

Go Global 7 基調講演

グローバルヘルスの中で我が国 医療・医学の国際化を考える

2015年12月11日

大阪大学大学院医学系研究科
国際未来医療学特任教授

中谷比呂樹

本日のストラクチャー

- グローバルヘルスの意味するもの
- 昨今の保健医療の趨勢がもたらす
挑戦と機会
- Inbound/outboundの先にあるもの
- これから求められる国際人材とは

本日のストラクチャー

- グローバルヘルスの意味するもの
 - 繋がらあう世界の脆弱性
 - 巨大ビジネスとなったヘルスODA
- 昨今の保健医療の趨勢がもたらす挑戦と機会
- Inbound/outboundの先にあるもの
- これから求められる国際人材とは

過去40年の健康危機の事例

- エイズ
- ペスト
- エボラ出血熱
- 新変異型CJD
- ニッパ
- 黄熱病
- 炭疽菌
- SARS
- 髄膜炎
- コレラ
- 新型インフルエンザ
- 多剤耐性結核



- チェルノブイユ
- ハイチ地震
- ボルネオ沖大津波
- 東日本大震災
- 福島原発損傷

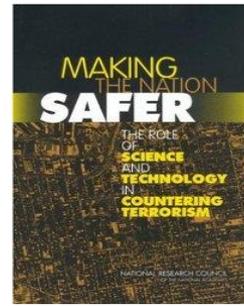
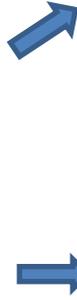
9.11後の世界 (国際保健面)



Source: HISTORYドットコム
<http://www.history.com/topics/9-11-attacks/videos/escaping-the-south-tower>



Source: China Mikeホームページより
<http://www.china-mike.com/travel-practicalities/health-immunizations/>



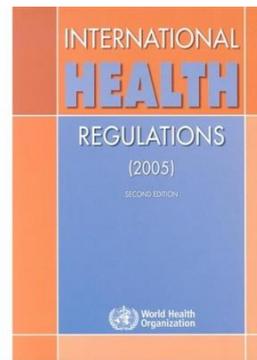
医学研究アジェンダの
抜本的見直し (Review
and more investment on
Health Security)

ミレニアム開発目標 MDGs = Millennium Development Goals

2000年国連ミレニアム宣言を契機に翌年にとりまとめられた、2015年までに達成すべき8つの目標

目標1 極度の貧困と飢餓の撲滅	目標5 妊産婦の健康の改善
目標2 初等教育の完全普及の達成	目標6 HIV/エイズ、マラリア、その他の疾病の蔓延防止
目標3 ジェンダーの平等の推進と女性の地位向上	目標7 環境の持続可能性の確保
目標4 乳幼児死亡率の削減	目標8 開発のためのグローバル・パートナーシップ推進

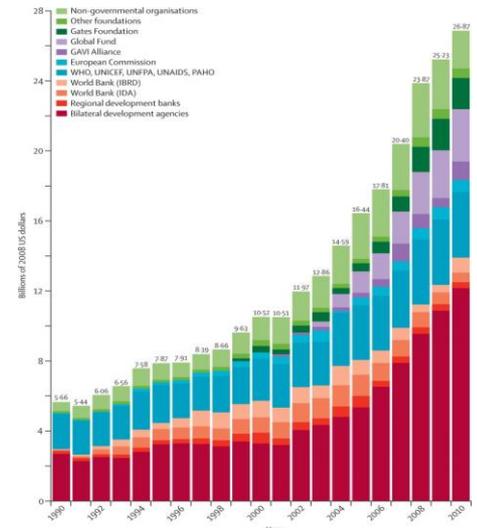
MDGの枠組みでの健康投資



2005

健康危機管理のプロ
コールとしてのIHR

WHO,
International
Health
Regulations(2005)
<http://www.who.int/ihr/9789241596664/en/>



Murray, C, Anderson, B et al; Assistance for health: trends and prospects, The Lancet, Volume 378, Issue 9785, Pages 8 - 10, 2 July 2011

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- 昨今の保健医療の趨勢がもたらす挑戦と機会
 - 世界的規模で進む少子高齢化
 - 挑戦; 日本は課題先進国
 - 機会; 興隆する新たな市場とリバーズ・イノベーション
- Inbound/outboundの先にあるもの
- これから求められる国際人材とは

