Japan's Experiences in Public Health and Medical Systems

Towards Improving Public Health and Medical Systems in Developing Countries

March 2005

Institute for International Cooperation
Japan International Cooperation Agency

This report is based on the discussion and findings of the study committee on "Japan's Policies and Approaches in the Fields of Public Health and Medical Systems" organized by the Japan International Cooperation Agency (JICA). The views expressed in this report are those of the members of the study committee and do not necessarily reflect those of JICA.

The names of government departments and agencies, and sometimes the organizations themselves, administering public health and medical services have changed over the years. The names employed at the time will be used in this report.

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Foreword

The field of public health and medical services is an important one, closely involved in people's lives, and essential for societies and countries to grow and develop. There are more than a few countries that are still struggling with issues such as high infant and maternal mortality rates, the spread of HIV/AIDS and other infectious diseases, and the lack of a safe water supply. Improvements to public health and medical services are therefore emerging as a major priority in many developing countries. Internationally, aid programs in the field of public health and medical services have been given a high priority, with donor countries and organizations and NGOs involved in partnerships to achieve Millennium Development Goals (MDGs), including projects aiming to reduce infant mortality rates, improve maternal health, halt the spread of diseases such as HIV/AIDS and malaria, and provide sustainable access to safe water.

Japan has also announced, through the "Medium Term Policy on Official Development Assistance (ODA)" promulgated in 1999, and the 2003 revision of the "Official Development Assistance Charter (ODA Charter)," that assistance in the field of public health and medical services will be given priority as part of the fight against poverty. A number of public health initiatives have also been announced, including the "Global Issues Initiative on Population and AIDS" (GII), the "Global Parasitic Disease Control Initiative" (usually known as the "Hashimoto Initiative") and the "Okinawa Infectious Disease Initiative" (IDI), where Japan's experience will be utilized in improving the public health and medical systems in developing countries.

In this report, we reviewed Japan's experiences in the field of public health and medical services, highlighting those aspects of Japan's experience that may be of use to developing countries in the challenges they face in improving their own public health and medical systems. We also examined and considered how the Japanese experience in this field can be applied to developing countries, where the situation is often markedly different from Japan's, and where particular points are essential to remember in applying this experience.

In the past, Japan has confronted the issues of high infant mortality rate, and a high prevalence of infectious disease such as tuberculosis. In a relatively short period, however, Japan has succeeded in reducing the infant mortality rate to the lowest in the world, as well as all but eliminating tuberculosis, that was once called a "national scourge," and Japan is now the nation with the greatest longevity in the world.

Factors in this remarkable development have included national supervision of the network of public health and medical systems, with a national approach to the main diseases prevalent in each historical era; formulation and enactment of policy based on a firm grasp of the actual situation, achieved through surveys of public health and medical services and rigorous statistical collation with the assistance of scientific academia; collaboration between government, doctors and midwives in private practice, non-government organizations, community organizations, and the media in overcoming various challenges; outreach services provided by public health nurses finely attuned to the needs of their local community; and the achievement of universal health insurance coverage during a period of financial restraint.

From experiences such as these, there are likely to be a number of areas worthy of consideration by developing countries in reforming their own public health and medical systems. There are also several

regrettable features in the Japanese experience, such as the delayed response to environmental pollution leading to escalation of the extent of the damage, and the strain on the health insurance system associated with the aging society. It is to be hoped that the lessons learned in these areas will also be useful to developing countries in formulating their response when they face similar problems in the future.

The actual initiatives undertaken in Japan were put into action on the basis of the historical background, the social structures, and the available resources, so if these factors are different then it naturally follows that the response to the problem will be different. It should be noted that adjustments and alterations will be required to suit the local needs and circumstances if Japan's experience is to be utilized in developing countries, it is, therefore, not the report's intention that the Japan's experience can simply be transferred into the host country as it is.

For this report, we set up a study committee composed of opinion leaders in their various fields, JICA associates and consultants to conduct the required surveys and put together this report. We would like to express our warmest thanks to all the members for all the efforts they put into the research survey.

It is our fervent wish that this report will be of assistance to our friends in developing countries in improving their public health and medical systems.

