Japan Youth Statement Universal Health Coverage

A Chance for All

14th December, 2017

SUMMARY

UHC Youth Japan considers it is necessary for each nation to build universal health coverage (UHC) in a sustainable way in order to enable younger generation and future children to fulfill their lives healthily. Although Japan is considered to be one of the most advanced countries globally in terms of UHC implementation, we recognize some inadequacies; poverty and socioeconomic disparities, maldistribution of healthcare resources, long-term elderly care, suicide and mental health, medical service for foreigners, primary care, palliative care, access to the credible information, data utilization, tobacco, vaccination and sustainable finance. These issues are relevant to our future. Therefore, every country including Japan needs to collaborate with the young in establishing a framework for UHC while taking into account their concerns and future goals.

The concept and importance of UHC may not be known to many yet. Even among Japanese medical students, there were only a few who were able to explain them. Every person working in healthcare and in the field of UHC need to strive to inform and educate the public on UHC. As long as social inequality exists, we will have to put an effort in achieving UHC.

PREAMBLE

Universal Health Coverage (UHC) ensures the access to affordable medical services for everyone without exposing them to financial hardship. Nowadays, initiatives by various countries towards achieving UHC is constituting a global agenda as evinced by the inclusion of UHC as one of the targets of Goal 3 in the Sustainable Development Goals (SDGs). In response to this global movement, low and middle-income countries have started to formulate strategies for achieving UHC, assisted by UN organizations.

Japan legislated the social medical insurance system in 1922, followed by the universal health care in 1961. In order to guarantee access to medical care for its citizens, the Japanese government unified the system of reimbursement and has maintained medical equity by introducing cost containment, since 1959. Additionally, the Japanese government set copayment equal for patients except for older people and children and provided additional financial assistance for all patients whose medical charge has exceeded the monthly payment standard. By such policy implementation, Japan has achieved the highest life expectancy in the world within a relatively short period, after recovering from high mortality rates during and immediately after World War II.

Generally, youth has been marginalized in society, and we have met people who desire to reach UHC. Japanese youth are suffering from wider health disparity due to socio-economic disparity, maldistribution of medical resources, the changing employment pattern, and the overwork. In this statement, we highlight the issues which Japanese youth, as a constituency, regard as problems in the Japanese society which is well-known for its advanced level of UHC implementation. We believe that Japanese efforts to promote more sustainable UHC will provide better health security to future of youth and children not just in Japan but also in the whole world.

THREATS, BARRIERS AND OPPORTUNITIES FOR UHC IN JAPAN

Awareness of UHC in Japan

The concept of UHC is key for everyone to achieve access to necessary medical resources. In order to achieve UHC, more people hopefully understand the concept of UHC and act toward UHC as a universal goal. Especially, healthcare providers should play a key role to achieve UHC. However, how do current and future healthcare providers understand and think about UHC? There has been some research on UHC around the world, but to what extent healthcare providers and citizens understand UHC is unclear. (We searched Universal Health Coverage [Title/Abstract] via PubMed) We conducted Internet surveillance of 4 national public universities' in order to reveal the extent of understanding and impressions on UHC among future medical healthcare providers. The targets of this surveillance were medical students in these 4 universities who responded to an online questionnaire. In total, we received 106 responses. We have summarized the contents of the questionnaire and the results as an appendix of this statement. Our results show that many Japanese students don't know about UHC or have an adequate understanding of UHC. Moreover, we have shown that when they learned the concept of UHC based on the Japan International Cooperation Agency's (JICA's) website, many of them tended to have some skeptical opinions. World Health Organization's(WHO's) report "Tracing Universal Health Coverage" pointed out that many think UHC is a too diffused idea and we cannot measure the achievement of UHC. Even in Japan, where UHC has made progress to some extent, students don't understand different elements of UHC and think UHC as too idealistic and metaphysical. How about the situation in the world? We think UHC education to future healthcare providers, who form the future of medicine, should be reinforced. Additionally, when we aim to spread the concept of UHC, we may have to not only use the word of UHC but also educate students the fact that UHC has many measurable factors and its achievement can be measurable.

Poverty and socio-economic disparity

In Japan, the establishment of universal health care as part of social health insurance dates back in 1961. However, it does not necessarily mean that all the people have been able to access the required medical services. Along with the regression of Japanese economy in 1990's, economic disparity has expanded to the average level of OECD countries. [2]Such social determinants of health have brought wider health disparity among the people.[3]

In Japan, public assistance is applied to the low-income group that cannot afford to pay for social insurance premium in the household of the elderly, single-mother, handicapped or sick & wounded people. There were about 2.16 million people on public assistance in 2016, which has continued to be flat. [4]People on public assistance are exempted from the payment of social insurance premiums and self-pay burden. However, in medical settings, some households are unable to pay social insurance premiums and refuse the doctor's recommendation of regular visits or receiving periodic checkups or treatments due to the economic burden of self-pay. Children and youth of those households may not have access to necessary medical

services. In real situations, the hurdle to receiving public assistance may be high for low-income earners. As public assistance expenses put pressure on general revenue resources, many local governments are unwilling to grant the entitlement to receive the benefit and ask the relatives of the people in need of public assistance to give them as much financial support as possible. Additionally, in the wake of the media coverages on the misuse of this system by some recipients of public assistance, people are turning stern eyes to the system itself. Application for public assistance would not be positively looked at in Japan due to the national character of worrying about keeping up with appearances. In consideration of these situations, it is inferable that many people in need of public assistance have not been protected by the system and may not have been able to access necessary medical services.

