

Paradigm Shift in Healthcare and Elderly care in Japan and Beyond

February 2022

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MSc (Medical Anthropology)

- Part A: Introduction and
Historical Background of Health Related Policies**
- Part B: Elderly-care Scenes in Japan “In-Depth”**
- Part C: Innovation and Ongoing Challenges**

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Top Domestic Health Policy Think Tanks

1.  Bloomberg School of Public Health Research Centers (JHSPH) (United States)
2.  Health and Global Policy Institute (HGPI) (Japan)
3.  Brookings Institution (United States)
4.  Philips Center for Health and Well-Being (Netherlands)
5.  RAND Corporation (United States)
6.  Fraser Institute (Canada)
7.  Cato Institute (United States)
8.  Urban Institute (United States)
9.  Kaiser Permanente Institute for Health Policy (KPIHP) (United States)
10.  Center for American Progress (CAP) (United States)

Top Global Health Policy Think Tanks

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5.  Chatham House, Centre on Global Health Security (United Kingdom)
6.  Fraser Institute (Canada)
7.  RAND Corporation (United States)
8.  Philips Center for Health and Well-Being (Netherlands)
9.  Center for Health Policy and Management (China)
10.  Kaiser Permanente Institute for Health Policy (KPIHP) (United States)

2020 Global Go To Think Tank Index Report

All 8,162 think tanks catalogued in the University of Pennsylvania Think Tanks and Civil Societies Program Global Think Tank database were reviewed this year. HGPI ranked 3rd among the 32 institutions nominated in the Global Health Policy Think Tank category, and 2nd among the 60 institutions nominated in the Domestic Health Affairs Think Tank category.

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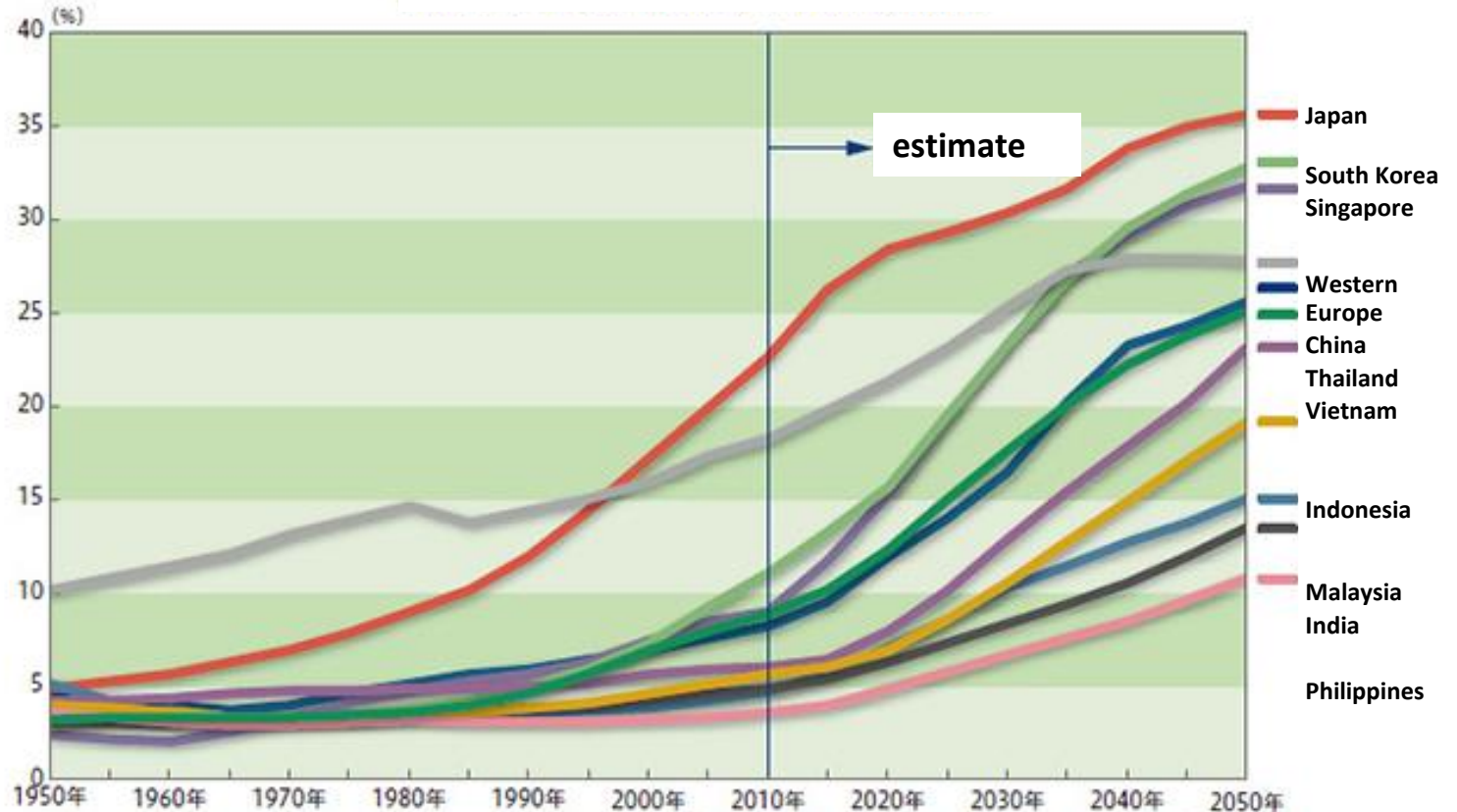


