



How does Japan compare?

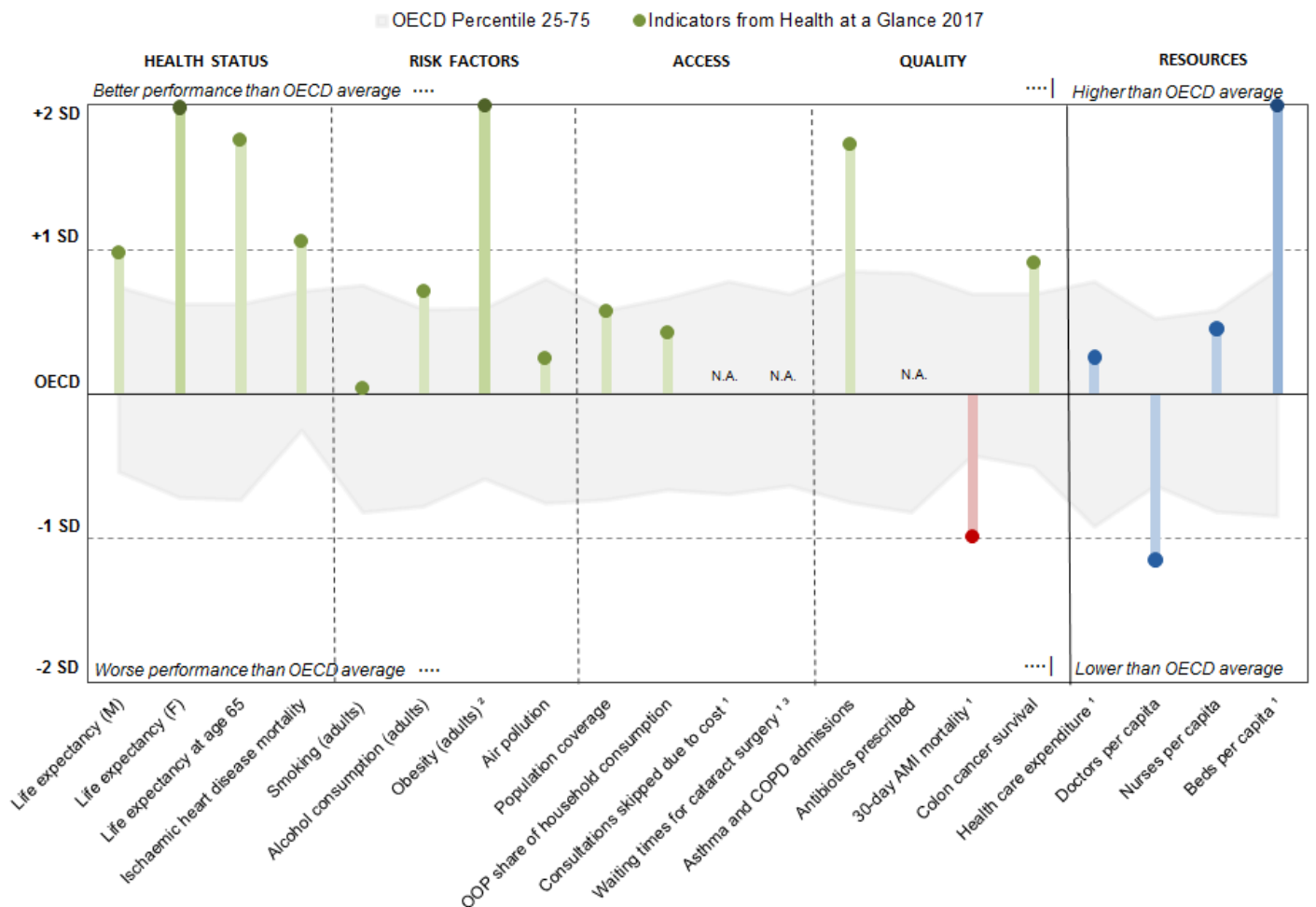


Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.

Overview of health system performance in Japan

Japan enjoys the highest life expectancy at birth among OECD member countries and continues to make progress in improving health outcomes. Healthy lifestyles, good access to healthcare and a generally high quality of care have contributed to such favourable health outcomes, all achieved with a level of health spending not much higher than the OECD average. The figure below shows how Japan compares across these and other core indicators from Health at a Glance.

Japan – Relative performance compared to the OECD average



¹ Standardisation of interquartile range excludes outliers (at least ± 3 standard deviations from the average) that cause biased statistical distributions. ² Includes measured and self-reported obesity rates. ³ Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.



