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Valencia

Crisis of the health care and welfare service  
providing systems by Non-profit Organizations  
:Policy issues in Japan, revealed by COVID-19

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# Introduction

- Japan success in controlling COVID-19 infections.
  - Cases and deaths were lower comparative with other countries.(Fig1)
  - Japanese government has not imposed strict lockdown on any cities.
- Healthcare services in Japan had an ability to deal the coronavirus outbreaks.
  1. The number of hospital beds per capita in Japan is the most of OECD countries.(Fig.3)

Fig.1-a COVID-19 Cases (accumulation) per one million population

June. 2022

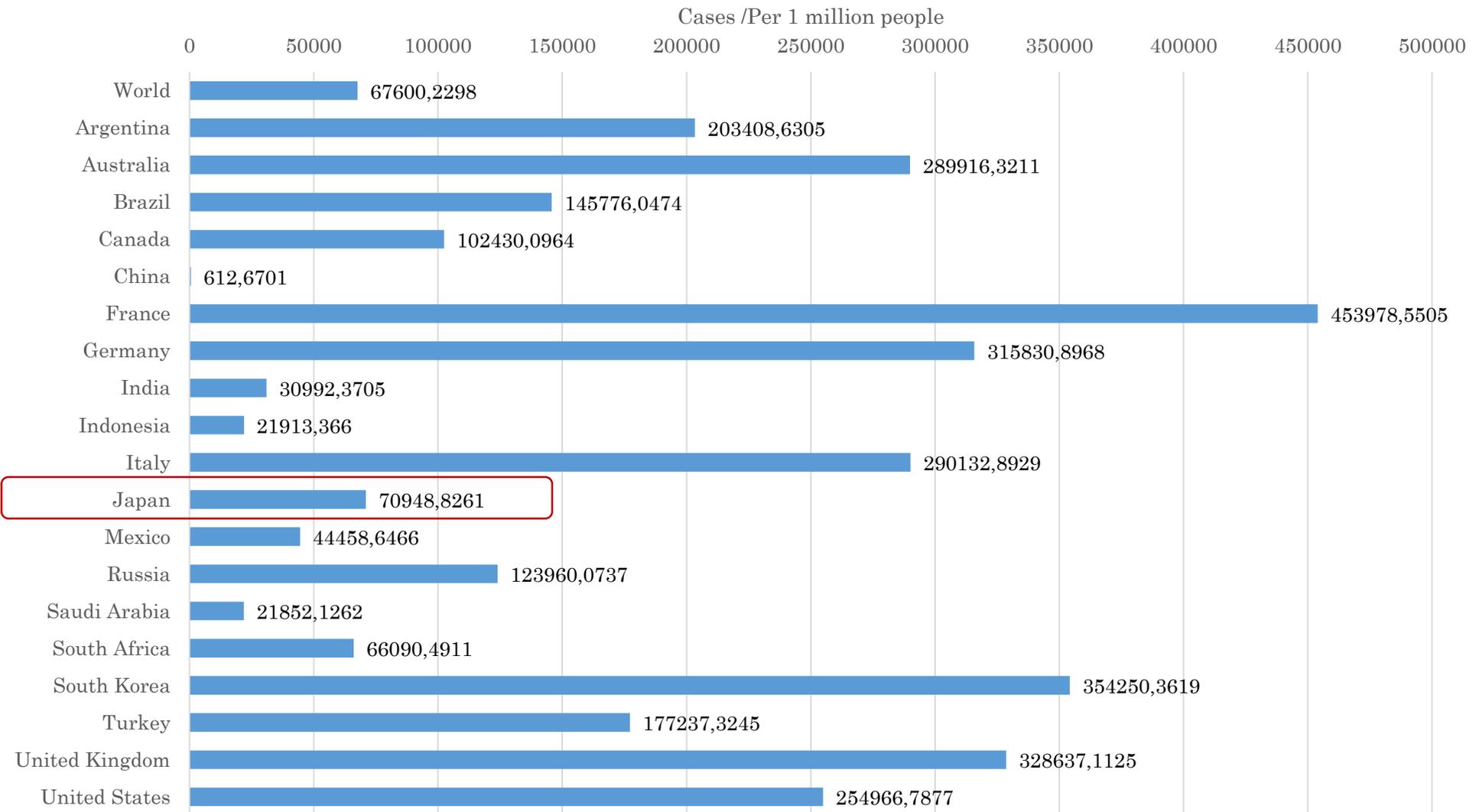
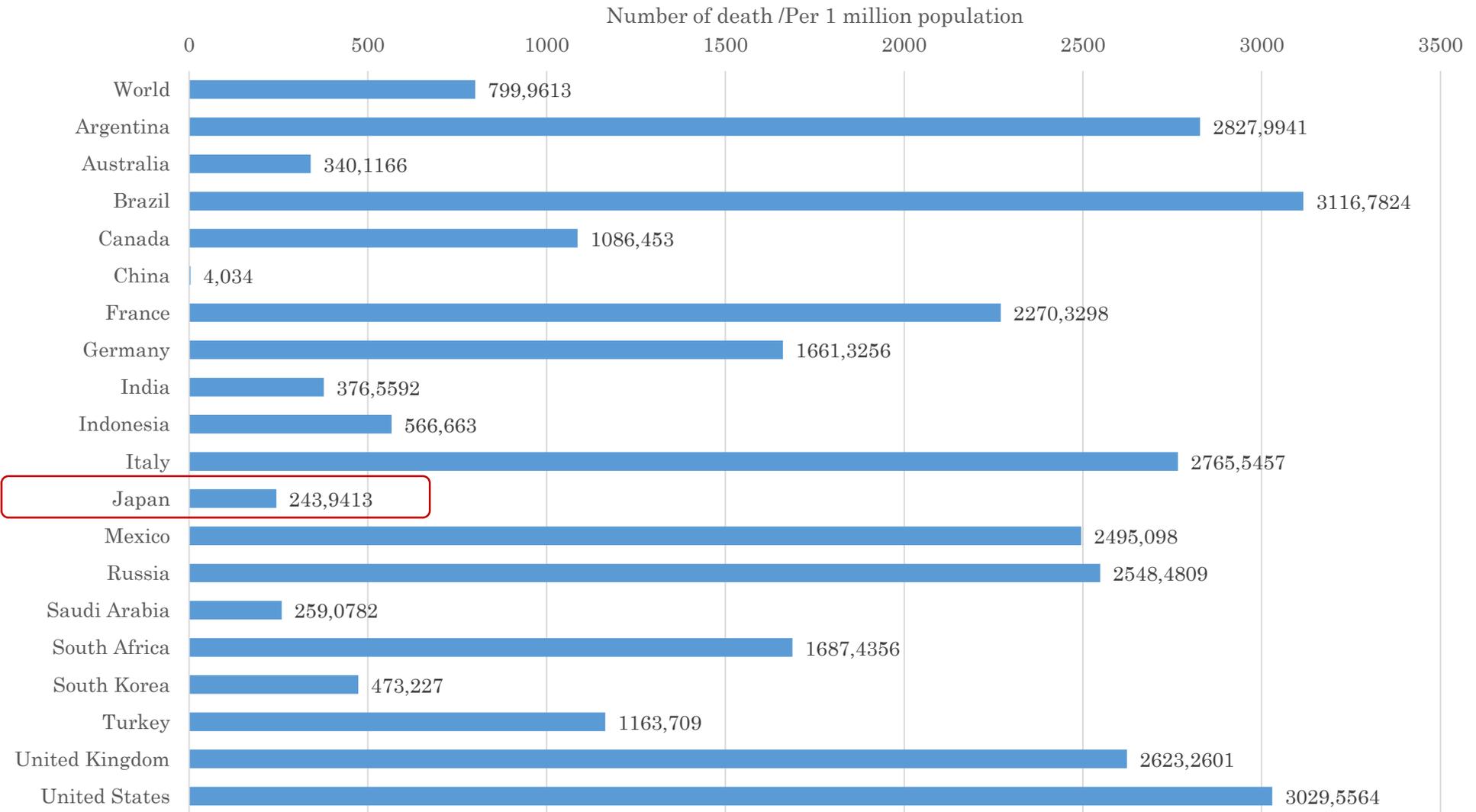


