COVID-19 and health system in Japan

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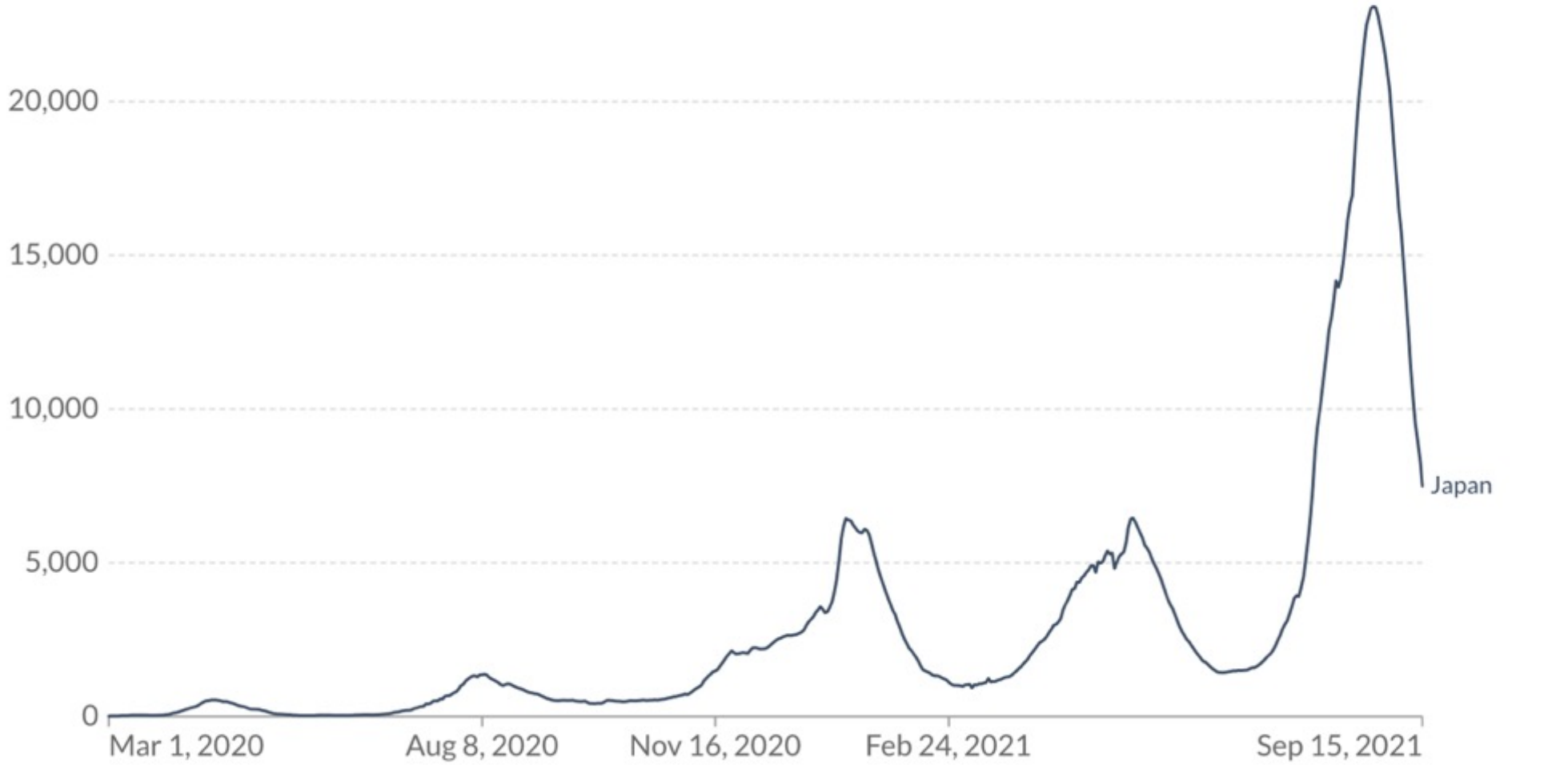
Daily new confirmed COVID-19 cases

