

## Health at a Glance – OECD Indicators 2003

### Briefing note (Japan)<sup>1</sup>

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### Health spending

Total health spending (public and private) accounted for 7.6% of GDP in **Japan** in 2000, slightly less than the average of 8.1% in OECD countries (chart 3.4). Recent figures show that the health spending share of GDP rose to 8.0% in **Japan** in 2001, in line with the increase in the OECD. The United States is, by far, the country that spends the most on health as a share of its economy, with 13.9% of its GDP allocated to health in 2001. Switzerland and Germany followed with, respectively, 10.9% and 10.7% of their GDP spent on health.

The share of GDP allocated to health spending rose in **Japan** in the 1970s, fell slightly in the 1980s and rose again in the 1990s and in the early years of this decade (table 3.2). The rise over the past decade or so was due mainly to the slowdown in economic growth, but this has also been accompanied by a rise in real health expenditure per capita (table 3.4).

### Public financing

The public sector is the main source of health funding in all OECD countries, except the U.S., Mexico, and Korea. In **Japan**, 78% of health spending is funded by government revenues, above the average of 72% in OECD countries (chart 3.11). The share of public spending in **Japan** increased from 70% in 1970 to 78% in 2000, and is now higher than in countries such as Canada, France and Germany (chart 3.12). The public share of health spending is the lowest in the United States, accounting for 44% of total health expenditure.

### Resources and activities in the health sector

**Japan** has fewer physicians per capita than in most other OECD countries. In 2000, **Japan** had 1.9 practising physicians per 1 000 population, well below the OECD average of 2.9 (chart 2.1). **Japan** registered the slowest growth in the number of doctors per capita between 1960 and 2000 among all OECD countries (chart 2.3). This is a result of government policies in **Japan** constraining the growth in the number of doctors in order to restrain supply. This policy has been achieved mainly by fixing strict limits on the number of new entrants in medical schools.

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<sup>1</sup> This briefing note builds on the information contained in another OECD report, “An Assessment of the Performance of the Japanese Health Care System”, released in December 2001. This Working Paper can be accessed free-of-charge on the OECD website at: <http://www.oecd.org/health>. For any information about this review of the Japanese health system, contact Jeremy Hurst ([Jeremy.hurst@oecd.org](mailto:Jeremy.hurst@oecd.org), tel: 33 1 45 24 92 55).

**Japan** also has fewer nurses per capita than in most other OECD countries. In 1998 (the latest year for which data is available for Japan), **Japan** had 7.8 nurses per 1 000 population, slightly less than the OECD average of 8.1 (chart 2.5).

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 2000, **Japan** had by far the highest number of CT and MRI scanners per capita, with 84 CT scanners per million population (chart 2.14) and 23 MRI units (chart 2.13). The average number of CT and MRI scanners in OECD countries was 17.7 and 6.5 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.

The number of doctor visits in **Japan** was 14.4 per person per year in 2000, the highest number among OECD countries (chart 2.17). The average was 5.6 visits per year across OECD countries. The high consultation rate in **Japan** is related at least partly to the fact that doctors not only prescribe but also dispense drugs.

## Health status

In 2000, **Japan** enjoyed the highest life expectancy among OECD countries, with 81.2 years for the whole population. Switzerland, Sweden and Iceland followed, with life expectancy reaching almost 80 years (table 1.1). The life expectancy in **Japan** increased rapidly, by 13.4 years, between 1960 and 2000 (chart 13.4). These remarkable gains in longevity in **Japan** have been driven by a continuous reduction in infant mortality rates together with rapidly falling death rates from circulatory diseases.

**Japan** registered strong increases in life expectancy at age 65 as well. Japanese women enjoy the longest and Japanese men the second longest life expectancy at age 65 (chart 1.3). These gains have been driven largely by a marked reduction in death rates from heart diseases and cerebrovascular diseases among elderly people in **Japan**, along with low mortality rates from cancer. The gains in longevity at older ages, combined with the trend reduction in fertility rates, are leading to a steady rise in the proportion of older persons in **Japan**, a trend similar to that in most other OECD countries (chart 5.7).

Infant mortality rate in **Japan** has fallen dramatically over the recent decades. **Japan** is among the countries with the lowest rate of infant mortality, with 3.2 death per 1 000 live births, compared with an OECD average of 6.5 (chart 1.5).

On the other hand, the rate of low weight births in **Japan** is the highest across OECD countries, with 8.6% of live births defined as low birth weight (chart 1.34). Low birth weight significantly increases the risk of health and development problems in infancy and in later life. **Japan** used to have, in the past, a relatively low proportion of low birth weight infants. Rising smoking rates amongst younger Japanese women and a marked move towards later motherhood have been cited as contributing to the increase in the proportions of low birth weight.

## Risk factors

In **Japan**, the smoking rates among men decreased strongly over the past twenty-five years, from 76% in 1975 to 54% in 2000 (table 4.1). Still, the rate of male smokers is second highest (after Korea) across OECD countries (chart 4.1).

By contrast with most other OECD countries, suicide rates in **Japan** increased markedly among men during the 1990s. It rose to 30 deaths per 100 000 men in 2000, up from 19 in 1990 (table 1.17).