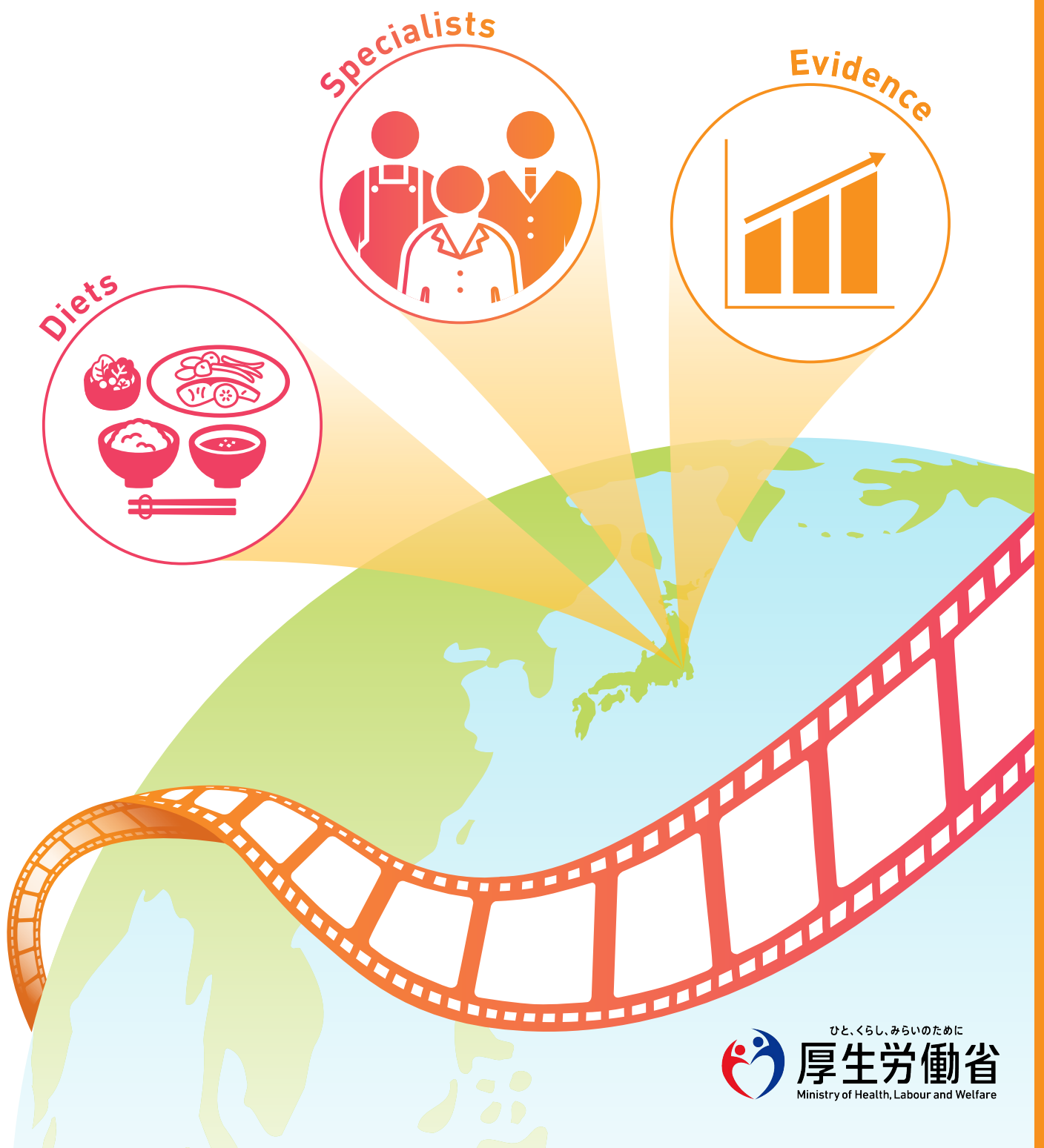


Nutrition Policy in Japan to

# Leave No One Behind

-For Achieving Sustainable Societies-



# KEY POINTS

## Global Nutrition Challenges and the History of Japan's Nutrition Policy

### Global nutrition challenges hindering us from achieving sustainable societies

P3

- ✓ Actions to improve nutrition outcomes are vital to achieve the SDGs
- ✓ Despite various actions around the world, every country still has nutrition challenges

### Japan has been continuously promoting their nutrition policy to leave no one behind even before the economic growth

P4-5

- ✓ Era of addressing nutritional deficiencies caused by food insecurity - Addressed nutritional deficiencies based on the evidence from the nutrition survey -
- ✓ Era of tackling NCDs increased along with the economic growth - Tackled NCDs through community-based nutrition improvement activities -
- ✓ Era of dealing with more complex nutrition challenges - Promoting more sophisticated and particularized nutrition policy -

## Three Important Elements in Japan's Nutrition Policy

### 1. Nutrition policy focused on "DIETS"

P6-7

- ✓ The concept of "DIETS": staple/main/side dishes, and eating style
- ✓ Policy that supports throughout the life-course, the sick/wounded, and disaster victims
- ✓ Nationwide guidance on "DIETS" that considers the characteristics of each region
- ✓ History of the guidance on "DIETS" developed mainly by local communities
- ✓ Provision of "DIETS" at food service facilities where specialists manage nutritional balance
- ✓ Actions to support the provision of healthy "DIETS" in times of large-scale disaster

### 2. Training and nationwide deployment of "SPECIALISTS"

P8-9

- ✓ Long history of training nutritional "SPECIALISTS" since 1924
- ✓ "SPECIALISTS" working nationwide on the basis of an expertise on nutrition science
- ✓ Nutrition improvement activities by nutritional "SPECIALISTS" across Japan
- ✓ Volunteers supporting local nutrition improvement activities

