

MM/UN/391

The Permanent Mission of Japan to the United Nations and Other International Organizations in Geneva presents its compliments to the United Nations Office of the High Commissioner for Human Rights and, with reference to the latter's note verbal No. POVERTY 2010 ER dated 12 April 2010, has the honour to transmit herewith the answer to the questionnaire from the Government of Japan according to the Resolution No. 8/11 of 18 June 2008 entitled "Human rights and extreme poverty".

The Permanent Mission of Japan to the United Nations and Other International Organizations in Geneva avails itself of this opportunity to renew to the United Nations Office of the High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 2nd June 2010

Enclosure mentioned.



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**Questionnaire on the achievement of MDGs
addressed to Governments by the Independent Expert**

MDG1 Eradicate extreme poverty and hunger

1. Hunger

1) Who are those in the country most likely to face food insecurity and why?

<Answer>

Since food is the most basic commodity people need, assuring a stable supply of food and guaranteeing its security are objectives of fundamental importance for national policy. Therefore, the Government comprehensively implements the necessary measures for the improvement of agricultural productivity and structure, rationalization of food distribution and processing, and stabilization of agricultural product prices, to ensure a stable supply of food and measures for ensuring a stable supply of those agricultural imports which Japan depends upon from overseas sources. In addition, the Government has stored provisions for emergencies. Furthermore, it has implemented various consumption measures to promote a healthy and well-balanced diet. As a result, an appropriate food supply has been achieved in Japan, and the rights of certain deprived groups to receive an adequate supply of food are not being infringed.

2) Please describe specific social assistance policies and programmes that ensure those most vulnerable have access to food.

<Answer>

As stated in the answer to the question MDG 1.1(1), the rights of certain deprived people to receive an adequate supply of food are not being infringed, but the Government of Japan has implemented following measures.

1. Development and improvement of agricultural land and promotion of its utilization

In order to ensure a stable food supply in a country with limited agricultural land, the Government has implemented measures to develop and improve high-quality agricultural land as the foundation of our agricultural production as well as measures to promote its efficient use.

2. Improvement of soil productivity

Under the Soil Productivity Improvement Law, the Government has made efforts to maintain and improve the productivity from the soil, which exerts a significant

influence on the improvement of agricultural productivity and on the assurance of a stable food supply.

3. Introduction and utilization of equipment and materials for agricultural production

The Government adopts measures to improve agricultural productivity and to secure food safety through the automation of agriculture, ensuring safety and proper use of fertilizer, and agricultural chemicals.

4. Promotion of agricultural research and dissemination of agricultural technologies

The Government facilitates technical developments through intensive agricultural research and makes efforts to improve the productivity of agriculture and the quality of agricultural products through the rapid and appropriate dissemination of agricultural technology.

5. Rationalization of the food distribution network

The Government facilitates improvements in food quality, along with the smooth and appropriate distribution of food through the proper labelling of food products, the construction of wholesale markets for perishable foodstuffs, and the promotion of structural reforms in the distribution sector.

6. Stable supply of staple foods

Staple foods include key foods such as rice and wheat and in accordance with the Law for Stabilization of Supply-Demand and Prices of Staple Food, the Government draws up accurate forecasts for the supply of and demand for rice and wheat. Based on these forecasts, the Government:

(1) promotes smooth adjustments in the production of rice to ensure a balance in the supply of and demand for rice, flexibly adjusts stocks to guard against shortages in the supply of rice, ensures that the rice that consumers need is appropriately and smoothly distributed, and makes sure that the purchase, import, and sale of rice is appropriate; and

(2) smoothly adjusts stocks to guard against shortages in the supply of wheat and makes sure that the import and sale of wheat is appropriate.

In this way, the Government makes efforts to stabilize the supply of staple foods.

7. Price stabilization for agricultural products

To protect the livelihood of the nation from undesirable effects caused by excessive changes in agricultural prices, the Government has adopted price stabilization policies for agricultural products in accordance with the characteristics of each product and thus has achieved a stable food supply with

stable prices.

8. Plant protection and animal quarantine

The Government facilitates the safety of and improvements in agricultural productivity through the elimination of outbreaks of plant pests and the prevention of the spread of disease, and encourages the promotion of livestock breeding through the prevention of the outbreak and spread of infectious diseases.

3) What processes and mechanisms designed to ensure participation of civil society in decision-making as well as transparency and accountability have been most useful in improving access to adequate food for the most vulnerable , and which have been less useful.

<Answer>

Please refer to the answers to the question MDG1 (1),(2).

2. Decent work

1) Who are those most likely to be working poor or those who are engaged in vulnerable work?

<Answer>

There is no data from this viewpoint

2) Please describe specific policies and programmes that designed to benefit the most vulnerable.

<Answer>

1. Policies and Measures to Guarantee the Right to Work

The Government has adopted "Basic Guidelines for Employment Policy" to provide a framework for policies relating to employment in Japan.

To achieve and maintain full employment, which is the goal of employment policy, it is obviously important to be able to implement flexibly employment-related measures that reflect the current situation of the economy and employment. Efforts are also necessary to cope adequately with medium-to-long-term changes in the labour force supply and demand structure. Japan has therefore formulated "Basic Employment Measures Plans" since 1967 (the 9th Plan was adopted in 1999). However, with economic and social conditions changing rapidly, it has become important for the national government to implement flexible employment measures that meet the needs of

different regions, rather than devise uniform plans that cover a fixed period of time. The Basic Employment Measures Plans have therefore been abandoned in favor of Basic Guidelines for Employment Policy (adopted in February 2008), which lays out a medium-term directive for employment-related measures. These guidelines are based on a document called "Roadmap and Strategy" (now entitled "The Medium-to Long-term Fiscal Policy and an Economic and Fiscal Outlook for the Next Ten Years," decided on by the Cabinet on January 19, 2009), which expresses the whole Government's basic stance on medium-term measures to boost employment. In addition, each fiscal year the national government and local governments work closely together to formulate regional policies for the implementation of flexible and effective employment measures that match the circumstances of different regions, as well as nationwide guidelines to assist in the preparation of those regional policies.

