Universal Health Coverage and Long-term Care in Japan

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Key Messages

• Ageing Population = “Every government’s business”

• UHC for Elderly = integrated Medical + Long-term care

• Long-term care = “nationally-led” But “community-managed”

• Act Fast to develop long-term care workforce

• Strengthen ICT/data for evidence-based approach
Ageing in Japan

In 2030, aged population (65+) will be above 30% in Japan.

Population Aged 15-64 (Working-Age People)

Active Population Rate (% of Population Aged 15-64)

Aaged Population Rate (% of population aged 65+)

Sources: “Population Census,” Statistics Bureau, Ministry of Internal Affairs and Communications
“Population Projections for Japan,” (January 2012), National Institute of Population and Social Security Research
Ageing in the World in 2050

Percentage aged 65+ years

- 28.0 or more
- 21.0 to 27.9
- 14.0 to 20.9
- 7.0 to 13.9
- Less than 7.0

Source: US Census Bureau (2015)
Sustainable Development Goal

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

WHO Global Strategy for Ageing (2016-2020)

- Align health systems to supporting “intrinsic capacity” and “functional ability” of older persons (= integrated, older-person centered care)
- Develop national framework for action on Healthy Ageing
- Develop sustainable, equitable systems for long-term care
- Build workforce capacity and support caregivers
<table>
<thead>
<tr>
<th>Decade</th>
<th>Event</th>
<th>Year</th>
<th>Aging rate</th>
<th>Major policies</th>
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</thead>
</table>
| 1960s                  | Beginning of welfare policies for the elderly                        | 1960 | 5.7%       | 1961 Universal Health Coverage established (through medical insurance)  
1963 Enactment of the Act on Social Welfare Services for the Elderly  
◇ Intensive care homes for the elderly created  
◇ Legislation on “home helpers” for the elderly |
| 1970s                  | Expansion of healthcare expenditures for the elderly                | 1970 | 7.1%       | 1973 Free healthcare for the elderly |
| 1980s                  | “Social hospitalization” and “bedridden elderly people” as social problems | 1980 | 9.1%       | 1982 Enactment of the Health and Medical Services Act for the Elderly  
◇ Re-introduction of co-payments for elderly healthcare, etc.  
1987 Enactment of Certified Social Worker and Certified Care Worker Act  
1989 Establishment of the Gold Plan (10-year strategy for the promotion of health and welfare for the elderly)  
◇ Promotion of the urgent preparation of facilities and in-home welfare services |
| 1990s                  | Promotion of the Gold Plan                                          | 1990 | 12.0%      | 1994 Establishment of the New Gold Plan (new 10-year strategy for the promotion of health and welfare for the elderly)  
◇ Improvement of in-home long-term care |
|                        | Preparation for the Long-Term Care Insurance System                | 1995 | 14.5%      | 1997 Enactment of the Long-Term Care Insurance Act  
(Funding Pool: Premium 50% / National Gov’t 25% / Local Gov’t 25%) |
| 2000s                  | Introduction of the Long-Term Care Insurance System                | 2000 | 17.3%      | 2000 Enforcement of the Long-Term Care Insurance System |
What changed with Long-term Care Insurance?

**Before**

- Local governments decided facilities / services, with expensive fees for middle-income and above persons.
- Funding came mainly from national / municipal budgets.
- Elderly / Medical care provided separately. (mismatched, inefficient medical care under UHC)

**After**

- Older persons, assisted by care managers, decide a variety of services and providers. (= old person-centered)
- A larger pool (premium + tax) enables strategic funding to workforce, etc.
- Coordination has been strengthened (funded through LTC insurance scheme) (= integrated care (gradually))
Long-term Care Insurance Services (2000-)

**Home-visit Services**
Care, Nursing, Bathing, Care Support, etc.

**Day Services**
Outpatient Day Long-Term Care, Outpatient Rehabilitation, etc.

**Short-stay Services**
Short-Term Admission for Daily Life Long-Term Care, etc.

**Residential Services**
Daily Life Long-Term Care Admitted to a Specified Facility and People with Dementia etc.

**In-facility Services**
Facility Covered by Public Aid Providing Long-Term Care to the Elderly, Long-Term Care Health Facility, etc.
Ongoing Challenges for Japan’s long-term care

