Commentary

A Leadership Vision for the Future of Japan’s Health System

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Japan achieved universal health coverage (UHC) in 1961.¹ This happened when Japan was still poor but beginning a period of rapid economic growth. Over the next 50 years of economic development, Japan became a wealthy country and continued to develop its health system of good health at low cost with equity. Through UHC, Japan improved its population’s health outcomes, economic growth, social stability, equity, and solidarity. Japan’s life expectancy has increased by more than 30 years and health outcomes have been top-ranked globally since the early 1980s.²

However, growth has slowed and the demographic transition is projected to lead to increases in health care and social security costs, which will place pressure on public financing and threaten the sustainability of the health and social care systems. By 2015 social security spending accounted for a third of government expenditure and this proportion is expected to grow.³

To ensure sustainability and prepare the health care system for current and future health care needs, we need comprehensive reform based on a forward-looking, long-term vision. The health and social care system must engage all sectors through shared vision and values, rather than maintaining the current system through basic cost increases and benefit cuts.

In January 2015, I joined discussions at the World Economic Forum annual meeting in Davos, Switzerland. There, I found a surprisingly strong interest in the way Japan tackles the challenges of aging. Richard Horton, the editor-in-chief of the Lancet, once wrote, “Japan is a mirror for our future.”⁴ He identified that “the success of Japan’s health system matters not only because of its importance to Japanese citizens, but also because Japan is a barometer of Western health.” Like him, I believe that Japan can offer lessons—and hope—for the future of health in other societies.

JAPAN VISION: HEALTH CARE 2035

In February 2015 I established the “Health Care 2035” Advisory Panel to build on this commitment. Japan needed
policies to resolve short-, medium-, and long-term issues, and
implement them based on the vision. I convened a panel of
young future leaders from both within and outside the Minis-
try of Health, Labor and Welfare. They finalized the report,
Japan Vision: Health Care 2035, in June 2015.5,6

This report recommended a focus on integrating health
care into social and community care frameworks around
the country. This new health system will need to connect
with resources from the private and nonprofit sectors; to
consider (and change or adapt to) lifestyles and behaviors,
workplaces, housing, and communities; and the values
and economic needs of the people it was built to serve.
In the next 20 years the health care system will need a
paradigm shift from a clinical and curative focus to a
multidisciplinary system.

PARADIGM SHIFT IN HEALTH CARE

If this system is to integrate services like long-term care,
build communities, and change work styles it will need a rad-
cial shift in values, principles, and approach. To change into
the multidisciplinary health care system we envision will
require five key shifts in focus.5

1. From quantitative to qualitative: A shift from the provi-
sion of identical services across whole populations and
regions to services that target individual needs and con-
tinuously strive to improve quality and efficiency.
2. From inputs to patient-centered value: A shift from
managing and evaluating such as physical infrastruc-
ture, human resources, and services provided on the
basis of their quantity toward a system that aims to use
these inputs more efficiently and evaluate them based
on outcomes.
3. From government regulation to autonomy: A shift from
a system in which major policy decisions are deter-
mained centrally by the national government toward a
system that prioritizes autonomy, in which all stake-
holders actively contribute to policy.
4. From cure to care: A shift from focusing on curative
medicine toward care that supports quality of life. This
support must include mental and social well-being,
especially for those living with long-term or chronic
illness.
5. From fragmentation to integration: A shift from a frag-
mented, vertically focused system toward a system
where providers cooperate and collaboration across
sectors occurs within a shared set of values. This sys-
tem needs to be able to respond to an increasingly
diverse and complex range of health issues if it is to
develop for an aging society.

In the next sections, I will describe three key challenges
facing our country in the context of UHC and sustainability
of health care systems and to which this paradigm shift needs
to be applied.

