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Strengthening Vaccine Policy for Healthy Aging and Economic Growth in Japan





Executive Summary

Japan is a country with a low birthrate and high proportion of older adults. Every year, the ratio of older adults to young people is increasing. However, many of the policies that propelled Japan to success from the second half of the 20th century were developed during a time in which the majority of Japanese people were still young—including the policies governing Japan’s healthcare system. Are those policies, developed for a younger population, still suited to the realities of super-aging Japan? This report aims to spur discussion toward an answer to that question for one aspect of the healthcare system in particular: Japan’s policies around adult vaccines.

In order to promote better understanding of this issue, Global Coalition on Aging (GCOA), Health and Global Policy Institute (HGPI) and the Asia-Pacific Coalition for Healthy Aging and Adult Immunization (AP-CHAAI) came together to examine two questions:

- What can recent academic research tell us about the benefits and value of adult vaccines to super-aging Japan?
- What debate has there been on adult vaccine policies within Japan over the past few years?

Throughout the last quarter of 2025, we conducted a review of over 100 policy documents, policy recommendations, policy reports, academic papers, and gray literature articles. We found a growing evidence base suggesting that the benefits of adult vaccines are being underutilized in Japan, as well as broad-based support for policy solutions to expand adult vaccine uptake. Key findings included:

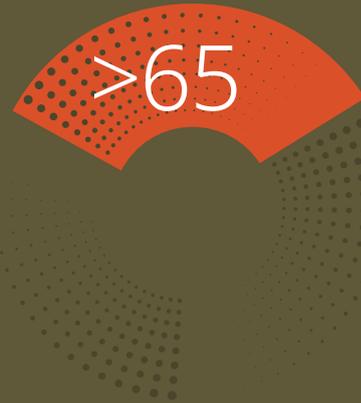
1. Japan’s current adult vaccine policies are not fully aligned with expert research and recommendations. Japan could benefit from adult vaccines more than it currently is.
2. Japan’s current adult vaccine policy places a disproportionate burden on fiscally constrained local governments and individuals, undermining equitable access to vaccines.
3. Vaccine financing reform is needed to ensure equitable access to adult vaccines. Reform would bolster Japan’s leadership on the promotion of Universal Health Coverage.

The following report provides a detailed explanation of our work and these findings.

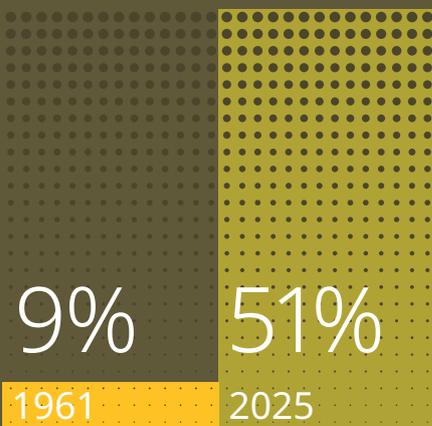
More than half of the population of Japan is over the age of 50



Almost one-in-three Japanese citizen is over 65



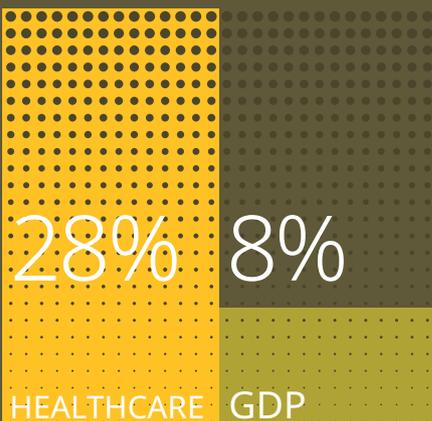
Japan's population dependent on support by those 18-64 year old



Japan has third-highest annual healthcare expenditure among OECD economies



Increase in healthcare expenditure compared to GDP growth rate in Japan, 2008-2019



