Universal Health Coverage and Japan's Experience

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Create and Promulgate a Future Vision for Society

- 1. Evidence-based policy making and goal setting
- 2. Lessons from Japan's experience

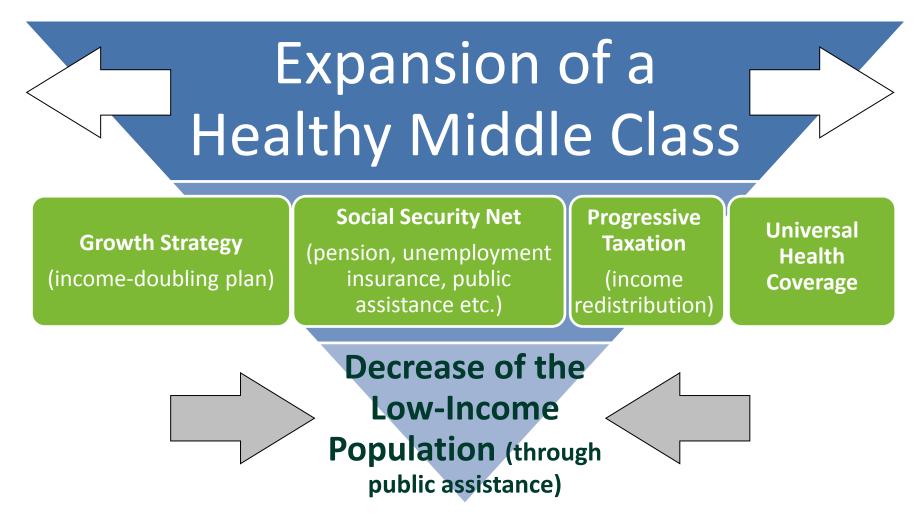
1. Historical Role of Abe Cabinet

1-1. Historical Role of Kishi & Ikeda Cabinet

1-1-2. Post-War Japan: growth strategy, tax system and social security created a healthy middle class



1-1-3.Post-War Japan: growth strategy, tax system and social security created a healthy middle class



A Comprehensive Policy Package to Expand the Middle Class in 1960s

- "Income Doubling Plan" (1960): alleviating the dual structure of the economy (producing income disparities) and ensuring social stability as key challenges.
- Enhancing social security to overcome these key challenges. Under high economic growth and with favorable demographic dividend, the comprehensive policy package achieved income redistribution and established a social safety net.
- The priority of the social security system shifted from poverty alleviation to poverty prevention. This included the establishment of Universal Health Coverage in 1961.

Main Elements of the Comprehensive Policy Package

Employment The dissemination and embedding of a Japanese employment model (lifetime employment, seniority-based wages, low unemployment rate)
Support for the unemployed to achieve full employment
Healthcare Universal Health Coverage, Universal Pension Coverage (1961)
Tax Progressive Income Tax (maximum tax rate of 75% <1961-1974>) ⁵

History of Public Health Insurance in Japan 1

- 1922 Health Insurance Law (implemented in 1927).
- 1934 Revision of the Health Insurance Law.
- Expansion to cover companies with five employees or more
- 1938 Establishment of the Ministry of Health and Welfare.
- National Health Insurance Law.
- 1941–45 World War II.
- 1958 Revision of the National Health Insurance Law.
- - 50 percent benefit provision for the insured.

Sources: White Paper on Health and Welfare 1998 Edition; Japan International Corporation of Welfare Services (1995).

