community networks” is critical, which help people with dementia to live with respect in the community. Efforts have been made using the concept of a “10 Year Campaign to Understand Dementia and Build Community Networks” since FY 2005 that include “training courses for dementia care supporter (supportive personnel that understand dementia and can assist people with dementia and their families)”.

Starting in FY 2009, at the regional comprehensive support center, dementia coordinator are assigned to assist in providing seamless service from medical care to nursing care, and call centers where experts on dementia care answer the call to enhance the consultation support system.

2) Human Resource Development for Dementia Care

In order to promote the establishment of support systems in communities, early discoveries as well as early treatment are both important. Efforts have been made to nurture “dementia support doctors” that can offer advice to family doctors, to put in place family support doctors that work in cooperation with the community, and to plan and design training for family doctors since FY 2005. In addition, training programs have been provided in cooperation with medical associations to improve

family doctors' familiarity with dementia (diagnosis and consultations) since FY 2006.

Efforts are being made at nursing care sites to cope with the expected increase in number of elderly with dementia through providing training for managers of dementia support service programs in nurturing dementia care professionals with improved skills in coping with dementia.

(2) Further Promotion of Measures against Depression

Depression is the biggest reason for suicide and the number of depressed patients has been on the rise in Japan. It is necessary to promote the measures against depression further with consideration to the measures preventing suicide.

Regarding treatment of depression, particularly the importance of early discovery as well as early treatment has been pointed out. With the aim of promoting early discovery and early treatment, the Ministry of Health, Labour and Welfare has implemented measures for instance through preparing the manual for local government officials and health care professionals in January 2004. Since FY 2008, the Ministry has been providing training for home doctors including physicians to enhance their clinical knowledge and skills concerning depression and urging patients of depression to consult a specialized doctor

4. Further Promotion of Measures for Effectively Preventing the Need for Nursing Care

In order to prevent any decrease in life functions as well as diseases or injuries requiring long-term care such as cerebral apoplexy, bone fractures, and dementia, the Ministry of Health, Labour and Welfare has been promoting measures for effectively preventing the need for nursing care.

(1) Nursing Care Prevention at Home and in the Community

After implementation of the long-term care insurance system, the number of people requiring long-term care or support increased. In particular, those with light disability levels increased significantly, amounting to about half of the total. Characteristic of

those at light disability level is that they are usually suffering from or have a high possibility of contracting disuse syndrome (inactive diseases), which can lead to a decrease in living functions due to causes such as falling over, bone fractures, or joint diseases. They are also expected to “maintain or improve their conditions” by using appropriate service. Accordingly, “the Revised Long-term Care Insurance Law” was enforced on April 1, 2006. In order to prevent people from requiring support or long-term care, or their conditions from becoming severe, beneficiaries, contents of services, and care management of the conventional prevention benefit were reviewed and the benefit was reorganized as “new prevention benefit” that focuses on “nursing care prevention.”

In addition, efforts are being made to promote the prevention of nursing care need through lifelong sports and cultural activities, as well as active life and health promotion activities provided at old people’s clubs.

(2) Development and Dissemination of Effective Program to Prevent the Need for Nursing Care

In order to develop effective nursing care prevention programs and a system to disseminate the program, “Training Center for Comprehensive Community Care and Prevention of the Need for Nursing Care” was established to develop professional staff in charge of research and development, instruction and dissemination of scientifically-based program to prevent the need for nursing care.

In addition, since FY 2006, efforts have been made to promote nursing care prevention before long-term care or support is actually required. Furthermore, in consideration of enhancing the comprehensive and continuous management functions of community, community support programs were established to be implemented by municipalities. The program consists of: ① nursing care prevention programs, ② comprehensive support programs, and ③ voluntary programs. Municipalities are expected to enhance the content of programs based on the long-term care insurance business plans and offer the comprehensive and continuous services in accordance with the elderly’s needs and their living conditions.

(3) Promotion of Measures for Preventing Bone Fractures

Osteoporosis is defined as a systemic disease with high risk of bone fractures that long-term lifestyle habits since a growing period cause reduced bone quantity or deterioration of bone structure, leading to decline in bone density. Currently the number of osteoporosis patients in Japan is estimated to be approximately 10 million, and a further increase is expected with the progress of the aging society. Because bone fractures seriously deteriorate body functions and significantly affect its prognosis, preventing osteoporosis, which can be the underlying disease behind bone fractures, is of extreme importance. Accordingly, as a health promotion projects based on the Health Promotion Law, measures for preventing osteoporosis is being promoted in municipalities for instance through osteoporosis detection targeting people every five years old from 40 to 70.

(4) Promotion of Countermeasures against Cerebral Apoplexy

1) Establishment of an Emergency Medical Service System (SCU)

For emergency and critical care centers that accept emergency patients with severe conditions or those requiring treatment in multiple clinical departments 24 hours a day, the establishment of Stroke Care Units (SCUs) are being subsidized, which are specialized hospital facilities that can accept life-threatening emergency patients in the acute stage of cerebral apoplexy.

2) Promotion of Continuous Rehabilitation and Enhanced Cooperation in Medical and Nursing Care Rehabilitation

Services of both health care insurance and nursing care insurance need to be continuously provided. Accordingly, in the reform of the medical fee payment system and the reform of nursing care fee system in 2006, clear distinction was made between health care insurance and nursing care insurance. More specifically, it was designated that health care insurance is applicable to the conditions in acute stage or recovery stage and covers rehabilitation aiming at early recovery of physical functions; while nursing care insurance is applied to the conditions in maintenance stage and covers rehabilitation aiming at maintaining and enhancing living functions. In the reform of the medical fee payment system in 2008, evaluations were

conducted to improve rehabilitation from an early onset, and fine-tuned services in accordance with the conditions of individual patient were made available even after standard number of days to receive benefits is over. Moreover, in the reform of nursing care fee system in 2009, assessment of short-time and individual rehabilitation as well as agencies staffed with sufficient number of physical therapists were conducted in order to strengthen cooperation between medical care and nursing care and realize continuous rehabilitation services. Investigation and research will continue in the future to enable patients to effectively receive continuous services of medical and nursing care.

5. Oral Health Development and Promotion of “Shokuiku (food and nutrition education)”

(1) Oral Health Development

Proper measures for oral health development are being taken for each life stage including fetus, infants, school children, adults and the elderly.

The measures for fetus include oral health management for pregnant and parturient women through providing oral health guidance and dissemination of knowledge about cutting of fetus teeth. With regards to the measures for infants, since dental caries most commonly occur in this period, dental checkup for children aged 18-month old and 3 years have been provided together with dental health guidance in order to help them develop the function to “eat”. For school children, in addition to the conventional measures to prevent dental caries, efforts are being made to help them establish oral functions in relation to the growth of permanent teeth to replace baby teeth, and the development of jawbone. Concerning adults, group health education and health consultation focusing on checkup for periodontal diseases have been offered in each municipality to prevent loss of teeth so that they can maintain good health and enjoy meals at a later stage. Regarding the measures for the elderly, “improvement of oral functions” has been introduced as the preventive measures for nursing care need in order to support the elderly to fulfill their lives through enjoying delicious and safe dietary habits.

As part of the "8020 campaign" with the goal of retaining more than 20 teeth at the

age of 80 in order that all the people can lead a healthy and enriching life, instructions to maintain oral functions to support dietary habits, etc. have been promoted. The result of the survey on dental diseases shows that the ratio of people aged 80 or older who retain more than 20 teeth jumped to 21.1% in 2005 from 7.0% in 1987.

In recent years, the relationship between the health of oral cavity and that of whole body has attracted attentions, and it is important to promote “Shokuiku (food and nutrition education)” as the basis for such health from childhood. Moreover, the last year marked the 20th anniversary of the “8020 campaign”. Accordingly, in addition to the measures that have been taken so far, new approaches to oral health measures should be taken such as involvement in “Shokuiku” and measures for the elderly. In December 2008, the “Study Group on Oral Health and Shokuiku” was held, and the method to promote “Shokuiku” has been discussed from various perspectives including the viewpoint focused on oral health.

