WESTERN PACIFIC

THE COUNTRY PHARMACY PROFILE SERIES

JAPAN

A country profile of pharmacy practice in the context of the national healthcare system

Informed by FIP Member Organisation
JAPAN PHARMACEUTICAL ASSOCIATION



fip ADVANCING PHARMACY WORLDWIDE

1. OVERVIEW OF THE HEALTHCARE SYSTEM

Japan operates a universal, predominantly publicly financed healthcare system based on compulsory social health insurance, with mandatory enrolment for all residents through employment-based, residence-based, or age-based plans.[1,2] The Ministry of Health, Labour and Welfare is responsible for national health policy, regulation and the national fee schedule that sets prices for all insured services and medicines, while prefectures and municipalities plan and coordinate services locally. Care is delivered through a combination of public and predominantly private providers at nationally regulated fees. A separate mandatory long-term care insurance scheme has operated since 2000.[1,2]

Patients have free choice of provider, and there is no formal gatekeeping system, allowing direct access to clinics and hospitals.[1,3] Standard co-insurance is 30%, reduced for young children, people aged 70 to 74 and those aged 75 and over, and the High Cost Medical Expense Benefit caps monthly out-of-pocket payments according to age and income.[2] National policy is centred on the Community-based Integrated Care System, which coordinates medical care, long-term care, preventive care, housing, and social support services locally in response to population ageing.[3,4]

Japan has achieved among the highest life expectancies globally alongside low preventable and treatable mortality.[5] Challenges mainly relate to sustainability amid rapid demographic change, with 31.7% of the population aged 65 or over in 2023 and a projected decline in population size by 2050, driving growing demand for chronic disease management and long-term care.[3] A hospital-centric delivery model, weak coordination between primary and secondary care, and limited interoperability of electronic medical records further constrain efficiency.[3]

Community pharmacies are an established part of the healthcare system, operating under a separated prescribing and dispensing model, and national reforms continue to strengthen their role in medication management, patient support, health promotion and coordination with other healthcare professionals.[6,7]

Healthcare financing model[1,5,8]

Japan's current healthcare financing model is a Bismarck model / Social Health Insurance supported by tax subsidies.

MODEL TYPE

Bismarck model*/social health insurance model with tax subsidies

PRIMARY SOURCES OF FUNDING

Compulsory social health insurance	The dominant source, accounting for around 77% of current health expenditure, financed approximately 61% through income-related contributions from employees and employers and 39% through government transfers.
Government spending (general taxation)	National and local tax revenues finance government schemes directly and subsidise residence-based and elderly plans, funding around half of the system for people aged 75 and over.
Out-of-pocket payments (OOPs)	OOPs account for around 12% of current health expenditure, arising mainly from co-insurance and services outside the benefit package, and are capped monthly by the High-Cost Medical Expense Benefit.
Voluntary health insurance (VHI)	VHI plays a limited supplementary role at around 2% of current health expenditure, often purchased to cover co-payments and services not included in statutory coverage.

*The Bismarck model is characterised by a decentralised approach. While the policy is guided by federal law, the system is run by a mix of private and public not-for-profit funds, which are self-governing within a framework set by the state. Available at: https://eurohealthobservatory.who.int/publications/m/social-health-insurance-systems-in-western-europe

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Japan across community and hospital settings.

Services provided by community pharmacies beyond dispensing[9]

Therapeutic substitution (changing dose, formulation, etc)	Under certain conditions, pharmacists are permitted to substitute a generic medicine, or to dispense a product with a different strength or a similar dosage form, without prior consultation with the individual prescribing physician.	✗
Adjustment of prescribed treatments**		✗
Complementary prescribing		✗
Independent prescribing		✗
Prescribing in an emergency		✗
Providing medicines and services in care homes (nursing homes)		✓
Services to hospital and other facilities without a pharmacy	Services may be provided to long-term care facilities and other facilities where the presence of a pharmacist is not legally required.	✓
Home deliveries		✓
Home care		✓
Medication reviews/medicines use reviews		✓
Dispensing emergency contraceptive		✓
Applying first aid and arranging follow-up care		✗
HIV testing		✗
Counselling on HIV self-test products		✗
COVID-19 testing	However, pharmacies are permitted to sell approved COVID-19 test kits.	✗
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription		✓