History of Public Health Insurance in Japan 2

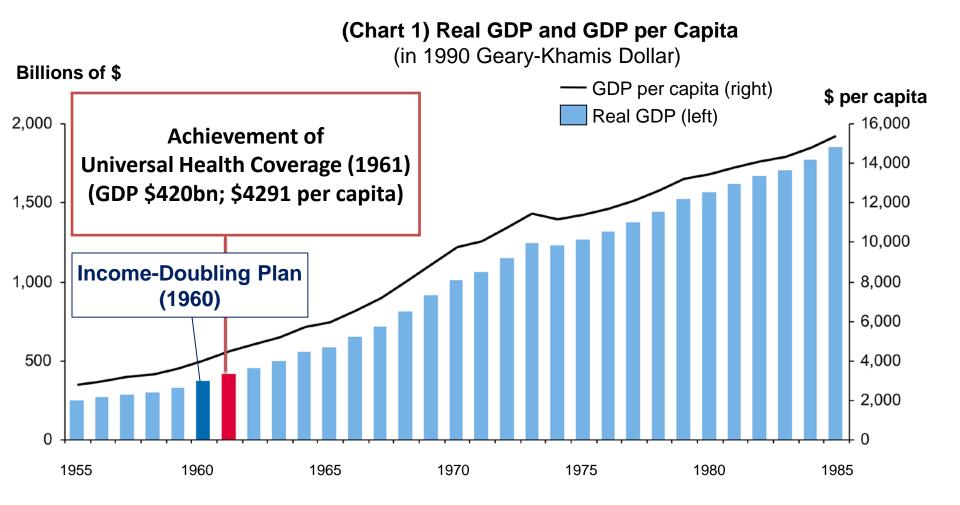
- 1961 Universal Health Coverage.
- 1962 Establishment of the Social Insurance Agency.
- 1972 Revision of the Welfare Law for the Elderly (implemented in 1973).
- - Free medical care for the elderly
- 1973 Revision of the Health Insurance Law (so-called 1st year of the Welfare State).
- Improvement of the benefit level for families of the insured from 50 percent to 70 percent.
- – Introduction of an upper ceiling for patients' cost-sharing.
- National subsidy of 10 percent of health expenditure for governmentmanaged Health Insurance.
- 1982 Law of Health and Medical Services for the Elderly (implemented in 1983).
- 1984 Revision of the Health Insurance Law.
- – Ten percent cost-sharing by the insured.
- – Relaxation of regulations on high-technology health care.
- Introduction of the health care program for retired persons. Sources: White Paper on Health and Welfare 1998 Edition; Japan International Corporation of Welfare Services (1995).

History of Public Health Insurance in Japan 3

- 1985 Revision of the Medical Service Law.
- – Medical plan by prefecture.
- 1989 Ten-Year Strategy for the Promotion of Health and Welfare for the Elderly (the so-called Gold Plan)
- 1991 Revision of the Law of Health and Medical Services for the Elderly.
- Visiting nurse care service for the elderly.
- – Increase in public funds for nursing care from 30 to 50 percent.
- 1992 Revision of the Medical Service Law.
- Classification of hospitals by function: high-tech hospital, long-term care beds.
- 1994 New Gold Plan.
- 1997 Revision of the Health Insurance Law.
- – Twenty percent cost-sharing by the insured.
- Introduction of the patient charge on pharmaceutical costs for outpatient services.

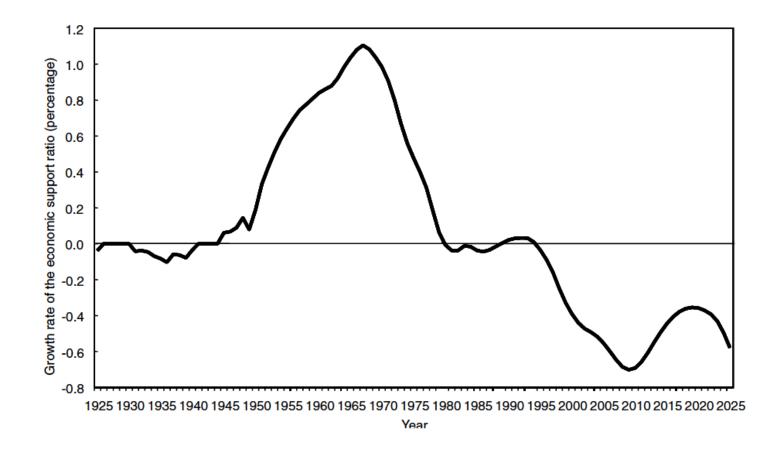
Sources: White Paper on Health and Welfare 1998 Edition; Japan International Corporation of Welfare Services (1995).

1-1-4. Historical Trends in Japan's GDP



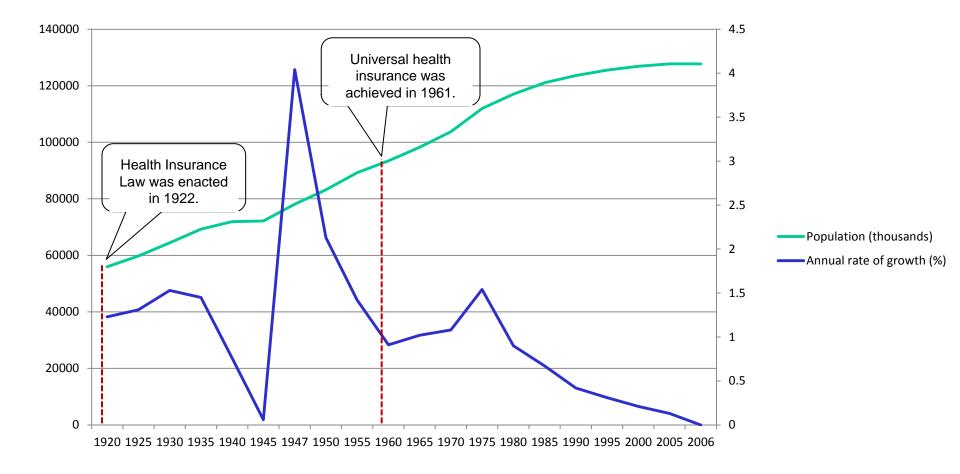
Source: Angus Maddison (2001) "The World Economy – A Millennial Perspective"