(2) Promotion of “Shokuiku (food and nutrition education)”

Along with the changes in the environment surrounding dietary habits in recent years, the promotion of Shokuiku (food and nutrition education) has become an important issue in maintaining people’s health both physically and mentally throughout their life and in nourishing humanity itself. The Basic Law on Shokuiku was enforced in July 2005 aiming aims at establishing basic principles on food education, identifying the responsibilities of both national and local governments, and prescribing basic points incorporated in the measures for Shokuiku. In addition, the “Basic Plan to Promote Food Education” covering 5 years from FY 2006 through to FY 2010 was formulated at “Shokuiku Promotion Committee” in March 2006 to implement measures for promoting “Basic Program for Shokuiku Promotion” in comprehensive and well-planned manner.

In this plan, 7 points were outlined as basic policies for measures regarding promotion of Shokuiku (food and nutrition education), which includes:

- ① Implement measures to promote both physical and mental health and nourish humanity by taking into account that necessary knowledge for healthy dietary habits differs depending on age group or health condition.

- ② Implement measures to raise awareness among parents and guardians, educators, and childcare professionals so that children can enjoy gaining an understanding of eating.
- ③ Implement measures to provide extensive information on food including food safety through various means and facilitate active exchanges of opinions among governments, related organizations, and consumers.

An additional goals are also set for Shokuiku (food and nutrition education) as suitable ones to promote Shokuiku as a national campaign, including ① lowering the percentage of people who skip breakfast, ② increasing the percentage of people who practice their dietary habits in accordance to the “Japanese Food Guide Spinning Top”, ③ increasing the percentage of people who are aware of metabolic syndrome, and ④ increasing the number of volunteers involved in promoting Shokuiku. Efforts are to be made for achieving these goals.

Furthermore, in order to contribute to facilitate the national food education campaign, an advisory panel with experts on promoting food education was held in June 2007 and the “Important Matters of National Campaign to Promote Food Education” compiled. In addition, starting October 2007, the “Committee for Evaluating the Promotion of Food Education” was held with the aim of evaluating the progress situation of Shokuiku, and the “Review Conference on Shokuiku-related Activities by the Industry” was held to discuss the contents of information provision concerning Shokuiku.

1) Promotion of “Shokuiku (food and nutrition education)” through Health Promotion

In recent years the percentage of obese adults has increased due to inappropriate dietary habits and a lack of exercise. In order to prevent obesity it is important to develop awareness and knowledge on a healthy lifestyle from childhood and acquire a healthy lifestyle as well as good exercise habits. Hence the Ministry of Health, Labour and Welfare has been supporting services conducted by prefectures as “measures to prevent obesity from childhood” and preventive measures against obesity targeting people in their twenties and thirties.

In addition, every October has been designated as dietary habit improvement

month. In relation to this promotional activities are conducted to improve people's dietary habits by aiming at raising individuals' awareness of the need to improve them and encouraging their practice in everyday life.

2) Promotion of “Food Education” through Maternal and Child Health Care Activities via “Health Japan 21”

The “Report of the Study Group on Healthy Development of Children through Food (from the viewpoint of “Food Education”)” was compiled in February 2004 and aimed at promoting food education corresponding to each development stage from infancy to adolescence as an effort to enhance the support system for promoting measures implemented in cooperation between families, day care centers, schools, and other related institutions.

The “Report of the Study Group on Healthy Development of Children through Food (from the viewpoint of “Food Education”)” was compiled in February 2004 and aimed at promoting food education corresponding to each development stage from infancy to adolescence as an effort to enhance the support system for promoting measures implemented in cooperation between families, day care centers, schools, and other related institutions.

Revised “Guideline for Nursery Care at Day Nursery (MHLW Notification No.141)”, which was enforced in April 1, 2009 also stipulates “Shokuiku and promotes food education at day nurseries.

In addition, with respect to health support for pregnant and lactating women through food, further dissemination and enlightenment efforts are being made through the “Guidelines on Dietary Habits for Pregnant and Lactating Women” (compiled and published in February 2006), which incorporates information such as desirable combinations and amounts of food during pregnancy and the lactation period as well as related guideline values for appropriate body weight gains during pregnancy.

3) Promotion of “Shokuiku” through Risk Communication with Consumers

The Basic Law on Shokuiku has many aspects to it but includes healthy dietary habits that take into consideration the nutritional balance and appreciation of food. In

relation to food safety Article 8 outlines that “Considering that securing the safety of food and people being able to consume it without any anxiety is the basis for a healthy diet, food education shall be implemented in an affirmative manner in line with international collaborations that offer extensive information on food, including food safety and exchanging opinions on it, would enhance public knowledge and understanding of food and thereby contribute to appropriate dietary habits by citizens”.

To enhance public knowledge and understanding of food safety and contribute to the appropriate dietary habits of citizens, the Ministry of Health, Labour and Welfare will make the effort to promote the risk communication that follows (refer to Section 3 of Chapter 7) in a systematic manner in cooperation with related institutions including local governments.

Section 3. Comprehensive and Well-planned Promotion of Cancer Control

1. Promotion of Radiotherapy and Chemotherapy

Cancer has been the leading cause of death since 1981 in Japan with currently more than 300,000 people dying from it every year. It is estimated that the number of people who will develop cancer in their life time is 1 out of every 2 men and 1 out of every 3 women. Furthermore, the number of deaths from cancer is expected to increase as the aging of society progresses.

Therefore, the Japanese government implemented measures such as “Comprehensive 10-year Strategy for Cancer Control” since FY 1984, the “New 10-year Strategy to Overcome Cancer” since FY 1994, and the “3rd-term Comprehensive 10-year Strategy for Cancer Control” since 2004 to tackle cancer focusing on research. As a result, skills and technologies for cancer diagnosis and treatment have been advanced. In accordance with the “Cancer Control Act” that was introduced by members of the Diet and approved in June 2006, the “Basic Plan to Promote Cancer Control Programs” (hereinafter referred to as the “Basic Plan”) was approved in June 2007, with efforts against cancer being made in a comprehensive and systematic manner.

Of cancer treatments available in Japan, the use of radiotherapy and chemotherapy is inadequate. Hence the “promotion of radiotherapy and chemotherapy” is being positioned as a priority issue and the goal of establishing a system wherein radiotherapy and outpatient chemotherapy is available at all designated cancer hospitals by FY 2011 has been set.

In accordance with above, the Ministry of Health, Labour and Welfare revised the “Guidelines for Establishing Designated Cancer Hospitals” (hereinafter referred to as the “Guideline”) and enforced it on April 1, 2008.

With regard to radiotherapy, the Guideline requests that a system be established wherein radiotherapy will be made available at designated cancer hospitals through ensuring that a) doctors, nurses, and radiology technicians with specialized radiotherapy knowledge and skills are in place, and b) the appropriate medical devices for radiotherapy have been installed.

And regarding chemotherapy, the Guideline also requests that a system be established wherein better quality chemotherapy will be made available through ensuring that a) doctors, nurses, and pharmacist with specialized chemotherapy knowledge and skills are in place, and b) care units for chemotherapy have been installed.

In addition, efforts to improve the quality of radiotherapy and chemotherapy are being made to provide training for doctors and other medical staffs who are engaged in the practice of radiotherapy and chemotherapy and medical devices for radiotherapy are rapidly being put in place.

2. Palliative Care from the Early Phase of Treatment

Many cancer patients suffer physical pain and psychological distress while their families also suffer various pains from when they are first diagnosed cancer. Hence “palliative care from the early phase of treatment” is being positioned as a priority issue and the goal set of ensuring that all doctors engaged in cancer treatment have acquired basic knowledge on palliative care through training within ten years.

Therefore, aiming at achieving this target by FY 2011, the Ministry of Health, Labour and Welfare has been providing a) training for doctors who are involved in palliative care mainly at designated cancer hospitals so that they can offer guidance on palliative care training in respective regions, and b) training for doctors in respective regions who are engaged in the practice of cancer treatment.

In addition, the Guideline requests a system in which the appropriate palliative care that a) palliative care teams consisting of doctors and nurses with specialized knowledge and skills in palliative care be established, and b) palliative care for outpatients can be made available.

Further efforts are being made to promote public awareness of palliative care, and the appropriate use of medical narcotics needed in palliative medical care through holding workshops for medical professionals.

3. Promotion of Cancer Registry

The cancer registry is for use in getting a hold on and analyzing incidence, the outcome, and other conditions of cancer patients and is necessary in providing appropriate cancer treatment based on scientific knowledge. In the Basic Plan, the cancer registry has been positioned as a priority issue and the goals of providing the necessary training for people in charge of actual cancer registry work at all designated cancer hospitals set by FY 2011.

