



YEAR IN JAPAN: MIDTERM REPORT

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Introduction

I will start my mid-term report with a short self-presentation about myself and my background, followed by a short timeline with the most important key moments. Furthermore I will discuss KAI Japanese language school, which I went to for 6 months and I will talk about how I got the internship and some administrative aspects.

Later in the report, there will be an introduction, comparison and discussion of the Swiss and Japanese health insurance systems.

I will end my report with acknowledgements.

Self- Presentation

First of all I would like to present myself. I was born and grew up in Zurich. I studied Pharmaceutical Sciences at ETH Zurich and completed my studies in 2015 with a Master's of Science and in 2016 with the federal exam in Pharmacy. After graduation I was working for more than 2 years in a public pharmacy as deputy pharmacist before starting the year in Japan.

Motivation

It all started with my first trip to Japan in 2015. Many people said that the Japanese often do not speak English well, I decided to enroll in a Japanese course and I started to study Japanese at Migros Klubschule. After my trip to Japan, I was very fascinated by the country and the culture, so I continued taking Japanese classes. After two more trips to Japan, I had the desire to work and live in Japan for a limited time. I spoke to my Japanese teacher, Yoshiko Okubo, about this idea. She told me about the scholarships of SJCC. I did some research about the scholarship and the Chamber of commerce and was convinced. I applied for a scholarship in February 2018.

Timeline

Feb. 2018	Application for the year in Japan
March+ Apr. 2018	Interviews and commitment to the Year in Japan
June 2018	Application at KAI Japanese Language school
Nov. 2018	Received "Certificate of Eligibility" from KAI Japanese School
Dec. 2018	Application for the student VISA at the Japanese Embassy in Berne
Dec. 2018	Application and Interviews at Takeda pharmaceuticals in Zurich and commitment to an internship at Takeda Osaka
Jan. 2019	Start at KAI Japanese Language school in Tokyo
May 2019	Received "Certificate of Eligibility" from Takeda to apply for a working VISA
June 2019	Travel back to Switzerland, application for the working VISA at the Japanese Embassy in Berne
July 2019	Travel to Osaka and start working for Takeda Pharmaceuticals

Progress in Japanese

KAI Japanese language school

I chose Kai Japanese language school in Tokyo because this school was recommended by several previous scholarship recipients. Kai Japanese language school offers 8 different levels of Japanese classes. Each level takes 10 weeks. After passing the final exams, you are allowed to continue with the next level. In classes you study with Ipad. You bring your own to school or if you do not have one, they will provide one for you.

POSITIVE	NEGATIVE
- Business Japanese classes are offered (16 classes for 15000 Yen) for level 3, 4, 5 and 6 students	- Sizes of classes are too big (around 12 people)
- good mix of students from all over the world	- Repetition exams take place in the holidays
- Ipad	- No activities organized by the school
- High intense classes	
- Provide student visa and take you to the doctor for a checkup	
- Provided different kind of housing	

I started with Level 3 in Kai Japanese Language school. I already studied some Kanji for JLPT N4, but I did not know how to write them by heart. At the beginning I spent a lot of time to review all the Kanjis and how you write them.

I liked Kai Japanese Language school. People were from all over the world and the average age was around 25. The class sizes were a bit too big for me. Around 12 people per class. Sometimes there was not enough space in the classroom and we had to share a desk for 2 people with 3 persons.

The classes were in the morning (9:00- 12:50) or in the afternoon (13:40- 17:30). Depending on the class the people have classes in the morning or afternoon. It's not possible to choose. Everyday you have different classes. One day you do reading, another day listening, another day Keigo, etc. and often also different teacher.

Every week an essay, homework and kanji exercises have to be handed in. They say, that they expect the students to invest 2 hours per day for self-study. But with all the homework and self-study it will be much more.

In level 4 I also chose business Japanese class. There you learned important business manners as well as writing a CV, how to exchange business cards correctly and how to present yourself correctly at the reception of a company. You train those situations in role plays with your class mates, which was always fun. You also learn eating and drinking manners when you go for nomikai 飲み会 with your team.

All in all, I would recommend the KAI Japanese School. However, I would like to point out to all new scholarship recipients who have to choose a language school, that SJCC has a cooperation with the language school JSL NIPPON academy, located in Tokyo and Okinawa. You have the opportunity during your studies at this school to make an exchange to Okinawa within the school, which is an amazing opportunity in my eyes. Unfortunately, I became aware of the school and that offer after I have already paid for Kai Japanese school.

Administration

Visa

You have to apply for the student visa at the Japanese Embassy in Bern. Since it is not possible to send everything by post, you have to go there personally (Attention, opening hours!).

