

Social Resilience Project

Health Insurance team

summary

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Purposes

- Role of health insurance
 - protect households from health care costs
 - closing the gap between the elderly and the young, the rich and poor (individual, community)
 - indispensable infrastructure to maintain “social resilience”
- Studies on Japan and China
 - Japan: long history of health insurance, facing challenges of population aging and stagnant economy
 - China: growing economy but short history of health insurance, will face population aging in the near future
 - show cases for all countries in the Asia-Pacific region

Closing the gap between young and old

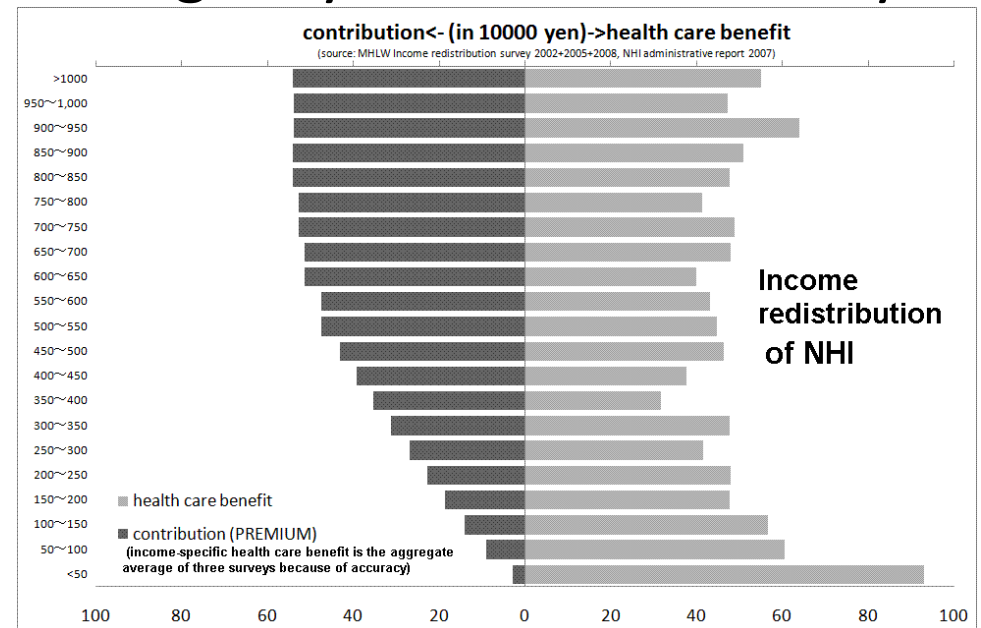
(Ii, Sekimoto)

- Historically, Japan's HI evolved employees' HI and municipal National Health Insurance for non-employed population
- Due to industrial structural change, municipal NHI changed from farmer's HI to the HI for the elderly
- 1973, The Elderly Health System as financial redistribution (between EHI and municipal NHI)
- As aging progressed, the gap between EHI and NHI had become intolerable
- 2008, An independent system for the elderly ≥ 75

Closing the gap between rich and poor

(Okamoto)

- Indigent population is covered not by insurance but by means-tested welfare system (financed by tax)
- Premium of social insurance is levied in proportion to income but with a “cap” (unlike tax)
- The effect of redistribution can be measured by Gini coefficients showing reduced gap between rich and poor.
- Japan’s income disparity is widening only to be remedied by social insurance.

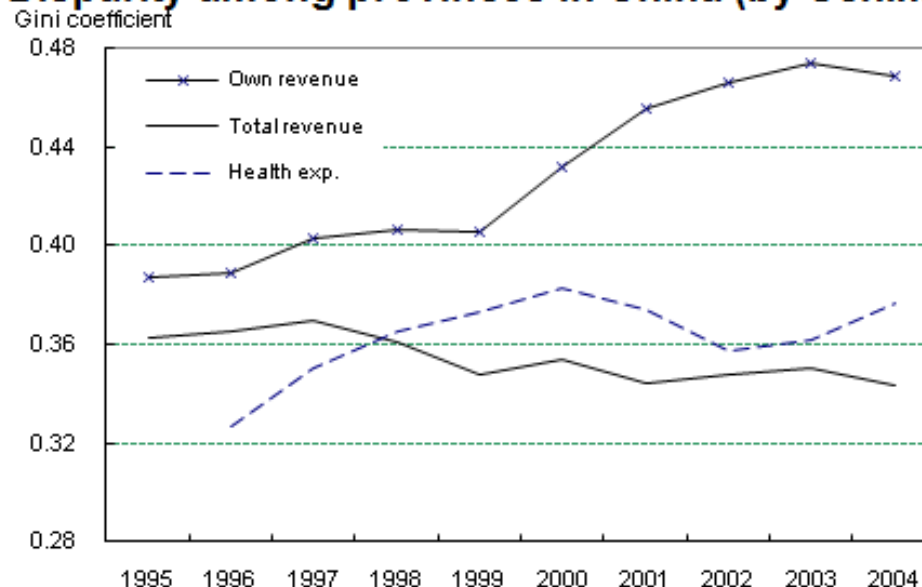


Closing the gap among provinces in China

(Uchimura)

- 2003, new Cooperative Medical Scheme with subsidies from central/local governments
- High disparity among provinces own revenue
- Redistribution among provinces by financial transfer from the central government (total revenue)
- Disparity of health expenditure is lower than that of own revenue (redistribution effects)

Disparity among provinces in China (by Uchimura)



Summary & Conclusions

- Under population aging, disparity of both income and health expenditure tends to widen → need for effective redistribution mechanism (health insurance)
- Both Japan and China have segmented systems between employed and non-employed → need for subsidy from government to cover non-employed
- Redistribution effects quantitatively using Gini coefficients, which should be monitored.
- Japan is in agony over the elderly care system and China is likely to experience the same in the future.