1-1-4. Trends in the first dividend in Japan, 1925-2025



Adopt UHC at the early stage of demographic dividend

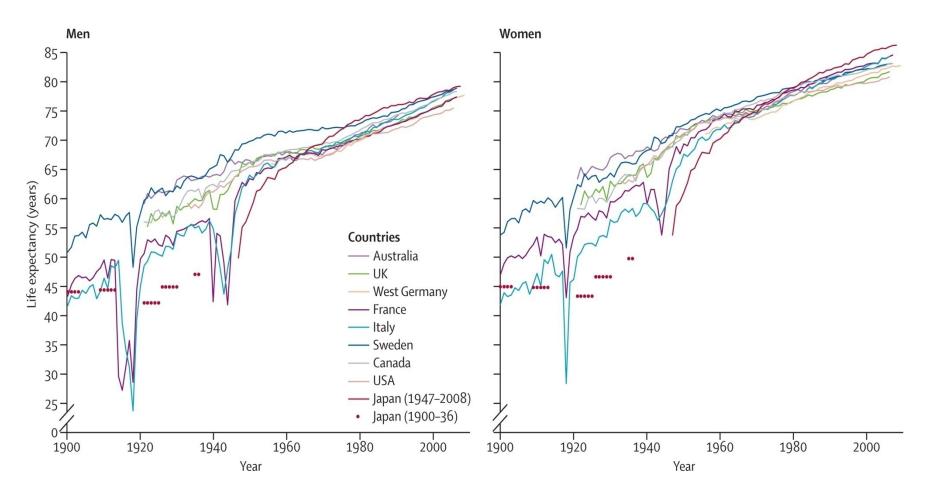
Population and Population Growth in Japan (1920-2006)



Source: Statistics Bureau, Ministry of Public Management, Home Affairs, Posts and Telecommunications

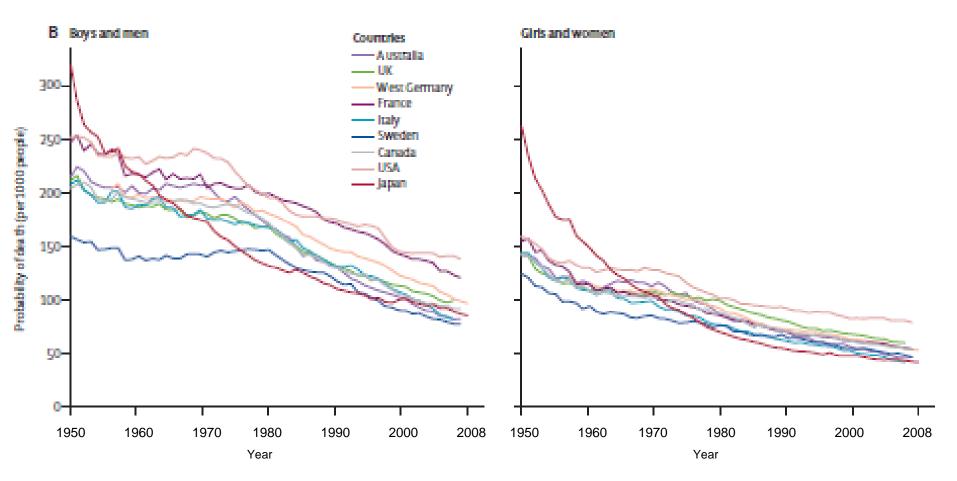
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1-1-5.Trends in life expectancy at birth, 1900—2008



Source: Figure 1, What has made the population of Japan healthy?, Lancet Special Series on Japan