For the visa application the following must be brought

- Certificate of Eligibility (provided by your language school)
- Passport
- Passport photos

Then it takes about 3 working days until the visa is issued. For the pickup you have to pay CHF 27.-.

Residence Card and Health Insurance

Upon arrival in Japan you will get the Residence Card at the airport at the passport control directly issued.

Within 14 days of entry, you have to register yourself and your home address at the City ward office. To find out which county office you have to go, it is best to google your address and its city office.

Watch out! If you change the place of residence you have to personally go to the city office (with the new address) and log out in this neighborhood. Even if you leave Japan for good, you have to cancel your address within 14 days before departure.

When you register your address, you will also be added to the health insurance register and get a health insurance card.

Approximately one week after registration, the “my number” will be sent to your place by registered mail. It is kind of registration number that you should always war with you as the Residence card and health insurance card.

Japanese Bank Account

I decided to open a bank account at Shinsei Bank. The reason for this was that they have a branch with English speaking staff at Tokyo station. Its website and online banking are also in English and there is an English speaking helpline too.

Watch out! According to information of KAI Japanese school, Shinsei bank changed its policy. It is only possible to open a bank account there after living 6 months in Japan.

Comparison of the health insurance systems of Switzerland and Japan

Introduction

In this chapter, I would like to introduce the Swiss and Japanese health insurance systems, and compare and discuss differences. I will end with a personal conclusion.

The Swiss health insurance system

The first records of Swiss health insurance go back to the second half of the 19th century. Parallel to industrialization in order to protect people against sickness, disability or death risks, numerous small auxiliary funds were set up by companies or professional associations with a regional focus. From the 1860s, the number of health insurance companies grew rapidly. At the end of the 1880s, more than 1000 health insurance companies existed with an average of 200 members. However, at that time, less than 5 % of the total population was insured.

Since 1996, the Health Insurance Act (KVG- Bundesgesetz über die Krankenversicherungen) has defined the statutory framework of the Swiss health insurance system and since then has been mandatory for everyone. The KVG also describes the services which have to be covered by the so-called basic insurance policies.

Even today, the health insurance companies are private companies that compete with each other. You have the freedom to choose any health insurance company and package.

In principle, two systems of remuneration by the health insurance companies are distinguished:

- Tiers garant: The insured get the invoice from the doctor, hospital, pharmacy, etc. and pays themselves. The bill is sent to the health insurance company, which then refunds the amount taking into account deductibles.
- Tiers payant: The service provider (doctor, hospital, pharmacy, etc.) sends the bill directly to the health insurance of the patient, which pays the entire amount. Subsequently, the health insurance sends a bill to its insured and bills for the cost share.

The costs that you, as the insured, pay monthly or annually to the health insurance company, is called the premium. Depending on the health insurance company and service package you choose and the place of residence, the premiums will vary.

Those who live under modest economic conditions receive a premium reduction from the canton of residence.

There is also the franchise: In Switzerland, every insured person must contribute at least CHF 300.- per year to their health costs. This amount is called the franchise. You can also choose higher franchises (up to a maximum of CHF 2500.- per year), which are often accompanied by a lower premium. The franchise means that you pay for services (doctor, medication, etc.) up to this amount. If this is reached, any further costs are covered by the health insurance. However, 10 % of the amount is still borne by the patient, the so-called deductible.

The Japanese health insurance system

The beginnings of Japanese health insurance go back to the year 1922, when a law on health insurance was passed. Fields of application have expanded steadily with subsequent legalization throughout the 20th century. In 1961, the system of compulsory insurance was introduced, obliging all citizens to have public health insurance. 10

The Japanese health insurance model is structured as follows:

- National Health Insurance (Kokuko): For the self-employed, pensioners, students, atypical workers
- Japan Health Insurance Association: Employees of SMEs are covered here
- Health Insurance Cooperatives: Employees of large companies are covered here
- Cooperative for officials: for officials and members
- Medical treatment system for the elderly over 75

There are some other insurance models for e.g. sailors, etc. which will not be discussed further in this report.

Due to population aging, a restructuring of the health insurance model was necessary. The reasons for this were the large differences in the assumption of medical costs, which is based on the different proportion of older people to insured persons within the health insurance companies, and the easing of the burden on the public purse. Therefore, in the 1980s, an improvement program was implemented to set up a system to cover the costs of medical care for the elderly.

The insured person also pays contributions for the health insurance benefits, which depends on the monthly salary of the person. Likewise, the insured must pay part of the costs themselves. This is 10 % for the 75 years olds, 20 % for the 70-74 years olds and 30 % for those aged 69-73. If people over 74 years of age are still working, they have to pay a surcharge of 30 % too.

For children before compulsory education, a supplement of 20 % is required.

