

At the End

In the nationwide survey of 3,000 people aged 20 or over (effective collection rate 64.5%) called "Special public-opinion poll on the national civil-service reform" that was announced by the Cabinet Office on October 15, 2009, to the question saying "What do you request of the national government employee?", the answer ranked top is "Morality and sense of responsibility", 63.0% of the total (multiple answers allowed). Compared with the same kind of survey conducted in June, 1988 (nine choices except "Others", "Nothing specially", and "Do not understand"), the percentage of multiple answers is 386.7% in this time against 214.0% in the 1988's poll, about 1.8 times, which shows public evaluation has been becoming much severe.

On the other hand, the public expectation toward the field of the government administration of health, labour and welfare shown in the "Request to the government" is high. The Cabinet Office carries out "Public-opinion Poll on national life" every year from 2001, and looking at the answer to the "Requests to the government", the percentage of "Structural Reform of the Social Welfare including the Medical Service and the Pension Service" has continued being top in the percentage among all choices since 2004. Besides, the answer of the "Measures for dealing with an aging society", "Employment / Labour issues", "Measures against a declining birthrate" relating to the fields under the control of the Ministry of Health, Labour and Welfare are also ranked high.

No need to say, tasks of the Ministry of Health, Labour and Welfare are piled up, and The Ministry of Health, Labour and Welfare needs to make aggressive efforts on them. The social security service is a structure in which mutual aid among the people is made through government, and the administrative organization responsible for the structure is the Ministry of Health, Labour and Welfare. It is the worst misfortune situation for the people that they cannot trust the administration of the ministry though their expectation toward it is high. The Ministry of Health, Labour and Welfare must express sincere remorse for this situation.

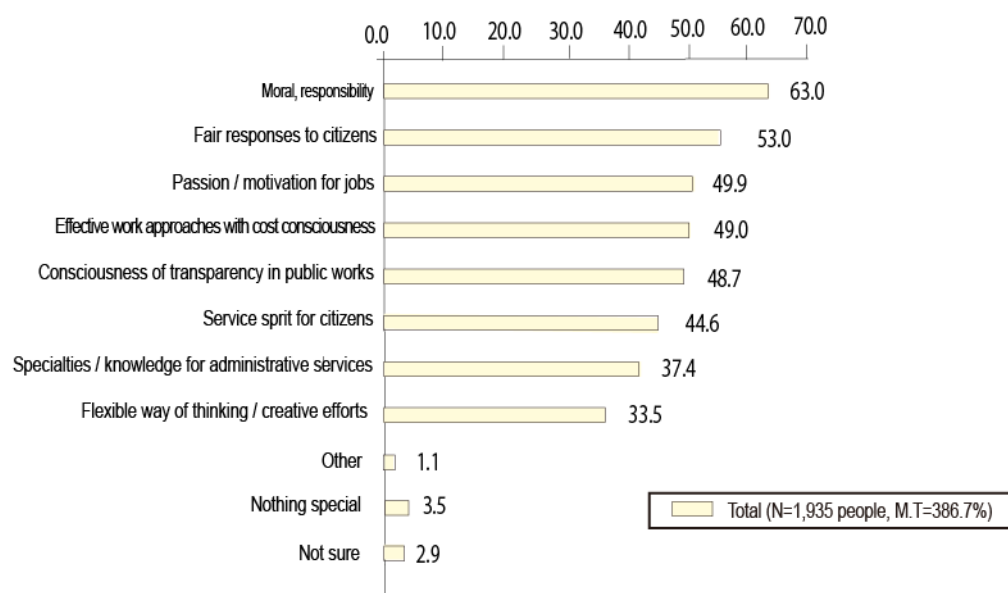
The increase in longevity is a reflection as a result of economic growth and development of social systems including improvement in nutrition and sanitation, advancement in medical systems and guaranteed accessibility, which is a reality of the ideal society desired by human beings. In the situation of the declining birthrate and the aging population, burdens tend to be focused on, but the measures to cope with such society are an investment to the future stimulating social advancement and can make a new phase open in human history.

Japan is one of the countries with the most advanced aging society, and therefore must

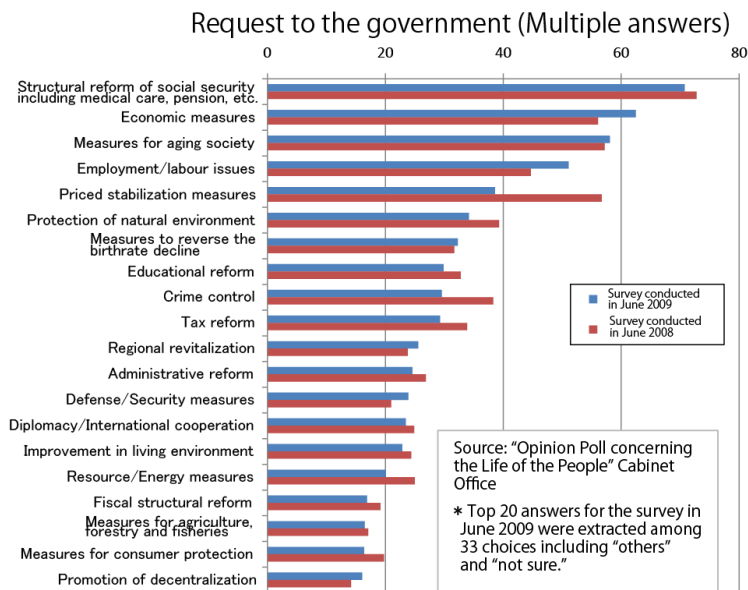
cope with the unprecedented situation in the vanguard of the world. For future service operations of the social security systems, it is necessary to grasp the current living conditions of the people adequately, and steps need to be taken along the public understanding gained by thorough information disclosure. Gaining trust in the Ministry of Health, Labour and Welfare is very basic to making steps of such measures.

The Ministry of Health, Labour and Welfare honestly expresses remorse for past administrations of the Health, Labour and Welfare that led to distrust. With the aim of dispelling public distrust, steady efforts will be made continuously. In addition, this fiscal year has been positioned as the first year to reform the Ministry of Health, Labour and Welfare, and as part of reforms the goals of the ministry and the bureaus were set and announced on April 20, 2010 (the ministry's goals are as follows). With these goals kept in mind, the Ministry of Health, Labour and Welfare will make further efforts toward achievement of them.

What do citizens want from national government employees? (Multiple answers allowed)



Source: Cabinet Office "Public-opinion poll on reforming the national government employee system" (survey in September 2009)



[FY 2010 Goals of the Ministry of Health, Labour and Welfare (April 20, 2010)]

The two securities as the cornerstones of a nation are social security and safety assurance.

The social security as a cornerstone of the nation secures "the minimum standards of wholesome and cultured living" (National minimum) guaranteed by Article 25 of the Constitution of Japan for all nations.

The pillars of the policy for protecting people's lives are the social security system and the employment policy.

