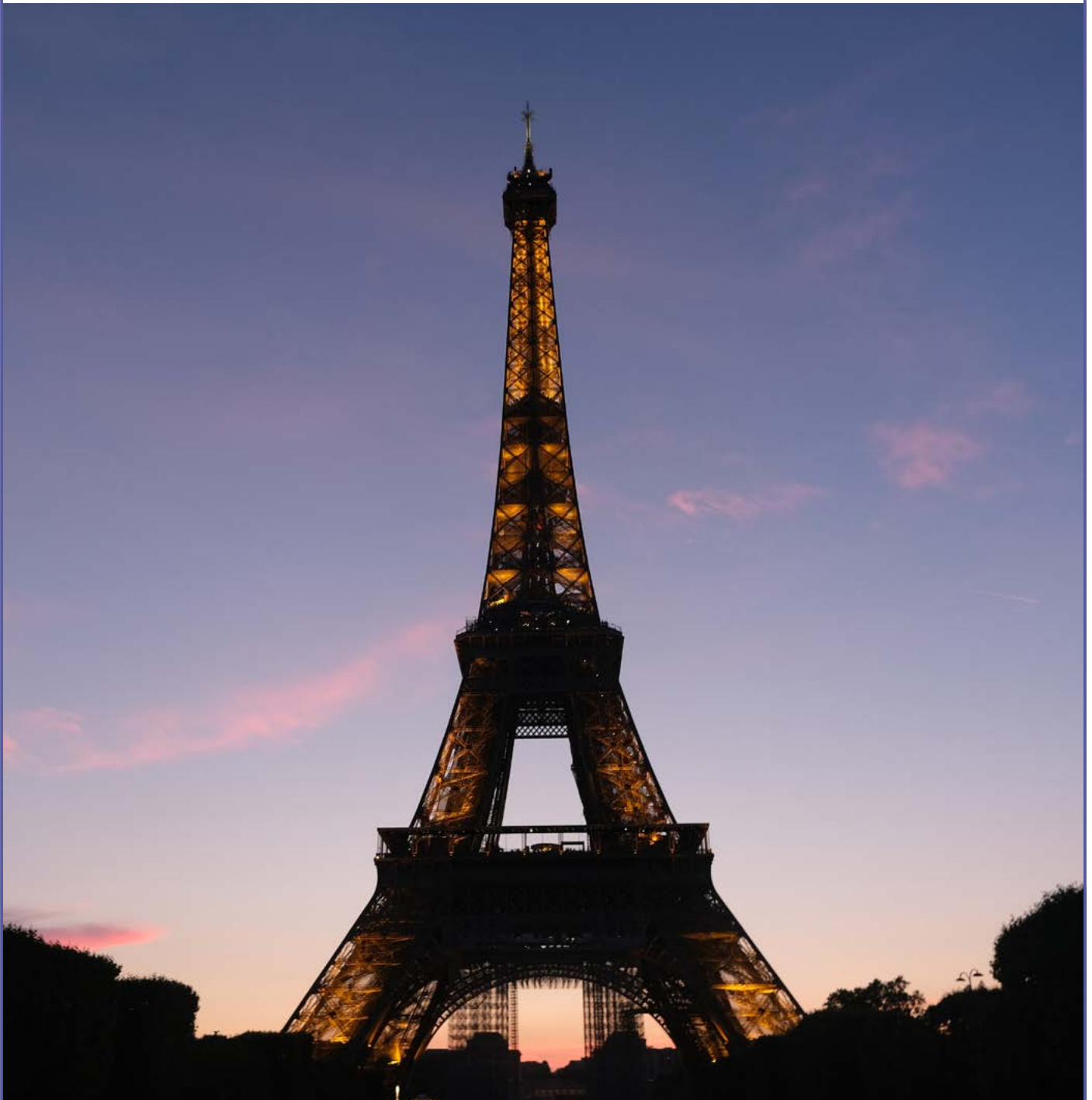


THE NEWZ

English Ver.