Services and activities provided by hospital pharmacies[9]

Validation of prescriptions		✓
Preparing non-sterile medicines		✓
Preparing sterile medicines		✓
Preparing cytotoxic medicines		✓
Preparing nutrition mixtures		✓
Dispensing to outpatients		✓
Pharmacy and therapeutics committees		✓
Multidisciplinary therapeutic decision making		✓
Identifying and reporting non-quality medicines		✓
Managing medication history		✓
Pharmacogenomics testing	Testing may be conducted by the laboratory department, while the pharmacy department may provide interpretation and consultation	✗ ✓
Medicines reconciliation		✓
Monitoring medicines use		✓
Pharmacokinetic monitoring		✓
Clinical trials		✓
Managing medicines-related waste		✓
Antibiotic stewardship		✓
Support to emergency departments		✓

Extended scope of practice[9]

Is **pharmacy-based vaccination available** in the country?	No
Are pharmacists authorised to **administer** vaccines in pharmacies?	No
Are pharmacists authorised to **prescribe** vaccines in pharmacies?	No
Do pharmacists receive vaccination **training**?	Yes
At what career stage(s) do pharmacists receive vaccination training?	It is included in Japan's pharmacy education curriculum, which specifies "active participation in and contribution to vaccination."
Is the training **mandatory**?	No

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2026)[9]

81 pharmacyschools/ faculties

74 accredited pharmacy schools/faculties

Currently under evaluation by the Japan Accreditation Board for Pharmaceutical Education. In the most recent completed evaluation cycle (2013–2019), 74/74 universities were evaluated, and all met the accreditation standards. Universities established towards the end of this period were not included; therefore, this figure differs from the total number of pharmacy schools and faculties.

22 weeks minimum duration of experiential/practical training for registration

6 years minimum of full-time undergraduate education

NO Continuing professional development (CPD) **IS NOT** mandatory for pharmacists' licence renewal

NO The renewal of pharmacist licensing or registration **IS NOT** based on gaining CPD 'credits' or 'points' or similar credentials

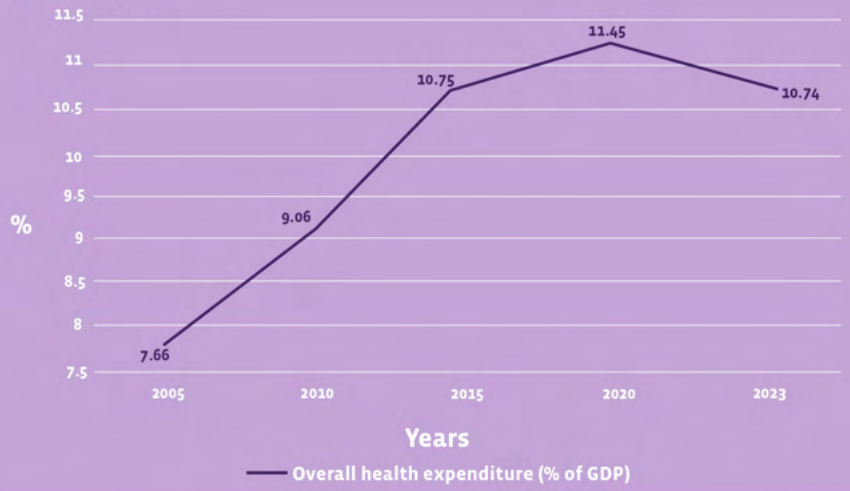
NO CPD **IS NOT** linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