The Japanese National Health insurance (NHI)

Every Japanese citizen and resident (except short-term residents) can subscribe to the NHI, unless they are 75 years of age or older, receive health insurance from their employer or receive public assistance. The member applies to join the NHI in the city, ward, town or village and pays the NHI premium. If the member has to get medical services, he has to make 10- 30 % copayment depending on his/her age. The rest of the costs will be paid by the city or town, which also gets financial assistance from the government (see figure 1).

If a member moves from one city, ward, town, village to another, he or she has to apply for a new NHI membership at the new location.

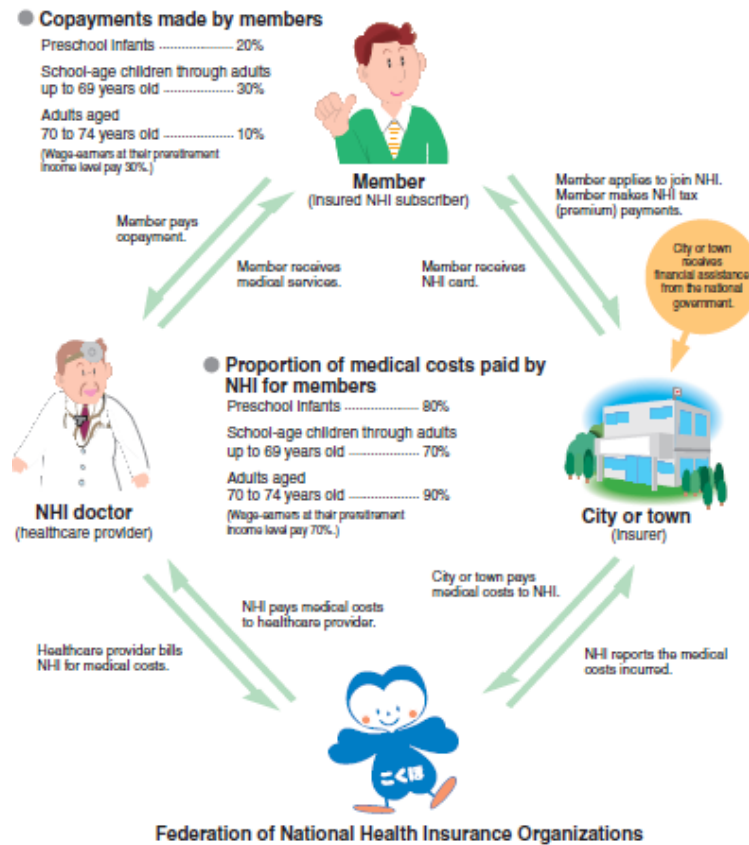


Figure 1: The member applies to join the NHI and pays the premium. If he receives medical service, he only pays 10- 30 %. The rest of the medical costs is payed by the NHI which gets money from the city or town of the insurer.

Comparing the health insurance systems of Switzerland and Japan

Both countries have a health insurance system that has grown historically and every citizen has compulsory insurance. However, the structure of the health insurance systems of the two countries is different. In Switzerland private companies form the health insurance, in Japan the system is organized by the government.

Furthermore, both countries grant benefits for people who live under modest economic conditions. In Japan, the insured pays monthly contributions. If you are insured in Japan through your employer, the amount will be deducted directly from your salary. In Switzerland you can pay your premium monthly or annually.

In Japan, the amount of the monthly premium costs depends on place of residence and income of the insured person, with costs ranging from 21'200-80'000 ¥ per month. In Switzerland, the amount of health insurance costs is wage-independent. Depending on which canton you live in, which health insurance you have, the amount of the franchise and which health insurance model (family doctor model, tele-med etc.), the fees vary. For a grown-up person in the canton of Zurich, with a franchise of 1500 CHF per year in the family doctor model, you have to pay about 350- 480 CHF per month depending on the health insurance company for the premium.

In both countries insured persons can also apply for additional insurance.

The health insurance companies of both countries are expensive, but since the Japanese system is based on wages, the costs for people with a lower incomes, are more favorable compared to

Switzerland. In contrast, people with higher incomes pay relatively more in Japan than in Switzerland for the basic insurance.

The benefits of the basic insurance of both countries, however, are very similar. Although more services are included in the basic insurance in Japan. Thus, for example, the dentist is also paid by the basic insurance or going to a psychologist, if previously a prescription is issued by a family doctor. For these services, you have to pay yourself in Switzerland or acquire coverage by an additional insurance. However, in Japan the health insurance is not paying for vaccinations. Here it is the government which is covering the costs. The basic vaccinations in Switzerland and Japan for children covered by the health insurance or government respectively, are similar. In Switzerland also the vaccination against Mumps and tick-borne encephalitis (FSM) is covered. The latter is not available in Japan.