Introduction

Japan is old and continuing to grow older. Nearly half of the population is over the age of 50, and almost one-in-three is over 65.^{1,2,3} When Japan achieved universal healthcare in 1961, just over 9% of the population was older and dependent on support by the working-class population ages 18-64. Today, that number is over 51%.^{4,5} As the older population increases, the costs of supporting that population are increasing as well. Japan has the highest average length of hospital stay and third-highest annual healthcare expenditure among Organisation for Economic Co-operation and Development (OECD) member economies,⁶ and in the ten-year period between 2008 and 2019, Japan's spending on healthcare exceeded gross domestic product (GDP) growth by 20%.⁷ In order to reduce spending and bolster economic growth as the population ages, it is imperative for Japan to keep its older adults healthy and productive for longer.

Expanding the use of adult vaccination will be a key driver of this goal and the growth of Japan's broader silver economy. The evidence cited in this report from Japanese and international researchers implies that adult vaccination can offer benefits to older populations beyond just the prevention of infectious disease. There is growing evidence to suggest that the prevention of infection by adult vaccines may reduce healthcare resource use,⁸ increase productivity,⁹ and mitigate negative impacts from even non-infectious diseases.^{10,11}

Across government councils, academic institutions, and healthcare organizations, the majority of documents examined point toward the opinion that adult vaccination is an essential yet underutilized pillar of Japan's healthy-aging strategy. To better record and understand this developing body of thought, the Global Coalition on Aging (GCOA), the Asia Pacific Consortium for Healthy Aging and Adult Immunization (AP-CHAAI), and Health and Global Policy Institute (HGPI) conducted a comprehensive landscape analysis of Japan's vaccination policy, expert perspectives and their implications for economic and social resilience, as well as healthier aging.

Drawing on extensive literature in both Japanese and English, this report synthesizes the collective insights of Japan's leading experts and institutions. It reflects years of research, policy debate, and institutional recommendations that converge toward a shared conclusion: Japan is undervaluing adult vaccination. What follows is an aggregation of evidence and opinion from within Japan's expert community, underscoring that the case for adult vaccination is both recognized and urgently actionable.

Key Findings

1. Japan's current adult vaccine policies are not fully aligned with expert research and recommendations. Japan could benefit from adult vaccines more than it currently is.

There is a wealth of evidence testifying to the burden that adult vaccine-preventable diseases place on the health of older Japanese adults.¹²⁻¹⁸ Many of these same studies and others suggest that the promotion of adult vaccines may produce benefits for older adults and Japanese society at a level exceeding their costs, especially when accounting for productivity loss from vaccine-preventable diseases.¹⁹⁻²⁵ Numerous policy documents and recommendations, including some issued by the government, recognize that adult vaccines are useful for the protection and promotion of the health of older adults.²⁶⁻³⁹ However, despite this discourse on the value of adult vaccines and support for them, lack of public financing at the national level, among other issues, has led to a situation in which research suggests that, outside of the COVID-19 vaccine, only around half of older adults nationwide have actually received adult vaccines,⁴⁰ with lowered uptake rates even among the frail and those who find activities of daily life challenging—older adults who would benefit from vaccines the most.^{41,42}

2. Japan's current adult vaccine policy places a disproportionate burden on fiscally constrained local governments and individuals, undermining equitable access to vaccines.

Japan's bifurcated vaccine financing system places a disproportionate burden for the funding of adult vaccines on individuals and local governments, undermining equitable access.⁴³ Vaccines in Japan are classified into one of two categories. While the specific requirements and characteristics of the categories vary, most pediatric vaccines are "Category A" vaccines, while adult vaccines are all classified as "Category B." Under Category A, it is mandated that about 90 percent of the costs of vaccination be covered by funds issued by the national Government to support municipal governments.⁴⁴ However, Category B, vaccines receives only about 30 percent support from the national government.⁴⁵ The remaining costs fall to municipalities and individuals. While municipalities may offer additional, localized subsidies to encourage vaccination, municipalities with older, lower-income populations are often those least able to do so.⁴⁶ This system has led to regional disparities in out-of-pocket (OOP) payments and uptake rates.⁴⁷

3. Vaccine financing reform is needed to ensure equitable access to adult vaccines. Reform would bolster Japan's leadership on the promotion of Universal Health Coverage.