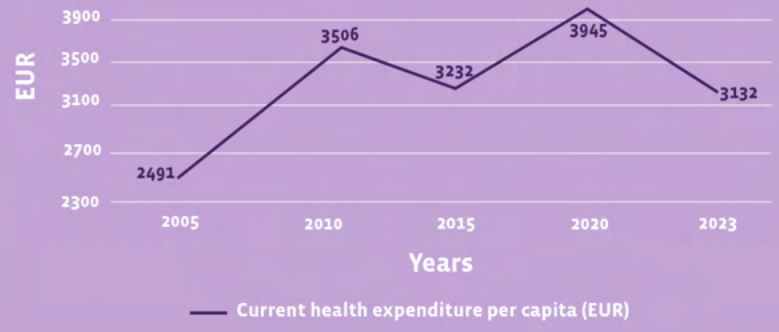
This section provides a macro-level overview of Japan's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank category[10]
High-income economy

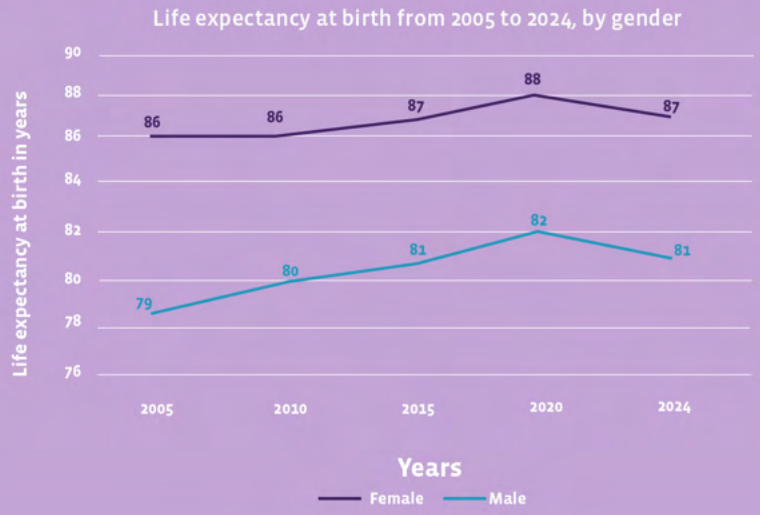
Overall healthcare expenditure as a percentage of GDP
Japan's health expenditure rose steadily from 7.66% of GDP in 2005 to 11.45% in 2020, reflecting the combined effect of population ageing and the COVID-19 pandemic, before easing to 10.74% in 2023. Health and long-term care form part of a social security budget that now absorbs around one third of national expenditure.[3, 11]



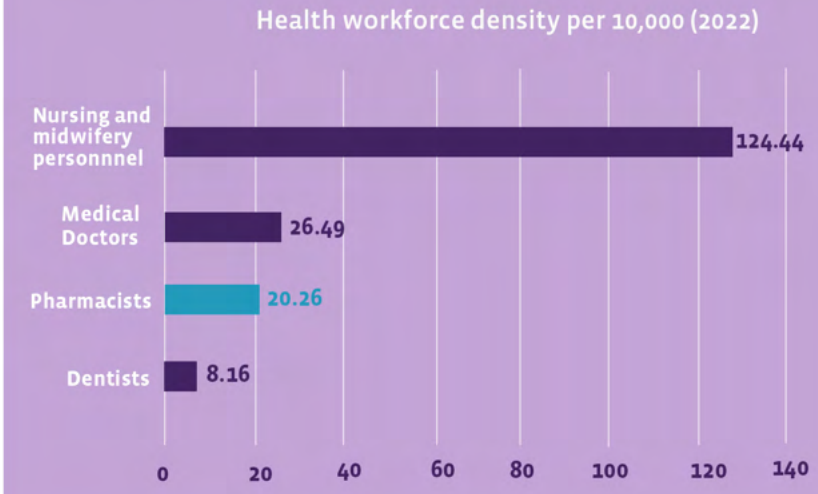
Health expenditure per capita
Current health expenditure per capita increased from EUR 2,491 in 2005 to EUR 3,945 in 2020, then fell to EUR 3,132 in 2023. This decline reflects exchange-rate movements rather than reduced health spending. Only 2.4% of current health expenditure is allocated to prevention.[3, 12]



Life expectancy (male/female)[13,14]
Life expectancy at birth in Japan is among the highest globally, reaching 84.1 years overall.[5] Between 2005 and 2024, it increased for both sexes, from 86 to 87 years for females and from 79 to 81 years for males, with both peaking in 2020 before a slight decline. Females remained consistently higher throughout the period, maintaining a gender gap of around six years.