In addition to the foregoing issues surrounding public assistance, the changing employment pattern in Japan has become another threat to the existence of universal health care. The percentage of non-regular employment (contingent, part-time, contract) has been rising since 1990's. Accordingly, the percentage of non-regular employment for youngsters between the age of 15-24 years has risen 11.7% in 1990 to 28.0% in 2014. [5]As a result, the percentage of the people who take out community-based health insurance plans instead of employer-based health insurance has been increasing. Despite the legal requirement to enroll in community-based health insurance plans, the percentage of the people who do not want to or cannot afford to take out the plan has been increasing. An estimated 1.6 million people in Japan may not have paid for the premium of community-based health insurance plans. [6]The person delinquent in the payment for more than 18 months may not be able to receive the benefit and necessary medical services. We Japanese youth are aware of the fact that there are the people who have not been able to access necessary medical services under universal health care, apprehending that Japanese universal health care may be regressed without appropriate measures against poverty and socio-economic disparity.

Maldistribution of medical resources

Establishment of a universal health care with a fair payment system does not ensure the access necessary medical services for all people. For people to be able to access medical care, medical resources such as healthcare providers and medical facilities should be properly distributed across the country. Some rural areas of Japan still lack facilities that can perform prenatal checkups and deliveries and some lack medical institutions altogether because of closing. A tragic incident was reported in 2007. A woman in her 7th months of pregnancy was refused emergency transportation by 12 hospitals and the baby was born dead in the hospital that finally accepted her. Those hospitals that refused to accept the patient were heavily criticized by the Japanese press. The countermeasures that were taken during the last 10 years as a result of this incident has resulted in a significant reduction in the number of cases where a patient is repeatedly refused emergency transportation. However, we should not overlook the existence of serious issues in the background of the foregoing incident, which caused those medical institutions to refuse emergency transportation of the pregnant woman.[7]

While focusing on the development and maintenance of universal health care and fair payment system, the government has not put much importance on medical care

delivery system. [3]This may explain the uneven distribution and inefficient use of medical resources, such as uneven distribution of doctors and specialty departments in regional areas. While the number of doctors is increasing by about 8,000 biyearly, there are ongoing claims of shortage of doctors. [8]In Japan, there are 245 doctors per 100,000 population (2014), which is better than doctor-patient ratios of many countries. Obviously, complex socio-economic issues are involved in this paradox. The harsh working environment in hospitals and generational changes in private practitioners are considered to be the cause of increasing number of doctors to leave hospitals for private clinics. Also, the influence of the compulsory clinical practice starting from 2004 should not be ignored. Previously, medical students, after passing the national examination, were required to take postgraduate education as an intern by belonging to a medical office in a university hospital. Now they can select a training hospital with better working conditions and educational environment. Consequently, the number of the junior doctors belonging to a medical office has been decreasing making it difficult for the medical offices that used to assign its doctors to regional hospitals, unable to keep such practice. It may force hospitals to close some clinical departments or even completely stop all services. Another cause may be the fact that only about half of the doctors in Japan belong to the Medical Association, which makes it difficult to exert voluntary control. Furthermore, male doctors have traditionally outnumbered female doctors. The number of female doctors has increased to 34.8 % in the generation of 29 years of age or younger and it is a welcoming trend. However, the preference of female doctors on specialties (obstetrics & gynecology, pediatrics) and the temporal decrease of working rate due to their pregnancy and delivery may not have been sufficiently taken into consideration. Not only the supply-side issues, changing demands of patients should also be considered. The percentage of elderly patients is increasing. The elderly population of this century is characterized by the presence of many co-morbidities adding bigger burden on doctors. Also, the further medicine is subdivided and specialized, so is the practice range covered by a specialist doctor. As a result, more doctors may be required. Thus, uneven distribution of medical resources is caused by aggregation of quite a few issues.[9]

The Japanese government is trying to control medical care delivery system focusing on municipalities. Since 1985, each prefectural government started to develop regional health planning and set an upper limit for the number of hospital beds. As it was not sufficient, a regional medical vision has been developed since 2015 to proceed on clinical specialization and collaboration (acute, recovery, recuperation phases) in line with the projections of medical supply and demand and the necessary number of hospital beds in 2025. Also, efforts have been put in constructing an efficient community-based integrated care system by 2025, which can integrally deliver medical care, nursing care, prevention measures, home and livelihood support to community members. [10]Currently securing of the medical students involving in community medicine in the future and setting of the number of the interns recruited for the postgraduate education for each community, as well as setting of the number of the trainees recruited for specialist doctor training for each specialty department based on the population and the number of medical cases in each region are under consideration. Also, setting the target for the number of doctors secured for each region and each specialty department, allocation and setting of the fixed number for public health insurance doctors for each region, and reviewing of free medical practices are discussed in the medical plan. Furthermore, development and usage of a database are under consideration to manage the allocation of doctors.[11]

