

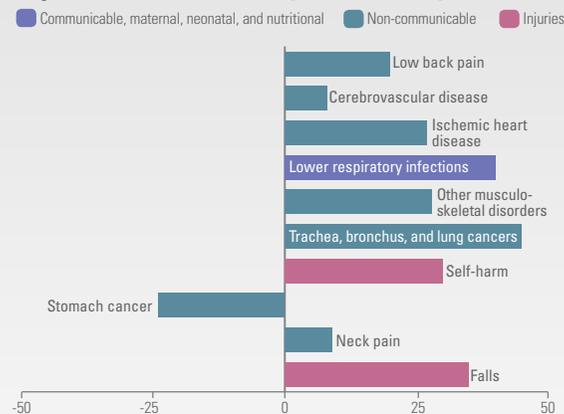
JAPAN

Japan's health system offers coverage to 98.7% of the population through a social insurance model, with maximum copayments of 30% of health care costs and lower copayments for children and older people. The availability of skilled health professionals is above the thresholds, and there is generally good accessibility to health services, but evidence indicates some geographical disparities: for example, the relative ratios of health worker densities between the highest and lowest prefectures are 2.0 for physicians and 2.3 for nurses. Further, the percentage of women physicians is unusually low (20%), while the ratio of nurses to physicians is 1.8, although other sources indicate that it is higher and significantly above the OECD average. Evidence indicates that regulatory mechanisms need strengthening to reach the standards of other high-income countries: for example, licenses for practitioners are granted for life, with no relicensing requirement. A positive element is the existence of strong mechanisms to collect accurate survey data on the health workforce. However, some evidence indicates that these data are not being adequately used to determine policy priorities. For example, there has been a focus on increasing the quota of medical students, but it is not clear whether this policy takes adequate account of health service needs, especially given changing technology and service delivery models.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	127.4; 13; 30	(2010)
Average annual rate of population change (%)	-0.1	(2010-2015)
Population living in urban areas (%)	91	(2011)
Gross national income per capita (PPP int. \$)	35330	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	-	
Total expenditure on health as a percentage of gross domestic product (%)	9.3	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	80	(2011)
External resources for health as a percentage of total expenditure on health (%)	-	
Life expectancy at birth (years) [all; female; male]	83; 86; 79	(2011)
Total fertility rate (per woman)	1.4	(2010)
Neonatal mortality rate (per 1 000 live births)	1	(2011)
Infant mortality rate (per 1 000 live births)	2	(2011)
Under-five mortality rate (per 1 000 live births)	3 [3-4]	(2011)
Maternal mortality ratio (per 100 000 live births)	5 [5-6]	(2010)
Births attended by skilled health personnel (%)	99.8	(2011)
Antenatal care coverage - at least one visit (%)	-	
Antenatal care coverage - at least four visits (%)	-	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	98	(2011)
Postnatal care visit within two days of birth (%)	-	

Top 10 causes of morbidity and mortality (DALYs)



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

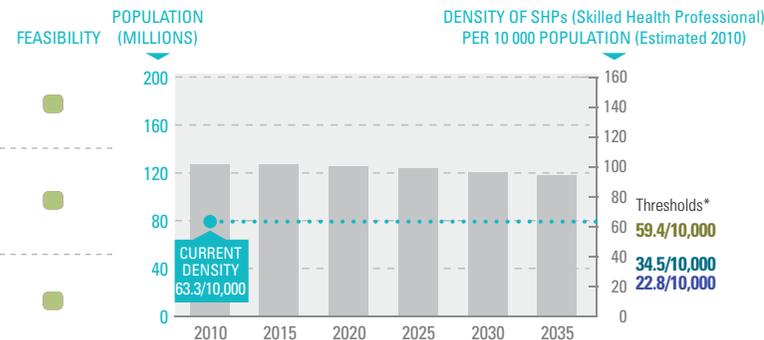
Feasibility of achieving thresholds: ■ Most likely ■ Somewhat likely ■ Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

14.3
Physicians

21.4
Physicians

28.6
Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

1.8
Nurses



TO

1
Physician



20%
Female physicians

QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	?
Midwives	✓*
Nurses	✓*
Pharmacists	✓*
Physicians	✓*

REGULATE:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

LICENSE/RE-LICENSE:

Dentists	✓*
Midwives	✓*
Nurses	✓*
Pharmacists	✓*
Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management? ✓

Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management? ✓

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs? ✓*

informed by data and strategic intelligence? ✓

addressing pre-service education? ✓*

addressing geographical distribution and retention? ✓

addressing health workforce performance (e.g. competence, responsiveness and productivity)? ✓*

addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel? ✓/✓

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms? ✓*

For which period? ?

Does the strategy/plan account for the financial costs and resource requirements to implement it? ?

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.