2. Ensuring Equal Employment Opportunities

Article 3 of the Employment Security Act stipulates that no one shall be discriminated against in employment placement, vocational guidance, or the like, for reasons of race, nationality, creed, sex, social status, or family origin, etc. The Government implements the following measures to guarantee substantially equal employment opportunities.

(1) Male and female workers

(a) Revision of the Law on Securing of Equal Opportunity and Treatment between Men and Women in Employment; the Labor Standards Act, etc.

The Law on Securing of Equal Opportunity and Treatment between Men and Women in

Employment was revised to prevent workers from being discriminated against on the basis of sex, to create working environments in which mothers are respected, and enable women to demonstrate their abilities to the full. The revised act, along with the Ministerial ordinances and guidelines based on it, came into effect in April 2007.

The main revisions were as follows:

(i) In addition to prohibiting discrimination based on sex against both women and men, the act now makes it clear that discrimination in the "allocation of duties" and the "grant of authority" are included in discrimination in "assignment." It also prohibits discrimination based on gender in "demotion," "change in job type," "change in employment status," "encouragement of retirement," and "renewal of the labor contract."

(ii) The revised act prohibits indirect discrimination unless there is a legitimate reason for it, such as where it is required to ensure the duties concerned can be performed by the person in question. Three types of indirect discrimination are defined thus: “making the height, weight, or physical strength of workers a requirement in the recruitment or hiring of workers,” “making the ability to move house to take on new assignments a requirement in the recruitment or hiring of “career-track” workers under career-track-based personnel management systems,” and “making experience of different work locations a requirement for the promotion of workers”. These three types of indirect discrimination will be reviewed in the future whenever the need arises.

(iii) Although dismissal based on pregnancy, childbirth, or the taking of maternity leave has been prohibited for some time, the revised act also prohibits other disadvantageous treatment besides dismissal. The act also invalidates dismissal during pregnancy or within one year of the birth of the child unless the employer can prove that the pregnancy etc. was not the reason for the dismissal.

(iv) Although employers have had to consider taking measures to prevent the sexual harassment of women for some time, under the revised act they actually have to take such measures, and the same now also applies to the sexual harassment of men.

(v) Employers that do not take measures against sexual harassment or take proper care of the health of mothers are now subject to the provisions in the Law on Securing of Equal Opportunity and Treatment between Men and Women in Employment concerning assistance in the resolution of disputes, the conciliation system, and the publication of the names of companies found to be in violation of the act. In addition, a provision on the collection of reports stipulates that employers that fail to submit reports or submit false reports will be subject to a non-penal fine.

(b) Assistance with improving employment management

The equal opportunity departments at prefectural labor bureaus have continued to address personnel-management-related issues such as recruitment, hiring, assignment, and promotion. Specifically, they have been working to raise awareness of the Law on Securing of Equal Opportunity and Treatment between Men and Women in Employment, which was revised in 1997. In addition, to strengthen compliance with the Act and ensure that personnel management practices are in line with the law, they have, among other things, provided education and advice, instructed employers to improve their systems of

personnel management, and assistance in the resolution of individual disputes. Specifically, they have given strict instructions to employers where problems have been found, following consultations with female workers, the employer itself, etc., in terms of their compliance with the law. They have also held periodic hearings with companies to find out about their treatment of women, and, if a problem is identified, they have worked to provide active guidance, such as by strictly demanding that they rectify the problem.

Since further revisions to the Law on Securing of Equal Opportunity and Treatment between Men and Women in Employment took effect in April 2007 after the act was revised the previous year, the departments have been working to ensure awareness of the purpose and content of the revised act, and have continued to provide appropriate guidance to employers to ensure that their personnel management practices are in compliance with the revised act. They also continue to provide assistance in the resolution of individual disputes. In addition, to promote improvements in personnel management in line with the revised act, they urge companies to take voluntary action to address problems.

(c) Exceptions from the application of the Law on Securing of Equal Opportunity and

Treatment between Men and Women in Employment

With regard to guidelines pursuant to the Law on Securing of Equal Opportunity and Treatment between Men and Women in Employment, revised in 2006, which prescribe prohibited measures for which it is deemed necessary to be specifically and clearly expressed in order to enable employers to take appropriate action concerning recruitment, hiring, assignment, promotion, etc., the following exceptions are admitted:

(i) Duties in which it is necessary that only persons of a particular sex engage in it due to such demands as verisimilitude in expression in any of art or the art of public entertainment

(ii) Duties, such as of guards or security personnel, in which it is necessary that men engage in it due to the demands of crime prevention

(iii) In addition to the duties listed in (i) and (ii) above, duties in which there is deemed to be the need for a similar level of necessity to that found in the above duties that only persons of a particular sex engage in due to religious reasons, reasons of public morals, due to the nature of competition in sports, or otherwise due to the nature of the business

(iv) Cases in which it is deemed difficult to provide equal opportunities to all

workers or to treat all workers equally regardless of sex in order to conduct of normal duties when women workers cannot conduct duties under the provisions of the Labour Standards Act and when men workers cannot conduct duties under the provisions of the Act on Public Health Nurses, Midwives and Nurses
(v) Cases in which it is deemed difficult to provide equal opportunities to all workers or treat all workers equally regardless of sex due to special circumstances, such as cases in which it is necessary to serve in an overseas location where it is difficult for persons of a particular sex to exercise their abilities fully due to differences in public morals, customs, etc

These guidelines have been reformulated on two occasions, in 1998 and 2006, and the current guidelines have been applied since April 2007.