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Ageing in Japan

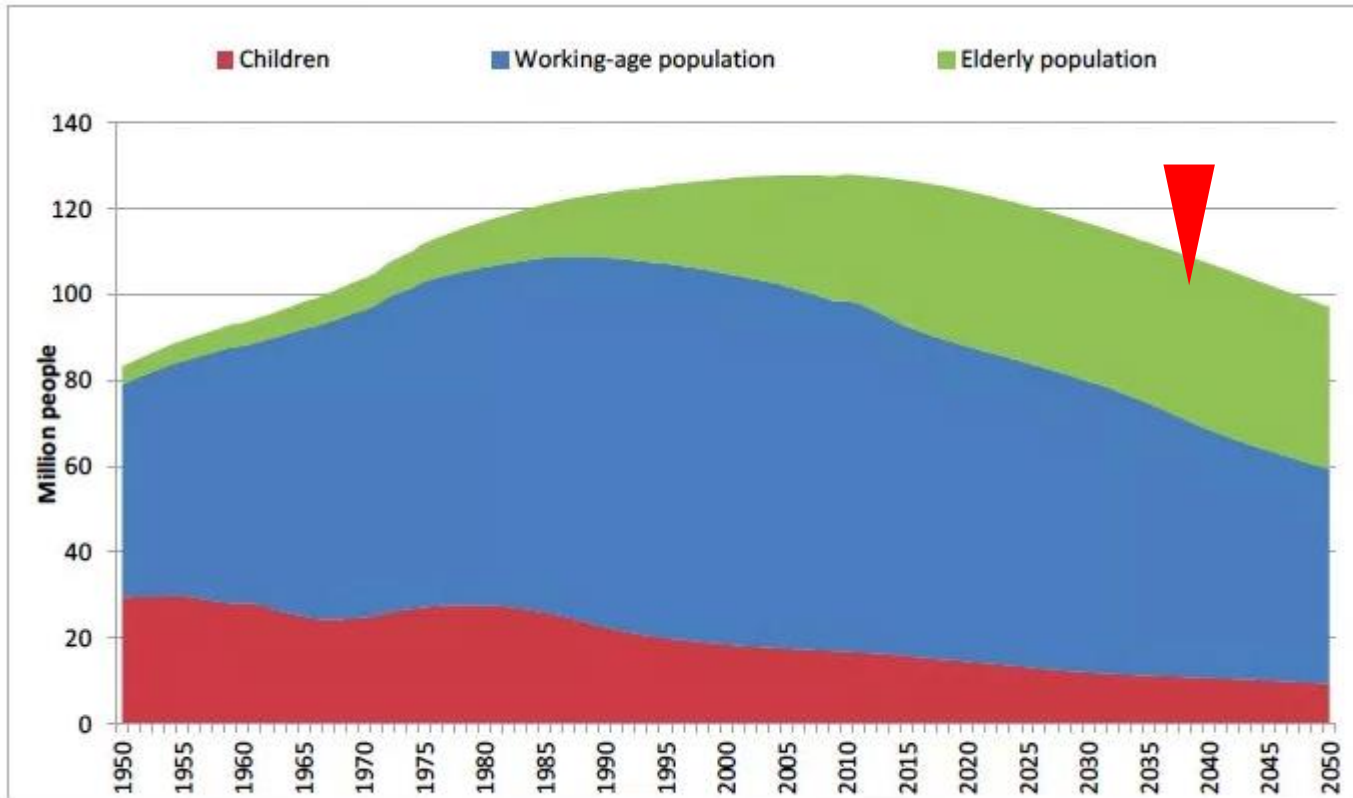
- Acute to Chronic
- Cure to Care
- Hospital to Community

Ageing in Asia



資料：Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2010 Revision.