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World in Data

LINEAR LOG Add country



Source: Johns Hopkins University CSSE COVID-19 Data

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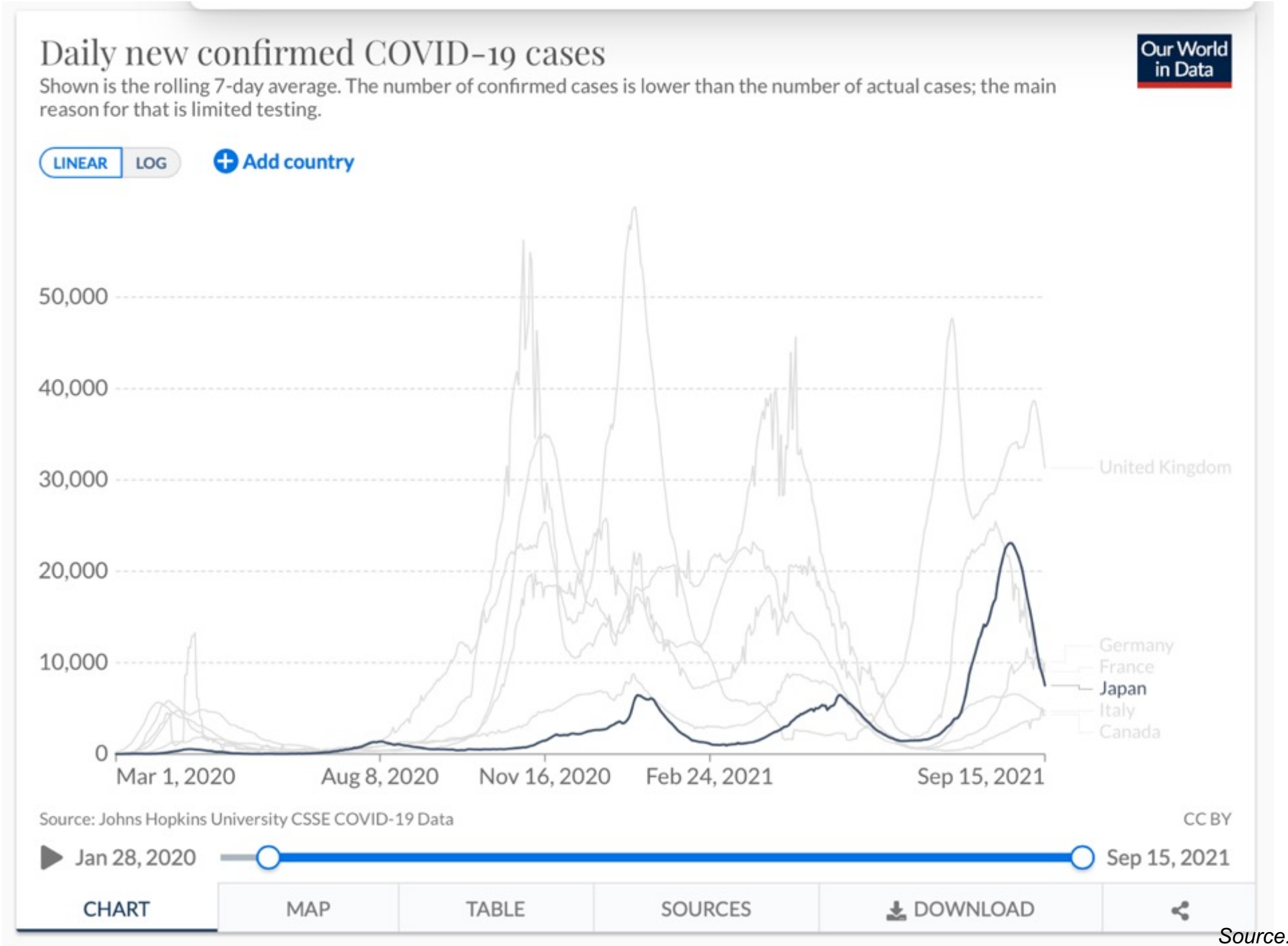
Jan 28, 2020 — Sep 15, 2021