In the field of the Ministry of Health, Labour and Welfare, continuous efforts will be made on concrete measures toward agreement in the coalition government and realization of the manifest.

1. Desirable Posture of the Ministry of Health, Labour and Welfare

- A Reliable ministry standing on the general people's side

Change the conventional culture of public administration to make it reliable on the general people's side

2. Purpose of the Ministry of Health, Labour and Welfare

- Formulating a Japan model for the aging society with the declining birthrate to be boasted to the world and sharing it with people

The desirable society is where the gap among people is small, and people who want to work can work regardless their gender and age, can birth without anxiety, and can live long

healthily in their communities and so on.

(1) Policy Direction

① Standardization and Realization of the National Minimum

- Standardize the “minimum standards of wholesome and cultured living” (National minimum), and secure the national minimum to all people in Japan. Strengthen efforts to narrow the gap.

② Promotion of Positive Welfare

- Push forward the “equality of opportunity” and build the environment where people can challenge with their own potentials. Redefine the social security from the viewpoint of eliciting self-help and formulate a plan for establishing the base for economic growth.

③ Appropriate Combination of Self-help/Mutual Support/Public Support

- Well organize the concept of self-help, mutual support and public support and clarify the role to divide respectively.

As for mutual support in particular, the policy to unite broad people’s power is to be performed based on the concept of “new public”.

④ Development of the Social Security as the Core of Growth Strategies (“Investment toward Future”)

- The Social security and the employment policy are positioned as an “investment toward the future”, policies leading to growth strategies in the fields of healthcare, nursing-care, child-raising and new job training are to be planned and implemented. In parallel, assignments of roles between the administration and the market are to be reviewed to take in the market power to a certain extent. Asian growing energies are also to be adopted.

(2) Directions of Individual Policies and Institutional Reforms

① Toward the formulation of a Japan model for the aging society with the declining birthrate, road maps are to be drawn on the following issues:

- Pension system reforms
- Reforms in the medical-care system for the elderly
- Healthcare & nursing care integration
- Welfare system for the disability
- Second safety net development
- Reforms of child-raising supports by unifying kinder gardens and nursery centers
- Quantity increase and quality improvement in employment

② On the premise of assuring future living without fear, efforts are to be made especially to cope with the “missing pension records” scandal with the aim of restoring trust in the

government.

③ The medical service etc. is to be stably provided.

- Enhance communication between healthcare professionals and patients / families (to establish public nations' councils, to produce medical mediators).
- Encourage public debate on the preventive healthcare and promote vaccination based on the national consensus.
- Reduce the number of suicides.

④ Efforts are to be made to assure the work life balance and develop an environment supportive of families bearing or raising a child/children to share their burdens among the entire society.

- Raise the rate of paternity leaves to 10% in the Ministry of Health, Labour and Welfare.
- Reduce the poverty rate of children.

⑤ Efforts are to be made to increase the employment rate and realization of decent work

- Stabilize and reinforce the employment through vocational development or such. Establish the second safety net such as permanent assistant program for job seekers.
- Maintain the environment for work people by reviewing the worker dispatch system, enhancing the equal / balanced treatment, raising the minimum wage, shortening the working hours, and preventing industrial accidents etc.

⑥ The concept of financial resources for the social security is to be presented.

- Clarify the amount of economic loss created by the gap among people and poverty etc. so as to gain the understanding on the required finances.
- Present an unchanging concept concerning securing of the financial resources for the social security including the related tax systems and insurance premium. At the time of this strengthening the income redistribution function also needs to be taken into consideration.

3. Concepts of Policy Realization and Task Accomplishment

(1) Thorough Cost Consciousness and Waste Reduction

○ Improve the cost consciousness and embed a constant measure to review waste reduction and excess benefit payment into the organization. Clearly define the semipublic firms and organizations where retired bureaucrats are dispatched and abolish those rarely needed. In parallel, efforts are to be made to clarify payment and burdens and make them transparent.

(2) Consciousness Sharing with Public and Process Establishment for Desirable National Consensus through Surveys on Public Consciousness / Accurate Situations

○ Establish a desirable process, such as public surveys / questionnaires, necessary to

reach an appropriate national consensus on institutional reforms and policy implementation.

- Grasp the public consciousness and realistic pictures to determine to which level of the people's concerns society shares and to conduct improvement or elimination constantly, and if necessary suggest a new policy.

(e.g) Looking after the elderly parents used to be the children's roles, which were personal concerns, however currently they have shifted to a social matter through the long-term care insurance.

(3) Satisfaction Improvement by Creating the Users' Satisfaction Index

- Create the users' satisfaction index to make improvement of the satisfaction level and the service with the lowest cost.

(4) Quantify the goals in respective bureaus and divisions as far as possible so as to draw a road map to achievement.

(Note) examples of numeric goals already set: "missing pension records" measures, child-raising visions, nursing-care staff's working condition improvement, nursing-care facility development project, domestic vaccine production system, cancer screening rate etc.

(5) Regulatory Reform Promotion

- From the view point of minimum level control and national minimum, regulations are to be examined to make necessary reforms on them. Make progress where needed in regulatory reforms concerning the affairs specified based on qualification.

(6) Promotion of Decentralization

- Roles between national government and local governments are to be re-divided as needed, subject to guarantees of national minimum.

4. Challenges to Increase the Organizational Power

(1) New Personnel System Development for Fostering, Assessment and Posting

- The picture of personnel in charge of the administration on health, labour and welfare in the next generation to be identified in order to develop a new personnel system for fostering, assessment and posting (accelerated promotion) etc. free from precedents. Every division is also to make further efforts at fostering human resource, health management, team power increase, and moral improvement.

(2) Sweeping of Arrogance from the Ministry

- Without understanding the actual situation, any visions or policies are all just armchair reasoning even if they look admirable. It is necessary to recognize that the biggest obstacle to grasping accurate situation is arrogance, and efforts to sweep it off are to be made by

entire staff's finding the best way.

* "Arrogance" clouds eyes for facts.

* "Arrogance" makes feet toward the field site heavy.

* "Arrogance" plugs up ears for criticism.

* "Arrogance" dulls the thought for grasping the whole picture correctly.

(3) Improvement of Seven Abilities Lacked in the Ministry

① Grasp Force on Accurate Situation

○ Does the existing statistics reflect the actual situation? Do we understand Japan's circumstances compared to other advanced countries correctly? Do we often visit the field site? What is the policy like that required in the actual situation? Do we hear the voice of silent majorities by trying to image it?

② Cost Consciousness and Waste Reduction Ability

○ Are we always cost-conscious and do we try to reduce waste? Do we make all kinds of efforts to improve services with ingenuities without cost increase? Do we take a scalpel to waste hiding in the existing systems? Is there a permanent checking mechanism always to check for waste in the semipublic firms and organizations where retired bureaucrats are dispatched?

③ Communication Skills

○ Are the notification and information letters etc. addressed to people or municipalities easily understood by everyone? Does it show the outline properly? Does it clarify the relationship of pays and benefits simply? Does it give clear explanations about the administration service of the health, labour and welfare?