### 3. The process of policy making based on scientific "EVIDENCE"

P10-11

- ✓ Over 100 years history of research to obtain scientific "EVIDENCE" for nutrition policy
- ✓ Formulation and improvement process of health/nutrition policy based on a PDCA cycle
- ✓ Reliable National Health and Nutrition Survey conducted annually since 1945
- ✓ Continuous improvement of "Dietary Reference Intakes": a basis for nutrition policy
- ✓ Cooperation between the government and municipalities for health/nutrition policy

## For our international contribution...

### We hope to contribute to achieving sustainable societies with our experience of over 100 years

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# Global nutrition challenges hindering us from achieving sustainable societies

## Actions to improve nutrition outcomes are vital to achieve the SDGs

The Sustainable Development Goals (SDGs), adopted by all UN Member States in September 2015, are a set of 17 global goals to be achieved by 2030, which aim to achieve sustainable, diverse, and inclusive societies where no one is left behind. **Actions to end malnutrition in all its forms can contribute to achieving all 17 goals, especially “Goal 2: Zero hunger” and “Goal 3: Good health and well-being”** that cover nutrition and health challenges.

2 ZERO HUNGER



### Goal 2: Zero hunger

End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

3 GOOD HEALTH AND WELL-BEING



### Goal 3: Good health and well-being

Ensure healthy lives and promote well-being for all at all ages.

While the declining world's starving population increased in 2014 and one in nine people in the world is now facing starvation, overweight is also increasing in all generations. Therefore, the SDGs targets focus on malnutrition in all its forms, including overweight and obesity as well as starvation and nutritional deficiencies. Additionally, although under-five mortality in the world has fallen to 39 out of 1,000 births, there is still a need for nutritional interventions, such as the provision of adequate nutrition and the promotion of exclusive breast-feeding.

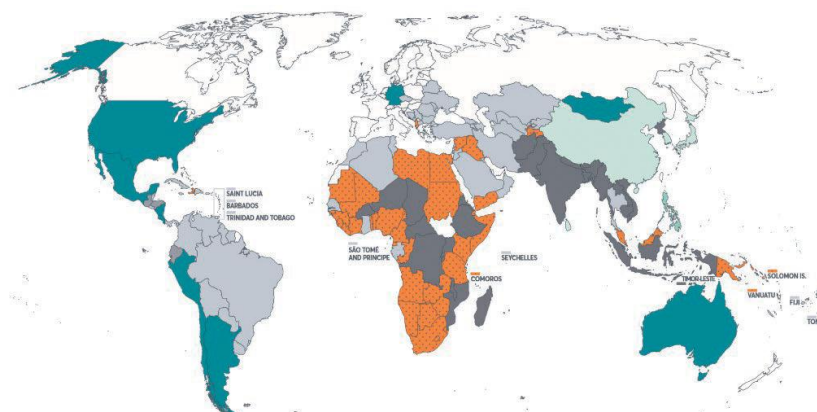
\* Source: United Nations: The Sustainable Development Goals Report 2019

Actions to address nutrition challenges not only help people of all ages improve and keep their good nutritional status and obtain good health condition, but also contribute to the development of the society by supporting various social activities, such as education and work.

To achieve the SDGs, efforts to end malnutrition in all its forms are essential.



## Despite various actions around the world, every country still has nutrition challenges



- Insufficient data
- Anaemia only
- Overweight and anaemia
- Anaemia and stunting
- Overweight only
- Stunting only
- Overweight and stunting
- Overweight, anaemia and stunting

\*Source: Global Nutrition Report: 2018 Global Nutrition Report (2019)

So far, governments, international organizations, industries, and civil societies have been taking various actions to improve nutrition outcomes worldwide. In this trend, the World Health Assembly formulated goals in 2012 that are to be achieved by 2025 (Global Nutrition Targets 2025), and the SDGs has adopted them as its goals. Thus, the global trend towards the promotion of nutrition improvement actions is gaining momentum year by year. Nevertheless, every country still faces some nutrition challenges today, and many of them are especially suffering from the double burden of malnutrition.

In order to tackle starvation, undernutrition, overnutrition, and the double burden of malnutrition, **comprehensive measures that combine various approaches ranging from the social environment to people's life-course are necessary.**

### The double burden of malnutrition

The double burden of malnutrition is a state where undernutrition and overnutrition coexist within individuals, household and population, and across the life-course. It is a serious global problem as it hinders the development of sustainable societies.

#### Undernutrition

- Underweight, Stunting
- Anemia
- Micronutrient deficiencies etc.

#### Overnutrition

- Overweight, Obesity
- Diet-related noncommunicable diseases (NCDs) (Type 2 diabetes, cardiovascular disease, etc.) etc.

#### The double burden of malnutrition

Coexistence of undernutrition and overnutrition

# Japan has been continuously promoting behind even before the economic growth

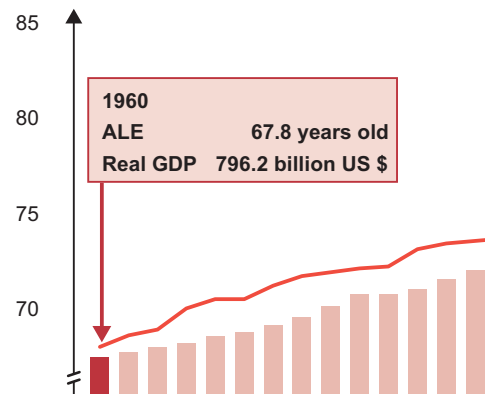
Since around the Meiji Restoration (late 1800s), nutrition-related activities had been undertaken in Japan. On that foundation, Japan started to develop its nutrition policy as a national effort in 1920 when the government established the National Institute of Nutrition, followed by the foundation of the Private Nutrition School by Dr. SAIKI Tadasu in 1924. Throughout the history of the country's nutrition policy, **"Diets," "Specialists," and "Evidence" have always been the core elements.**

After World War II, with the support from international organizations and other countries, Japan promoted various nationwide nutrition improvement activities, for instance, the national nutrition survey, school lunch program, and nutritional guidance in local communities. As shown in the graph on the right, Japan has been promoting its nutrition policy long before the huge increase in its real GDP and life expectancy of the Japanese citizens.

