HEALTH AND WELFARE ADMINISTRATION SYSTEM IN JAPAN

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The health and welfare administration system in Japan is based on the concept of “welfare nation” in the Constitution, and the Ministry of Health and Welfare has prime responsibility for general health and welfare administration. There are two levels of the prefectural governments and municipal governments with their own assemblies. The health centers and the welfare offices are special and first-line organizations for the health and welfare administration, and they are operated by the prefectures or large municipalities in principle. This system has now been experiencing the reform adapted to the aging of population, based on the amendment to the Health Service for the Aged Law and so on in 1990 and the amendment to the Health Center Law in 1994, which is now the Community Health Law. The municipal government is becoming a first-line organization for the health and welfare administration and its responsibility is growing especially in the personal service for the residents. J Epidemiol, 1996; 6: S185-S188.

As a basis of the nation’s health and welfare administration, article 25 of the Constitution declares that the promotion and improvement of public health, together with social welfare, are the responsibilities of the nation. This declaration means that the fundamental concept of the nation is a “welfare nation.”

The country is divided into forty-seven prefectures, including the metropolis of Tokyo. Local administration is conducted at the levels of prefectural governments, and municipal (city, town, and village) governments, each level with its respective assemblies. The prefectural governors, the mayors, the town managers, and the village headmen, as well as the members of the local assemblies, are elected by the registered voters of the districts. The powers of these units are specified by the Local Autonomy Law (1947).

In principle, preventive health services and welfare services are provided by the government as a public service, and are financed by the governments at national level and local levels. Medical care, however, is largely supplied by hospitals and clinics belonging to the private sector, though national and some local governments operate their own hospitals or clinics which are financed by the respective governments. The medical care provided by both the private sector and the public sector is financed by the social health insurance scheme, which has been covering all of people since 1961.

Public health administration is principally divided into three categories: general health administration, school health administration, and industrial health administration. While the Ministry of Health and Welfare is responsible for general health administration and for the actual services provided for people living in a community, the Ministry of Labor is responsible for health and safety in the work places and the Ministry of Education is responsible for school health. These have their own nationwide administrative systems. School health administration is highly decentralized in contrast to the highly centralized industrial health administration; general health administration falls somewhere between these two extremes.

There are usually four levels of general health administration in the country: national government; prefectural government; prefectural health center; and municipal government. Currently, thirty-three large municipal governments designated by the Health Center Law of 1947 and twenty-three metropolitan Tokyo wards are required to establish their own health centers in place of prefectural governments. In 1994 the Health Center Law of 1947 was amended and the name of the Law became the Community Health Law. The new law will be totally enforced in 1997, and will cause the changes in the
functions of the health centers and the municipal governments and the programs conducted by them as mentioned below.

The Ministry of Health and Welfare has prime responsibility for general welfare administration and for the actual services provided for people living in a community. There are three levels of general welfare administration in the country: national government; prefectural government; and municipal government. Forty-seven prefectures, twenty-three metropolitan Tokyo wards, and several cities, towns and villages established the welfare offices.

MINISTRY OF HEALTH AND WELFARE

The Ministry of Health and Welfare has various missions to serve the people of Japan in protecting and promoting their health and welfare. The ministry is composed of nine bureaus (health policy, health service, environmental health, pharmaceutical affairs, social welfare and war victims' relief, health and welfare for the aged, children and families, health insurance, and pension), two departments (statistics and information, and water supply and environmental sanitation), and one separate agency (social insurance agency). The principal roles of the Ministry are as follows,

(1) health and medical service: the Ministry takes measures for the prevention and treatment of various diseases, improvement of environmental health, adequate provision for medical care facilities, training of health and medical manpower, quality control over pharmaceutical preparations, and control of narcotics;

(2) social welfare service: the Ministry takes measures to provide a minimum standard of living for the indigent people, gives aid to the disabled people and widowed families for facilitating their eventual self-support status, helps to provide adequate care and protection of children, and takes measures for the serious problem of the aged population;

(3) social insurance: the Ministry administers and implements various health insurance and pension schemes to relieve the economic burden on individuals in the case of sickness, old age, invalidism, etc.