Fig.1-b COVID-19 Deaths (accumulation) per one million population

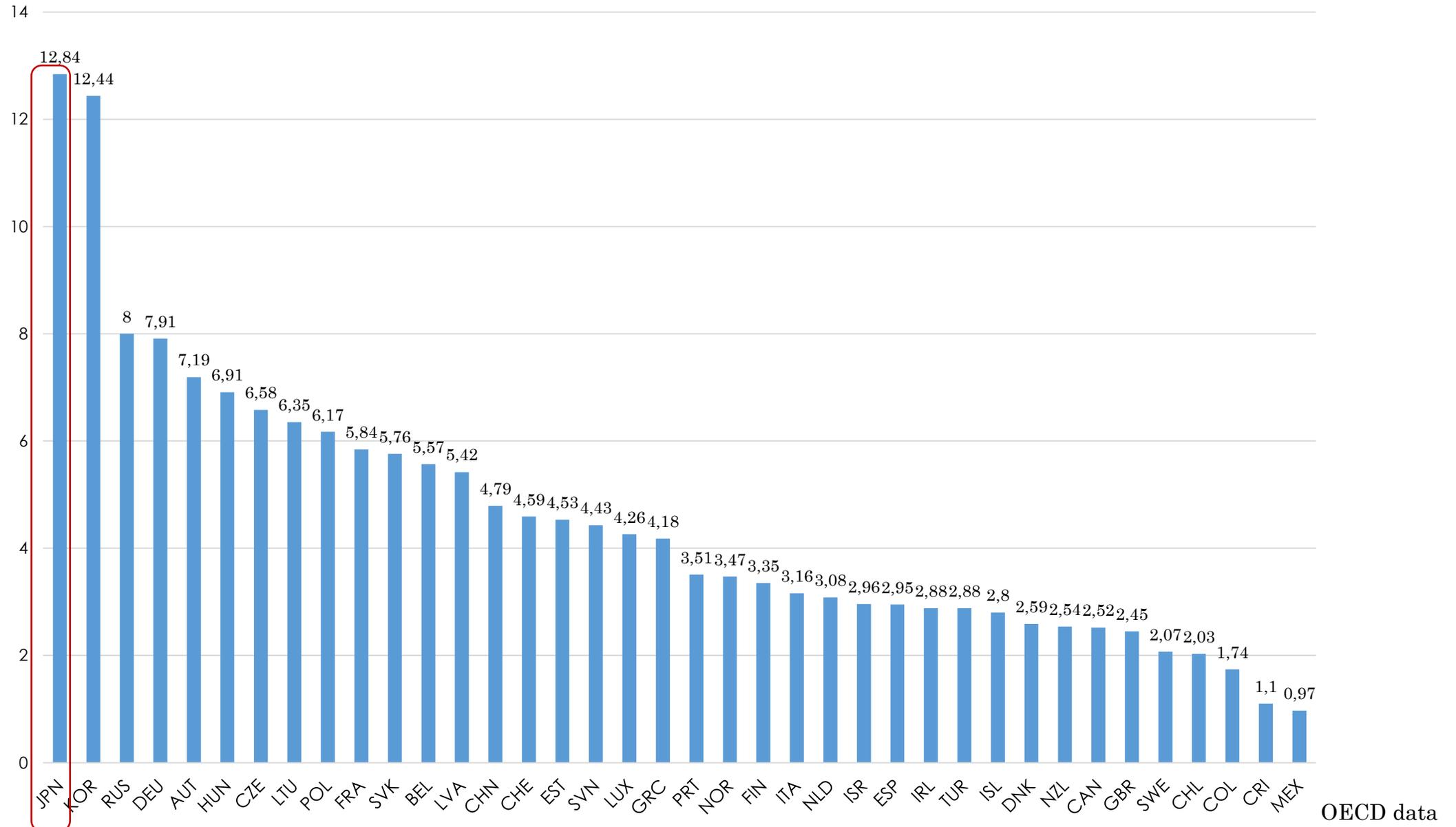
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# Introduction

- Japan success in controlling COVID-19 infections.
  - Cases and deaths were lower comparative with other countries.(Fig1,2)
  - Japanese government has not imposed strict lockdown on any cities.
- Healthcare services in Japan had an ability to deal the coronavirus outbreaks.
  1. The number of hospital beds per capita in Japan is the most of OECD countries.(Fig.2)

Fig2.Number of hospital beds per 1000 inhabitants (2019)



2. All of Japanese residents are covered by public health insurance.
3. There are several high-tech medical equipment in many hospitals, no matter how large or small.
  - Medical testing equipment such as CT(Computed Tomography) and MRI(Magnetic Resonance Imaging) are common in hospitals and clinics in Japan.
    - ✓ Number of CT per capita is 111, OECD average 28
    - ✓ Number of MRI per capita is 55, OECD average 17
  - Many large hospitals have high-tech treatment machine such as ECMO(Extracorporeal Membrane Oxygenation).
    - ✓ Number of ECMO is about 2,200 (estimated)
4. Public health centers cover all of Japan, and their professional staff could track patients and carry out quarantine procedures, efficiently.

- But... Health care system in large urban areas such as Tokyo and Osaka were closed to be collapsed year of 2020 and 2021.