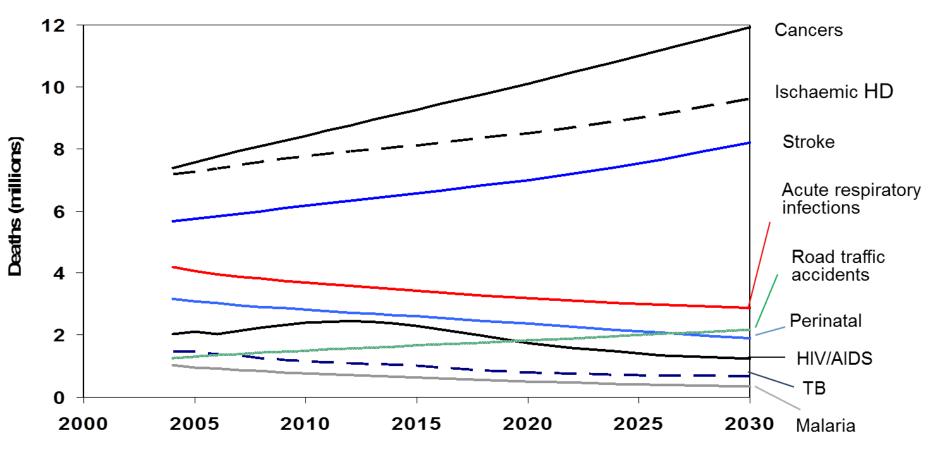
Trends in the probability of death at age 15-60 years in Japan and selected countries during 1950-2008



Source: Figure 2, What has made the population of Japan healthy?, Lancet Special Series on Japan

Growing number of cases of non-communicable diseases as causes of deaths

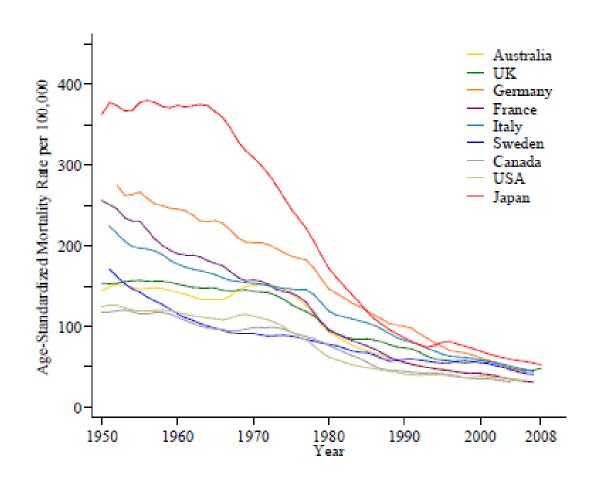
Global projections for selected causes 2004 to 2030



Updated from Mathers and Loncar, PLoS Medicine, 2006

1-1-6. Trends in Men's Mortality due to Stroke in Japan and Selected Countries

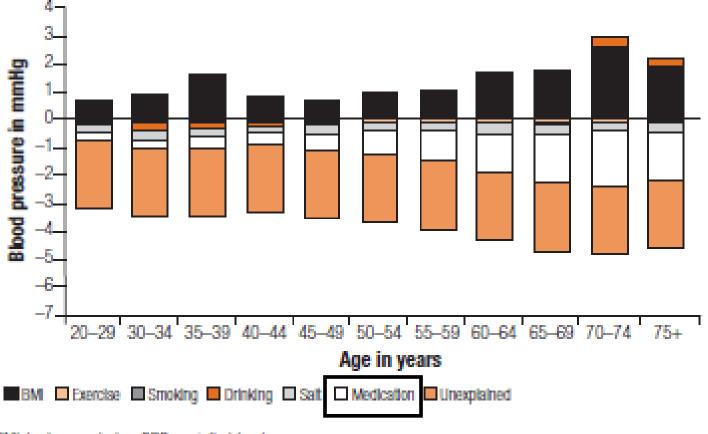
Males



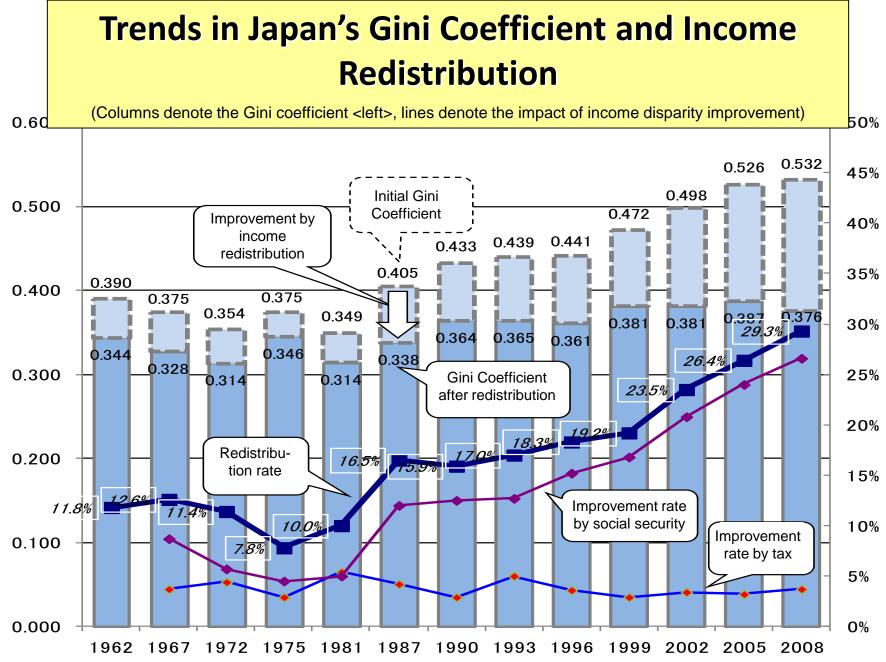
Source: Webfigure 4, What has made the population of Japan healthy? Lancet Special Series on Japan