How does Japan compare?

- **Health status:** life expectancy at birth was 83.9 years in 2015, considerably higher than the OECD average of 80.6 years. But longer life expectancy leads to an ageing population and new challenges. For example, Japan has the highest dementia prevalence among OECD countries, at 2.3% of the population in 2017 and projected to reach 3.8% by 2037.
- **Risk factors:** Japan has the lowest obesity rates in the OECD and relatively low alcohol consumption. Smoking rates overall are close to the OECD average, but smoking among men is higher than average.
- **Access:** the health system in Japan offers universal coverage, with relatively low rates of cost-sharing.
- **Quality:** primary care is generally of high quality, indicated by low hospital admissions for asthma and COPD. Cancer survival estimates are also good. More could be done to reduce case-fatality rates following acute myocardial infarction (heart attack), though fewer people have heart disease in Japan than in other countries.
- **Resources:** health spending averages \$4 519 per person (adjusted for local costs), slightly higher than the OECD average. Spending growth has been relatively rapid in recent years. Coupled with modest economic growth, health spending as a share of GDP is now 10.9%, the sixth highest among OECD countries. Japan has a high number of beds per capita, often occupied by elderly patients in need of long-term care.

Selected policy issues

Japan is taking a multi-sectoral and community-based approach to meet the care needs of the ageing population

The success in achieving long life expectancy has led to Japan having the highest share of elderly people in the population. The challenge of dealing with age-related diseases such as dementia is therefore more acute in Japan than in many other countries. The Ministry of Health, Labour and Welfare has been taking a multi-sectoral approach to building communities which are sensitive to the needs of people with chronic conditions such as dementia, as well as their families. The strategy aims to improve coordination of care at the community level among medical care, long-term care and social services; promote public awareness and disease prevention; and create a safe and healthy living environment for the elderly.

The health care and long term care systems could be better coordinated and managed to promote more efficient and effective services

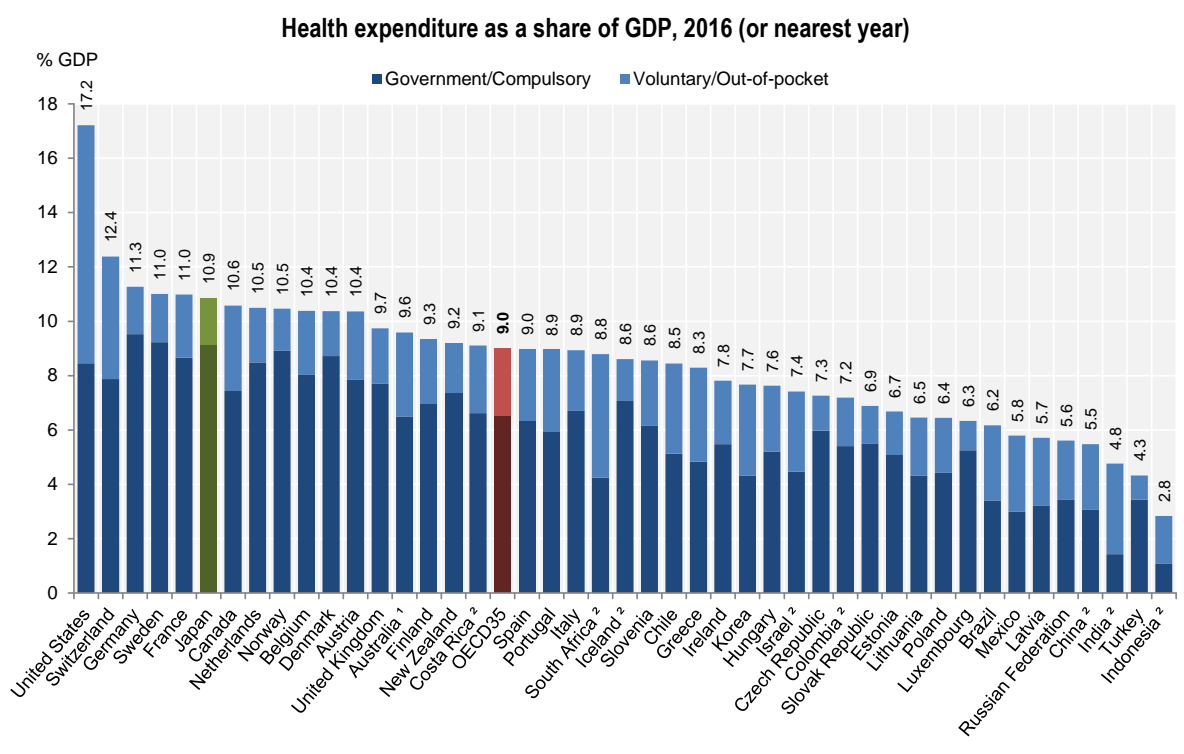
People in Japan are more likely to spend the night in hospital than in any other country. This is partly because people who could be cared for at home, because their needs are social, not medical, nevertheless end up in hospital. A large share of long-term care is still provided in hospitals compared to other OECD countries (11% of hospital spending compared to an OECD average of 4%). Furthermore, while significant progress has been made in reducing the length of hospital stays, they are still one of the highest among OECD countries.