(2) The Ainu people, Dowa people, and Korean residents in Japan

Workers employed in business in Japan, whether or not they constitute a minority group, are protected by the Labor Standards Act. Under Article 3 of this Act, an employer must not engage in discriminatory treatment with respect to wages, working hours or other working conditions by reason of the nationality, creed or social status of any worker.

(3) Foreigners entering Japan

Japan believes that in order, for example, to advance its industry and revitalize its economy and society, it is important to actively promote the employment of foreign workers in professional and technical fields. Foreigners who have been permitted to enter and reside in Japan can find jobs at public employment exchanges just like Japanese citizens, provided that their status of residence allows them to do the jobs concerned. The Government is thus working to ensure that foreigners have opportunities for employment. In addition, Employment Service Centers for Foreigners and the Employment Service Corners for Foreigners that have been established in areas already with large numbers of foreigners also provide assistance with finding jobs. Furthermore, guidelines aimed at encouraging employers to take appropriate action to improve their personnel management of foreign workers state that employers should endeavor to treat foreign workers fairly during the hiring process in order to enable foreign workers to demonstrate their abilities effectively, provided, that their status of residence allows them to do the jobs concerned.

3) What processes and mechanisms designed to ensure participation of civil society in decision-making as well as transparency and accountability

have been most useful improving decent work for the most vulnerable , and which have been less useful.

<Answer>

Please refer to the answers to the question MDG1.2 (2).

MDG2 Achieve universal primary education

1) People from which population groups are most likely to drop out of primary school in your country and why?

<Answer>

Please refer to the answers to the question MDG2 (2).

2) Please describe specific social protection policies and programs that have been put in place to prevent school drop-outs among the most vulnerable. Are there any social protection policies that have had an impact on the withdrawal rate of children from primary and secondary education?

<Answer>

1(1) Percentages of students attending or going on to schools/universities
Percentages of students attending or going on to elementary school, lower secondary school, upper secondary school, and university (2009) (total for boys and girls)

Percentage attending elementary school: 99.96%

Percentage attending lower secondary school: 99.97%

Percentage continuing to upper secondary school: 97.9%

Percentage continuing to university: 53.9%

Notes: This is

1. Percentage of students continuing to upper secondary school: the percentage of lower secondary school graduates and those that have completed the lower secondary education curriculum who go on to upper secondary school, the upper secondary education curriculum, a regular or special program in the upper secondary section of a special needs school, or a technical college (including those who worked in the interim but not those who graduated late)

2. Percentage of students continuing to university: the percentage of upper secondary school graduates and those that have completed a regular program in the upper secondary education curriculum who go on to a regular, correspondence, or special program at a university or junior college, or a specialist program at a technical school (including those

who worked in the interim)

(2) Elementary and lower secondary education

In Japan, elementary and lower secondary education is compulsory. Under Article 26 of the Constitution, Article 5 of the Basic Act on Education, and Articles 6, 16, and 17 of the School Education Act, the first nine years of general education (six years of elementary and three years of lower secondary education) are compulsory. Compulsory education provided by national and public schools is free-of-charge.

Textbooks used for compulsory education at private compulsory education schools, as well as at national and public compulsory education schools, are provided free-of-charge by the national Government, (Act Concerning Free Textbooks in Compulsory Education Schools).

For those who have difficulty continuing their compulsory education because of their financial situation of their families, municipalities governments provide assistance to cover various expenses such as stationery, commuting, school excursions, school lunches, etc. The national Government subsidizes this assistance, and by doing so, strives to secure school attendance by all children and the smooth implementation of compulsory education.

As a result, 99.97 % of the applicable age groups received elementary school and lower secondary education (as of May 2006).

Furthermore, children of foreign residents in Japan have the opportunity to receive elementary and lower secondary education free-of-charge in national and public schools. In May 2008, the number of foreign students enrolled in compulsory education schools throughout Japan was 68873, with 67,67196 of them receiving education at public schools.

When the children of foreign residents in Japan receive Japanese school education, it is important to provide substantial Japanese language education. According to a survey conducted in September 2008, the number of foreign students who needed Japanese language training at public compulsory education schools was 27,184.

Enhanced measures such as special Japanese lessons and adaptive guidance are provided for these students.

(3) Upper secondary education

It is, in general, possible for everyone to receive upper secondary education (including technical and vocational education) in Japan.

Under the School Education Act, all students who have graduated from a lower

secondary or equivalent schools, who have completed the lower division of secondary schools, or whose academic achievement is recognized as being equivalent to or higher than the criteria laid down by the Minister of Education, Culture, Sports, Science and Technology (MEXT) are eligible for admittance to upper secondary schools and equivalent level schools, without discrimination of any kind based on gender, race, nationality, etc. In 2009, 97.9 % of lower secondary school graduates entered upper secondary schools. The standards for upper secondary education and upper secondary school departments of schools for special needs education are determined by the Government in the same way as they are for compulsory education schools. Education content is designed to accommodate the diverse range of capabilities, aptitudes, interests, and future career paths of individual students with some schools offering programs that are focused on technical and vocational education. In addition, a day / evening course schools and a correspondence course in upper secondary schools are offered for working people regardless of age.

(4) Basic education

Under Article 26 of the Constitution, Article 5 of the Basic Act on Education, and Articles 16 and 17 of the School Education Act, the first nine years of general education

(six years of elementary and three years of lower secondary education) are compulsory in Japan. Persons over school age who, because of their physical condition or other unavoidable circumstances, have been unable to graduate from a school for compulsory education can transfer to the appropriate grade at such a school, provided that they receive permission from the municipal board of education. Furthermore, when students who have not completed the compulsory education curriculum wish to enter a higher-level school, an opportunity is guaranteed through an academic recognition examination system.

