

# Health at a Glance 2019

- Japanese people live the longest in the OECD (84.2 years)
- The share of adults overweight or obese is the lowest in the OECD (25.9%)



- Smoking rates among men are the eighth highest in the OECD (29.4%)
- Generic uptake remains low (40% of pharmaceutical volume, compared to OECD average of 52%)



## Japan

### How does it compare?



Japan displays many excellent indicators of population health, including the highest life expectancy in the world. Still, many people are pessimistic about their health – 14% of adults rate their own health poorly – though this partly reflects linguo-cultural differences. Suicide rates are also relatively high (sixth highest among OECD countries), but have fallen gradually over time.

Most people lead healthy lifestyles, with low rates of alcohol consumption and the lowest share of adults overweight or obese. Overall smoking rates are close to the OECD average, but smoking rates for men are high.

Access to care is strong, with the share of costs covered by public sources the third highest across OECD countries. Quality of care is also generally high, with, for example, the second lowest 30-day mortality rate after a stroke, high 5-year net survival across a range of cancers, and low avoidable hospital admissions for chronic conditions. However, 30-day mortality rates after a heart attack are the fourth highest across OECD countries.

Japan's ageing population poses challenges for fiscal sustainability, increasing demand for health and long-term care services. Japan has the highest dementia prevalence (25 per 1 000 population) and share of people aged 80 and over (8.5%).



# How far is Japan from the OECD average?

## Health Status

- Life expectancy  
// Years of life at birth
- Avoidable mortality  
// Deaths per 100 000 people\*
- Chronic disease morbidity  
// Diabetes prevalence, %\*
- Self-rated health  
// Population in poor health, %



JPN	OECD
84.2	80.7
138	208
5.7	6.4
14.1	8.7

## Risk Factors

- Smoking  
// Daily smokers, %
- Alcohol  
// Litres consumed per capita
- Overweight / obese  
// Population with BMI  $\geq$  25, %
- Air pollution  
// Deaths per 100 000 people

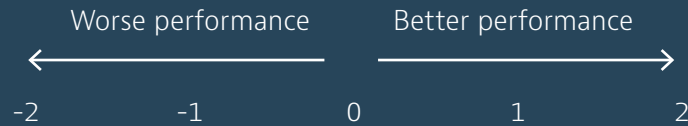
17.7	18.0
7.2	8.9
25.9	55.6
42.9	39.6

## Access to Care

- Population coverage  
// Population covered by govt schemes / insurance, %
- Financial protection  
// Spending from public sources, %
- Service coverage, primary care  
// Access to a doctor when needed, % adults
- Service coverage, preventive care  
// Timely access to cervical cancer screening, % women

100	98
84	71
n/a	79
n/a	73

## Quality of Care



- Safe prescribing  
// Antibiotics prescribed, DDDs/1 000 people
- Effective primary care  
// Avoidable asthma/COPD admissions\*\*
- Effective secondary care  
// 30-day mortality following AMI\*\*
- Effective cancer care  
// Breast cancer 5-year net survival, %\*

JPN	OECD
n/a	18
58	225
9.7	6.3
89	85

## Resources



- Health spending  
// Per capita (USD based on PPPs)
- Health spending share  
// As a % of GDP
- Practising doctors  
// per 1 000 people
- Practising nurses  
// per 1 000 people

4 766	3 806
10.9	8.8
2.4	3.5
11.3	8.8

Key data available for download here:  
[www.oecd.org/health/health-at-a-glance.htm](http://www.oecd.org/health/health-at-a-glance.htm)

Notes – These charts indicate how far a country is from the OECD average, based on the standard deviation. \*age-standardised. \*\*age-sex standardised. AMI = acute myocardial infarction; BMI = body mass index; COPD = chronic obstructive pulmonary disease; DDD = defined daily dose; PPPs = purchasing power parities.

## Japan

### How does it compare?

*Health at a Glance 2019* compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and quality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.

## Japan: Selected issues

### Fiscal sustainability and efficiency of resource use

Health expenditure reached 10.9% of GDP in 2018, and is projected to reach 12.1% by 2030. Japan is likely to face fiscal pressures due to population ageing and a shrinking workforce. There is room for efficiency gains in the Japanese health system. Use of generics has gradually increased over time, thanks in part to policies targeting the incentives faced by physicians, pharmacists and patients. Still, generics represent only 40% of the volume of pharmaceuticals, compared to an OECD average of 52%, and much lower than the United Kingdom, Chile and Germany. Enhanced efforts to inform medical providers and the public on the safety and effectiveness of generics can further increase generics uptake.

Japan has the highest number of hospital beds (13.1 per 1 000 people; the OECD average is 4.7) and the second highest average length of stay (16.2 days, over twice the OECD average of 7.7). Spending on capital as a share of GDP in the health sector is the highest among OECD countries. Japan also has by far the highest numbers of CT scanners and MRI units in the OECD. There is scope to reduce the number of hospital beds and to use expensive machines more efficiently.

### Improving the quality and efficiency of long-term care services

Population ageing in Japan is the most advanced in the OECD – about 8% of the population were aged 80 or over, and 28% were aged 65 or over in 2017. This contributes to a high demand for long-term care (LTC) services.

The relatively high availability and educational levels of LTC workers (the ninth highest number of LTC workers per aged population and the fourth highest share of LTC workers with high educational attainment in the OECD) suggests services are accessible and of high quality. Still, a high turnover of LTC workers is, as in many other countries, a challenge (*Who cares? Attracting and retaining care workers for the elderly*, OECD, forthcoming).

LTC has been provided increasingly at home in Japan. The number of LTC beds in institutions and hospitals has decreased to 34 beds per 1 000 population aged 65 years and over, much lower than the OECD average of 47 beds.

Together, these factors show that Japan has an efficient, high quality organisation of LTC services. Further efficiency gains could be found by moving away from providing LTC in hospitals.

## Japan

How does it compare?

Health at a Glance 2019: OECD Indicators  
[www.oecd.org/health/health-at-a-glance.htm](http://www.oecd.org/health/health-at-a-glance.htm)