Japan's commitment to UHC is rooted in postwar principles of equitable access for all citizens that were integrated into the nationwide health insurance system established in 1961.^{48,49} Japan's health system is built around the ideal that anyone should be able to receive the healthcare they need; and Japan has long been a leader in promoting this ideal and UHC more broadly. However, under Japan's current policies, this ideal does not extend to adult vaccines. Under the Immunization Act, the promotion of preventative interventions like vaccines are, in general, not the responsibility of the national health system, but are instead the remit of municipal governments.⁵⁰ Effectively, this means that, despite conformity in pricing for other kinds of healthcare, the cost and availability of adult vaccines can vary greatly from one municipality to the next. These disparities create inequity in vaccine access, hindering the ability of some older adults to enjoy the full benefits of UHC in Japan. As such, additional support for vaccines from the national government presents an opportunity not only to promote healthy aging, but also to strengthen its leadership in advancing UHC.



Review of Existing Evidence

To better understand Japan's vaccination landscape, we reviewed over 100 policy documents, policy recommendations, policy reports, academic papers, and gray literature articles published by Japanese and international organizations. Although a level of publication bias may exist, we nevertheless see some themes in published literature that is worth noting. Among the academic works, two consistent themes emerged:

There is a growing recognition of the socioeconomic value of adult vaccines and their ability to prevent diseases that impact healthy aging, workforce productivity, fiscal sustainability, and economic growth.

1.

Research indicates the presence of structural and financial barriers that are limiting adult vaccination uptake.

2.

Example Cost of Vaccine-Preventable Infections (RSV)

RSV cases among older adults in Japan annually,
according to 2023 study estimate

Cost of RSV cases in direct medical expenditures

65,000 > 61.5B^{JPY}

Estimated Benefit of Adult Vaccine Investment

Lifetime net benefits of adult vaccine programs

Productivity losses avoided

113T^{JPY}

100B

Example adult vaccines investment

Expected return to the Japanese economy
in 2030 based on the example investment

100M^{JPY} > 1.8B^{JPY}

Socioeconomic Value of Adult Vaccines

Numerous studies highlight the health and economic burdens that vaccine-preventable infections such as shingles, pneumococcal disease, respiratory syncytial virus (RSV), influenza, and COVID-19 impose on Japan and its aging population.⁵¹⁻⁵⁸ For instance, one study suggested that seasonal influenza may impact approximately 4% of the older adult population every year, resulting in 181 hospitalizations per 100,000.⁵⁹ In RSV, a 2023 analysis estimated that Japan saw roughly 65,000 RSV cases among older adults annually, accounting for approximately JPY 61.5 billion in direct medical expenditures.⁶⁰ A study on pneumococcal disease estimated that there are nearly 2 million new pneumonia cases in Japan each year, predominantly among those over age 65.⁶¹

Furthermore, vaccine-preventable diseases also affect, and are impacted by, other health conditions.

Evidence suggests that those living with NCDs are at higher risk to contract vaccine-preventable diseases, and with more severe symptoms.^{62,63} Likewise, NCDs can be worsened by vaccine-preventable diseases, leading to dire outcomes.^{64,65} Adult vaccines may also help alleviate the threat of antimicrobial resistant (AMR). Research suggests that adult vaccines can help reduce the spread of AMR by reducing the number of infections that an older adult receives, and thereby reducing their probability of contracting an opportunistic multi-drug resistant infection.⁶⁶

By preventing both these potential short-term and long-term issues, adult vaccines create significant value for Japan. Recent cost-benefit analyses by Japanese and international experts demonstrate the substantial societal and economic value of adult vaccine programs:

- Lifetime net benefits exceeding JPY 113 trillion,
- Nearly 3 million hospitalizations averted, and
- JPY 100 billion in productivity losses avoided.⁶⁷

Adult vaccine programs are estimated to yield high returns: analyses show that vaccines targeting pneumococcal disease, RSV, influenza, and COVID-19 collectively deliver an 18:1 return within five years and a 20:1 lifetime return.⁶⁸ This means that if an additional 100 million yen was invested in adult vaccines today, we would expect a return to the Japanese economy of 1.8 billion yen in 2030.

