**World Health Organization**

**Country: Japan**

**Represented by: Sir Winston Churchill**

**Delegate: Mitali Pradhan**

**Topic 1: Non-Communicable Diseases**

Over the past 50 years, Japan has remarkably improved and strengthened its health system. It has provided universal health insurance since 1961 while successfully keeping its national health budget low. However, non-communicable diseases (NCDs) have had a tremendous impact on Japan. Specifically, Japan is concerned by the disparity of social services between urban and rural areas. Throughout the past, many actions have been taken, as well as proposed, to curb the impacts of these diseases on citizens. In Japan, the probability of dying between the ages 30-70 due to the four main non-communicable diseases is 9%, which is quite low compared to other nations.

However, Japan is particularity affected by NCDs when comparing rural and urban areas. Contrary to previous studies conducted outside of Japan which showed that cardiovascular disease risk increased due to the unhealthy lifestyle in an urban environment, Japan has a lower mortality due to heart disease in cities compared to rural areas. This is due to the fact that urban Japanese diets typically have lower sodium, higher calcium, and higher animal protein than rural ones along with better access to medical services. This is one of the reasons Japan strongly supports the decentralization of social services. Socioeconomic barriers must be reduced by implementing financially and physically accessible health care. Early detection and treatment of NCDs is also crucial and citizens must be educated on warning signs along with preventative measures such as reducing tobacco.

In addition, several initiatives have been proposed recently to reduce this number further. One such initiative, “Healthy Japan 21”, has been particularly helpful in reducing mortality due to NCDs. Within it, specific goals were set to improve and encourage healthy lifestyles as well as to detect cardiovascular diseases early. This was done through making health checkups accessible to prevent diseases from becoming chronic, and the promotion of dietary and physical activity information. In addition, research on the prevention, early diagnosis, and effective treatment of heart disease has been encouraged in “Comprehensive Research on Cardiovascular and Lifestyle Related Diseases.” The “Cancer Control Act” has also seen success in promoting “specialized, multidisciplinary, and comprehensive cancer research, dissemination/utilization and further expansion of the results of research with the aim of overcoming cancer”.

The delegation of Japan has several plans for combatting NCDs in the future. It strongly encourages the expansion of online education programs in developing countries. Project Hope, an NGO, has already implemented an international diabetes educator e-learning program for medical professionals and has seen success. By expanding such programs, nations must work to diagnose patients, especially those with cancer, early on if infrastructure for caring for patients in critical stages is not available. Japan Cancer Society, a non-profit organization and an NGO, conducts mass cancer screening in Japan to increase awareness and diagnose early. Early detection not only increases the chances of survival, but also reduces the number of resources needed for treatment compared to patients in critical conditions.

In conclusion, Japan has seen a great amount of success in combatting deaths related to NCDs. Japan has already set up a universal health care as well as a national insurance. In the future, Japan hopes to reduce NCDs nationally, as well as globally, and particularly eliminate the disparity between rural and urban areas.

**Topic 2: Global Pharmaceutical Development and Universal Access to Medication**

Global pharmaceutical development and universal access to medication has been a cause for concern. Currently, Japan’s health insurance system has a uniform fee schedule which the government determines and regulates the price of all medical procedures along with drugs. The price of health care is uniform throughout the country and people can receive care at any clinic as long as they have contributed to the specified “co-payments” and all approved drugs are covered by insurance. While availability of medications is not an issue as Japan is the second largest individual pharmaceutical market in the world, the costs of pharmaceuticals have been of particular concern for Japan.

As Japan’s population is aging, it is getting increasingly difficult to keep healthcare and drug costs down. Pharmaceutical expenditure accounts for 1.8 per cent of the country's GDP. To control expenditure further, the government has lowered prescription drug prices. In addition, some doctors are also advocating for less regulation and the freedom to set their own costs while pharmaceutical companies are attempting to negotiate higher prices. The rising cost is a huge concern as Japan is trying to keep its expenditure on health services low.