Recent OECD analysis highlights a range of policies to improve care coordination and better target hospital services. These include aligning financial incentives between different care providers across health and long-term care systems, better managing hospital discharges and improving access to primary care (e.g. investing in out-of-hours services).

Japan could improve its management of investments and other expenditures to contain costs and enhance productivity

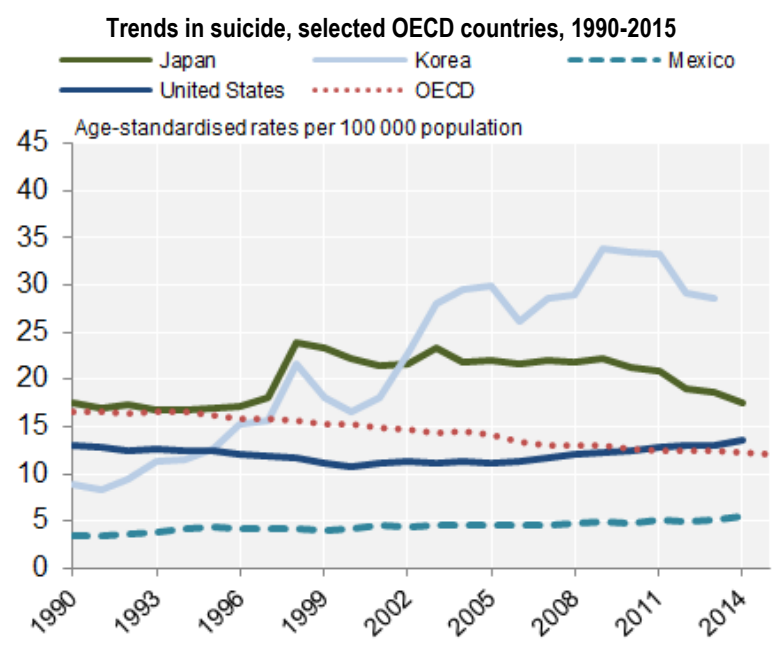
In recent years, health spending in Japan has increased at a rate above the OECD average. Increasing demand for health care and the introduction of new technologies will likely exert further upward spending pressures in the future. Already Japan has the highest level of capital investment in health at 1.1% of GDP. This is more than double the OECD average of 0.5%. While such a high investment reflects an effort to meet growing demands, attention is needed to ensure that these investments not only expand service capacities but also improve productivity. For example, the number of MRIs and CT scanners per capita is very high and results in high usage rates, but the utilisation rate per item of equipment is low, leading to low productivity in the use of expensive equipment.

How does Japan compare?



Suicide remains a significant cause of death in Japan but the numbers are beginning to come down

In 1998, suicide rates in Japan jumped to 23.9 per 100 000 people, the highest rate in OECD at the time. This was during a period of economic recession, with suicide rates remaining high for many years. In 2007, the Japanese government set a goal of reducing the country's suicide rate by 20% over the following decade, and committed significant resources to prevention measures such as better workplace counselling. Such policies contributed to falling suicide rates, down to 17.6 per 100 000 in 2014 (a 20% decrease from the rate in 2007). However, this figure remains significantly above the OECD average of 12.1 per 100 000, and the government has set a new target of reducing the suicide rate by another 30% over the next decade.





Further reading

OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264266414-en>.

McDaid, D., Hewlett, E. and A. Park (2017), "Understanding Effective Approaches to Promoting Mental Health and Preventing Mental Illness", OECD Health Working Papers, OECD Publishing, Paris. <http://dx.doi.org/10.1787/bc364fb2-en>.

Health at a Glance 2017 website: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>.

Contacts:

Chris James (+33 1 45 24 89 69; chris.james@oecd.org), health.contact@oecd.org,
Health Policy Division, Directorate for Employment, Labour and Social Affairs