Ageing in Japan



Issue Shift

Ageing



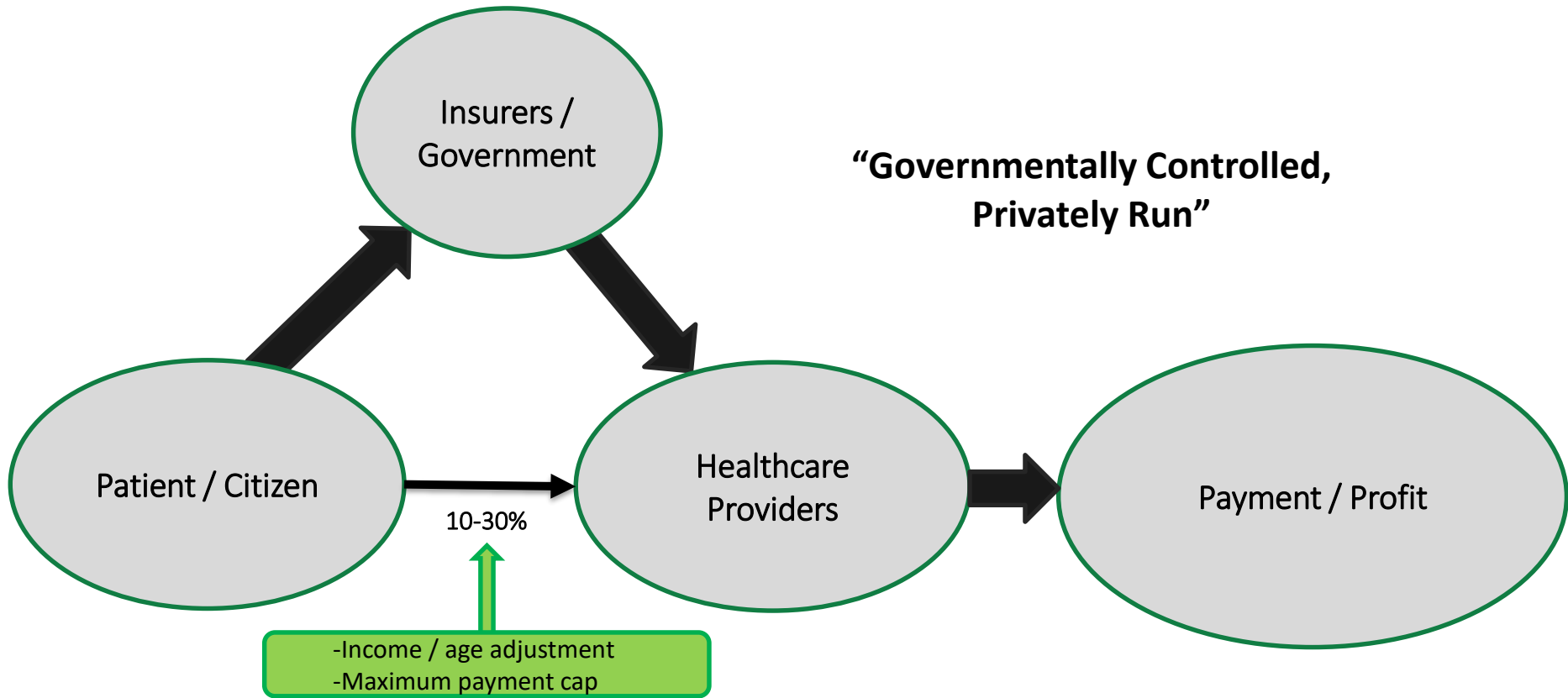
Ageing Ratio and Productivity

Source: OECD Historical Population Data and Projections (1950-2050).

