



Health at a Glance 2015

How does Japan compare?

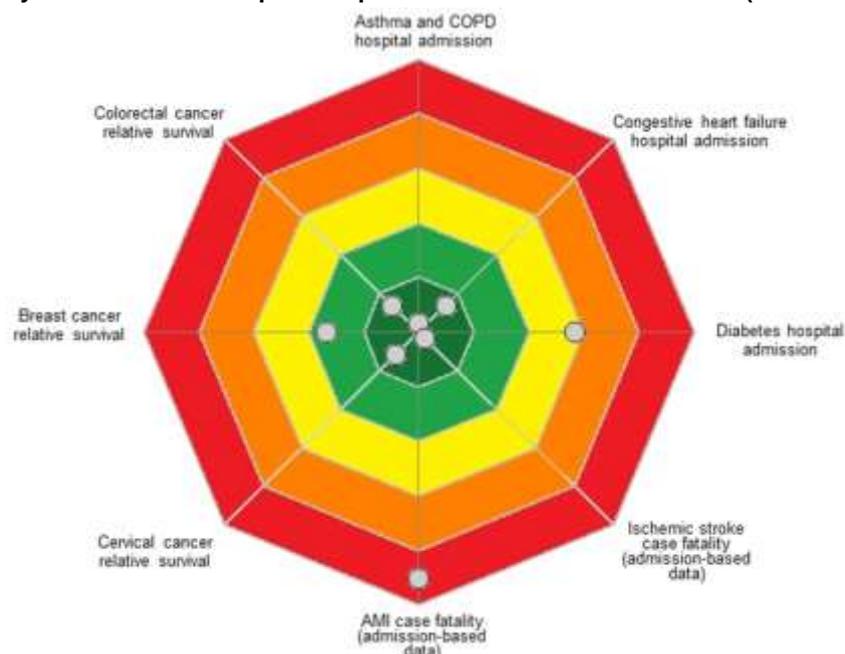
KEY FINDINGS

- The quality of health care is generally very good in Japan but further improvement can be made in the management of diabetes, treatment of heart attack (AMI), and cancer control.
- In Japan, per capita spending on pharmaceuticals is the second highest in the OECD after the United States. Spending on pharmaceuticals could be reduced by increasing the share of the generic market.
- Health spending in Japan has increased faster than in most other OECD countries in recent years.
- Japan needs to promote a more efficient use of its health workforce.

The quality of primary health care is generally good in Japan, but there is room to improve care after a heart attack and cancer care.

The primary care sector in Japan performs generally well in managing people suffering from chronic diseases and preventing unnecessary hospitalisations (Figure 1). For example, hospital admissions for people with asthma and chronic obstructive pulmonary disease (COPD) in Japan are the lowest among OECD countries. However, hospital admission rates for people with diabetes are slightly higher than the OECD average. This suggests that there is room to improve the management of diabetes in primary care by involving people with diabetes in self-care, and promoting effective control of blood glucose levels through routine monitoring, dietary change and regular exercise.

Figure 1. Quality of health care in Japan compared with other OECD countries (2013 or nearest year)



Note: The closer the dot is to the center “target”, the better the country performs. The countries in the inner circle are in the top quintile among the best performing OECD countries, while those in the outer circle are in the bottom quintile. Cancer survival for Japan is based on the relative five-year survival data for the period 2000-2005 (older data than in most other countries).

Source: OECD Health at a Glance 2015 (chart design: Laboratorio MeS for OECD).

The quality of acute care in hospital in Japan is mixed. For example, the proportion of patients dying after being admitted for a stroke is the lowest among OECD countries, with a case-fatality rate less than half the OECD average. However, Japanese hospitals generally do not perform well in saving the lives of patients admitted for a heart attack (AMI): the proportion of patients dying after being admitted at the hospital for a heart attack is 50% higher than the OECD average. This may reflect differences in emergency care, diagnosis and treatment patterns for people having a heart attack in Japan compared with other countries.

There is also room to strengthen cancer control. The survival of people diagnosed with breast, cervical and colorectal cancer is high in Japan compared with most other OECD countries, even though the data for Japan is almost ten years older than in other countries. Efforts need to be accelerated to regularly monitor the quality of cancer care and cancer outcomes. Further increases in cancer survival might be achieved by promoting greater screening coverage. Screening rates for cervical and breast cancer have increased in Japan in recent years, but are still low with only about 40% of women in the recommended age groups being screened, compared with an average of about 60% across OECD countries.

