

50 years of pursuing a healthy society in Japan



In this Series in *The Lancet*, we review the past 50 years of Japan's universal health coverage, identify the major challenges of today, and propose paths for the future, within the context of long-term population ageing and the devastating crises triggered by the March 11 earthquake. Japan is recognised internationally for its outstanding achievements during the second half of the 20th century, in both improving the population's health status and developing a strong health system. At the end of World War 2, in Japan, life expectancy at birth was 50 years for men and 54 years for women; by the late 1970s, Japan overtook Sweden as the world's leader for longest life expectancy at birth.¹ Japanese women have remained in the number one slot for 25 years, reaching a life expectancy of 86.4 years in 2009 (while Japanese men slipped to fifth longest living that year, at 79.6 years).^{2,3}

In 2011, Japan celebrates 50 years of *kaihoken*: health insurance for all. Universal health insurance was achieved in 1961, assuring access to a wide array of health services for the whole population. Since then, benefits have become more egalitarian while health expenditures have remained comparatively low: 8.5% of the gross domestic product and 20th out of countries in the Organisation for Economic Co-operation and Development in 2008.⁴ This achievement is all the more remarkable because the percentage of the population aged 65 years or older has increased nearly four-fold (from 6% to 23%) over the past 50 years.⁵

What produced Japan's impressive performance over the past half century? This question is not easily answered, because many factors contributed, including public health policies, high literacy rates and educational levels, the traditional diet and exercise, economic growth, and a stable political environment. Further, buried in the successes of the past 50 years are the roots of Japan's health-care challenges today. This Series examines not only specific factors that have contributed to improved health status but also challenges and opportunities faced today. Here we explore the broader context in which these changes have evolved—and in which Japan's emerging challenges are situated.

With the inauguration of Emperor Meiji in 1868, the Japanese Government embarked on a policy of rapid westernisation throughout society. In health care, the

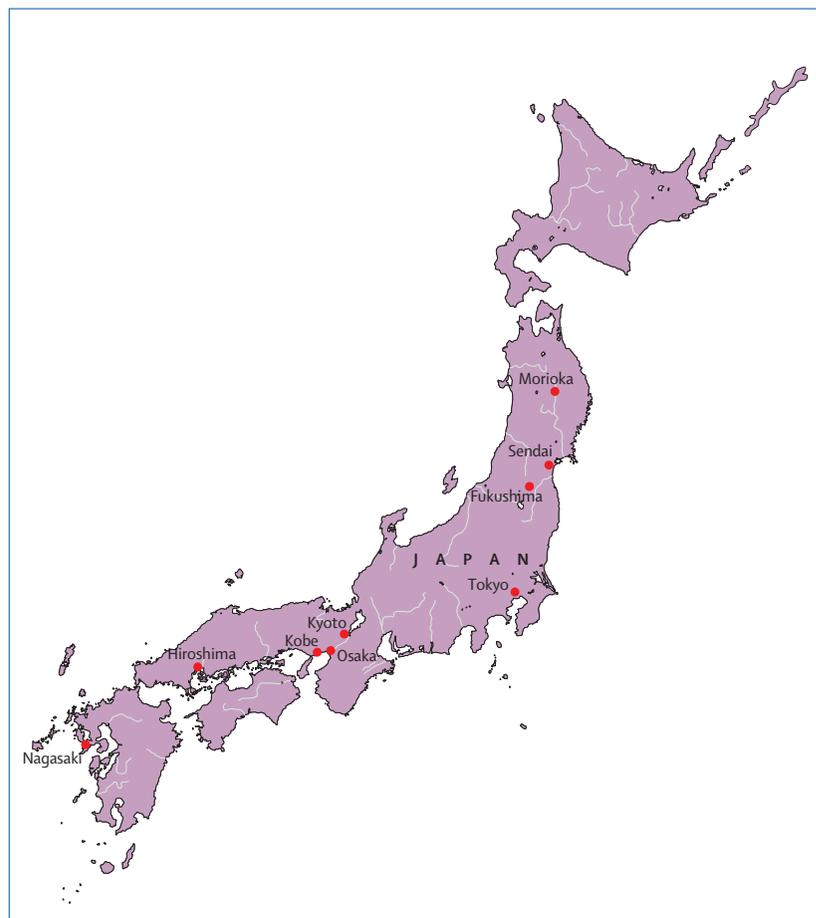
government over time succeeded in changing the basis of medical practice from Chinese to western medicine. Unlike other Asian countries, independent schools or formal qualifications in Chinese medicine were not allowed to co-exist with those teaching western medicine. Moreover, this transition was achieved with minimum cost and limited social disruption.⁶

However, for hospitals, Japan needed to adopt a new method of delivering care, because there were virtually no public or religious institutions that could serve this role. Japan developed hospitals for specific purposes, including teaching and research hospitals, army and navy hospitals, public hospitals for quarantining patients with communicable and venereal diseases, and—the most numerous—private hospitals expanded from clinics. In all four cases, the hospital was regarded as the doctor's workplace, and a doctor served as director with clinical and administrative responsibilities. The medical staff of these

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new hospitals was typically controlled by the professors of prestigious medical schools, notably the University of Tokyo. Physicians were rotated, at the decision of the professor, within the closed network of the university clinical department and its affiliated hospitals.