- “As many as 12 million Japanese people may disappear from the country’s workforce by 2040, according to official estimates. That’s a fall of around 20%.”
- “Compared with the 65.3 million working-age people in 2017, the Health, Labor and Welfare Ministry expects there to be just 60.82 million in 2025 and only 52.45 million in 2040.”

(World Economic Forum 2019)

Finance Mechanism of National Health Insurance



Naoki Ikegami.

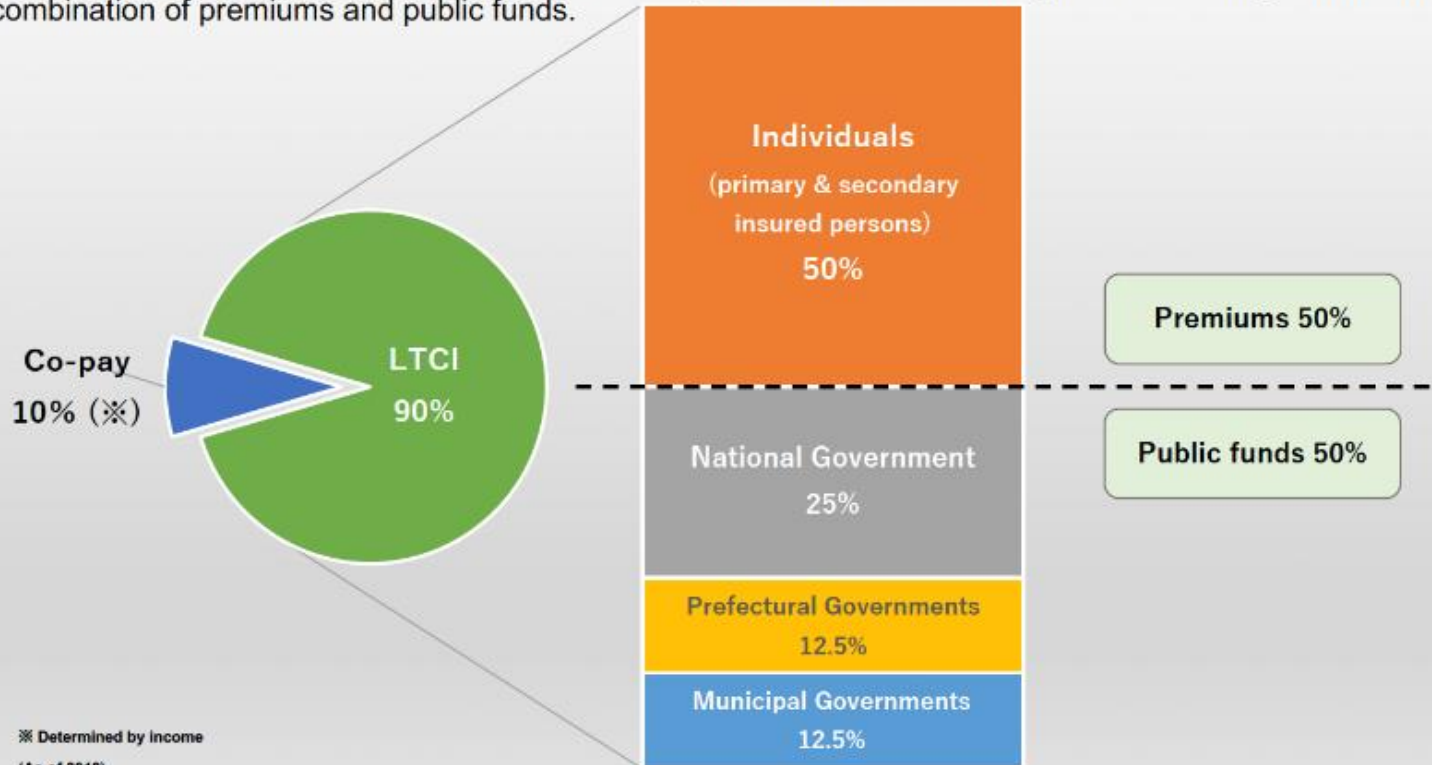
Iryo Kaigo Mondai wo Yomitoku, Nikkei Press, Tokyo, 2014

Revised by HGPI and Noritake

Finance Mechanism of Long-Term Care Insurance

How Japan pays for long-term care insurance (LTCI)

LTCI covers roughly 90% of LTC expenses incurred by the insured. The funding for that coverage comes from a combination of premiums and public funds.