LEAN HEALTH CARE: MAXIMIZING PATIENT
VALUE

The first challenge is how to maximize patient value. A
sustainable health care system with the highest attain-
able outcomes must utilize our limited resources as
effectively and efficiently as possible and maximize
patient value. “Lean health care”—the ability to provide
better health care with fewer resources—is a key con-
cept for a modern health care system, not only in Japan
but throughout the world.5,6 However, measuring health
care value remains a challenge because policies that
guide effective and efficient resource utilization and pol-
icies that link patient value to pricing and budgeting
have yet to be implemented.

To achieve lean health care, all stakeholders, including
patients, providers, government, payers, and manufac-
turers, must realign their individual functions to attune to
current and future patients’ needs. Providing evidence-
based care that is consistent and seamless will add a new
aspect of quality of care to our conventional UHC system
in a measurable form. Dr. Margaret Chan, Director Gen-
eral of the World Health Organization (WHO), observed
that “what gets measured gets done,” and improving mea-
surement systems to match these new challenges will be
crucial.7 Accountability is a cornerstone of health reform,
but measurement and accountability require good data
and good monitoring systems. To facilitate accountability,
an advisory committee has been established to identify
ways to improve quality, safety, values, and performance
utilizing innovative information and communications

technology systems.5

LIFE DESIGN: EMPOWERING SOCIETY AND
SUPPORT INDIVIDUAL CHOICES

The second challenge is to empower society and support per-
sonal choice. The health care system must support people to
actively participate in their health and empower health care
choices by ensuring easy access to reliable sources of infor-
mation. This is the essence of “life design.”5
The system must also recognize the environmental and social determinants of health. By addressing social determinants, the system will be better able to support all members of society to enjoy healthy, fulfilling lives that reflect their unique values. Removing social and structural barriers to health is essential for a society of mutual respect where everyone can thrive. This approach will also contribute to the integration of health into daily life.

GLOBAL HEALTH LEADER: LEAD AND CONTRIBUTE TO GLOBAL HEALTH

Our third challenge is to be a leader in global health. Our health system needs the capacity to handle both domestic health security and support for emerging and reemerging infectious diseases internationally. Through active engagement with and leadership of global policy making and by taking leadership to improve the health of those around the world, Japan can improve upon its own health care system while also contributing to economic growth domestically and globally.

Emerging and reemerging infectious diseases, such as pandemic influenza and the Ebola virus, are not confined by geography. Japan must strengthen its capacity to support emergency and disaster relief and be a leader in global health emergency management. Though Japan will work with various stakeholders to rebuild the global health architecture, we also expect the WHO to engage in prompt detection of public health emergencies and act quickly to contain them. Japan also acknowledges the need for reform of the WHO and supports efforts to strengthen WHO’s capacity to monitor and respond to public health emergencies.8

Japan, as the fastest aging country, must take leadership in overcoming health care challenges in aging societies. It must develop a system that promotes healthy life expectancy and the effective use of medical innovations and show other countries that this system can be sustainable and equitable. Japan’s contribution to global health is also an essential part of this future system. Because of this, Japan is fully committed to promoting global health issues at the Ise-Shima Summit and the G7 Kobe Health Minister’s meeting in 2016, as well as toward the Tokyo Olympics in 2020 and in the years beyond.

CONCLUSION

A systemic approach to health care is essential to tackle challenges in Japan and globally—not just in health care but in long-term care, community support, and the social determinants that matter in aging societies. Our vision binds all of these fragmented separate themes together into one coherent system. UHC enables our citizens to enjoy good health supported by quality health care. I would also like to emphasize that achieving UHC is a never-ending journey. We must deliver a sustainable UHC system offering security and fulfilment to all people.

In a world that is now more connected than ever, we will need leadership that unites people and enhances human security and peace through the pursuit of strong ideas such as UHC. I, as Minister, will continue to make every effort to support the global health community in tackling our major challenges today with a clear vision for the future. With knowledge, passion, and commitment, I am confident that, together, we can make a huge difference.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The author declares no conflict of interest.

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