Source: our world in Data



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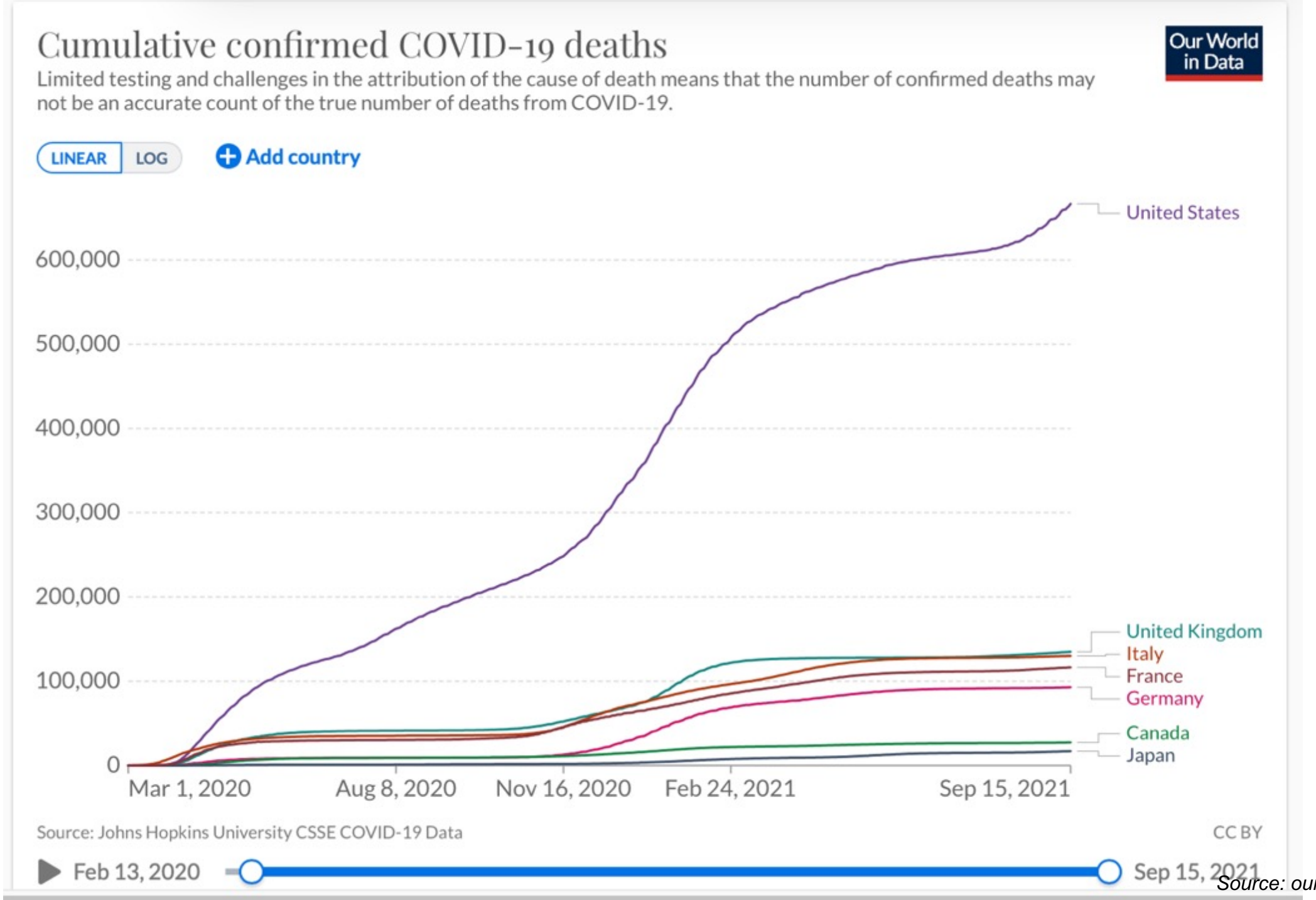