2. Making upper secondary school education free of charge in principle

In order to create a society where all upper secondary school students who desire can devote their efforts to study without anxiety regardless of the economic situation of their families, a new law was entered into force on 1 April 2010. According to the law, tuition fees at public upper secondary schools will be waived, and for private school students, a new system for providing financial assistance will be established at national expense. This law aims to reduce the burden of education costs on families, through supporting education by the society as a whole, with the expectation that upper secondary school students will play important roles as responsible members of society in the future.

3) What processes and mechanisms to ensure participation of users in decision-making as well as transparency and accountability have been most useful in preventing school drop-out of the most vulnerable and which have been less useful?

<Answer>

Please refer to the answers to the question MDG2 (2).

MDG3 Promote gender equality and empower women

1) From which population groups are girls and women least likely to attend secondary or tertiary education and to work in wage employment?

2) Please describe specific protection policies and programmes that facilitate access for the most vulnerable women to secondary or tertiary education and wage employment

<Answer>

The students who desire can devote their efforts to study without anxiety regardless of the economic situation of their families, regardless of their sex as referred in the answers to question MDG2.

Percentages continuing to upper secondary school and university by sex (2009)

Percentage continuing to upper secondary school:

Boys: 97.7% Girls: 98.2%

Percentage continuing to university:

Boys: 52.3% Girls: 55.6%

For the information of the employment of women, please refer to the answers to the question MDG1.2 (2).

3) What processes and mechanisms to ensure participation of women in decision-making as well as transparency and accountability have been most effective?

<Answer>

The Government sets the goal and time limit to expand participation of women in decision-making and annually makes follow-up to assess progress in promoting women's participation in various fields and makes the results public. In specific term, the Government sets its priority goal of "increasing the share of women in leadership positions in all fields to at least around 30% of the total by 2020." To achieve this goal, the Government annually follows up the targets and makes the

results public.

MDG4 reduce child mortality,

MDG5 improve maternal health,

The situation on the MDG4 and MDG5 are hereunder.

In 2004, the number of maternal deaths was 49 and the maternal mortality rate was 4.3 per 100,000 total births. In 2005 (provisional data), the infant mortality rate was 2.8 per 1,000 live births; and the neonatal mortality rate was 1.4 per 1,000 live births, which accounted for 51% of infant mortality. While the prenatal mortality rate (the number of fetal deaths at 22 weeks and over gestation period, plus the number of early neonatal deaths, divided by the number of births plus the number of fetal deaths at 22 weeks and over gestation period, which was multiplied by 1,000) was 4.8. All these figures are declining year by year.

The 21st Century Sukoyaka (i.e. healthy and happy) Family National Campaign advocates reducing the maternal death rate by half and maintaining Japan's status as the country with the lowest prenatal mortality rate in the world as an objective to be achieved by 2010. The Government promotes improvement of prenatal and neonatal intensive care units across the country to provide advanced health care services for pregnancy, childbirth, infancy and childhood. The Government also promotes the establishment of a medical system for pregnant women and newborn infants in prefectures.

Ensuring the health of expectant and nursing mothers, infants and toddlers

Under the Maternal and Child Health Law, the Government provides health examinations to expectant or nursing mothers and infants and toddlers, health advice to expectant nursing mothers and the parents or guardians of infants and toddlers, medical care for premature infants, and various kinds of consultations relating to maternal and child health.

In addition, under the Services and Supports for People with Disabilities Law, the Government provides financial assistance to cover the medical costs incurred in ensuring that children with physical or mental disabilities can develop healthily and acquire the ability to live independently, and to cover the costs of prosthetic devices.

Table 1. Infant mortality rates by sex (per 100,000 live births) (2007)

	Total	Male	Female
Total	2 5 9 . 5	2 7 4 . 0	2 4 4 . 2

Table 2. Number of infant deaths (2007)

	Total	Male	Female
Japan	2 8 2 8	1 5 3 4	1 2 9 4
Cities	2 5 6 4	1 3 7 3	1 1 9 1
Towns and Villages	2 5 9	1 5 7	1 0 2

Source; "Vital statistics" by Statistics and Information Department, Ministry of Health, Labour and Welfare.

Note; The total figures of cities, towns and villages do not include those of place of residence is abroad or unknown.

Definitions about the classification

1 . Cities (Major Cities and Other cities)

(1) Major cities

18 major cities (Ku-area of Tokyo, Sapporo, Sendai, Saitama, Chiba, Yokohama, Kawasaki, Niigata, Shizuoka, Hamamatsu, Nagoya, Kyoto, Osaka, Sakai, Kobe, Hiroshima, Kitakyushu, Fukuoka) .

(2) Other cities

Other cities which are not included in the 18 major cities.

2 . Towns and Villages

Those which are not included in the cities.

MDG6 combat HIV/AIDS, malaria and other diseases

The situation on the MDG6 is hereunder.

1. Prevention, treatment, and control of disease

(1) Infectious disease control

To prevent the outbreak and spread of infectious diseases, countermeasures against the sources and paths of infection are implemented under the Act on Prevention of Infectious Diseases and Medical Care of Infectious Patients. The countermeasures include physicians' obligation to report cases of infectious diseases, make medical examinations, prevent infected patients from going to work, their hospitalization and decontamination and the disposal of contaminated articles. In addition, the routine preventative immunization against nine diseases such as poliomyelitis and diphtheria is implemented under the Prevention Vaccination Law.

In order to prevent the invasion of pathogens which are not normally found in Japan, quarantine is implemented under the Quarantine Law.

The Government endeavors to prevent the occurrence and spread of cases of tuberculosis in accordance with the Act on Prevention of Infectious Diseases and Medical Care of Infectious Patients. Because tuberculosis is an infectious disease for which countermeasures are particularly important, the Government has drawn up specific guidelines for preventing the tuberculosis infection and is also taking other tuberculosis-specific measures, such as promoting the use of the DOTS (directly observed treatment, short-course) strategy. As a result of those measures, the number of newly registered tuberculosis cases has been steadily decreasing.