The youth understand the regional needs for appropriate allocation of medical resources to access all necessary medical services. Therefore, the youth should be involved in the discussions on measures against uneven distribution of obstetric, pediatric and psychiatric cares where the demand for youth is especially high. The biggest apprehension of medical students and junior doctors is to be exhausted by being used as the labors to fill the gap of medical resources. To make sure this never happens, the youth should be involved especially in the discussion of measures against uneven distribution of doctors during medical education, clinical practice and specialist doctor training.

Long-term care for elderly people

The decline in birth rate and increasing life expectancy in Japan has resulted in a rapid decline in working-age population (20-64 years old) and a steep increase in elderly population. The number of people aged 65 and above for working-age population was 12.1 in 1950, 2.3 in 2015, and will further drop to 1.9 in 2025.[12] It is clear that the healthcare burden per youth will continue to increase in the future. The demand for care is increasing, as the proportion of elderly people in the total population is going up. Now, Japan is facing an unprecedented ageing society in all three aspects: average life expectancy, the number of elderly and ageing rate. [13]Subsequent to increases in life expectancy, we believe that it is extremely important to achieve a better health span, the period of one's life which one can live free from health problems.

Various efforts are carried out to promote preventive care. The Long-Term Care Insurance system in Japan was established in 2000. This is a public social insurance system and covers 6.1 million people over the age of 65 accounting for about 18% of the elderly as of January 2015. If they are qualified for receiving benefits, patients can receive both of in-home service and facility service in the maximum amount (determined by nursing care level) by paying a fixed amount. By the Long-Term Care Insurance system, care achieved domestically before was institutionalized. Every elderly can utilize this system regardless of income level and availability of informal care, as well. However, Grant for the Long-Term Care Benefit Expenses are rapidly increasing: 3.2 trillion yen (0.7% of GDP) in 2000 when this system was started, 9 trillion yen (1.8% of GDP) in 2015, and will reach 21 trillion yen (3.2% of GDP) in 2025.[14][15] To manage the health care cost, the government raised the nursing care level which is needed to be placed in a special elderly nursing home in 2013 and raised copayment in 2015. This produced many elderlies who cannot be placed in a special elderly nursing home. They are also not able to utilize private residential homes because their pension is too small to afford the service, and finally they are forced to live in unlicensed nursing homes. It is also not clear whether enough home care services are supplied to caregivers including patient’s family so that they reduce their care burden and continue patient's care.

Human resource shortage, regarding care workers, becomes evident, as well. Currently, many of care workers are youth, and Ministry of Health, Labor and Welfare estimate that an additional 377,000 care workers will be necessary by 2025. Care worker shortage is urgent. Such shortages are said to have been resulted from many reasons: care workers' low wages, hard labor, working hours' irregularities.[16] Further, turnover of care worker is extremely high, 16.6%.[17] To take steps, care workers' pay raise, training for persons who have never worked as care worker before, child-rearing assistance by enhancing childcare center in the office, and promoting reemployment by

registration system, are ongoing. On the other hand, the counselling system for care workers who have difficulties to continue working is still insufficient comparing to the unstable and hard work environment, and system construction for foreign technical interns (mostly youth) are under development. We youth agree with the necessity for sustainable finance and securing human resources to ensure for every elderly needing care can receive it regardless of economic status in the super-ageing society, and awareness should be raised to address these concerned.

Suicide, mental health and work-style reforms

In Japan, data shows that 19.7 per 100 thousand population commit suicide (age-adjusted suicide rate), which exceeds the world average (10.7 per 100 thousand population as in 2015).[19] Japan has legislated the Basic Act on Suicide Prevention[20] in 2006, and obligated to provide national supports for the bereaved families. As a result,, the number of suicide is relatively decreasing. However, it still remains to be a huge issue, as 24,025 of Japanese people died by suicide per year.

The word "Karoshi" in Japanese means "death by overwork". One symbolic example of Karoshi was a 24-year-old female employee who worked at an advertising firm with excessive work and committed suicide on the 25th December 2015. Another incident was for a male obstetrician and gynecologist with overtime of 200 hours per month, which resulted in self-destruction. Examining the weekly working hours of doctors at the age between 20 and 30 years, in 2016 revealed an average of 75 hours per week for male and 65 hours for female. Excessing the Labor Standards Act. of Japan was higher for doctors than people of other occupational categories.[18]

On the other hand, self-destruction has been a serious problem for youth and a primary cause of death for youth between the ages of 15 and 39. Many reasons are hiding behind suicides, but one of the main causes would be mental illness such as depression and schizophrenia, in all generations. The *tenaciously remaining prejudices* toward the people diagnosed with psychiatric diseases might obstacles the use of medical services.