The employment in the healthcare sector[15]



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

Japan maintains a high level of universal health coverage (UHC). In 2023, its UHC services coverage index was 86, reflecting extensive access to essential health services and exceeding the global and Western Pacific averages of 71 and 81, respectively.[16] The entire population is covered for a core set of services, and mandatory prepayment accounts for the large majority of health spending, providing a high level of financial protection that is reinforced by the High Cost Medical Expense Benefit.[5] Childhood immunisation coverage is high, with 99% of eligible children receiving three doses of diphtheria, tetanus and pertussis vaccine.[5] Coverage of preventive services is less consistent, with breast cancer screening reaching 45% of women aged 50 to 69, and prevention accounts for a small share of total health expenditure.[5]

2. Availability and accessibility of health insurance options

Japan achieved universal population coverage in 1961 by mandating enrolment in social health insurance for all permanent residents.[17] The system currently consists of four plan types: 1) society-managed Employees' Health Insurance plans for large company employees and Mutual Aid Association plans for public servants, 2) quasi-governmental Japan Health Insurance Association plans for employees of small and medium-sized companies, 3) residence-based National Health Insurance plans managed by municipalities for the self-employed and unemployed, and 4) prefectural-level plans for those aged ≥75.[17, 18] Employment-based insurance covers approximately 63% of the population, while residence-based Citizen Health Insurance covers 23%, and elderly plans cover 15%.[18]

However, the declining and unevenly distributed healthcare workforce, together with fragmentation across approximately 3,000 statutory insurers, creates inefficiencies and threatens equitable access to healthcare services, particularly in rural areas. This fragmentation also creates disparities in premium burdens, with the proportion of income paid as premiums varying more than threefold across plans.[3, 18] Voluntary private health insurance is available but plays a limited supplementary role, purchased mainly to cover co-payments and services outside statutory coverage.[1]

3. Pharmacy policies and strategies implemented for health promotion and disease prevention

Japan has progressively expanded the public health role of community pharmacies through the Pharmacy Vision for Patients (2015) and the Health Support Pharmacy system, introduced nationally in 2016. Health Support Pharmacies must first be accredited as family pharmacies and are then expected to combine core primary care pharmacy functions with activities that support disease prevention, health promotion and responsible self-medication, including health consultations, advice on non-prescription medicines, simple point-of-care testing, referral to appropriate healthcare services, and community health education.[19] As of April 2026, 3,592 community pharmacies have been certified.[20]

Community pharmacists also contribute to preventive care through activities such as smoking cessation support, lifestyle and self-care advice, health screening, and vaccination counselling and promotion.[19, 21] Pharmacists currently support vaccination mainly through information, consultation and promotion, as administration of vaccines by community pharmacists is not yet authorised.[21, 22] These functions are being further strengthened through the 2019 revision of the Pharmaceuticals and Medical Devices Act, which placed continuous medication follow-up on a statutory footing and introduced the community cooperation pharmacy and specialised medical institution cooperation pharmacy certifications from August 2021, linking pharmacies more closely with clinics, hospitals and long-term care.[23]

4. Availability and accessibility of patient medical records (including pharmacy access)

Japan has been progressively expanding digital access to patient health information through the My Number health insurance card (Myna Health Insurance Card) and the national online eligibility verification system.[24, 25]

With patient consent, healthcare professionals at participating medical institutions and pharmacies can access selected information, including previous medication records, medical treatment information, health check-up data and certain clinical information, even when the patient is visiting that facility for the first time.[26, 27] Patients can also view their own medical and medication information through the Myna Portal.[25, 26]