**Namely, Japan launched the national nutrition policy even before the economic growth and has been continuously advancing it according to the nutrition challenges at the times. By doing so, the country achieved the tremendous economic expansion and became the world's top country for longevity.**

Japan has been promoting its nutrition policy even before the economic growth

Average Life Expectancy (ALE)



- 1920: National Institute of Nutrition established
- 1923: Great Kanto Earthquake
- 1924: Private Nutrition School founded by Dr. SAIKI Tadasu
- 1926: The first 15 graduates of the Private Nutrition School started working as Dietary Instructors
- 1937: Health Center Law enacted
- 1940: Rules for the Encouragement of School Lunches formulated
- 1942: Handbook for the Encouragement of School Lunches (predecessor of the Maternal and Child Health Handbook) system launched
- 1945: End of WWII
- 1946: National Nutrition Survey started
- 1947: Ordinance for Dietitians promulgated (The license system officially installed for dietitian qualification)
- 1948: School Lunch program started in urban areas
- 1949: Medical Care Act enacted, Health Center Deficitians Act enacted, Health Center Law revised
- 1952: Annual Nutrition Survey started
- 1954: Nutrition Improvement Campaigns started
- 1956: School Lunch Program Act enacted
- 1959: Nutritional Guidance Act enacted
- 1961: Promotion of dietary improvement activities by volunteers started
- 1962: Registered dietitian system established (achievement of the Universal Health Insurance Coverage)
- 1968: Became the world's second-largest economic power
- 1970: Population aging rate exceeded 7%

## Era of addressing nutritional deficiencies caused by food insecurity

## Era of tackling NCDs

### Addressed nutritional deficiencies based on the evidence from the nutrition survey

Since the prewar period, the primary nutrition challenge of Japan had been severe nutritional deficiencies caused by food shortages. After WWII, however, with the assistance from overseas, Japan thoroughly overcame the nutritional deficiencies in a remarkably short period of time, owing to various activities promoted by the nutritional specialists nationwide. Those activities were planned based on the evidence collected from the Nutrition Survey (began in 1945).



### Tackled NCDs through community-based nutrition improvement activities

In the rapid economic growth period after the undernutrition era, Japan saw the rise of overnutrition, such as an increase in obesity and NCDs. To solve this problem, Japan proactively promoted community-based nutrition improvement programs under the National Health Promotion Plans which especially focused on expanding health checkups/guidance and developing specialists and facilities.

The following three elements have been the heart of Japan's nutrition policy:

Nutrition policy focused on "DIETS"

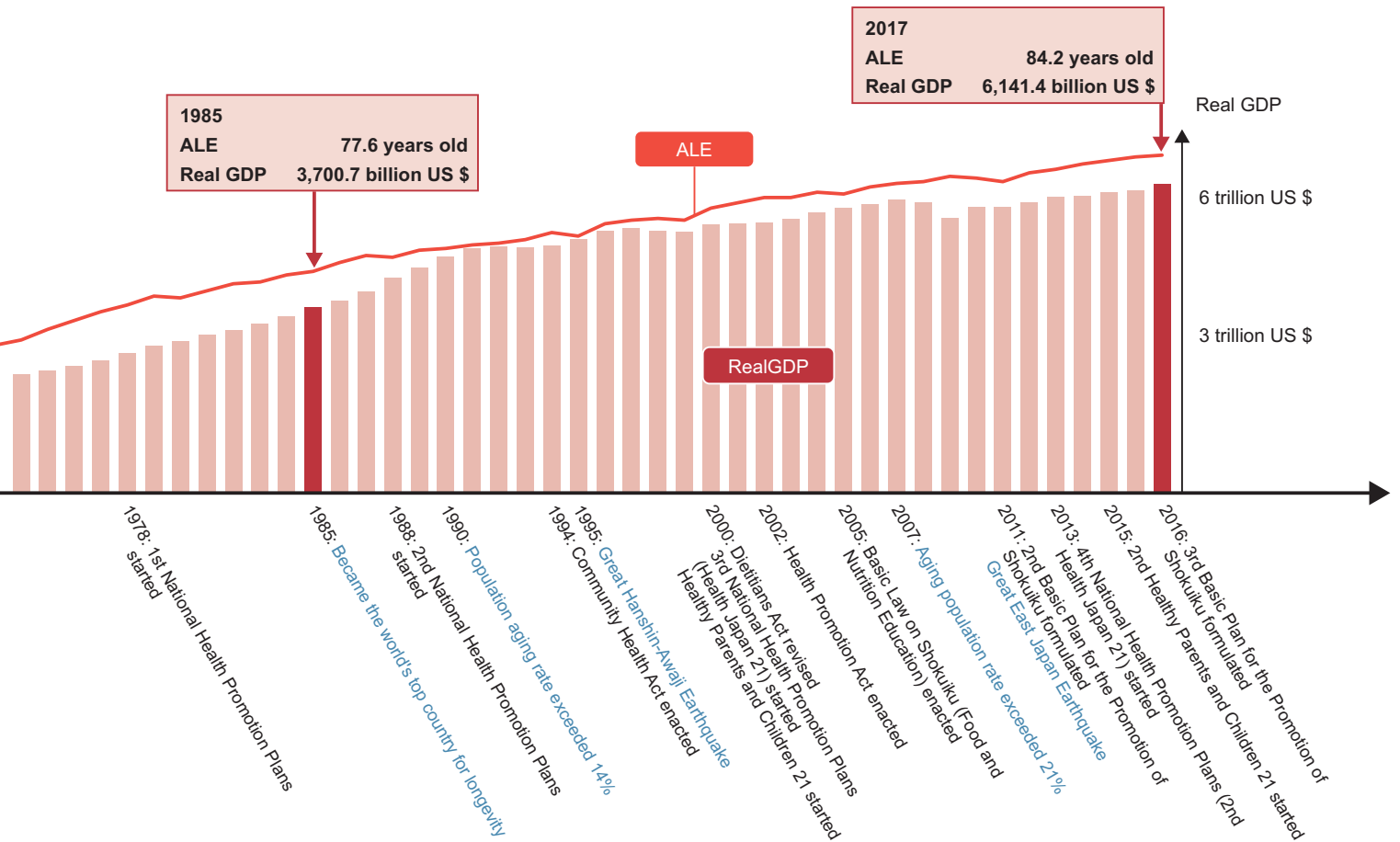
P6-7

Training and nationwide of "SPECIALISTS"