It is important to dispel the biases and create a society where each person could access the medical system when she or he is suspected to get those diseases.[3] One attribute of suicide ages between 20 and 39 is the working environment, which follows the primary cause of self-destruction related to mental diseases.[22] Therefore, it is crucial to improve the working environments in order to prevent youth suicides, in addition to the general preventing measures. In 2017, the Japanese government addressed the work-style reforms [23], which made an agreement for the upper-limit regulations as Labor Standards Act. Such restriction would be an important step toward protecting youth from suicide or "karoshi,".

Medical care for foreigners in Japan

In Japan, language differences and medical expenses are becoming serious issues especially with the increasing number of foreign visitors and foreign residents in Japan.[24] When the national law of Tourism-based Country Promotion Basic Act had been legislated in 2006, more than 7 million tourists visited Japan in the same year. The number has reached 24 million in 2016, and it is anticipated to grow more because of Tokyo 2020 Olympic and Paralympic. Additionally, in 2015, special permanent residents reached 2.2 million and increased by 110 thousand within a year.[25]

To deal with this societal change, some proceeding attempts are expected to tackle the obstacles of language, and accommodate the difference in lifestyle, religion or culture for medical service. This includes compiling the information of multilingual hospitals in Japan in a website [26], and formulating a system of "Japan Medical Service Accreditation for International Patients (JMIP)."[27] Moreover, some designated hospitals are strengthening the service of healthcare interpreting and increasing the number of medical coordinators for foreign residents.

However, healthcare-interpreting system in Japan is still far from perfection. For example, the caregivers are not certified as national qualification holders; which is desirable to be legislated, hereafter. Also, it is important to argue for the persons who have stayed in Japan beyond the period of authorization without obtaining extensions; those people including many youth are prone to face financial hardships and difficulties to get access to health services. We believe that according to the UHC philosophy, we should consider to ensure access to their medical care.

Primary Care

Healthcare in Japan is evaluated, as excellent currently and health indicators are also at a high level with comparatively low cost.[29] However, the changing needs and financial sustainability associated with social/disease structure changes predicts a dark future. WHO (World Health Organization) advocates the importance of primary care at UHC.[30] While OECD (the Economic Cooperation and Development Organization) acknowledged the positive aspect of free access, which is one of major dimensions in Japanese healthcare system. On the other hand, OECD suggest more structured health care system to deal with super-aging society: nurturing primary care specialists, preparing care coordinators for patients to transfer from acute setting to chronic one and patients centered medicine including mental health. OECD expects a clear orientation of preventive and comprehensive care for elderly.[29]

Primary care in Japan is historically rooted in community. For example, there is a region where medical staff visited all inhabitants periodically shortly after the World War II. Medical cost for infant and elderly were free, health inspectors by inhabitants participated actively, and health handbook and health ledger were distributed over the region. They were all carried out by hospital prior to national system. Thanks to this, the infant mortality, death due to brain stroke/cancer were all decreased and resulted in decrease in the cost of healthcare. In 2007, the Ministry of Health, Labor and Welfare revealed that this community is one of the ideal models for promoting the optimal medical expenses.[31] On the other hand, most of these activities are missing after the period of high economic growth by manpower shortage. We youth believe in the

effective and sustainable primary care which is based on community and also deals with social/disease structure changes and optimal healthcare costs.

Palliative Care

In the person's end of life, he/she should have the choice to receive holistic care in the place they wish. However, many people could not access to specialized palliative care in Japan. Focusing on the terminal care of cancer, a disease that is a leading cause of death, 65 percent of the patients pass away in hospitals without the establishment of palliative care teams. In Japan, Cancer Control Act has been legislated in 2006, followed by the establishment of palliative care teams at designated cancer hospitals, and holding induction courses of end-of-life care for the doctors who are engaged in cancer treatment. Although, It is well developed in some selected hospitals, others remain to be insufficient [32]; and it is still not established for the patients with diseases besides cancer in a terminal phase.

Despite of the fact that 70 percent of Japanese people prefer to die in their house, home death rate is still 12 percent, and the majority of 78 percent is in-hospital death.[33] In Japan, in addition to the medical insurance system, long-term care insurance system has started in 2000. It allows patients to use public in-home services in both medical and nursing care. However, in the areas where home medical caregivers and professional caregivers are not sufficient, it is hard to choose home end-of-life.

We expect the establishment of receiving end-of-life care in the place where each patient wishes.