Community pharmacists can access prescription and dispensing information relevant to medicines management and use the electronic prescription system to check for duplicate therapies and potentially inappropriate medicine combinations across different healthcare institutions.[26] Information sharing between hospitals, clinics and community pharmacies is also supported through electronic systems and structured communication mechanisms, although pharmacists do not have unrestricted access to the complete patient medical record.[26, 28]

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity[9] (year 2024)

329,045 licensed pharmacists in the country

26.58 pharmacists' per 10,000 population

9,296 new registrants

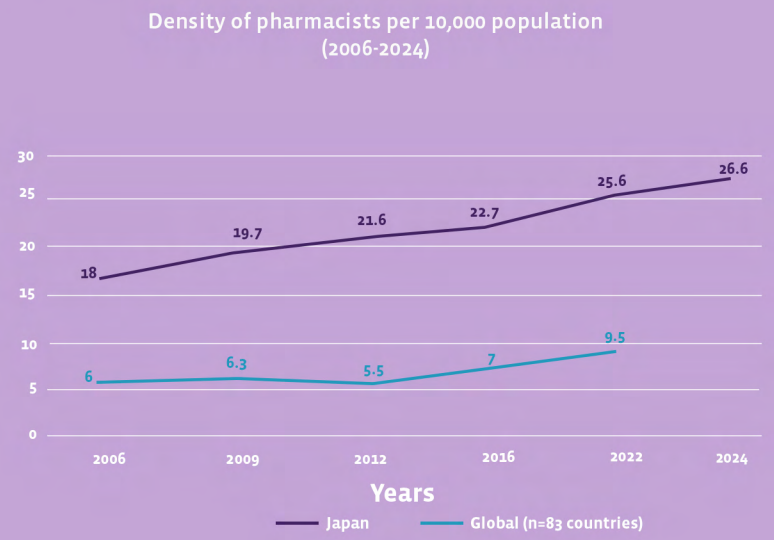
10,946 pharmacy graduates

203,979 female pharmacists in the country

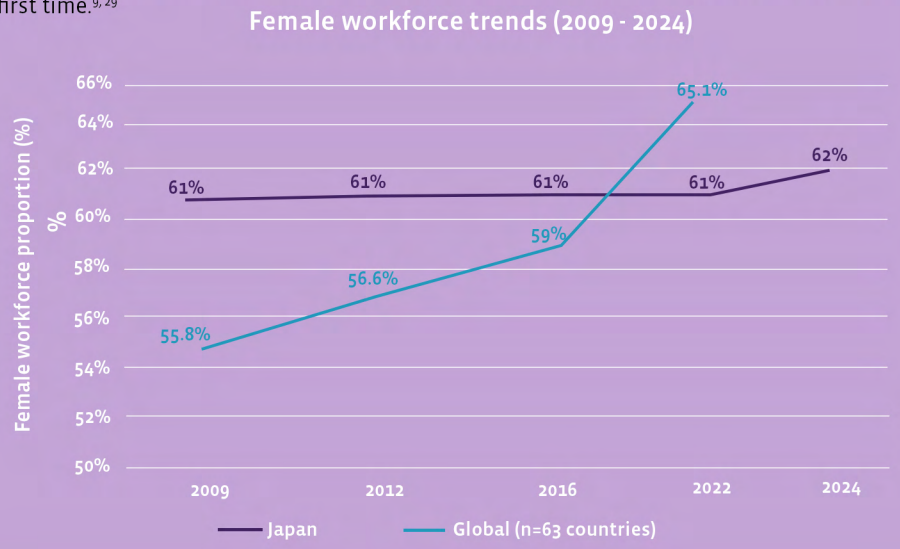
61.9% female pharmacists in the workforce

