



JAPAN MEDICAL ASSOCIATION*¹

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Japan attained the goal of establishing the universal health insurance system in 1961. In recent years, the Long-term Care Insurance System and Medical Insurance System for the Elderly aged 75 or over were established in 2000 and 2008, respectively to maintain national health in the aging society.

Seeing the historical changes of the population ratio of those over 65 years old in Japan, we can estimate that the ratio will be rising from 23% in 2010 to 39.9% in 2060. Thus, Japan will be aging at an unprecedentedly rapid pace.

As Japan approaches a super-aged society, what is required is to establish the stronger community health provision system focusing care of the elderly, to improve and strengthen the roles of family physicians in the comprehensive community health care system, and to build a sustainable health care system which meets the needs of the people in communities.

To achieve this goal, the JMA requested the national government to bear the financial burden, which led to the General Security Fund for Community Medicine and Long-term Care with 75 billion US\$ for medicine and 60 billion US\$ for long-term care in 2014. Using this fund, we will do our best in supporting any effort by local medical associations that aim to realize effective and quality medical and long-term care.

In Japan, we have health check-up systems which totally provide us with a health check-up covering a whole life from infant to the old-old stage of elderly. However, these systems are provided individually and there is no integrated system to manage the personal life-long health

information by connecting these individual systems. The JMA proposes the government to incorporate these in to the plan of “Life-long Health Services.” To manage the personal whole-life health information in an integrated way helps to reduce the gaps between average life expectancy and healthy life expectancy. Having many more healthy elderly in a society may also keep the medical costs lower.

The JMA is also endeavoring to increase healthy longevity by incorporating the health check-up program during the period from childhood, working years to old age in the plan of “Life-long Health Services.”

For disaster preparedness by the medical profession, the JMA was appointed as a designated public organization in August 2014 which reviews the government’s Basic Disaster Provision Plan. Dr. Yoshitake Yokokura, President of the JMA was also appointed a member of the Central Disaster Prevention Council in June 2015 which consists of the cabinet ministers with Prime Minister as chair.

In the areas of overseas medical assistance, the JMA extended medical support to Nepal which was severely damaged by the great earthquake in April 2015. As requested mainly by the Taiwan Medical Association, the JMA also dispatched six Japanese specialists to Taiwan to provide medical assistance to many patients with a severe burn injury by the accident of dust explosion which occurred in June of this year. The case of Taiwan was carried out based on the iJMAT program which the JMA has been promoting.

*¹ This article is based on a presentation made as the Report of Activities by each NMA at the 30th CMAAO General Assembly and 51st Council Meeting, Yangon, Myanmar, on September 23-25, 2015.

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CMAAO Myanmar General Assembly

Country Report

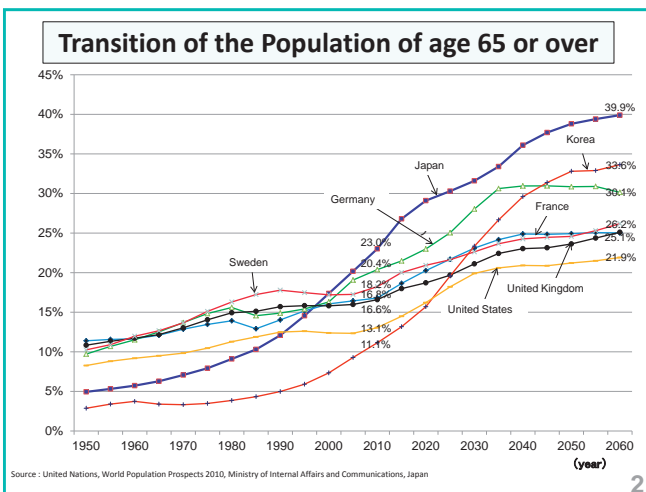
September 24, 2015

Yoshitake Yokokura, M.D.
President
Japan Medical Association

Social Security System of Japan

- Oct 1950 Social Security Advisory Council presented *Social Security System Recommendations*
 - Recommended that all citizens should be eligible for national health insurance policy
- Mar 1956 Eligibility status of public health insurance
 - Approx. 30 million people were still NOT eligible
 - About 30% of the population were NOT insured
- Apr 1961 Universal Health Insurance System was established
- Apr 2000 Long-term Care Insurance System was implemented
- Apr 2008 Medical Insurance System For the Elderly Aged 75 Or Over was implemented