④ Self-Disclosure

○ Is any information or a scandal affecting the people's lives or properties disclosed immediately before it is pointed out?

(e.g.) The scandal so-called "missing pension records" had been pointed out from 50 years before.

⑤ Administrative System / Service Improvement Ability (Ideas of Customer Service)

○ Are the complaints from people reflected in the system and service to review them constantly? Are the existing systems and services are helpful on the side of ordinary citizens (users)? Are they verified in usability proactively according to the voice from the field site? Are any efforts made to improve the spirit of public service through contacts with general people?

⑥ Marketing and Verification on Policy

○ Precedent to implementation of a new system or policy, are thorough preliminary

studies and marketing activities conducted to analyze the detailed needs and effects in advance? Is there any mechanism to correct the system or policy in advance when lacking a public understanding?

- How is the cost-effectiveness of the implemented policy? Is it possible to verify it correctly? Are any people able to verify it easily with simply presented numerical goals and achievement rate because of instilled “transparency”?
- Is the new system designed from the viewpoint of ordinary citizens (users)? Is it applicable to the following 10 principles?
 - Is it designed from the viewpoint of ordinary citizens (users)?
 - Is it on a fair and equitable basis?
 - Does it provide a secure and peace life to the people?
 - Does it ensure the transparency and accountability?
 - Is it simple (easily understood)?
 - Is it cost effective?
 - Is it designed to prevent waste and loss?
 - Does it have sufficient functions for objections?
 - Does it have sufficient functions for minimum assurance?
 - Is it a sustainable system backed up with stable financial resources?
- ⑦ New Policy Planning Ability
- How is it possible to plan new policies for the people, based on brave ideas free from precedent or preconceived ideas?

End

Results of Policies for People's Living by the Ministry of Health, Labour and Welfare

Issues	Achievement / Prospect
<ul style="list-style-type: none"> ○ Significant revision on medical fee (from FY2010) <ul style="list-style-type: none"> ▪ Valuing focus on emergency / obstetrics / pediatrics / surgery. ▪ Increase points of the fee for revisit consultation at small-and-medium-sized hospitals (60 to 69 points) ▪ Add a new category (3 points) for medical clinics where accommodate out-of-surgery hours inquiries from patients. ▪ Obligate to issue medical fee bills free of charge in principle. ▪ Discontinue the categories in medical fee concerning latter stage elderly. 	<p>Approx. 570 billion yen increase (four times of previous revision) (medical service fee itself)</p> <p>* From April 2010</p>
<ul style="list-style-type: none"> ○ Relief measures on national health insurance premiums for jobless persons (from FY2010) <ul style="list-style-type: none"> ▪ To allow dislocated persons resulted from bankruptcy / dismissal to participate medical insurance at an expense equivalent to the employed status, the employment income of the previous year shall be regarded as 30 % to reduce premiums of the national health insurance. <p>* The insurance premiums will be approximately half compared to before the relief measure.</p> 	<p>Estimated applicable people: Approx. 870 thousand</p> <p>* from April 2010 (jobless persons and their families)</p>

○ Enhancement of the application range of beneficiary of medical service application to children at a certain expense despite of delinquency in premiums of the national health insurance

- “Junior high school students and younger” => “High school students and younger”

(The bill submitted to the current Diet session reaching to approval. July 2010 into force)

Number of additionally eligible children: 10,647

* As of September 2009

○ Increase of workers in medical, nursing-care and relating fields

[Supposed factors]

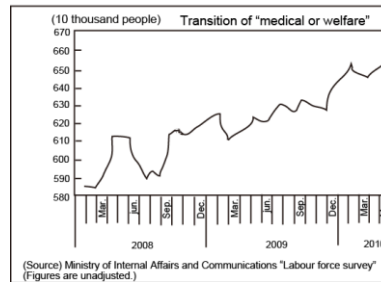
(Nursing-care field)

- Wage for nursing-care staff was increased by 9,000 yen as a result of additional 3 % care payment in FY2009
- Due to grants for improvement of nursing-care staff's treatment, it is estimated that the wage is increased by 15,000 yen.
- The job placement service at the welfare job section in Helloworks, and nursing-care employment program where people can get the qualification of care worker or Home Helper without quitting his/her current job have been started.

(Medical field)

- On FY 2009 budget the following measures were taken.
 - ① Supporting the operation of in-hospital nursery centers.

May 2010: 6.58million people (390,000 increased from previous year)



<p>②Supporting undertakings that assists job training for female doctors who left her job to return to work and “Woman Doctor Bank”.</p> <p>③Subsidizing the hospitals that adopt a regular employment system allowing short time work or/and a shift work system.</p>										
<p>○ Requirement added to allow pension records to be corrected at the stage of pension offices without sending to the third party committee</p> <ul style="list-style-type: none"> ▪ First step: three restoration standards added (December 2009) ▪ Second step: further standards added (April 2010) 	<p>Sum of records recovered due to efforts taken after regime change including those approaches: Total 280,000 people</p> <p>*1st week of October 2009 to 1st week of June 2010</p> <p>(Total benefits amount recovered based on the average life expectancy: equivalent to approx. 270 billion yen)</p>									
<p>○Extension of period for retroactive payment of National Pension premiums - two years => ten years (The bill was submitted to 2010 regular Diet session, now under discussion)</p>	<p>Number of people aged younger than 65 who will be eligible for benefits by doing retroactive payment: approx. 16 million people at maximum</p> <p>Number of people who can avoid no pension benefits: 400,000 people at maximum</p> <p>*target estimate based on a sample survey</p>									
<p>○ Provision of additional amount for delay payment of pension benefits</p> <p>If the pension record was corrected and payment of benefit was behind the original payment day to a certain period, the amount of benefit is added with inflation. (The Act for implementation was passed on April 21 by suggestion of HR committee chairman of Ministry of Health.</p>	<table border="1"> <thead> <tr> <th></th> <th>Number of applicable people</th> </tr> </thead> <tbody> <tr> <td>First payment (May 14, 2010)</td> <td>147,000 people</td> </tr> <tr> <td>Second payment (June 15, 2010)</td> <td>1,032,000 people</td> </tr> <tr> <td>Third payment (July 15, 2010)</td> <td>76,000 people</td> </tr> </tbody> </table>			Number of applicable people	First payment (May 14, 2010)	147,000 people	Second payment (June 15, 2010)	1,032,000 people	Third payment (July 15, 2010)	76,000 people
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Payment started from May.)	
<ul style="list-style-type: none"> ○ Enhancement of additional benefits of the disability pension <ul style="list-style-type: none"> ▪ If a person who is receiving disability pension benefits got a spouse or child/children, the additional amount of benefits is provided. <p>*additional amount: approx. 19,000 yen (per month)</p> <p>(Approved on April 21 by suggestion of HR committee chairman of Ministry of Health. To execute in FY2011.)</p>	Expected number of people who can receive the additional benefits: approx. 70,000 people

