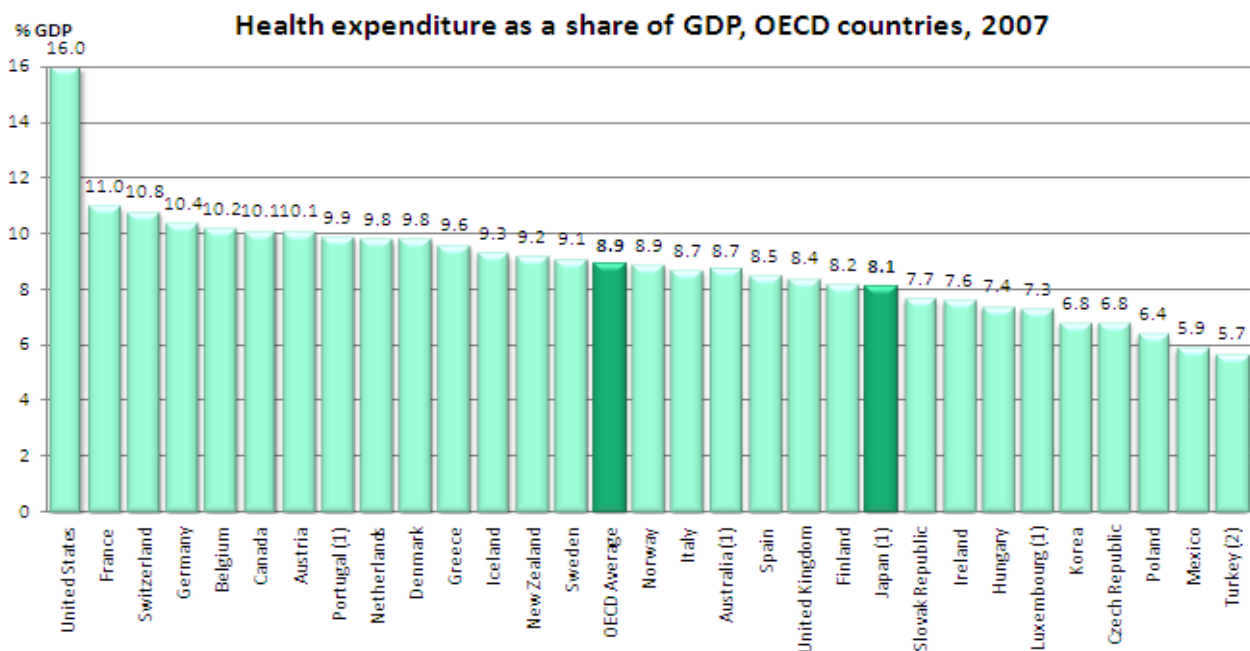




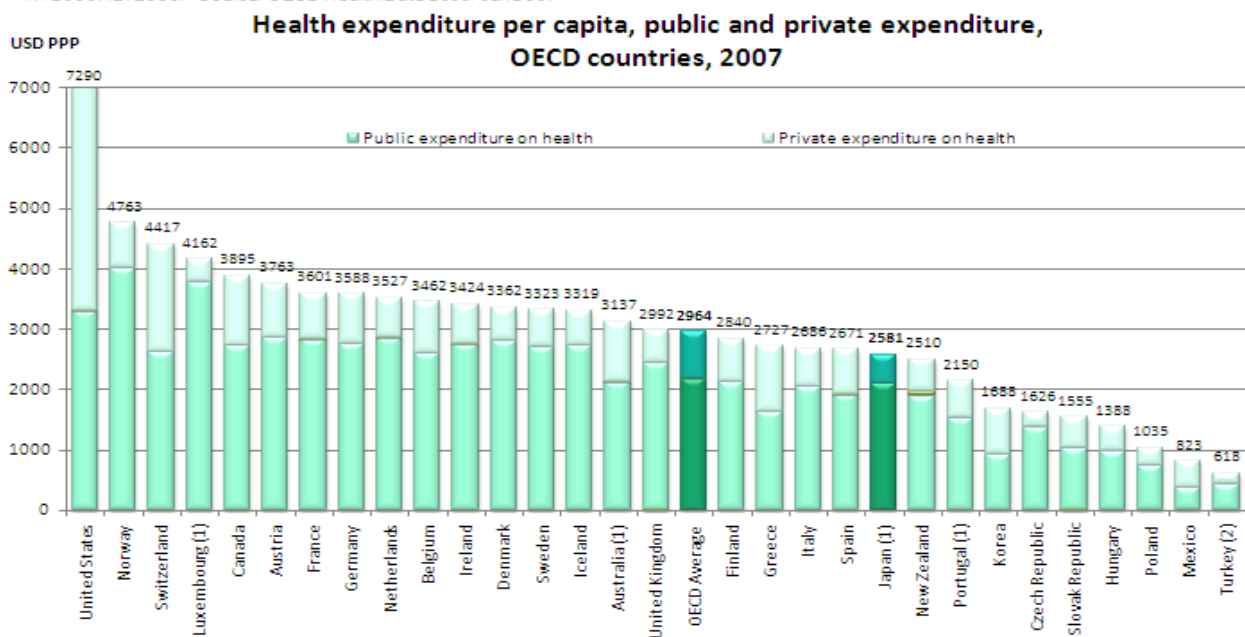
OECD Health Data 2009 How Does Japan Compare