Currently, Japan is attempting to work with the pharmaceutical companies, local in particular. Japan’s pharmaceutical companies, supported by the Japanese government, have already demonstrated their willingness to collaborate with the national government. The recent creation of the Global Health Innovative Technology Fund (GHIT), where pharmaceutical companies and the Japanese government invest to drive the Japanese research community towards developing solutions for neglected diseases, is just one example of this commitment. There is an enormous opportunity to expand these efforts and make important gains in improving access to medicine globally. This is why the Japan strongly believes that all national governments should work with pharmaceutical companies rather than against them. In addition, Japan allows companies to claim a tax credit of 8 to 10 per cent for R&D on the total cost base to provide incentive for innovative research. Every two years, the healthcare industry and the Health Ministry negotiate a fixed price for every procedure and every drug. Furthermore, the Japan–World Bank Partnership Program on Universal Health Coverage (UHC) was launched to analyze lessons from Japan’s health system. The goal is to investigate how these can be applied to other nations attempting to form Universal Health Coverage. This is especially true considering Japan achieved UHC while it was considered a developing country. The results will also be used to make recommendations to other nations.

In the future, Japan hopes to reduce the costs of medicine nationally, as well as increase its availability globally. One way it plans on doing so is increasing the involvement of local pharmaceutical companies as well as welcoming international ones. It is important to recognize the importance of donations from these companies along with the collaboration from NGOs. The first possible solution would be to encourage the local growth of pharmaceutical industries in developing nations. Not only would this provide jobs, but the companies would also have a personal incentive to help the local community. Furthermore, tax incentives can be provided by the government to help national companies compete. The second solution is to have the Health Ministry regulate the prices to maintain the same price. Negotiations and pricing would be based on the efficiency of the new drug and by comparing its innovative design with existing drugs. All this would be done in addition to increasing the availability of generic medications with a lower cost.

In conclusion, Japan has a firm belief that medicine should be available to everyone regardless of the region they reside in and at a feasible price. Japan has seen success with its Universal Health Coverage, and did so while it was considered a developing country. In the future, Japan wants to continue collaborating with pharmaceutical companies and negotiate the price of the drug as a nation.

**Topic 3: Gender Based Inequities in Global Health**

Gender based inequalities must be reduced, especially as they are avoidable, globally to reduce increase quality of life and reduce disparity. Certain socioeconomic factors, such as rigid gender roles, have caused there to be disparity between the quality of health care between men and women. While Japan prides itself on having universal healthcare, one of the main goals would be to increase equality. One particular area of concern is the rising suicide rates in men.

Japan has faced and continues to face problems in regard to suicide rates in men and women. Japan’s overall suicide rate was approximately 60% higher than the global average according to a World Health Organization report. Furthermore, men committed suicide almost 3 times as much as women. Japan strongly believes that mental healthcare and the diagnosis of depression are essential to reduce this. In addition, preventative measures are necessary to curb these suicide rates.

In the past, many acts have been passed to reduce gender based inequalities. While maternal mortality used to be a significant problem in Japan, it has been minimized. Through universal healthcare, Japan has invested heavily in the training of professional midwives and nurses, and ensuring their availability during labour and in recovery. In fact, today 100% of deliveries in Japan occur within the presence of a health professional. To reduce suicide rates, Japan’s Basic Act for Suicide Prevention was signed in 2006 to promote suicide prevention and assist the families of people who have committed suicide. Still concerned by the high suicide rates, the Japanese government created to Regional Comprehensive Suicide Prevention Emergency Strengthening Fund in 2009 to secure funding for local suicide prevention activities and raising awareness. To further raise awareness, in 2010 March was designated as National Suicide Prevention Month as statistics showed suicide rates rose in March. These have seen success as in 2012 number of suicides in Japan fell below 30 000 for the first time since 1998, however there is much more to be done.

Japan proposes two possible solutions for this problem. For, reducing the availability and/or the lethality of a method of suicide can reduce the suicide rate of a nation. For example, using blister packs for pills results in a decline in suicide by that method and a substitute method does not inevitably occur. In addition, the services available must promote themselves to both genders, to avoid the “feminisation” of health services. With the aid of NGOs, awareness must be raised for the services that are already available and to decrease the social stigma associated with being diagnosed with special illnesses such as depression. There must also be outreach efforts aimed at men focusing on weight loss, reducing smoking, and lifestyle changes. While the health of women is generally better in Japan compared to men, globally education about family planning and postnatal care must also be made available.

In conclusion, Japan considers healthcare to be a basic human right, to which both men and women are entitled to. Japan has passed many acts to improve its national healthcare system and to reduce disparity. In the future, Japan aims to further reduce suicide rates among men, and decrease maternal mortality globally.

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