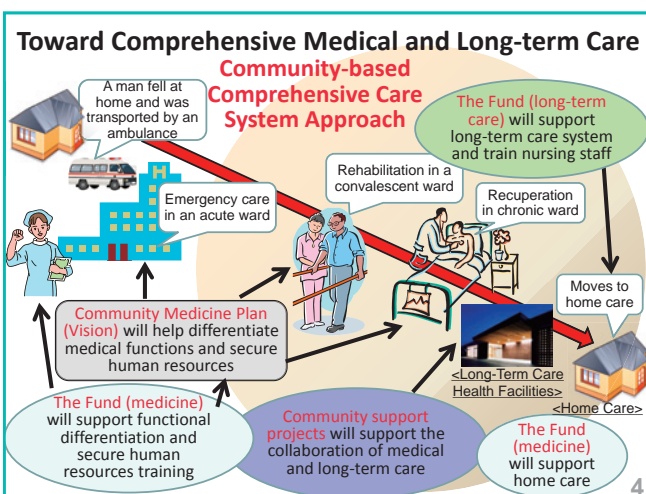
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Ageing speed: International Comparison

Country	% of population ≥ 65 y/o		doubling period (years)
	7%	14%	7%→14%
Japan	1970	1994	24
Germany	1932	1972	40
U.K.	1929	1976	47
U.S.	1942	2015	73
Sweden	1887	1972	85
France	1864	1979	115
Korea	1999	2017	18
Brazil	2011	2032	21
Thailand	2003	2025	22
Tunisia	2009	2032	23
China	2001	2026	25

3



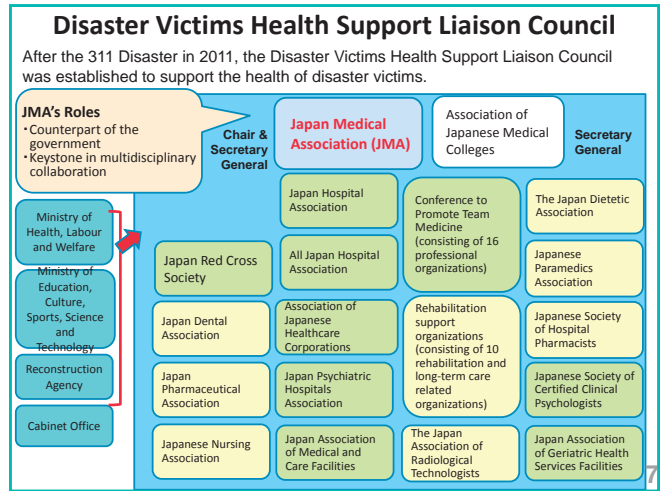
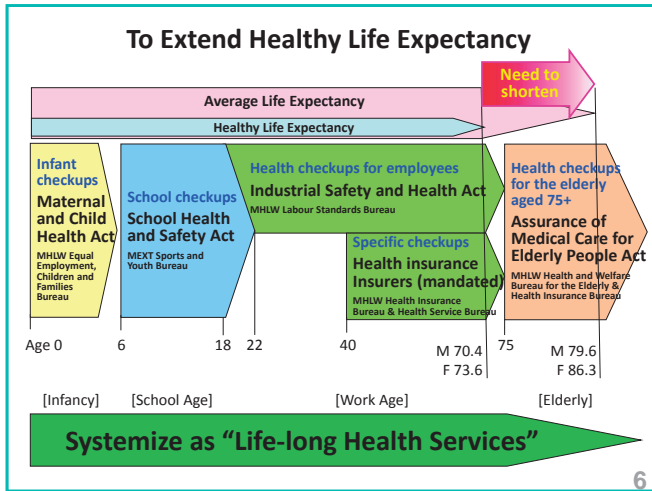
Promotion of Community-based Comprehensive Care System

- **The General Security Fund for Community Medicine and Long-term Care** was established by request from JMA.
- In 2014,
 - ◆ 752 million USD or 90.4 billion yen for medicine
 - ◆ 602 million USD or 72.4 billion yen for long-term care

*JPY-USD exchange rate is as of Sept. 11, 2015.