Total health spending accounted for 8.1% of GDP in **Japan** in 2006–07, almost one percentage point lower than the OECD average of 8.9%. The United States is, by far, the country that spends the most on health as a share of its economy, with 16.0% of its GDP allocated to health in 2007, followed by France (11.0%), Switzerland (10.8%), Germany (10.4%), Belgium (10.2%), Canada (10.1%), Austria (10.1%), Portugal (1), 9.9, Netherlands, Denmark, Greece, Iceland, New Zealand, Sweden, OECD Average, Norway, Italy, Australia (1), Spain, United Kingdom, Finland, Japan (1), 8.1, Slovak Republic, Ireland, Hungary, Luxembourg (1), Korea, Czech Republic, Poland, Mexico, Turkey (2).

Japan also ranks below the OECD average in terms of health spending per capita, with spending of 2581 USD in 2006–07 (adjusted for purchasing power parity), compared with an OECD average of 2964 USD in 2007.



(1) 2006. (2) 2005. Source: OECD Health Data 2009, June 09.



(1) 2006, (2) 2005. Data for Belgium, Denmark and the Netherlands are current expenditures (excluding investment). Source: OECD Health Data 2009, June 09. Data are expressed in US dollars adjusted for purchasing power parities (PPPs), which provide a means of comparing spending between countries on a common base. PPPs are the rates of currency conversion that equalise the cost of a given 'basket' of goods and services in different countries.

Health spending per capita in **Japan** rose, in real terms, by 2.2% between 2000 and 2006, a growth rate lower than the OECD average of 3.7% for 2000–2007.

The public sector is the main source of health funding in all OECD countries, except the United States, Mexico and Greece. In **Japan**, 81.3% of health spending is funded by public sources, well above the average of 72.8% in OECD countries.

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

Japan has fewer physicians per capita than most other OECD countries. In 2006, **Japan** had 2.1 practising physicians per 1 000 population, well below the OECD average of 3.1. 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 had 9.4 nurses per 1 000 population in 2006, a figure slightly below the OECD average of 9.6.

Japan had the highest number of acute care hospital beds of all OECD countries, with 8.2 beds per 1 000 population in 2007, more than twice the OECD average (3.8).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 2005, **Japan** had by far the highest number of MRI scanners, with 40.1 units per million population. The average number of MRI scanners in OECD countries was 11.0 per million population in 2007.

Health status and risk factors

In 2006, **Japan** enjoyed the highest life expectancy among OECD countries, with 82.6 years for the whole population. Switzerland, Australia, Iceland and Spain followed, with life expectancy exceeding 81 years. The remarkable gains in longevity in **Japan** in recent decades have been driven notably 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 that have the lowest rate of infant mortality now, with 2.6 deaths per 1 000 live births in 2007, half the OECD average of 4.9.

Obesity rates have increased in recent decades in nearly all OECD countries, although there remain notable differences across countries. The prevalence of obesity among adults varies from a low of 3.4% in **Japan** (the lowest rate in OECD countries) and 3.5% in Korea in 2005, to a high of 34.3% in the United States in 2006².

On a less positive note, 26% of adults report smoking every day in **Japan** in 2007, compared with an OECD average of 23%. Male smoking rates, at 40%, remain particularly high in **Japan**, the highest among OECD countries after Korea, Greece and Turkey. Sweden, the United States, Australia and New

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.

² It should be noted that the data for Japan and the United States are more accurate than those from most 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.

Zealand provide examples of countries that have achieved remarkable progress in reducing tobacco consumption, with current smoking rates among adults below 18%.

More information on *OECD Health Data 2009* is available at www.oecd.org/health/healthdata. Note that *OECD Health Data 2009* is available in Japanese exclusively in the online version.

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