Although the number of people who have contracted AIDS remains small in Japan, the number is steadily increasing. Based on the "AIDS Prevention Guideline" (Ministry of Health, Labour and Welfare Notice No. 89, dated March 2, 2006), the Government has been making efforts to prevent the possibility of AIDS contraction and to disseminate information about AIDS.

(2) Prevention of lifestyle related diseases

In accordance with the Act on Assurance of Medical Care for Elderly People which came into force in February 1983, municipalities provide health services to prevent circulatory diseases, cancer, diabetes, and other lifestyle related diseases. These health services include health education, checkups, examinations and various other services.

Cancer screening, meanwhile, has been conducted independently by municipalities and funded from general budgets since fiscal year 1998.

As part of reforms to the medical-care system carried out in 2006, basic health checkups performed in accordance with the Elderly Health Act were reorganized as "specific health checkups" and "specific health counsellings" under the Act on Assurance of Medical Care for Elderly People and insurers began providing these checkups and counsellings to the insured in fiscal year 2008. These changes were made in order to focus efforts on tackling lifestyle-related diseases, and are aimed at improving follow-up advice to people after they have undergone health checkups.

In addition, municipalities (including special wards) administer health promotion projects in accordance with the Health Promotion Act. These projects are administered separately from the basic health checkups conducted under the Act on Assurance of Medical Care for Elderly People.

(3) Measures for the prevention of occupational diseases

In order to prevent occupational diseases, the Government has promoted

various measures since 1953 through the formulation of Industrial Injury Prevention Programs.

The 11th Industrial Injury Prevention Program (covering fiscal year 2008 through fiscal year 2012) has decided to take following measures:

- (a) measures to prevent harm caused by dust
- (b) measures to prevent harm caused by asbestos
- (c) measures to safeguard mental health
- (4) measures to prevent back pain
- (5) measures to make work places more pleasant

2. Guarantee of adequate medical services

(1) Medical care supply system

Japan's medical care system has been arranged to ensure the effective provision of high-quality and appropriate medical care responding to the patient's physical and mental condition. In particular effective measures to ensure adequate numbers of doctors is implemented steadily by reviewing budgets and systems.

Since fiscal year 1986, prefectures have created and implemented medical plans in response to community conditions, in cooperation with those who provide medical care. Moreover, in accordance with new medical-care plans produced following the reforms to the system of medical care carried out in 2006, prefectures have been taking measures towards establishing a seamless, patient-centered system for the provision of medical care.

The Government provides the necessary subsidies to hospitals providing unprofitable or advanced medical services such as those in remote rural areas and those providing emergency care, cancer treatment, perinatal care and treatment for children.

Doctors, nurses, and other medical professionals are trained and hired through legally-stipulated qualification systems. In order to nurture highly capable doctors with all-round ability in the areas of diagnosis and treatment, efforts have been made to improve clinical training for those who have acquired doctor's licenses.

The Government has formulated medical care plan for remote areas every five years since Fiscal Year 1956 with a view to guaranteeing medical care for those living in remote areas. For example, measures such as the provision of core hospitals, support hospitals and clinics in remote areas, the maintenance of mobile clinics, the supply of doctors for remote areas, and the development of a

patient transportation system, have been promoted.

In order to secure emergency medical services for local residents on holidays or at night, the Government has promoted the systematic construction of an initial, second and third emergency medical service system and an emergency medical information center since fiscal year 1977. In addition, the Government has made efforts to ensure proper medical service at first-aid scenes and during the transportation of patients. For example, the system of emergency life-saving technicians was introduced in fiscal year 1991.

(2) Medical care security system

Refer to the part under Article 9 in this report for an outline of the medical care insurance system. Every citizen receives benefits from one of these medical care insurance schemes. In this section, public medical care, which is another pillar of the major medical care security system in Japan, is outlined as follows;

(a) Medical assistance under the Public Assistance Act

Medical assistance based on the Public Assistance Act, Japan's public assistance law, includes provisions for hospitalization, health examinations, medication, injections, and surgical operations, for those who need such assistance due to their financial situation.

Medical assistance benefits under medical assistance are provided in accordance with the medical service guidelines of the National Health Insurance Act. In this way, almost the same medical care as provided by medical insurance is guaranteed.

(b) Medical care assistance for intractable diseases

The Government subsidizes the treatment of diseases to reduce the financial burden of patients suffering from a disease for which the cause is unknown, no really effective remedies are present, and there is high possibility of after effects, and the cost of treatment is high.

Moreover, to promote the healthy growth of children who suffer from a specific chronic disease that requires a long period of treatment, remedy research projects on the specific chronic diseases of children are implemented to promote effective research, the establishment and dissemination of medical care, and reduction of the financial burden on the patients and their family.

(c) Measures for public mental health and welfare for the mentally disordered
According to the Law Related to Mental Health and Welfare of the Person with Mentally Disordered, the Government pays all or the part of the medical expenses of the patients hospitalized on orders of the prefectural governors. In

Japan, the policy for the mental health and welfare of the mentally disordered has developed in line with the thought of "From Hospital-Centered Care to Community-Centered Care". Furthermore, in 2004, the Headquarters of Mental Health and Welfare Measures formulated a "Reform Vision for Mental health and Welfare Services". The main provisions of the vision include deepening the understanding of people on mental health issues, the reform of mental health care, and strengthening the support to those living in communities.

Under the Services and Supports for Persons with Disabilities Act which came into effect in 2006 in accordance with "Reform Vision for Mental health and Welfare Services", a system was established to provide integrated services to persons with disabilities mainly by municipalities without distinguishing between physical, intellectual and mental disabilities.

