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HGPI Health and Global Policy Institute

The Health and Global Policy Institute (HGPI) Child Health Project

Urgent Recommendations: Challenges and Prospects for the Implementation and Execution of the Basic Law and Basic Policy for Child and Maternal Health and Development

Background to these urgent recommendations

In the face of ongoing demographic change driven by a declining birthrate and population aging, Japan must find successful methods of increasing the number of births while taking steps to provide seamless support for children that spans pregnancy to adulthood to give children a safe and secure environment in which to grow. The Basic Law for Child and Maternal Health and Development was enacted in 2018 to help realize this objective by expanding support for children and child-rearing. Further action was taken in 2021, when the Cabinet approved the Basic Plan on Child and Maternal Health, Development, and Medical Care and set a direction for Government measures moving forward. While the enactment of this Basic Law and Plan were groundbreaking developments, we have yet to see the conclusion of discussions aiming to produce specific measures for the national Government and local governments to implement as well as monitoring indicators for those measures, and it is desirable that steps are taken to crystallize issues and identify discussion points through multi-stakeholder action. Based on hearings conducted with experts in a number of fields, the Health and Global Policy Institute (HGPI) Child Health Project has formulated the following urgent recommendations in hope of seeing them reflected in future initiatives from the national Government and local governments.

Recommendation 1: Broadly disseminate the foundational concepts of the Basic Law for Child and Maternal Health and Development in civil society and secure and maintain inclusivity and comprehensiveness, which are its vital elements.

The foundational principle of the Basic Law for Child and Maternal Health and Development is to improve health for every child and to help all guardians experience more joy in child-rearing. Based on the concept of normalization, expectations are high for this law to help make a society a place where people are provided with mutual support regardless of factors like illnesses, disabilities, or place of birth so they can live vibrant, bright, and prosperous lives in their communities. Anticipation is also high for this law to enable children to make full use of their own inherent abilities to be active and live their lives based on the concepts of diversity and inclusion. The Basic Law and Basic Policy for Child and Maternal Health and Development provide inclusive, comprehensive policies and issues that must be enacted or addressed to ensure good health and sound development for children. When each municipality is in the process of implementing those policies, it will be necessary to monitor the situation closely to ensure policies are and can stay comprehensive and inclusive.

We must also note that there are cases in which the significance of the Basic Law for Child and Maternal Health and Development and its foundational concepts are not being conveyed to families and guardians who are in the midst of child-rearing even though that significance has become widely understood among specialists. It will be necessary for the national Government and related specialist organizations to endeavor to inform families and guardians who are rearing children about the Basic Law for Child and Maternal Health and Development and its concepts.

Recommendation 2: Strengthen collaboration across ministries and local governments to ensure every policy introduced in Japan that is based on the Basic Law for Child and Maternal Health and Development is implemented in an equitable and effective manner.

When jurisdiction for policies related to child-rearing is transferred to the Children and Families Agency, sufficient human and financial resources must be secured and the Agency's authority must be clarified to ensure the effectiveness of its policies. To guarantee children can grow up healthy, it will be necessary to address issues related to children as well as the complex issues that are present in society. These include poverty and other economic problems facing families; challenges related to child-rearing ability, such as parental disabilities; and the socio-psychological development of children. It will be necessary to introduce

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effective administrative intervention centered around the Children and Families Agency to provide the forms of support that were previously impossible to provide in an effective manner due to the siloed structure of each law, relevant authority, and specialist responding to those needs.

Because plans are often formulated by prefectural governments but carried out by municipal governments, our current structure means that it is easy for differences to occur among municipalities in how measures are implemented. For example, there have been cases in which a municipality providing full child-rearing support can arrange accommodations in short stay facilities for children whose mothers have mental illnesses, while other municipalities cannot do the same. We must leave behind the assumption that there will be disparities among municipalities and aim for nationwide equity with the philosophy that nobody will be left out. Another necessary step for achieving this will be expanding opportunities for municipalities to cross-reference measures and exchange opinions with each other.

Recommendation 3: Utilize public-private partnerships to evaluate and monitor policies related to children's health from a biopsychosocial perspective and standardize indicators nationwide to make comparative evaluations possible.

Indicators currently used to evaluate children's health-related policies are mostly physical indicators, like infant mortality rates. We require broader indicators that encompass biopsychosocial perspectives. Examining children's health in terms of biopsychosocial health, we see that Japan ranks first in physical health among the 38 Organization for Economic Cooperation and Development (OECD) members, but ranks 37th in psychological health and 20th overall. Biopsychosocial indicators of children's health from school age to adolescence are particularly lacking, and expectations are high for them to be expanded in the future.