※ Determined by income
(As of 2018)

<https://www.ahwin.org/japans-welfare-for-the-elderly-past-present-and-future/>

By Shuichi NAKAMURA

Background of Long-Term Care Insurance (2000 -)

Independence support:

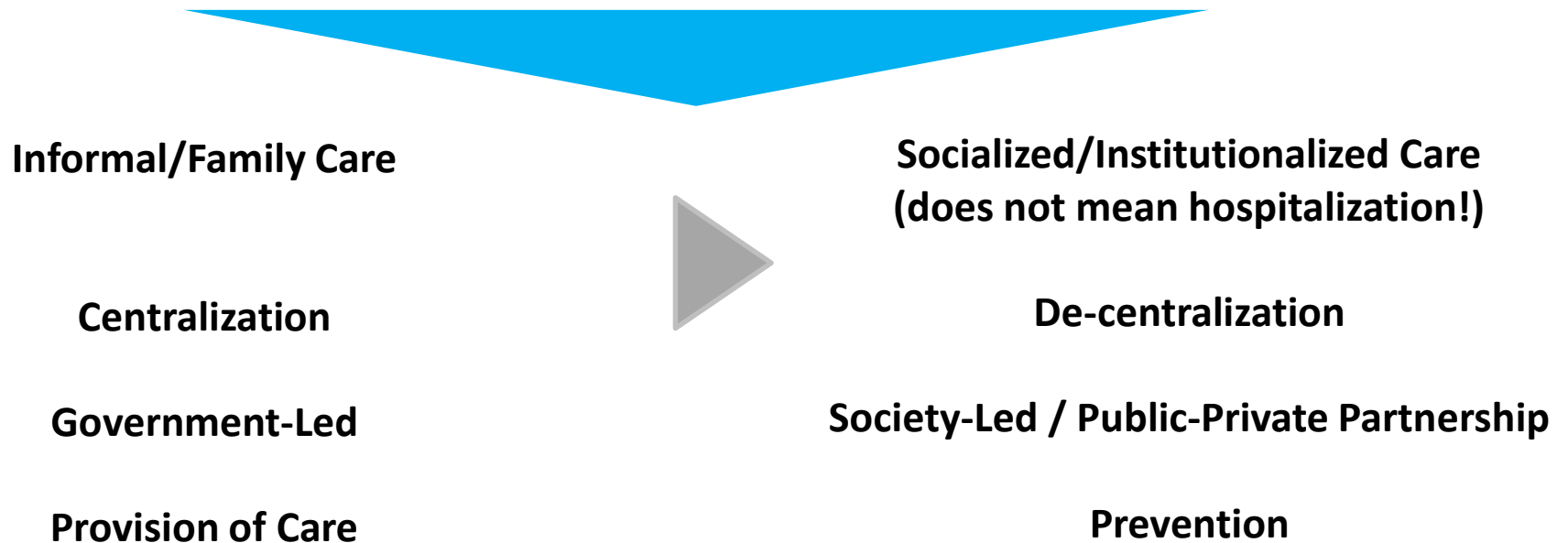
To go beyond simply providing necessary long-term care and also support the independence of elderly people.

User-oriented system:

To provide users integrated access to health and welfare services from diverse entities at the their own discretion.

Social insurance system:

To employ a social insurance scheme with a clear relationship between benefits and burdens.