Ten Great Public Health Achievements-Worldwide (2001-2010)

<http://www.cdc.gov/mmwr/pdf/wk/mm6024.pdf>

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 60 / No. 24

June 24, 2011

National HIV Testing Day — June 27, 2011

June 27 is National HIV Testing Day, which promotes testing as an important strategy to prevent and treat human immunodeficiency virus (HIV) infection. Persons who learn that they have HIV can receive appropriate treatment, monitoring, and health care, and in doing so, delay disease progression, extend their lives, and reduce the chance that they will transmit the virus to others. To increase HIV testing, improve awareness of HIV status, and enable earlier diagnosis of HIV infection, CDC recommends that all persons aged 13–64 years be screened for HIV in health-care settings with prevalence of undiagnosed HIV infection $\geq 0.1\%$ (1). CDC also recommends that persons with increased risk for HIV be retested at least annually.

At the end of 2008, approximately 20% of the estimated 1.2 million persons living with HIV were undiagnosed and unaware of their infection (2). In 2008, an estimated 33% of all HIV diagnoses were late diagnoses, often made after persons had already developed acquired immunodeficiency syndrome (AIDS) (3). Also, a recent study of men who have sex with men found a 6.9% prevalence of new infections among those who had tested negative during the preceding year (4). These findings indicate the continuing importance of getting tested for HIV, and for persons at higher risk for HIV, getting retested at least annually.

Information about HIV testing is available at <http://www.cdc.gov/features/hivtesting> and <http://www.hivtest.org>.

References

1. CDC. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR* 2006;55 (No. RR-14).
2. CDC. HIV surveillance—United States, 1981–2008. *MMWR* 2011; 60:689–93.
3. CDC. HIV/AIDS surveillance report, 2009. Vol. 21. Atlanta, GA: US Department of Health and Human Services, CDC; 2011.
4. CDC. HIV testing among men who have sex with men—21 cities, United States, 2008. *MMWR* 2011;60:694–9.

Results of the Expanded HIV Testing Initiative — 25 Jurisdictions, United States, 2007–2010

Approximately 20% of the estimated 1.2 million persons living with human immunodeficiency virus (HIV) infection in the United States at the end of 2008 were not aware of their infection (1). Testing, diagnosis, medical care, treatment with highly active antiretroviral therapy (HAART), and access to prevention services soon after HIV infection can prevent morbidity and mortality and reduce a person's risk for transmitting HIV (2–6). In 2006, CDC recommended screening patients aged 13–64 years for HIV infection in health-care settings that have a prevalence of undiagnosed HIV infection of $\geq 0.1\%$ (7). In October 2007, CDC initiated the Expanded HIV Testing Initiative (ETI), through which it funded 25 health departments to facilitate HIV screening and increase diagnoses of HIV infections and linkage to care among populations disproportionately affected by HIV, especially non-Hispanic blacks. This report describes the results of that effort. Annual progress reports designed to provide data specific to ETI indicated that 2,786,739 HIV tests were conducted, of which 29,503 (1.1%) were positive and 18,432 (0.7%) resulted in new HIV diagnoses. Blacks accounted for 1,411,780 (60%) of tests and 11,638 (70%) of new HIV diagnoses. Clinical settings comprised at least 75% of the 1,331 testing venues and accounted for 90% of all tests and 81% of all new HIV diagnoses. Based on follow-up data available for 16,885 persons with new HIV diagnoses, 12,711 (75.3%) were linked successfully to HIV primary care. Through expanded HIV testing activities, substantial numbers of persons previously

INSIDE

- 811 HIV Screening of Male Inmates During Prison Intake Medical Evaluation — Washington, 2006–2010
- 814 Ten Great Public Health Achievements — Worldwide, 2001–2010
- 819 QuickStats

