State of UHC: Japan

This snapshot summarises the key points raised in a series of interviews and consultative meetings held in June, 2021, with 32 representatives of different vulnerable and marginalised communities in Japan.

Key Messages

Japan is rightfully recognised as a model for Universal Health Coverage (UHC), where most citizens receive free access to quality health care. However, the system faces challenges to meet the needs of society's most vulnerable and marginalised individuals, such as migrants, people who use drugs, and sexual minorities. Women also receive inferior service and support due the patriarchal underpinnings of the system. Communities and civil society call for a UHC in Japan that:

1. Develop an official mechanism to ensure meaningful participation of civil society and vulnerable communities for monitoring, evaluation and reform of UHC systems;
2. Engages communities and civil society in the planning, budgeting, review, and evaluation of the health sector;
3. Reduces stigma and discrimination towards, sexual minorities, people who use drugs, and others;
4. Increases coverage of sexual and reproductive health services, and reduces patronising attitudes to women;
5. Provides more support and care for mental health – particularly the elderly – without stigma or paternalism;
6. Builds the understanding of the public – particularly marginalised communities – of the health system;
7. Invests in user-friendly, accessible, "one stop services" to make access easier for all.

UHC context

1. Health insurance has a long history in Japan, with various versions dating back to 1874. The system is based on household units, with companies sharing costs of health insurance, thereby favouring those with steady employment.
2. The system may become strained due to Japan's aging population and low birth rate. However, the overall quality and free coverage of health care in Japan is excellent, with high standards throughout... if one has easy access to insurance and coverage.
3. Social welfare and public assistance programs are essential for medical access for the poor, who cannot afford the premiums of public insurance and the 30 percent charge at the counter.

Challenges facing Key Populations

1. The greater the vulnerability of an individual, the greater the time, cost, labour, and psychological burden required for that person to access health and medical care. This is mainly due to complicated bureaucratic architecture of public assistance programs.
2. Those with unstable employment face higher insurance premiums and more complex application and assessment procedures, often confronting authoritarian and paternalistic responses throughout.
3. Mental health issues are common among a wide range of marginalised individuals. While services are available, they are complicated to access, which can deter treatment seeking, compounded by negative attitudes of health workers.

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Interviews were conducted with representatives of vulnerable communities including migrants, elderly, youth, urban poor, people with disabilities, women and girls, sex workers, people who use drugs, and men who have sex with men.

What's working

Japan enjoys a high quality of health care, which is affordable to those who have access to the system. This includes support for PLHIV, and mental health issues. Social welfare and public assistance programs are also considered a right, which complement insurance, and support is generally widely available.

The impact of COVID-19

1. Resources were diverted towards COVID-19 testing, treatment, and prevention, which reduced other health services and treatment. This was compounded by the recent reduction of the number of public health facilities and staff in Japan.
2. Despite this diversion, free testing is often limited to people with symptoms and contact tracing. In many cases, private testing is expensive and slow, although treatment is free.
3. In Tokyo, free anonymous HIV testing was limited in April 2020, resulting in the number of tests conducting halving, with many people remaining undiagnosed.
4. Hospitalisations at mental health institutions required a PCR test, which not all patients could afford to pay for.

What needs to be improved

1. The system is managed for efficiency, rather than to deliver positive health outcomes to all citizens. It prioritises those who can pay, rather than those in need. This prioritisation must change.
2. Financial and non-financial barriers facing marginalised and vulnerable populations – particularly those without stable employment must be reduced.
3. The system should allow for individual, rather than household administration to encourage treatment seeking by women and children, and allow them to directly benefit from assistance.
4. The system needs to provide information and assistance to people to know their rights, access the system, and enjoy user-friendly and respectful services.
5. Paternalistic attitudes to different groups, including women, and those receiving public assistance, need to be addressed through sensitisation and performance management to prioritise providing dignified, respectful and confidential services to all individuals.
6. While mental health services have been available for some time, they have traditionally taken a public safety approach, rather than one supportive of the patient. These services can therefore result in negative experiences, as well as being difficult to access for those who need them most.
7. Health care needs to be made accessible to foreign residents, regardless of their immigration status.

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