1. Strengthening **Workforce** for Long-Term Care

2. Promoting the ‘Community-based Integrated Care System’

3. Making **More Equitable** Long-term Care Insurance system

4. Strengthening **ICT/Data** for **Evidence-based Approach**

5. Expanding **Cooperation in Asia** on Healthy Ageing
Long-term Care Workers has increased…but need more

Number of certified long-term care workers

- Home-visit service
- Outpatient
- Facility admission
- Multifunctional small group home service

Number of persons in need of long-term care
(in need of support)

- Persons in need of long-term care

Number of persons in need of long-term care


- Home-visit service
- Outpatient
- Facility admission
- Multifunctional small group home service

【Source】The MHLW 「Survey on long-term care facilities and long-term care providers” (The number of long-term care workers) “Report on status of long-term care projects” (the number of persons with the long-term care requirement certification (the support requirement)
Strengthening Workforce for Long-Term Care

Uncertain Future visions and career paths

Unclear expertise and mixed roles

Leave a job soon after getting hired

Early retirement

More understanding of long-term care work by public and enhancing the image of work are needed

Encourage

1. Broad the base
   strengthen diversity of human resources

2. Create a career path
   Create a career path according to one’s ability and the role assigned

3. Retain workforce
   Improve working environment (e.g. salary increase)

4. Make the mountain higher
   Promote continuous improvement of quality of staff by clarifying and sophisticating professional skills

5. Set a target altitude
   specialize functions in order to take advantage of limited human resource

Infrastructure development by national and municipal governments
Promoting Community-based Integrated Care System

- Enriching long-term care, healthcare, support and preventive services in order for elderly people to continue their lives in their accustomed areas.

Healthcare

Long-term care

Commuting to medical facilities/care facilities

Own home/elderly housing with long-term care

Home-visit care
• Nursing care

Community-based integrated care support center/care manager

Provides consultation and coordinating services

Housing

Old people’s club, residents’ association, long-term care prevention, living support, etc.

Living support

Prevention
Recent measures to Promote Community-based Integrated Care System

Community Support Projects under Long-term Care Insurance Scheme

1. Enhancing coordination between In-home Medical Care and In-home Long-term Care
2. Promoting measures against dementia
3. Enhancing Community Care Meetings
4. Improving the Livelihood Support Services

Making Long-term Care Insurance Services More Efficient and Focused

1. Transferring nationally-unified Preventive benefits (Home-visit Care and Out-patient Long-term Care) to Community Support Projects of municipalities, and diversifying them.
2. Restricting users of in-facility services of Special Long-term Care Health Facilities to people whose care level is 3 or higher in principle.
Expanding Reduction of Premiums of People with Low-income

Expanding the reduction rate of premiums of people with low-income:
(For example, people with pension income lower than 800,000 yen per year benefit from new reduction rate of 70%, expanded from 50%)

Review of Co-payments etc

1. Increasing co-payments of users with income more than a certain level (10% to 20%).
2. Adding assets to the check list of requirement for “Supplementary Benefits” (which provides money for food and residence to in-facility users with low income)
The Government of Japan has launched “Data-driven Health Reform,” to establish by 2020 a nation-wide data platform which integrates health-related data from providers, payers and governments on preventive, medical, and long-term care.
Asian countries are “Fast Ageing”

