Highest life expectancy in Japan has been attained through a series of public health actions and universal health coverage

Japan has the longest life expectancy (83.2 years), after Hong Kong, China (83.3 years) in the Asia/Pacific region. The life expectancy was prolonged in a fairly short time through a rapid reduction in mortality rates of communicable diseases between the 1950s and the early 1960s, followed by a large reduction in stroke mortality rates. They coincided with public health action, particularly for tuberculosis control, started in the 1950s and primary care management of key risk factors such as blood pressure started in the 1960s as a result of the establishment of universal health insurance coverage in 1961. There is a huge divide in health insurance coverage between OECD and non-OECD countries in the region; health insurance coverage is still low in non-OECD countries and it is less than 10% in the Solomon Islands, India and Cambodia, a long way to reach the universal health coverage.

Population ageing is progressing fastest in the Asia/Pacific region but other countries are catching up

The share of elderly is the largest in the region (24% of population is 65 years and above and 7% of population is 80 years and above). To address the care needs of its ageing populations, Japan introduced the Long-Term Care Insurance System in 2000, and it also tries to strengthen its care integration and primary and community care to become more responsive to the needs of super-ageing society. Other countries in the region will urgently need to address drastic changes in demographic structures and subsequent changes in health care needs in coming decades, and the development of long-term care systems as seen in Japan may be worth noting.
There is a room to increase health system efficiency

The Japanese health system depends on hospital care. The number of hospital beds is the highest at 13.4 per 1 000 population and the average length of stay (ALOS) for acute care is by far the longest at 17.5 days in the Asia/Pacific region. “Social admission”, in that some “acute care” beds are devoted to long-term care, partly explains the large number of beds and long ALOS. The large number of beds is also observed in mental health care (highest in the region at 293.8 psychiatric beds per 100 000 population, almost three-times higher than the OECD average of 104), illustrating the heavy reliance on hospital care while countries like Australia and New Zealand have made progress in reorganising mental health care delivery, moving people out of psychiatric hospitals towards care in the community.

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