Putting a high value on these ideas, Japan has been building a thoughtful by promoting the nutritional life-course approaches that support from infants

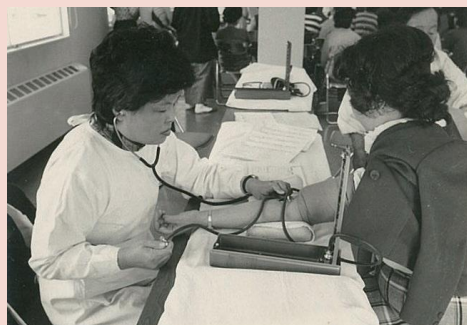
# its nutrition policy to leave no one

\* Average life expectancy: Organization for Economic Co-operation and Development (OECD):  
Life expectancy at birth (Total), Japan (1960-2017)  
\* Real GDP: World Bank: GDP (constant 2010 US \$), Japan (1960-2017)



increased along with the economic growth

Era of dealing with more complex nutrition challenges



## Promoting more sophisticated and particularized nutrition policy

In order to establish a vibrant society in this progressing aging society, Japan is promoting more sophisticated nutrition policy tailored towards individual needs by enhancing various nutrition-related systems, such as the revision of the Dietitians Act in 2000. The activities based on this enhanced policy can be seen in many different settings: medical care, elder care, welfare, schools, and local governments.



deployment

P8-9

The process of policy making based on scientific "EVIDENCE"

P10-11

and resilient society where "no one is left behind," to the elderly, the sick/wounded, and disaster victims.

# Nutrition policy focused on "DIETS"

## The concept of "DIETS": staple/main/side dishes, and eating style

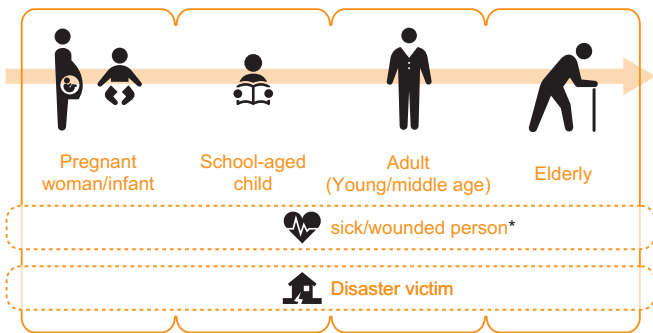
Japan's nutrition policy has been particularly focusing on the concept of "DIETS" which includes what to eat, when to eat, and eating with others.

The core concept is "staple dish/main dish/side dish." That is, properly combining these three types of dishes can help people maintain ideal nutritional balance: staple dish, such as rice, is the major source of energy, main dish (meat, fish, etc.) supplies protein and fat, and side dish mainly consists of vegetables/mushrooms and is the source of vitamins/minerals.

Furthermore, in the concept of "DIETS," Japan also places special importance on eating style, such as interacting with others through meals and eating at the appropriate time of the day, recommending it in the "Dietary Guidelines for Japanese."



## Policy that supports throughout the life-course, the sick/wounded, and disaster victims



Japan's nutrition policy supports throughout people's life-course and reaches out to the sick/wounded and disaster victims.

The Nutrition Improvement Act (1952) stipulated that the government should work on nutrition improvement activities for the people. When this Act was revoked, the Health Promotion Act (2002) not only took over its contents but also added that the people themselves should actively make an effort to improve and maintain their health status. **Based on various nutrition-related laws including the Health Promotion Act, Japan has been continuously promoting the national nutrition policy that no one is left behind throughout the country.**

\* Services related to tube feeding are provided to the sick/wounded who have difficulty in oral intake (specialists such as registered dietitians provide professional support to the transition to oral intake, according to the condition of the patient)

## Nationwide guidance on "DIETS" that considers the characteristics of each region



Baby food guidance



Classes teaching about diets



Health checkup/Health guidance



Cooking class for adults



Dietary guidance for the elderly



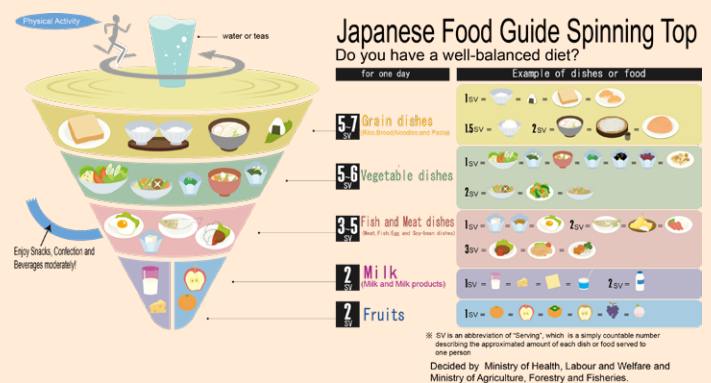
Guidance in disaster-hit areas

Japan is promoting guidance on healthy diets across the country. Registered dietitians/dietitians and volunteers engage in this guidance, making it highly effective by respecting the local food culture and utilizing local products. Furthermore, they also provide guidance on healthy diets to disaster victims in affected areas.

## Highly practical tool that illustrates healthy "DIETS"

In order to provide effective guidance on diets, specialists utilize "Japanese Food Guide Spinning Top," which shows a proper amount and content of diets required for a day by the illustration of spinning top and some examples of dishes.