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Terms and Abbreviations

Specialist terms	Outline explanation
Activities of Community-based Health Organizations	Community groups, particularly in rural villages, were active from the end of the Second World War until the late 1950's, in areas such as the elimination of insect pests and improved sanitation. At first these activities were known by various names such as "Community Organization Activities," but in 1953 the Ministry of Health and Welfare (MHW) grouped them all under the term "Activities of Community-based Health Organizations." These activities originated in rural villages, but later spread to the larger cities. A particularly famous example, that became a nationwide program, was the "No Mosquitoes and Flies Program."
Average Life Expectancy	The average age to which someone at a certain age can expect to live, according to a life expectancy chart, is called the average life expectancy for that age. The average life expectancy at the time of birth is called the "Life Expectancy at Birth."
Capacity Building	"Capacity" refers to the ability of an individual, organization, system or society to solve problems, or set goals and achieve them, either individually or collectively (problem solving ability). "Capacity building" is the process of improving or increasing that ability. This term is also used in contrast to "institution building," the establishment of organizations and systems, to denote the enhancement of the ability to conduct and manage said organizations and systems. In recent years, the term "capacity development" is more often used, emphasizing the importance of making improvements to capacities from within, rather than an external agency imposing changes from the outside.
DALYs (Disability-Adjusted Life Years)	This term is used by groups such as the World Bank and the World Health Organization (WHO) as a comprehensive public health index including death and disability. Calculated as DALYs = YLL (Years of Life Lost due to premature mortality) + YLD (Years Lived with Disability), it is an expression of time lost due to disease or disability. Using DALYs, the economic burden can be calculated for each country and for each disease/condition. This allows economic analyses in the field of public health and medical systems, such as how much the economic burden can be relieved by preventive or therapeutic interventions in a particular disease/condition.
Declaration of Alma Ata	In September 1978, an "International Conference on Primary Health Care" was held under the aegis of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in Alma Ata (formerly USSR, now Kazakhstan), with representatives from 143 countries and 67 organizations in attendance. The Alma Ata Declaration was endorsed on the final day of this conference. The Declaration, containing 10 recommendations, points out the inequalities in health outcomes between developed and developing countries, as well as political and economic inequalities within countries, and states that all people have a right and an obligation to participate in the planning and conduct of primary health care (PHC)*. The PHC Approach was put forward as the key to achieving the goal of "Health for all by the year 2000," as agreed on by the governments of the individual countries as well as international organizations. (Nakamura 1998)
DOTS (Directly Observed Treatment, Short-course)	A comprehensive primary health care approach to the diagnosis and treatment of tuberculosis (TB). It involves a short course of antibiotic therapy under direct supervision (for at least the first 2 months, medical staff or a responsible person directly observes the person taking their medication every day). DOTS is the prototype for an overall strategy to control tuberculosis being developed by the WHO. [see Box 5-3 for details]
Empowerment	This means to gain power in the social, economic or legal sense. This term is often used for women and social classes that have historically had their cultural and religious rights suppressed. In the field of development cooperation, empowerment of these groups is thought to lead to their personal development as well as development of the society as a whole.

Terms marked with * in the text are included in this glossary.