Estimated Contributions of Explanatory Variables to Changes in Mean Predicted SBP in Men between 1986 and 2002

based on data from the National Nutrition Survey, Japan, 1986–2002



BMI, body mass index; SBP, systolic blood pressure.

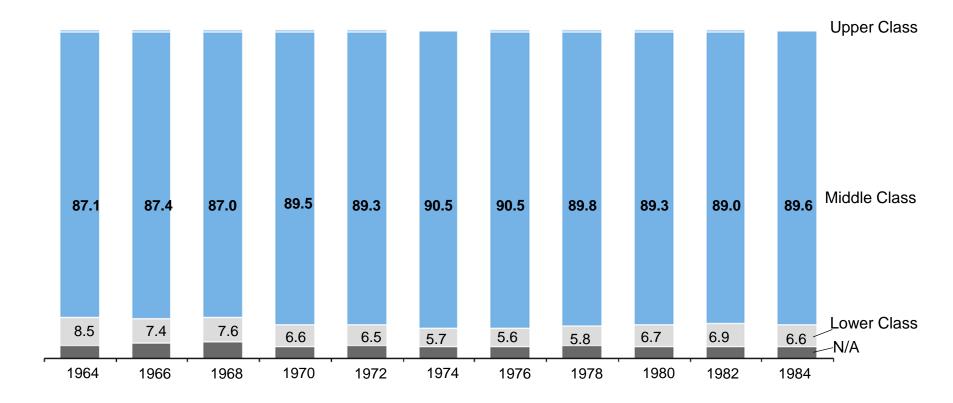


Notes: The in-kind benefits until 1999 were only healthcare services and after 2002 they include health care, long-term care, and child care services. Source: Ministry of Health, Labour and Welfare "Survey of Income Redistribution"

Middle Class Consciousness

Social Class Identification

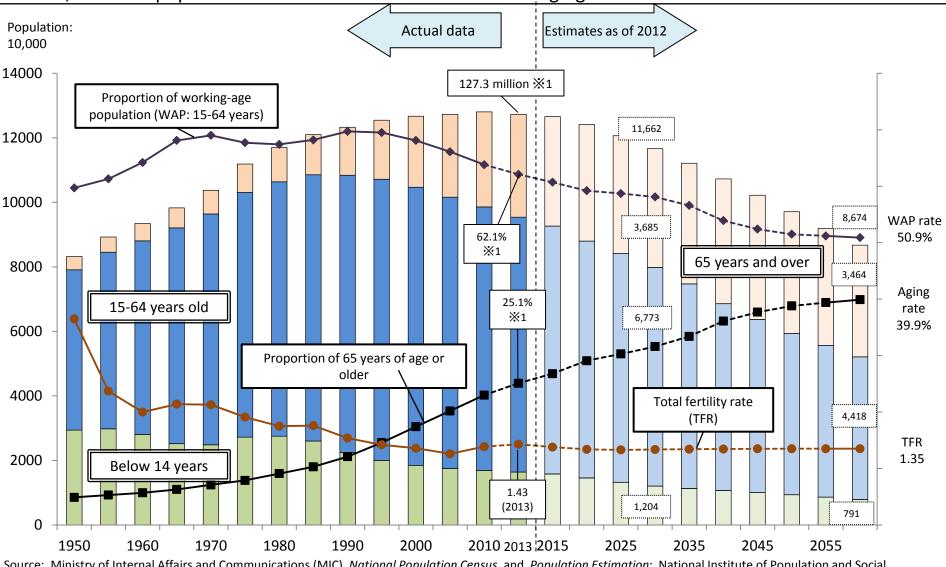
(percentage of respondents answering the question "which social class do you feel that you belong to?")



1-2. THE LIFECYCLE OF PUBLIC POLICY

1-2-1. Dynamism of Demographic Transition: Case of Japan

Japan's population has hit the point at which it started to decline. In 2060, the total population will fall below 90 million and the aging rate will be almost 40%.

