

JNA's challenge

to strengthen UHC in Japan and
enhance nursing capacity in the community:
from the perspective of public health nurses, midwives, and nurses

Introduction

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Faculty Disclosure

✓	No, nothing to disclose
	Yes, please specify:

<i>Company Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Ownership/ Equity Position</i>	<i>Employee</i>	<i>Other (please specify)</i>

Nursing professionals are essential to achieving UHC

Nursing professionals...

- account for half of all health workforce.
- understand the needs of people & communities, being closest to them.
- are significantly involved in prevention activities and health promotion.

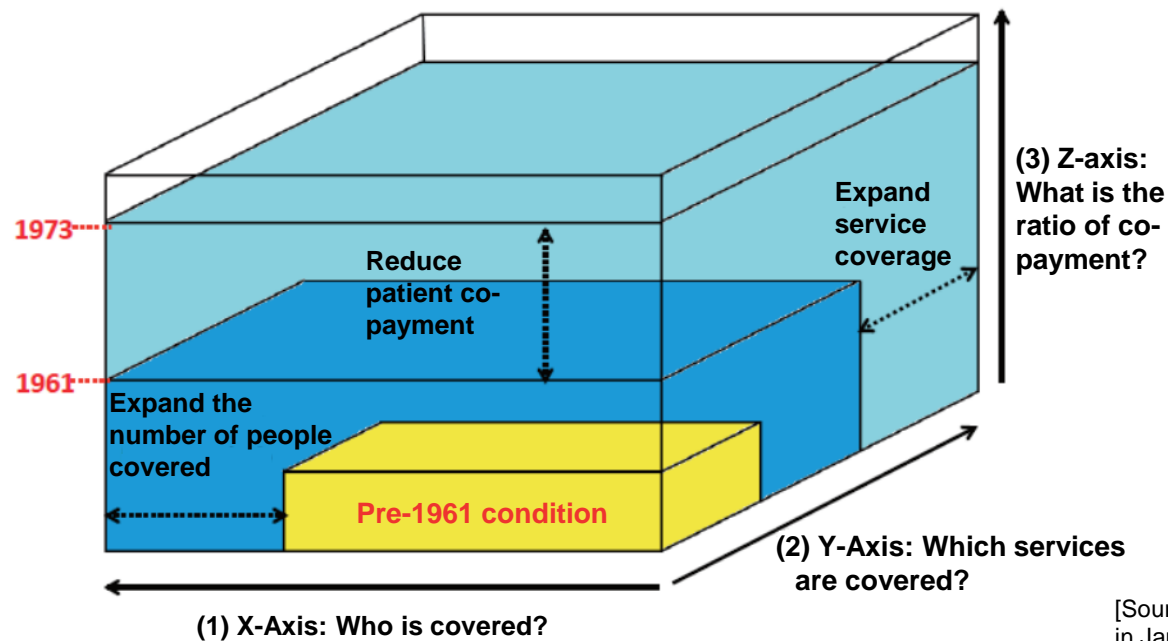
The WHO and UN also point out that the cost for the health workforce is not a financial burden, but a profitable investment that can be a path to economic growth.



Achievement of UHC in Japan

- In Japan, universal health insurance since 1961 realized one of the three elements of UHC, "providing (medical) services to all (X-axis in the figure)" (100% of the population is covered by medical insurance).
- After that, UHC in the medical field was almost achieved in 1973 by expanding covered services and reducing the co-payment.
- Thereafter, the "social security system," which adds health and public health, long-term care/welfare, public assistance, etc. to the system of medical insurance, has functioned as a safety net that supports the healthy lives of people.

