



## *Health at a Glance 2011: OECD Indicators*

### **KEY FINDINGS: JAPAN**

The OECD's latest edition of *Health at a Glance* shows that medical care is improving in OECD countries, but better prevention and management of chronic diseases is required to reduce costs.

#### **QUALITY OF CARE**

*Japan's survival rates for breast, cervical and colorectal cancer are among the highest in the OECD. This is despite having low screening rates and no national screening programme. In-hospital deaths following a stroke are low, but deaths following heart attack are higher than average.*

##### Details:

- The 5-year relative survival rate for breast cancer during 2000-2005 was 87%, higher than the OECD average of 84% during 2004-2009 (or latest years available). For cervical cancer, it was 70%, also higher than the OECD average of 66%.
- The 5-year relative survival rates for colorectal cancer during 2000-2005 were 69% for females and 67% for males, highest among reporting countries. The average across OECD countries was 62% for females and 60% for males.
- In 2007, 24% of eligible women in Japan reported being screened for breast cancer (OECD average 62%), and 25% for cervical cancer (OECD average 61%).
- In-hospital case-fatality rates within 30 days of admission for ischaemic and hemorrhagic stroke are significantly lower than the OECD average (1.8% and 9.7% in 2008 versus averages of 5.2% and 19.0% in 2009 or latest year available). However, the in-hospital 30-day case fatality rate for acute myocardial infarction (heart attack) was much higher than the OECD average (9.7% vs average of 5.4%).

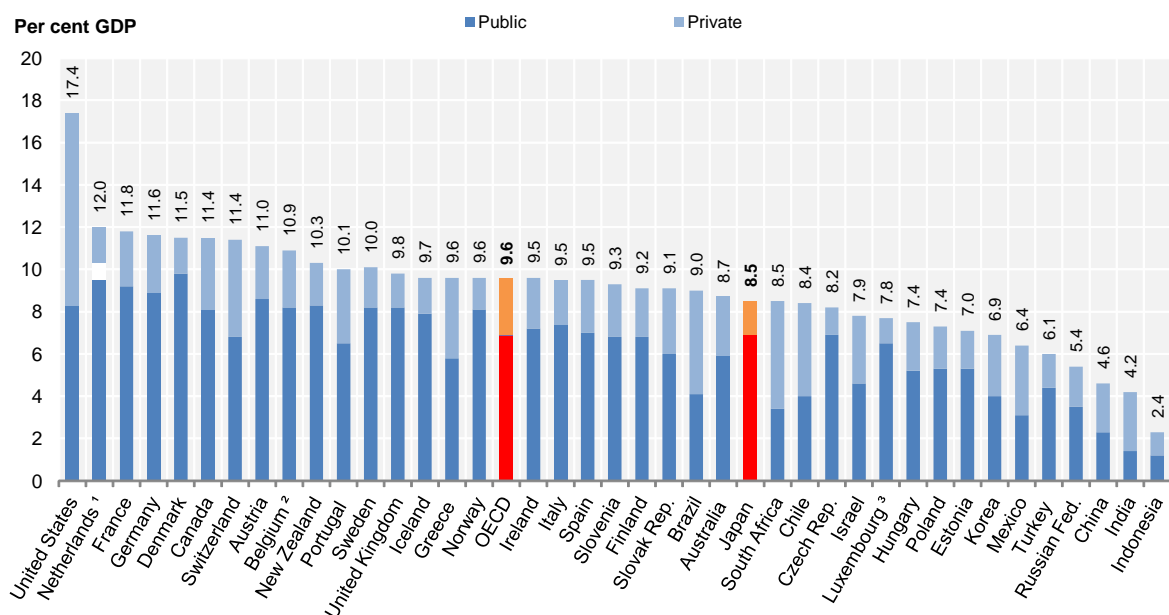
#### **HEALTH EXPENDITURE**

*Japan spent 8.5% of GDP on health in 2008, less than the OECD average of 9.6% in 2009. Spending per person is also lower than the OECD average.*

##### Details:

- Total health spending accounted for 8.5% of GDP in Japan in 2008, compared with an average of 9.6% across OECD countries in 2009. The United States (17.4%), the Netherlands (12.0%), France (11.8%) and Germany (11.6%) had the highest share.
- Japan's spending on health per person is also lower than the OECD average, with spending of USD 2878 in 2008, adjusted for purchasing power parity. The average was USD 3233 in 2009. Per capita health spending over 2000-2008 grew in real terms by 2.4% in Japan, less than the OECD average of 4.0%.
- The public sector is the main source of health funding in all OECD countries, except Chile, Mexico and the United States. In Japan, 81% of health spending was funded by public sources in 2008, higher than the average of 72% for OECD countries.

## Health expenditure as a share of GDP, 2009 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments. 2. Total expenditure excluding investments. 3. Health expenditure is for the insured population rather than the resident population.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

- Journalists are invited to contact the OECD's Media Relations Division (tel.: 33 1 45 24 97 00 or [news.contact@oecd.org](mailto:news.contact@oecd.org)) to obtain a copy of *Health at a Glance 2011*.
- For further information about the content of *Health at a Glance 2011*, please contact Mark Pearson (tel. 33 1 45 24 92 69 or [mark.pearson@oecd.org](mailto:mark.pearson@oecd.org)) or Gaétan Lafortune (tel. 33 1 45 24 92 67 or [gaetan.lafortune@oecd.org](mailto:gaetan.lafortune@oecd.org)) in the OECD Health Division.
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