In addition to the above, the Ministry gives aid to war-bereaved families as well as atomic bomb sufferers. It also directly administers its own national hospitals and sanatoria including highly specialized institutions such as National Cancer Center, National Cardiovascular Center, National Center of Neurology and Psychiatry, and National Center for International Health. The Ministry has some affiliated research institutes: Institute of Population Problems, Institute of Public Health, National Institute of Health and Nutrition, National Institute of Health, National Institute of Health Services Management, National Institute of Hygienic Sciences, and National Institute of Leprosy Research. Besides, the Ministry conducts the research necessary to carry on its work by the distribution of research grants to universities and research institutions. The Ministry regularly conducts a number of nationwide surveys and statistical analyses related to health and welfare. The results are published annually by the Ministry.

PREFECTURAL GOVERNMENT

The organizational structures of prefectural government is designated by the Local Autonomy Law. Each prefectural government has departments or bureaus responsible for health administration and welfare administration in order to carry out its own health and welfare programs and the programs in compliance with the national policies directed by the Ministry of Health and Welfare.

As regards the prefectural health planning, all prefectures established the "health and medical service planning" based on the Medical Service Law amended in 1985 as well as the guidance of the Ministry of Health and Welfare. In 1993, all prefectures formulated the "health and welfare program for the aged" based on the Health Service for the Aged Law and the Welfare Service for the Aged Law amended in 1990.

HEALTH CENTER AND WELFARE OFFICE

Health centers are established for the improvement of public health in each health center district. The health center is financed by local and national governments. In 1995, there are 847 health centers throughout the country; of these, 625 are prefectural, 169 are municipal, and 53 are in metropolitan Tokyo wards. The health centers serve as the community health service agencies as well as the district health administration units. They are staffed by physicians, veterinarians, public health nurses, x-ray technicians, laboratory technicians, nutritionists, health statisticians, health educators, food and sanitary inspectors, and administrative service personnel.

The functions and programs of the health center at present are as follows: ① dissemination and improvement of hygienic thought; ② vital statistics; ③ nutrition improvement; ④ environmental sanitation (including sanitary control of food and drink, water supply, waste disposal); ⑤ operations of public health nurse; ⑥ medical social work; ⑦ maternal and child health; ⑧ health of the aged; ⑨ dental hygiene; ⑩ mental health; ⑪ infectious and contagious disease prevention (including tuberculosis); and ⑫ hygienic test and inspection. The functions and programs of the health centers after the enactment of the Community Health Law are as mentioned below.

Regarding the health planning of health centers, in 1990 the Ministry of Health and Welfare encouraged the leading health center in each of the "medical service zones" to establish a "health service planning" for each zone.

All prefectural governments and large municipalities have a local health laboratory that assists their health centers by performing various laboratory tests and investigations on diseases. There are seventy-three local health laboratories in 1995. All prefectural governments also have a mental health and welfare
center that assists mental health consultation in the health centers, provides counseling services for complicated and difficult cases and performs day care service for mentally handicapped people.

The welfare office is the comprehensive, first-line organ for social welfare administration and services, and it carries out not only various aid programs for the needy, activities of care, fostering and rehabilitation as stipulated by the relevant laws, but also other overall activities related to social welfare. The total number of the welfare offices is 1,189 in 1994, 338 of which are established by prefectures, 848 by cities and metropolitan Tokyo wards, and 3 by towns and villages. There also are 174 child guidance centers, providing a number of child welfare services, established in prefectures and large municipalities in 1994.

**MUNICIPAL GOVERNMENTS**

At the municipal governments, there are divisions or sections responsible for health and welfare, and usually public health nurses are employed. In addition to the basic environmental services such as water supply, waste disposal and night soil treatment, the municipal governments carry out various community health programs based on the relevant laws (for example, preventive vaccination, health screening against tuberculosis, and health examination for people over 40 years of age), and community health programs not based at present on the laws (for example, nutrition improvement activities, and health guidance for babies and infants). The municipal governments have established municipal health centers for the implementation of these activities and there are 1,270 municipal health centers in 1995. On the other hand, in 1990 the eight laws relating to social welfare were amended and the municipal governments have now been responsible for the welfare affairs of the aged.