03

January 2023



Differences Between **Japanese** And **Foreign** Healthcare Systems

From The Perspective Of University Students Studying Abroad

THE NEWZ

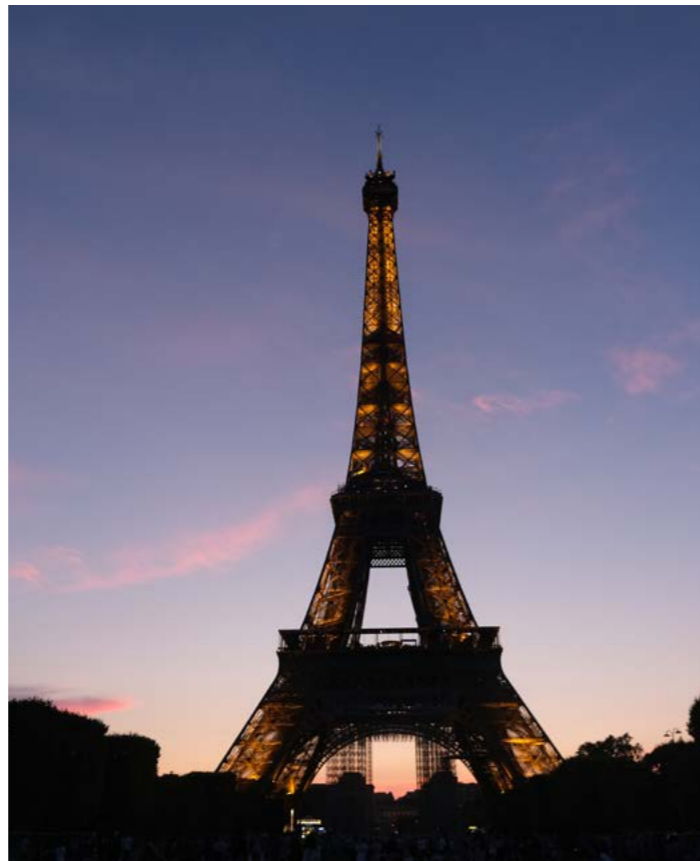
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Location: Eiffel Tower, Paris, France Photographer: Kanna Yamazaki

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About The NewZ

The Japanese have had opportunities to enjoy medical care under the universal health insurance system. However, with the declining birthrate and aging population, the burden of social security costs on the younger generation is expected to increase, and the corona disaster has revealed the weak points of Japan's healthcare system. Therefore, there is a growing need to review it. In addition, the voices of patients are less likely to be reflected in healthcare policies and the number of young people who desire to participate in the design of the healthcare system is increasing.

Considering the current situation, Institute for New Era Strategy (INES) and Japan Counselors (JC) have decided to publish a monthly report to provide an opportunity for young people to think about the future of the social security, medical insurance system, and the healthcare system.

Students studying abroad will gather information on episodes that symbolize the differences between the local healthcare system and the Japanese healthcare system, and write reports in both Japanese and English.

The title, "The NewZ," was created with the "Generation Z" in mind. The NewZ is a newsletter whose entire process, from project launch to writing and editing, has been performed by "Generation Z" college students.

We hope that you will have an interest in the healthcare system of your generation and the future.



Japanese Ver.

Generic Drugs in the United States

Kana Hashizume

Lindenwood University, United States



One thing I was surprised about in the United States is that there are various drugs at pharmacies. At famous U.S. pharmacies, CVS and Walgreens, there are many medicines that Japanese drug stores do not have. I also realized that U.S. pharmacies have more generic drug options for OTC(over-the-counter products). Today, I would like to introduce the differences in generic drug penetration in the United States and Japan.

The US medical care cost is much higher than in other countries so most citizens do not see a doctor when they only have mild cold or pain symptoms and instead, OTC products to treat such light symptoms. I have purchased drugs for cold and

pain relief at CVS when I got such symptoms. When I was looking for a cold relief medicine, I noticed many comparable products to brand ones. For instance, I found a drug for colds, which VICS sold, but right next to it, I also found almost the same package of VICS, but CVS sold it. I was confused about which one I should get. The generic one was slightly cheaper than the VICS one. Ingredients were the same, so I was fairly sure it did not matter if I purchased the generic one; however, I was scared to take U.S. medicines because some are stronger than Japanese ones. At the time, I ended up buying the VICS one since I could trust VICS more than CVS generic products.

Japanese penetration rate and US penetration rate of generic drugs

In the United States, 90% of prescription drugs are replaced with Generic medications while in Japan, 79% of prescription drugs are replaced with generic medicines.

First, as I mentioned in the last article, the US medical care cost is expensive; prescription costs are also higher than in other countries. The US prescription is 2-6 times more costly than in other countries. The reason is that the United States invests enormous amounts of money in innovating medicines.

In 2019, the cost of a prescription per person in the United States was \$1,615. For instance, Lantus, a drug for people diagnosed with diabetes to control blood sugar, was \$419 for five syringes, while the five syringes of Lantus cost only \$55(2019) in

South Africa. In Japan, Lantus costs 8,360 yen for three needles, but Japanese citizens can use their insurance which covers 70%, and the cost would be one-third.