By helping to reduce hospitalizations, prevent severe illness, and minimize productivity losses, vaccination programs can reduce healthcare expenditures and create broader macroeconomic gains for Japan's health system and workforce.

Structural Barriers

Originally established under the Immunization Act of 1948, Japan's immunization system has faced increasing difficulty in responding to growing challenges, including demographic transitions and advances in technology.⁶⁹ The primary structural barriers mentioned in research related to this topic can be broadly grouped into three domains:

1. Vaccine Classification and Financial Inequity
2. Implementation Burden and Local Disparities
3. Administrative Constraints

Vaccine Classification and Financial Inequity

Under Japan's current classification system, vaccines are designated as preventing either Category A or Category B diseases.⁷⁰ According to the Immunization Act, Category A is designed for "diseases against which vaccinations are deemed a required necessity to prevent an outbreak and a spread from person to person, or to prevent an outbreak or a spreading as the condition of a person infected can become serious or will likely become serious."⁷¹ In contrast, Category B covers "diseases against which vaccinations are deemed a required necessity to prevent individuals from developing the disease or the condition from getting worse, and to contribute to preventing the disease from spreading."⁷²

Japan's vaccine categorization system—all subsidized adult vaccines cover diseases in Category B.⁷³

CATEGORY A DISEASES

Rotavirus

Diphtheria

Tetanus

Pertussis

Acute Poliomyelitis (Polio)

Hib Infections

Pneumococcal Disease in Children

Hepatitis B

Tuberculosis (BCG)

Measles

Rubella

Varicella

Japanese Encephalitis

Human Papillomavirus (HPV) Infections

CATEGORY B DISEASES

Seasonal Influenza

COVID-19

Pneumococcal Disease for Older Adults

Shingles

For vaccines targeting Category A diseases, it is mandated that about 90 percent of the costs of vaccination be covered by funds issued by the national Government to support municipal governments.⁷⁴ However, the subsidy rate for Category B diseases is only 30%, placing a significant financial burden on municipalities and individuals. Furthermore, while municipalities are required to notify residents of eligible age for Category A vaccinations, such notification is not mandated for Category B. Reflecting these differences, uptake rates are commonly 90 percent or higher for Category A vaccines, but as low as 50% for Category B vaccines.^{75,76} Currently, no adult vaccines are classified under Category A, which effectively means that there is less financial support available for those who want to receive an adult vaccine.

Implementation Burden and Local Disparities

Japan's vaccination financing structure places a disproportionate burden on municipal governments, many of which lack the fiscal capacity to maintain vaccination programs. Although the national Government provides partial subsidies, any costs not covered by that money are expected to be either subsidized by municipal governments or paid for by individuals. This can result in a significant cost burden for individuals, particularly for Category B vaccines, including all adult immunizations.⁷⁷

This municipality-led model creates cost inequities between wealthier and poorer regions. Municipalities with older, lower-income populations are often those least able to fund vaccine programs.⁷⁸ There is some limited evidence to suggest that lower out-of-pocket costs lead to increased vaccination, and hence, that immunization rates in municipalities with less subsidies are hindered. A study on municipal policies around COVID-19 vaccines found that lower costs for individuals were significantly associated with higher uptake rates.⁷⁹ Similarly, research related to pneumococcal vaccine found an approximately 3% decrease in vaccine uptake for every 1,000 yen increase in the out-of-pocket costs for individuals.⁸⁰ Furthermore,

media reports around the time of the addition of adult shingles vaccines to Category B suggest that the addition of 30% national subsidies increased uptake.^{81,82} Given the low level of subsidies available for Category B adult vaccines, this evidence suggests that vaccines are less accessible to older adults with lower income, raising fundamental questions about the fairness of a system that ties health protection to the financial capabilities of municipal governments.