In addition to indicators that relate to individual health status, other key indicators include those for the development of human resources and other social systems and for Social Determinants of Health (SDH). Evaluations must not only include public resources, but should also assess private resources in communities, such as NPOs. To carry out appropriate policy evaluations in the future, it will be important to compare municipalities, so in addition to standardizing indicators to make it possible to compare municipalities across Japan, it will also be necessary to convert the data held by municipalities into open data. Furthermore, as municipalities often do not possess sufficient human and other resources to appropriately conduct monitoring and evaluate each plan, expectations are high for collaborative efforts with third parties like universities and think tanks.

Recommendation 4: Ensure the results of research related to children's health can be rapidly implemented in society by building a research system, expanding financial support, and promoting government-academia collaboration on an ongoing basis.

The Ministry of the Environment is conducting a large-scale, epidemiological survey with over 100,000 mother-child pairs nationwide called the Japan Environment and Children's Study. It is allocated an annual budget of over 5 billion yen and provides a system that does not create burdens in terms of human and material costs for those at local governments by establishing research positions at universities and other institutions and by placing staff specializing in monitoring at local governments. It has resulted in the presentation of over 300 papers and has produced a certain degree of results. Birth cohort studies are useful for evaluating policies for children's health, and even if it is difficult to conduct studies of a similar scale for general children's policies that follow people closely and are not limited to the environmental field, it is possible to conduct them as model projects in specific regions.

Policies and initiatives for which evidence has been accumulated and have been determined to be effective should be considered eligible for accelerated funding. For example, discussions on expanded mass screenings that are conducted and subsidized as municipal projects since 2001 have been held at academic conferences and other venues, but the final decision about implementing such programs is up to municipal governments. However, there have been many voices from municipalities saying it is difficult to make such decisions, and that unified standards should be defined for all of Japan (FY2018 Comprehensive Community Health Promotion Project, "Research on Promoting Nationwide Networking with Municipal Governments to

Conduct Newborn Screening"). Expectations are high for the Government to outline a clear policy regarding such programs in the future.

Furthermore, to promote government-academia collaboration, we require opinions to be exchanged not only among the Ministry of Health, Labour and Welfare (MHLW) and representatives from the field of health and medicine, but also to be exchanged among the Ministry of Education, Culture, Sports, Science and Technology (MEXT) and specialists on topics related to the health of school-age children. Expectations are high for the establishment of the Children and Families Agency to advance collaboration among the Government and academia on topics related to the health of school-age children.

Recommendation 5: Utilize tools that leverage digital health and other technologies to optimize the healthcare provision system while promoting cooperation among health services, welfare services, and the administration.

Depending on where someone lives, there may be limits as to which resources are available to them. This means consolidating medical resources and achieving equity are topics that require continuous consideration. Leveraging digital health tools may enable people to receive some support or services when resources like health, research, and employment support facilities are unavailable nearby. It will also be necessary to implement such technology in measures for child health or the field of maternal health in the future.

Discussions are also advancing on a comprehensive grand design for the utilization of digital health technology in health services and the healthcare system overall. While working toward implementing digital health throughout the healthcare system, steps to establish and utilize digital health tools in the areas of child and maternal health must be advanced. Some are concerned that over-emphasis on digital technology in the areas of child and maternal health will cause face-to-face relationships to disappear. Expectations are high for efforts to transform attitudes toward digital care so the promotion of digital health is viewed as a method for securing human resources that connect healthcare to welfare and the Government to create time for building face-to-face relationships.

Recommendation 6: Build an integrated system that encompasses the public and private sectors and delivers seamless child-rearing support that reaches all family members.

For children with health conditions, the time and psychological burdens placed on their parents due to childcare, healthcare, and welfare can be extremely heavy. This results in parents devoting their entire lives to supporting their children's daily lives and growth. In addition to support for children, steps must be taken to enhance various aspects of the support environment for parents from medical, social, and economic perspectives. Furthermore, an extremely large number of existing support measures for people engaged in child-rearing only provide support to mothers and do not include fathers. Recognition must be expanded in social attitudes and in policy so fathers are also viewed as parties who require support for the physical and psychological burdens they experience over the course of child-rearing.

In a more general context, because people engaged in child-rearing are not necessarily demanding support for themselves, there are high expectations for "push" style forms of support from the Government. In particular, there are cases in which families who were previously determined not to be at high risk or in need of support during pregnancy, childbirth, or the child-rearing process later experience delays in support when they start to need it due to changes in circumstance. Methods of achieving this may include establishing continuous relationships from prenatal period to after childbirth, such as by assigning specific districts to public health nurses to provide enhanced outreach support. When best practices like this are discovered, they must also be spread horizontally among communities.

As for establishing personnel systems, the Government has taken the lead by setting targets regarding assignments for Child Consultation Centers, but it is also urgent that the personnel systems at Health Centers and Child and Family Support Centers are improved. There are shortages of public health nurses, child welfare officers, and other personnel with specialized skills, and

people currently serving in those roles are overworked. Budgets must be increased to help prevent delays in support caused by personnel shortages.