Distribution across the area of practice

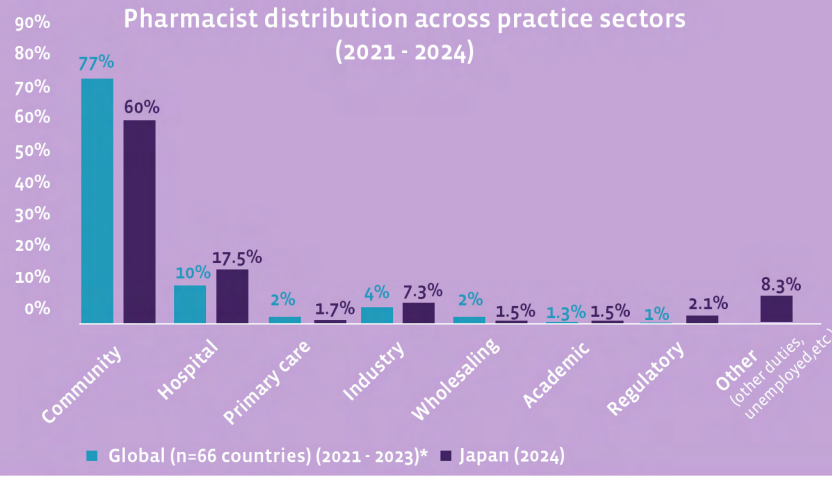
Japan's pharmacist density increased steadily from 18 per 10,000 in 2006 to 26.6 by 2024, reflecting sustained growth over nearly two decades. Globally, density stayed comparatively low and fluctuated, dipping to 5.5 in 2012 before climbing to 9.5 by 2022, but remaining well below Japan's level throughout the period.[9, 29]



Japan's female pharmacist workforce is remarkably stable, sitting at 61% from 2009 through to 2022 before edging up to 62% in 2024. Globally, the female proportion started lower at 55.8% in 2009 and rose gradually to 59% in 2016, then more sharply to 65.1% in 2022, exceeding Japan's proportion for the first time.[9, 29]



In 2024, a higher proportion of Japan's pharmacists were concentrated in community practice (60%), followed by hospitals (17.5%) and industry (7%), with smaller proportions working in other pharmacy sectors. Compared with the global distribution, Japan had a smaller share in community practice (60% vs 77%), but higher shares in hospitals (17.5% vs 10%) and industry (7% vs 4%). The proportion of pharmacists in remaining sectors showed relatively small differences between Japan and the global figures.[9, 29]



*Global figures are based on average data from 2021-2023; Japan's data reflect the most recent available year (2024).

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Japan Pharmaceutical Association on

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Japan's healthcare system

In Japan, against the backdrop of population ageing, population decline, the increasing prevalence of chronic diseases, and regional disparities in healthcare resources, the roles of pharmacists are being expanded beyond dispensing and the supply of medicines to provide continuous support to local residents across the continuum from prevention and treatment to home-based care.
In particular, under the 2025 amendment to the Pharmaceuticals and Medical Devices Act, as part of efforts to strengthen pharmacy functions to ensure the appropriate provision of medicines to the public, the "Health Promotion Support Pharmacy" was established as a legally recognised category of accredited pharmacy, building on the functions of the existing Health Support Pharmacy framework.

This policy is expected to promote the use of pharmacies as accessible community health hubs and to support a shift from treatment-centred healthcare towards greater emphasis on prevention and health promotion through self-care and self-medication support, health consultations, disease prevention, and recommendations for timely medical consultation.

Under Japan's community-based integrated care system, pharmacists are also increasingly involved in home visits, pharmaceutical management of medication use, unused medicines and polypharmacy, and information sharing with other healthcare and care professionals. In addition, the electronic prescription system enables prescription and dispensing information to be shared across multiple healthcare institutions and pharmacies, allowing healthcare professionals to identify issues such as duplicate medication use and thereby improve the safety and efficiency of pharmacotherapy.
Furthermore, in response to population decline and depopulation, the Japan Pharmaceutical Association is promoting a transition from a model in which individual pharmacies operate independently to one in which community pharmacist associations serve as a hub for collaboration among pharmacies, local authorities, and other healthcare professionals, thereby ensuring the sustainable provision of necessary medicines and pharmacist services across the community. In 2025, the Japan Pharmaceutical Association developed an "Action List for Strengthening Community Pharmaceutical Care and Medicines Supply Systems" and has been promoting coordinated initiatives nationwide involving prefectural pharmacist associations, local pharmacist associations, and individual pharmacies.