It draws five groups of dishes from the top according to their appropriate amount: "Staple dish," "Side dish," "Main dish," "Milk/Dairy products," "Fruits." In addition, "Water/Tea" is expressed as the axis of the spinning top as it is essential for the body, and the string of the spinning top represents snacks and other beverages for additional enjoyment. Likewise, the running person on the spinning top demonstrates the necessity of exercise. For more convenience, some municipalities make their own version of it by adding their local dishes to the examples.



## History of the guidance on "DIETS" developed mainly by local communities

Japan launched the Annual Nutrition Improvement Campaigns (currently: Annual Diet Improvement Campaigns) in 1949 to address the post-war nutritional deficiencies. In this campaign, in cooperation with specialists from other fields, dietitians in health centers played a central role in providing nutritional advice to residents, teaching reasonable cooking methods, and distributing nutritional educational materials. Since then, they have been promoting these campaigns by changing what to promote every year based on the results of the National Health and Nutrition Survey and making the campaign the most suitable for the situation at the time.

As a part of the campaign, in 1956, health centers started a mobile dietary guidance service which utilized nutritional guidance car (kitchen car), by collaborating with local volunteers. This service not only provided effective guidance on diets in a short time but also disseminated the necessity of improving dietary habits, performed cooking demonstrations suitable for each local area (e.g. using locally grown food, making local traditional dishes, etc.), and provided practical advice concerning the dietary habits and health of the local residents.



## Provision of "DIETS" at food service facilities where specialists manage nutritional balance

Japan had provided food service that had paid careful attention to nutritional balance chiefly at company cafeterias and schools even before WWII. After the war, the government enacted laws regarding food service and, under these laws, has been providing diets which nutritional specialists manage their nutritional balance at various facilities, such as schools, company cafeterias, and hospitals. The Health Promotion Act stipulates that food service facilities that can accommodate many people should employ registered dietitians/dietitians to be able to properly manage nutritional balance of the diets. Those facilities include pre-schools, schools, company cafeterias, elder-care facilities, hospitals, as well as correctional institutions and facilities related to the Self-Defense Forces. Of about 50,000 food service facilities, about 3/4 of them hire registered dietitians/dietitians. In particular, almost all hospitals and long-term care health facilities employ those specialists.



### Reference: Promotion of nutrition policy in cooperation with companies, organizations, local governments, etc.

Since 2011, Ministry of Health, Labour and Welfare has been promoting the Smart Life Project that encourages the voluntary and effective health promotion activities of companies, organizations, and local governments. From the perspective of "creating a society where everyone, including those who are not interested in good health, can be healthy," this project also advocates activities related to the promotion of healthy food environment, such as the development of food products and menus aimed at reducing salt intake and increasing vegetable intake.

## Actions to support the provision of healthy "DIETS" in times of large-scale disaster

Based on the experience of many natural disasters, Japan has been taking various actions to provide healthy diets even in times of devastating disaster and increasingly strengthening them in response to recent large-scale disasters. The table below shows the main activities by Ministry of Health, Labour and Welfare.

Formulation of standards/guidelines for support activities	<ul style="list-style-type: none"> <li>Set reference intakes of energy and nutrient for dietary management at evacuation centers</li> <li>Clarify the points to be considered in terms of diets at evacuation centers for those who require special support, such as infants, the elderly, the sick, patients with allergies, etc.</li> </ul>
Dispatch of registered dietitians to disaster-stricken areas	<ul style="list-style-type: none"> <li>Promote the establishment of an effective cooperative system among the government, municipalities, and professional organizations and the training of specialists (registered dietitians, etc.) in order to dispatch them to disaster-hit areas where the governing body got dysfunctional due to the damage of great catastrophe.</li> </ul>
Systematization of the details and structure of support activities	<ul style="list-style-type: none"> <li>Systematize the roles of local governments and supporting organizations/people in each phase (from the occurrence of a large-scale disaster to restoration), compiling them to a handbook for appropriate nutritional/dietary support, and promote the construction of supporting structure and the smoother delivery of ample assistance.</li> </ul>
Creation of a simulator for food stockpiling	<ul style="list-style-type: none"> <li>Create a simulator for municipalities that estimates the required amount of food stockpiling, aiming to encourage them to stockpile proper amount and type of food that pays careful attention to the nutritional balance and those who need special consideration.</li> </ul>



# Training and nationwide deployment of

## Long history of training nutritional "SPECIALISTS" since 1924

In 1924, Dr. SAIKI Tadasu established the Nutrition School to train nutritional specialists who can provide dietary guidance and operate food service management in order to deal with nutritional deficiencies; this was the inception of the history of dietitian training. The training of dietitians officially obtained a legal basis in 1947 when the Dietitians Act was enacted.

To tackle NCDs which came up as the main health problem in the rapid economic growth period, Japan revised a part of the Dietitians Act to establish the Registered Dietitian System and began the training of registered dietitians in 1962 for more advanced dietary management. Although the law had not defined specific duties of registered dietitians at that time, the revision of the Dietitians Act in 2000 clarified the role of a registered dietitian as a person who manages the nutrition of people with complex nutritional problems, such as the sick/wounded and the elderly.

Thus, **Japan has been training nutritional specialists, deploying them nationwide for about 100 years, and defining their appropriate roles as the times change.**