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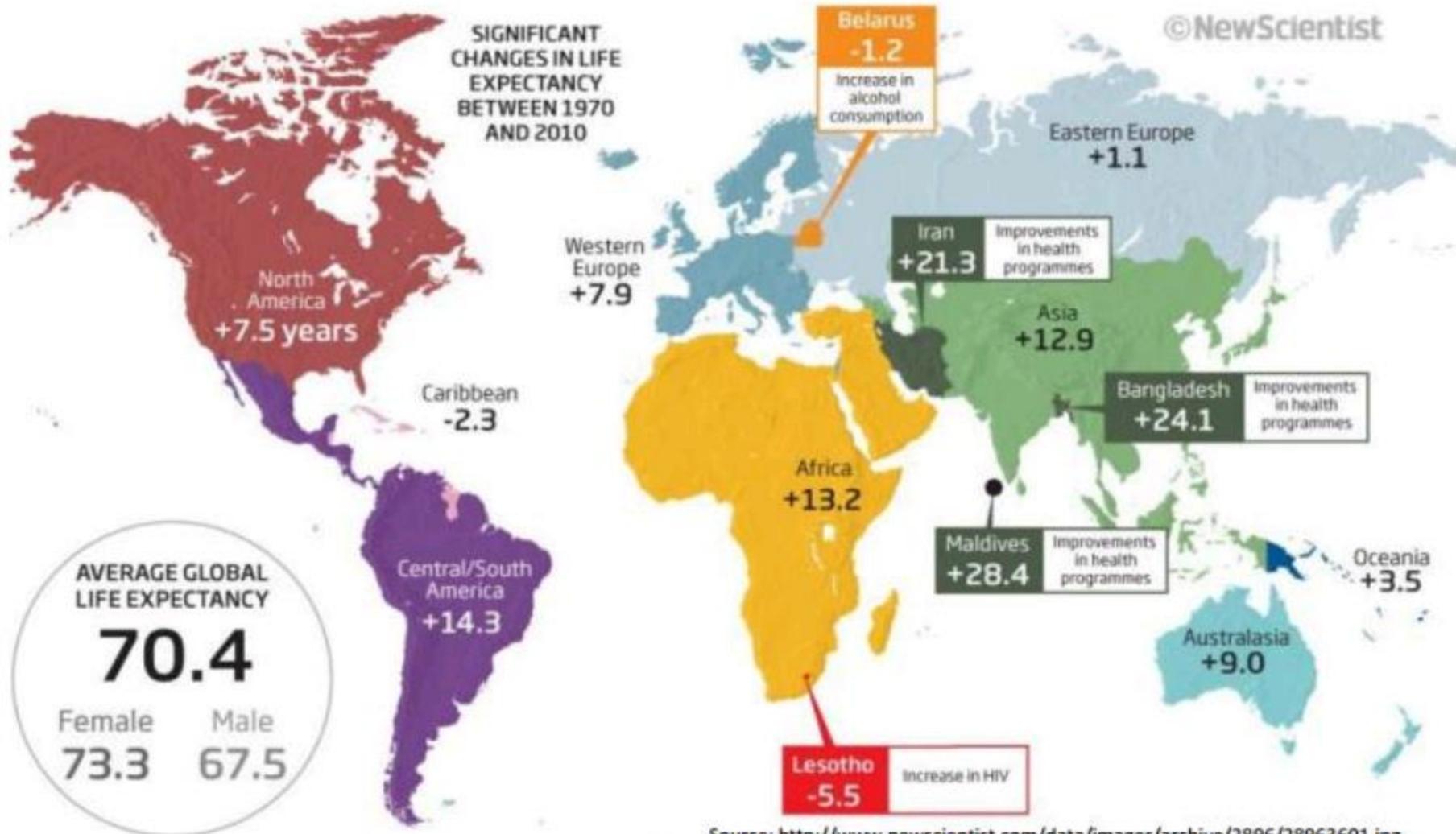


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Ten Great Public Health Achievements-Worldwide (2001-2010)

1. Reductions in Child Mortality
2. Vaccine-Preventable Diseases
3. Access to Safe Water and Sanitation
4. Malaria Prevention and Control
5. Prevention and Control of HIV/AIDS
6. Tuberculosis Control
7. Control of Neglected Tropical Diseases
8. Tobacco Control
9. Increased Awareness and Response for Improving Global Road Safety
10. Improved Preparedness and Response to Global Health Threats