Issues	Achievement / Prospect
<ul style="list-style-type: none"> ○ Relaxation of participation conditions of employment insurance for non-regular workers <ul style="list-style-type: none"> ▪ “Prospective employment for six months or more” => “Prospective employment for 31days or longer” (the bill was submitted the current Diet session and approved.) 	<p>Estimate of newly applicable people: approx. 2.55 million people</p> <p>*From April 2010</p>
<ul style="list-style-type: none"> ○ Extension of provision period of housing allowance and relaxation of income requirement (from FY2010) ○ The provision period (previously six months) was extended to maximum nine months under certain conditions. ○ Relaxing the requirements on income expands the range of users. ○ In parallel, job placement for beneficiaries is promoted. (As assistance for securing housing and for job placement, 1,250 staff was newly 	<ul style="list-style-type: none"> ▪ Provision cases determined: 19,741 cases * October 2009 to end of March 2010 ▪ Expected users increase: about 1.3 time increase (due to review of provision requirements) ▪ Amount of housing allowance: highest amount of regional limit (municipalities in Tokyo, single: upper limit 53,700 yen per month) *To be adjusted based on income.

<p>placed in individual municipalities. (1,250 => 2,500 staff (*budget estimation)))</p>	
<p>○ Provision of acquisition fee of driver's license for high school graduates who are members of families living on welfare (From FY 2010)</p> <ul style="list-style-type: none"> ▪ It is clarified that for job assistance and independence support, if they have been assured of a job after graduation and need a driver's license for the job, the fee of getting the license will be provided. 	<p>(Reference) Number of protected persons being in education of high school etc. (estimation): approx. 2,800 people *20 years</p>
<p>○ Further familiarization and promotion of family-like nursery business (baby-sitting workers)</p> <ul style="list-style-type: none"> ▪ The business involved has been enshrined into law. ▪ Not limited to nursery teachers, qualification requirement was expanded to the people who completed necessary training and are certificated by mayor of city, ward or village. 	<p>Expected number: 3,000 people *Estimation of 2009 => 19,000 people * 2014 (Reference: Children / child-raising vision)</p>
<p>○ Easing of establishment requirements for budget nursing home in urban areas (from FY2010)</p> <ul style="list-style-type: none"> ▪ Setting up special exceptions of standards for room dimension and personnel placement. 	<p>(Reference) Capacity of budget nursing homes: 88,059 people *As at October 1, 2008 Number of budget nursing homes: 2,095 *As at October 1, 2008</p>
<p>○ Review of welfare for disabled persons</p> <ul style="list-style-type: none"> ▪ Under the "Promotion Committee of Disability System Reform" (held from January) the "Comprehensive Welfare Committee" has been held from April 27 for consideration of a new welfare system. 	<p>Users of disability welfare services: 540,000 people Of these, persons eligible for exemption: 400,000 people (60,000 people receiving public livelihood assistance are already exempted.) *The figures of applicable people are as of</p>

<ul style="list-style-type: none"> ▪ Offering exemption of users' fee of disability welfare services for low-income persons. 	<p>March 2010</p> <p>*This program started in April 2010.</p>
<ul style="list-style-type: none"> ○ Increase in employment of the disabled through Helloworks <ul style="list-style-type: none"> ▪ The number of job placement of persons with disabilities through Helloworks is 45,257 cases exceeding the previous fiscal year (1.8% increase over the previous year's) 	<p>Number of job placement cases in FY2008: 44,463</p> <p>⇒ FY2009: 45,257 cases (increase of 794cases (1.8%) over the previous fiscal year)</p>
<ul style="list-style-type: none"> ○ Revision of the system for supporting work and family life balance (Enforcement of the Child Care and Family Care Leave Act) (from June 30, 2010) <ul style="list-style-type: none"> ▪ Employers are obliged to establish a system for part time work for employees who take care of a child/children aged less than three. ▪ Promoting men's use of Child Care Leave (Extending the leave period in the case of both parents took the leave (one year => one year and two months "father and mother child care leave program", Allowing workers to take child care leave even if his wife is stay-at-home mom, etc.) 	<p>Women's work continuation rate after first child birth: 38% *2005 => 55% *2020</p> <p>Child care leave rate for men workers: 1.72% *2009 => 10% *2017 => 13% *2020 (Children/Child Raising Vision, "New Growth Strategy")</p>
<ul style="list-style-type: none"> ○ Implementation of efforts to eliminate drug lags <ul style="list-style-type: none"> ▪ Eliminating drug lag from two and half year to zero year in next five years from the launching of five-year strategy (April 2007) ▪ Calling on domestic companies to develop unapproved drug / off-label use with high necessity from medical perspective (if any domestic companies 	<ul style="list-style-type: none"> ▪ Drug lag in FY2008: 2.2 years ▪ New drug examiners: 286 persons (April 2010) <p>(increased from 112 persons (January 2007))</p> <ul style="list-style-type: none"> ▪ Holding the "Study panel on unapproved drug / off-label use with medically high necessity " in February 2010 ▪ First development request in May 2010

<p>responsible for an unapproved drug cannot be identified, it will be chosen from the public.)</p>	<p>(public offering): 109 items *Plan to offer second development request in November 2010 (or public offering)</p>
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Major tasks in the individual field involved in the Ministry of Health, Labour and Welfare

Major Tasks Relating to “Medical” Field

Increase of Number of Doctors to be Fostered

The number of doctors per population of Japan is less than OECD average, and it is noted that absolute number of doctors is short. The quota of medical colleges has been increased urgently and provisionally, and as a result the quota of FY2010 enrollment became 8,846.

Promotion of Team Medicine

In FY 2009, from the perspective of promoting team medicine, to study co-working / co-relationship of medical staff accommodating to actual situation of Japan, the “Panel for Promotion of Team Medicine” was held and submitted a report. In 2010, the “Promotion of Team Medicine” will be established and promote consideration such as introducing “particular nurse (provisional name)” system etc. with an intension of broad medical practices based on the suggestion of the said report.

Measures Against New Influenza

Since a new influenza (A/H1N1) appeared, with cooperation of persons concerned and all citizens as well as medical institutes and prefectures / municipalities measures have been promoted. In light of the overview of this time of measures, approaches against future resurgence or bird flu (H5N1) outbreaks shall be strengthened. Efforts to advance the production of new influenza vaccine are made as far as possible.

Radical Revision of Administration on Immunization Program

Concerning diseases / vaccine to be covered by preventive vaccination, Vaccination Campaign Act discussion shall be made at Infection sectional committee vaccination and in

parallel of Ministry of Health Science importance of vaccination shall be disseminated through public.

Establishment of New Medical System for the Elderly

Abolishing the current system that contains issues such as discrimination on age against latter stage elderly, a new system shall be formulated. This will be promoted along the schedule where a bill is to be submitted around 2011 regular Diet session and the new system to be executed around April 2013.