Therefore, the Ministry of Health, Labour and Welfare made the request that the necessary personnel be put in place to be in charge of the actual cancer registry that have been trained at the Center for Cancer Control and Information Services, National Cancer Center in the Guideline and has been providing that training at the Center for Cancer Control and Information Services.

In addition, efforts are being made to promote hospital-based cancer registry using a standard registration form and to provide practical instructions to designated cancer hospitals for improving the accuracy of the cancer registry.

4. Cancer Prevention, Early Detection, and Promotion of Cancer Research

With regard to the cancer prevention, efforts are being made to promote “Health Japan 21” as part of a comprehensive health promotion program. In addition, since FY2008, a new national campaign focusing on appropriate exercise, appropriate dietary habits and no smoking has been developed to promote measures for lifestyle related diseases.

In addition, with regard to the early detection of cancer, the Basic Plan includes the goal of raising the percentage of people receiving cancer screening to at least 50%. Efforts are being made to support modeling measures for raising the percentage of people receiving cancer screening as well as through dissemination and enlightenment activities. At the same time, since October 2008, “Discussion Group on Dissemination and Enlightenment of Cancer” was held to implement dissemination and enlightenment programs effectively and properly. Through these activities, advanced cases are being collected regarding dissemination and enlightenment for correct understanding of symptoms, importance of cancer screening, cancer registry, and palliative care, and exchange of views are being

conducted among experts. Furthermore, the “Task force for 50 % Cancer Screening Rate” was developed with the Minister of Health, Labour and Welfare as a chief for the purpose of multidisciplinary promoting the improvement of screening rate. At the first headquarters meeting, decision was made, including logos aiming at achieving 50% screening rate.

With regard to consultation and information provision concerning cancer medical care, “Cancer care support centers” have also been set up at designated cancer hospitals to respond to the anxieties and questions of patients and their families through the telephone, facsimile, and interviews.

With regard to cancer research, which is positioned to be the overall basis for controlling cancer, clinically important research, such as on improving patients’ quality of life, as well as politically important research, such as equalization of cancer medical services, have been conducted. In addition, basic studies and research and development of new treatment methods as well as methods of effective early diagnosis are being promoted.

がん検診
愛する家族への
贈りもの

(tag line)



(image character)



(logo)

5. Cancer Control for Women

Breast cancer is the highest cancer incidence rate for women in Japan. Approximately 35,000 women develop breast cancer and approximately 10,000 women die from it every year. These numbers trend to grow every year. In addition, the morbidity rate of breast cancer is increasing every year, and breast cancer is the leading cause of cancer death with women aged 64 or younger.

Therefore, since FY 2004 mammography screening has been provided for use in breast cancer screening once every 2 years for women aged 40 or older by municipalities (including special wards, hereinafter the same). Mammography screening in municipalities is being promoted to facilitate the early detection of breast cancer, and will eventually contribute to reducing the morbidity rate. And hence emergency projects to establish mammography screening are also being implemented.

In order to improve the accuracy of nationwide breast cancer screening using mammograms, efforts are being made to support the introduction of a computer based diagnosis support system and education for screening professionals.

Furthermore, in the FY 2009 supplementary budget, it was decided that handbook for screening will be issued, and coupons for free cervical cancer and breast cancer will be distributed to women above a certain age. Efforts are also being made to promote dissemination and enlightenment on cancer screening for women-specific cancer in general that includes breast cancer and uterine cancer.

Section 4. Promotion of Science and Technology to Prolong Healthy Years of Life

Research and development of life science are positioned as a priority area under the Science and Technology Basic Program based on Science and Technology Basic Act. Under the overall coordination by Council for Science Technology Policy, the Ministry of Health, Labour and Welfare is also forcefully promoting research and development in this field in cooperation with related ministries including the Ministry of Education, Culture, Sports, Science and Technology.

1. Promotion of Science and Technology Research in FY 2008

The Ministry of Health, Labour and Welfare set three principles in FY 2008 and is promoting science technology development: “promotion of health and security”, “realization of advanced medical care”, and “securing health and safety”.

(1) Promotion of Health and Security

Research and development on prevention, diagnosis, and treatment methods for diseases and disabilities to prolong healthy years of life is being promoted.

1) Research on lifestyle diseases

Research to promote systematic and strategic countermeasures against lifestyle diseases, from their primary prevention to diagnosis and treatment of lifestyle diseases, are being carried out. In addition, strategic research is being conducted on creating scientific evidence on metabolic syndrome (visceral fat syndrome), something that has gained people’s attention in recent years as a risk factor in heart disease and cerebral apoplexy, and on diabetes that can be the cause of lowering quality of life (QOL) of patients and increasing medical fees.

2) Research on promoting mental health

Mental illnesses that include schizophrenia, depression, neurosis, stress disorder, and developmental disorder are causing a wide range of serious problems. As

countermeasures against these illnesses, the development of prevention, diagnosis, and treatment methods for them along with a support system and epidemiology studies are being strategically conducted.

In many cases, fundamental treatment for neuromuscular diseases does not exist. Hence multilateral multilayered research is being conducted which includes the development of symptom clarification, diagnosis, and treatment methods through genetic analysis, molecular mechanism elucidation, and image analysis.

3) Development of prevention, diagnosis, and treatment methods for cancer

Research in the following areas is being conducted with the aim of decreasing the number of deaths from cancer, the pain that cancer patients' and their families' are exposed to, and maintaining or improving the quality of their recuperation: a) Research to elucidate the nature of cancer and research to incorporate its results and apply it to clinical medicine, b) Multi-institutional collaborative clinical research aimed at establishing standard treatments methods for cancer medical care, and c) Research to facilitate the establishment of a secure and satisfactory nationwide cancer medical care system and the even distribution of high quality cancer treatment.

4) Research on promoting the prevention of the need for nursing care

Research on the prevention, diagnosis, treatment, and rehabilitation of locomotor disorders and dementia, the two main causes of elderly requiring long-term care, is being conducted.

In addition, research on technology and programs for preventing decreased motor function and preventing the need for nursing care that improves living functions is being conducted.

Efforts are being made through the research given above to prevent the elderly from requiring long-term care and to support them living self-sufficiently if they do require long-term care.

5) Research to overcome immune diseases and allergic diseases

Efforts are being made to reveal the relationship between causes of the onset and

symptoms of immune and allergic diseases such as rheumatism, bronchial asthma, atopic dermatitis, and pollinosis, to develop new technologies for use in prevention, diagnosis, and treatment methods, and to provide appropriate medical care of a better quality through reassessing existing treatment methods.

6) Research for improving the quality of life (QOL) of people with disabilities and intractable diseases

Research on comprehensive health and welfare measures for people with disabilities is being promoted that includes improving and promoting measures for their employment and habitation in supporting them to live self-sufficiently, support for people with developmental disorders and higher brain dysfunctions that do not fit in the conventional categories of the so-called three disabilities, provide support for social participation, and to evaluate welfare equipment.

In addition, among the so-called intractable diseases without any identified causes and established fundamental treatment, research is being efficiently conducted focusing on those with long term harmful effects on daily lives, and the research on them that has not progressed very rapidly due to the small number of patients. With regard to the intractable disease research program, it will be significantly expanded from 2009, and the budget has quadrupled from the previous year to 10 billion yen. More specifically, the decision was made to increase the target diseases to 130 by adding 7 new diseases, and establish a mechanism to encourage investigations and research on understanding the current situation at a committee on measures against specific diseases which were not covered by this program. Innovative methods of diagnosis and treatment aimed at preventing their progression and functional recovery and reproduction will continue in the future so that patients' quality of life (QOL) will improve.

(2) Advanced Medical Care

With regard to the "realization of advanced medical care", efforts will be promoted that include the development of basic technology to realize advanced medical care utilizing regenerative medicine technology, genomics, nanotechnology, and bio resources, and the establishment of a clinical trial/research infrastructure.

1) Development of basic technology for realizing advanced medical care

Aiming at the realization of innovative medical care according to the characteristics of individuals based on the outcome of genomics and the realization of regenerative medicine, research on ensuring its safety and the utilization of bio resources is being promoted.