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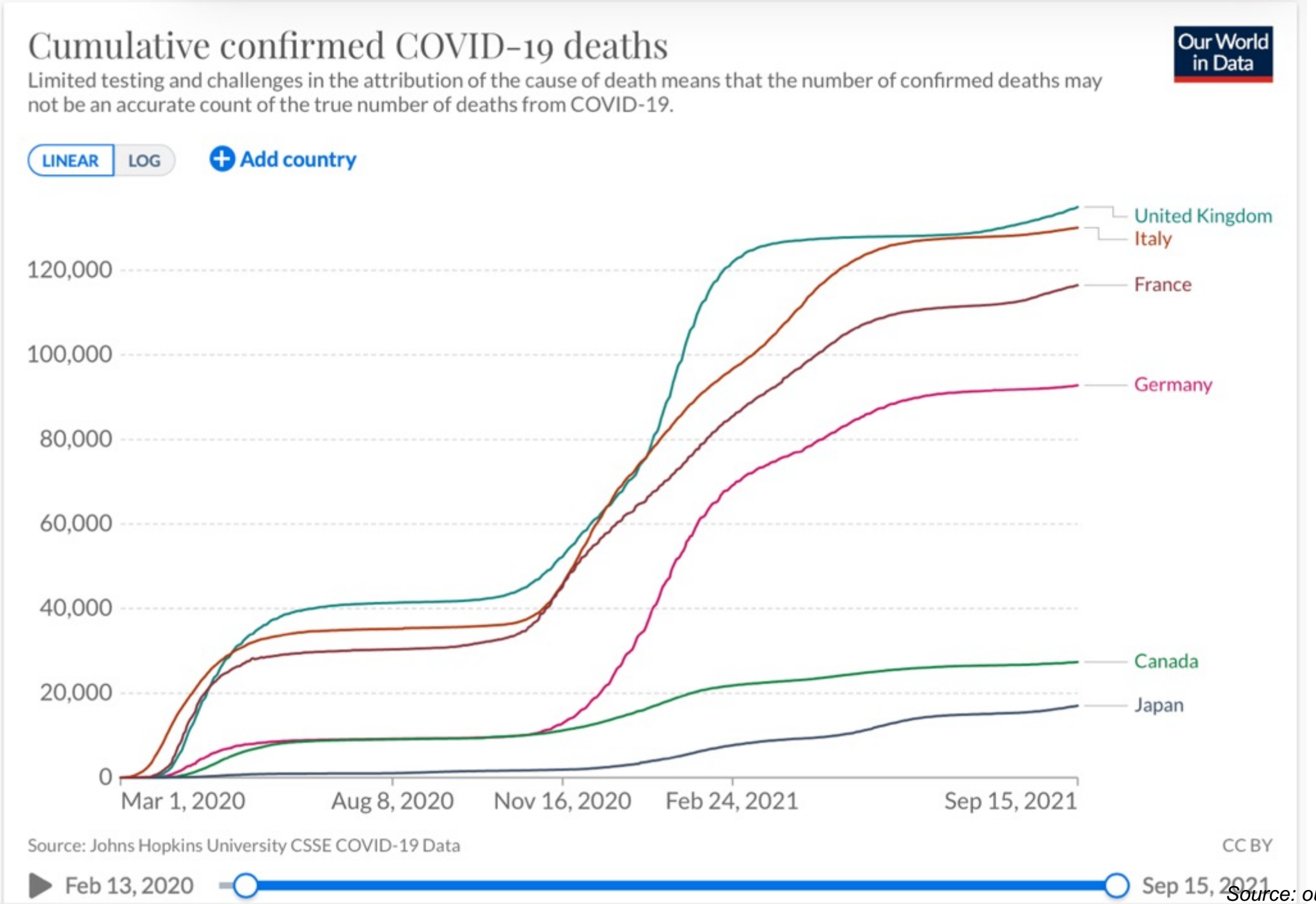


Source: our world in Data

Number of deaths per million population (24th Jan 2021)

		Population Ageing
UK	1445.50	19
Italy	1413.47	23
France	1121.28	20
USA	1266.50	16
Canada	497.24	18
Germany	624.18	22
Iran	683.19	6
Japan	**40.47**	**28**
South Korea	26.53	15
Singapore	4.96	12
China	3.34	11
Taiwan	0.29	14

(Source: Our world in data, as of 6th Sep, World Bank (2018))

COUNTRY / CITY	TIME PERIOD	COVID-19 DEATHS	EXCESS DEATHS	EXCESS DEATHS PER 100K PEOPLE	
Italy	Mar 2nd 2020-Jun 27th 2021	127,440	148,560		246
United States	Mar 8th 2020-Aug 21st 2021	613,860	788,900		241
Canada	Mar 22nd 2020-Jun 5th 2021	25,690	18,530		49
Germany	Mar 16th 2020-Aug 29th 2021	92,140	70,330		85
France	Mar 9th 2020-Aug 22nd 2021	113,760	82,520		122
Japan	Mar 1st 2020-Jun 30th 2021	14,720	2,720		2

Source: Tracking covid-19 excess deaths across countries. Economist.

Japan’s COVID-19 strategy

1. Cluster based approach, and no large-scale PCR testing
2. Contact tracing: Strong concern over the privacy issues and did not introduce any application gathering information about the infected by mid June 2020 – but not widely used.
3. Isolation: encourage mild to moderate patients to stay at home or isolation facilities (i.e., hotels)
4. No lockdown – people were only asked to refrain from daily activity (no legal penalty)

Japan’s health care system

- Universal health insurance system (established in 1961): covers the entire population living in Japan and secures access to healthcare services at affordable cost.

- Uniform fee schedule: the government determines the prices of healthcare services, which are revised once every two years. These publicly defined fees apply to both private and public healthcare facilities

Secure access to healthcare services for all regardless of socio-economic status. Control total healthcare expenditures.

Japan's health care system

- Public Health Centers have also played an essential role: in the case of tuberculosis (TB), all costs for TB management are covered through taxation, with no out-of-pocket costs to patients.