Nutrition School founded in 1924



First graduate of the Nutrition School

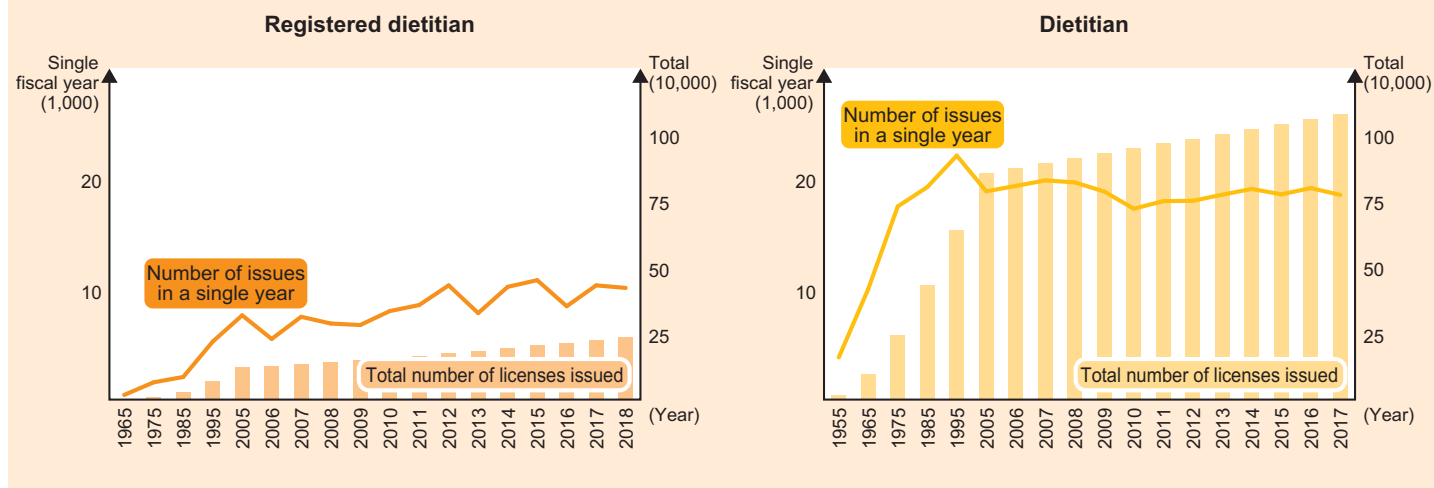
## "SPECIALISTS" working nationwide on the basis of an expertise on nutrition science

Registered dietitian/dietitian is a licensed profession stipulated in the Dietitians Act that has a deep knowledge and outstanding skills necessary for nutritional guidance and food service management. In particular, registered dietitian's license is granted to those with specialized knowledge/skills who possesses a dietitian's license and has passed the national examination for registered dietitian.

Issuing authority	Registered Dietitian	Dietitian
	The Minister of Health, Labour and Welfare	The prefectural governor
Facilities where employment of registered dietitians/dietitians is mandatory	<p>Facilities that require <b>special nutritional guidance and food service management</b></p> <ul style="list-style-type: none"> <li>Hospitals that provide advanced medical care</li> <li>Food service facilities that need medical nutrition management etc.</li> </ul>	<p><b>General facilities</b> that require nutritional guidance and food service management</p> <ul style="list-style-type: none"> <li>Hospitals</li> <li>Schools</li> <li>Child welfare facilities</li> <li>Elder-care facilities</li> <li>Company cafeterias</li> <li>Correctional facilities etc.</li> </ul>
License requirements	Acquisition of required credits at Training School	
	<p>Passing the national examination for registered dietitian (Exam subjects: clinical nutrition, public nutrition, etc.)</p>	

### Number of registered dietitian/ dietitian licenses issued

The total number of licenses issued for registered dietitians is about 230,000 (as of 2018) and about 1.07 million for dietitians (as of 2017). Many of those nutritional specialists are currently engaging in nutrition improvement activities throughout Japan.





# "SPECIALISTS"

## Nutrition improvement activities by nutritional "SPECIALISTS" across Japan

Japan stipulates a placement of registered dietitians/dietitians and designates wide range of facilities to place them, such as hospitals, schools, and elder-care facilities. This rule started in 1947 when the Health Center Law (Currently: Community Health Act) required health centers to hire dietitians.

Since then, various laws have prescribed the placement of registered dietitians/dietitians in a variety of facilities, and Japan has been locating nutritional specialists nationwide under these laws. Additionally, registered dietitians/dietitians also promote nutrition improvement activities in companies and research institutes.

### Facilities where registered dietitians/dietitians are placed

With the close cooperation of specialists from other fields, registered dietitians/dietitians are working for various facilities to improve people's nutritional status by adjusting their approaches to the characteristics of the people at each site.



About 6,000 staff

#### Local governments

They mainly plan, implement, and evaluate health promotion activities and nutrition/dietary policy in their area in cooperation with public health nurses and volunteers.



About 10,000 staff

#### Schools

They operate school lunch program and educate about nutritionally balanced diets and food culture through school lunches and experiential learning in agriculture/fishery.



About 40,000 staff

#### Hospitals

Their principal job is to manage nutritional balance of the diets for patients and to operate food services with medical professionals, such as doctors, nurses, and pharmacists.



About 16,000 staff

#### Pre-schools

They actively help healthy development of children by managing nutritional balance of the diets and administering food services for children in cooperation with specialists from other fields.



About 15,000 staff

#### Elder-care facilities

They cooperate with nursing/care staff to operate nutritional care management and food services for the elderly.

#### Other facilities



They are active in a variety of other fields, including companies, research institutes, prisons, facilities related to the Self-Defense Forces, etc.

## Volunteers supporting local nutrition improvement activities

In addition to registered dietitians/dietitians, a number of volunteers have also been working on nutrition improvement activities in local communities; a representative example is health mates.

Health mates are another important specialist who support nutrition improvement activities in local areas. They are members of the Japan Nutrition Association, a volunteer organization promoting health through diets under the slogan, "Achieve our good health ourselves."

After WWII, the Japan Nutrition Association played a central role in promoting the mobile dietary guidance service (nutritional guidance car service) and cooking demonstrations throughout the country to tackle the nutritional deficiencies caused by food shortages. Later, health centers in prefectures across Japan opened nutrition classes, and many people attended those classes and acquired proper knowledge/skills on nutrition. Afterwards, those people established volunteer groups which were then later integrated into one nationwide organization.

To engage in nutrition improvement activities as health mate, they need to voluntarily join the municipal health mate councils after completing the training courses provided by the municipalities. About 144,000 members (as of 2018) have been supporting nutrition/dietary habits improvement activities for local health promotion for a long time in cooperation with municipalities.



