### Social Resilience Project Health Insurance team summary

Team leader: Masako II (Hitotsubashi U)
Hiroko Uchimura (Institute of Developing Economies)
Etsuji Okamoto (National Institute of Public Helath)
Yasuo Uchida (Ritsumeikan Asia-Pacific U)
Shiko Maruyama (U of New South Wales)
Rouselle Lavado (Philippine Institute for Development Studies)
Hitoshi Shigeoka (U of Columbia)

#### 【医療保険】主査:**井伊雅子** 一橋大学国際·公共政策大学院教授

委員:①**関本美穂**(京都大学大学院医学研究科医療経済学分野特任講師)、②**内村弘子**(日本貿易振興機構アジア経済研究所 新領域研究センター、副主任研究員)、③**岡本悦司**(国立保健医療科学院経営科学部経営管理室長)、④**内田康雄**(神戸大学名誉教授/立命館アジア太平洋大学役員(大学院部長))、⑤丸山士行(University of New South Wales、Lecturer)、⑥Rouselle Lavado(Philippine Institute for Development Studies 研究員(一橋大学博士))助手:**貴岡仁**(コロンピア大学経済学博士課程)

#### **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 nonemployed 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

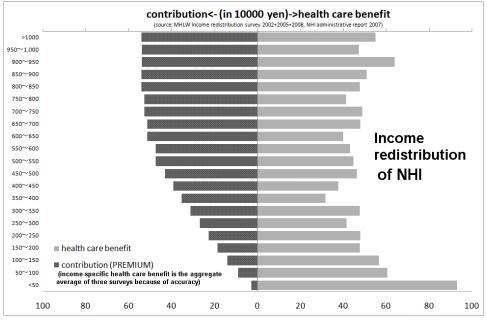
### Closing the gap between rich and poor

(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.

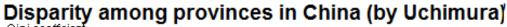
Japan's income disparity is widening only to be remedied by

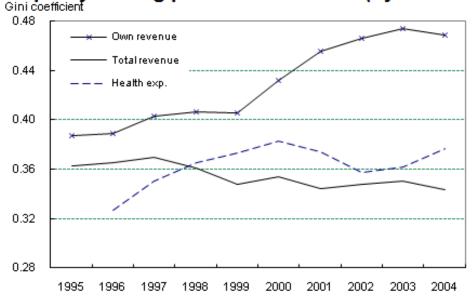
social insurance.



## 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)





### **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.