Instead of only considering public support from government agencies, consideration should also be given to a second policy track in which NPOs and other private organizations can rapidly deliver policies directly to users. There are examples of NPOs collaborating with other NPOs across administrative districts as well as examples of NPOs collaborating with healthcare institutions. Expectations are high for such efforts to be leveraged as part of measures and within the support system. In addition, when expanding measures for supporting children like those described above, there are high hopes that steps will be taken to reflect the voices of the parties most affected by creating opportunities for opinions to be heard from both people engaged in child-rearing as well as children themselves.

Recommendation 7: Enhance areas where assistance and measures are insufficient through focused support that spans the perinatal period to school age. (Details on each area are provided below.)

Pain-free delivery: In France, the rate of epidural usage in 2016 was extremely high, at over 80% (Enquête Nationale Périnatale 2016 : les premiers résultats - EPOPé (French National Perinatal Survey 2016)). Some have also expressed the opinion that failing to provide painless delivery is a form of abuse toward women. However, in 2020, the epidural usage rate in Japan was 8.6%, which is lower than other countries (MHLW, "Summary of Static/Dynamic Surveys of Medical Institutions and Hospital Report, 2020"), and the prevailing attitude in Japan is that pain during delivery is something women must endure. Some innovative health institutions in Japan have started to promote epidural usage to reduce the burdens placed on women. To disseminate painless delivery in Japan, it will be necessary to standardize practices and improve safety in the future. A liaison council on pain-free childbirth consisting of academic societies and related organizations has been established, and expectations are high for case studies to be collected and research to be promoted in the future.

Postpartum care: Pregnancy and childbirth pose an extremely heavy physical burden on women. Postpartum care facilities for helping women recover after childbirth are growing more widespread in other countries, but the number of such facilities currently established in Japan is still limited. The demand placed on postpartum care facilities is increasing every year, but current efforts to establish new facilities are insufficient to keep pace. On top of this, most existing postpartum care facilities only accommodate expectant mothers and newborns. Most of the time, mothers cannot be accompanied by other family members like fathers and older children during stays in such facilities. Taiwan and South Korea are making efforts to improve their postpartum care facilities, and in some cases, those efforts include establishing accommodations for other family members in order to provide whole-family care. Expectations are high for facilities that provide care to every family member to be established in Japan, as well. In addition, because the use of such facilities comes with significant financial burdens, it will also be necessary to consider addressing the burdens associated with the cost of using them so they can be more broadly utilized among the general public.

While there is a great amount of interest among local governments toward expanding postpartum care facilities, there are disparities in the content of care provided and its quality. In some cases, these facilities operate according to the needs of the people operating them rather than the needs of the parents who use them – the people such facilities are meant to benefit. Such practices result in the facilities regulating themselves. For example, there have been cases in which children were unable to enter postpartum care facilities unless fully breastfed, or in which people were not allowed to stay in such facilities because they could not eat the meals provided there. Despite the fact that the original objectives of postpartum care facilities are to enable people rearing children to rest and to ensure children's safety, rather than being places people can recuperate and enjoy themselves, there have been examples of facilities providing original forms of guidance that are not based on evidence. Steps must be taken to improve their operations in line with the original purpose of postpartum care facilities.

Breastfeeding: In Japan, we still see statements regarding breastfeeding which have no basis in scientific evidence. One reason for this is that breastfeeding is not an issue that is directly related to children's health, so it goes unaddressed in the field of pediatric medicine. In principle, the field of obstetrics and gynecology is closely involved in this area, but only until childbirth. These factors make it difficult for science-based discussions on breastfeeding after childbirth to be accumulated in the healthcare provision system. To lessen psychological burdens placed on people rearing children, expectations are high for specialist organizations in this field to present multi-disciplinary, scientific evidence and to disseminate it throughout society.

Mass screenings for newborns: For people with rare diseases, it can take a long time to receive a diagnosis after experiencing initial symptoms, and such diseases also tend to carry high risks of progressing to severe conditions. As such, rare diseases can be considered a social issue. Mass screenings are one tool that can be used to detect such diseases early to help with early treatment. This means it is highly significant to expand the groups being tested, but forms of screening that are backed by scientific evidence are not being introduced quickly enough. To implement systems for conducting mass screenings of newborns throughout society, it will be important to aggregate evidence and discuss cost-effectiveness within the context of limited financial resources. Mass screenings for diseases where early detection and treatment are vital have already been introduced in a number of municipalities and include Severe Combined Immunodeficiency (SCID), Spinal Muscular Atrophy (SMA), and Lysosomal Storage Disease (LSD). While it is feasible to limit such screenings to those who pay for them out-of-pocket, we are starting to have sufficient evidence for such screenings, so anticipation is high for efforts that utilize public subsidies to build a healthcare system with the capacity to provide nationwide screenings and ensure people have equal opportunities to access them.