Access to reliable medical information

To achieve UHC, the access to reliable medical information is quite important for citizens. Recently, citizens can gain access to a lot of information due to spread of the Internet network. Sometimes patients are well aware of the diseases even more than the doctors. However, there is much wrong information on the Internet, and the situation is the same for medical information.[34]

For example, in Japan, a medical web site had shown unreasonable information without accuracy written by writers who aren't medical professionals because they focus too much on views and that fact became a big social problem because it was too sensational and miserable situation in 2016. The background of this problem is that patients who don't usually take any medical training can't understand which information is reliable and there are no or few social systems encouraging patients to access to more reliable medical information. Moreover, the youth's tendency of reliance on the Internet is accelerated expectedly.[35]

As youths who have stronger affinity to the Internet, we are looking forward the establishing reliable medical information resources in the Internet besides the currently practiced paper-based patient's education. As medical students or future healthcare providers, we are willing to contribute to social activity and constructions of social systems that improves "access for citizens to reliable medical information". We would

like to utilize our positions to bridge between patients and medicine before entering the medical (somehow closed) atmosphere.

Effective usage of the healthcare data

According to World Health Statistics 2017 which World Health Organization (WHO) produced this May, Japanese health care system has achieved excellent outcomes in some health indicators such as "Infant mortality rate" and "Healthy life expectancy."[36] Indeed, Japan has achieved the longest life expectancy at a lower cost in comparison with other developed countries.[37] Its health care system, especially ”Universal Health Insurance (UHI) ", is highly evaluated in foreign countries: however, Japanese UHI faces many problems because recent social conditions because changes such as low birth rate and aging. Japanese UHI has been based on continuous economic growth, population growth, and low chronic diseases prevalence thus currently healthcare system is facing sustainability crisis because of financial resource and healthcare workforce shortage. For example, the amount of annual medical expenses in 2015 was expanded significantly to about 80 times [39] as much as that in 1961 when Japanese UHI was established. By contrast, GDP for 2015 was only about 26 times greater than that for 1961. This indicates that the increase in medical expenses has been much greater than the expansion of the economy. If we don't make substantial modifications to improve the efficiency of this healthcare system, it is obvious that the burden on the youth who will underpin society in the future will increase further from now on. Concerned about this situation, Ministry of Health, Labor, and Welfare (MHLW) established the "Health Care 2035 Advisory Panel" in 2015 to develop the long-term vision of healthcare reforms to meet the needs of the next two decades. The panel set a guideline regarding health promotion and reform of healthcare providing system.[40]

There are some unavoidable reasons such as technological innovation and high demands on medical care for the increase in medical expenses in recent year; however, some factors have room for improvement through optimization. First, over-treatment, multiple-dose, and frequent/repetitious diagnosis test might have been the problematic reason for high healthcare cost. This is attributed to the difficulty in sharing patient information among plural hospitals. It is necessary for medical fields to be visualized immediately in order to solve these problems.[42] Data utilization is expected for effective resettlement. Recently, Electronic Health Record (EHR) become more common in the primary care settings. Such environment allows healthcare providers to share the patient information. It is possible to prevent from providing over-treatment or under-treatment by applying this platform in clinical fields. Also, the government has begun to integrate National Database, National Health Insurance Database, Nursing care Insurance Database which are managed independently now. [43]Thus, it will be capable of healthcare professionals accessing to the huge amount of patient's health information data after a few years, then they can do more research about over-treatment, polypharmacy and frequent/redundant diagnosis and imaging tests. This analysis might provide more efficient healthcare system and we also expect to gain value from health big-data in prevention and health promotion. Through this technology will help us overcome our anxieties about the health care system sustainability.

Tobacco

Smoking has a significantly negative influence on health. For example, it has been reported that underage smoking has a higher risk in getting addicted to nicotine than adults smoking [44], and this leads to higher mortality rate on the youth. 54.7% of smokers experience smoking when they are young, so it is very important to enlighten the young to stop smoking.

Since Act on prohibition of smoking by minors was enacted in 1900 in Japan [45], the Japanese government has taken steps to this problem. For instance, Japanese Institute of tobacco has set a self-standard since 1998[46]. In addition, the advertisement of tobacco via television, radio, and the Internet has been banned by law, sales promotion activities to minors are also the same. Reducing the number of deaths in middle-aged adults is also one of the main goals described in healthy Japan 2021, national level health promotion campaign. Therefore, the government encourages the prevention of passive smoking and the separation of smoking areas.[47] Japan ratified on Framework Convention on Tobacco Control (FCTC) in 2004 which was enacted to protect current and future generations from adverse influence on health, society, environment, and economy.[48] Nevertheless, WHO reported in 2008 that all efforts except helping with quitting smoking are at low-level because the public space smoke ban which is required by the law is a voluntary basis. Tobacco price has been another issue in Japan. Although it was highly effective to raise the price of tobacco to decrease smoking rate, it was noted in this report that the price of tobacco in Japan was extremely lower than other countries.[49] It has been claimed in healthy Japan 2021 to raise its price, but it still remains as problematic.

It was also pointed out that the rate of ex-smoker was lower than western countries. Thus, we still have many problems to be solved so as to stop smokers from smoking. In the near future, we will expect for promoting regulation with penalties on smoking in public place or transportation by article 8 of the FCTC.

Vaccination

Vaccine Gap (fewer available vaccine than other developed countries) is a major problem in Japan. Recently, chronic pain after HPV (human papillomavirus) vaccination was widely broadcasted in Japan. Then the MHLW withdrew the recommendation for HPV vaccination corresponding to public pushback for national HPV vaccination program.