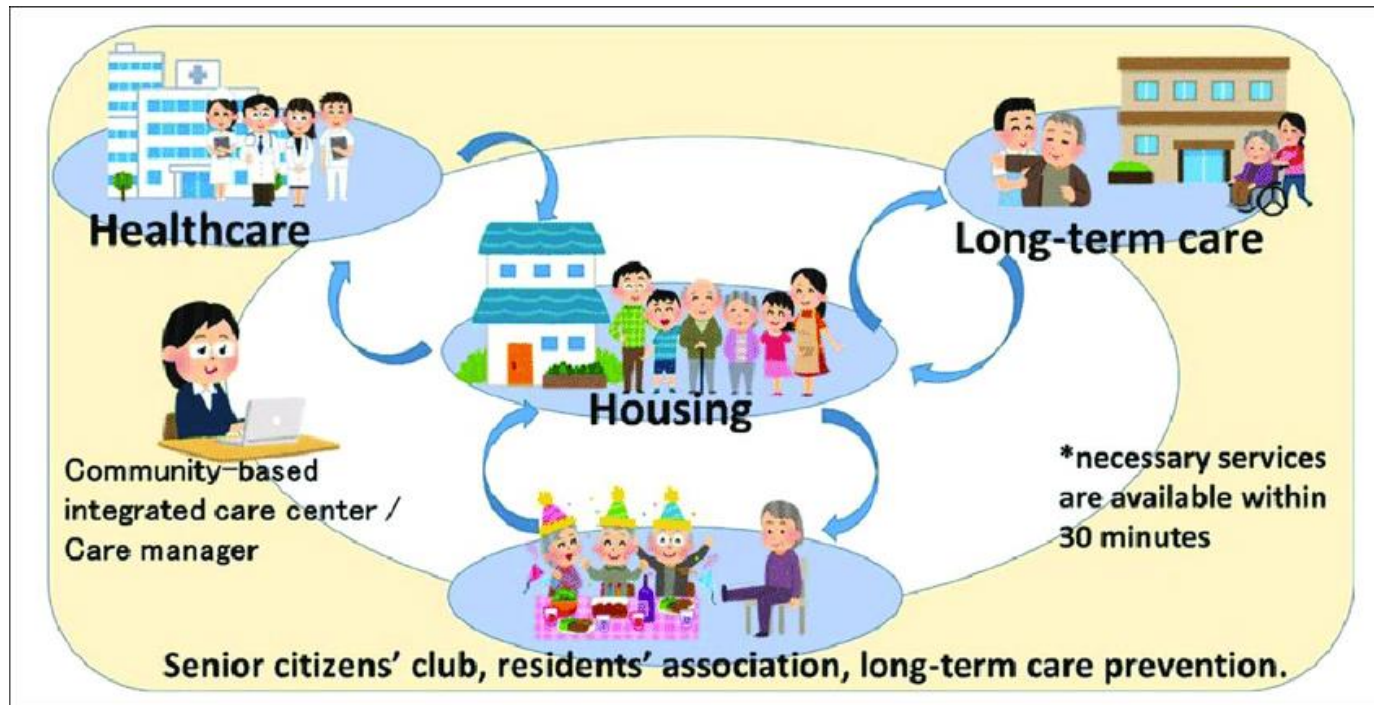
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Community-based Integrated Care System (2014 -)

Medicine/Healthcare
"Medicalization"



Community/Housing



Case 1: Gin-Moku-Sei Group (Greater Tokyo)



Case 2: Minaricco House by Yuzu Company (Hiroshima)



Case 3: Yuimaru Tamadaira (West Tokyo)



Summary

- **Housing-Focus**
- **Community-Focus**
- **Multi-Generational**
- **Multi-Stakeholder/Public Private Partnership**



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Introducing New Technology / Innovation