Specialist terms	Outline explanation
Environmental Sanitation	The World Health Organization (WHO) defines sanitation as "controlling all factors in the physical lifestyle environment of people that have an adverse effect, or have the potential to adversely affect, human growth, health or survival." Typical sanitation activities include disease prevention measures to prevent the spread of infectious diseases*; waste treatment measures for urine and sewage; vermin control measures to exterminate infectious disease* carrying pests such as mosquitoes, flies, fleas, lice, cockroaches and mice; and introduction of water supplies and sewage systems. In recent years, the field of sanitation has broadened and diversified markedly to include food sanitation measures, pollution control, environmental control systems for buildings, elimination of dangerous household products, disposition of industrial waste, and more recently areas of public interest such as environmental hormones and "sick house syndrome." (Toho Environmental Disease Research Institute)
Epidemiology	The study of the distribution of diseases, and their causes, in human populations. It has a basic science aspect, that examines disease distributions (temporal, geographical, special, gender, lifestyle, etc.) to determine causes and contributing factors, and an applied science aspect, that then seeks to prevent disease on the basis of these findings.
Expanded Program on Immunization (EPI)	This program was initiated by the World Health Organization (WHO) in 1974, and is currently run as a joint project by the WHO and the United Nations Children's Fund (UNICEF). The aim of the EPI is to extend immunization programs to all the children of the world for the prevention of diphtheria, pertussis, tetanus, measles, rubella, polio*, and tuberculosis.
Essential Drug Concept	The "Essential Drug Concept" is defined by the World Health Organization (WHO) as "Essential Drugs are those that satisfy the health care needs of the majority of the population, and they should be available at all times." This concept is derived from the "Possible new drug policies" outlined in the report to the World Health Assembly (WHA) in 1975 by the Director-General of the WHO.
Family Planning	A movement proclaiming the need for "birth control" (translated into Japanese as "restriction or regulation of the numbers of children") arose in Japan around 1920, and this movement emerged even stronger after the war under the name of "family planning." In the field of national development, "family planning" is often taken to be part of a strategy to control population growth, but originally it referred to a couple using contraception and spacing between pregnancies to plan the size and makeup of their family, also raising the age at the time of the first pregnancy and allowing treatment for infertility if required. Following the 1994 International Conference on Population and Development, family planning is considered to be one of the Reproductive Rights*.
GII (Global Issues Initiative on Population and AIDS)	Following on the 1993 US-Japan Common Agenda, in the following year the Japanese government announced this initiative, whereby it would increase its commitment to international aid in the areas of population and HIV/AIDS, contributing US$3 trillion over the following 7 year period. This was a historic initiative for Japan, in that it was the first time it announced to the world an Official Development Assistance (ODA) action plan in a specific area.
Health Insurance	Under the Japanese health insurance system, the national government guarantees medical services for all under a social security system. It broadly comprises two main pillars, employees' insurance that covers company employees (occupational insurance), and National Health Insurance, that covers the self-employed and others. There is also a separate health insurance system for the elderly aged over 70, that is supported by the health insurance system for the present working generation.

Specialist terms	Outline explanation
Hospitals and Clinics	In Japan, medical service providers are regulated in accordance with the Medical Service Law*. Medical service providers mainly comprise hospitals, clinics and birthing centers. The term "hospital" refers to an institution with provision for at least 20 inpatients, whereas a "clinic" is an institution with no more than 20 inpatient beds. "Clinics" are further divided into "general medical clinics" and "dental clinics."
IDI (Okinawa Infectious Diseases Initiative)	Japanese public health cooperation strategy to follow GII*. This initiative, announced at the completion of the G8 Summit in Kyushu and Okinawa, involved a contribution of US$3 trillion over the following 5 year period. Targets were announced for HIV/AIDS, tuberculosis (TB) and malaria, to be reached by 2010 through partnerships between the G8 members, the developing countries themselves, non-government organizations (NGOs), private corporations, and members of local communities.
Infant Mortality Rate (IMR)	This is the number of deaths of children (infants) aged under 1 per 1,000 live births (sometimes per 1,000 births) for a specified year. The Infant Mortality Rate is a good indicator of the public health situation in a region or country.
Infectious Disease	An infection occurs when a pathogen such as a virus or bacterium enters the body and multiplies, and the ensuing disease is called an infectious disease. Apart from contagious infectious disease (usually refers to contagious disease), that are passed from person to person, there are also non-contagious infectious disease, that are carried by animals or insects, or enter the body through a wound. When the onset of the disease occurs soon after exposure, it is usually referred to as an acute infectious disease, and when a long period elapses between exposure and onset or progression of the disease, it is referred to as a chronic infectious disease. Previously unknown disease that have recently caused problems, such as HIV/AIDS and ebola hemorrhagic fever, are called new infectious disease, whereas previously known disease that had at one stage reduced markedly but are now again causing problems, such as tuberculosis (TB) and malaria, are called recrudescent infectious disease. The WHO has sounded a note of warning that the threat of infectious disease on a global scale has not disappeared.
Immunizations	The administration of vaccines, orally or by percutaneous injection, with the aim of preventing infectious diseases*. By this process, immunity is conferred to that infectious disease*. A vaccine is a viral or bacterial preparation that has been attenuated, inactivated or detoxified.
Livelihood Extension Worker	During the Occupation following the Second World War, the General Headquarters (GHQ) of the Allied Powers conducted a program of "Democratization of Rural Villages." As part of this program, the Ministry of Agriculture, Forestry and Fisheries began a "Rural Livelihood Improvement Program" with the aim of improving the lifestyle of the residents of rural villages. Qualified teachers and nutritionists were recruited, given training in participatory social development methods and technical training appropriate to rural villages, and then posted to prefectural Agricultural Extension Centers. The goal of Livelihood Extension Workers was to create "farmers who can think independently," so they concentrated on facilitation, rather than instruction, promoted problem analysis and problem-solving through community participation, and provided multi-sector development assistance. Livelihood Extension Workers were also affectionately known as "Seikai-san," an abbreviation of the rather long title in Japanese.
Maternal and Child Health	The field of public health concerned with the maintenance and promotion of the health of mothers and children.
Maternal and Child Health (MCH) Handbook	In Japan, with the aim of achieving consistent health outcomes throughout pregnancy and infancy, all pregnant women are registered, and are issued a "Maternal and Child Health Handbook." Details of the pregnancy, birth and child development are recorded in the MCH Handbook, which also provides useful information for pregnant women and new mothers, of an administrative nature as well as public health and child raising tips. This system commenced in 1942 with the "Pregnant Mothers' Handbook," and has undergone many revisions since.