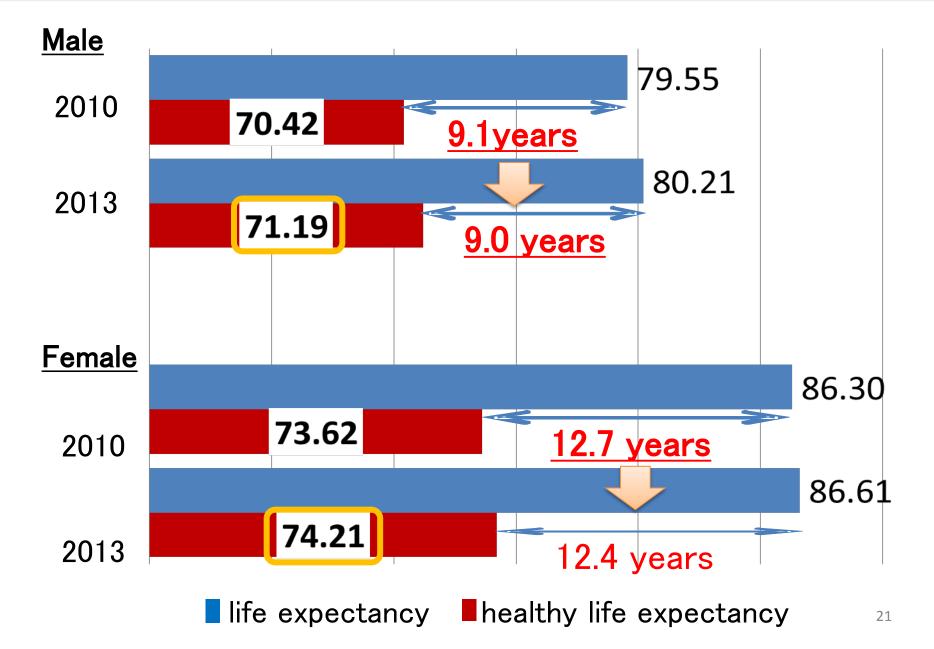


Source: Ministry of Internal Affairs and Communications (MIC), *National Population Census*, and *Population Estimation*; National Institute of Population and Social Security Research, *Population Projection for Japan* (2012) : Estimated medians of live births and death (Oct. 1 for every year); Ministry of Health, Labor and Welfare, *Population Survey Report*