In contrast to other countries, the U.S. government does not regulate costs for medicine, so pharmaceutical companies can decide on drug costs based on how much they have spent on research. When pharmaceutical firms create new drugs, pharmaceutical manufacturers invest enormous funds to prove the safety and effect of the drugs again and again. After pharmaceutical companies innovate new drugs, they begin to have a monopoly in selling their drugs, and other drug companies are allowed to make the same or similar products during a patent term. As a result, rare drugs can cost a lot.

Formulary List

A formulary list is a list written about what individuals' insurance can and what medicines cannot be covered as well as the cost of medications. If the formulary list of your insurance company does not list your prescription, the cost would not be covered. The formulary list updates

regularly and adds covered medicine. On the formulary list, if a drug has both a generic and original drug, most insurance covers generic ones, not the original ones. That is why the U.S. penetration rate of generic drugs is higher than in Japan.

Brand Drug and Generic Drug

A brand drug is a drug that is sold by a pharmaceutical company that innovated as original drugs. In contrast, another company sells a generic drug after the drug's patent term expires. Same as brand name medicine, generic drugs also are reviewed and approved by the FDA, so the effect and safeness are the same as brand medicines.

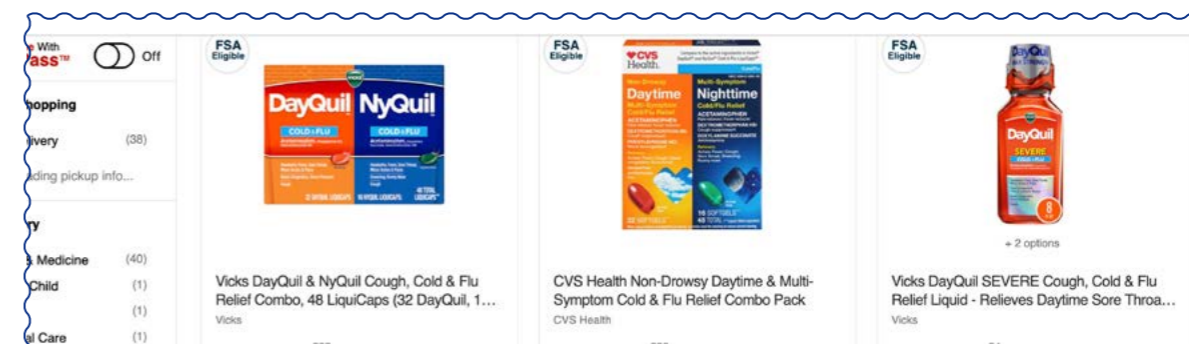
When companies sell generic medicines, the generic drugs must have the same name and volume. Generic drugs are cheaper than the brand ones because applicants for generic medications do not need animal testing and clinical investigation repeatedly. In general, generic medicines are 20%-70% more affordable than brand medicines.

What are FDA and CDER?

FDA stands for "Food Drug Administration," and when individuals sell or export medicines in the U.S., they need the approval of the FDA. They also need CDER (Center for Drug Evaluation and Research) permission. Both brand medicines and generic drugs should be approved by FDA and CDER to

be sold and exported. The acceptance by both institutions is vital, and if pharmaceutical companies sell or export drugs without approval by FDA and CDER, they might be imprisoned.

On the CVS website, you can see both brand and generic drugs have FDA labels on those pictures.



Picture: CVS Online Site: The VICKS product and the generic VICKS on the picture have FDA marks.

Before coming to the United States, I always went to see a doctor to get medicines when I had a cold or skin problems, even though those symptoms were mild. At dermatology, dermatologists often recommended generic drugs. Since I had Japanese medical insurance covering 70% of medical care costs and never experienced expensive medical cost, I did not care about generic drugs and brand name medicine. In Japanese drug stores, I had

never seen a lot of generic medicines, so I was surprised that U.S. pharmacies provided many generic medicines, a different aspect of the medical care system between Japan and the United States. However, when I buy medicines at a U.S. pharmacy, I still fear strong medicines which is why I always purchase brand-name medicines. If I need medicines in the U.S. in the future, however, I will try generic medicines.

Is Abortion a Right?

Yuika Ikeda

University of Washington, United States



The State of the Abortion Issue in the U.S.

In June 2022, the U.S. Supreme Court overturned a 49-year-old decision that abortion is a women's constitutionally recognized right.