Gains in Life Expectancy



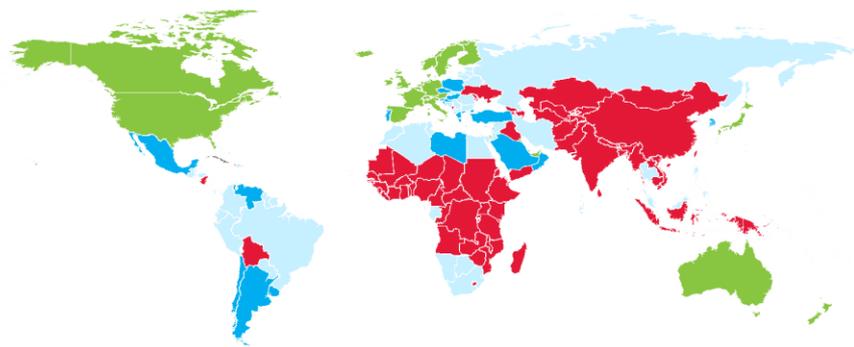
Source: <http://www.newscientist.com/data/images/archive/2896/28963601.jpg>

<http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/Documents/Events/Policy%20Dialogues/Heath%20R&D%20Presentation%20Rottingen%20Panel.pdf>

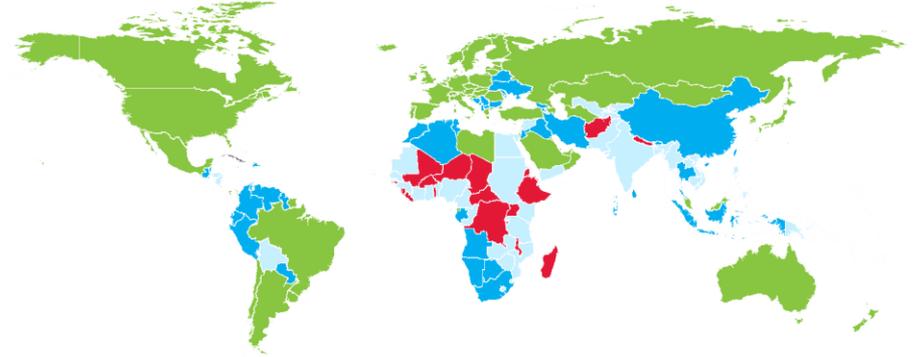
<http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/ghp-new/Documents/Events/Policy%20Dialogues/Heath%20R&D%20Presentation%20Rottingen%20Panel.pdf>