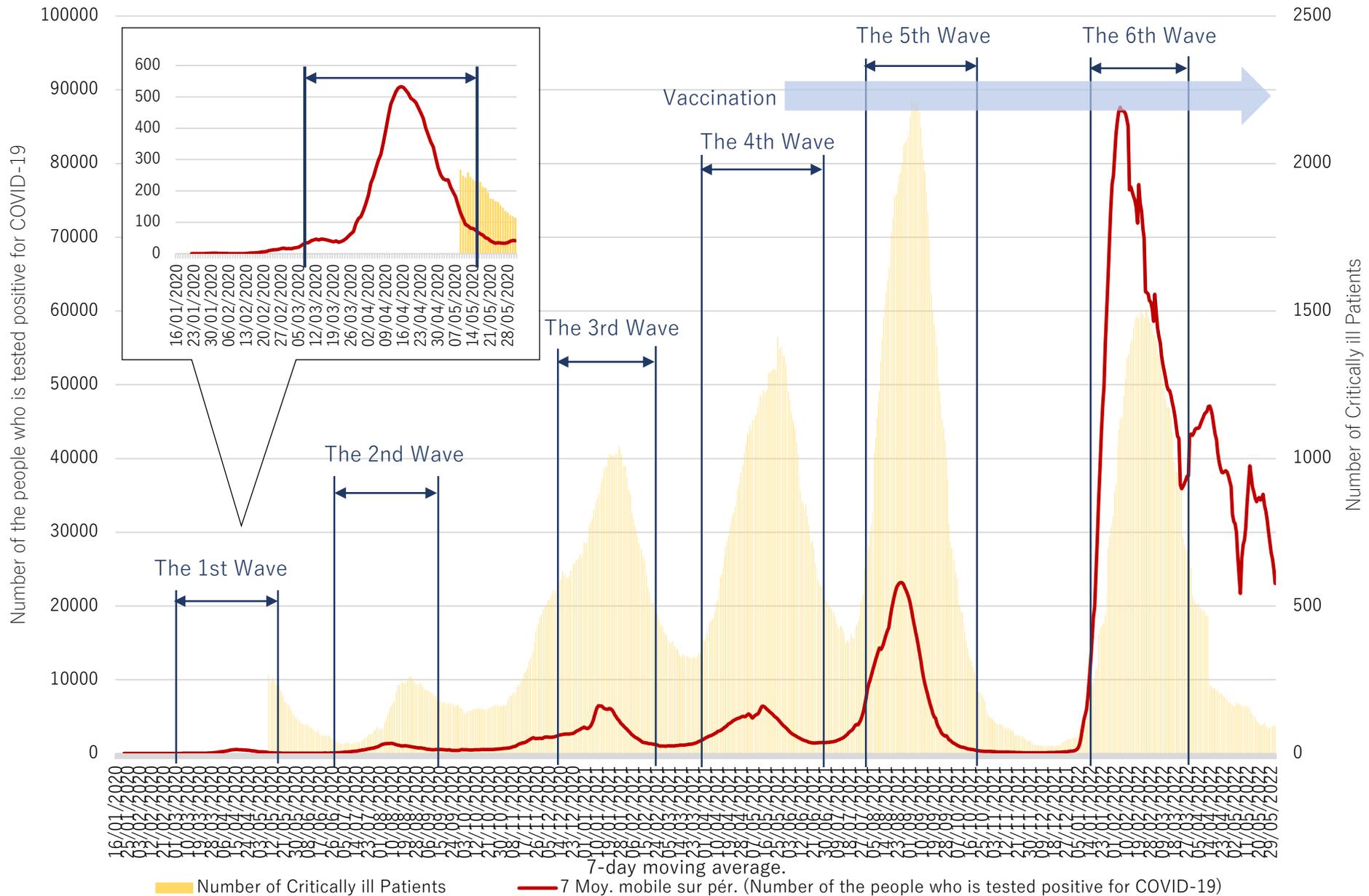
- The media announced “*Medical care Collapse*”. Seriously ill people who wanted to be hospitalized could not be admitted.
- Elderly care facilities suffered many deaths due to the patient cluster.



### Issues in Japan's health care and welfare providing systems.

- What did brought about the situation known as "Collapse of Medical care", despite the small cases compared to large medical resources?
- Why the healthcare system in urban area were overwhelmed with COVID-19 patients?