Specialist terms	Outline explanation
Maternal Mortality Rate (MMR)	This is the number of deaths related to pregnancy and childbirth per 10,000 live births (sometimes per 10,000 births) for a specified year. "Deaths related to pregnancy and childbirth" refers to deaths due to pregnancy, childbirth and other puerperal causes. Differences between countries in Maternal Mortality Rates are greater than those in Infant Mortality Rates.
Medical Service Law	This law regulates the activities of medical service providers. It sets out the standards for medical clinics, birthing centers, hospitals, and public medical institutions, regulating their facilities, staffing, management, distribution and medical corporations. The National Medical Service Law promulgated in 1942 was replaced by the present Medical Service Law in 1948.
Medical System ("Isei" comprehensive medical code)	The "Isei" (Comprehensive Medical Code), setting the principles and operating criteria for the medical system, were promulgated in 1874 by the Meiji government in introducing Western medicine to Japan. This code contained all the fundamentals of health policy, including central and regional administrative bodies, the medical education system, standards for the establishment and running of medical institutions, rules for employment of medical and allied personnel, and pharmaceutical administration.
Medical Tiers (Primary, Secondary and Tertiary)	The 1985 revisions to the Medical Service Law directed each prefecture to establish a three tier system of regional medical services, in order to provide efficient and appropriate medical care with finite resources, and to improve collaboration between medical, community health, and social welfare service providers. The unit of the primary tier of medical care is the municipality, providing medical, community health, and social welfare services closely connected with the daily lives of the residents of the community (regulated by each prefecture, as the Medical Service Law contains no specific regulations). The secondary tier of medical care is mainly concerned with inpatient care, with provision for availability of beds, etc. The tertiary tier of medical care provides for the medical needs of the entire prefecture that cannot readily be met by the primary and secondary tiers. In the field of emergency medicine, "initial, secondary and tertiary emergency medical services" are all contained within the secondary tier of medical care.
Ministry of Health and Welfare (MHW)	A central government agency, established in 1938, responsible for improving social welfare, social security, and public health*. Merged with the Ministry for Labour in January 2001, becoming the Ministry for Health, Labour and Welfare (MHLW).
Millennium Development Goals (MDGs)	These are based on an amalgamation of the September 2000 United Nations (UN) Millennium Declaration and Global Development Goals announced at major international conferences during the 1990's. The development goals for the international community to be realized by 2015 are: ① Eradicate extreme poverty and hunger; ② Achieve universal primary education; ③ Promote gender equality and empower women; ④ Reduce child mortality; ⑤ Improve maternal health; ⑥ Combat HIV/AIDS, malaria, and other diseases; ⑦ Ensure environmental sustainability; and ⑧ Develop a global partnership for development.
Morbidity/Incidence/ Prevalence	The morbidity (rate) of a disease is the proportion of the population who have a disease expressed as a percentage of the total population. The incidence (rate) of a disease is the number of new cases during a set time period expressed as a percentage of the population at risk during the period. The prevalence (rate) is the number of people in a population who have a disease at a given time (irrespective of the time of onset) expressed as a percentage of the total population.