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5



JMA's Position in the National Disaster Management

- JMA dispatched 1393 teams of 6054 JMATA (Japan Medical Association Team) staff in total in the 311 Disaster. Additional medical teams were also continually sent for months.

(Aug. 1, 2014) Prime Minister Abe appointed JMA as a Designated Public Organization according to the Basic Act on Disaster Control Measures

(June 9, 2015) Prime Minister Abe appointed the JMA President as a member of the Central Disaster Prevention Council

8

International Relief Activities for Disaster Medicine- May 2006 Central Java Earthquake

The joint reconstruction project of JMA and AMDA after the Central Java Earthquake hit the island on May 27, 2006.

Construction of the Banguntapan Third Health Center in Yogyakarta

AMDA: The Association of Medical Doctors of Asia

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9

International Relief Activities for Disaster Medicine- May 2006 Central Java Earthquake

The center plays an important role in the local healthcare infrastructure.

The average number of patients is about 88 daily. (24,000/year)

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10

International Relief Activities for Disaster Medicine- Nov. 2013 Philippines Typhoon Yolanda

Leyte Medical Society (LMS)
Old LMS building located near the sea and was damaged by the Typhoon Yolanda.

New LMS building located in a hill side was constructed by donations from the JMA and its members.
Open ceremony was held on March 8th, 2015.

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11

International Relief Activities for Disaster Medicine-

Nov. 2013 Philippines Typhoon Yolanda



**Leyte Medical Society (LMS)
Opening ceremony,
March 8th 2015**



Maternity Day Event, March 2015
Japan Medical Association

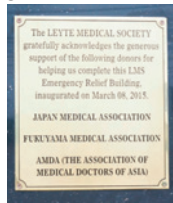


Plate for appreciation

12

International Relief Activities for Disaster Medicine-

April 2015 Nepal Earthquake

After a major earthquake hit Nepal on April 25, 2015, the JMA assisted in disaster relief through AMDA and started a mental health project for schools and communities by the donations from the JMA and its members.



Dr. Suganami, Representative of AMDA visited the Nepal Medical Association requested by the JMA on May 3. Dr. Ojha is a Vice President of the Nepal Medical Association and also the representative of AMDA Nepal.

**Dr. Saroj Prasad Ojha, Dr. Anjani Kumar Jha, Dr. Shigeru Suganami (AMDA)
Vice President of NMA, President of NMA**

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13

Conclusion of iJMAT Agreement

The Agreement between the Japan Medical Association and the Taiwan Medical Association concerning Mutual Consent on Dispatching Physicians and Assistance Systems for Medical Relief Assistance in Disaster Situations (iJMAT Agreement) .



**Dr. Yoshitake Yokokura (JMA)
Dr. Chung-Chuan Su (TMA)**

Japan Medical Association



**Dr. Yoshitake Yokokura (JMA)
Dr. Chi-Chun Liu (Taiwan Root
Medical Peace Corps)**

14

Dispatching of the JMA Burn Care Support Team to Taiwan

June 2015 Dust Explosion Accident

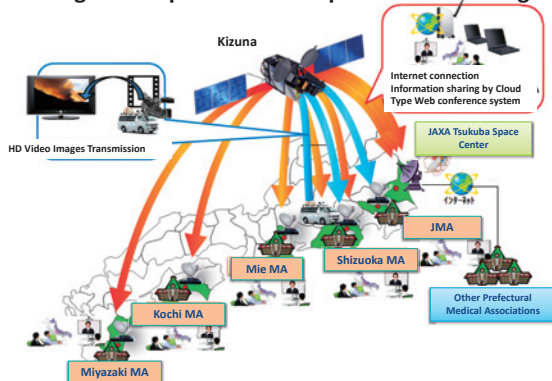
When the dust explosion accident occurred in Taiwan in June of this year, many suffered severe burns. Under the concept of the iJMAT agreement, JMA accepted the request for emergency medical support and sent 6 burn specialists.



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15

Demonstration Experiment simulating the Great Nankai Trough Earthquake -Disaster prevention training-



16

Thank you for your attention!



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17