Through these initiatives, Japan aims to further develop pharmacy practice from a model centred on dispensing after the onset of disease to one focused on prevention, early intervention, and continuous pharmacotherapy management, and from care delivered by individual pharmacies in isolation to a community-wide system for ensuring access to medicines and pharmacist services.

2. Significant challenges currently facing the pharmacy profession in Japan

Although the overall number of pharmacists in Japan has been increasing, the following three issues are considered particularly important in light of population ageing and decline, changes in the healthcare delivery system, and continuing instability in the supply of medicines.



Geographic and sectoral distribution of pharmacists for a sustainable community pharmaceutical care and medicines supply system:
There are geographic and sectoral disparities in the distribution of pharmacists, and securing an adequate number of hospital pharmacists, in particular, has been identified by the government as an urgent issue. In areas affected by population decline and depopulation, it is also becoming increasingly difficult for individual pharmacies to independently provide the full range of services required, including home-based care, after-hours and holiday services, and the maintenance of adequate medicine stocks.
It is therefore important to transition towards a system in which local pharmacist associations serve as a hub for collaboration among pharmacies, local authorities, and health and long-term care professionals, so that essential medicines and pharmacist services can be secured at the community level. In 2025, the Japan Pharmaceutical Association developed an "Action List for Strengthening Community Pharmaceutical Care and Medicines Supply Systems" and has been promoting this approach nationwide.



Providing individually optimised pharmacotherapy while ensuring the safe and appropriate use of medicines, and demonstrating the value and outcomes of pharmacist services:
Pharmacists are increasingly expected to perform patient-centred roles beyond dispensing, including home-based care, follow-up after dispensing, polypharmacy management, interprofessional collaboration, and health promotion and disease prevention. Going forward, it will be important not only to further expand these activities but also to objectively evaluate and demonstrate the outcomes of pharmacist interventions, including their impact on medication safety, treatment adherence and continuity, quality of life, avoidance of hospitalisation, and the efficient use of healthcare resources.

The 2025 amendment to the Pharmaceuticals and Medical Devices Act also identified the strengthening of pharmacy functions to ensure the appropriate provision and use of medicines as an important policy priority.



Ensuring a stable supply of medicines and continuity of treatment during medicine shortages:
In recent years, Japan has continued to experience shortages in the supply of prescription medicines, and the government has continued to require or request manufacturers to monitor and report supply shortages and to cooperate in maintaining a stable supply.
Pharmacists are expected to help maintain patients' access to necessary pharmacotherapy even under supply constraints through appropriate inventory management, collaboration within the community, consideration of alternative medicines and recommendations to prescribers, and communication with patients. Going forward, it will be important to strengthen information sharing and supply systems not only at the level of individual pharmacies, but also at regional and national levels.

3. Reimbursed pharmacy services beyond dispensing

In Japan, under the public health insurance and long-term care insurance systems, professional services provided by community pharmacists are reimbursed in addition to the preparation and supply of medicines. These include patient-centred pharmaceutical care, medication management, and interprofessional collaboration.

Examples include:
- **Home-based pharmaceutical care:** Pharmacists visit patients' homes or residential care facilities to assess medication use, adverse effects, unused medicines, and medicine storage, provide medication counselling, and share relevant findings with physicians and other health and long-term care professionals. These services are reimbursed under either the public health insurance or long-term care insurance system.
- **Continuous medication follow-up:** Following dispensing, pharmacists may continue to monitor patients' medication use, treatment response, and adverse effects as necessary, and provide relevant pharmaceutical information to prescribers and other healthcare professionals. Such follow-up activities are financially recognised within the reimbursement system.
- **Interventions related to polypharmacy, duplicate medication use, drug interactions, and unused medicines:** Pharmacists assess a patient's overall pharmacotherapy and, where appropriate, make recommendations to prescribers regarding dose reduction, discontinuation, or modification of prescriptions. These professional interventions may be reimbursed.
- **Information sharing and coordination with healthcare institutions:** Pharmacists may provide pharmaceutical information on medication use, adverse effects, adherence, and other relevant issues to healthcare institutions, particularly during hospital admission and discharge or during outpatient treatment, in order to support continuity of pharmacotherapy. These activities are also recognised within the reimbursement system.
- **Specialised pharmacotherapy follow-up:** For patients receiving specialised treatments, such as anticancer pharmacotherapy, community pharmacists may continuously monitor medication use and adverse effects and share the findings with the treating medical institution. Such collaborative and specialised pharmaceutical care is financially recognised.