Fig.3 Number of COVID-19 cases and Critically ill patients(CP) in Japan

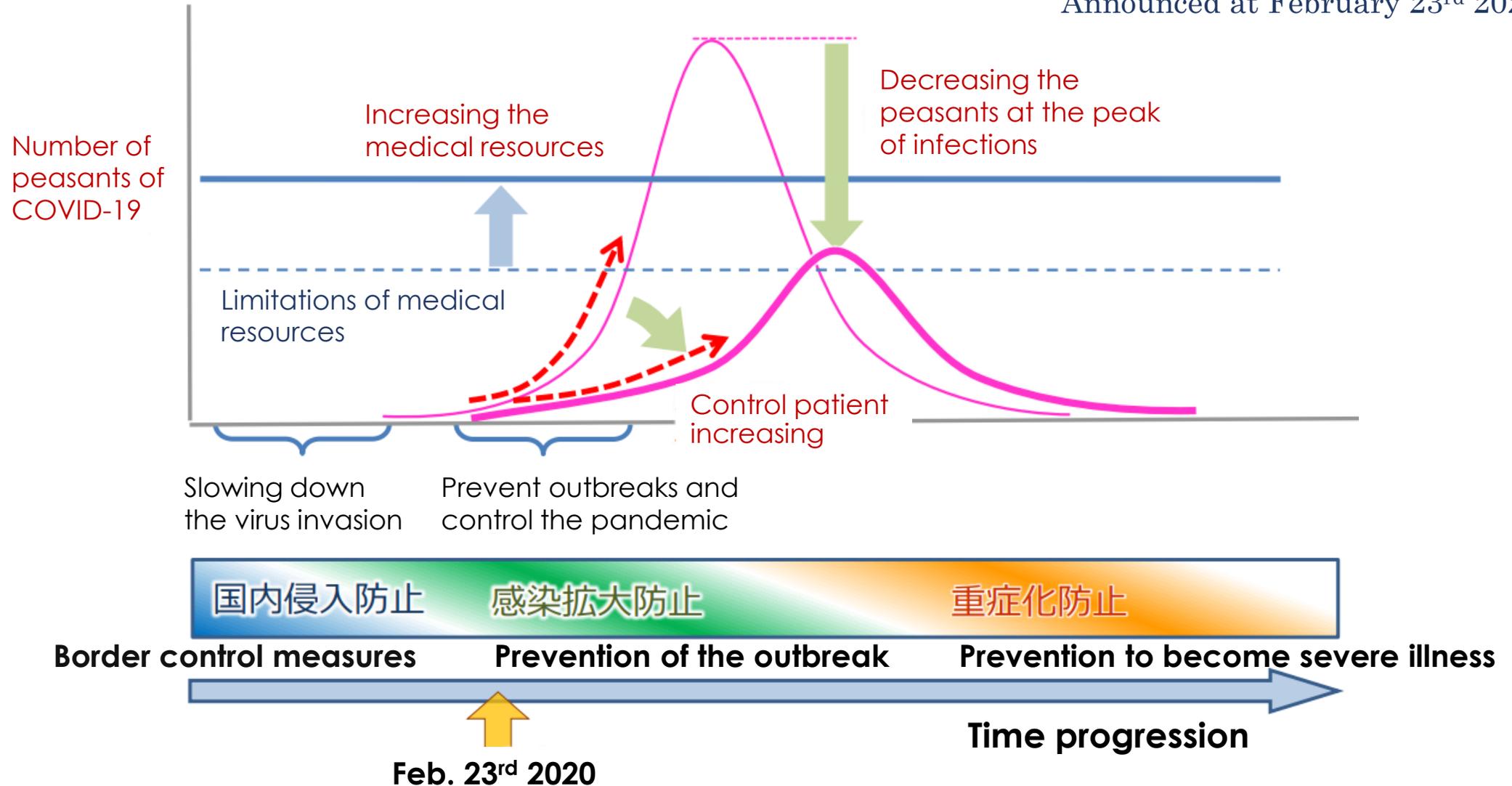


# Features of COVID-19

- The number of cases repeatedly expands and contracts, and we find “Waves of cases”.
  - Concept of “*The hammer and the dance*” was led by Mr. *Tomas Pueyo*.
- The features of COVID-19.
  - A) Highly infectious COVID-19 variant appears over a period of time.
  - B) The elderly among the patients of COVID-19 will become severely ill patients.
  - C) Severely ill people need a large amount of medical resources.
  - D) Vaccination can reduce severity of this illness..

Fig.4 Basic concept of the control measures against COVID-19 by Japanese Government

Announced at February 23<sup>rd</sup> 2020



# Policy to increase medical resources to COVID-19 by Japanese Government

- February 2020: Established ”*Emergency Comprehensive Support Grant against Covid-19*’.
  - Budget size: 149 billion yen.
  - Purpose: To subsidize projects through local governments.
  - For using: Purchase medical equipment to treat patients with COVID-19.
  - Method: Hospitals that want to be subsidized, applied to local government.
- June 2020: The *Grant* was further increased, 1.178 trillion yen.
  - 470 billion yen was invested in priority medical institutions of COVID-19, to secure their beds for COVID-19 patients, etc.

- Sep. 2020: Budget size of the *Grant* was increased by the government.
  - Purpose: To subsidize to cost that hospitals would secure beds, and to establish accommodation facilities to receive patients for monitoring.
  - Amount: 740 billion yen.
- Dec. 2020: Emergency measure, Under the situation that patients were increasing rapidly and they were overwhelming hospitals capacities.
  - The government subsidized to support medical institutions that accepted patients of COVID-19 previously in order to secure beds.
  - Amount: 270 billion yen.
  - It was executed directly to hospitals.

- From April 2021: Huge subsidy would be provided in 2021 fiscal year.

✓ *Japanese fiscal year is April.1<sup>st</sup>-next March 31<sup>st</sup>*

➤ Purpose: To secure beds for COVID-19 patients.

➤ It continued until September 30<sup>th</sup> of 2021.