Implementation of vaccination in Japan has faced many issues. In Preventive Vaccination Law which came into effect in 1948[51], vaccination was obligatory and unvaccinated person was penalized. However, as time goes by, side effects of vaccination were focused and sometimes developed litigation: aseptic meningitis after MMR (measles, mumps, and rubella) vaccination (1989), acute disseminated encephalomyelitis (ADEM) after Japanese encephalitis vaccination (2005). The penalty for an unvaccinated person was repealed, and finally, the law was amended from "obligatory" to "obligatory to make the best efforts" in 1994.[52] Such a series of negative response to vaccinations resulted in Vaccination Gap, and, as of 2017, Japan is the only country among developed countries which does not provide mumps vaccine as national vaccination program. Considering herd immunity (externality), this is not

only a problem in Japan but also a problem for all over the world. Not repeat the same problem again, governments implemented new vaccine side effects reporting system. This is expected the efficacy for Vaccine Gap correction.

Ministry of Health, Labor and Welfare enacted Mandatory Reporting System for side effects suspicion after vaccination and the governmental agency, Pharmaceuticals and Medical Devices Agency (PMDA).[53][54] PMDA will analyze the accumulated information about the side effect. This will provide more robust evidence about vaccination side effect, which helps the government to improve the vaccine policy. The government also enacted Relief System for Injury to Health with Vaccination[55] for vaccination side effects compensation, and established a vaccination task force in Infection sectional committee in MHLW [57](reorganized vaccination sectional committee in 2009.[56])

Scheduling issues should be resolved. Simultaneous administration is less common in Japan than other developed countries. The Japanese government started to recommend simultaneous administration recently so that the distributing knowledge about it, such as safety and efficacy, is underway especially for the healthcare professionals. We Youth think it is important to implement simultaneous vaccination and develop combination vaccine which is expected the pain relief by reduction number of administered times.

Sustainable Finance

While we, the youth in Japan, hope the Japanese government to maintain its universal health care, because we have strong concerns for financial sustainability. The Japanese Social Security System includes various kinds of social services, such as health care, pensions, long-term care and social welfare which accounts for more than half of the government spending. It is mostly financed premiums by social insurance beneficiaries and employers, but approximately 40% comes from taxation.

Roughly speaking, the sources of the Japanese government revenue are taxation, government bonds, and others. The economically productive population in Japan is estimated to shrink from 62.7 million in 2012 to 54.49 million in 2030 as a consequence of ongoing population aging and low birth rate. This implies tax revenue will never increase by itself without any change in taxation or labor force participation rate. As a solution to this problem, the government started implementation of the Comprehensive Reform of Social Security and Tax in 2013 and raised the excise tax rate from 5% to 8% in 2014 in order to secure stable financial resources for social security.[58] Although the initial scheme was to raise the tax rate further to 10% in 2015, it has been postponed in response to public push backs. We expect the government and the Congress to further discussion to fix the schedule of raising it. The government has also promoted so-called “work-style reform” since 2017, aiming to maintain workforce population by improving labor productivity and increasing labor participation rate (Dynamic Engagement of All Citizens). The revenue from government bonds steadily increased from 10.2% of the whole in 1990 to 35.3% in 2017.[59] The debt-to-GDP ratio has been continuously increasing, which leaves the young anxious about the financial status of the country.

The social security expenditure including pensions, health care, social welfare and

long-term care has increased in ratio to the whole government spending.[60] As health care demand and costs rise with age and at the end of life, the expenditure for medical and long-term care is estimated to continuously increase until 2060, when the number of people aged 65 or older will account for 40% of the whole Japanese population.[61] Developments in medical technology will also impose further financial burden.[62] Historically, Japan improved the health status of its population at a low cost by implementing universal health care and systematizing equitable medical payment schemes. However, the medical expenditure rose as high as 10.9% of GDP in 2016, which is comparable to that of other OECD countries.[63][64] The government tries to contain healthcare costs not just by regular revision of reimbursement systems for medical and long-term care, but also by intervention in the way the care was provided, which has been up to individual care providers.

Considering the above-mentioned current and future financial status, the youth have a strong concern about sustainability of universal health insurance which should be an important foundation for UHC in the future. We expect strong and prompt political leadership to secure tax resources for social security, to promote the efficiency of health care and long-term care delivery, and to utilize health data and monitoring, which will ensure financial sustainability. It is also necessary for health care providers and medical students to educate about the way of cost-conscious care and choosing wisely medical resources.

RECOMMENDATIONS

1. We expect health professional education system should more focus on UHC because they will shape future healthcare system. We also suggest youth should learn not only concept of UHC but also concrete experience and lessons learned in moving toward UHC.

2. We demand appropriate measures to tackle poverty and socioeconomic disparities so as not to make the current status of UHC in Japan recede.