Specialist terms	Outline explanation
National Census	The Japanese "population census." The most fundamental statistical national survey, conducted with the aim of elucidating the numbers and household arrangements of the population within Japan. The census is the basis from which a variety of statistical surveys extract their samples. Conducted by the Statistics Bureau of the Ministry of Public Management, Home Affairs, Posts and Telecommunications (MPHPT) every 5 years, this is a total population census that includes all households, including foreign nationals. Not just a population census, it also gathers information concerning gender, age, relationships, and nationalities, as well as social and economic circumstances, daily movements, and social movements. Formal national censuses using modern methods commenced in Japan in 1920.
Nurse	A profession that assists in the treatment of patients and attends to their needs. In general, the qualification is gained after graduating from senior high school, by completing a 3 to 4 year course at a nursing school or training college, and passing a national examination. An assistant nursing qualification is also available to junior high school graduates after a further 2 years of study and passing a national examination. Nursing was traditionally a female-only profession in Japan, but from 1989 males and females were offered the same educational opportunities, and male nurses have undergone training. From March 2003 all nurses are referred to by a title that is gender-neutral.
Nurse Midwife ("Midwife" in this report)	In Japan, "sanba" traditional birth attendants have assisted at births from ancient times. The Meiji Government promulgated the "Sanba Kisoku (Midwifery Regulations)" in 1899, setting national standards for the age, range of permitted activities, and accreditation of midwives. Until the end of the Second World War, these midwives were important professionals in the community, with a good grasp of the health of mothers and children, as well as their economic circumstances. In 1947, a new "Law concerning Public Health Nurses, Nurse Midwives and Nurses" was promulgated, renaming the profession as "josanpu" (nurse midwives). From March 2003, the gender neutral term "josanshi" (mid-person) is now used. The question of actually admitting male midwives (mid-persons) is a controversial one, however.
Occupational Health	Health and safety in the work environment. The area of public health principally concerned with prevention of disease and injuries in employees caused by working under adverse conditions. In many developing countries, there is little awareness of human rights, there is a lack of protective legislation in such areas as handling of dangerous materials, lighting, and ventilation, so dangerous working environments are common.
Outreach	Outreach means to reach out your hand. This term is used for service providers and aid workers, from government and non-government organizations, going out to potential users of their services, endeavoring to attract their interest, and provide services appropriate to their needs.
Polio	Also known as infantile paralysis and acute anterior poliomyelitis. An acute viral infectious disease that causes paralysis, as the second eradicable disease after smallpox, polio is presently the subject of a global eradication campaign led by the World Health Organization (WHO) and Rotary International. (Arita 2001)
Population Vital Statistics	Examination of variables that alter a population between two timepoints, such as births, deaths, marriages, divorces and stillbirths, the study of population vital statistics gives understanding of changes in the population and its demographics. Statistics were commenced in Japan in 1899. The broad definition of population vital statistics also includes population movements, that are divided into international population movements and intranational population movements.

Specialist terms	Outline explanation
Preventive Medicine	Preventive medicine is a discipline placed at the opposite end of the spectrum to clinical medicine. The specialties that make up this area of medicine include public health statistics, epidemiology*, health education theory, and public health and medical administration theory. From them are developed an extremely wide range of programs applicable to each stage of life, such as health management policies (maternal and child health*, school health*), and lifestyle and environmental health programs at the community level.
Primary Care	Also referred to as "primary medical care." This term refers to individual preventive and therapeutic medical care provided by a general practitioner or family doctor.
Primary Health Care (PHC)	The principle espoused in the 1978 Alma Ata Declaration*. It is derived from the realization that the introduction of a disease-based approach to medical care and a Western-style public health system to developing countries has only brought benefits to one segment of the population, with no improvement in the health status of the majority. Primary health care is characterized by integration of public health and basic medical services at the community level, aiming to provide public health and medical services to people from all classes and regions, with the willing participation of the local population.
Public Health	Organized health-related activities undertaken by private and public institutions, as well as community and workplace organizations, for the maintenance and promotion of the health of the populace. This field includes maternal and child health*, infectious disease prevention, programs for adult (lifestyle-related) diseases, mental health, food sanitation, residential sanitation, provision of water supplies and sewage systems, urine and waste disposal, pollution control measures, and industrial health and safety.
Public Health Center	A public health center is a public health institution, established by the prefecture or designated municipality, to maintain and promote the health of the residents of the local community. The public health center system began with the 1937 Health Center Law, with the first public health centers established as part of the "Rich Nation, Strong Army" concept, principally for the control of chronic infectious diseases such as tuberculosis, and for maternal and child health programs. The Health Center Law underwent a complete overhaul in 1947, in which the position of the public health center was firmly established as the first line of public health services protecting the health of community residents. As well as providing personal health services (excluding medical services) such as immunizations, maternal and child monitoring, tuberculosis monitoring, and health education, and hygiene-orientated services related to food hygiene and sanitation, public health centers also conducted awareness campaigns related to maintenance of statistics and community health matters. The Health Center Law was revised and renamed the Community Health Law in 1994 (coming into full effect in 1997), with personal services now under the aegis of the local municipality in order to provide health services located closer to the community, and giving public health centers more broadly based responsibilities, highly specialized and technical.
Public Health Nurses (PHNs)	Usually called "public health nurses" or "community health nurses" in English, but their training system and social status varies from country to country. In Japan, public health nursing began as part of a social program around 1920, conducting home visits to offer lifestyle guidance and disease prevention activities for pregnant women and nursing mothers and their children. The system was later reinforced, with PHNs employed by public health centers*, health insurance associations, and local governments, providing directly to the community important public health services such as health checks, immunizations*, maternal and child health guidance, supervision of tuberculosis treatment, and health education. In the present day, however, rather than a public health service provider, PHNs are probably regarded more as administrators. To become a PHN, a further 1~2 years of specialized study is required after the nursing degree. As with nurses and nursing assistants, from March 2003 PHNs are referred to by a gender neutral term in Japanese.