Abuse of children under one year of age: Child abuse is a major challenge, and compared to children of other ages, identifying and responding to cases is even more difficult when the child in question is an infant. According to an expert committee report, children under the age of one had the highest rate of death due to abuse at 65.3%, with half (50.0%) of those cases being among children younger than one month of age (National Council on Social Security Subcommittee on Children, "18th Report of the Expert Committee on Verifying Cases of Child Abuse and Other Treatment that Requiring Protection"). An initiative called the "Hello Baby Project" provides home visits for all families with infants by four months of age, but given the large number of deaths due to child abuse among children under one month of age, it is difficult to say that existing measures are sufficient to curb abuse. In particular, there are cases in which efforts at local governments to process pregnancy notifications, provide follow-ups, and conduct prenatal checkups are not advancing in a reliable or adequate manner in areas with large populations. Preventing the abuse of children under one year of age will require regular efforts to build relationships and connections in communities that begin in the perinatal period. Yamanashi Prefecture and other local governments have introduced programs that provide multiple home visits from public health nurses spanning the perinatal and neonatal periods. More programs are needed to build face-to-face relationships in communities that begin before children are born.

Medical examinations and checkups for psychological and social health: The number of infant health checkups and school health examinations in Japan must be increased and their content must be expanded. Statutory health checkups currently provided in Japan include only two infant health checkups, which are given at 18 months and 36 months. School checkups are conducted en masse. Other countries provide more examinations. In the U.S., for example, there is an initiative from the American Academy of Pediatrics called "Bright Futures" which recommends seven infant health checkups, five checkups between the ages of 12 months and 30 months, and then once annually from age 3 to age 21. Each checkup in this initiative is conducted on an individual basis and their recommended duration is thirty minutes or more per person.

Regarding the actual content of health examinations, the majority of examinations provided in Japan examine physical (biological) conditions. In the U.S., however, such examinations encompass biopsychosocial perspectives. They are conducted by family doctors and include various examinations such as interviews and assessments of the environments around patients in terms of lifestyles, parent-child relationships, and life at school. They also include role-playing exercises to instruct parents on

how to respond to events that their child might experience. Japan must also implement the biopsychosocial perspective in health checkups and expand them. However, medical fee reimbursements provided for this type of psychosocial care are currently insufficient, which creates one obstacle for initiatives from healthcare institutions. The same can be said for the U.S., where some say that there is not enough funding for psychological and social health care. A number of efforts to address this are being made and include initiatives to use donations to bridge the gaps when funding is insufficient. There are high expectations for discussions to be held in Japan that examine additional reimbursements and various methods of generating funds to provide medical care.

Utilizing screening programs for school age-children to provide early detection and treatment for familial diseases: Research on the validity of early detection and treatment for familial diseases (familial hypercholesterolemia, etc.) is currently advancing. However, after completing screenings that are given to newborns, there are basically no opportunities to administer blood tests to detect such diseases later in life. One example of a program for screening school-age children comes from Kagawa Prefecture, which has introduced a program providing pediatric screenings for lifestyle-related disease prevention. There, all fourth- and seventh-graders are administered blood tests and lifestyle surveys as a form of self-screening for lifestyle-related diseases. Expectations are high for good examples like Kagawa Prefecture's program to be expanded horizontally. When expanding such programs horizontally to other local governments, we hope that the national Government establishes a voucher distribution system similar to the one used for vaccine vouchers so people can undergo screenings at local health institutions. To implement the use of such a system in society, we must accumulate evidence like the initiative from Kagawa Prefecture and hold discussions on cost-effectiveness within the context of limited financial resources.

Introduce comprehensive sex education and medical ethics education: To promote children's health and sound development, comprehensive sex education (CSE) and medical ethics education must be provided. In addition to topics related to the body and sexual intercourse, CSE encompasses a broad variety of medical, social, and ethical themes related to the entire process of conceiving children and creating new life. As science and technology continue to advance, new social themes (such as genomic testing) have emerged. Starting from a young age, members of the public must understand the ethical implications of topics like prenatal diagnoses. CSE will be essential for achieving this. Expectations are high for interventions and notifications to be issued from MEXT to ensure every municipality steadily implements CSE.

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When formulating these recommendations, we received opinions from the experts listed below who participated on our Advisory Board. We express our deepest gratitude for their input. These recommendations were compiled by HGPI in its capacity as an independent health policy think tank, and should not be taken to represent the opinions of any individual Advisory Board member, related party, or organization or group to which they are affiliated.

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