3. We suggest engaging youth in discussion on measures against maldistribution of health care resources such as obstetricians, pediatricians and psychiatrists, which are in high demand by youth. Medical students and young doctors are also concerned that they may be exploited as workforce to tackle maldistribution of healthcare professionals. We demand inclusion of youth in discussion on measures against maldistribution of physicians.

4. We demand sustainable finance and securing human resources for long-term care to ensure availability of long-term care services for the elderly in need of them regardless of their financial difficulties.

5. We expect efforts to be made to take serious view of the epidemic of suicide in young people and other nationals and to overcome the stigma of mental illness. We suggest creating a positive social atmosphere to make an early consultation with psychiatrists when mental illness is suspected.

6. Reflecting sharp increase in numbers of foreign visitors and residents, there is a growing demand for medical care for foreign people. Problems with language and

medical charges are reported and we suggest strengthening supportive measures to be taken for the Tokyo Olympic Games in 2020.

7. We, youth believe the primary care providing system can be improved to deal with a social demographic change such as aging and increasing non-communicable disease, which causes skyrocketing health care expenditures.

8. We hope for a system that enables us to live a life in the place we want at the end of life and to receive necessary palliative care.

9. Youth in healthcare sectors will leverage the innovation and technology development on healthcare to encourage people to behave healthier. We demand to establish more efficient health data infrastructure such as EHR sharing system, which can help patient share the information with healthcare professionals or families.

10. We expect eHealth also improves the healthcare system efficiency. Health big-data such as National Database allows us to execute a various type of health service research, which might reduce the waste of healthcare resource such as redundant diagnostic tests and improve efficiency by early detecting at-risk patients in the near future.

11. We know that youth are more vulnerable to health hazards of cigarette smoking. We strongly recommend our country to promote campaigns against smoking and education about the health effects targeting young generation and to take further action that will ban smoking in all public places including restaurants, bars, schools, workspaces and universities, and on public transport in accordance with WHO Framework Convention on Tobacco Control.

12. We demand the eventual closure of the vaccination gap. We consider it is necessary not only to analyze the real-world data such as reporting from mandatory reporting system but also to advocate its result and other useful evidence. We also suggest raising awareness of simultaneous administration of vaccines and development of combination vaccines to reduce the number of painful injections required.

13. We expect prompt political leadership to secure tax and other financial resources for social security including pension, healthcare and long-term care, which will ensure financial sustainability. It is also necessary for health care providers and medical students to educate about the way of cost-conscious care and choosing wisely medical resources.

14. To implement the above-mentioned set of recommendations, constant engagement of youth population is crucial. We suggest building a global youth network and platform for sharing experience to achieve and develop UHC.

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Authors

Kazuhiro Abe (Graduate school of medicine, The University of Tokyo)

Daisuke Kato (Graduate school of medicine, Mie University)

Mineyoshi Sato (Department of Respiratory Medicine, Oji General Hospital)

Tatsuki Ikejiri (Faculty of Medicine, Kyoto University)

Satoru Ueda (School of Medicine, Chiba University)

Marimo Karaki (International Christian University)

Momoka Kitani (Faculty of Medicine, Kyoto University)

Yuki Koyama (School of Medicine, Asahikawa Medical University)

Shoko Sakuraba (School of Nursing, Chiba University)

Takanori Takaki
(School of Medicine, University of Occupational and Environmental Health, Japan)

Shoki Hamada (School of Medicine, Wakayama Medical University)

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Appendix
Survey of the awareness of UHC among medical students

Purpose

・To figure out Japanese medical students' awareness of UHC
・To find the best approach toward UHC in Japanese medical education

Method

Our team carried out the Internet-based questionnaire shown below.

Target:
1st grade students in the Faculty of Medicine, Kyoto University.
1st and 2nd grade students in Wakayama Medical University.
2nd grade students in the University of Occupational and Environmental Health.
3rd grade students in the School of Medicine, Chiba University.

Time period: November 1st, 2017 - November 19th, 2017

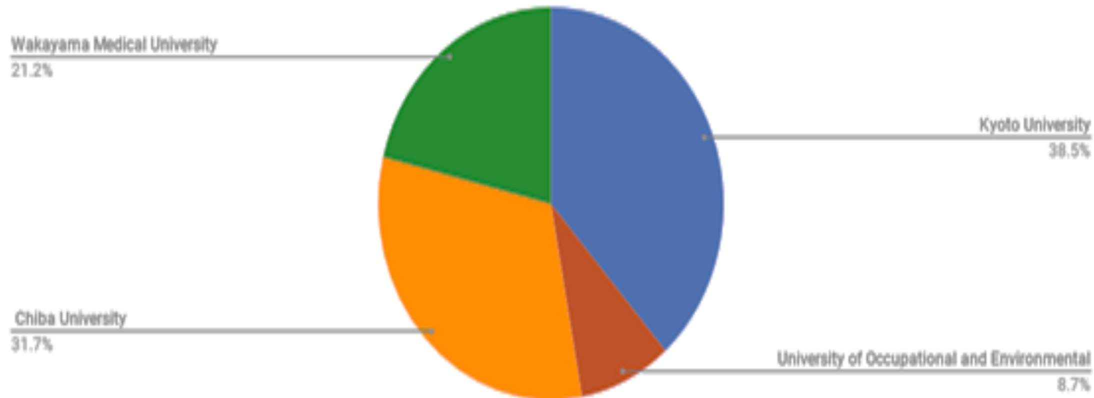
Questions:
1 ~ 3 : questions about the affiliation of the respondents
4 : "Have you ever heard the word, UHC (universal health coverage)?"
5 : "If you can, please explain the concept of UHC (universal health coverage)."
6 : "How did you know about UHC (universal health coverage)?"
7 : "UHC (universal health coverage) is the concept that "All the people can receive services related to adequate health promotion, prevention, treatment, and functional recovery, within the cost they can manage to pay." (Reference : JICA HP https://www.jica.go.jp/aboutoda/sdgs/UHC.html)
What do you imagine from this? Write freely about what you imagined.
8 : Our team will publish a youth statement about health in the world In the "UHC forum 2017". We want to hear your ideas to adopt them in the statement. Please write freely your opinions about the government, international organizations and your enthusiasm as a youth.

