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1. GENERAL COUNTRY INFORMATION

1.1 Political

On 29 January 1967, general political elections were held in Japan. The victory went to the Liberal Democratic Party with 48.8% of votes. Mr. E. Sato was re-elected Prime Minister.

1.2 Economic

1.2.1 The Japanese economy has almost completely recovered from the recession of 1964-1965. Agriculture and small enterprises remain the weak points of the economic structure.

1.2.2 The National Income for FY 1966 was 28 830 000 million Yen. Per capita income has risen from 255 000 Yen in FY 1965 to 291 000 Yen in FY 1966.

1.3 Social

1.3.1 A few months ago the total population of Japan passed the 100 million mark. The following estimated vital statistics are available for 1966:

Live birth rates: 13.3% (18.5 in 1965)
Death rate: 6.7% (7.1 in 1965)
Natural population increase: 6.6% (11.2 in 1965)

1.3.2 The most interesting part of these figures is the fall in birth rate which has been attributed to a Japanese superstition according to which 1966 was the "Hinoe Uma" or "fiery-horse" year. The year which recurs once every sixty years is considered unauspicious for births. A baby boom is expected in 1967.

1.3.3 One of the main social problems in Japan is housing. Rapid urbanization is probably the main reason for such a shortage, but other factors contribute to making it more serious. Among them are prices of land, of rentals and construction which are beyond the reach of the average Japanese, particularly in the urban areas. In addition, the number of persons per dwelling is steadily decreasing (4.08 in 1966).

1.3.4 A fact which underlines the importance of this problem is that practically all political parties had "development of housing" as one of the main vote-attracting issues of their platform for the recent political elections.

2. GENERAL HEALTH INFORMATION

2.1 Changes in the health administration

In December 1966, Mr. Hideo Boh was appointed Minister of Health and Welfare. There are no major developments to report on the general aspects of health administration. Some difficulties are created by the rising deficit (75 000 million Yen) of the Government-run Health Insurance. The Health Budget for FY 1967 has been set at 115 144 million Yen.

2.2 Developments in national health planning

2.2.1 Among the new activities of the Ministry of Health and Welfare for the FY 1967 are the construction of a colony for 1500 physically and mentally handicapped persons and the progressive establishment of one mobile unit for cancer detection in each prefecture. The units work mainly in the rural areas. In FY 1965, 500 000 persons were examined, and 1000 cases were discovered.

2.2.2 In 1966 the Ministry of Health and Welfare conducted an inventory of the existing medical resources. At the end of 1965, there were in Japan 7047 hospitals, 64 524 medical clinics and 28 602 dental clinics. At the same date, the medical manpower consisted of 109 369 doctors, 35 558 dentists and 68 674 pharmacists. On the other hand, the health of the Japanese continues to improve, as can be assumed indirectly from the declining mortality rate.

2.3 Important new epidemiological factors which have influenced the country's health situation

2.3.1 Main causes of death are - in the following order - : vascular lesions of the central nervous system, neoplasms, heart diseases. Death due to neoplasms, accidents (fifth on the list) and suicides (ninth on the list) are on the increase.

2.3.2 The main causes of morbidity are respiratory disease (39.8%) and diseases of the gastro-intestinal system (18.8%).

2.3.3 Problem areas are located mainly in environmental health: housing, urban sanitation, environmental pollution. Although no National Health Plan exists, the current "Medium Term Economic Plan" includes a provision of 2000 billion Yen for the improvement of the environment.

3. ACTIVITIES OF OTHER AGENCIES

3.1 Japanese bilateral aid

3.1.1 Aid to foreign governments is given by Japan either under the Colombo Plan or directly to those countries which are not included in the Plan (e.g. Korea, Taiwan).

3.1.2 Japanese aid is handled by the Overseas Technical Cooperation Agency (OTCA) which works under the supervision of the Ministry of Foreign Affairs.

3.1.3 In FY 1967, OTCA's activities will be expanded substantially. The number of fellowships to Japan will be almost doubled from FY 1966. The provision of technical advisory teams abroad will be increased.

OTCA-sponsored courses for foreign students in Japan includes:

- two courses on tuberculosis control;
- one course on surgical treatment of tuberculosis;
- one course on cancer control;
- one course on water supply and sanitation;
- one course on family planning.

3.2 United States - Japan Medical Cooperation Programme

3.2.1 The second joint committee meeting was held in Hakone in August 1966.

3.2.2 In February 1967, the nutrition panel met in Tokyo. The panel decided on priorities of studies and the exchange of fellowships. The following research subjects were recommended:

- (a) nutrition and mental growth;
- (b) nutrition and resistance to disease;
- (c) etiology of nutritional anemias in Asia and their preventions;
- (d) nutritional requirements, with particular attention to proteins and amino acids.

4. STATUS OF WHO PROGRAMMES

4.1 Projects in the planning stage

4.1.1 Japan 0025 - Mental health advisory services Planning 1967
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A consultant is under recruitment. National counterparts have been assigned and funds to cover the expenses of the visit have been allocated by the Government.

4.1.2 Japan 0026 - Air pollution control Planning 1968
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The exchange of letter covering a two-month consultancy has been submitted to the Government for signature and a consultant has been selected. No further developments are known to the WHO Representative.

4.2 Projects in operation

4.2.1 Japan 0023 - Medical rehabilitation

Phase II:
Started May 1964

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In December 1966, the WHO Occupational Therapist joined the project. Also in 1966, professional recognition of physiotherapists and occupational therapists by licencing was obtained from the Government. Recently, the first group of graduates from the School of Rehabilitation set the National Licencing Examination. The main difficulties are shortage of qualified instructors and teachers, and also affiliation of the school to clinical institutions for practical training of students. There is a distant possibility that in the future the School of Rehabilitation will be placed under the administration of the Ministry of Education, with the Ministry of Health and Welfare continuing to finance it. If this is the case, the courses would be extended over four years, at college level. Other schools of rehabilitation are being opened. One is already functioning in Kyushu under the Labour Cooperation. Two others will be established at Nagoya and Tohoku Universities respectively.

4.2.2 Japan 0200 - Fellowships

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Japan continues to utilize the WHO fellowship programme quite extensively.