(d) Medical care for tuberculosis

The Government implements measures, such as health examinations for the detection of the disease, hospitalization, and medical care services, to prevent and treat tuberculosis, in accordance with the Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases. The number of newly-registered tuberculosis patients in Japan has decreased year by year since the registration of new cases began in 1961.

(e) Medical care to helping persons with disabilities become self-reliant

In accordance with the Services and Supports for Persons with Disabilities Act, public medical care is provided to reduce inconveniences for persons with mental or physical disabilities and enable them to live independently on a day-to-day basis as members of ordinary society. Specifically:

(i) Develop mental medical care required to enable children with physical disabilities to grow up healthily and gain the abilities they need to live their lives

(ii) Rehabilitative medical care required to enable persons with physical disabilities to become self-reliant and participate in social and economic activities

(iii) Mental outpatient medical care required to encourage the adoption of appropriate treatment for persons with mental disabilities

(f) Others

In addition to the measures mentioned above, public medical care services include medical care for atomic-bomb victims based on the Law Concerning Relief for Atomic Bomb Victims, and medical care for those with infectious diseases when they are hospitalized based on the Act on Prevention of

infectious Diseases and Medical Care for Patients Suffering Infectious Diseases.

3. Health promotion

(1) Health Japan 21

Since 2000, the Government has been running a campaign called "Health Japan 21," with the aim of reducing the number of deaths among the middle aged, extending healthy life expectancy, and improving the quality of life. Health Japan 21 contains goals covering nine areas: (1) nutrition and diet, (2) physical activity and exercise, (3) rest and mental well-being, (4) tobacco, (5) alcohol, (6) dental health, (7) diabetes, (8) circulatory diseases, and (9) cancer. These goals include boosting the average daily consumption of vegetables by adults and increasing the number of steps they walk each day. The campaign also involves the implementation of measures focusing on the prevention of lifestyle diseases. In April 2007 an interim report was published which evaluated the achievement of Health Japan 21 so far. Based upon the report's findings, the Government is promoting efforts to tackle lifestyle diseases by launching a new national campaign aimed at getting people to lead healthier lives. This campaign focuses on encouraging people to take moderate physical exercise, eat appropriately, and quit smoking.

(2) Health Promotion Act

In May 2003 the Health Promotion Act came into effect. This law is aimed at providing a legal foundation for more actively encouraging people to improve their health, with the Health Japan 21 campaign at the core.

(3) Health services provided in accordance with the Act on Assurance of Medical Care for Elderly People

Under the Act on Assurance of Medical Care for Elderly People, which was enforced in February 1983, the Government provides those aged 40 and over with comprehensive health and medical services, including preventive care, medical treatment and rehabilitation to ensure the health of the aged.

(Since Fiscal 2006, health education, health counselings, rehabilitation, and home visits have been offered to people over the age of 64 years.)

These medical services were provided based on the four consecutive Five-Year Health Services Programmes. Since Fiscal Year 2005, however, in accordance with the approach advocated in the fourth five-year program, these five-year programs have been replaced by single-year programs. These programs aim to keep people from falling into physical conditions in which they require long-term care by preventing them from acquiring lifestyle-related and other diseases,

preventing them from becoming bedridden, and so on.

As part of the reforms to the medical-care system carried out in 2006, basic health checkups performed in accordance with Act on Assurance of Medical Care for Elderly People were reorganized as "specific health checkups" and "specific health counselings" under the Act on Assurance of Medical Care for Elderly People, and insurers began providing these checkups and counselings to the insured in Fiscal Year 2008. These changes were made in order to focus efforts on tackling lifestyle diseases, and to improve the provision of follow-up advice, after health checkups has been undertaken.

In addition, municipalities (including special wards) administer health promotion projects in accordance with the Health Promotion Act. These projects are administered separately from the basic health checkups conducted under the Act on Assurance of Medical Care for Elderly People.

(4) Health services provided by medical insurance providers

Medical care insurance providers, such as health insurance providers, actively provide the necessary health services to maintain and improve the health of insured persons.

These services include health education, health counseling as well as health examinations.

4, Improvement of industrial sanitation

The Industrial Safety and Health Act, the Working Environment Measurement Act, and the Pneumoconiosis Act and the rules based on these laws such as the Ordinance on Industrial Safety and Health, the Ordinance on the Prevention of Organic Solvent Poisoning, the Ordinance on the Prevention of Hazards due to Specified Chemical Substances and the Ordinance on the Prevention of Anoxia, ensure the health of workers in the workplace and establish suitable environmental working conditions.

1) Which population groups have the highest child and maternal mortality rates and the highest prevalence of major diseases?

<Answer>

Please refer to the answers to the question MDG4 and MDG5.

For the data related to the Health Conditions of Citizens, please refer to WHO Regional Office for the Western Pacific, "Regional Databases on Health Indicators"

(http://www.wpro.who.int/health_topics/health_information/db_list.htm)

2) Please describe specific policies and programmes that ensure access to health care services for those most vulnerable. In particular provide information on how social protection mechanisms have directly impacted child mortality rates and maternal health, especially amongst vulnerable groups, and how social protection systems have lessened incidence of preventable diseases through improving access to health care.

<Answer>

1. Protection of the Family

(1) Assistance for families

(a) Financial assistance for child rearing

As was stated in the previous periodic report, financial assistance for parents etc. raising children includes a child allowance, which is provided based on the Child Allowance Law, a child-rearing allowance, based on the Child Rearing Allowance Law, and a special child-rearing allowance, based on the Law Concerning the Provision of the Special Child-Rearing Allowance. The latest figures for benefits and numbers of recipients are as follows:

(i) Regarding child allowance, refer to Article 9, 4. of this report.