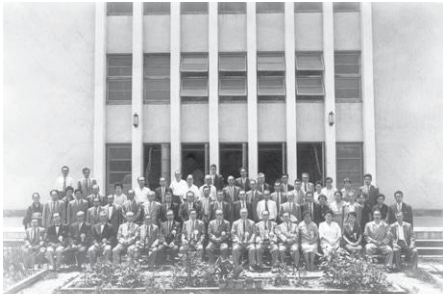
Home-visit to promote salt reduction



Cooking class for men

# The process of policy making based on

## Over 100 years history of research to obtain scientific “EVIDENCE” for nutrition policy



Institute of Nutrition established in 1914

The history of research on nutrition in Japan began with measures against beriberi in the late 1800s. At the time, the staple dish in Japan changed from brown rice to white rice by the invention of rice polisher, and that transition caused nationwide vitamin B<sub>1</sub> deficiency, leading to an increase in deaths due to beriberi. As researchers found out that there were few beriberi patients in Europe and the United States, people were encouraged to change the content of diets based on white rice to prevent this disease.

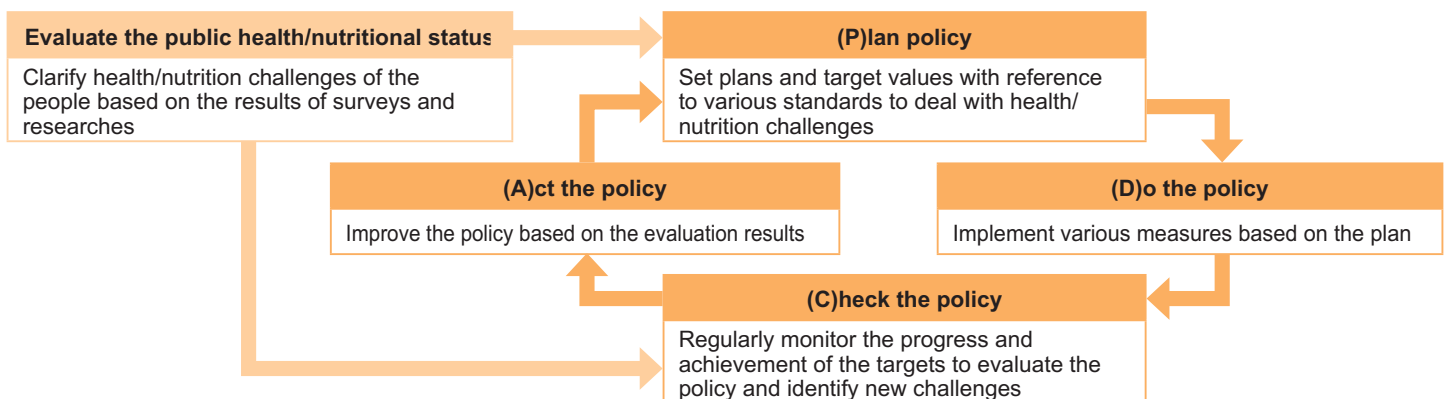
Against the background of the great progress of nutrition studies explained above, Dr. SAIKI Tadasu established the world's first nutrition research institute, Institute of Nutrition, in 1914 (renamed to National Institute of Nutrition in 1920 and is currently National Institute of Health and Nutrition). This Institute put significant effort into the analysis of the nutrient composition of major foods, the preparation of data, the formulation of nutrient intake standards, and more. By collecting data from research institutes, Japan has been accumulating huge volume of scientifically valuable evidence and utilizing them in its nutrition policy and nutrition research for over 100 years.

### Reference: Activities related to nutrition research by academic organizations

Various academic organizations have also been contributing to the development of Japan's nutrition research for more than 70 years by spreading their research results and providing useful information.

## Formulation and improvement process of health/nutrition policy based on a PDCA cycle

Japan utilizes a PDCA cycle to promote the country's health/nutrition policy efficiently and effectively. In other words, the country plans (P), does (D), checks (C), and acts (A) its policy to continuously improve it and addresses health/nutrition challenges found out by a variety of surveys and researches.



## Reliable National Health and Nutrition Survey conducted annually since 1945

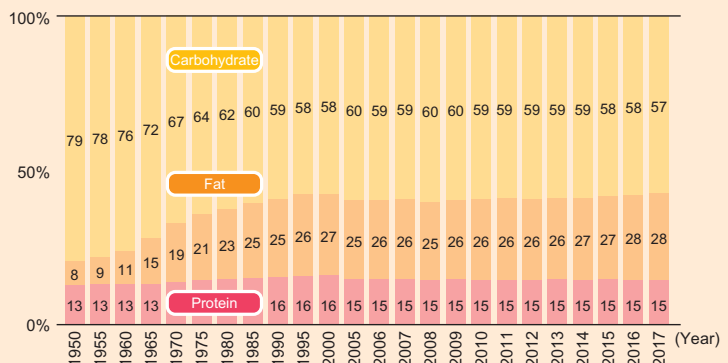
Japan has been conducting the **National Health and Nutrition Survey every year under the Health Promotion Act** in order to understand the health and nutritional status of its people.

This survey, which started in 1945, initially aimed to collect basic data necessary for receiving sufficient food aid from international organizations. Since then, Japan has frequently reviewed the details of the survey and developed it into an advanced survey that can collect fundamental data for the promotion of people's health and the implementation of measures against NCDs.

**There is no such national nutrition survey in the world as Japan's National Health and Nutrition Survey that has been conducted every year for more than 70 years.**

### Changes in the composition ratio of energy yielding nutrients

Ever since when the first survey started, highly reliable data collected by the nutritional specialists over the years has been essential for efficiently planning and improving nutrition policy and conducting nutrition research.



# scientific “EVIDENCE”

## Continuous improvement of “Dietary Reference Intakes”: a basis for nutrition policy

“Dietary Reference Intakes” shows the necessary amount of energy and nutrient intake for a person per day and is an essential basis for designing strategies for nutrition policy. Japan formulates the guideline based on the scientific evidence from basic research at the National Institute of Health and Nutrition and the result of the National Health and Nutrition Survey, and specialists have been widely utilizing it as a basis for nutrition programs for healthy people, such as nutritional guidance and food service planning. In recent years, the range of utilization has been expanding. For example, it is increasingly used for nutrition/dietary management in medical and elder-care facilities. Since 1969 when Ministry of Health and Welfare (currently: Ministry of Health, Labour and Welfare) first revised it, Japan has been updating it every five years based on newly collected evidence.