Major Tasks Relating to “Childcare” Field

Childcare Support

Establishing the “Child allowance”, in FY2010 it was concluded that monthly allowance of 13,000 yen was provided for children before completion of junior high school. As to the implementation from FY2011, it will be reconsidered during FY2011 budget-making process. On the “Study panel for children / child raising new system”, society-wide support for child raising are to be considered for instance enriching the childcare support system / benefits beginning at Day-Care service.

Elimination of Waiting Children for Day-Care Center

In view of the circumstances in gradual increase of women’s working rate, efforts toward zero-waiting list to cover potential demands are made targeting at 35% of the Day-Care service provision rate by 2014.

Prevention of Child Abuse and Enhancement of Social Protection

Responding to increase of the number of consultation with child consultation center, preventive measures against child abuse will be taken such as promoting local network establishment and function enhancement to protect children. To match diversity / complexity of situation such as children who were mistreated or who have development disability, social protection will be enhanced in quality and quantity.

Enriching of Health Management during Pregnancy / Childbirth and Reduction of Economical Burden

In accordance with growth in necessity of health management for pregnant women accompanying by increase of childbearing age etc. or cases of skipping medical checkups due to economic reason etc. health management during pregnancy and birth will be

strengthened by municipalities' encouraging early registration of pregnancy notification and economic burden will be reduced by provision of public burden for gynecological checkup and lump-sum birth allowance.

Childcare Leave System

The use rate of childcare leave (FY2009) is low 1.72% for men and is reaching at 85.6% for women and there are problems such as cases that it is difficult to take childcare leave resulting in workers' giving up continuous employment. Through instruction for disseminating and stabilizing the system employment environment will be arranged with the aim of ease use of the leave for both men and women workers.

Major Tasks Relating to "Welfare / Nursing Care" Field

Development of Fundamental Base of Welfare Service (Establishment of Local Comprehensive Care System and Enriching of Services for the Disabled etc.)

Efforts to establish local comprehensive care system and to improve care workers will be made so that the elderly people can live in their familiar environment. In parallel, enriching the service necessary for the persons with disability to live without anxiety in their communities and fostering personnel who assist the community lives of the persons with disability will be promoted. Common foundation over overall welfare fields will be developed such as improving the quality of welfare personnel and securing the number of them group home / care home or such.

Increase of Healthy Elderly Persons

The healthy life span in Japan is 76 years, which is the top level in the world. For vibrant aged society, it is necessary to increase healthy elderly people and to support self-reliant lives of them without depending on nursing care. On this account, nursing care preventive program such as reviewing the grasping method of applicable people instead of medical checkups, enhancing the service contents and etc. will be promoted.

Consideration of a New Comprehensive Welfare System for People with Disability

Toward a new comprehensive welfare system (to implement at least August 2013) the "Promotion Committee of Disability System Reform" promotes the study with hearing from persons involved and workers on practical workplaces.

Promotion of Mental Healthcare Reform

To support the people with mental disability, a new regional mental healthcare structure such as expanding the outreach project (visiting support) will be considered and efforts to realize the reform will be made.

Promotion of Suicide Measures

In response to the situation in Japan where the number of suicides remains over 30,000 people for 12 years in a row since 1998, strengthening of gatekeeper function, workplace approach on mental health and establishing regional mental healthcare systems will be focused on and promoted effectively and steadily as measures against suicides based on the “Suicide / depression program team” formed in the Ministry of Health, Labour and Welfare in January 2010.

Major Tasks Relating to “Employment” Field

Severe Employment Situation and Measures

In accordance with tight job market, various political measures to deal with will be promoted with full-out efforts such as employment sustaining support, urgent personnel fostering support program, job training on the field of nursing care / welfare or healthcare, general consultation by “housing / livelihood support advisors”, and doubling the number of “job supporters for high school / college graduates”.

Establishment of Job Seekers Supporting System

Since July 2009, free job training and benefits have been provided to persons who are not eligible for employment insurance benefits. It is determined that in FY2011 a permanent supporting system for job seekers be formulated and the labor policy council are to consider the modality of the system.

Expansion of Coverage of Employment Insurance Act

Due to amendment to the Employment Insurance Act, the applicable requirements were eased to the “prescribed weekly working hours 20 hours or more and employment prospects 31 days or more”. As a result, the safety net function for irregular workers has been enhanced so that additional 2,550,000 people are likely to be eligible. Steady implementation through dissemination to employers etc. is to be made.

Review of Labor Dispatching System

Surrounded by the highlighted instability of employment of dispatched workers, to protect

dispatched workers and to develop the environment where they can work satisfactorily without anxieties, a amendment bill to the Worker Dispatching Act to prohibit registration-type labor dispatch and worker dispatching for manufacturing services in principle and to improve the treatment for dispatched workers was submitted to the 174th regular Diet session but was decided to be discussed continuously.

Securing Equal Treatment for Part-Time Workers and Promoting Shift to Regular Staff

To improve employment management of part-time workers efforts toward well-balanced treatment with regular staff and shift to regular staff will be made via administrative guidance and provision of grants based on the revised Part-time Labor Act executed from April 2008.

Major Tasks Relating to “Work Style”

Raising of Minimum Wage

Since amendment to the Minimum Wage Act in 2007, the minimum wage has been revised with consideration of dissipating the gap with welfare public assistance. Dialogue for employment strategy by the top of the government, labour and employer and experts, “the minimum wage should be 800 yen across the country as soon as possible and aiming at nationwide average 1,000 yen for the sake of economic situation” was agreed as a target up to 2020. Toward achievement of this target, with attention to impact to employment / economy coordination with labor-management involved will be promoted to aim at raising minimum wage.

Promotion of Well-Balanced Work and Life

In recent year, there is “polarization in working hour distribution” and the use rate of annual pay leave remains around 50% or below. In response to this situation, efforts to disseminate the amended Labor Standards Act (enforced in April this year) for raising of so-called overtime work wage, and in parallel the “Guideline for review of working hour etc.” was reviewed in March this year for encouraging the use of annual pay leave and dissemination will be continuously enhanced.

Review of Fixed Term Labor Contract Legislation

To stable the employment and secure the fair treatment etc. reviewing the rule for fixed term labor contracts is considered to be a task, and from February 2009 the “Study group for fixed-term labor contracts” consisting of experts has made a study on the direction of

measures and policies relating fixed-term labor contracts. The result will be connected to the deliberation in the panel for labor policies to consider the necessary measures.

Mental Health Measures

The percentage of workers who feel strong stress from their work or vocational lives is about 60%, the number of admitted / claimed cases of the workers' compensation concerning mental disability etc. are high. In response to these situations, concrete methods for enhancing mental health measures on workplaces have been considered by experts etc. In parallel, accelerating the approval procedures of benefit provision for mental disability will be considered based on the survey results on psychological burden at workplace etc. that are currently implemented.