X1 Source: MIC, Population Estimation 2013

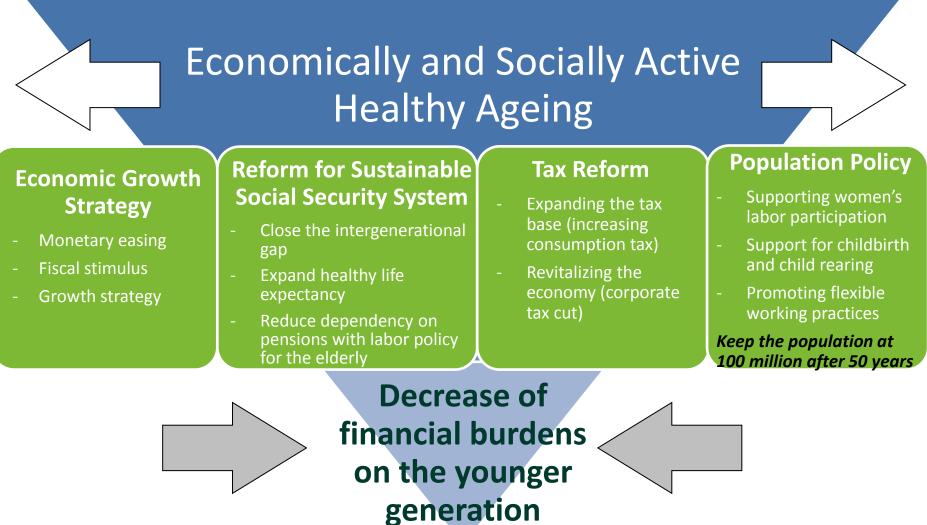


1-2-2. Trends in Life Expectancy and Healthy Life Expectancy in Japan



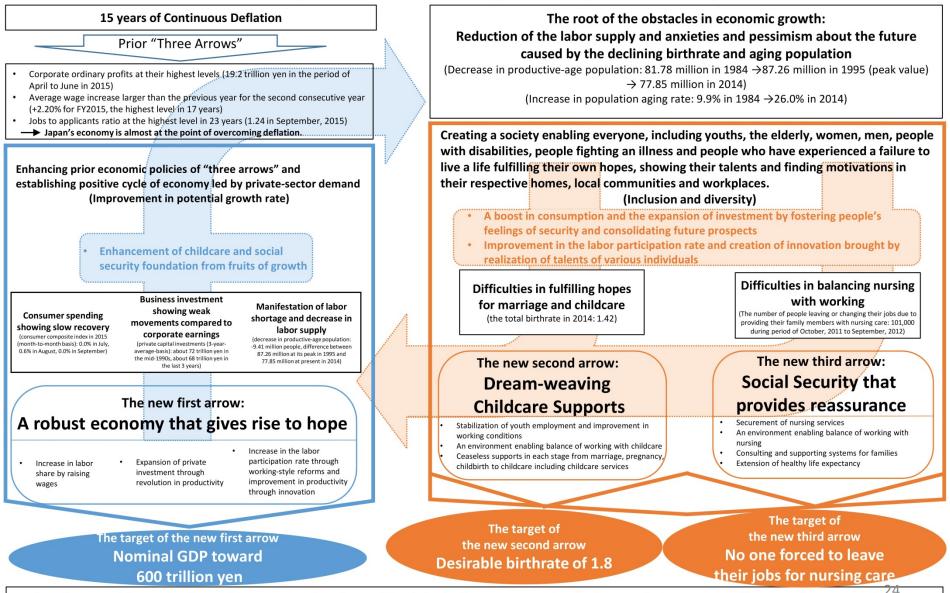
1-3. ACTIVE HEALTHY AGEING

1-3-1. 21st Century System: Growth Strategy and Social Security Reform for Active and Healthy Ageing



1-3-2. Society in Which All Citizens are Dynamically Engaged

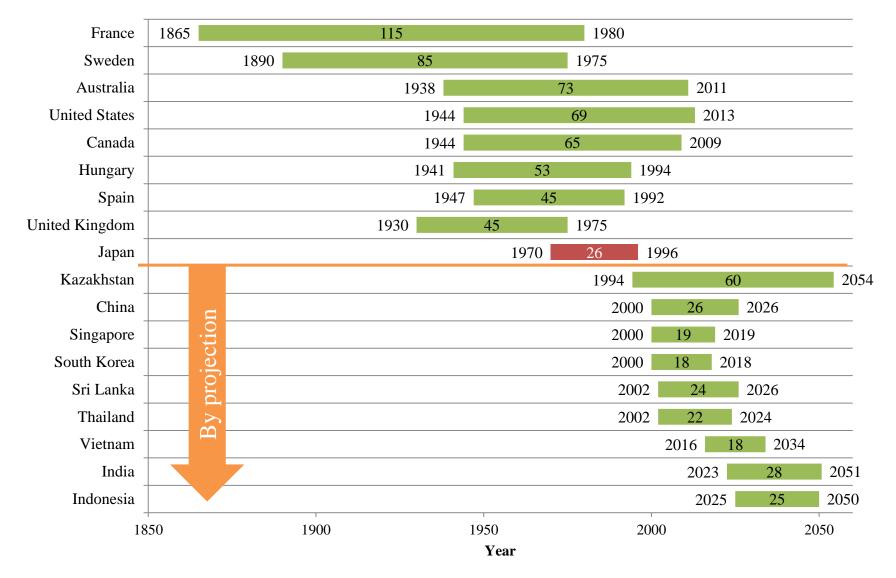
A Society in Which All Citizens are Dynamically Engaged will Vitalize Japan's Economy Facing the Declining Birthrate and Aging Population -A Positive Cycle of distribution and sustainable growth driven by inclusion and diversity-



Enhancing a positive cycle of new "three arrows" and sustaining it in the long run to maintain the population at 100 million people 50 years from now

1-4. ASIA'S AGING POPULATION

1-4. The time required from aging rate 7% to 14%



Note : The number of the left of the bar designated the year when the aging rate attained 7%; the number on the right of the bar designated the year when the aging rate attained 14%. The number in the middle of the bar designates the years required that the aging rate changed from 7% to 14%. Source : Kinsella and Wan He (2009), for Kazakhstan, Vietnam, India and Indonesia calculated using UN (2015)