These services are primarily financed through Japan's universal health insurance reimbursement system and long-term care reimbursement system. This reflects the evolution of pharmacy remuneration in Japan from payment solely for the preparation and supply of medicines towards recognition of pharmacists' professional services, including continuous patient management, home-based care, interprofessional collaboration, and optimisation of pharmacotherapy. Under the Ministry of Health, Labour and Welfare's reimbursement framework, pharmaceutical management for home-based patients and information sharing with medical institutions are among the services separately recognised for reimbursement.
Note: In Japan, many of these professional services are formally reimbursed within the broader dispensing reimbursement framework.

4. Current projects and priorities aligned with FIP Developmental Goals

FIP DG8 Working with others: Within the community-based integrated care system, efforts are being made to promote collaboration among pharmacies and pharmacists, medical institutions, home-visiting nursing services, long-term care providers, and other relevant professionals in order to support seamless pharmacotherapy across outpatient care, hospital admission and discharge, and home-based care. In addition, based on the Japan Pharmaceutical Association's "Action List for Strengthening Community Pharmaceutical Care and Medicines Supply Systems," initiatives are being promoted to establish community-level systems for the provision of medicines through collaboration not only among individual pharmacies, but also among prefectural and local pharmacist associations, local authorities, and other healthcare professionals.

FIP DG18 Access to medicines, devices, and services: Even as populations decline, the country faces depopulation, and the geographic maldistribution of pharmacists progresses, efforts are being made to ensure that residents can continue to access the medicines and pharmacist services they need. These efforts include strengthening home-based pharmacy services, after-hours and holiday services, collaboration among pharmacies, and community-level medicine supply systems. These initiatives can be regarded as efforts to reduce regional disparities in access to healthcare and to ensure equitable access to necessary medicines and pharmacist services.

FIP DG19 Patient safety: Continuous pharmaceutical management tailored to each patient's condition and living environment is being promoted through post-dispensing follow-up, home visits, measures to address polypharmacy, management of unused medicines, and the provision of pharmaceutical information to physicians and other healthcare professionals. In addition, the Health Promotion Support Pharmacy framework established under the 2025 amendment to the Pharmaceuticals and Medical Devices Act indicates a direction toward expanding the role of pharmacies beyond disease treatment to include health consultations, support for self-care and self-medication, prevention, and recommendations for medical consultation when necessary, thereby supporting local residents from an earlier stage.

FIP DG20 Digital health: Efforts are also being made to advance healthcare digital transformation, including the use of electronic prescriptions and online eligibility verification. With patients' consent, prescription and dispensing information and other relevant data can be shared between medical institutions and pharmacies, helping to identify duplicate medication use and drug interactions and contributing to safer and more continuous pharmacotherapy.

FIP DG18 Access to medicines, devices and services, DG5 Competency development and DG13 Policy development: In order to maintain access to medicines and pharmacist services during disasters, the Japan Pharmaceutical Association, prefectural pharmacist associations, and other relevant organisations are working to strengthen regional pharmaceutical emergency response systems, including the training of disaster pharmaceutical coordinators and arrangements for temporary dispensing sites during disasters. The Japan Pharmaceutical Association is also developing operational guidelines and related measures to enable mobile pharmacies, which are increasingly being deployed in Japan, to be used more effectively and efficiently during disasters.



DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from analysis of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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