Energy metabolism experiment

\* National Institute of Nutrition (around 1920)

Considering the progression of aging and the steady increase in the prevalence of diabetes and other diseases, **Japan, ahead of the world, places strong focus on the prevention of undernutrition/frailty of the elderly and aggravation of NCDs** in the Dietary Reference Intakes 2020. The government set precise standards for the nutrients that sufficient evidence proved their obvious relevance to those problems.

## Cooperation between the government and municipalities for health/nutrition policy

In Japan, national and local governments are inseparable key actors in the promotion of health/nutrition policy. That is, in accordance with the national plan set by Ministry of Health, Labour and Welfare, prefectural/municipal governments formulate and execute their own health promotion and nutrition improvement plans tailored to the features of their area. Since 2000, Japan has set specific numerical targets in the national health promotion plan (3rd/4th National Health Promotion Plans) so that the government can properly evaluate and improve it through the PDCA cycle. In the Third Plan (2000-2012), Japan achieved significant results with about 60% of the 80 targets demonstrating an improving trend.

### Formulation process of government and local government's health promotion plan

Based on the improvement plan for 2013 to 2022, the 4th National Health Promotion Plans set by Ministry of Health, Labour and Welfare, prefectural/municipal governments have formulated their Health Promotion Plans with its own goals according to the nutritional/health status of the local people. Most of the local governments have formulated these plans.

#### Ministry of Health, Labour and Welfare (MHLW)

##### Set a national plan (4th National Health Promotion Plans)

- Determine overall health promotion goals, including improvement of nutritional status, NCDs, eating habits
- Set 10-year target values for Japan as a whole

#### 47 prefectures

##### Set each prefecture's own implementation plan (Health Promotion Plan)

- Formulate an implementation plan for health promotion programs for the prefecture
- Set unique Key Performance Indicators (KPIs) based on the target values specified by MHLW and nutritional and health status of the local people

#### About 1,700 municipalities

##### Set each municipality's implementation plan (Health Promotion Plan)

- Set an implementation plan for health promotion programs in the municipality
- Set original KPIs based on the target values specified by the prefecture as well as the nutritional/health status of the local people

### Goals of the 4th National Health Promotion Plans

Japan sets five basic goals for public health promotion, including the goal related to “nutrition and dietary habits”. Each goal has specific numerical targets, and the government regularly monitors the progress to properly evaluate and improve of the plan.

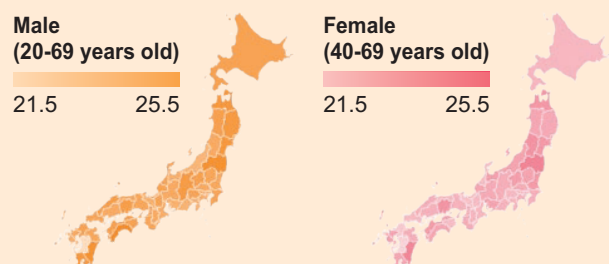
#### Basic goals of the 4th National Health Promotion Plans

1. Extension of healthy life expectancy and reduction of health disparities
2. Prevention of onset and progression of NCDs
3. Maintenance and improvement of functions necessary for engaging in social life
4. Establishment of a social environment where health of individuals is protected and supported
5. Improvement of life-style and social environment such as **nutrition and dietary habits**, physical activity and exercise, rest, alcohol drinking, tobacco smoking, and oral health.

### Efforts to reduce health disparities

To reduce of health disparities, as one of the main goals of the 4th National Health Promotion Plans, Japan makes the health status of each prefecture public and promotes voluntary activities by local governments.

#### Average BMI by prefecture (2016)



\*Source: Ministry of Health, Labor and Welfare, “2016 National Health and Nutrition Survey”

# We hope to contribute to achieving sustainable societies with our experience of over 100 years



Dietitian providing guidance on child health

(Picture provided by Kenshiro Imamura/JICA)

Most nutrition challenges are chronic, and continuous efforts are strongly needed to deal with them. Furthermore, in order to solve these nutrition challenges and achieve sustainable growth of society, it is substantially important to quickly approach these challenges that change as the economy develops and to establish a system to improve and maintain nutritional status of the world taking into account each country's legal systems and cultures.

Since Japan already has vast experience in addressing issues similar to challenges that many countries are facing today, the country believes that its knowledge on nutrition policy can be effectively utilized in those countries' actions.

Aiming to solve the nutrition challenges of the world, Japan has been spreading its deep knowledge at international conferences, such as the International Congress of Dietetics (ICD2008) held in Japan in 2008. With the rise in today's global focus on nutrition improvement, Japan strongly hopes that the Tokyo Nutrition for Growth Summit will lead to the worldwide acceleration of various nutrition improvement actions.

As explained in this booklet, Japan has been continuously developing the national nutrition policy even before the economic growth and aspires to utilize this experience of 100 years to help solve nutritional challenges around the world and achieve sustainable societies.



Opening ceremony of the International Congress of Dietetics (2008)

## Some countries have already begun to promote policy based on our knowledge

In Vietnam, a Japanese company started research on nutrition in Vietnam from 2009 in collaboration with the Vietnam National Institute of Nutrition. Since then, Vietnamese government has been promoting preparations for the training for dietitians with the help of Japanese professional organization for registered dietitians/dietitians and universities. In 2012, the Ministry of Education and Training of Vietnam approved a bachelor's degree course in nutrition at Hanoi Medical University. Moreover, the training for dietitians began in 2013.

In 2015, the government set a job code for dietitians (occupational regulation). Finally, in 2017, the country's first 43 dietitians started working with the support of the Japan International Cooperation Agency (JICA).



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