The basis for allowing abortion in 1973 was the Fourteenth Amendment to the U.S. Constitution. Although the Constitution does not explicitly state the right to abortion, the U.S. Supreme Court ruled that a woman's decision to have an abortion falls within her right to privacy in deciding her personal affairs. This became a precedent, and since then, abortion has been considered women's constitutionally recognized right.

Recently, however, a series of laws have been passed in the southern United States and other areas where there are many Republican supporters who oppose abortion, on the grounds that a woman's life is more important than her right to decide for herself what happens to her own body, and that abortion has human rights as well.

And in one sentence of a new decision by a majority of the U.S. Supreme Court justices, there

is the following statement: "The Constitution grants the right to abortion. The Constitution does not confer a right to abortion; the 49-year-old decision is reversed." This means that whether to regulate abortion is not a constitutional issue but is left to each state to decide. For this reason, several states have enacted laws banning abortion in principle at the same time the Supreme Court issued its new decision.

In addition, the issue of abortion rights is said to be the key to victory in the U.S. midterm elections. According to an exit poll conducted by Reuters shortly after midnight EST on November 9, Republican voters said that inflation is the most important issue for them, while Democratic voters said that abortion is the most important issue for them. One in four voters overall also cite the issue of abortion as their top voting priority, and 61% of Americans say abortion should be legal in nearly all cases, according to a Pew Research Center survey.

Opinions on the Abortion Issue.

Abortion has been widely recognized as a woman's right in the United States until now. The state of Washington, where Seattle is located, is known as one of the most liberal states in the U.S. and is very tolerant of social issues such as LGBTQ. Therefore, the outcome of the recent court ruling on abortion has caused us great upset.

In June, there was a pro-abortion demonstration in downtown Seattle with chants of "Just Woman Supports. I attended the demonstration with my roommates and found it not to be what I had imagined, but a fun, festive, easy-to-attend event that also gave me a chance to think about my



Picture:Downtown Seattle



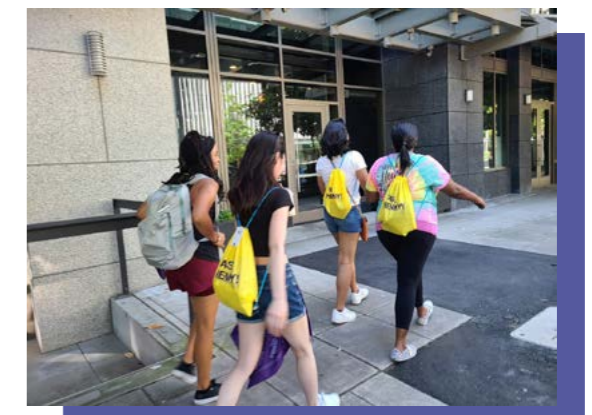
Picture:Seattle Abortion Advocates

views on abortion. The event consisted of a parade and demonstration on closed streets downtown, with food stands and stores along the side of the streets. Although the atmosphere was very friendly, I went home and talked with my roommates about how abortion is viewed in their country and how much public support is available for having or not having an abortion.

In Japan, abortion is available for women who are less than 22 weeks pregnant. I also told them that condoms are a method of contraception to prevent abortion and that the pill is not so mainstream in Japan (it tends to have a negative image). My roommate from India told me that it is similar to

Japan, with the right to an abortion up to 24 weeks gestation. However, the percentage of unwanted pregnancies in rural areas still seems to be high. On the other hand, two other roommates out of the four are from the United States. One is from Texas, where abortion is prohibited by state law, and she told me that if she needed an abortion procedure or abortion pills, she would have to travel to a legal state to obtain them. The other one was from Georgia, where it is illegal to have an abortion after 6 weeks of pregnancy, and she said she was afraid that this period would be even shorter or that having an abortion itself would become illegal.

I am an abortion advocate, but I understand the opponents' view that "abortion is murder. However, a child's life does not end after birth, and it would be cruel to deprive a woman of her right to choose abortion when the support system is not yet fully in place. Therefore, it is important to provide sex education at home as well as at school to prevent abortion while leaving the choice of abortion open and to establish financial and labor support systems after childbirth.