In addition, research and development of non-invasive and low-invasive medical devices through utilizing nanotechnology in medical science are being promoted in cooperation with industry to provide safer and more secure medical technology for use with patients.

In addition to that, research to promote clinical applications is being conducted in cooperation with industry to utilize the outcome of basic studies such as gene therapy, cell therapy, treatments using humanized antibodies, and research on developing new medical devices.

2) Promoting the establishment of a clinical trial/research infrastructure

In order to achieve a further improved clinical research environment in Japan, efforts have been made to promote the establishment of a system in which medical institutions can conduct high quality clinical research in accordance with the “New 5-Year Clinical Trial Activation Plan” since April 2007. Ten core hospitals and 30 local medical institutions have already been selected for this purpose.

Additional efforts to establish an environment where clinical research can be promoted are being made in such a way that in addition to the conventional training provided for Clinical Research Coordinators (CRCs) in improving clinical research environments, training for senior CRCs and data managers is being provided as a measure to nurture the human resources needed in conducting clinical research.

Furthermore, in order to respond to the changing environments surrounding clinical research and to enhance research ethics and protection of trial subjects, “Ethical Guideline for Clinical Research” was totally reviewed and amended in July 2008 (and enforced in April 2009.)

3) Promotion of Health Research

In order to improve people’s life quality and enhance international competitiveness,

it is vital to forcefully promote “Health Research” (translational study/clinical study) that utilizes the outcomes of excellent basic studies related to life science in Japan and pass them on society in the form of new treatment methods and drugs as well as medical devices. For this end, since FY 2008, the related ministries and agencies have been working together to promote uniform and focused efforts, and “Health Research Promotion Council” have been held, which function as a control tower.

2. 3rd Science and Technology Basic Program

The Japanese government has formulated a “3rd Science and Technology Basic Program” plan for the period of FY 2006 to FY 2010, which is currently being implemented. In consideration of providing complete accountability to society and citizens as well as passing on the outcome of science technology, this basic program sets political goals for contributing to “overcoming diseases that distress people” and “creating a society where all people can enjoy healthy lives” based on the idea of “securing health and safety”.

As with the 2nd planning period (from FY 2001 to FY 2005), life sciences, information and communication, the environment, and nanotechnology and materials were defined as the “4 priority areas” and a budget and human resources are being allocated for them as a high priority.

Section 5. Promotion of Creating Innovative Pharmaceuticals and Medical Devices

With the aim of being the top management industry, the government, and academics are sharing ideas on the direction of various measures should take in creating innovations and enhanced international competitiveness for industry in the area of pharmaceuticals in Japan with the “government and private sector discussion on innovative drug development” being held since 2008 and run by the Minister of Health, Labour and Welfare and participated in by the Minister of Education, Culture, Sports, Science and Technology, the Minister of Economy, Trade and Industry, and participants from the pharmaceutical industry as well as education and research institutions. At the third government and private sector discussion (February 2009), the “5-Year Strategy for Creating Innovative Drugs and Medical Devices”, a uniform policy package to support the entire process from research through to practice, was partially revised, incorporating “Action Program to Accelerate the Reviews of Medical Devices” (formulated on December 10, 2008), the program to shorten the period required until approval of medical devices, aiming at quickly providing medical sites with effective and safe medical devices. Discussions between the government and the private sector have continued to be held and efforts are being made in steady implementation of the 5-year strategy.

Furthermore, the Ministry of Health, Labour and Welfare formulated the “New Vision for the Medicine Industry” on September 19, 2008, which gives consideration to characteristics of medical devices, and indicated the direction of the whole process from research and development to disposal/recycle, and also described measures to be taken by the government in the future in the form of an action plan. Hereafter, the Ministry will implement the action plan ahead of schedule, while monitoring the progress situation.

In addition, to provide support from the research and developmental side, a “New 5-Year Clinical Trial Activation Plan” was formulated in conjunction with the Ministry of Education, Culture, Sports, Science and Technology in March 2007 for the purpose of establishing an environment to promote clinical research and clinical trials. Additional efforts are also being made by the independent administrative

organization of the National Institute of Biomedical Innovation in supporting venture enterprises to create pharmaceuticals that are difficult to achieve by private enterprises alone.

Furthermore, to cope with patients' needs for advanced medical services, an advanced medical care assessment system was established in April 2008. In this system advanced medical technologies using pharmaceuticals or medical devices that are yet to be approved under the Pharmaceutical Affairs Act can be combined with insurance provided that they meet certain requirements.

Besides, to overcome the factors that hinder the development of innovative technologies, exchanging views and consultations were implemented on a trial base with the organizations in charge of integrated and efficient operation of research funds, or regulations from the development stage. The related ministries and agencies are working together through the establishment of "Special zones for advanced medical care development" in FY 2008 to promote the development and practical applications of state-of-the-art regenerative medicine, pharmaceuticals, and medical devices.

Through these efforts, the necessary measures will be taken to achieve a further improved health care level by providing high quality, safe and secure pharmaceuticals and medical devices.

Section 6. Promotion of Measures against Infectious/specific Diseases

1. Measures against Intractable Diseases

Measures against intractable diseases have centered on the five principles of “promoting investigations and research”, “providing medical care facilities”, “reducing the co-payment for medical costs”, “improving and coordinating community-based health care, medical care, and welfare services”, and “promoting welfare measures aimed at improving people’s quality of life (QOL)”. Based on these principles, provision for health, medical and welfare services for patients have been promoted.

With regard to the intractable disease research program, it will be significantly expanded from 2009, and the budget has quadrupled from the previous year to 10 billion yen. More specifically, the decision was made to increase the number of subject diseases to 130 by adding 7 new diseases and establish a mechanism to encourage investigations and research to understand the current situation at a committee on measures against intractable diseases which were not covered by this program.

Concerning specific intractable disease research program, with the aim of easing the burden of medical expenses on intractable disease patients, it was decided in the FY 2009 budget that 11 and other emergency diseases among intractable diseases are newly added to the subject diseases for medical fee subsidies.

Additional efforts will be made to promote community-based program to support the lives of patients with intractable diseases through the establishment of an intractable disease consultation and support center in each prefecture.

In February 2005 the first case of vCJD (variant Creutzfeldt-Jakob disease) was discovered in Japan. In response, efforts are being made to enhance the CJD surveillance system.

2. Measures against Rheumatism and Allergic Diseases

In order to implement comprehensive and systematic measures against

rheumatism and allergic diseases in the future, the “Direction of Measures against Rheumatism” and “Direction of Measures against Allergic Diseases” were formulated, and disseminated to prefectures and related organizations in promoting the three principles of “securing a system to provide medical care”, “securing a system to provide information and consultations”, and “promoting research and development”.

With regard to “securing a system to provide medical care”, “Operation Zero Asthma Death” has been implemented since FY 2006 with the aim of decreasing the number of deaths caused by asthma. With regard to “securing a system to provide information and consultations”, in addition to improving training for nurturing consultants, dissemination and enlightenment efforts have been made, which includes holding symposiums, and establishing allergy consultation centers starting 2007. With regard to “promoting research and development”, efforts are being made to promote research on clarifying the cause and symptoms of the disease and developing treatment methods.

3. Promotion of Measures against AIDS (Acquired Immune Deficiency Syndrome)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated the number of people infected with the Human Immunodeficiency Virus (HIV) to be 33.2 million worldwide at the end of 2007. The region in which HIV is the most rapidly spreading is Sub-Sahara Africa but is also rapidly increasing in Eastern Europe, Central Asia, and East Asia. The infection has the trend of increasing in East Asia, which includes Japan.

The total number of reported HIV infected/AIDS patients in 2008 in Japan was 1,557 and was the highest ever with the total reported number of HIV infected persons being 10,552 and total number of AIDS patients 4,899 (1,439 cases due to blood coagulation factor products are excluded from each number). The characteristics of the trend with the infection is that the rate of increase of newly infected persons continues to grow, has an increasing trend in local cities, the percentage of people in their twenties and thirties is high, and 90 percent of the

cause of infection is through sexual contact, with homosexual contact between men increasing in particular. Further improvements and enhancement of measures are needed therefore to cope with the situation.

In consideration to that and with respect to the “Report of the Study Group on Revision of Specific Infectious Disease Prevention Guidelines Regarding Acquired Immune Deficiency Syndrome” that was compiled in June 2005, the revised “Specific Infectious Disease Prevention Guidelines Regarding Acquired Immune Deficiency Syndrome” (so-called AIDS prevention guidelines) was enforced on April 1, 2006.

