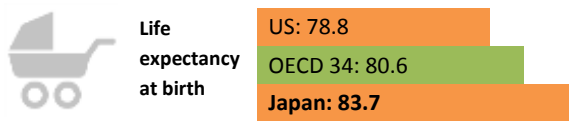


Japan continues to enjoy strong health outcomes and the longest life expectancies in the OECD. Its health spending has risen more quickly than in other OECD countries in recent years, partly due to population ageing. Within tight fiscal constraints, Japan must ensure the financial sustainability of its health system while orienting it toward an increasingly older population.

Maintaining strong health outcomes despite a rapidly ageing population

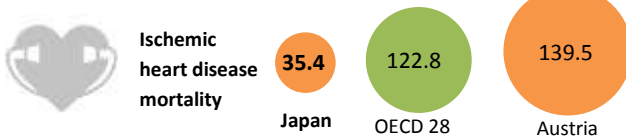
▶ Life expectancy at birth remains highest among OECD countries

Life expectancy at birth is nearly three years higher than the OECD average. Japan's long life expectancy reflects its high quality and availability of health care, as well as the relatively healthy lifestyle of much of the population.



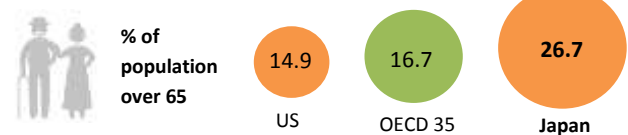
▶ Mortality from cardiovascular disease is among the lowest in the OECD

Japan enjoys the lowest mortality from ischemic heart disease across all OECD countries. Mortality rates for heart and cerebrovascular disease have fallen since 1990, reflecting both a reduction in the prevalence of risk factors and improvements in treatment.



▶ The share of the population over 65 and over 80 is higher in Japan than in any other OECD country

Rapid population ageing in Japan has put strong pressure on its health system. Japan's population will continue to age rapidly in the coming decades. The share of the population over 65 is projected to increase from 23% in 2010 to 39% in 2050, while the share of the population over 80 is expected to increase from 6% to 17%.



▶▶ What can be done?

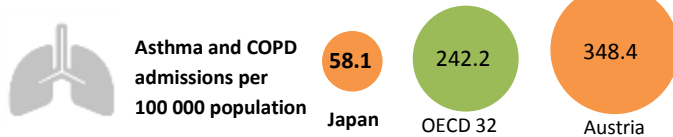
- Promote community-based preventive measures and strategies that encourage healthy ageing
- Strengthen policies to improve recruitment, retention, and productivity of long-term care workers

To read more about our work: [Health at a Glance: Asia/Pacific 2016: A Good Life in Old Age?](#)

Strengthening primary care and coordinating care

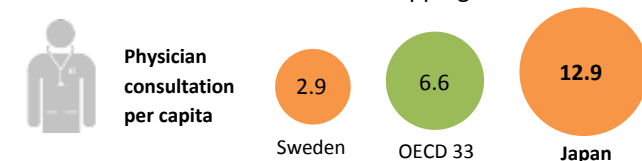
▶ The quality of primary care appears variable

Admissions for asthma and COPD in Japan are the lowest across OECD countries. However, hospital admissions for diabetes are higher than the OECD average, suggesting persisting weaknesses in primary care.



▶ High consultation rates in Japan suggest care coordination could be improved

At 12.8 visits, Japan has nearly twice the OECD average of physician consultations per person. Consultation rates among the elderly are even higher, suggesting that care coordination is weak and "doctor shopping" is common.



▶ Japan's suicide rates remain among the highest in the OECD

Japan's suicide rate is the third-highest among OECD countries. Mental health services in Japan have largely been centred on institutional settings, with high numbers of inpatient psychiatric beds and long lengths of stay.



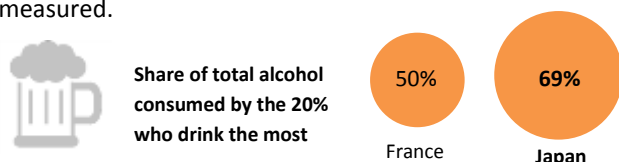
▶▶ What can be done?