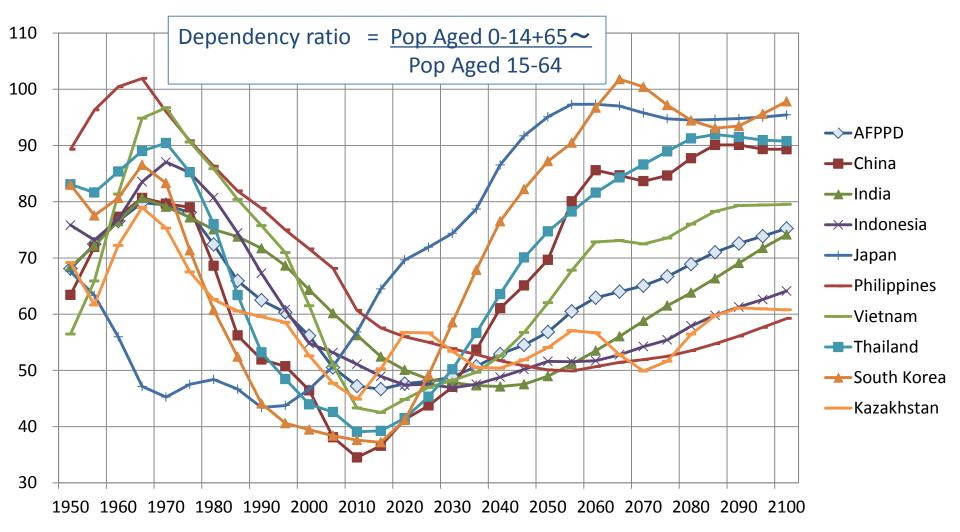


1-4-1. Proportion living independently, alone or with the spouse60 years or over (%)

	Male	Female
Germany	91.5	88.7
USA	76.8	73.8
Japan	51.5	46.9
China	39.7	34.1
Vietnam	29.8	26.8
Indonesia	24.1	24.1
Thailand	21.3	16.8
India	17.3	15.8

Sources : Japan by Population Census 2010, all other countries by "Population Ageing and Development 2012", United Nations, DESA, Population Division

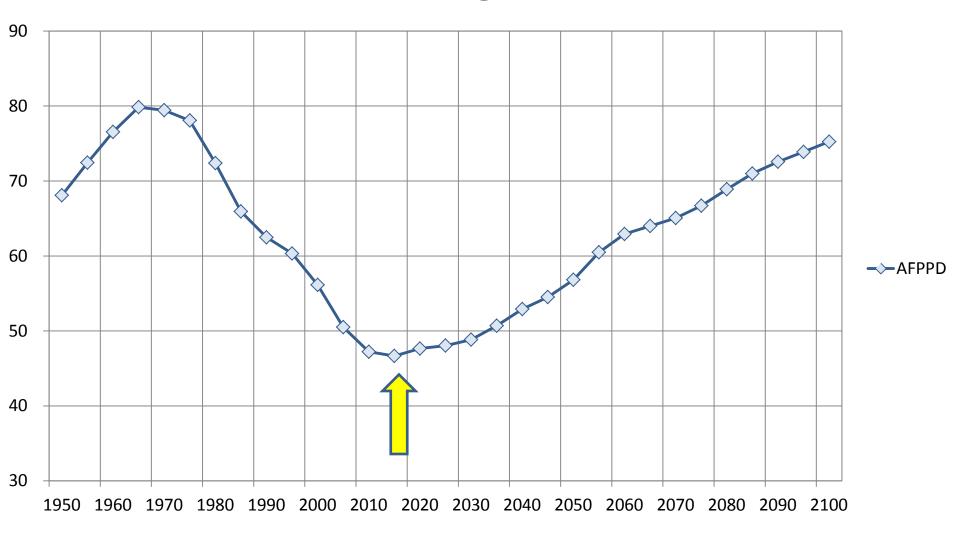
1-4-2. Dependency ratio Some AFPPD countries



Source : United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, DVD Edition.



1-4-2. Dependency ratio AFPPD region total



Source : United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, DVD Edition.

Lessons from Japan (1)

- UHC is part of a comprehensive policy package including economic growth and the establishment of asocial safety net, contributing to income redistribution and the stabilization of society and politics
- Once the health insurance system was established, the stakeholders became interest groups which would hamper the reforms.

 \rightarrow In designing insurance systems, political risks for the future should be considered.

- It can be introduced at the economic level of around US\$4000 per capita
- LTCI should be introduced as early as possible, and it should be aimed at increasing healthy elderly

Lessons from Japan (2)

- Health policy should not be designed separately from other policies such as economic growth, labor, and social welfare.
- Countries need to design UHC based on a long-term perspective of population cycles and demographic change over 50 to 100 years.
 - Adopting UHC early in the demographic dividend, and expanding the financial pool as the population grows. At the same time, based on the estimates of demographic change, the way of sharing the financial burden and health risks across the generations should be adjusted.

1-5. ASIA HUMAN WELL-BEING INITIATIVE