Result

We got 107 answers in total.

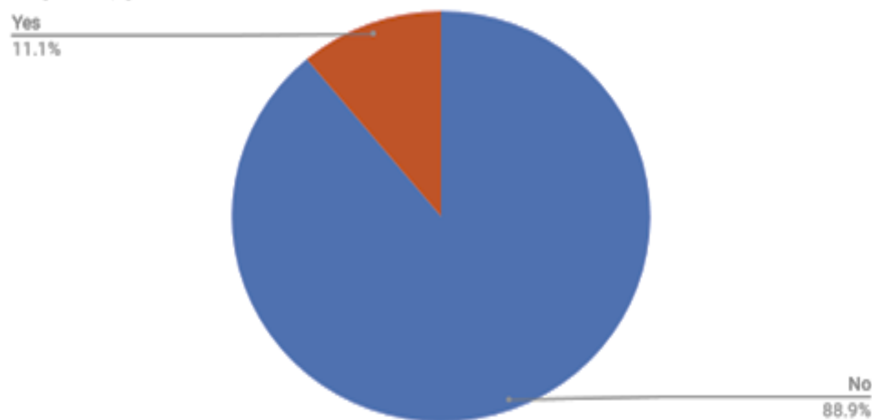
1. Affiliation of the respondents

Among 107 respondents, the number of students in Kyoto University, Chiba University, Wakayama Medical University, and the University of Occupational and Environmental Health were 40, 33, 22, and 9, respectively.



2. The visibility of the word UHC

The number of students who answered "Yes" to the question "Have you ever heard the word, UHC (universal health coverage)?" was 11, while 96 students answered "No".



Among the students who answered "Yes", the number of who heard of the concept via "voluntary group study" was 3, via "the Internet" was 2, via "classes in the university curriculum" was 2, via "the media such as newspapers, magazines, and TV" was 2, and via "books" was 1. (From the answer to the question "How did you know about UHC (universal health coverage?)") (1 invalid answer in the 11 answers)

3. What the medical students imagine when they heard the definition of the concept of UHC

After we explained the concept of UHC, referring to the definition on JICA's Japanese website, we asked the respondents to write freely what they imagined about UHC. The following is the result of the analysis by the KJ method.

< The descriptions of positive/negative opinions on UHC > 53 answers

・ The description of the critical opinions, regarding UHC as an idealistic thought, as "It's hard to realize." …28 answers
Ex) "It's ideal, but I wonder if it can be carried out successfully."
Among them, 14 answers referred to anxiety about the financial aspects…
Ex) "I'm doubtful about the financial source"

・ The description of the positive opinions only, such as "It's an important concept."…23 answers
Ex) "Considering the fact that essential medical care like vaccine injections for severe diseases is not widespread, the concept meets the needs of society."

・ The references of the positive opinions under particular conditions…9 answers
Ex) "How to arrange money might be difficult, but I feel it's necessary."

< The descriptions of the topics recalled from the definition, without referring to their position, positive or negative > 41 answers

Universal public insurance system…11 answers Ex) "Is it something like a universal public insurance system?"
Medical disparity…9 answers Ex) "the correction of medical disparity"
Developing countries…5 answers Ex) "life in refugee camps" "activities of the Japan Overseas Cooperation Volunteers or Doctors Without Borders"
Regional characteristic…5 answers Ex) "the fact that many residents in poor regions have little knowledge about medicine"
Public health…3 answers Ex) "health promotion"
Medical care in America…3 answers Ex) "Obama Care"
Big government…3 answers Ex) "welfare aid"
Medical information…1 answer Ex) "websites for patients"
Overwork of medical workers…1 answer Ex) "overwork of doctor"

< Others > 6 answers

Determination as a medical student…1 answer
Ex) "I felt the need to study UHC with more interest."
Others (Including invalid answers)…5 answers
Ex) "I would like to know what kinds of efforts are done, so that all the people can have access to medical service without any financial difficulty."