This guideline requests that comprehensive measures related to prevention and medical care be taken with respect being paid to the human rights of HIV infected, and AIDS patients in cooperation between the government, local governments, and NGOs which includes medical professionals and patients groups. These measures shall mainly focus on 3 important areas (a) dissemination, enlightenment, and education, b) improved examination and consultation systems, c) reconstruction of the medical care system), and include such measures as establishing a core hospital system to promote the establishment of a comprehensive medical care system within prefectures.

4. Solving Hansen ’s Disease Issues

The “Act on Repealing the Leprosy Prevention Act” was enforced in April 1996 and support for the former residents of Hansen’s disease sanatoria with the necessary recuperation and rehabilitation. Subsequently, patients and former patients sued the national government in Kumamoto and other cities. The Kumamoto District Court handed down a juridical judgment that the plaintiffs had won a favorable verdict in May 2001. The government decided not to lodge an intermediate appeal with the court, and instead announced a “Colloquy by the Prime Minister on the Early and Full-Scale Solution of Hansen’s Disease Problems” on May 25, 2001. Furthermore, the “Act on Payment of Compensation, etc. to Inmates of Hansen’s Disease Sanatoria, etc.” (hereinafter referred to as the Indemnity Law) was promulgated and enforced on June 22, 2001, under which compensation is being made to former

residents of Hansen's disease sanatoria.

On December 25, 2001, the Ministry of Health, Labour and Welfare and representatives of patients and former patients agreed upon the "Matters Confirmed at the Conference on Measures for Hansen's Disease Problems". Accordingly, the Ministry will take measures for the restoration of their honor and promotion of their welfare, in addition to traditional measures.

In addition to reconciliation effected before the court, compensation has been made that includes "Benefits for People Who Were in the National Hansen's Disease Sanatoria" program in establishing a living base for them, and the "Reburial Cost for the Diseased in the National Hansen's Disease Sanatoria" program for use in returning the honor of the dead since FY 2002, and the "Gratuity for People Who Were Not in National Hansen's Disease Sanatoria" program for patients and former patients who had never actually been in sanatoria, for their stable, comfortable and normal social lives since FY 2005. (On April 2, 2009, the names were changed to "Benefits for People Who Were in the Hansen's Disease Sanatoria", "Reburial Cost for the Diseased in the National Hansen's Disease Sanatoria, etc." and "Gratuity for People Who Were Not in Hansen's Disease Sanatoria" respectively.)

To promote public awareness with appropriate knowledge of the disease, nationwide symposiums have been held since FY 2004. In addition, as part of dissemination and enlightenment measures to restore their honor and remove prejudice and discrimination against patients and former patients, the "National Hansen's Disease Museum" was reopened in April 2007.

In February 2006 the "Act on Payment of Compensation, etc. to Inmates of Hansen's Disease Sanatoria, etc." was revised to include people who used to be in Hansen's disease sanatoria established abroad before the end of the war in 1945 (specified by the Minister of Health, Labour and Welfare) as recipients of the compensation. At present, the Rakuseiin Hospital (Taiwan), Sorokto Hospital (South Korea), and 4 sanatoria established in the South Sea Islands (Palau, Yap, Saipan, and Jaluit) have been specified, and efforts are being made for the early and complete resolution of the Hansen's disease problems.

Furthermore, the "Act on Promotion of the Resolution of Hansen's Disease Issues"

was approved at a regular Diet session in June 2008 and enforced on April 1, 2009 to promote resolution of the Hansen's disease Issues. The law contains provisions such as allowing community residents to utilize national Hansen's disease sanatoria and dissemination of appropriate knowledge on Hansen's disease as a measure to restore the honor of patients and former patients.

5. Appropriate Implementation of Organ Transplantations

(1) Implementation of Organ Transplantations

The Act on Organ Transplantations (hereinafter referred to as the Organ Transplantation Law) was enforced in October 1997. The law permits transplantation of organs such as eyeballs (corneas), hearts, lungs, livers and kidneys from brain-dead donors.

From enforcement of the law to the end of March 2009, 81 people had been judged as brain-dead in compliance with the Organ Transplantation Law. In FY 2008, 14 cases of heart transplantations from 14 donors, 19 cases of lung transplantations from 14 donors (of heart and lung transplantations, one case had heart and lung transplanted at the same time), 15 cases of liver transplantations from 15 donors, 229 cases of kidney transplantations from 123 donors, 14 cases of pancreas transplantations from 14 donors (of kidney and pancreas transplantations, 10 cases had kidneys and pancreases transplanted at the same time) and 1,634 cases of cornea transplantations from 1,010 donors had occurred, including transplantations from both brain- and heart-dead donors.

As of the end of March 2009, patients waiting for organ transplantations consisted of those needing hearts (128), lungs (111), livers (239), kidneys (11,940), pancreases (160), small intestines (1) and corneas (2,769).

In the meantime, the Minister of Health, Labour and Welfare has held "Examination Meetings on Organ Transplantation Cases from Brain-Dead Donors" and invited both learned and experienced people to them. At the meetings, the situation with lifesaving treatments of donors, legal brain death judgments, and intermediary work conducted by the Japan Organ Transplant Network are being examined.

(2) Recent Movements towards the Promotion of Organ Transplantations

With regard to the law related to organ transplantations, four “Draft Legislation to Amend the Law on Organ Transplantations” in revising the requirements for organ donations in case of brain-death were presented at a regular Diet session in 2006 by members of the Diet. At a regular Diet session in 2009, the draft law was passed in the Lower House plenary session and sent to the Upper House. The new amendment bill allows donations of organs from a brain-dead person if family members agree, even if the will of the donor is not confirmed. It also it will pave the way for organ transplants from brain-dead children under 15. At the Upper House, the bill was submitted to amend the one passed in the Lower House concerning the definition of the “body of brain-dead person”, in addition to the bill to propose examination of judgment criteria for children’s brain death through the establishment of the “ad-hoc committee for children’s brain death and organ transplantation” within the Cabinet Office. The original bill, however, was passed and approved at the Upper House plenary session on July 13, 2009.

In order to provide more opportunities for people to indicate their willingness to donate organs a column to indicate that willingness can be added to the insurance cards issued by health insurance societies and the National Health Insurance scheme. Insurance cards of government-managed health insurance “Japan Health Insurance Association” from October 2008 with a column to indicate that willingness have been issued. In addition, a Japan Organ Transplant Network started operating an organ donation willingness registration system in March 2007.

(3) Transplantation of Hematopoietic Stem Cells

Transplantations of hematopoietic stem cells, such as from bone marrow and umbilical cord blood, have been implemented as a treatment method for leukaemia, aplastic anemia or the like. With such transplantations, it is essential that the type of leucocyte (HLA type) of the patient matches that of the donor, or that of stored umbilical cord blood, which means that an adequate number of donors must be secured for transplanting hematopoietic stem cells to all the patients that are in need of them.

In light of this, a public bone marrow bank project has been implemented since FY

1991, with a public umbilical cord blood bank project having been in operation since FY 1999 for transplanting hematopoietic stem cells between non-biologically related patients and donors. As of January 2009, the number of registered donors at the public bone marrow bank had reached the objective of 335,052 and the number of stored umbilical cord blood was 31,149. Further efforts are being made to promote donor registrations for patients in need of bone marrow transplantations. In addition, the Committee on Hematopoietic Cell Transplantations within the Subcommittee on Measures against Diseases, Health Sciences Council are discussing measures that will need to be taken in the future with hematopoietic stem cell transplantations.

6. Countermeasures against Pandemic Influenza

(1) Countermeasures in Preparation for the Outbreak of Pandemic Influenza

Pandemic influenzas have emerged in a 10 to 40 year cycle when a new type of virus whose surface antigenicity is different from those of seasonal influenza viruses, which recur prevalence every year. Since most people do not have immunity against the virus of pandemic influenza, the emergence of pandemic influenza might lead to worldwide pandemics, causing serious health damages together with significant social impact.

In recent years, the avian influenza (H5N1) has been prevalent mainly in Southeast Asia, and human cases of H5N1 have been identified. (Between November 2003 and July 1 2009, the number of patients totaled 436, and among them, 262 were deceased.) Pandemic influenza emerges when avian influenza transforms itself and becomes infectious from human to human, which is currently of a great concern.