- While public health centers are responsible for managing public health, such as the control of TB, healthcare facilities also contribute to TB management: people with symptoms of TB (e.g., fever, cough) have unfettered access to healthcare facilities.

A combination of public finance (taxation) and universal insurance system, as well as public health centers and health care facilities were one of the keys for success in improving population health in Japan.

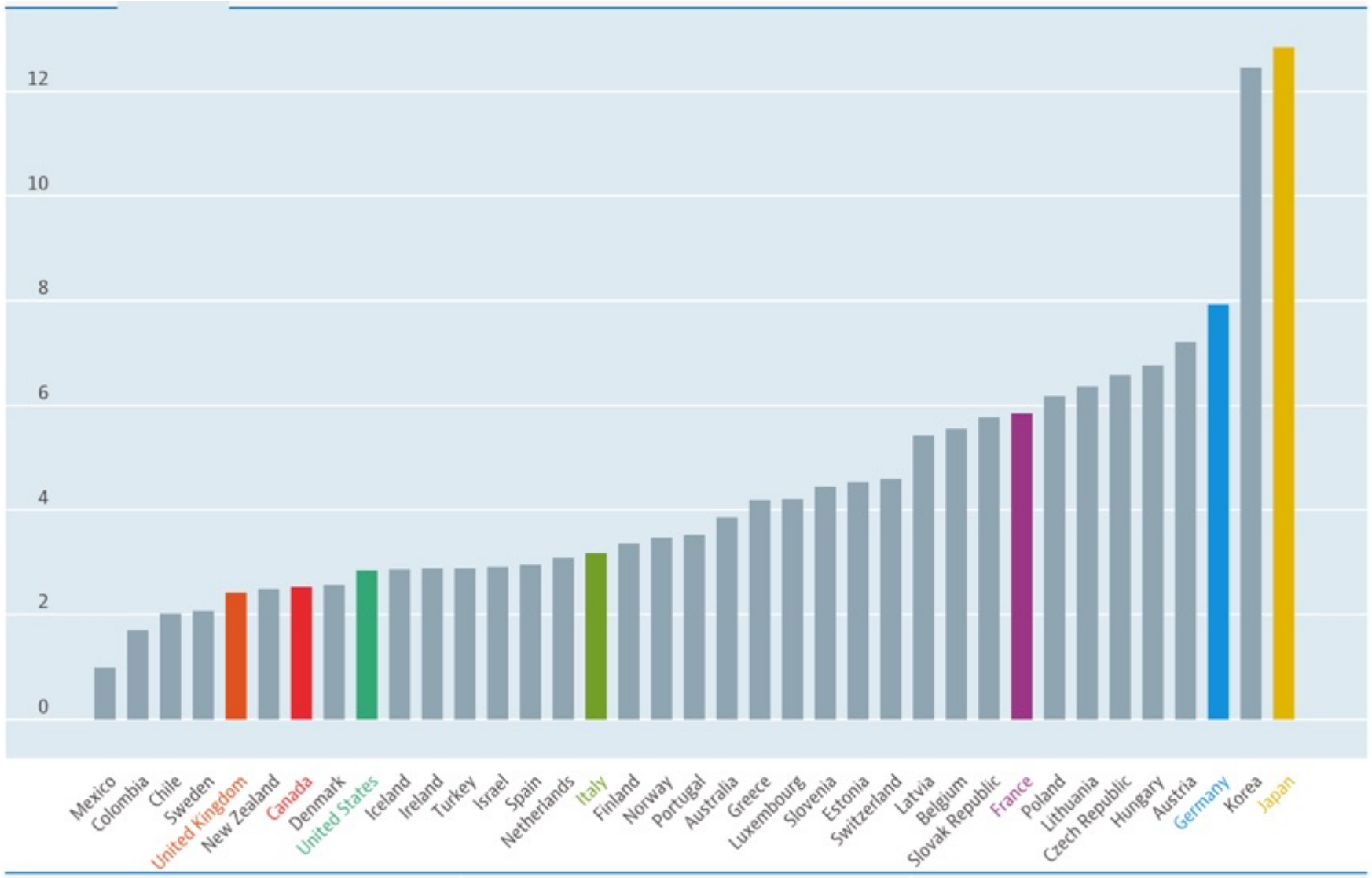
In the context of COVID-19

- In the initial response, public health centers played the central role in COVID-19 management, and public finance (through taxation) has covered all costs for testing and treatment.

