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Minireview

Explore Human Resource Development Strategies to Achieve UHC- How Should the Future Comprehensive Community Care System Be Operated More Effectively

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Introduction

Japan has experience in building and maintaining universal health insurance. It has achieved the highest level of life expectancy and the lowest infant mortality rate in the world in the 60 years since the end of World War II. And, by the health care system centered on the universal health insurance system, Japan is also called the “world’s model of the UHC: Universal Health Coverage” [1].

On the other hand, in Japan, where the population is aging ahead of the rest of the world, by 2025 it will shift to a comprehensive community care system [2]. In each region, various efforts are being promoted toward the realization of UHC that corresponds to the actual conditions of the region, that is, a “local symbiotic society”. In the model for promoting stroke measures (prevention, medical care, and welfare) in Osaka, preventive medical care is carried out in multiple layers in each region. As a result, low stroke rates and reduced annual national health care costs per capita have been observed in the intervention group [3,4, 5]. In Kitakyushu, community rehabilitation activities centering on hospitals are being carried out, and expectations for social inclusion are increasing [6].

This paper first describes the paradigm shift necessary for public health from the viewpoint of Japan, which is also considered to be the top runner of UHC. Then, I will introduce the case of Saitama, which is practicing “human resource development with collaborative power” toward the realization of a symbiotic society in a regional comprehensive care system. Based on those, this study has explored human resource development strategies for more effective operation of regional human resource development models.

Public health paradigm shift to achieve uhc-From a Japanese Perspective

In Japan, as a future vision for health care, “Healthcare 2035” has been formulated and published [7,8]. “Healthcare 2035” states that Japan’s health care should be the world’s leading figure, and a message is sent to the world. “Healthcare 2035” has three visions [Table 1]. There are four missions: 1) Leading the world to health, 2) Lean health care, 3) Life design, 4) Lead-

Table 1. Three visions of “Healthcare 2035” [ref. 8]

JAPAN VISION HEALTH CARE 2035				
GOAL	Contributing to the prosperity of Japan and the world by building a sustainable healthcare system that enables people to enjoy the world’s highest levels of health and medical care, and to be reassured, satisfied, and satisfied.			
PRINCIPLES	Build a new system Values that should be the basis for promoting operations Judgment criteria Fairness Solidarity based on independence Coexistence of prosperity between Japan and the world			
VISION	LEAN HEALTH-CARE	LIFE DESIGN	GLOBAL LEADER	HEALTH

ing (Leader of Global health).

Some of the events that have had a major impact on health systems in recent years include: 1) Globalization, 2) Explosion of health technologies, 3) Increasing Chronic Diseases, 3) Demographic changes. As a result, “increasing medical expenses”, “changes in the relationship between health care providers and patients”, “changes in health problems with high priority”, and “health disparities” have occurred.

The elderly are now not necessarily a social burden, but rather an asset. Therefore, we should look for health care measures that enable healthier and longer lives. In particular, Japan is at the top in terms of aging. However, Asian countries and other countries are also aging, and the speed is rather faster than Japan. Japan has been aging since becoming a developed country, but many other developing countries are experiencing aging before they develop. It is the sophistication of medical technology rather than the aging population that contributes to the surge in medical costs [9].

UHC is defined by WHO as follows: “Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”[9] UHC is not just about universal health insurance.

In Japan, the universal insurance system was introduced in 1961, and at the same time, has achieved UHC for more than 50 years [8]. Many developing countries such as China, Vietnam, Indonesia, the Philippines, Ghana and African countries have learned from Japan's experience and are helping to improve their own public health [10]. Each country will be required to develop a system of measures according to the actual situation of each country. All the essential functions of UHC exist in Japanese public health. From this, it could be said that "Fostering human resources capable of responding to the new public health paradigm", "Community-based practice of participatory change education" and "Bridging the health gap" etc. can be cited as the direction required for Japanese public health.

Introducing practical examples of "human resource development with collaborative power" toward the realization of a symbiotic society

In recent years, a project for human resource development with highly collaborative solutions through multi-professional collaboration has been started and demonstrated in collaboration of four universities in Saitama Prefecture (Faculty of Medicine, Faculty of Pharmacy, Faculty of Nursing and Welfare, Faculty of Engineering) [11, 12]. This project is the 2012 Ministry of Education, Culture, Sports, Science and Technology inter-university collaborative education promotion project "Developing highly-professional professionals who support the lives of local residents in the Sai-no-kuni. It can be said that the prefecture has begun to move toward the realization of a community-based comprehensive care system and a symbiotic society for medical care, nursing care, and lifestyle support toward the 2025 issue.