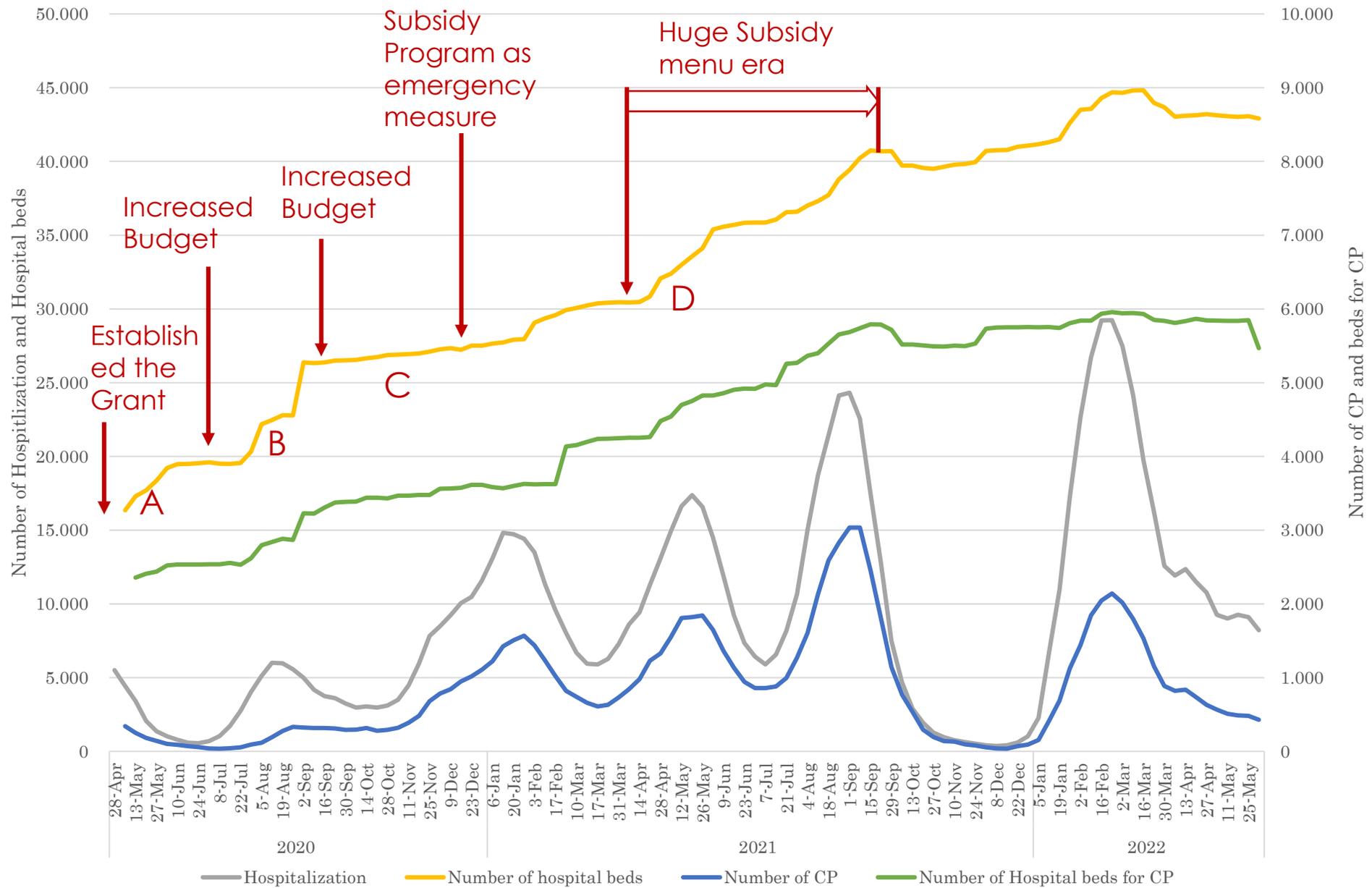
➤ Subsidy menu is below.

① Number of beds for critically patients of COVID-19 x 15 million yen

② Number of beds for not critically patients x 4.5 million yen

③ Number of beds for suspected people x 4.5 million yen

# Fig.6 Number of hospitalization, CP and beds in Japan



# Issues of the health care service providing systems in Japan

- Hospitals are primarily run by the private sector.
  - It is important the necessity of accepting COVID-19 patients as well as the associated business risks for the “private sector”.
  - Private hospitals will not accept patients of COVID-19 unless the amount of subsidies are worth this risk.
- It is impossible to allocate medical resources or transport patients beyond the prefectural area.
  - The prefectural governments controlled much of the medical work.

Table1 Number of hospitals and Number of hospital beds by the management body.(2019)

	Number of hospitals		Number of hospital beds	
Public (managed by local authorities)	857	10.4%	205,259	13.5%
National	322	3.9%	126,006	8.3%
Quasi-Public*	344	4.2%	105,403	6.9%
Private (Association of Healthcare Corporation**)	6,750	81.6%	1,085,709	71.3%
Total	8,273	100.0%	1,522,377	100.0%