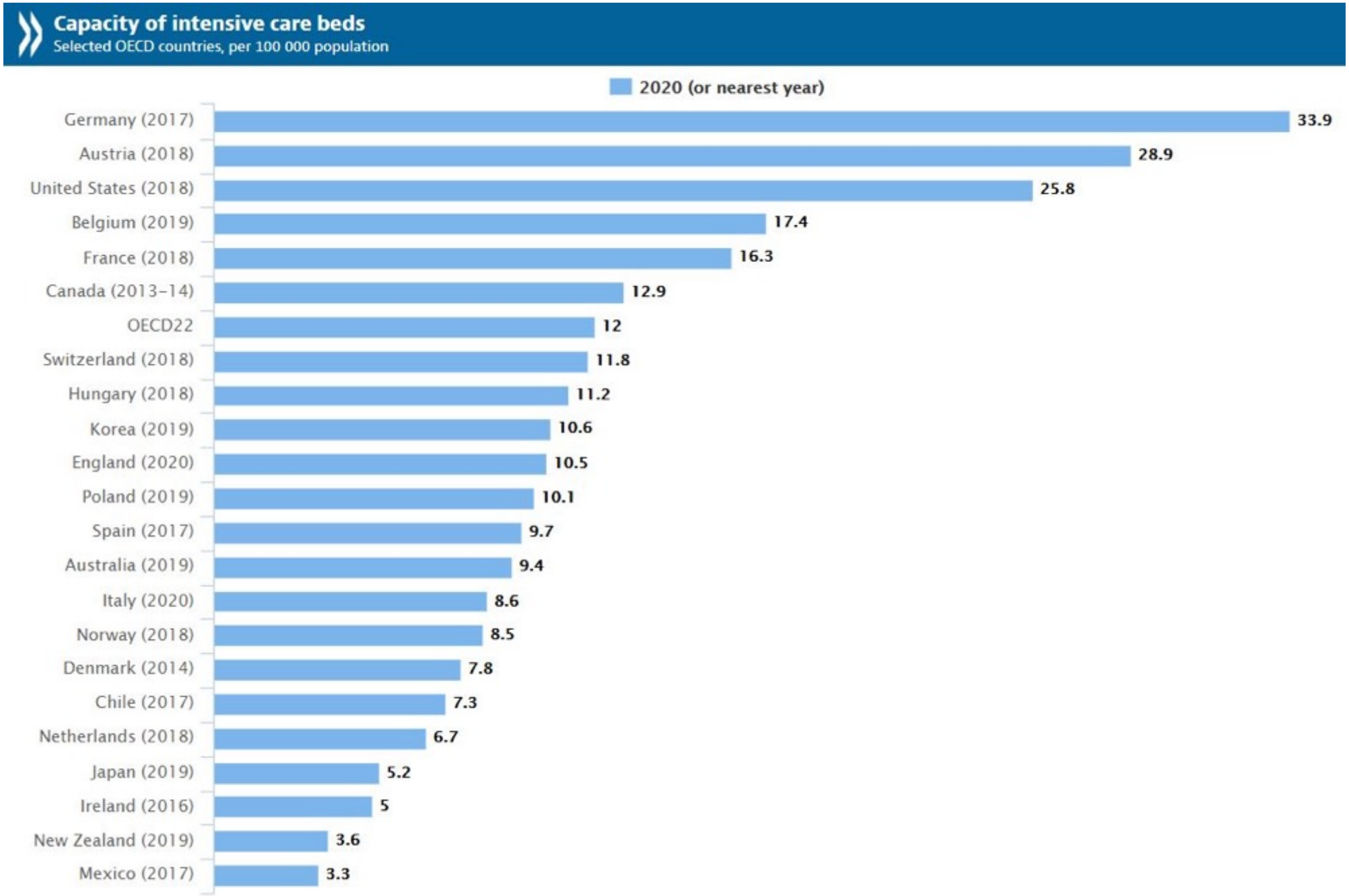
- Thanks to the Japanese healthcare system's universality and no-gatekeeping system, any person who has any symptoms, whether it be fever or cough, has access to healthcare facilities without worrying about the cost.