The 2025 issue can be cited as the background of the project. In 2025, all baby boomers will be over 75 years old, and when faced with this, one in five residents will be over 75 years old. That is to say that we will enter a super-aging society that humankind has never experienced. Saitama prefecture, which is adjacent to Tokyo, has the highest growth rate of the population aged 75 and over from 2010 to 2025. On the other hand, Saitama Prefecture has the lowest number of nurses per 100,000 population in Japan. In general, demand for medical care and nursing care is expected to increase and diversify as the number of elderly people increases. In the comprehensive community care system, medical care, nursing care, prevention, housing and living support must be provided socially, aiming for an area where everyone can live with peace of mind in a familiar area. Already, the problems of the current aging society are extremely complex. Therefore, it seems that approaching individual fields and problems is reaching its limit, and the Ministry of Health, Labor and Welfare has begun efforts to "realize a symbiotic community". This is a project to create a multi-functional base in the area for vertically split facilities such as facilities for the elderly and facilities for the disabled. Along with the promotion of projects for the realization of a symbiotic society, the facilities that were vertically organized need to be shared with multiple functions. In addition, human resources for coping with multi-generation symbiosis/multi-function type must also have multiple functions. Therefore, in the future, it will be necessary to consider "common qualification" as a human resource qualification necessary for building a community in harmony with the community.

Interprofessional education (IPE) [13] has begun to be newly

started at four universities in Saitama that train health and medical welfare professionals. The purpose is to cultivate a viewpoint that can support the lives of the residents of the coming aging society and to develop professionals who can work together. IPE is positioned according to the UK's definition of CAIPE (Center of Advanced Interprofessional Education) as follows: "Professionals from multiple disciplines learn together and learn from each other in the same place to improve collaboration and quality of care (CAIPE 2002)". The introduction of IPE in undergraduate education in this project was verified as IPW: Inter Professional Working. Medical students who participated in the IPW training understand the importance of professional cooperation, and report that they have improved their motivation and reflected on their daily lives. In addition, through practical training, he/she became aware of the importance of seeing people as well as illnesses and the fact that he/she is a patient, including his/her life after discharge from the hospital. As an educational initiative to nurture medical personnel who can contribute to regional medical care, it is desirable to further deepen cooperation with the local community through IPW training and tackle problem solving on its own.

Aiming for a more effective regional human resource development

As of July 2020, the expansion of the COVID-19 pandemic poses a global threat. If we do not stop the spread of the global outbreak now, we will lose even more lives in the future and the declining global economy will not recover for a long time. The COVID-19 pandemic threat most afflicts the poor and vulnerable. UN Secretary-General Guterres pointed out on 6 July 2020 [14]: "The new coronavirus affects all countries and all people, but this impact and damage are equal. No, it exacerbates existing world inequalities and injustices". At the same time, according to a UN report, around 71 million people are predicted to be extremely poor in the world this year, and the poverty rate, which has been decreasing for the past 22 years, is expected to rise for the first time. It is necessary for the international community to work together to take measures so that it is not too late.

Japan, which is the top runner of UHC, has so far implemented vertical division of fields centered on the "facility model". In the future, though, it will be necessary to aim for the realization of a policy that "no gaps or breaks" in each region. In order to realize this, it is necessary to enhance the "community model" that is being sought by developing countries, and in the future, there must be a lot of mutual learning. "Approaches to the group" that public health has been good at so far will require more consideration for individuality. In order to aim for a society in which no one is left behind, it is necessary to listen to "voices that policy makers and planners had difficulty hearing".

In behavioral science, "Empowerment" is defined as follows: "For a person or group that is socially oppressed or put in a disadvantage, their unique abilities and focus on strengths and bring out your original strengths to help you control your life and environment"[15]. "Empowerment" spread during the 1980s when women's rights movements flourished, and it was spread by Brazilian educator and philosopher Paul Freire (1921–1997). Empowerment is also defined as "each member of society and organization gains the necessary power for development and re-

form". Freire noted, among other things, in the pedagogy of the oppressed, the low literacy rate and silent culture of northeastern Brazil in the 1960s. The culture of silence is the culture of people who have been oppressed, exploited, deprived of letters, and put into a quiet position in history. Based on his experience supporting the literacy learning of Brazilians, he laid the foundation for critical pedagogy and wrote the pedagogy of the oppressed [16,17]. The books spread to developing countries and is read all over the world. In order for Japan to approach a "group that is hard to reach the voice" in the future, it will be important to carefully explore the local demand, such as by utilizing the "pedagogy of the oppressed". In order to promote this, it seems that the use of "problem-solving education" recommended by Freire and the bidirectional exchange of human resources and information between Japan and developing countries will be required.

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