Picture:Demonstration with Roommates

The System of Accepting Foreign Nurses in the UK

Kanna Yamazaki

Working in London (Kanazawa University)



Hello! I am writing to you from London, where the snow has started to fall, the temperature has cooled down and the city has become a Christmas scene. Although this newsletter is published in mid-January, I am writing this article in mid-December, which is in the middle of the Christmas season. Before I get down to business, I would first like to tell you about the Christmas situation there. In the UK, Christmas lights and Christmas markets start in late November. Until recently, the streets of London were filled with the excitement of Halloween, but now you can see that the streets of London are all about Christmas. Everywhere you go in the city, Christmas songs are being played. In London, Christmas events and markets are held all over the city, but one of the most popular sites is the Hyde Park Winter Wonderland, which is only open during this time of the year. This amusement park encompasses a huge variety of attractions, including a large market, ice skating, mini-games, etc., offering more than 200 activities in total. Surrounded by these spectacular attractions in the illuminated venue, the twinkling lights, and the delicious-smelling market, you can almost feel as if you were in a dream.

Cosmopolitan City

With its diverse mix of people, London can undeniably be defined as a cosmopolitan city. The proportion of pure British citizens is so small overall that 14% of the UK population is foreign-born, and in London, they make up 35% of the population. In the café where I work, around 60% of my colleagues are immigrants, composed mainly of those from Eastern European countries. Generally, the

Percentage of Foreign Nurses

According to statistics published by the UK Parliament, 76% of nurses working in the NHS are British citizens, with the rest being foreign nurses. Overall, 14% of nurses are Asian nationals, 95% of



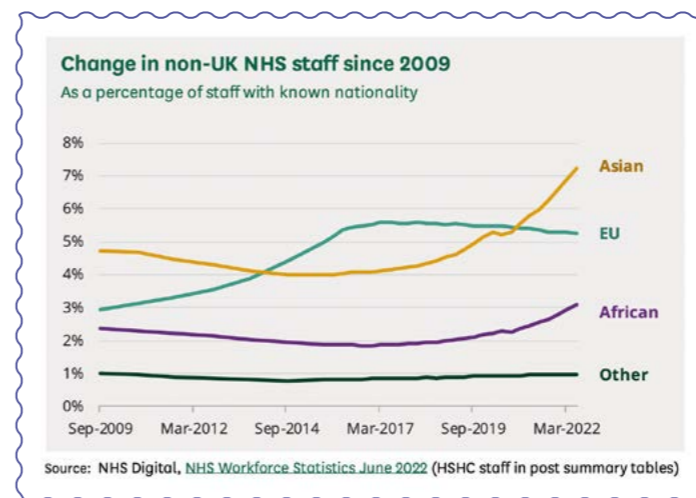
Photo: Christmas Lights Up

hospitality industry (especially restaurants), which rarely uses technical language and only requires a conversational level of English, is accepting of immigrants for whom English is not their first language. Brexit was decided due to the problem of immigrants taking jobs from British citizens in the UK, but even after Brexit, the number of immigrants is still high from the Japanese point of view.

whom are Indian or Filipino. Second to Asians, 5% of nurses are EU nationals, 4% are African nationals and, unsurprisingly, Indians and Filipinos account for more than half of all foreign nurses. As can be seen from

the overall trend in NHS staff with foreign nationality, the number of workers of Asian nationality has increased dramatically in recent years. (Graph 1) Looking at the overall number of immigrants in the UK, people of Indian origin account for 9.3% of the population. The new Prime Minister, Rishi Snark, has

also made headlines for being the first Prime Minister of Indian origin in the UK. It makes sense that a large proportion of foreign nurses are from Asia when compared to the UK's overall immigration rate by country.



The UK's System of Accepting Foreign Nurses

Foreign nurses need to register with the Nursing and Midwifery Council (NMC) to work as a nurse or midwife in the UK. The NMC is an organization that regulates the registration and education of nurses based on the Nursing and Midwifery Order 2001 of the UK Department of Health. This is because, unlike Japan, the UK does not have a national qualification for nurses. In order to register with the NMC, you must fulfil two conditions: (1) complete three years of nursing education (bachelor's degree) and (2) pass the prescribed English language examinations. The NMC also requires foreign nurses to undergo induction training in order to provide safe and effective healthcare services to the public. British universities play a major role in this induction training: the mandatory training, known as the PL (Protected Learning), takes the form of lectures

Conclusion

The shortage of nurses in countries other than Japan and the UK was a concern even before the COVID-19 crisis. Since the crisis, the situation has worsened. All countries depend on foreign workers to fill vacancies. Japan is also promoting the acceptance of foreigners in the field of nursing care under the 'specified skills' category of residence status. In order to cope with the labour shortage

and exercises at NMC-accredited institutions, i.e. universities, and covers everything from how the NHS works to the laws and systems governing the care, to the extensive knowledge required to work as a nurse in the UK. After the completion of the PL, a practical training program takes place in the form of a Supervised Practice (SP) placement. The content of this is determined by the education and experience of the applicant. If the foreign nurse is deemed not to have the education and experience in the desired field in their home country, they are assigned an SP that compensates for this. This mentor is a nurse in active practice who meets the requirements set out by the NMC. Thus, foreign nurses working in the UK will undergo exercises and practical training under the auspices of the NMC before actually working in the field.

of foreign workers, Japan needs to become the country of choice for foreigners and to achieve this, it is necessary, of course, to improve training and systems, but also for Japan as a whole to think deeply about how to create a society in which people can live together with foreigners.