Measures to Prevent Passive Smoking at Workplace

In accordance with enforcement of the "WHO Framework Convention on Tobacco Control" and growing sense of passive smoking, in May this year the report of "Panel on measures for preventing passive smoking" was organized. The standards of concentration of tobacco smoke will be studied by experts to consider necessary measures.

Major Tasks Relating to "Pension"

Establishment of a New Pension System

Toward establishing a new pension system, a national debate will be promoted for concrete design of it based on the basic principle arranged by the "Study group concerning a new pension system" consisting of cabinet ministers, headed by the prime minister as a chairman.

Improvement of the Current System to Countermeasure No or Low Pension Benefits and Streamlining of the Operation of Public Pension Contribution

Responding the pension issues of no or low benefits is one of the top priority tasks because it is likely that persons who cannot receive pension benefit will be over 1.18 million people at maximum even if they make optional participation. In parallel with designing the system, ongoing consideration for reforming the current system beginning at dealing with no benefit or low benefit will be promoted such as extension of retroactive payment period for premiums. The modality of managing the accumulated public pension premiums will be also considered.

Efforts on Pension Record Problem

The response to the pension problem is positioned as a national project where concentrating efforts are given to the said matter by jointing efforts of the Ministry of Health, Labour and Welfare and the Japan Pension Service in two years FY 2010 to 2011 and every possible solution is taken in four years until FY 2013.

Smooth Workflow of the Japan Pension Service

By securing smooth workflows in the Japan Pension Service, an accurate / dependable operation of the public pension scheme will be promoted such as measures for collecting applicable premiums of employees' pension insurance and measures against unpaid premiums of the national pension. To improve the service quality, constant streamlining will be taken from the viewpoint of the customers.

Review of the Current Corporate Pension System

The corporate pension system plays an important role for securing old-age income in tandem with the public pension which is a pillar of designing the aged life of people. For enriching, further system reform such as enabling employee contributions (matching contribution) in corporate-type defined contribution pension plan will be promoted.

Major Tasks Relating to "Citizens Security and Safety"

Based on the final proposal by the "drug-induced hepatitis investigation / review committee", pharmaceutical administration will be reviewed such as enhancing the transparency of approval review and expanding and strengthening of safety measures.

Efforts to Eliminate the Drug Lag

As to drug lag (a pharmaceutical approved in Europe or U.S is not approved in Japan, not allowing it to be provided to public), based on the "Five year strategy for development of innovative pharmaceuticals / medical devices" increase of reviewers has been promoted to aim at reducing the period up to launching of a new drug to two and half years and continuous efforts will be made.

Promotion of Establishment of Specification Standards for Food

To prevent damages to people' health by food containing agricultural chemicals or additives, it is necessary to control the food items. Through steady promotion of the

positive list program*1 concerning residual chemicals in food or such approaches formulating food standards and reviewing it referring to the international standards will be conducted.

Securing the Safety of Imported Foods

In response to the current spate of incidents of harmful / toxic substance contamination, it is required to secure the safety of imported foods. For this reason, the “imported food monitoring guideline” was established and necessary measures are taken in every fiscal year. As continuous efforts, sanitary measures in export countries will be promoted from the perspective of proactive prevention, in addition to personnel increase at the quarantine station and enhancement of inspection devices etc.

Measures Against Food Poisoning

In light with the incident of additive drug poisoning contaminated in dumplings made in China, an information control office for food poisoning damage was established in the Ministry of Health, Labour and Welfare from the perspective of integrating the information on food poisoning from prefectures and the “E-mail box for information on food health damage” was set up to collect wide information from the public. Efforts will be continued focusing on early detection of serious food poisoning cases and prevention of damage expansion.

*1 This is a program to define the quantity of residuals so as to avoid health damage where if an residual exceeding the limit was admitted, risk evaluation needs to be done separately to set the standards of the residual chemical.

International Comparison in Medical Field (2008)

	U.S.A	U.K	Germany	France	Sweden	Japan
Total number of sickbeds per 1000 population	3.1	3.4	8.2	6.9	—	13.8
Number of acute phase in-patient beds per 1000 population	2.7 (*1)	2.7	5.7	3.5	—	8.1
Number of doctors per 1000 population	2.4	2.6	3.6	3.3 #	5.6 (*1)	2.2
Number of doctors per 100	77.9	76.5	43.3	48.5 #	—	15.7

in-patient beds						
Number of nursing personnel per 1000 population	10.8 #	9.5	10.7	7.9 #	10.8 (*1)	9.5
Number of nursing personnel per 100 in-patient beds	344.1 #	279.6	130.0	115.1 #	—	69.4
Average length of hospital stay	6.3	8.1	9.9	12.9	5.8 (*1)	33.8
Average length of hospital stay (acute phase)	5.5	7.1	7.6	5.2	4.5 (*1)	18.8
Frequency of outpatient visits per 1000 population	4.0 (*1)	5.9	7.8	6.9	2.8 (*2)	13.4 (*1)
Proportion of female doctors (%)	30.8	41.5	40.6	39.6	43.1 (*2)	18.0
Medical fee per person (US dollar)	7,538	3,838	4,714	4,996	4,879	2,781 (*1)
Total medical fee as a percentage of GDP (%)	16.0	8.7	10.5	11.2	9.4	8.1 (*1)
Ranking in OECD member countries	1	17	4	2	13	23

Reference: "OECD Health Data 2010"

(Note)

1) "*1": data in 2007 "*2": data in 2006

2) Sweden does not disclose the number of in-patient beds.

3) The number of doctors in Sweden shows total number of doctors, not clinical doctors.4)

"#": actual clinical workers and personnel working in research institutes

International Comparison of Child Benefits etc.

	U.S.A	U.K	Germany	France	Sweden	Japan
Total fertility rate (Note 1)	20.9 (2008)	1.96 (2008)	1.38 (2008)	1.99 (2009)	1.94 (2009)	1.37 (2009)
Child benefits (Note 2)	No system	<ul style="list-style-type: none"> • First child 20,000 pounds /week (equivalent to approx. 11,000 yen /month) • Subsequent children 13.20 pounds / week (equivalent to 7,000 yen / month) 	<ul style="list-style-type: none"> • First / second child 184 euro / month (approx. 23,000 yen) • Third child 190 euro / month (approx. 24,000 yen) • Forth child 215 euro / month (approx. 27,000 yen) 	<ul style="list-style-type: none"> • Second child 123.92 euro (approx. 15,000 yen), third or later child 158.78 euro / month (approx. 20,000 yen) • Additional allowance for children aged 11 and over (aged 11 to 15, 34.86 euro / month (approx. 4,000 yen), 16 and older 61.96 euro / month (approx. 8,000 yen)) 	<ul style="list-style-type: none"> 1 child: 1,050 Sweden Kronor 2 children: 2,200 Sweden Kronor 3 children: 3,600 Sweden Kronor 4 children: 5,514 Sweden Kronor 5 children: 7,614 Sweden Kronor • Monthly amount of allowance is 1,050 Sweden Kronor per child. Additional benefit (multiple children allowance) is 	<ul style="list-style-type: none"> • 13,000 yen a month at a uniform rate per child (FY 2010)

					payable according to the number of children. * The shown amounts of allowance are only applicable to the case of all children being under 16 years old.	
		«Limitation of Allowance receivable » • Children under 16 years old (under 20 years old if taking full-time education or job training) • From the first child	«Limitation of allowance receivable » • Children under 18 years old (jobless persons aged under 21, persons under 25 who are taking job training) • From the first child	«Limitation of allowance receivable » • Children under 20 years old • From second child	« Limitation of allowance receivable » • Children under 16 years old (multiple children allowance is applicable including children aged 16 under 20) • From the first child	«Limitation of allowance receivable » • Children up to completion of junior high school • From the first child
Family-related social expenditures as a percentage of GDP	0.60% (2005)	3.19% (2005)	2.22% (2005)	3.00% (2005)	3.21% (2005)	0.81% (2005)