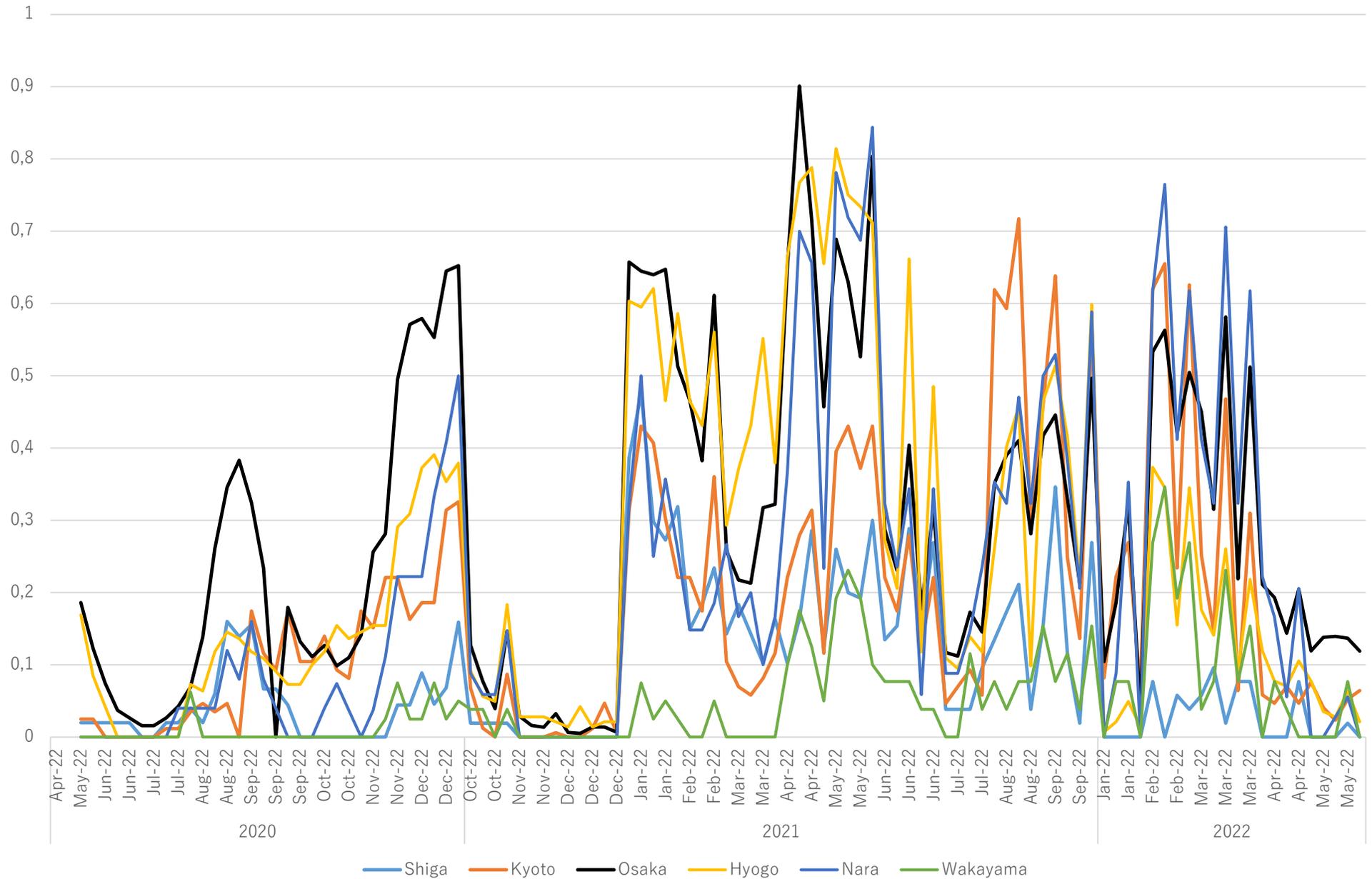
\*Japanese Red Cross Hospitals, University Hospitals, Hospitals managed by Medical Cooperatives, etc.

\*\*non-profit body.

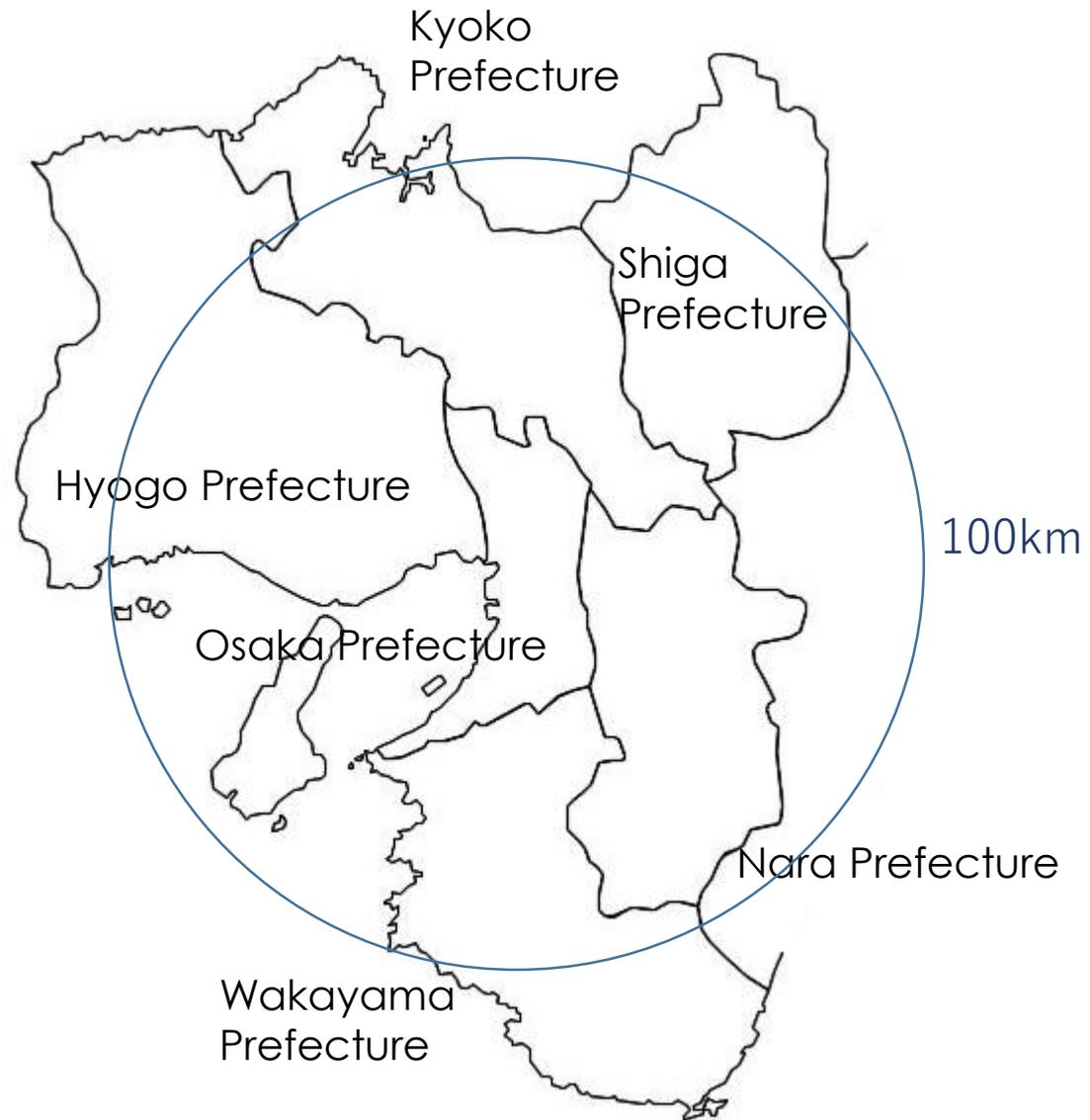
# Issues of the health care service providing systems in Japan