Deregulation of Medical Cannabis in Japan

: Lessons from Thailand

Miu Sukegawa

Institut d'Etudes Politiques de Paris, France



The subject of today's report is not France, but Thailand, the country I love next to Japan.

I have lived in Thailand for many years and have visited Thailand every year since I moved to Japan when I was 14 years old. Although I was planning to visit Thailand again in 2020, I had to postpone the trip due to the COVID-19 crisis and after 2 years of waiting, I was finally able to return to Thailand in August 2022.

Thailand has always been an evolving country, where I would see new buildings being constructed every time I visit, owing to its nature of being an economically developing country. However, this time the degree of change was unparalleled. Mainly because of the deregulation of the use of medical cannabis. As you might have heard in the news, medical cannabis was legalised in Thailand in 2018, private medical cannabis cultivation and sales

to licensed medical institutions and laboratories were permitted in 2020, and in 2022, 1 million cannabis plants were distributed free of charge to all households throughout the country. Thailand has become a country of cannabis, with stores displaying cannabis symbols on every street of the capital and exhibitions of cosmetics made from cannabis being held on the lobby floors of department stores.

At the same time, in Japan, on September 29, 2022, a subcommittee of the Ministry of Health, Labour, and Welfare (MHLW) to study cannabis regulations compiled the direction for amending the Cannabis Control Law and other laws, i.e., lifting the ban on the medical use of cannabis. In light of this news, this report will discuss the implications of the cannabis situation in Thailand to Japan.

What is "medical" cannabis?

Currently, medical cannabis is used in 50 countries and regions as a pain relief for terminal cancer patients, insomnia, and Alzheimer's disease. But what exactly is "medical" cannabis? How is it different from the "narcotic" cannabis we are all familiar with?

There are more than 120 medicinal cannabinoids in cannabis, the main ones being THC and CBD, both of which have hallucinogenic properties. THC is an element with hallucinogenic effects, and chemically synthesized THC is regulated as a narcotic. CBD, on the other hand, has no hallucinogenic effects but instead has antiepileptic and anxiolytic effects, and relatively low toxicity, which is why it is used as a therapeutic agent in some overseas countries. One such drug is Epidiolex, developed by GW

Pharmaceuticals in the U.K., which is an oral solution containing extracted and purified cannabis CBD as its main ingredient. In the U.S. and the EU, Epidiolex is approved and marketed as a treatment for severe epilepsy syndromes; Lennox-Gastaut syndrome and Dravet syndrome.

Simultaneously, a trend of deregulation of medical cannabis is emerging in international organizations: in 2020, the United Nations Commission on Narcotic Drugs (CND) passed a recommendation to remove cannabis for medical and research purposes from the list of "most dangerous drugs" under international treaties. More specifically, Cannabis had previously been placed in the regulatory categories of "Schedule I (substances with potential for abuse and adverse effects)" and "Schedule IV

(substances that are particularly dangerous and have no medical use)," however, it was passed to remove it from the Schedule IV category in the

future. This means that while the regulations are required to be imposed as Schedule I, the medical effectiveness of the substance has been recognized.

Trends toward the Deregulation of Medical Cannabis in Japan

In Japan, domestic clinical trials have begun for Epidiolex. On the other hand, while the current Cannabis Control Law allows clinical trials for medicines made from cannabis, it prohibits the importation of any cannabis products. Therefore, even if approval is granted under the Pharmaceuticals and Medical Devices Act, it is not

permitted to be used in medical practice. Therefore, MHLW has indicated its intention to amend the Cannabis Control Law in September 2022 to allow the import, manufacture, and use of cannabis products whose efficacy and safety have been confirmed and approved under the Pharmaceuticals and Medical Devices Law.

Implications for Japan from the Current Situation in Thailand

Let us now look at the current situation in Thailand, which has lifted the ban on medical cannabis one step ahead of Japan. As mentioned above, Thailand has legalised the home cultivation of cannabis with a THC content of 0.2% or less for economic expansion in the cannabis cultivation market and revitalization of tourism such as medical tourism. On the other hand, the ban on recreational use has not been lifted.

