Introduction

With regard to the rights of Japanese citizens to life and health, Article 25 of the Japanese Constitution, promulgated in 1947, stipulates that: “(1) All people shall have the right to maintain the minimum standards of wholesome and cultured living” and “(2) In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health.”

Based on Article 25, various social welfare related laws such as the Living Protection Law, Child Welfare Law, and Physically Handicapped Persons Welfare Law, as well as social insurance related laws such as the National Health Insurance Law, National Pension Law, and Unemployment Insurance Law, were established one after the other in the past 60 years. These laws have contributed tremendously to the stabilization of people’s livelihoods, preservation of life, and maintenance and enhancement of health.

Since that time, the living conditions in Japan have improved with high economic growth and changes in industrial structure; moreover, with the nationwide spread of public health endeavors such as vaccinations and medical examinations, Japan came to have the world’s highest longevity. In 1947, the average life expectancy for men in Japan was 50.06 and for women 53.96; in 2006, the average life expectancy for men was 79.00 and for women was 85.81— and increase of around 30 years for both men and women over a half century.

According to World Health Organization (WHO) data, Japan is also ranked Number 1 in the world for healthy life expectancy.

People living into their eighties and beyond has become a reality, and so the important challenge for the future is to not simply extend life—in other words, a quantitative response—but to devise and implement measures for improving Quality of Life (QOL)—in other words, a qualitative response.

Attitude towards “Healthcare”: from consumption to investment

National healthcare expenditure in Japan has grown from 513 billion yen or 4 billion US$ in 1961, when the universal healthcare system was established, to some 33.1289 trillion yen or 2,760 billion US$ in 2005. Behind this increase in healthcare expenditure are a range of factors including population growth, aging of society, and advancement of healthcare; however, with the long-term stagnation of the Japanese economy in the wake of the collapse of the so-called economic bubble, the Japanese Government in recent years has continued to strongly move to restrict healthcare expenditure.

Approximately one-quarter of funding for national healthcare expenditure is provided through public funds, and this has led to the constriction of benefits and restriction of healthcare expenditure.

However, according to Organization for Economic Cooperation and Development (OECD) data, in 2004 Japan’s total healthcare expenditure was 8% of percentage of GDP, which places Japan nine points below the OECD member country average of 8.9% with a ranking of 22 out of 30 countries. In other words, low expenditure in healthcare compared with the country’s economic strength supports the improvement of citizens’ health.

With the growth in public expenditure to cover increasing healthcare expenditure, healthcare is now frequently discussed in terms of “consumption.” However, as Japan becomes an increasingly aging society with fewer children, it is...
imperative that both the government and the general public develop an awareness of healthcare as a useful “investment” for advancing the health of citizens, thereby maintaining and improving the nation’s vitality.

From Secondary to Primary Preventative Measures

With the improvement in living conditions, raising of living standards, and changes in dietary habits over the past decades, disease composition in Japan has also changed tremendously. From a time when tuberculosis and respiratory tract infections were the most common diseases, today cancer, cerebral stroke, and heart diseases are the cause of death in some 60% of cases. These diseases are also known as “lifestyle related diseases,” with clinical and epidemiological research clearly showing the influence of individual people’s lifestyles on their health.

Measures that take this situation into consideration recognize the importance of focusing on primary prevention through improving people’s lifestyles rather than on secondary prevention that centers on conventional health checkups aimed at early detection and diagnosis of diseases.

The WHO Ottawa Charter for Health Promotion states that health is an important resource for both individuals and society as a whole, and proclaims the necessity of improving and promoting health.

In Japan, too, the Health Promotion Law was promulgated in 2002 with the aim of establishing an infrastructure for actively promoting health improvement and disease prevention through national consensus.

Moreover, a new law to ensure healthcare for the elderly will come into force in April of 2008, implementing new measures for preventing lifestyle related diseases by, for example, requiring “health check-ups and guidance for specific diseases” to be provided for all people in Japan with healthcare insurance as a means of preventing and treating metabolic syndrome in particular.

In this way, Japan’s health policies are shifting from secondary prevention-centered measures to primary prevention focusing on preventing diseases from developing, and there is furthermore a gradual shift towards measures and policies that focus on “health promotion” that actively raises health levels.

Establishment of the Lifelong Healthcare Service Program

Lifelong healthcare services in Japan have been systemized centered on medical check-ups, with Maternal and Child Healthcare for children younger than school age, School Healthcare for children of school age, Occupational Healthcare for people during their working years, and Elderly Healthcare for seniors.

However, different ministries, departments, and agencies administer each of these healthcare services and they are implemented independently; consequently, health information for any individual person is not managed in an integrated manner. These systems have been organized as lifelong healthcare services, but they cannot be said to be operating appropriately overall if no system for managing health information over a lifetime is maintained.

The quality of individual citizens’ health is expected to improve as a result of the implementation of healthcare services such as health check-ups, education, and guidance tailored to people’s lifestyles as well as the detection of changes in health through integrated management of health data. To this end, it is vital that objective evaluation indicators be developed for viewing the accumulation of “Capital of health” through these services.

The cooperation on coordination of allied health personnel is imperative for the development of comprehensive and effective health services. It is hoped that local medical associations, which have developed various community-based health services over their long histories, will make systematically contributions in response to these needs.

Concluding Remarks

In order to create a system that maintains and improves the “Capital of health” for citizens over their lifetimes, it is vital that not only are the laws and ordinances that form the foundation for individual healthcare services revised in a comprehensive manner, but that a framework for comprehensively providing health insurance and healthcare be secured. To achieve this, financial support is imperative and many issues must be resolved.
In particular, as mentioned above, the Japanese Government in recent years has been eagerly working to contain social security expenditure, especially healthcare expenditure. Consequently, insufficiencies have arisen in the absolute numbers of doctors and other health professionals, whose responsibility it is to protect the health of the public, and reviews of these and other “burdens” that have resulted from reforms that have gone too far are now being discussed.

Considering the situation in Japan, where the aging of society is progressing at an unparalleled speed, environmental improvement measures such as the enhancement of healthcare services and spread of new medical technologies based on a stable financial foundation for enhancing health insurance and healthcare are imperative.

In other words, by enhancing the health capital of citizens through measures such as these, it becomes more possible to extend the age up until people can work and to encourage employment. This in turn leads to increased GDP and tax revenue and contributes to the establishment of a financial foundation.

Transforming the inherently unstable aging society with fewer children into a stable society by creating “positive” cycles such as this is regarded as the response that Japan is demanding.

As mentioned at the beginning, Article 25 of the Japanese Constitution stipulates that the nation has a mission to endeavor to improve and advance social welfare, social security and public health.

Considering the improvements in living standards in Japan that accompanied the remarkable economic development and changes in the social environment, such as the strengthening of people’s awareness of their rights, it is imperative that the national government take a stance of promoting social welfare, social security, and public health at a consistently higher level.

References
Ottawa Charter for Health Promotion
First International Conference on Health Promotion Ottawa
21 November 1986 - WHO/HPR/HIP/95.1

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Improving Lifelong Healthcare Services by the Health Insurers

- The new law requires the health insurers health check-up and health guidance for preventing lifestyle related diseases such as diabetes.
- Increase of 20% in the medical check-up rate
  Current situation: 60.4% for those who have a health checkup in 2007.

The Constitution of JAPAN

Article 25

All people shall have the right to maintain the minimum standards of wholesome and cultured living.

In all spheres of life, the State shall use its endeavors for the promotion and extension of social welfare and security, and of public health.

Thank you for your attention!