The Utilization of ICF in National Legislation and Policies in Japan

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Abstract
ICF has been introduced to national legislation and policies in Japan, not only in the fields related to disability, health care long-term care, but also in many other varied fields. Theses include “Basic Programme for Persons with Disabilities”, “Biwako Millenium Framework for Action Towards an Inclusive, Barrier-Free and Rights-based Society for Persons with Disabilities in Asia and the Pacific”, the report of the commission on “the Care of the Elderly People”, the report of the commission on “the Rehabilitation of the Elderly People”, disability prevention in the elderly population, support for independent living of people with mental disability in the community, disability prevention after natural disasters, the survey of the functioning in the patients with asthma due to air pollution, educational activities on ICF in overseas developmental aids programs.

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ICF (the International Classifications of Functioning, Disability and Health) has been introduced to national legislation and policies in Japan, not only in the fields related to disability, health care and long-term care, but also in many other varied fields.

**ICF in the “Basic Programme for Persons with Disabilities” (Cabinet Office)**

The Japanese government issued a ten-year plan for implementation of services for people with disabilities (PWD) in 2002. It was named as the “basic Programme for Persons with Disabilities”. It was the second of such plans. It defines the general policy of the government and sets out concrete numerical targets in a wide range of public services for PWD.

This basic programme declares, in the Basic Policy (Concept), that “A cooperative society in which all persons with or without disabilities can mutually respect their personalities and individualities should be developed in twenty-first century”. It then enumerates principles such as human rights, participation in all aspects of life, support for maximizing their capacities etc. and concludes that “Based on such concept, the Basic Programme will establish the fundamental provisions of the measures to be implemented by the government under cooperation and understanding with/of relevant people.”

Then in the following section “3. Development of measures in accordance with diversity of disabilities”, it stipulates that “To utilize ICF adopted in WHO, in light of better understanding of disabilities and promoting appropriate measures, should be considered.”

This statement is very important in that ICF was taken up as the core concept of the public services for PWD.

**2. Biwako Millenium Framework for Action Towards an Inclusive, Barrier-Free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (Cabinet Office)**


Following that action, a High-level Intergovernmental Meeting was held in October 2002 in Otsu City, Japan. The meeting concluded its discussion with a declaration named “Biwako Millenium Framework for Action Towards an Inclusive, Barrier-Free and Rights-based Society for Persons with Disabilities in Asia and the Pacific.”

The document includes a section on ICF, which states that “Lack of adequate data has been one of the most significant factors leading to the neglect of disability issues, including the development of policy and measures to monitor and evaluate its implementation, in the region. … This limitation results in part from the conceptual framework adopted, the scope and coverage of the surveys undertaken,
as well as the definitions, classifications and the methodology used for the collection of data on disability. It is also recognized that a common system of defining and classifying disability is not uniformly applied in the region. In this connection, a wider usage of the International Classification of Functioning, Disability and Health in countries of the region will be expected to provide a base for the development of such a common system of defining and classifying disability.

3. Report of the Commission on “the Care of the Elderly People” (Ministry of Health, Labour and Welfare, MHLW)

The report of the “Commission on the Care of the Elderly Persons” (Chairperson: T.Hotta) under the Ministry of Health, Labour and Welfare (MHLW) that was issued in 2003 with the title of “The care of the Elderly People in 2015” emphasises ICF in relation to rehabilitation. It states that “Rehabilitation must be based on ICF and provided as an individualized program for the improvement of independence of activities and better functioning.”

4. Report of the Commission on “the Rehabilitation of the Elderly People” (MHLW)

The “Commission on the Rehabilitation of the Elderly People” (Chairperson: S.Ueda) was established by MHLW in 2003. The committee studied the actual situation, urgent problems and tasks, and breakthrough approaches of rehabilitation and disability prevention in the aged people.

The Report of the Commission was issued in January, 2004 with the title of “the New Direction of Rehabilitation of the Elderly People”. It is based on the ICF concepts and stresses the importance of introducing the comprehensive model of ICF to rehabilitation and disability prevention as well as general medical care and personal care.

The Report made a great number of concrete recommendations on various aspects of rehabilitation and disability prevention. It stresses, based on the ICF, the importance of a total understanding of the individual client and of putting major emphasis on his/her positive aspects of functioning rather than disability.

5. Disability Prevention in the Elderly Population (MHLW)

Disability Prevention is becoming a very important issue in present-day Japan. The reason why is essentially an unprecedentedly rapid aging of the population, and specifically an increasing financial burden of the medical and long-term care for the elderly population.

Disability prevention, which is generally called as “Prevention of the care-dependent state” in the elderly population, is now in the process of drastic changes and ICF is becoming to play an ever increasingly important role.

For example, 39 selected activity items of ICF are currently field-tested for the evaluation and goal-setting for the program of individualized “Prevention of the care-dependent state”. ICF items were also introduced to the eligibility evaluation and home physician’s diagnostic opinion forms for both disability prevention and long-term care provision.

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6. Support for Independent Living of people with Mental Disability in the Community (MHLW)

The report of the “commission on the Support for Independent Living of people with Mental Disability in the Community” in MHLW in 2005 has stated that “The effective utilization of ICF, which puts an emphasis on the positive aspect of the person with disability should be energetically studied for introduction to the evaluation of mental disability.”

7. Disability prevention after Natural Disasters (Cabinet Office)

The recent report of the “Commission on the Program in Earthquake and other Natural disasters in the Rural Area” under the Cabinet Office emphasizes the need of prevention of not only diseases and traumas, but also of the decline of “functioning”, due to the “activity limitation” and “participation restriction” caused by the great environmental changes, which lead to disuse syndrome.

8. The Survey of the Functioning in the Patients with Asthma due to Air pollution (Ministry of the Environment)

The Ministry of Environment has planned to make a nation-wide survey of the functioning in the patients with asthma due to air pollution. It includes selected items of not only body function, but also activities, participation and environmental factors.

9. Educational Activities on ICF in Overseas Developmental Aids Programs (Ministry of Foreign Affairs)

Various educational activities on ICF has been carried on by Japanese experts as a part of Japan’s Overseas Developmental Aids (ODA) programs thorough Japan International Cooperation Agency (JICA) and Ministry of Foreign Affairs.

For example, teaching (lecture and small group practice) of the clinical utilization of ICF by Japanese experts has been done in Costa Rica in 2004 (with 160 participants) and in Costa Rica (with 200 participants) and Dominican Republic (50 participants) in 2005.

Also a one-day lecture and practice on the use of ICF to medical staff from developing countries has been made as a part of the Medical Staff Training Course under a JICA program in Kobe, Japan every year in 2003-2005.

Conclusion

This brief overview on the utilization of the ICF in legislation and government policy in Japan provides an ever increasing impact of ICF in quite a variety of fields, including from rehabilitation, care for people with disability, general medicine, long-term care, social welfare and many others.

It must be added that this report has skipped an important field of clinical application of ICF, that includes the use of ICF model in the “(Comprehensive) Rehabilitation Implementation plan” in both National Medical and Long-term Care Insurance Systems. This topic will be reported in detail in another paper.