In reality, however, recreational use is becoming more active. The photo is of a store I took in a shopping street in Krabi, one of the islands in Thailand. The sign proudly advertises the use of cannabis, and the smell of cannabis that I smelled in Amsterdam was spreading to the street.

Criticized for not taking sufficient measures, Thailand's Health Minister bitterly explained in July that he "could not wait for legislation to be put in place for patients who need cannabis for medical treatment and small businesses suffering from the recession." Even today, the situation remains unchanged.

These events suggest that measures must be developed to prevent the spread of the misconception that the deregulation of medical cannabis means private use has also been legalised. In fact, MHLW is considering adding a new cannabis use offence, but it is yet undeniable that there is still a possibility that Japan would follow the path of Thailand.

While there are lives saved by medical cannabis, there is also the risk of worsening public safety and increasing the number of dependent patients due to cannabis abuse. There is a need to consider the regulatory and social aspects such as education to promote proper awareness of cannabis and addiction recovery programs. I hope this report has provided you with an opportunity to learn more

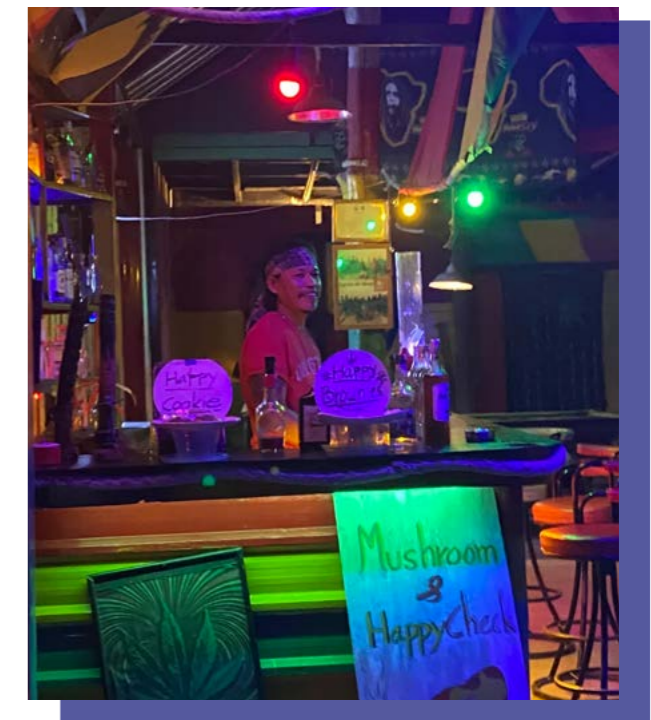


Photo: shopping street on Krabi Island, Thailand.

about medical cannabis. Finally, please do not use cannabis not only in Thailand but also in other countries where cannabis use is legalised, as you will not be able to return home.

The Obesity Problem in Malaysia

Tanji Itsuki

Monash University, Malaysia



In Malaysia, where I am studying, national obesity is a social problem. Globally, I had imagined that the United States and New Zealand had relatively high rates of national obesity. However, throughout my studies in Malaysia, I saw firsthand that the obesity rate in Malaysia is surprisingly high. In fact, according to the World Health Organization (WHO), Malaysia was the fourth most obese country in

Diabetes

Diabetes is a major disease caused by obesity. According to the World Bank, the average percentage of people between the ages of 20 and 79 who suffer from diabetes is 8.5% worldwide, compared to 9.3% in Southeast and South Asia, and 16.7% in Malaysia, which is almost twice the global average. In addition to that, Malaysian Health Minister, Zulkiflee Ahmad noted that the number of diabetics in the country could double to 7 million by 2025. What is even more surprising is that most of them have type II diabetes.

To briefly touch on the difference between type I and type II diabetes, type I diabetes is a disease in which beta cells in the islets of Langerhans of the pancreas are destroyed, and as a result, insulin, which is responsible for lowering blood sugar, cannot be produced, resulting in a persistently high blood sugar level. Type II diabetes, on the other hand, is a disease in which the pancreas's capacity to produce insulin is reduced due to genetic causes and lifestyle disorders, resulting in a persistent state of high blood sugar.