(ii) As of April 2008, the child-rearing allowance for the full amount is 41,720 yen per month, with partial amount ranging between 9,850 yen and 41,710 yen (adjustments are made based on the number of children). The number of recipients totaled 955,941 at the end of March 2008.

(iii) As of April 2009, the special child-rearing allowance is 50,750 yen per month for a child with a Class 1 disability. The number of recipients totaled 180,000 at the end of February 2009.

(b) Nursery care services

Infants and toddlers whose guardians are unable to take care of them adequately due to work, illness or other reasons, are provided with nursery care services based on the Child Welfare Law.

Based on the "Strategy to Reduce the Number of Children on Waiting Lists for Childcare to Zero", as part of the General Policy on Helping Parents to Balance Worklife and Child Rearing, decided on by the Cabinet in July 2001, in the three years from FY 2003, the number of children attending childcare facilities has increased by around 156,000, including at day-care centers, childcare in the family environment and extended care at kindergartens. In addition, in Fiscal Year 2005 a new effort to reduce children on waiting lists under the "Support

Plan for Children and Child-Rearing” was started, to vastly increase the number of children attending childcare, in municipalities with 50 or more children on waiting lists.

As a result of these initiatives, around 2.02 million infants and toddlers (around 30% of all infants and toddlers) were receiving care at approximately 23,000 childcare facilities nationwide in April 2008.

In addition, a new strategy was adopted in February 2008, for reducing the number of children on waiting lists for childcare to zero. The aim is to increase the quantity and enhance the quality of childcare facilities, with the goal of building a society where anyone who wants can work, leaving their children in a safe and secure place.

The costs of providing care for infants and toddlers at childcare facilities are covered by the national government or local governments and by fees collected from guardians based on their financial capabilities. The national government also provides subsidies to develop private childcare facilities.

(c) Childcare leave

The Law concerning the Welfare of Workers Who Care for Children or Other Family Members, Including Child Care and Family Care Leave (hereinafter referred to as the “Child Care and Family Care Leave Law”), which came into effect in October 1995, was partially revised in 2001, to prohibit employers from treating workers disadvantageously because they applied for or took the childcare leave, and to raise the age of the children whose parents are eligible for shorter working hours. Later, in April 2005, the range of workers eligible for childcare leave was expanded and the period of childcare leave was extended. The revised law also stipulates that employers must take measures in accordance with the system of childcare leave or measures shortening working hours for workers who take care of children over one year of age and under three years of age (or, in certain cases, one year and six months of age) (Article 23 paragraph 1), and that employers must take necessary measures, according to the system of child care leave or measures shortening working hours for workers who take care of children over three years old and before entering elementary school (Article 24 paragraph 1).

With regard to this section, please refer to paragraph 336 of Japan’s sixth periodic report on the Convention on the Elimination of All Forms of Discrimination against Women.

(d) Family care leave

The 2001 revisions to the Child Care and Family Care Leave Law prohibit employers from treating workers disadvantageously if they apply for or take family care leave. In addition, in April 2005 the range of workers eligible for family care leave was expanded and the number of times that family care leave can be taken was increased.

Under this law, workers caring for family members (spouse, parents and children, parents of spouse, or grandparents, siblings, or grandchildren who are living together and supported by the same household) under the requisite conditions (the necessity of giving constant care for more than a two-week period) can take family care leave for up to total of 93 days. Each time a family member requires care the worker must submit a request to their employer, who may not reject such a request if it satisfies the required conditions.

Employers must also take measures, such as shortening working hours for 93 days or more, to allow workers taking care of a family member or family members under the requisite conditions and who choose not to take family care leave, to remain employed and to facilitate their care-giving, (Article 23, paragraph 2).

(e) Sick/injured child care leave

The 2001 revisions to the Child Care and Family Care Law urged employers to introduce a system of sick/injured child care leave.

In addition, further revisions made in April 2005 stipulate that workers taking care of children who have not yet enter elementary school, may obtain leave for up to five days per year, to look after their children in the event of injury or sickness, upon submitting a request to their employers. (Article 16, paragraph 2-1).

2. Protection of Mothers

(1) Ensuring the health of expectant and nursing mothers, infants and toddlers

Under the Maternal and Child Health Law, the Government provides health examinations to expectant or nursing mothers and infants and toddlers, health advice to expectant nursing mothers and the parents or guardians of infants and toddlers, medical care for premature infants, and various kinds of consultations relating to maternal and child health.

In addition, under the Services and Supports for People with Disabilities Law, the Government provides financial assistance to cover the medical costs incurred in ensuring that children with physical or mental disabilities can develop healthily and acquire the ability to live independently, and to cover the costs of prosthetic

devices.

In 2004, the number of maternal deaths was 49 and the maternal mortality rate was 4.3 per 100,000 total births. In 2005 (provisional data), the infant mortality rate was 2.8 per 1,000 live births; and the neonatal mortality rate was 1.4 per 1,000 live births, which accounted for 51% of infant mortality. While the prenatal mortality rate (the number of fetal deaths at 22 weeks and over gestation period, plus the number of early neonatal deaths, divided by the number of births plus the number of fetal deaths at 22 weeks and over gestation period, which was multiplied by 1,000) was 4.8. All these figures are declining year by year.

The 21st Century Sukoyaka (i.e. healthy and happy) Family National Campaign advocates reducing the maternal death rate by half and maintaining Japan's status as the country with the lowest prenatal mortality rate in the world as an objective to be achieved by 2010. The Government promotes improvement of prenatal and neonatal intensive care units across the country to provide advanced health care services for pregnancy, childbirth, infancy and childhood. The Government also promotes the establishment of a medical system for pregnant women and newborn infants in prefectures.

