

OECD Health Data 2005 **How Does Japan Compare**

Health spending and financing

Total health spending accounted for 7.9% of GDP in **Japan** in 2002, slightly less than the latest OECD average of 8.6% for the most recent year available in different countries (2002/3). The United States is, by far, the country that spends the most on health as a share of its economy, with 15% of its GDP allocated to health in 2003. Switzerland and Germany followed with, respectively, 11.5% and 11.1% of their GDP spent on health.

Health spending per capita rose on average by 3% in real terms in **Japan** over the past five years, less than the OECD average of 4.5%. Nonetheless, the share of GDP allocated to health in **Japan** increased during that period because of slower overall economic growth.

The public sector is the main source of health funding in all OECD countries, except the U.S., Mexico, and Korea. In **Japan**, 81.5% of health spending is funded by public sources, much greater than the average of 72% in OECD countries. The public share of health spending is the lowest in the United States, accounting for 44% of total health expenditure.

Resources in the health sector (human, physical, technological)

Japan has fewer physicians per capita than in most other OECD countries. In 2002, **Japan** had 2 practising physicians per 1 000 population, well below the OECD average of 2.9. The relatively low number of doctors per capita in **Japan** is due at least partly to government policies fixing limits on the number of new entrants in medical schools.

Japan also has fewer nurses per capita than the OECD average. In 2002, **Japan** had 7.8 nurses per 1 000 population, slightly less than the OECD average of 8.2.

On the other hand, **Japan** had the highest number of “acute care” hospital beds of all OECD countries, with 8.5 beds per 1 000 population, more than twice the OECD average.¹

During the past decade, there has been a rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In 2002, **Japan** had by far the highest number of CT and MRI scanners per capita, with 93 CT scanners per million population and 35 MRI units. The average number of CT and MRI scanners in OECD countries was 17.9 and 7.6 respectively. The rapid increase in the number of MRI scanners in **Japan** has been attributed at least partly to the lack of any formal assessment of efficiency or effectiveness before decisions were made to purchase MRIs.

Health status and risk factors

In 2003, **Japan** enjoyed the highest life expectancy among OECD countries, with 81.8 years for the whole population. Australia, Iceland, Spain, Sweden and Switzerland followed, with life expectancy reaching between 80 and 81 years. The remarkable gains in longevity in **Japan** in recent decades have been driven

¹ Some of the cross-country variation in the number of acute care beds per capita is due however to different definitions of ‘acute care’ in different countries, in particular the extent to which beds that might be used for other functions (e.g., long-term care and rehabilitation) are included or excluded.

by falling death rates from heart diseases (which are the lowest now of all OECD countries, for both males and females).

Infant mortality rates in **Japan** have also fallen dramatically in recent decades. **Japan** is among the countries with the lowest rate of infant mortality now, with 3.0 death per 1 000 live births in 2003, compared with an OECD average of 6.1.

Obesity rates have increased in recent decades in nearly all OECD countries, although there remain notable differences across countries. In 2002/3, the prevalence of obesity among adults varied from a low of 3% in **Japan** and in Korea, to a high of 31% in the United States. Obesity rates among adults were also high in the United Kingdom (23% in 2003) and Australia (22% in 1999)².

On a less positive note, smoking rates in **Japan** remain high, with 30.3% of adults reporting to smoke every day in 2003, compared with an OECD average of 26.5%. Male smoking rates, at 48.3%, remain particularly high in **Japan**, the highest among OECD countries after Korea and Turkey. Canada, the United States and Sweden provide examples of countries that have achieved remarkable progress in reducing tobacco consumption, with current smoking rates among adults at about 17%.

More information on *OECD Health Data 2005* is available at www.oecd.org/health/healthdata.

For more information on OECD's work on Japan, please visit www.oecd.org/japan.

² It should be noted however that the data for the United States, the United Kingdom and Australia are more accurate than those from other countries since they are based on *actual measures* of people's height and weight, while estimates for other countries are based on *self-reported* data, which generally under-estimate the real prevalence of obesity.