Number of hospital beds

(total, per 100,000, 2020 or latest available)



Source: OECD data



Source: OECD data

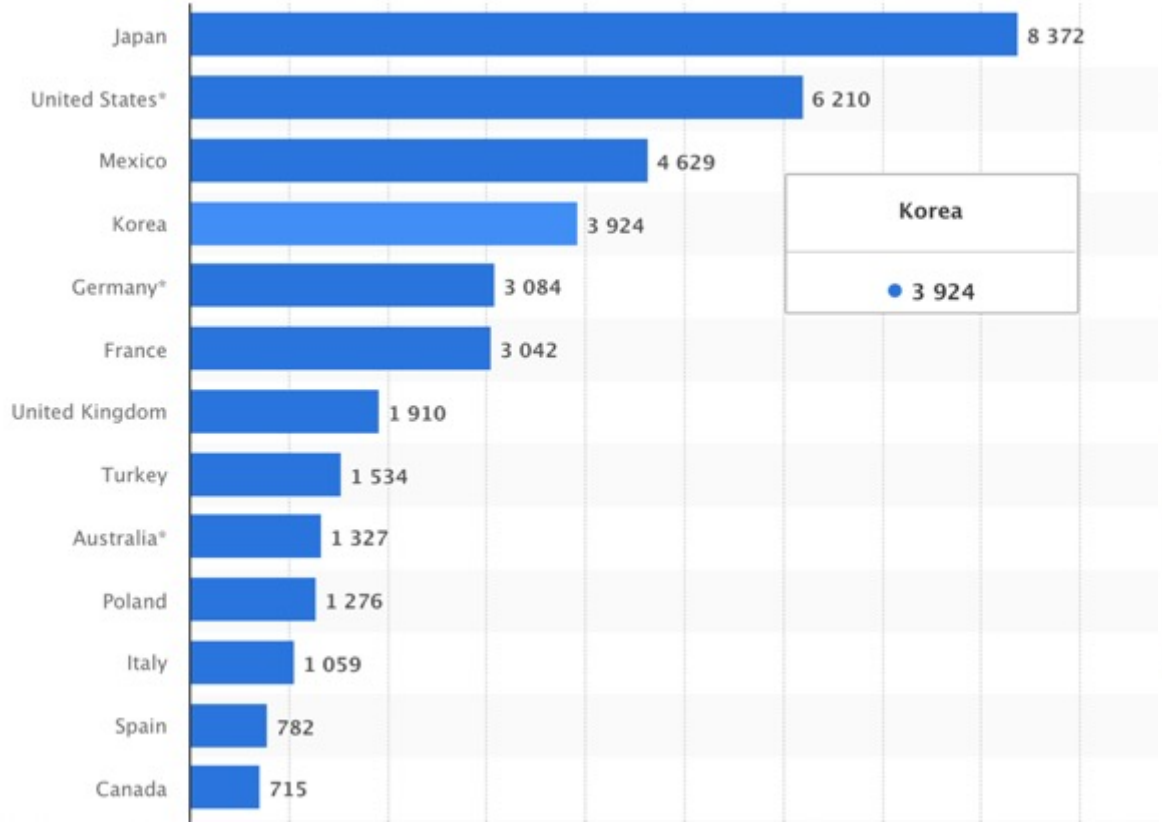
Hospital beds

- In 2016, of the 8442 hospitals, privately owned hospitals numbered 6849 (81.1%)
- large-size public hospitals mainly are mainly for acute and tertiary, while most small, private clinics and hospitals are for non-acute care.
- The percentage of hospitals that can accept COVID-19 patients is 79% in the public sector, compared to 19% in the private sector (Oct, 2020. MHLW).