Under such circumstances, in order to develop a legislation for minimizing the impact of a pandemic influenza and to promptly and fully implement the necessary measures in the period of non-pandemic as well as pandemic, the “Draft Law to Amend the Act Concerning the Prevention of Infectious Diseases and Medical Care for Patients Suffering from Infectious Diseases and the Quarantine Act”, incorporating establishing rules and regulations concerning measures such as for quarantine and hospitalization, was presented at a regular Diet session in 2008, approved on April 25, 2008, promulgated on May 2, and enforced on May 12.

In February 2009, “The National Action Plan against Pandemic Influenza”, which is the guideline for the measures against pandemic influenza, (established in December 2005 at the meeting on measures for pandemic and avian influenzas organized by related ministries) was revised. At the same time, “Guideline for Measures against Pandemic Influenza” was formulated (in February 2009 at the meeting on measures for pandemic and avian influenzas organized by related ministries and agencies).

In addition, with the aim of promoting stockpiles of anti-Influenza virus drugs, and as preparation for the outbreak of pandemic influenza, the 4th integrated exercise was conducted in January 2009, in which the Prime Minister, all related ministers and agencies, and Aichi Prefecture participated.

(2) Outbreak of novel Influenza A (H1N1) (in April 2009) and Response by the Ministry of Health, Labour and Welfare

1) Outbreak of Novel Influenza and Confirmation of Cases in Japan

On April 24, the World Health Organization (WHO) announced the outbreak status of suspected novel influenza-like illness in Mexico and the USA. On April 28, WHO declared to raise the level of Influenza A (H1N1) pandemic alert to Phase 4 because sustained human to human transmission of antigenically-different influenza virus was confirmed. ¹

To cope with this situation, the Ministry of Health, Labour and Welfare declared the outbreak of novel influenza and relevant infections designated by the Act Concerning Prevention of Infectious Diseases and Medical Care for Patients of Infections. On the same day, the government launched “Task force Meeting for Swine Flu” , headed by Prime Minister Taro Aso as General Manager, and the chief Cabinet secretary and the Minister of Health, Labour and Welfare as Deputy General Managers.

Later, on May 8, 4 passengers who arrived at the Narita International Airport from the USA were tested positive to novel Influenza at the port of entry by Quarantine Station (Infections of 3 passenger were confirmed first and another passenger developed during detainment); and on May 16, novel Influenza A (H1N1) infection was confirmed in Kobe City, Hyogo Prefecture, which was the first case identified in

Japan.

2) Measures Taken by the Ministry of Health, Labour and Welfare

Right after the outbreak status of suspected novel influenza-like illness was declared by WHO on April 24, the Ministry of Health, Labour and Welfare started to provide the public, local authorities and other organizations with information, established a call center within the Ministry to provide consultations on novel influenza, and asked people to act calmly. In addition, since April 26, the Ministry tightened quarantine controls mainly for flights from Mexico. Furthermore, in response to the declaration of Phase 4 by WHO, the measures at the water's edge (front-line measures) were thoroughly made sure, including isolation/detainment based on the Quarantine Law and health surveillance in partnership with the quarantine stations and health centers in each region, in addition to the establishment of the fever consultation centers and high-fever outpatient departments in each local authority in preparation for the outbreak in Japan.

Since the case in Japan was confirmed in May 16, efforts were made to prevent the spread of infections by calling on identification of patients and persons who were in close contact with infected patients, hospitalization of patients, and avoidance of going outside as far as possible by individuals who were in close contact with patients based on proactive and exhaustive epidemiological studies.

Furthermore, research has been urgently undertaken to take appropriate measures based on science against the current novel influenza (A/H1N1) covered by Public welfare labor science research expense subsidy, and urgent research and development has been implemented to establish a system for early diagnosis at clinical sites, early confirmation of the outbreak status in Japan, and providing the feedback in deciding policies.

The current "Action Plan to Counter Novel Influenza" was prepared with avian influenza (H5N1), which is highly virulent, in mind. The current novel Influenza (A/H1N1) is high in its level of infectiousness, but the characteristics are similar to those of seasonal influenza in that large majority of the infected people has recovered with only mild disorders, and that treatment using anti-influenza-virus medications is effective. In consideration of this, the Basic Response Policy was

revised at the Task Force Meeting for Swine Flu. The revised Policy aims to minimize the effect on the public's daily life as well as on the economy, to prevent the spread of infections, and to protect those with underlying medical conditions, etc. In addition, it was confirmed to avoid a rigid implementation of the "Action Plan" above and to respond in a flexible manner which is suited to the actual conditions in each region. For this purpose, the Ministry of Health, Labour and Welfare published the "Practical Guidelines on Securing Medical Care, Quarantine Measures and Requests for the Temporary Closure of Schools, Child-care Facilities, etc."

Looking at the trend of outbreak status abroad including countries in the southern hemisphere, based on assumption that nationwide and large-scale increase in the number of patients could happen anytime, the "Practical Guidelines on Securing Medical Care, Quarantine Measures and Requests for the Temporary Closure of Schools, Child-care Facilities, etc." was revised on June 19. The revision aims to suppress or mitigate rapid and large increase in the number of patients and reduce the impact on social activities, to reduce the burden on medical institutions as much as possible and provide serious patients with appropriate medical services, to get a clue for the substantial increase in the number of patients and take countermeasures, and to position this moment as a preparatory period for responding to the possible situations in autumn and winter.

Confirmation of serious patients and surveillance for checking virus mutation in pathogenicity will be implemented. In case of viral mutation resulting in increase in pathogenicity or acquisition of drug resistance, however, the measures will be reviewed, including this guideline. Preparation will also be made to respond to domestic large increase in the number of patients which is possible toward autumn and winter.

¹ Later, WHO declared to raise the pandemic alert of Influenza to Phase 5 on April 30 because of sustained spread of the virus into at least two countries in one WHO region, and to Phase 6 on June 12 because of sustained community level outbreaks in at least one other country in a different WHO region.

7. Promotion of Countermeasures for Atomic Bomb Survivors

Comprehensive health/medical care and welfare measures to support atomic bomb survivors are being promoted in accordance with the Law Concerning Atomic Bomb Survivors Relief.² The measures include a) health checkups, b) a public-funded medical care system, c) a supply of a special medical allowance, a special allowance, a health management allowance, a health allowance, a long-term care allowance, and to help with funerals, d) counseling, daily home-visit living support, and welfare services that include institutional care at residential facilities for the survivors, e) promotion of research and study at the Radiation Effects Research Foundation, and f) management of the Hiroshima and Nagasaki National Peace Memorial Halls for Atomic Bomb Survivors.

When an Atomic Bomb Survivor obtains A-bomb Survivors' Certificate, public fund will be provided for the survivor's co-payment. In addition, a certified survivor can receive a monthly health management allowance of 33,800 yen when developed a designated illness. Moreover, when the disease is certified as atomic-bomb disease, a certified atomic bomb disease sufferer receives a monthly medical allowance of ¥137,000. The "New Certification Guidelines" for atomic bomb survivors was compiled by the Subcommittee on Atomic Bomb Survivors Medical Care of the Examination Committee for Certification of Sickness and Disability in March 2008. Certifications have been made in accordance with these guidelines since April 2008. In FY 2008, 2,969 applications were certified, more than 20 times larger than FY 2007 (128 cases were certified). In addition, at the Subcommittee held on June 22, 2009, the certification guideline was revised to position hypothyroidism and chronic hepatitis/liver cirrhosis as target disease for certification.

Support projects for atomic bomb survivors living abroad include financial support for transportation expenses when returning to Japan to apply for an A-bomb Survivors' Certificate or to receive medical treatment as well as for medical expenses when receiving medical treatment in the country in which they live. In addition, atomic bomb survivors living abroad can apply for a Health Management Allowance through the consular in the country in which they live in order to avoid having to return to Japan. Furthermore, a Draft Law to amend the Act Concerning

Atomic Bomb Survivors Relief, which enables atomic bomb survivors living abroad to apply for A-bomb Survivor Certification, was presented by members of the Diet, approved at a regular Diet session in 2008, and enforced in December 2008.