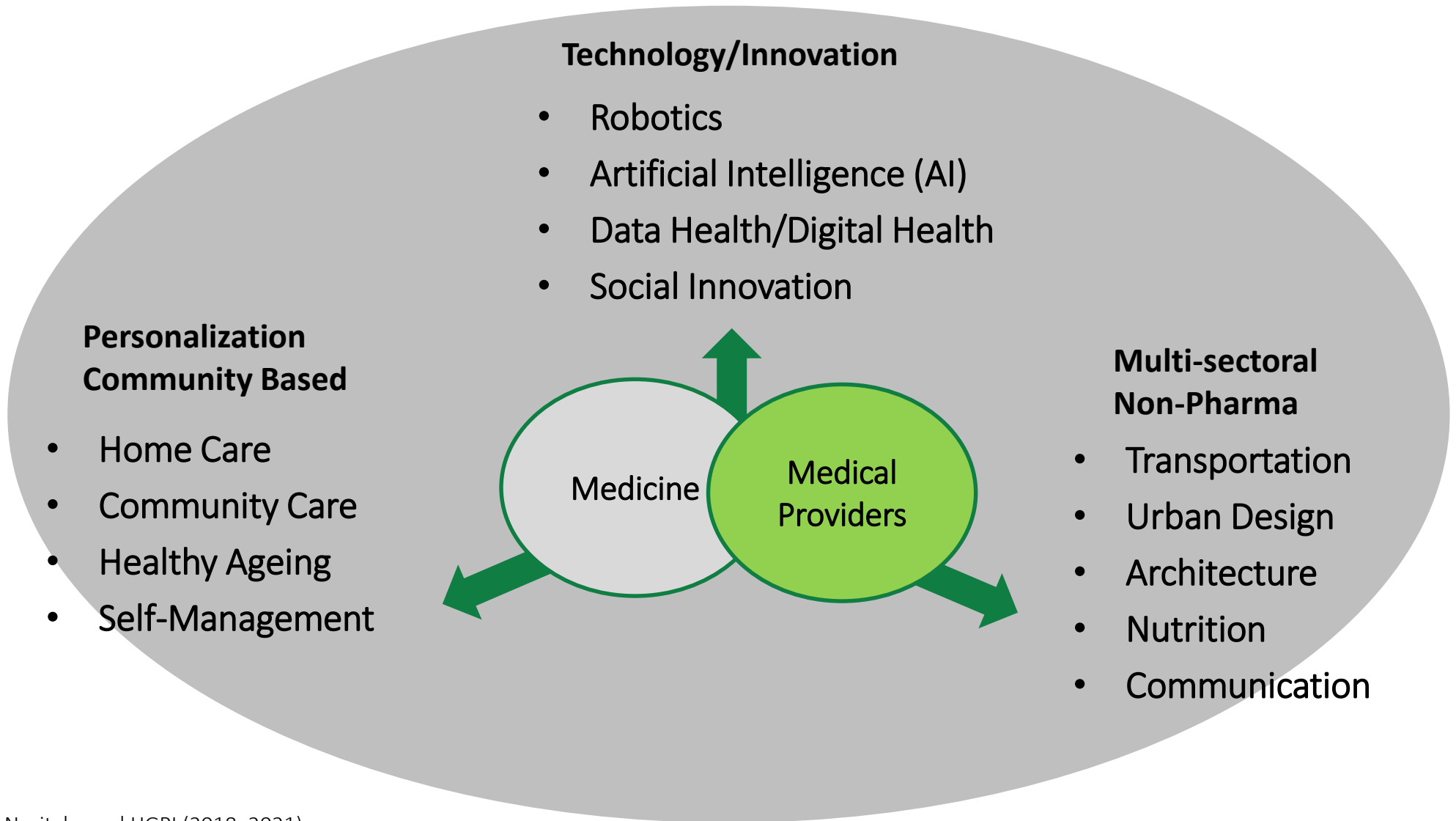


Ongoing Challenges

- **Lack of Efficient Digital Data**
- **Shortage of Workforce**
- **Regional Disparity**
- **Increasing Budget**



Paradigm Shift in Japan and Beyond (Summary)



Thank you

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appendix



Ryoji Noritake

CEO and Board Member, Health and Global Policy Institute

Mr. Ryoji Noritake is the CEO, Board Member of Health and Global Policy Institute (HGPI), a Tokyo-based independent and non-profit health policy think tank established in 2004. He also worked for Project HOPE, a US-based medical humanitarian aid organization. Through HOPE and HGPI, he has led health system strengthening projects in the Asia-Pacific region and engaged in US Navy's medical humanitarian projects. His focus is a multi-sectoral approach for health issues such as public-private partnerships and civil-military coordination.

He is a graduate of Keio University's Faculty of Policy Management, holds a MSc in Medical Anthropology from the University of Amsterdam, the Netherlands. He served as a Visiting Scholar at the National Graduate Institute for Policy Studies (2016-2020) and a member of Tokyo Metropolitan Government's Policy Discussion Roundtable for Super Ageing Society (2018).

He is currently serving as a committee member of Salzburg Global Seminar's Advisory Council, Dementia Innovation Alliance by Japanese Government, The Davos Alzheimer's Collaborative, and various health related committees in Japan and the world.

Ryoji enjoyed living in Amsterdam-Oost (2012-2014), biking to UvA, holding albert heijn bonus card, drinking biertje at his favorite brown café and listening to Andre Hazes.

“By this I mean a number of phenomena that seem to me to be quite significant, namely, the set of mechanisms through which the basic biological features of the human species became the object of a political strategy, of a general strategy of power, or, in other words, how, starting from the 18th century, modern Western societies took on board the fundamental biological fact that human beings are a species. This is what I have called biopower.” ---Michel Foucault