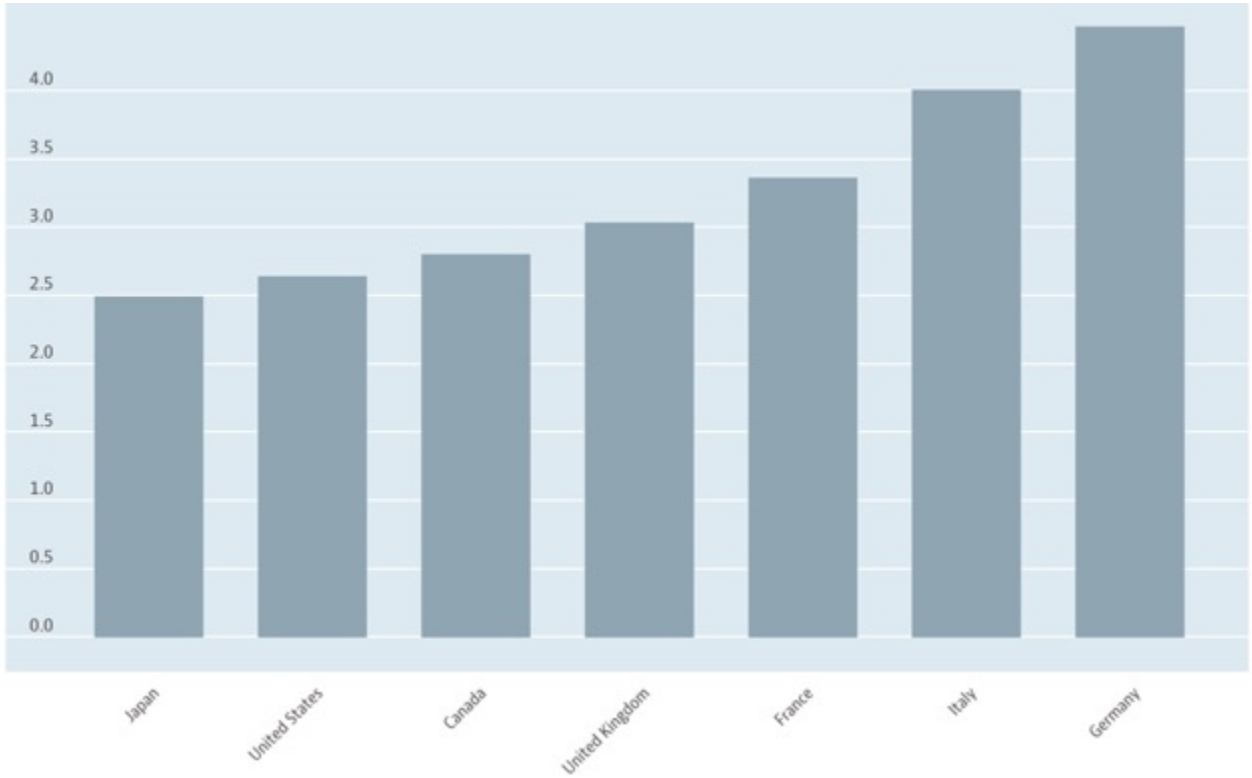
Challenges for private healthcare facilities

- Reasons not accepting COVID-19 patients
  - Lack of equipment, lack of specialists in infectious disease control
  - Financial difficulty in accepting COVID-19 patients
- However, private facilities that do not accept COVID-19 patients also played an important role.
  - Outpatient management, transfer patient those tested positive
  - Accept COVID-19 patient discharging from other healthcare facilities
  - Manage non-COVID-19 patients
- Need to provide adequate financial and human resources and equipment
- Still, the government has limited control over those private facilities even during the pandemic.

Total number of hospitals, 2018



Number of physician per 1000, 2020



- physicians in Japan are dispersed among small and medium-sized medical institutions, which has led to inefficiencies in medical services delivery and has placed an excessive burden on medical personnel.

Source: OECD data
Statista, https://www.statista.com/statistics/1107086/total-hospital-number-select-countries-worldwide/

Regional Healthcare Vision (2014)

This new Act is the first governmental action to directly regulate the health-care service delivery system in local regions. It emphasizes the governance of the local health-care system by:

(1) strengthening the regulatory power of local prefectural governors,
(2) enhancing the active and coordinated contributions of private/public hospitals to the governance of local systems, and
(3) establishing the functional differentiation of hospitals and an effective referral networks between them by the introduction of hospital performance reports.

The Act also requires every hospital to report their own medical service functions (highly acute, acute, recovery and chronic) to the prefectural governor's office for benchmarking local resources and performance. Based on the collected information, every local stakeholder is to be invited for discussion in order to decide efficient resource allocation that would appropriately meet estimated service needs.

Summary

- The majority are privately owned: even in times of crisis, requests from the government and prefectures are limited.
- However, private hospitals also play an important role in treating patients other than COVID-19, and it may result in a small number of excess deaths.
- It is important to encourage those private facilities to engage in COVID-19 treatment by, for example, providing financial subsidies. But the important point is how to ensure the quality of medical care and the safety of medical personnel when reorganizing hospital beds.
- Japan's medical system, which has an outstandingly large number of hospital beds and mainly consists of small and medium-sized medical institutions, is inefficient in service delivery, and there was a movement to reorganize hospital beds as part of the regional medical care concept even before COVID-19, how to reorganize hospital beds and differentiate functions after COVID-19 remains important.

Another challenges in health care system in the context of COVID-19 management

- ICT was not fully utilized to control COVID-19.
  - Ex) to identify patients with the new COVID-19 case, each public health center first compiles the results of tests conducted at its own public health center and health care facilities in their area. The information is then reported to the prefectural governments, which was done mainly by telephone or fax.
- Public health centers are overwhelmed
- Motivation and mental health of healthcare professionals

Thank you!

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