The most successful of the private hospitals established by physicians continued to expand until they rivalled the large hospitals in the public sector. Thus there was not much distinction between physicians' offices and hospitals, with even large medical centres maintaining outpatient departments, which patients could visit without referrals. There was also not much distinction between specialists and general practitioners. Those who went into private practice continued to regard themselves as specialists, but they mostly provided primary care because they did not have access to hospital facilities. This basic structure continues today.

In 1945, at the end of the war, Japan was confronted with widespread devastation: major cities had been destroyed and two cities were completely wiped out; an estimated 3·2 million people had died; and deep poverty and malnutrition scarred the entire country. Japan's surrender, in August, 1945, was followed by 7 years of US occupation that sought to restructure the health-care system as part of its goal of democratising the fabric of society.

These endeavours had mixed results. On the one hand, to address the population's health problems, the occupying forces strengthened community health institutions, which advanced the control of infectious diseases. Astounding gains in health status occurred in the immediate post-war years. Between 1947 and 1955, average life expectancy increased by nearly 14 years.⁷

These achievements have been attributed to public health policies that were started before the war, facilitated during the occupation along with social reconstruction efforts, and expanded by the Japanese Government after regaining sovereignty in 1952. Importantly, these early post-war health gains occurred before Japan's period of rapid economic growth, but while Japan was expanding employee-based health insurance and community health insurance, both of which already covered over 70% of the population during the war (in 1943). There was also continuity in medical education: the hierarchical structure, with the University of Tokyo at the top, remained intact.

In addition to its impressive health gains, Japan achieved unprecedented economic growth starting in

the 1960s. But Japan also saw major setbacks to health in some population groups. Disastrous pollution problems erupted in the 1960s, with serious health consequences for locally affected populations.⁸ The lessons learnt led to Japan taking a lead in environmental health. Since the late 1970s, Japan's health gains have captivated the attention of researchers from various disciplines who sought to explain how the country achieved the world's longest life expectancy.

Japan is currently undergoing several sociocultural changes that are challenging the formation of contemporary society. These changes include the rise of part-time and temporary employment for young workers, a growing number of young women who postpone marriage and child-bearing, the ever-expanding number of people who are elderly, an increasing sense of widening inequality in income, and diversity in values that weaken the national myth of homogeneity.⁹ One manifestation of these changes is Japan's low fertility rate. Total fertility has declined in Japan to 1·37 livebirths per woman—about the same rates as in Italy and Germany, slightly greater than those in Singapore and South Korea, and much less than the replacement rate.¹⁰ Japan's low fertility combines with low mortality to drive the rapid ageing of the population. People aged 65 years and older made up 20% of the population in 2005, and this group is expected to increase to 40% by 2050. This changing demographic structure has profound implications for many social institutions, including the health-care system, the financing of health care, and how to care for older people.

Japan is now confronting major challenges to its health system in the midst of major political and economic stagnation. The country has slogged through 20 years of economic non-growth, accumulating a huge national debt. Japan's percentage of global gross domestic product rose steadily from 3·9% in 1960, to 18·0% in 1994, but since has declined to 8·3% in 2008.¹¹ The time of Japan as number one—the 1960s and 1970s—is long over.¹² Unemployment is rising, and income inequality has increased since the late 1980s. The conservative Liberal Democratic Party, the country's dominant political party that held power almost continuously for 54 years, lost heavily in the 2009 Lower House elections and is now the opposition party. This political economy context complicates Japan's efforts to reform its health system today. But the fluid

political situation might also open new opportunities for structural change in how Japan operates, and expands the potential for policy innovation in the health system.

Over the past 50 years, Japan has transformed its health-care system through incremental changes that have been largely successful in expanding universal coverage and containing costs, while increasing fairness, and reducing inequities across different health plans. The basic premise of egalitarian and community-based health care has led to the construct of human security, which is now the core of Japanese diplomacy.¹³ But during this time Japan also postponed certain structural changes in its health-insurance plans; these accumulated problems have become harder to avoid, along with the continued expansion of the elderly population and the public debt.

This Series addresses major achievements and challenges now confronting Japan's health system. Naya Ikeda and colleagues¹⁴ analyse Japan's success in extending life expectancy and the sources of its mortality reductions. Naoki Ikegami and colleagues¹⁵ explain how Japan achieved universal coverage and reduced inequities in different health plans, to remove the risk of financial impoverishment from health-care costs. Hideki Hashimoto and colleagues¹⁶ examine how the health-care system has been able to contain costs while still maintaining standards of quality of care. Nanako Tamiya and colleagues¹⁷ explore Japan's main policy to address its rapidly ageing population: the public long-term-care insurance programme established in 2000. Rayden Llano and colleagues,¹⁸ examine Japan's efforts to expand its role in global health, to provide policy guidance and not just funding. Finally, Kenji Shibuya and colleagues¹⁹ pull together the main lessons for Japan and other countries.

This Series contributes analysis and recommendations to five crucial health-policy debates in Japan. The country's current political circumstances offer opportunities for a bipartisan reform of the health-care system. Japan's concept of human security might provide the key values for confronting both domestic and global conundrums in health policy. We are confident that Japan—the first non-western country to achieve economic development and universal health coverage—has the capacity to resolve these problems in ways that will provide lessons for the world.

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