(Note) 1) Reference National Vital Statistics Reports (U.S.A), Population Trends (U.K),

Statistisches Bundesamt (Germany), Bilan démographique (France), Summary of Population Statistics (Sweden), Vital Statistics (Japan)

2) Exchange rate: 1euro=125yen, 1pound=139yen, 1Sweden Kronor=12yen
(basic exchange rate and exchange arbitrage in July to December 2009)

3) Reference OECD: Social Expenditure Database (Version: November 2008)
Retrieved data of February 8, 2010

International Comparison concerning Nursing-care Field

	U.S.A	U.K	Germany	France	Sweden	Japan
Healthy life expectancy *1	70 years (male)	72 years (male)	73 years (male)	73 years (male)	74 years (male)	76 years (male)
	68 years (female)	71 years (female)	71 years (female)	71 years (female)	72 years (female)	73 years (female)
	72 years (2007)	73 years (2007)	75 years (2007)	76 years (2007)	75 years (2007)	78 years (2007)
Proportion of users aged 65 and over (%) *2	[In-home care] 2.7 (2007)	[In-home care] 6.9	[In-home care] 7.0	[In-home care] 6.5	[In-home care] 9.8	[In-home care] 9.8 (2006)
	[Care facility *3] 3.9	[Care facility *3] 4.2	[Care facility *3] 3.7	[Care facility *3] 6.7	[Care facility *3] 6.8	[Care facility *3] 2.9
	(2004)	(2004)	(2008)	(2007)	(2006)	(2009)
Nursing care fee to GDP (%) *2	—	—	1.3 (2007)	1.6 (2007)	3.5 (2007)	1.6 (2006)

Reference

*1 "WHO World Health statistics 2009"

*2 "OECD Health Data 2010"

*3 Consideration is needed because the definition varies by country.

International Comparison concerning Welfare Field for the disabled

	U.S.A	U.K	Germany	France	Sweden	Japan
Percentage of disabled people (Note) 1)	10.5%	18.2%	18.0%	16.0%	20.5%	(5.8%)
Percentage of users of welfare service for the disabled (Note) 2)	[California as an example] Approx. 1.1% (incl. elderly persons)	1.1% (incl. elderly persons)	Approx. 0.5%	Approx. 0.2%	Approx. 0.6%	Approx. 0.4%
User's expense of welfare service fee	[California as an example] None (the system applicable only to low-income families)	Burden of expenses depends on the use of service and user's income	No charge up to the limit based on necessity level of nursing care Overlimit fee is charged.	No charge for low-income persons The others is required to shoulder 20%.	The fee charge depends on income (decided by each autonomous community)	No charge for low-income persons 10% at maximum for the others (upper limit being set)
Budget of policies for the disabled (ratio to GDP) (Note) 3)	1.47%	2.42%	2.93%	1.98%	6.02%	0.88%

Reference: "World Policies for Disabled People, OECD Challenging to Transform Disability into Ability" written and edited by OECD / translated by Fuminobu Okabe

The National Institute of Population and Social Security Research, "Fiscal 2006 Social Security Benefit Expenses",

Japanese Society for Rehabilitation of Persons with Disabilities, "Research report on international comparison for framework of disability welfare service" (2009),

The Institute for Health Economics and Policy, “Research report on international comparison for the range of insured persons / beneficiaries of nursing-care insurance”,
(Note)

1) The percentage of disabled people other than Japan is from the data compiled by OECD based on results of the survey where if a respondent subjectively regards himself / herself as the disabled he / her is counted as the disabled.

That of Japan is based on the survey where examiners confirm that the respondents are applicable to the prescribed standards of the disability, and so it is not easy to compare it with other countries' in figure.

2) The percentage of users of welfare service for the disabled was created based on “Research report on international comparison for framework of disability welfare service” and “Research report on international comparison for the range of insured persons / beneficiaries of nursing-care insurance”, which shows the population ratio of users in individual countries so that it is not easy to compare them due to difference in approval method or relationship with the elderly care system by country.

3) The budget of policies for the disabled is from the data compiled by OECD. The “Budget of policies for the disabled” is a sum posted as the disability welfare service benefits, disability pension, sick pay as income security during medical treatment, and all benefits under industrial accident compensation insurance system.

The budget for disability policies etc. in individual countries differs in age payable or / and standard by country, and some include the cost of nursing-care insurance benefits or / and facility maintenance costs so that it is not easy to compare them in figure.

International Comparison of Pension Systems

(As of July 2011)

	Japan	U.S.A.	United Kingdom	Germany	France	Sweden
Plan system						
Subject person for compulsory participation	All residents	Employees and self-employed workers	Employees and self-employed workers	Employees of the private sector and self-employed workers engaging in specified occupation (lawyers, medical doctors, etc.)	Employees and self-employed workers	Employees and self-employed workers
Premium rate (2009)	[General employees] Employees' Pension Insurance: 15.704% (September 2009-: Equally shared by an employer and an employee) *Class 1 insured persons: fixed amount contributions (April 2010-: 15,100 yen per month)	12.4% (Equally shared by employer and employee)	[General employees] 23.8% Employee: 11.0% Employer: 12.8% *These contributions are also used as financial resources of Industrial Injury Insurance and unemployment insurance	[General employees] 19.9% (Equally shared by employer and employee)	[General employees] 16.65% Employee: 6.75% Employer: 9.9%	17.21% Employee: 7.0% Employer: 10.21% * In addition, a premium of 1.7% for survivors' pension is imposed on employer. (this is different from the old-age pension)
Pensionable age (2009)	National pension (basic pension): 65 years old Employees' pension insurance: 60 years old * The age will be raised to 65 years old by 2025 for men and by 2030 for women.	66 years old * The age will be raised to 67 years old by 2027	Men: 65 years old Women: 60 years old * The age will be raised to 65 years old for women from 2010 to 2020. * The age will be further raised from 65 to 68 years old for both men and women from 2024 to 2046.	65 years old * The age will be raised to 67 years old from 2012 to 2029.	60 years old	Selection by the person after his/her 61st birthday (however, pensionable age for the guaranteed pension is 65 years old)
Period of coverage required for entitlement to an old-age benefit	25 years	40 quarters of plan participation (equivalent to 10 years)	None (Such requirement was abolished as a result of the law amendment in 2007. However, persons who are subject to the old law remains to be required to have 11 years of period of coverage (men) or 9.75 years of period of coverage)	5 years	None	None (As to the Guaranteed pension, it is required to reside in Sweden for more than 3 years for entitlement to that pension, and 40-year residence in Sweden is required for receiving the full amount.)
National subsidies	1/2 for the benefit cost of the basic pension	None	None, in principle.	26.4% of benefit cost (2008)	About 25.7% (2008) by general tax and contributions by general community (CSG,	For the guaranteed pension component