Administrative Constraints

Even when adults wish to be vaccinated, access can be difficult. Japan's vaccination delivery system remains highly centralized and medically restricted, limiting both convenience and coverage. Vaccinations can only be administered by licensed physicians or nurses under medical supervision, effectively excluding pharmacies, workplaces, and other community settings that could expand reach.⁸³ Unlike with pediatric vaccines, older adults themselves are asked to find their own clinic and schedule their own appointments for adult vaccines, without necessarily receiving any reminders or guidance from municipal governments. It has been suggested in research that the need to manage one's own vaccine status, clinic hours limitations, and appointment requirements lower older adult vaccine uptake rates.⁸⁴ In many municipalities, only a small number of clinics offer adult vaccines, and advanced reservations are often required.⁸⁵



Review of Policy Positions

The comprehensive literature search conducted for this report identified 19 domestic and international policy reports and recommendations that specifically discuss adult vaccine policy in Japan over the past five years (2020-2025). All documents recognized adult vaccines as useful for the protection and promotion of the health of older adults.⁸⁶⁻¹⁰⁵ None of the policy reports and recommendations on this topic expressly disagreed with each other, though some documents cover topics that others do not. Not every document went as far as to comment on specific policies governing adult vaccines. Among those that did, we see a few general trends in recommendations:

1. Clarify conditions for inclusion in the routine immunization schedule and review the positioning of one or more Category B diseases under the Immunization Act.^{106,107,108}

2. Unify national and local financing mechanisms to eliminate disparities in vaccination access across municipalities.¹⁰⁹⁻¹¹⁴

3. Strengthen preventive health policies to sustain Japan's health-care system and advance its silver economy through higher adult vaccination rates.^{115,116,117}

Clarify the conditions for inclusion in the routine immunization schedule and review the positioning of Category B diseases under the Immunization Act.

Some recommendations and reports comment on the legal definitions of routine immunization and the positioning of Category B vaccines in Japan's health system as a barrier for greater vaccine uptake.^{118,119,120} There is evidence to suggest that the inclusion of a vaccine in Japan's routine immunization schedule can greatly increase uptake,¹²¹ and yet, some recommendations argue that the process by which a vaccine gets included in this schedule is not always clear.^{122,123} Furthermore, the requirements for Category B disease vaccines in the Immunization Act differ from Category A disease requirements.¹²⁴ For example, municipalities are not required to send notices about vaccine availability for Category B disease vaccines,¹²⁵ potentially reducing the ability of older adults to find out about and access vaccines. On the other hand, in some cases the majority of municipalities are sending out notices anyway,¹²⁶ raising the question of whether the definitions in the Immunization Act still make sense.

Unify national and local financing mechanisms to eliminate disparities in vaccination access across municipalities.

Some policy documents recommend increased national-level funding for B-category disease vaccines,¹²⁷⁻¹³² with a few noting that the current cost-sharing framework places an excessive burden on municipalities or individuals,¹³³⁻¹³⁶ and this may lead to gaps in vaccination rates across localities.¹³⁷

Under the present structure, national government funds cover roughly 90 percent of Category A vaccine costs.¹³⁸ In contrast, Category B vaccines—which include all available adult immunizations—receive only limited





national support, forcing municipalities and individuals to finance most costs.¹³⁹ Many policy documents from Japanese and international research bodies argue that enhanced national funding could improve uptake.^{140,141,142} One option would be to reclassify Category B vaccines in the Immunization Act as being “within the jurisdiction of local government” to “legally entrusted administrative duties.” This would enable direct national treasury contributions and ensure uniform financing and delivery across all regions.¹⁴³

While a small number of municipalities have introduced voucher-based systems for Category B vaccines, these remain geographically limited and financially unstable. Research indicates that local variation in health-care resources hinders vaccination equity nationwide broadly.^{144,145} The establishment of a national financing framework for adult vaccines could create predictable funding streams for adult immunization, ensuring that access is determined by public health need rather than geography or local financial capacity.