Specialist terms	Outline explanation
Reproductive Health (RH)	In all areas related to the reproductive system, its function and processes, this refers to not just the absence of disease or weakness, but also a state of total physical, mental and social well-being. Reproductive health was defined as a new concept by the 1994 International Conference on Population and Development in Cairo.
Reproductive Rights (RR)	This concept states that all couples or individuals possess the right to decide how many children they will have and when, and the right to access information, knowledge and techniques to exercise their reproductive choices. As with reproductive health*, this concept was first defined at the International Conference on Population and Development in Cairo.
Referral System	This is the comprehensive system of referral and transport that connects primary medical care with secondary and tertiary medical institutions. Patients are initially seen by their local primary medical care provider. If the primary care physician decides that they require a higher level of medical care, then they are referred and transported to a secondary or tertiary medical institution after the appropriate treatment has been given, at the appropriate time.
School Health	An overall title for all activities conducted at schools for the maintenance and improvement of the students' and teachers' health, and the promotion of a healthy lifestyle. These activities are broadly divided into "health education," that imparts knowledge of health issues and fosters the ability to maintain and improve ones own health, and "health care," that primarily consists of health checks.
Social Marketing	This method is basically the same as those of the private sector but it aims at expanding public interests and leading people to voluntarily take proper action. Developing countries are faced with various problems, such as low purchasing power, limited advertisement and undeveloped distribution systems. To cover these shortcomings, this method is being applied to activities such as diffusing condoms and mosquito nets, mainly in the field of public health, including measures for HIV/AIDS prevention and against malaria.
Total Fertility Rate (TFR)	This is the average number of children that one woman (or group of women) would bear over the course of her lifetime, if current age-specific fertility rates remained constant during her childbearing years (15-49 years of age).
Under 5 Mortality Rate (U5MR)	This is the ratio of the number of deaths of children aged under 5 per 1,000 live births for a specified year. Compared to the Infant Mortality Rate*, the Under 5 Mortality Rate better reflects improvements in nutrition and vaccination programs, so it is used as an indicator of the overall level of social welfare. In general, the term "child mortality rate" refers to this U5MR.
Women in Development (WID)	This is a development assistance concept, that women must be provided opportunities, as the harbingers of development, to participate fully in all stages of development.

Note

	Explanation
Japanese Era Names	The practice of era naming was originally taken over from Imperial China and adopted in Japan in 645. During Japan's Feudal Period (1603~1868), Era names were changed not only on the death of an emperor, but also to mark natural disasters or major social upheavals. This entire period is commonly known as the Edo Era. The Meiji Era began with the Meiji Restoration in 1868 and ended with the death of Emperor Meiji in 1912. The last year of one era is also the first year of the succeeding era. Following the Meiji Era, subsequent eras are: The Taisho Era (1912~1926), the Showa (1926~1989) and the Heisei Era (1989~present day). Although nowadays, the Western calendar is commonly used for everyday purposes, era names are still in frequent use.