(2) Financial assistance for childbirth

Workers who are absent from work and therefore not receiving salary due to childbirth are paid, under the employee health insurance schemes, two thirds of their standard monthly remuneration in maternity benefit for 42 days before and 56 days after childbirth. In addition, to help ease the financial burden of the expenses that accompany childbirth, a lump-sum birth and nursing grant is also provided (spouse lump sum birth and nursing grant for the spouse) of 380,000 yen (which will be raised to 420,000 yen between October 2009 and March 2011).

Under the national health insurance scheme, details of the grants are determined by municipal ordinances, though in most municipalities a lump-sum birth and nursing grant of 380,000 yen (rising to 420,000 yen between October 2009 and March 2011) is paid.

(3) Assistance for fatherless and other families

Following the revision of the Law for the Welfare of Mothers with Dependents and Widows in 2002, comprehensive measures have been implemented, aiming principally at enabling single mothers to become self-reliant and employed. Measures include (1) assistance for child-rearing and ordinary living, (2)

assistance in finding jobs, (3) support to cover the costs of child-rearing, and (4) financial assistance. In addition, based on a package of measures for improving living standards that was adopted at a joint meeting of the Government and the Ruling Parties Council and the New Economic Countermeasures and the Ministerial Meeting on Economic Measures on October 30, 2008, the period for supporting costs of advanced-skills training was extended in February 2009. The extended support is continued in Fiscal Year 2009, to help single mothers to be employed.

(4) Protection of mothers under the Labor Standards Law and Equal Employment Opportunity Law

(a) The Labor Standards Law, which applies to all workers, stipulates the following measures to protect mothers:

- (i) Limitations on Belowground Labour (Article 64.2)
- (ii) Limitations on Dangerous and Injurious Work (Article 64.3)
- (iii) Work limitations of six weeks before childbirth (or 14 weeks in case of multiple pregnancy) and eight weeks after childbirth, and provisions for transferring pregnant women to lighter work activities (Article 65)
- (iv) Limitations on shift work and prohibition of overtime work, working on holidays and at night, when an expectant women or nursing mother so requests (Article 66)
- (v) The right to request time off for child-care for an infant under the age of one year (Article 67)

(b) The revised Equal Employment Opportunity Law enacted in 2006 (see Article 6 5.), places employers under an obligation to take the following measures with respect to the health management of female workers in pregnancy and after childbirth:

- (i) Measures to ensure the necessary time for them to receive health guidance and medical examinations.
- (ii) Measures to enable them to observe the guidance given in health guidance or medical examinations.
- (c) The Government has established guidelines on measures to be taken by employers to ensure that female workers in pregnancy and after childbirth are able to observe the guidance given in health guidance or medical examination.
- (d) The Mariners Law also has similar provisions for their protection.

3) What processes and mechanisms to ensure participation of beneficiaries in decision-making as well as transparency and accountability have been most useful in improving the coverage and equality of health services to the most vulnerable and which have been less useful.

<Answer>

Please refer to the answers to the question MDG4, MDG5 and MDG6

MDG7 Ensure environmental sustainability

1) Which population groups are the most affected by biodiversity loss, have least access to safe drinking water and basic sanitation, and are the most likely to live in slums?

2) Please describe specific policies and programmes for the benefit of the most vulnerable to: reduce biodiversity loss; increase access to safe drinking water and sanitation and ensure safe shelters. Please detail how social protection mechanisms have directly improved the vulnerability of slum dwellers and helped provide secure access to adequate housing.

<Answer>

1. Biodiversity

The Government of Japan ratified the Convention on Biological Diversity in 1993, and based on the convention, “the National Biodiversity Strategy of Japan” was decided in 1995 and reviewed twice in 2002 and 2007. Since the Basic Act on Biodiversity enacted in 2008 requires the government to formulate the national biodiversity strategy, “the National Biodiversity Strategy of Japan 2010” was decided by the cabinet on March 2010. In the Strategy, “improving the state of biodiversity from the current level” was set up as Mid-to-long term targets by 2050, and about 720 specific measures are stipulated under four basic strategies (1) Mainstreaming Biodiversity in our daily life, 2) Rebuilding sound relationship between human being and nature in local communities, 3) Securing linkages among forests, countrysides, rivers and the sea, 4) Taking actions with global perspective). In accordance with these acts and strategies, the government has promoted various measures aiming at the conservation and sustainable use of biodiversity in a comprehensive manner.

2. Water works

Water utility companies which are authorized under the Water Works Act supply

water that meets the standards for drinking water quality set forth in the same act. As of the end of Fiscal Year 2007, 97.4% of Japan's population was supplied with such water.

In addition, the Government subsidizes the construction and operation of water works such as area-wide water systems, which tend to be exceptionally costly because of their nature and large scale.

3. Sewerage

Under the Sewerage Act, local governments such as municipal authorities (cities, towns and villages) and prefectures are responsible for the construction, and maintenance of sewerage facilities.

Sewers support environmental hygiene by draining waste water from households and industries quickly. The Sewerage Act prescribes that waste water should be treated by sewage purification plants to preserve the quality of public bodies of water.

Sewers also drain storm water and protect urban areas from being damaged by flooding.

The Government provides local governments with financial and technical assistance for the construction of sewerage facilities because the construction of sewers is expensive.

4. Housing

Local governments provide improved housing for those residents who face housing difficulties and can not improve their environment by implementing projects such as the Inferior Residential Area Improvement Project and the Inferior Small Residential Area Improvement Project in deteriorated areas where substandard housing are concentrated.

3) What processes and mechanisms to ensure the participation of those most vulnerable in decision-making as well as transparency and accountability have been most effective

<Answer>

There is no data from this viewpoint

MDG8 Global partnership for development

Please describe how ODA is impacting the MDG results in your country. Are the quantity and quality, transparency and predictability of the aid appropriate?

<Answer>

There is no data (Japan is not an ODA recipient any more).