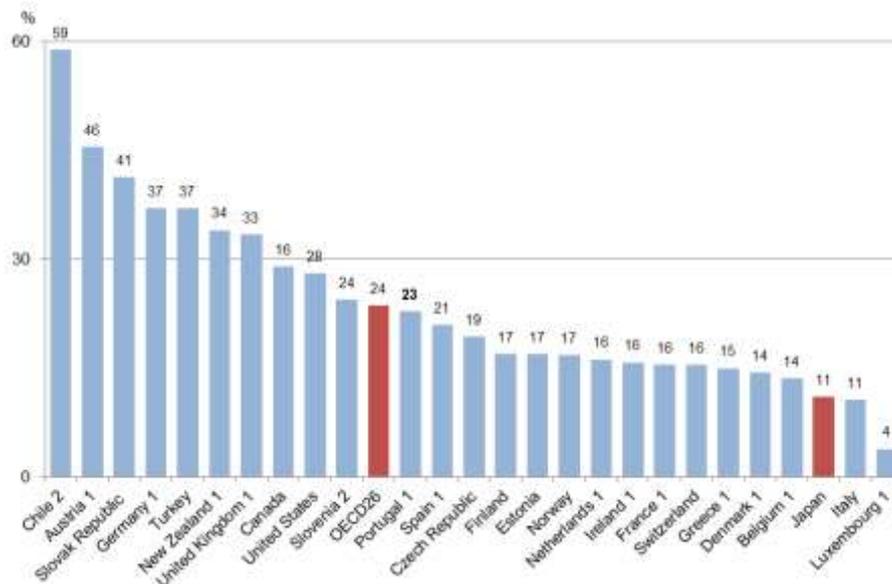
Strong growth in health spending and pharmaceutical spending needs to be accompanied by measures to improve efficiency

Health at a Glance 2015 also shows that health expenditure in Japan has in recent years increased much more rapidly than in most other OECD countries. The health spending share of GDP in Japan is now well above the OECD average (10.2% in 2013 compared with an OECD average of 8.9%, excluding investments).

This strong growth in health spending was driven at least partly by strong growth in pharmaceutical spending. Public spending on pharmaceuticals in Japan has increased at a rate of nearly 5% per year in real terms since 2009. This contrasts with recent trends in many other OECD countries where public spending on pharmaceuticals has come down following the economic crisis. Per capita spending on pharmaceuticals in Japan is now the second highest among OECD countries after the United States, and 45% higher than the OECD average. As a share of GDP, pharmaceutical spending in Japan accounts for 2.1% of GDP, the third highest share after Greece and Hungary. This is 50% higher than the OECD average (1.4%).

All OECD countries see the development of generic markets as a good opportunity to increase efficiency in pharmaceutical spending. Japan has also introduced a number of incentives to boost the development of generic markets. However, the share of generics still remains very low in Japan, accounting for only 11% of the total value of the pharmaceutical market, less than half of the OECD average (Figure 2).

Figure 2. Share of generics in the total pharmaceutical market, 2013 (or nearest year)



Note: 1. Reimbursed pharmaceutical market. 2. Community pharmacy market.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

Improving efficiency of the health workforce

Other findings from *Health at a Glance 2015* indicate that the Japanese health system continues to be characterised by a relatively low supply of doctors, combined with a relatively high supply of nurses. The number of graduates from Japanese medical schools has remained pretty stable between 2000 and 2013, whereas the number of medical graduates has increased quite strongly in many other OECD countries in response to concerns about current or future. The decision to increase admission rates in medical schools in Japan starting in 2008 should, however, lead to an increase in the number of graduates in the coming years. Given the current composition of the health workforce in Japan, it may be useful to explore some possible reconfiguration of the role of different health care providers to promote a more efficient use of human resources.

Health at a Glance 2015 provides international comparisons of health status, risk factors to health, health expenditure, access to care and quality of care. For the first time in 2015, the publication also includes a set of dashboard indicators summarising the comparative performance of OECD countries on these different dimensions of population health status and health system performance.

More information on **Health at a Glance 2015** is available at <http://www.oecd.org/health/health-at-a-glance.htm>.

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