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (million)</th>
<th>Ageing rate 2010 (65+) (%)</th>
<th>Ageing rate (65+) 7% Aging society</th>
<th>Ageing rate (65+) 14% Aged society</th>
<th>Number of years required for the proportion of the aged population from 7% to 14%</th>
<th>Ageing rate (65+) 21% Super Aged society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>127.82</td>
<td>23.0%</td>
<td>1970</td>
<td>1995</td>
<td>25 years</td>
<td>2008</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>49.78</td>
<td>11.1%</td>
<td>1999</td>
<td>2017</td>
<td>18 years</td>
<td>2027</td>
</tr>
<tr>
<td>Singapore</td>
<td>5.18</td>
<td>9.0%</td>
<td>1999</td>
<td>2019</td>
<td>20 years</td>
<td>2027</td>
</tr>
<tr>
<td>Thailand</td>
<td>69.52</td>
<td>8.9%</td>
<td>2001</td>
<td>2024</td>
<td>23 years</td>
<td>2038</td>
</tr>
<tr>
<td>China</td>
<td>1,344.13</td>
<td>8.4%</td>
<td>2000</td>
<td>2025</td>
<td>25 years</td>
<td>2037</td>
</tr>
<tr>
<td>Vietnam</td>
<td>87.84</td>
<td>6.5%</td>
<td>2018</td>
<td>2033</td>
<td>15 years</td>
<td>2047</td>
</tr>
<tr>
<td>Myanmar</td>
<td>48.34</td>
<td>5.1%</td>
<td>2021</td>
<td>2041</td>
<td>20 years</td>
<td>2060</td>
</tr>
<tr>
<td>Cambodia</td>
<td>14.31</td>
<td>5.0%</td>
<td>2030</td>
<td>2053</td>
<td>23 years</td>
<td>2068</td>
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<tr>
<td>Indonesia</td>
<td>242.33</td>
<td>5.0%</td>
<td>2021</td>
<td>2038</td>
<td>17 years</td>
<td>2056</td>
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<tr>
<td>Malaysia</td>
<td>28.86</td>
<td>4.8%</td>
<td>2020</td>
<td>2046</td>
<td>26 years</td>
<td>2073</td>
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<tr>
<td>Lao PDR</td>
<td>6.29</td>
<td>3.7%</td>
<td>2034</td>
<td>2053</td>
<td>19 years</td>
<td>2065</td>
</tr>
<tr>
<td>Philippines</td>
<td>94.85</td>
<td>3.7%</td>
<td>2032</td>
<td>2062</td>
<td>30 years</td>
<td>2088</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>0.41</td>
<td>3.7%</td>
<td>2023</td>
<td>2041</td>
<td>18 years</td>
<td>2063</td>
</tr>
</tbody>
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World Bank, World Development Indicators database
Compiled by Mitsubishi UFJ Research and Consulting based on data from the United Nations’ World Population Prospects, the 2010 revision
Cooperation Framework

- ASEAN+3 Health Ministers and Senior Officials Meeting
- ASEAN+3 Ministers and Senior Officials Meetings on Social Welfare and Development
- ASEAN & Japan High Level officials Meeting on Caring Societies

Expanding Cooperation in Asia on Healthy Ageing

Thailand
2007-2011 JICA Technical Cooperation
CTOP (The Project on the Development of a Community Based Integrated Health Care and Social Welfare Services Model for Older Persons in the Kingdom of Thailand)
2013-2017 JICA Technical Cooperation
LTOP (The Project of Long-term Care Service Development for the Frail Elderly and Other Vulnerable People in the Kingdom of Thailand)

Malaysia: 2015-2017 JICA Technical Cooperation
“The Project on Successful Ageing: Social Support System and Community Based Programmes”.

Viet Nam: Technical Cooperation on Active Aging

Laos, Cambodia, Myanmar: Tripartite cooperation with the support of Thailand

Philippines: Technical Cooperation on support for elderly in devastated areas

Singapore, Brunei: Policy Dialogues on ageing, including care services, utilizing assistive devices, and human developing for professional care

Asia Health and Wellbeing Initiative (AHWIN)

- ‘AHWIN’ aims to **amass** bilateral and regional cooperation, business and projects on aging-related challenges in the Asian region.
- The goal of the initiative is to **create a vibrant and healthy society** where people can enjoy long and productive lives, and to contribute to the **economic growth**.

First approach image suggested by Japan
Thank you!