The reason why many Malaysian diabetics have type II diabetes is because of the disordered lifestyle, and in particular, the dietary habits of Malaysians. In Malaysia, most of the diet is based on carbohydrates and oily food. As I have experienced, every dish is fried in oil, and carbohydrates such as rice are eaten mainly. Furthermore, these dishes are

the world in 2010. More recently, it was found that more than 40% of adults are either overweight or obese. The figures for young people and elementary school students are also very high, at 20% and 26%, respectively. In this article, I will discuss the causes of obesity in Malaysia, and the efforts of the Malaysian government to solve these problems.

exceptionally high in calories while containing almost no protein or other necessary nutrients. Malaysians also have a habit of eating extremely sweet foods. It is common for dessert cakes and other items to be very sweet, and coffee and tea are also excessively sweetened with condensed milk and sugar, causing blood sugar levels to rise. Therefore, if you are health conscious or thinking of going on a diet, avoiding eating at restaurants and cooking your food is a must. However, eating out and delivering food is affordable in Malaysia, making it relatively cheaper and thus more appealing than to cook for yourself.

Secondly, many Malaysians do not exercise as much as in other countries, including Japan. One of the reasons is that Malaysia is a car-oriented society as it ranked third place in the world in 2014. In fact, the car ownership rate of the population is surprisingly over 90%, and the price of petrol is also affordable. In addition, many roads are not well paved, so you can rarely see people using bicycles. Not many people go to the gym due to the lack of affordability. Malaysia also uses Grab, a car-dispatch service, which is widely used in Southeast Asia. This service offers taxi-like services at low prices, meaning that even those who do not own a car can use this service to get around, resulting in less walking and a lack of exercise.

Initiatives Are Taken by the Malaysian Government

Banning the sale of chocolate and candy at school kiosks

As mentioned earlier, the obesity rate among young people in Malaysia is increasing year by year. In response to this problem, the Malaysian Ministry of Education has announced revised guidelines for school kiosks. In Malaysia, there are 227 types of food items that can be sold at school kiosks. The most common Malaysian foods, such as chicken rice, fried rice, nasi lemak, and fried chicken, are

now restricted in terms of quantity and calorie content. In addition to that, high-sugar foods such as candies, chocolates, and carbonated beverages are banned from sale in schools. Moreover, the Malaysian Ministry of Education has announced plans to increase the number of BMI surveys from once a year to twice a year in the hope of improving obesity among young people.



Photo:Nasi Lemak



Photo: Chicken rice

Introduction of Sugar Tax

As the second initiative, on July 1, 2019, the Malaysian government introduced a so-called sugar tax as part of its health promotion policy. This is a tax imposed on beverages that contain sugar, with the target beverage costing a tax amount of 12 Japanese yen per liter. According to the government announcement, this is a payment system whereby

manufacturers and importers of taxable beverages declare the tax, and the tax is levied according to the volume of sales. In the future, the applicable scope of the sugar tax can be widened from not only beverages but to include also food containing excessive sugar.

Conclusion

I have been studying in Malaysia and eaten almost the same as Malaysians. As a result, many Japanese students, including myself, experienced a gain in weight. I believe that this is a problem caused by the Malaysian diet and lifestyle, and I felt that the Malaysian government needs to find other ways to deal with this problem in addition to the measures

that have been imposed. In addition, obesity and diabetes are not only problems in Malaysia, but also in Japan. In particular, there are many diabetics in their 40s and 50s in Japan. Therefore, we could perhaps observe the effectiveness of initiatives such as Malaysia's sugar tax and possibly introduce a similar initiative in Japan if deemed effective.

[Members]



Kana Hashizume

Lindenwood University in Missouri

I hope many people will be interested in the medical program differences between Japan and the U.S. Thank you for reading!

Yuika Ikeda

University of Washington

I am very happy to make this newsletter.



Yamazaki Kanna

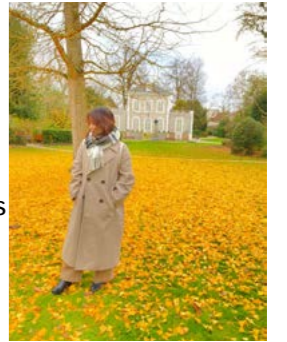
Working in London(Gap year from Kanazawa university)

I also work on the layout and design of The NewZ.

Miu Sukegawa

Sciences Po Paris

Re-learned the importance of health insurance.
I sincerely ask both countries to digitize the enrollment process though.



Itsuki Tanji

Monash University Malaysia

I'm happy to be able to communicate regarding the healthcare system in Malaysia, which is a minor country. From now on, I will also be transmitting other countries' information about healthcare systems.



Moe Okagawa

Hakodate University

I am pleased to be involved in The NewZ project as an editorial staff member. I hope this newsletter will spark your interest in the healthcare system in Japan and around the world.



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Itsuki Tanji The Obesity Problem in Malaysia

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