<source> - Social Security Programs Throughout the World: Europe, 2008 / The Americas, 2009
 - The Mutual Information System on Social Protection
 - Social security in advanced countries (1) U.K., (4) Germany, (5) Sweden, (6) France, (7) U.S.A. (University of Tokyo Press), and others

International Comparison in Employment

Note) As to the following index the definitions were aligned to uniform to a maximum extent for easier comparison, but the fact that the labor legislation or employment practice varies by nations should be noted for comparing figures.

Material: Edited and created by the Ministry of Health, Labour and Welfare based on the data created from the documents for international institutes and the information from individual countries by the Japan Institute for Labour Policy and Training

International Comparison in Employment ①

	U.S.A	U.K	Germany	France	Sweden	Japan
Labour force population	154.29 million	31.12 million people	41.87 million people	27.98 million people	4.9 million people	66.5 million people
Proportion of the laboring population	66.0%	63.4%	58.8%	59.6%	71.2%	60.2%
	1)	1)	2)	2)	3)	2)
	Note) 1) Sum of workers aged 16 and over 2) Sum of workers aged 15 and over 3) 15 to 17 years					
Source material	ILO LABORSTA U.K: OECD. Stat Extracts					
Number of employees	45.36 million people	29.48 million people	38.64 million people	25.98 million people	4.59 million people	63.85 million people
	1)	1)	2)	2)	1)	2)
	Note) 1) Sum of workers aged 16 and over 2) Sum of workers aged 15 and over					
Source material	OECD. Stat Extracts					
Labour-force participation ratio	70.9%	72.7%	70.2%	64.6%	75.7%	70.7%
(upper: 15 to 64 years old)	1)	1)			2)	
(lower: 15 years and over)	62.2%	60.1%	54.8%	52.3%	67.9%	57.8%
	2)	2)			2)	
	Note) number of employees / productive age population 1) 16 to 64 years 2) sum of 16 years and over					
Source material	OECD. Stat Extracts					
Number of	137.01	29.37 million	33.49 million	23.19 million	4.12 million	55.24 million

employees	million people	people	people	people	people	people
	1)	1)	2)	2)	3)	2)
	Note) 1) 16 years and over 2) 15 years and over 3) 15 to 74 years					
Source material	ILO LABORSTA					

International Comparison in Employment ②

	U.S.A	U.K	Germany	France	Sweden	Japan
Unemployment rate (standardized based on the ILO guideline)	5.8%	5.6%	7.3%	7.9%	6.1%	4.0%
Source material	OECD. Stat Extracts					
Proportion of part time workers in employee	12.2%	22.9%	22.1%	13.4%	14.4%	19.6%
	1)					2)
	Note) ・ The part-time workers are defined as people working less than 30 hours a week at his/her main job. 1) This covers employees, excluding self-employed workers etc. 2) The working hours are actual hours worked in the week when investigation was conducted, not ordinary work hours.					
Source material	OECD. Stat Extracts					
Proportion of temporary (fixed-term) workers	4.2%	5.3%	14.6%	14.2%	16.1%	13.6%
	(2005) 1)	2)	2)	2)	2)	3)、 4)
	Note) 1) This includes self-employed workers and independent contractors who undertake services of a specific enterprise with a fixed term no longer than one year. 2) Fixed-term workers whose term were determined according to objective conditions under labor-management agreement 3) Workers with fixed-term contract less than one year 4) Non-agricultural and non-forestry workers with fixed-term no longer than one year					
Source material	OECD. Stat Extracts					
Proportion of outside vendors in employees	1.8%	4.1%	1.9%	2.3%	1.4%	2.2%
	Note) The figures are the proportion of outside vendors converted to full-time workers based on work hours.					
Source material	CIETT (Confederation Internationale des Entreprises de Travail Temporaire) "Agency Work Key Indicators					

International Comparison in Employment ③

	U.S.A	U.K	Germany	France	Sweden	Japan
Number of unemployment insurance beneficiaries	2,610,000 people	130,000 people	920,000 people	1,690,000 people (as at August 2009)	—	610,000 people
Number of noncontributory insurance beneficiaries other than unemployment insurance (employment insurance scheme)	—	580,000 people	5,010,000 people	400,000 people (as at August 2009)	—	—
Source material	Individual countries' business data					
Hourly wage on actual working hours (manufacturing industry)	17.74 dollars 1,839 yen	13.20 pounds 3,110 yen	19.51 pounds 2,974 yen	13.30 euro 2,145 yen	139.5 Kronor 2,432 yen	2,288 yen
	1)	(2007) 2)	2)	(2007) 2)	(2007) 2)	3)
	Note) converted to JPN yen based on yearly average exchange rate 1) all workers 2) companies with 10 or more employees 3) companies with 5 or more employees					
Source material	U.S.A : Current Employment Statistics Japan : others : ILO LABORSTA					
	1,797	1,638	1,352	1,461	—	1,792
Source material	OECD"Employment Outlook 2009"					
Minimum wage (hourly pay rate) (2009)	(Federal minimum wage) 1) 7.25 dollars 678 yen	5.80 pounds (22 years or over) 848 yen 4.83 pounds	— 2)	8.82 euro (19 years or over) 1,148 yen 7.94 euro (17, 18 years) 1,034 yen	—	713 yen

	(18 to 21 years)			7.06 euro (17 years or younger)		
	706 yen 3.57 pounds (16, 17 years) 522 yen			919 yen		
	<p>Note) converted to JPN yen based on yearly average exchange rate</p> <p>1) It is limited to the workers involving in interstate commerce or manufacturing of the relating goods for it, or personnel working at the companies with annual sales equivalent to 500,000 dollars or more. The state minimum wage applies to the workers other than them.</p> <p>2) There is no uniform rate, and it is determined on the basis of regions, and business categories.</p> <p>3) Nationwide average of individual regional minimum wages</p>					
Source material	Individual countries' business data					
Number of labour union members	16,098,000 people	6,883,000 people	8,170,000 people	1,845,000 people	—	10,065,000 people
Unionization rate	12.4%	27.4%	23.6 % (2006)	8.2 % (2003)		18.1 %
Source material	Individual countries' business data					