

Position Paper

Committee Name: World Health Organization (WHO)

Committee Agenda: Medical Training in the Developing World

Country of Representation: Japan

Japan's constitution expressly declares that citizens have a right to health and that it is the state's responsibility to ensure this right can be realized. Article 25 of the Constitution declares that "all people shall have the right to maintain a certain standard of healthy and cultured life" and that "the state shall try to promote and improve the conditions of social welfare, social security, and public health" for this purpose. The government's commitment to health for all led to universal health care coverage in 1961.

The standard of medical treatment in Japan is extremely high. People born in Japan have the longest life expectancy of any country in the world. Japan has excellent hospitals and clinics, and because it is the world's leading country in technology, offers highly technical, state-of-the-art equipment.

There are three primary types of health insurance in Japan. Workers at corporations are covered by the first insurance scheme. Healthcare insurance premiums are deducted by employers from employees' paychecks. The self-employed are covered by the second insurance system. The premiums are based on a number of variables, including the household size, the number of occupants, and any assets. The third system is a pooling fund that covers medical expenses for those aged 70 or older using premiums from the first two systems. All citizens are covered by the three medical plans, guaranteeing that everyone has access to healthcare. Everyone is covered, hence it is uncommon for those living in poverty or low-income homes to experience a lack of access to healthcare.

Japan is rather a "developed" than "developing" nation, and the leading country for technological advancement. Thus, it helps other nations such as India and African countries which require better medical training facilities. The Japan Council of Medical Training (JMCT) is one such organization that helps in providing medical training to students from developing regions. The program invites doctors from the developing countries and provides training in an advanced medical environment in Japan.

Japanese foreign aid has been historically criticized as 'self-serving'. To change this negative image, Japan has improved the quality of its aid activities. As a major reform, it has developed new educational and technical assistance. In particular, Japan now supports foreign students from developing countries and is creating an extensive medical training program in Osaka.

Second, Japan has offered support for COVID-19 via international organisations. Through five United Nations (UN) organisations, including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the International Federation of Red Cross and Red Crescent Societies, Japan contributed \$140 million by the end of March 2020 and implemented emergency assistance. Japan also supplied aid via international institutions, such as UN agencies and multilateral development banks (MDBs) Note 1, which offer emergency aid to underdeveloped nations.

With all these facts in mind, the key health challenges facing Japan are:

- i) Not many Japanese practice medicine as studying medicine in Japan is conventionally very expensive
- ii) The following are many sub-issues faced by Japan in medical training:
 - a curriculum that does not meet the needs of the population
 - outdated teaching methods that include mainly didactic, classroom-based teaching, which in turn encourages rote learning
 - shortage of trained full-time teachers, specifically in clinical rather than basic sciences teaching
 - issues related to appropriate accreditation and standardization of medical education in the ever-increasing number of medical schools
 - a continued focus on specialist-oriented education at the cost of family medicine and public health
 - inadequate teaching of bioethics
- iii) As the population of non-Japanese citizens grows, the government has endeavored to improve the quality of health care available to them in Japan. The language barrier has always been a significant problem.

[Looking at medical training and healthcare in the developing world with a global perspective:

- A report from the World Bank and WHO claims that at least half of the world's population cannot access basic healthcare facilities. Each year, a sizable portion of households are driven into poverty as a result of having to pay for their own medical expenses.
- A report by The Lancet Global Health Commission on High Quality Health Systems found that death is faced by 5.7 million people in low and middle-income countries annually due to poor quality healthcare, with another 2.9 million who die from lack of access to care. Rephrasing this, people in developing nations have a greater chance of dying from receiving poor quality care than from not accessing care at all.
- At the moment, 800 million people spend at least 10% of their household income on medical costs for themselves, a sick child, or another member of their family. These costs are so exorbitant for over 100 million individuals that they are forced to live on \$1.90 or less each day just in order to survive. These findings were published in Tracking Universal Health Coverage.]

Here are solutions that Japan has implemented in response to these problems:

Solutions for global issues and issue (i):

Japan, being a thoughtful and relatively nonviolent country, has formed the [Japanese Council for Medical Training](#), JMCT, based on the guiding philosophy of fostering "heart to heart personal exchanges" between Japan and the nations of Southeast Asia. The primary objectives of the JCMT Project are to contribute to the global community and foster international friendship by inviting doctors from developing countries to train in Japan. With the purpose of enhancing medical professionals in developing countries, the initiative receives doctors from such regions and offers training in a cutting-edge medical setting in Japan. The JCMT also offers its fellows abundant opportunities to learn more about Japanese society, Japanese culture, and Japanese values while they are in Japan, as well as a suitable living environment and other required support. These "extracurricular" activities support the development of strong friendships between the invited guests and also advance relations between Japan and the developing world.

Solutions for issue (iii): The government has worked to employ medical staff who understand English in Japanese hospitals because the language barrier has always been a major concern in Japanese healthcare. In fact, a significant number of Japanese surgeons and specialists were trained in western English-speaking nations including the United States of America and the United Kingdom.

When visiting a doctor or clinic for routine treatment, or a hospital for a more serious medical condition, non-Japanese individuals seeking healthcare in Japan are advised to bring an interpreter along with them in addition to their health insurance card. They could also request recommendations for local medical facilities with bilingual staff from the nearest embassy or consulate.

These solutions are impeccable and have served Japan well. They can be implemented by other countries facing similar problems to the umbrella term: Medical Training in the Developing World, such as India and Korea.

However, there are more issues [such as issues (i) and all the sub-issues listed in issue (iii)] that the Japanese government has not yet amply addressed.

So, the delegate of Japan proposes solutions to further the elimination of these problems.

- Existing solutions should be strengthened and spread widely across Japan and the nations willing to apply these solutions.

- A free financial literacy course primarily focused on saving should be mandated to be taken by all citizens. This will have adverse beneficial impacts, but its main goal is for families to learn to save money to pay medical expenses.

- Governments should direct taxes further towards developing more healthcare facilities in underdeveloped areas.

- Japan's medical training is excellent, but not flawless. All sub-issues listed in issue (iii) have a unified solution:

- First, we require tweaking of the way of teaching, making it equally practical as theoretical (inspiration to be taken from nations successful in medical training programs). The content taught should have a portion focused on bioethics.

- Next, students should be encouraged by their professors to explore online resources and be passionate about learning medicine. This will improve the overall quality of education of rising doctors and physicians.

- Lastly, we must spread awareness of the necessity to have at least basic medicinal knowledge. This can be done by making first aid and foundational medical knowledge a part of elementary, middle, and high school curriculums.

- Trusted online resources should be promoted so that the public, poor families, and people in developing regions, can learn general healthcare.

To conclude, Japan is one of the best places for medical treatment, hosting outstanding hospitals and clinics offering state-of-the-art service and equipment. Japan clearly expresses urgency that citizens are not deprived of their basic right to health, as stated in Article 25. However, there are challenges in healthcare that face Japan, such as expensive and insufficient medical training provided to the few citizens that even try to become doctors, or the costs for special medical treatment, to name a few. The solutions that the Japanese government has already implemented work wonderfully, and we welcome other nations to apply these types of solutions. Nevertheless, neglected yet pervasive problems remain unsolved. So, the delegate of Japan has presented realistic and applicable solutions above.

Let us join hands and rescue the people of the developing world by providing better medical training and more affordable healthcare facilities.