Besides health planning by municipal governments had been encouraged by the Ministry of Health and Welfare since 1960, in 1994 all of the municipal governments finished to formulate the "health and welfare program for the aged" based on the Health Service for the Aged Law and the Welfare Service for the Aged Law amended in 1990.

**COMMUNITY HEALTH LAW**

The Community Health Law, which was legislated in 1994 and will totally be enforced in 1997, aims to contribute to the maintenance and promotion of health among community residents through establishment of a clear, codified system. The system consists mainly of ① clarification of the responsibilities of local public entities and the national government, ② establishment of a basic national policy to promote community health measures, ③ establishment of a plan for support of securing local resources, ④ establishment of regulations for health centers and municipal health centers, and ⑤ decentralization of community health care by involving local public entities.

The new policy of the Community Health Law is based on the idea that the municipal government should deal with common personal health services of high frequency and the health center should deal with personal health services of low frequency which require the more special knowledge in wider area than an average area of the municipal government, for which the "medical service zone" is considered to be suitable. Thus, some health centers should merge and one health center in one medical service zone is suitable on an average for the new functions and programs of the health center. There are 344 medical service zones, while there are 847 health centers in 1995.

**Responsibilities of the National Government**

The responsibilities of the national government are ① to collect, codify and disseminate information on community health, ② to carry out inspections, investigations and research, ③ to cultivate and improve the human resources involved in community health measures, and ④ to provide technical and financial assistance to local governments.

The Minister for Health and Welfare is to establish basic guidelines concerning the following matters: ① basic policy for the promotion of community health measures, ② creation, re-creation and administration of health centers and municipal health centers, ③ recruitment and training of personnel, ④ inspection, investigation and research, ⑤ integration with other related programs such as social welfare, and ⑥ others.

**Responsibilities of the Prefectural Governments**

Responsibilities of the prefectural governments are to endeavor ① to create the appropriate institutions and facilities, ② to secure human resources and provide training, ③ to carry out inspections and investigations, and ④ to provide technical aid requested by municipal governments to facilitate the smooth implementation of community health measures.

The prefectural governments shall establish a plan for recruitment of personnel taking into consideration both the recommendations made in each town or village and the basic policy established at the national level. The national government shall provide financial and technical support.

After the total enforcement of the Community Health Law in 1997, the functions and programs of the health center established by the prefecture will be medical and pharmaceutical affairs; measures against intractable diseases; collection of community health information, investigation and research; technical assistance to the municipal governments; and the activities of the present health center listed above without the activities of the municipal governments.

**Responsibilities of the Municipal Governments**

The responsibilities of the municipal governments are to endeavor ① to create relevant institutions and facilities and ②
to secure human resources and provide training with the aim of smooth implementation of community health measures.

Municipal governments can create municipal health centers, with part of the cost burden borne by the national government. Municipal health centers are to provide health consultation, health guidance and health examinations for residents and to carry out activities necessary to promote community health.

After the total enforcement of the Community Health Law in 1997, the functions and programs of the municipal governments will be as follows: maternal and child health (home visit guidance to expectant mothers, nursing mothers, and new born babies; health examination of expectant mothers, nursing mothers, and infants; and health examination of 18-month-old children, and 3-year-old children); preventive vaccination; general nutritive guidance; and health services for the middle-aged and the aged (health education, health counseling, health examinations of cancer, cardiovascular diseases and diabetes, home visit guidance, and rehabilitation in the community).

The functions and programs of the health center of the large municipal governments designated by the Community Health Law will be the whole of the functions and programs of the municipal government and the health center listed above.

CONCLUSION

Health and welfare administration system in Japan is now at a turning point, and has been changing in response to the aging of the population and the trend forward decentralization of power. Much consideration should be given to the new system and its operations so that the revision of the system will lead to a new, better era in health and welfare administration in Japan.

REFERENCES