Achievement and development of universal health insurance (comparison of pre-1961, 1961, and 1973)

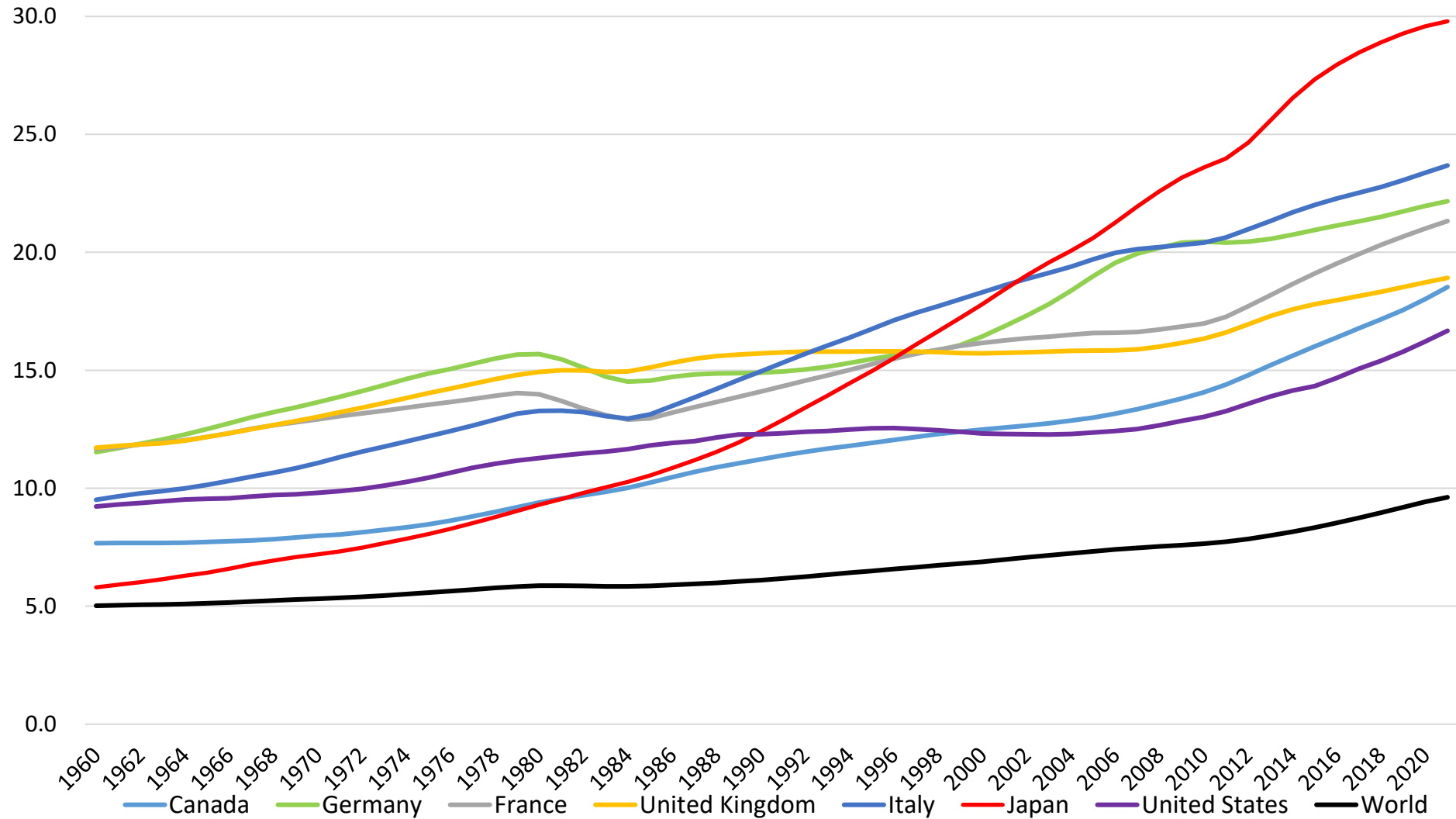


(Source) Prepared by the author. The concept of the cube diagram is from the World Health Report 2010.