² Atomic Bomb Survivors' Assistance Act

8. Comprehensive Promotion of Measures against Hepatitis

The number of patients infected with the hepatitis virus is estimated to be 1.1 to 1.4 million for hepatitis B and 2 to 2.4 million for hepatitis C. Many of these patients do not have subjective symptoms, and thus are unaware that they have been infected and hence have received no treatment which has resulting in it progressing to more severe diseases such as cirrhosis of liver and liver cancer.

In consideration of this, promoting its early discovery and early treatment as well as maintaining and improving patients' health while helping to alleviate any anxieties they may be facing through a higher level of treatment is considered to be of the utmost importance with viral hepatitis. Since the formulation of the "Emergency Comprehensive Measures against Hepatitis C" in FY 2002 comprehensive measures such as enhancing dissemination and enlightenment activities, conducting hepatitis virus examinations, research and development on preventive and treatment methods, and establishing a treatment system .

Furthermore, in FY 2007, a measure to further promote hepatitis virus examinations was taken in order that people can receive the examination free of charge at medical institutions consigned by prefectures in addition to the free examinations provided at health care centers. This measure will continue in FY 2009.

In addition, prefectures commenced implementation of free medical subsidy system for interferon treatment for hepatitis B and hepatitis C in FY 2008. Effective treatment can completely cure people of viral hepatitis while preventing future

cirrhosis of liver or liver cancer, and hence the promotion of early treatment will suppress the burden on patients at a fixed fee related to their income. Starting FY 2009, the operation of his medical subsidy system will be revised so that when a doctor who meets a certain conditions judges that a patient need to extend administration (72 weeks of administration), it is possible to extend subsidy period from one year in principle to one year and half. The revised system also gives special treatment on judging classification of income bracket to decide the limit of patient' co-payment of medical expenses.

In order to completely cure patients as many as possible, new comprehensive measures will be further promoted through:

- a) Medical Fee Subsidies for Interferon Treatment
- b) Promotion of Hepatitis Virus Examinations
- c) Expanding the Establishment of a Medical Care System including Establishment of "core hospitals for liver disease treatment"
- d) Dissemination of the Appropriate Knowledge and Understanding
- e) Promotion of Research in accordance with 7-year Strategies for Hepatitis Research

(Figure 1-6-1) (for more details on hepatitis C lawsuits refer to Section 1 of Chapter 7).

Figure 1-6-1 Promotion of Measures against Hepatitis

[Direction of Measures]

- Reducing the financial burden through preventing its progression to liver cancer and effective promotion of hepatitis treatment
- Comprehensive and further promotion of examinations, treatment, dissemination, and research
- Steady implementation of reducing the number of people who have not had examinations, even distribution of hepatitis medical care, and dissemination and enlightenment of the appropriate knowledge

1. Creating an Environment for Promoting Interferon Treatment

- Medical Fee Subsidies for Interferon Treatment
 - Providing medical fee subsidies for hepatitis B and hepatitis C patients who are in need of interferon treatment

2. Promotion of Hepatitis Virus Examinations

- Promotion of Hepatitis Virus Examinations and Establishment of an Examination System at Health Care Centers
 - Establishment of an examination system that takes into consideration the accessibility through consignment of medical institutions to promote the number of people who have not had examination being reduced
- Hepatitis Virus Examinations being Conducted by Municipalities and Health Care Insurers

3. Promotion of Health Care, Promotion of Safe and Reliable Hepatitis Treatment, and Ensuring Care for Cirrhosis of Liver and Liver Cancer Patients

- Expanding the Establishment of a Medical Care System
 - Establishment of "core hospitals for liver disease treatment" in prefectures in providing a system for use in making consultations available for patients and carriers (consultation centers), and creating National "Hepatitis Core Medical Institutions (tentative name)" that can support core hospitals
- Physical and Mental Care for Cirrhosis of Liver and Liver Cancer Patients and Providing Training for Doctors

4. Dissemination of the Appropriate Knowledge and Understanding

- Dissemination of the Appropriate Knowledge in Various Sectors including Education, Work, and Community

5. Promotion of Research

- Research and Development of New Treatment Methods for Liver Diseases
 - Promotion of clinical research including application of anti-virus treatments according to a patients' symptoms and measures against any side effects of that treatment
- Promotion of Development, approval under the Pharmaceutical Affairs Law, and Application of Insurance for Liver Disease Treatment
 - Promotion of rapid regulatory approval and insurance application according to the situation with the research and development of therapeutic drugs

Section7. Establishing a Stable and Sustainable Health Insurance System

1. Reform of the Health Insurance System

In Japan, under the universal health care insurance system, a system for medical care has been realized, which allows anyone receive proper medical services whenever and wherever needed, and as a result, the world's longest life expectancy and the high level of health and medical care have been attained. On the otherhand, the environments surrounding medical care have seen significant changes, such as the rapidly aging society. Amid the ongoing severe situation of the finances for the medical insurance system, in order to maintain the universal health care insurance system, which serves as a foundation for public safety, it is necessary to establish a sustainable system which enables to cope with the changes in the structure of the population through streamlining benefits while attempting to secure sustainable medical care.

For this end, full-scale reform has been implemented through "The Act to Amend the Health Insurance Act", approved in 2006, and "The Long Life Healthcare System (health care system for elderly in the latter years of their life)" and the medical expenditure control plan, formulated and initiated in FY 2008. Efforts are being made to facilitate their smooth operation.

(1) Enforcement a New Medical Care System for the Elderly

In order to ensure stable support of medical expenditures for the elderly that is expected to exponentially increase, and to maintain the universal health care insurance system in the future, a new independent health care system for elderly aged 75 or older (long life health care system) has been implemented since April 2008, replacing the health services system for the aged. The system was designed so that the active generation and the elderly can help support each other.

While the long life health care system, just as same as the health services system for the aged, targets elderly aged 75 or more, this system aims to clarify the rules for the burden by active generation and the elderly (About half of total benefits paid is covered by public fund; approximately 40 % by the active generation; and nearly

10 % by insurance income of the elderly.), to identify the operational responsibility and to secure financial stability through operation by regional authorities affiliated with all the municipalities in each prefecture.

Concerning medical expenditure for the elderly aged 65 to 75, finance adjustment will be made among insurers according to the number of members of insurance.

1) Efforts to Facilitate Smooth Operation of the Long Life Health Care System

When the long life health care system was initiated, there was confusion among the public partly due to insufficient information provided about the system. Hence, the government made efforts to disseminate and publicize the purpose and necessity of the system. At the same time, in order to facilitate smooth operation of the system, the government took various improvement measures such as reduction of premium burden on the low-income households. The main contents of the measures are as follows:

① Reduction of Premium Burden on the Low-income Households

With regard to parity-based premium, in addition to reduction measures of 70 percent relief, 50 percent relief, and 20 percent relief based on income, the households receiving 70 percent relief and whose premiums are deducted from pensions by August, will not be collected premium from October. Same reduction measure will also be applied to those who are paying with payment voucher (which is equivalent to 85 percent relief in real terms with the average monthly premium is about 500 yen nationwide.)

After FY 2009, for the low income households receiving 70 percent relief, if all elderly insured members in households has pension incomes of 800,000 yen or less, will receive 90 percent relief (with average monthly premium about 350 yen nationwide). In addition, based on the “Policy Package to Address Economic Crisis” compiled by the Government and the Ruling Parties on April 10, 2009, those who paid parity-based premium with 85 percent relief in FY 2008 shall receive the same relief in FY 2009, though it was originally decided that they were to receive 70 percent relief starting in FY 2009 .

Moreover, of individuals who incur income levies those of low income shall receive 50 percent relief on income levies.

② Improvement related to Payment of Premiums Deducted from Pensions

Under the long life health care system, premiums were basically deducted from pensions. Since FY 2009, however, all insured persons can choose the payment of premiums either from account transfer or deduction from pensions.

③ Revision of Partial Cost-sharing by the Elderly aged 70 to 74

Partial cost-sharing by elderly aged 70 to 74 was legally scheduled to increase to 20 percent in FY 2008. Due to the budgetary measure, however, it has been deferred at 10 percent through the end of FY 2009.