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  - The prefectural governments controlled much of the medical work.

Fig.7 Hospitalization rate of CP in Kansai Area (by prefecture)



# Map of Kansai Area (by prefecture)



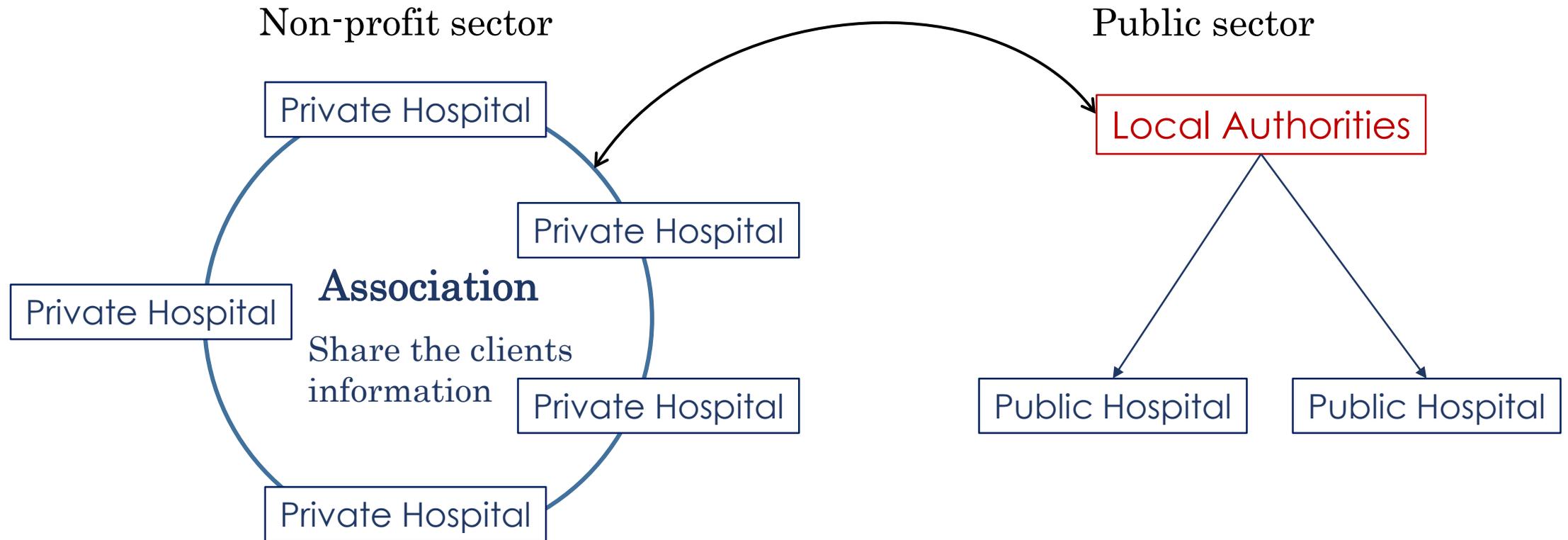
# Conclusion

- Many medical institutions are in the private sector so they are unable to play a public role like this pandemic.
- Local governments were responsible for the management of health care service providing system, it is impossible to cooperate each other and to adjust their medical resource.



The health care providing systems in urban areas has collapsed.

Fig.8 Example model (proposal), Non-profit organizations to be in the public interest



# Thank you for Listening.

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- Policy to increase medical resources to COVID-19 by Japanese Government
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- Conclusion

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