Strengthen preventive health policies to sustain Japan’s healthcare system and advance its silver economy through higher adult vaccination rates.

A few recommendations and reports highlight the role that adult vaccines can play in strengthening Japan’s silver economy (i.e. economic activities by older workers).^{146,147,148} As noted earlier in the report, there is growing evidence showing that the benefits of adult vaccines to older workforces may extend beyond just their ability to prevent the infectious diseases.^{149,150} There is also some emerging work suggesting that the return to society in terms of productivity gains from increased adult vaccine uptake may be substantial.¹⁵¹ All of this indicates that when funding vaccines, health systems are not just protecting health, they are also investing in the longevity and productivity of their populations.



Conclusion

This joint GCOA, HGPI, and AP-CHAAI report was an examination of the current state of debate around adult vaccines in Japan, both academically and politically.

Japanese older adults now technically have access to more adult vaccines than ever before. But how does this help them, and can they realistically access adult vaccines if they want them, free of barriers? As more adult vaccines are released over time, greater research and political effort is being put toward answering these questions.

Recent research shows growing recognition of the socioeconomic value of adult vaccines and their ability to prevent diseases that impact healthy aging, workforce productivity, fiscal sustainability, and economic growth. Furthermore, both research and policy analyses from recent years have highlight the structural and financial barriers that limit adult vaccination, especially under Japan's two category vaccine system. The benefits are known, but there are still real barriers to adult vaccine uptake.

These barriers, listed up, can be categorized as vaccine classification and financial inequity issues, implementation burden and regional disparity related issues, and administrative constraints. Underscoring all of the issues is the problem that adult vaccines do not receive the same level of national financial support that pediatric vaccines do. Many municipalities are stepping up to fill the gap, and more needs to be done to support them. However, further encouragement of municipal actions will not necessarily solve fundamental issues with vaccine access inequity.

What can be done about the barriers to increased adult vaccine uptake? There are many potential solutions, and many organizations that have weighed in on this issue. Among the policy proposals released to this point, a few common priorities have been put forth:

1. Clarify conditions for inclusion in the routine immunization schedule and review the positioning of one or more Category B diseases under the Immunization Act.
2. Unify national and local financing mechanisms to eliminate disparities in vaccination access across municipalities.
3. Strengthen preventive health policies to sustain Japan's healthcare system and advance its silver economy through higher adult vaccination rates.

It may well be time to consider some of these proposals. As Japan continues to age, the importance of its older workers and silver economy will only continue to increase. Adult vaccines could prove to be an important tool not only for healthy aging, but for the continued prosperity of Japan as well.

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The Asia-Pacific Consortium for Healthy Aging and Adult Immunization (AP-CHAAI) is a pioneering initiative dedicated to improving adult vaccine access and uptake across the Asia-Pacific region. By bringing together leading public and private sector experts, AP-CHAAI aims to break through the knowledge and policy barriers that hinder adult immunization, particularly for infections like respiratory syncytial virus (RSV) and shingles, which pose a growing threat to healthy aging.

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The Global Coalition on Aging aims to reshape how global leaders approach and prepare for the 21st century's profound shift in population aging. GCOA uniquely brings together global corporations across industry sectors with common strategic interests in aging populations, a comprehensive and systemic understanding of aging, and an optimistic view of its impact. Through research, public policy analysis, advocacy, and strategic communications, GCOA is advancing innovative solutions and working to ensure global aging is a path to health, productivity and economic growth.

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Health and Global Policy Institute (HGPI) is a Tokyo-based, independent, non-profit, and non-partisan health policy think tank established in 2004. Since its establishment, HGPI has been working to realize citizen-centric health policies by gathering together diverse stakeholders and developing policy recommendations. HGPI is committed to serving as a truly independent organization that can provide society with new ideas from a broad, long-term perspective in order to foster fair and healthy communities. HGPI looks forward to continuing to partner with people from all around the world as we continue our work for the development of effective health policy solutions for Japanese and global issues.

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