④ Extension of 90 percent Deduction Measures for Dependants of Employee Insurance

Those who used to be dependants of employee insurance before enrolling the long life health care system needed to pay premium for the first time. Hence, in addition to the reduction measures which are available for two years after enrolment (parity-based premium with 50 percent relief), their premiums were not be collected during the period between April and September 2008. From October 2008 to March 2009, they received 90 percent relief for parity-based premium, and the same reduction measures will continue in FY 2009.

2) Discussions on the Review of the System

The long life health care system has many benefits, while there have been various comments against the system; and therefore, taking into account the elderly feelings, the system will be reviewed ahead of schedule, though the review was scheduled 5 years later according to the law.

At “Discussion Group on Medical Care System for Elderly”, which was held since September 2008 and led by the Minister of Health, Labour and Welfare, the government had discussions many times while conducting hearings with related persons. In March 2009, the “Summary of the Discussions on the Revision of Medical Care System for the Elderly” was compiled, which indicated the choices and their relevant issues concerning revision of the system.

On the other hand, the ruling parties also held discussions to revise the system; and in April 2009, the ruling party’s project team concerning the medical care system

for the Elderly compiled the “Basic Policies on the Revision of Medical Care System for the Elderly” to show the basic policies regarding the revision of the system.

In consideration of these efforts, the government will swiftly deal with the urgent issues for example in the supplementary budget. At the same time, concerning the issues related to the revision of the system, the government will have detailed discussions at the Subcommittees within the Medical Social Security Council, in which the related organizations also participate in order to steadily revise the system.

(2) Comprehensive Promotion of Medical Expenditure Control

1) Necessity of Medical Expenditure Control

It is estimated that the medical expenses of the elderly aged 75 or more, which currently occupy approximately 1/3 of the entire costs will grow to half of the nation’s medical expenses by 2025 due to the rapidly aging society. In order to secure appropriate medical care for the elderly, it is necessary to enhance benefit efficiency and promote medical expenditure control for the purpose of maintaining a universal health care insurance system.

Efforts have been made so far to control medical expenditures such as through revisions of burden on patients and medical costs. Coupled with to these short-term efforts, the mid- and long time measures needs to be implemented to control medical expenditures. Hence, the necessity was identified at the reform of the health insurance system in 2006 to promote medical expenditure control in a more efficient and appropriate manner, focusing on the structural factors to expand the medical costs.

Accordingly, incorporating the short-term measures, medical expenditure control will be comprehensively promoted through well-planned implementation to prevent lifestyle diseases and shorten average length of hospitalization (reorganization of sanatorium-type wards to remedy long-term hospitalization)

2) Medical Expenditure Control Plan

In order to control medical expenditure in a systematic manner, the participation of the prefectures that are responsible for local health care systems is needed because

of regional differences existing in respective medical expenditure. Hence, as the responsibility of the government, medical expenditure should be controlled in cooperation between the government and the prefectures.

The government formulated the basic policy for medical expenditure control; and based on this policy, the government and prefectures will formulate medical expenditure control plan (a 5-year plan). In consideration of the situations for preparing plan by each prefecture, “Plan based on the Provisions of the Act on Assurance of Medical Care for Elderly People (Article 8-1)” (The National Medical Expenditure Control Plan) was formulated and announced in September 2008. The first phase of this medical expenditure control plan is prepared for the efforts during the planning period of five years from FY 2008 to FY 2012, and sets the numerical targets related to measures for lifestyle-related diseases and for shortening of average length of hospitalization, which are the center of the plan. In addition, progress situation for the plan will be evaluated in the middle fiscal year and after the end of the planning period.

The national medical expenditure control plan set the goals as follows to be fulfilled by FY 2012: a) goals for maintaining the health of citizens (residents); and b) goals for promoting effective medical care (responding to shortening of average length of hospitalization). Details of each goal are as follows:

① Goals for maintaining the health of citizens (residents)

- a) Raising the implementation rates of specific health checkups to at least 70 percent
- b) Raising the implementation rates of specific health guidance to at least 45 percent
- c) Achieving a drop in the rate of patients and those at high risk of contracting metabolic syndrome to at least 10 percent compared with the rate in FY 2008.

② Goals for promoting effective medical care:

- a) Reducing the average days of hospital stay by 1/3 of the difference (2.4 days) between the national average (32.2 days) and the shortest prefecture (25.0 days of Nagano Prefecture).
- b) As the numerical target toward 2012 for the number of sanatorium-type wards, the target that takes into account the actual situation in each region will be used

for the time being. (The total will be about 220,000 beds, including estimated target number of prefectures, which have not formulated the plan yet.) The level of target number of sanatorium-type wards to be provided will continue to be examined, and will be revised when needed at interim evaluation of the plan.

(3) The FY 2008 Medical Fee Revision

1) Overview of the FY 2008 Medical Fee Revision

Concerning the FY 2008 medical fee revision, with consideration given to the trend with economic indicators such as wages and commodity prices, the situation with the revenue and expenditure of medical institutions, the financial situation of insurance, the rate was revised positively for the first time in eight years (since 2000) at +0.38% for medical fee.

More in detail, following measures were taken for the serious issues to reduce burdens on hospital doctors in departments such as obstetrics and pediatrics:

- a) creation of evaluation for the hospitals that placed medical clerks to support doctors;
- b) creation of evaluation for the management of pregnant women with high risk;
- c) creation of evaluation for acceptance of pregnant women transported to hospitals for emergency care; and
- d) enhancement of evaluation of the medical institutions to offer high-level medical care for children.

2) Verification of Medical Fee Revision

The Working Group for Verifying the Impacts of Medical Fee Revision organized within the Central Social Insurance Medical Council has been involved in investigation and verification of the impacts of medical fee revision on the medical practice sites. In FY 2008, the working group investigated and verified the actual situation for reducing burdens on hospital doctors, the usage of Generic Medicine, and implementation of medical services suitable for the latter-stage elderly. Based on the results, discussions will be held for the next medical fee revision.

(4) Foundation of Kyokai Kenpo (Japan Health Insurance Association)

The government-managed health insurance was managed by the government itself and set the flat premium rate all over Japan. Accordingly, it has been pointed out that the insurance system lacked in the functions as insurers, such as implementing insurance business that suits the actual situation in each region, and that lowering medical costs due to the efforts in region was not reflected on the premium rates.

Accordingly, in October 2008, the government-managed health insurance became “Japan Health Insurance Association (Kyokai Kenpo)”, the public corporation independent of the government.

The Japan Health Insurance Association establishes a chapter in each prefecture, and set the premium rates that reflect the relevant medical expenditure of each prefecture. Based on the fiscal management at the prefectural level, the association will offer health services according to the actual situation in each region and promote efforts toward the medical fee control.

To set the premium rates at the prefectural level, financial adjustment among prefectures is to be conducted in the areas, which cannot be overcome with the efforts in region, such as age distributions and income levels. In order to prevent surge in premium rates, however, the measures will be implemented to alleviate radical changes for the first five years after the foundation of the Japan Health Insurance Association. Shift to the premium rates at the prefectural level is scheduled in September 2009, and new premium rate for general insured persons will be applied from October.

2. Other Measures

(1) Revision of One-Time Allowance for Childbirth and Childcare

As part of the urgent measures to reverse the birth rate decline, in addition to the improved prenatal checkups, the amount of one-time allowance for childbirth and childcare will be increased 40,000 yen to 420,000 yen in principle from October 2009 to March 2011. Furthermore, the system was revised so that each insurer pays the allowance directly to the medical institution as a rule where a baby was born in order to reduce financial burden on pregnant women.

(2) Promotion of Online Receipt System

Aiming at making the office work involved in health care insurance more efficient, and enhancing the quality of medical services, efforts are being made to have all the receipts to be submitted in principle online by medical institutions to examination and payment organizations from the beginning of FY 2011. At the end of May 2009, the share of online receipts was 61.5%, and 45.5% of them were requested online.

On the other hand, due to the necessity to pay attention to regional medical care, the “Three-Year Plan for Promotion of Regulatory Reform” (updated), which was decided by the Cabinet on March 31, 2009, stipulated that “Consideration will be made to medical institutions which face difficulty in excising online receipt request on their own in order to avoid the collapse of regional medical care.”

Therefore, as the support measures for medical institutions and pharmacies that exercise online receipt request, the FY 2009 supplementary budget financed the support measure for capital investment on online system, and expenses required for alternate request of pharmacies. Smooth transition to online receipt request system is being promoted, utilizing these support measures.