Overview of the Research Survey

1. Objectives and Background

The field of public health and medical services is an important one, closely related to people's lives, and essential for societies and countries to grow and develop. Improvements to public health and medical services are therefore emerging as a major priority in many developing countries. Internationally, aid programs in the field of public health and medical services have been given a high priority, with donor countries and organizations and NGOs involved in aid projects such as those outlined in the Millennium Development Goals (MDGs), including projects aiming to reduce infant mortality rates, improve the health of expectant mothers, halt the spread of diseases such as HIV/AIDS and malaria, and provide sustainable access to safe water.

Japan has also announced, through the "Medium Term Policy on Official Development Assistance (ODA)" promulgated in 1999, and the 2003 revision of the "Official Development Assistance Charter (ODA Charter)," that assistance in the field of public health and medical services will be given priority as part of the fight against poverty. A number of public health initiatives have also been announced, including the "Global Issues Initiative on Population and AIDS" (GII), the "Global Parasitic Disease Control Initiative" (usually known as the "Hashimoto Initiative") and the "Okinawa Infectious Disease Initiative" (IDI), where Japan's experience will be utilized in improving the public health and medical systems in developing countries. What has hitherto been lacking, however, is a systematic analysis of the Japanese experience to see how it can be used effectively by developing countries.

The Japan's experience included national supervision of the network of public health and medical systems, with a national approach to the main diseases prevalent in each historical era; formulation and enactment of policy based on a firm grasp of the actual situation, achieved through surveys of public health and medical services and rigorous statistical collation with the assistance of scientific academia; collaboration between government, doctors and midwives in private practice, non-government organizations, community organizations, and the media in overcoming various challenges; outreach services provided by public health nurses finely attuned to the needs of their local community, leading to improved public health outcomes; and the achievement of universal health insurance coverage during a period of financial restraint.

There are also several regrettable features in the Japan's experience, such as the delayed response to environmental pollution leading to escalation of the size of the problem, and the strain on the health insurance system due to overly optimistic long-term forecasts of the effects of the aging society. From experiences such as these, there are likely to be a number of areas worthy of consideration by developing countries in reforming their own public health and medical systems.

In this survey, we revisited Japan's experiences in the field of public health and medical services, highlighting those aspects of the Japan' experience that may be of use to developing countries in the challenges they face in improving their own public health and medical systems. We also investigated and discussed how the Japan's experience in this field can be applied to developing countries, where the situation is often markedly different from Japan's, and where particular caution is required in applying this experience.

It should be noted that adjustments and alterations will be required to suit the local needs and circumstances if Japan's experience is to be applied to challenges faced by developing countries and the Japanese solution cannot simply be transplanted into the host country as it is.

2. Structure of this Report

This report comprises three major parts. The introductory part, entitled "The Issues of Public Health and Medical Systems in Developing Countries," presents an overview of challenges in the field of public health and medical services presently faced by developing countries, and of assistance initiatives undertaken by Japan and the international community in improving public health and medical systems in developing countries.

Part I, entitled "Overview of Public Health and the Medical System in Japan," presents an overview of changes in public health and the medical system in Japan, and the present system of provision of public health and medical services, with analyses of past and present initiatives in this field.

Part II, entitled "Japan's Experiences in Public Health and Medical Services," based on the previous parts, we analyzed the Japanese experience with challenges presently faced by developing countries in the field of public health and medical services. With the emphasis on the policies formulated and approaches taken, and the results of the various initiatives, we identified suggestions and potential problems for consideration in making improvements in public health and medical systems in developing countries.

In Part II, we began with an examination of the health problems identified in the Millennium Development Goals, in chapters 3. "Maternal and Child Health," 4. "Family Planning," and 5. "Infectious Diseases Control (Tuberculosis, Parasitic Diseases, Immunization Programs)." We then covered Japanese initiatives in health problems that arose after success was achieved with programs in the fields of maternal and child health and infectious diseases, in chapters 6. "Environmental Pollution Control Measures" and 7. "Occupational Health."

The next chapters in this section, "Community-based Health Systems"(chapter 8) and "School Health Programs"(chapter 9), examine public health structures and systems with the focus on effective initiatives in maternal and child health and infectious disease control undertaken by communities and schools. We also included a chapter on "Emergency Medical Care"(chapter 10), originally established as a response to the rapid increase in road traffic accidents. A chapter was also devoted to "National Health Insurance"(chapter 11), that has greatly improved access to public health and medical services in Japan. A supplementary chapter "Environmental Sanitation" gives a simplified introduction to improvements made in sanitation, that can be called the basis of all measures to combat health problems in the fields of maternal and child health and infectious diseases.