[Source] Kenji Shimazaki, The essence of universal health insurance in Japan - What and how we should communicate about Japanese experience - Research Report Symposium on International Medical Research and Development Expenses in FY 2014 (Issue No. 26, Designation 1), "Medical security system - Utilizing Japanese experience for UHC support in developing countries" July 16, 2015 Report

Underlying challenges faced in sustaining UHC

Aging rates among G7 nations
(Population ages 65 and above (% of total population))



Social issues looking ahead to 2040

Further progress of the declining birthrate, super-aging, and declining population

- Decrease in production-age population
- Economic imbalance among generations (Gap between the rich and poor)

Qualitative changes in the elderly population

- Aging of the elderly population (30% of elderly people aged 85 years and older)
- Impoverishment (aging of the employment ice-age generation)
- Isolation (40% of elderly households are single households)

Expansion of health inequality

- Intergenerational
- Between men and women
- Gap between the rich and the poor
- Differences in knowledge quantity and quality

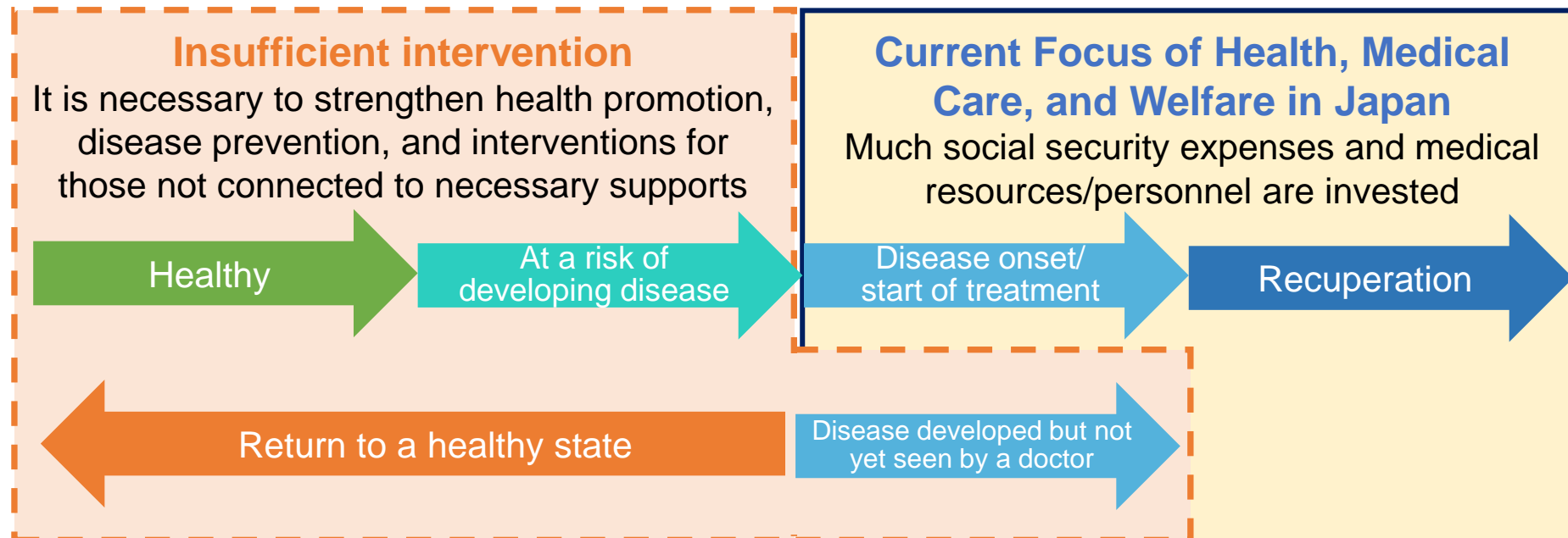
Weakening of local government/life functions

- Decrease in population + urban hollowing
- Dispersed and scattered population

Current system of providing health, medical care, and welfare services in Japan and recognition of issues

From the viewpoint of maintaining UHC into the future

- Current medical and welfare services in Japan are mainly provided after the onset of disease
- Intervention is insufficient for health promotion and disease prevention from the time when still healthy
- Intervention is insufficient for those who are not connected to necessary supports (e.g., those with social/economic factors, those indifferent to their health)
- Following up is necessary for those who may fall through the gap in the system



Nursing professionals who can understand patients from the perspective of both medical care and daily life, and perform coordination functions including social background, family and related institutions, are expected to play an active role!