In Japan the vaccinations against Bacillus of Calmette and Guerin (BCG, Tuberculosis¹) and Japanese encephalitis are covered, whereas in Switzerland the BCG vaccination is only for risk patients and the Japanese encephalitis for travelers and have normally to be paid by the patient.

In both countries there is also a list of medicines, which are covered by the basic health insurance. In Switzerland, this is known as specialty list (Spezialitätenliste, SL).

In the case of very expensive treatments, operations or longer stays in hospital, the patient also has to pay 30% of the costs in Japan, but not more than 1500 CHF per month. Supplementary insurance can be taken to cover these costs. If you are financially unable to pay this amount, the state pays.

If the 30% of the costs add up over a certain amount per year (about CHF 1000.-), then these can be claimed in the tax return.

What also should be mentioned about the Japanese health system is the Dependent system: An insured person can take members of his or her family in his or her health insurance. If we imagine a classical family in which the father is fully employed and the mother is at home and has no or only a very low income (less than about 10,000 CHF per year), then she can join in the health insurance of her husband. The children are insured with the father as well.

¹ The main benefit of BCG is the vaccine against tuberculosis. The efficiency of the vaccine is subject to debate among experts. The vaccination does not prevent the spread of tuberculosis bacteria, nor does it protect from tuberculosis infection; however, it can protect against the worst complications of miliary tuberculosis and tuberculous meningitis in children. However, neither children nor adults are protected by this vaccination against the most common form of tuberculosis, pulmonary tuberculosis. Thus, the worldwide incidence of tuberculosis could not be decreased by this vaccine.

Comparison of some aspects of the Swiss and Japanese health system:

	Switzerland	Japan
Statutory health insurance obligation	Yes	Yes
Monthly costs for basic insurance	Around 320- 480 CHF (depends on place of living, health insurance company, health insurance model and some other aspects)	Salary dependent
		Annual income Annual premium Monthly premium
		300 万円 255'457 円 21'288 円
		500 万円 431'941 円 35'995 円
		800 万円 723'025 円 60'252 円
		900 万円 826'125 円 68'847 円
		1000 万円 929'306 円 77'442 円
	1100 万円 960'000 円 80'000 円	
Included Services in the basic insurance	<ul style="list-style-type: none"> - Doctor and hospital - Medicaments on the SL - Pregnancy and Giving birth - Physiotherapy when prescribed by doctor - Accidents (if the insured has no other accident insurance) - Certain vaccinations 	<ul style="list-style-type: none"> - Doctor and hospital - Medicaments on the list - Pregnancy and Giving birth - Physiotherapy when prescribed by doctor - Counseling when prescribed by doctor - Dentist - Accidents
Covered Vaccinations	<ul style="list-style-type: none"> - Diphtheria, Tetanus, whooping cough, Polio, Haemophilus influenzae Type B (Hib), Chickenpox, measles, mumps and rubella (MMR) - Hepatitis B and for special risk groups against Hepatitis A - Tick-borne encephalitis (FSM) - Cervical cancer (HPV, for girls of school age and young women up to 26 years of age) - Influenza (people over the age of 65 and risk groups) 	<p>Vaccinations in Japan are not covered by the health insurance, but by the government.</p> <ul style="list-style-type: none"> - Hib, Pediatric pneumococcal, Hepatitis B, Diphtheria, Tetanus, whooping cough, Polio - Bacillus of Calmette and Guerin (BCG) vaccination against Tuberculosis - Chickenpox, Measles, Rubella - Japanese encephalitis vaccine (3 years old) - HPV (Junior high school first grade girls)

Personal Conclusion

With its structuring, the Swiss health care system offers great individual flexibility for the insured. It is possible to choose between different insurance companies, different service packages and supplementary insurances. However, you quickly lose the overview in the wealth of offers. This is different in Japan: depending on the employment of the insured, there is only one health insurance, other services can also be booked through supplementary insurances. This is in my opinion the better and more insured-friendlier model than that of Switzerland. Further, health insurance, in my view, is a matter that belongs in the hands of the government and not in the private sector. Profit orientation can quickly lead to false incentives that ultimately end up at the insureds expense.

Also, that the cost of health insurance in Japan is based on the income of the insured as well as the dependent system is very good in my opinion. In Switzerland, where the costs for health insurance companies are wage-independent, this quickly becomes very expensive for families with a lower income status. In my opinion, in Switzerland we should rethink our health insurance system and improve it.

Acknowledgements

I would like to express my gratitude first to SJCC. They made it possible for me to make my dream of living and working in Japan come true.

Thanks also to my Japanese teacher Yoshiko Okubo, who introduced me to SJCC.

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