- Better exploit capacity at primary and community care levels; and improve the management of chronic diseases for patients with complex needs
- Encourage the development of a primary care workforce and strengthen care coordination to reduce consultation rates
- Shift mental health care out of the institution toward primary care and community settings

To read more about our work: [Making Mental Health Count](#); [OECD Reviews of Health Care Quality: Japan 2015](#)

► Risk behaviours remain high in certain population groups in Japan

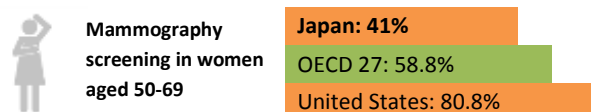
While overall alcohol consumption has declined since 2000, there remain troubling signs of dangerous drinking. Just 20% of the population consumes 69% of all alcohol – the third highest concentration among OECD countries measured.



► In Japan, screening rates for breast cancer remain below average

Only 41% of Japanese women receive mammography screenings, compared with 59% OECD-wide. These low rates are of particular concern given the improved chances of survival with early diagnosis. Japan is one of only six

OECD countries to have seen breast cancer mortality rates rise between 2003 and 2013.



What can be done?

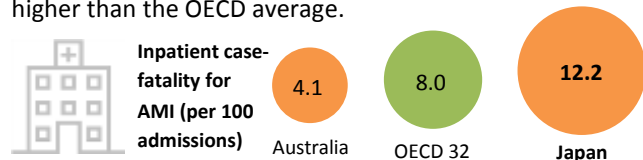
- Target alcohol policies toward heavy and hazardous drinkers first, though broader policy approaches are also required to tackle harmful consumption
- Use doctors and campaigns to promote public awareness around the importance of cancer screening for early detection

To read more about our work: [Tackling Harmful Alcohol Use: Economics and Public Health Policy](#); [OECD Reviews of Health Care Quality: Japan 2015](#)

Increasing efficiency in the hospital sector

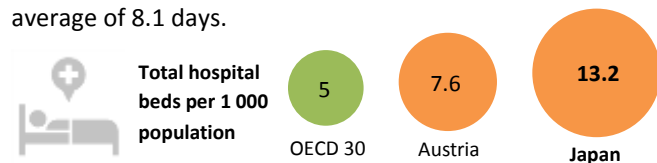
► The quality of hospital care is generally very good in Japan, though further improvements could be made to improve survival following heart attack

Case fatality for stroke and cancer is low compared to many OECD countries. Mortality following acute myocardial infarction (heart attack), however, is 50% higher than the OECD average.



► The Japanese health system continues to rely heavily on the hospital sector

Japan has the highest number of hospital beds per capita in the OECD, and nearly three times as many as the OECD average. The average length of stay in hospital, 17.2 days, is longest in the OECD and more than double the OECD average of 8.1 days.



What can be done?

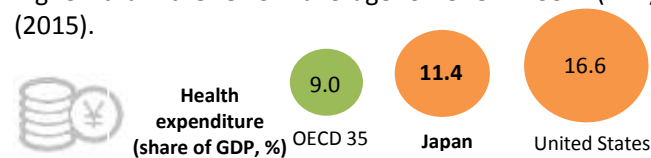
- Encourage adherence to established standards of care and clinical guidelines
- Reduce the number of hospital beds and continue to develop nursing home and alternative home care services for patients in the post-acute phase

To read more about our work: [OECD Reviews of Health Care Quality: Japan 2015](#)

Ensuring financial sustainability

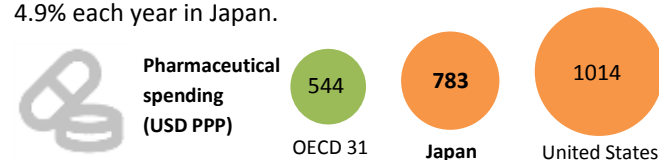
► Health spending in Japan has increased steadily in recent years

Although spending has stagnated across OECD countries, health spending as a share of GDP has risen in Japan, partly due to rapid growth in pharmaceutical spending. Per-capita expenditure, at 4 150 USD (PPP) is higher than the OECD average of 3 814 USD (PPP) (2015).



► Pharmaceutical spending continues to grow rapidly in Japan

Per-capita spending on pharmaceuticals was second-highest in the OECD and nearly 50% higher than the OECD average in 2013. While public spending on pharmaceuticals declined by an average of 3.2% between 2009 and 2013 in OECD countries, spending increased by 4.9% each year in Japan.



What can be done?

- Evaluate prescribing patterns across providers and explore the implementation of additional measures to increase use of generics, such as mandatory international non-proprietary name prescribing

To read more about our work: [Value in Pharmaceutical Pricing](#), OECD Health Working Papers No.63.