In Part III, "Towards Application of Japan's Experience in Public Health and Medical Systems to Developing Countries," we conduct a cross-sectional analysis of Japan's initiatives in public health and medical systems, summarizing the findings in Part I and II. With the characteristics of the Japanese

people in mind, we also attempted to systematically analyze Japan's initiatives to see how they can be used effectively by developing countries in improving their own public health and medical systems.

3. List of the Committee Members

Chairperson

Yasuhide NAKAMURA	Professor, Osaka University, Graduate School of Human Sciences

Committee Members

Hiroyuki NAKANO	Chief, Division of Pediatrics, Department of International Cooperation, St. Mary's Hospital
Aiko IIJIMA	Director, Human Resource Development Division, Japanese Organization for International Cooperation in Family Planning
Seiki TATENO	Director, 1st Expert Service Division, Bureau of International Cooperation, International Medical Center of Japan
Sumiko OGAWA	Assistant Professor, Department of Preventive Medicine, Faculty of Medicine, University of the Ryukyus
Megumi INAOKA	Visiting Researcher, Department of International Health, Graduate School of Medicine, the University of Tokyo

Advisor

Kiyomichi FUJISAKI	Managing Director, Medical Cooperation Department, JICA (untill August, 2003)

Chief of Taskforce

Hiroshi TAKAHASHI	Senior Advisor, Institute for International Cooperation, JICA

Taskforce

Katsuichiro SAKAI	Deputy Resident Representative, JICA Zambia Office
Naoko UEDA	Deputy Director, Second Research and Development Division, Institute for International Cooperation, JICA (also a member of the secretariat)
Hisakazu HIRAOKA	JICA staff (seconded to WHO Western Pacific Regional Office)
Kaori NAKATANI	Associate Expert, First Overseas Division, Secretariat of Japan Overseas Cooperation Volunteers (JOCV), JICA
Kanako ADACHI	Researcher, Second Research and Development Division, Institute for International Cooperation, JICA (also a member of the secretariat)
Makiko KOMASAWA	Consultant, Earth & Human Corporation

Secretariat

Ryozo HANYA	Director, Second Research and Development Division, Institute for International Cooperation, JICA (until January 2004)
Kazuaki SATO	Deputy Director, Second Research and Development Division, Institute for International Cooperation, JICA (until November 2003)
Yasuko DOGUCHI	Researcher, Japan International Cooperation Center (JICE), Second Research and Development Division, Institute for International Cooperation, JICA

4. Method of Preparation of this Report and List of Authors

Based on manuscripts prepared by the authors given below, the material in this report was revised by the authors and the office staff following discussions by the Research Group.

The various manuscripts were then edited by the office staff and our consultants to produce this report.

<Chapter title>	*<Names of authors>*
Overview of the Research Survey	Kanako ADACHI
Introduction: The Issues of Public Health and Medical Systems in Developing Countries	Kanako ADACHI
Part I. Overview of Public Health and Medical System in Japan	
Chapter 1. The History of Public Health and Medical Services	Makiko KOMASAWA
Chapter 2. Present State of Public Health and Medical Services	Makiko KOMASAWA
Part II. Japan's Experiences in Public Health and Medical Services	
Chapter 3. Maternal and Child Health	Yasuhide NAKAMURA
Chapter 4. Family Planning	Aiko IIJIMA, Naoko UEDA
Chapter 5. Infectious Diseases (Control Tuberculosis, Parasitic Disease, Immunization Programs)	Hisakazu HIRAOKA, Makiko KOMASAWA Seiki TATENO Hisakazu HIRAOKA, Makiko KOMASAWA
Chapter 6. Environmental Pollution Control Measures	Megumi INAOKA
Chapter 7. Occupational Health	Hiroshi TAKAHASHI
Chapter 8. Community-based Health Systems	Sumiko OGAWA, Naoko UEDA, Makiko KOMASAWA
Chapter 9. School Health Programs	Seiki TATENO
Chapter 10. Emergency Medical Care	Hiroyuki NAKANO
Chapter 11. National Health Insurance	Katsuichiro SAKAI, Yasuhide NAKAMURA
Supplementary Chapter. Environmental Sanitation	Makiko KOMASAWA

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Makiko KOMASAWA, Kanako ADACHI, Yasuko DOGUCHI