Economic growth is rapidly changing the world order

2000



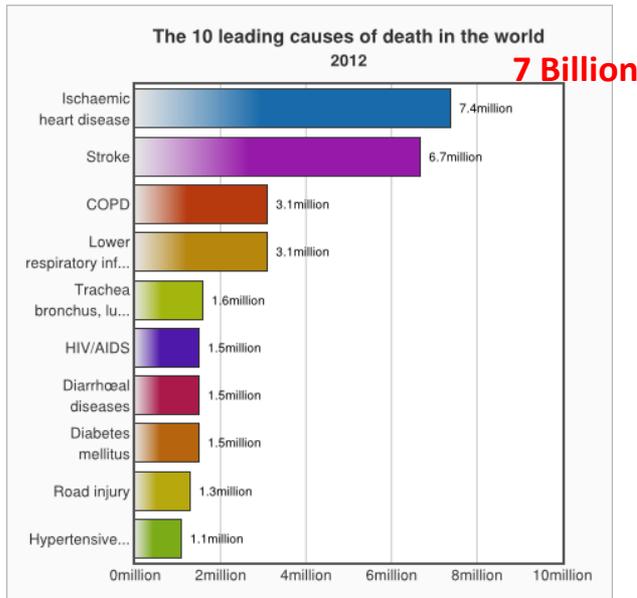
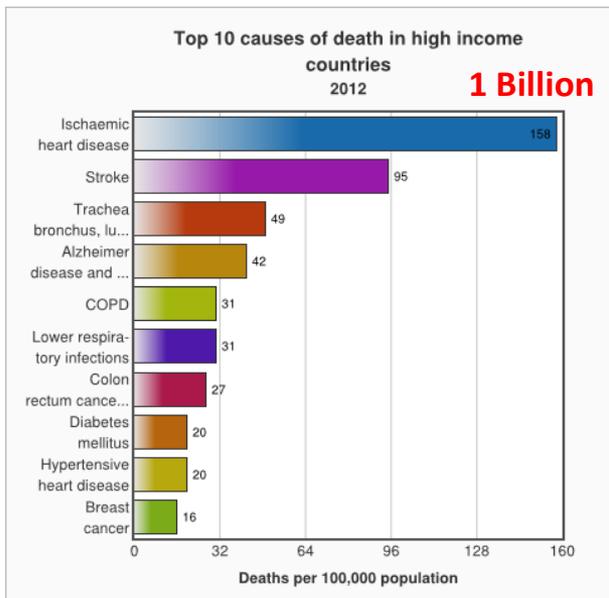
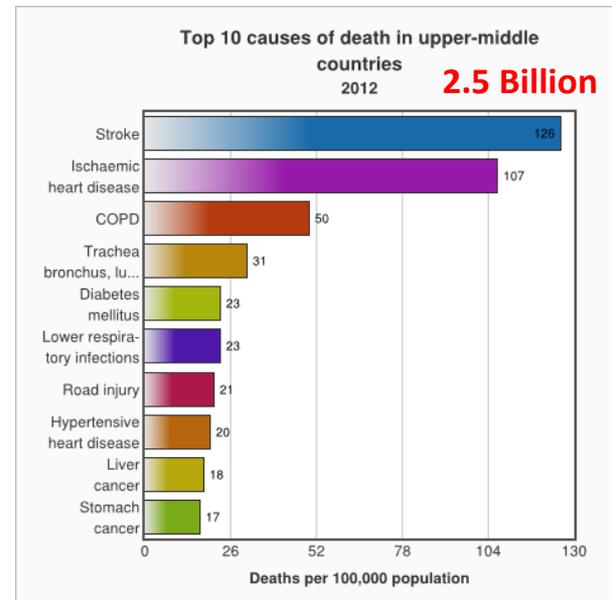
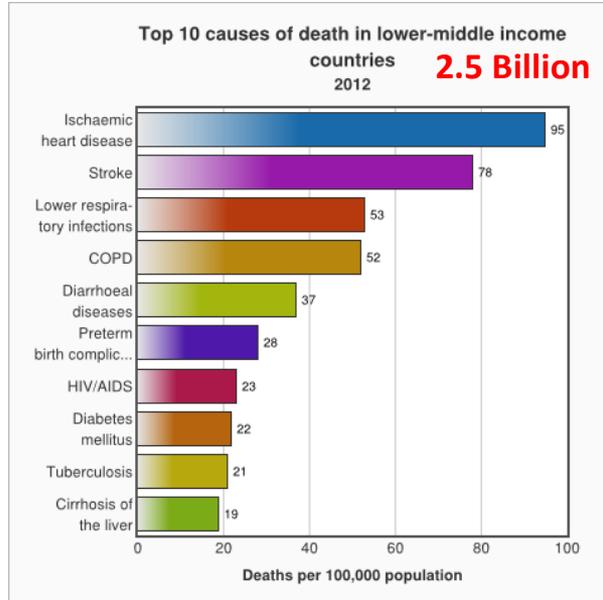
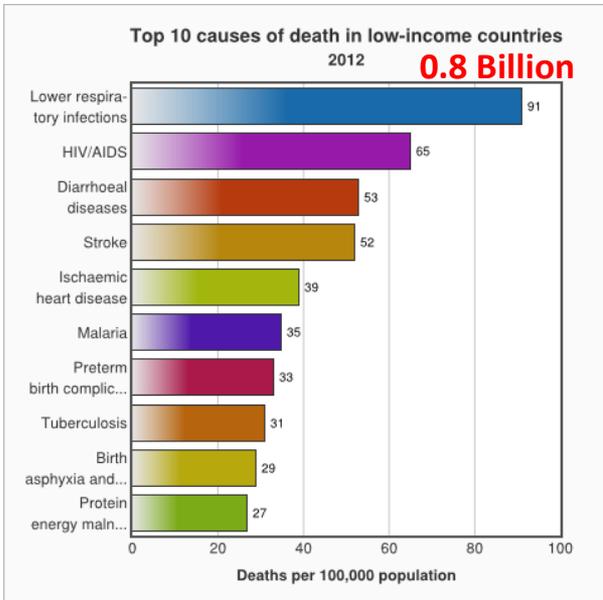
2020



Source: IMF data, extrapolated 2017-2020

2012/10/07

Top Ten Causes of Deaths by Income Category and Population



Source

WHO Media Centre

The top 10 causes of death, Fact sheet N°310, Updated May 2014

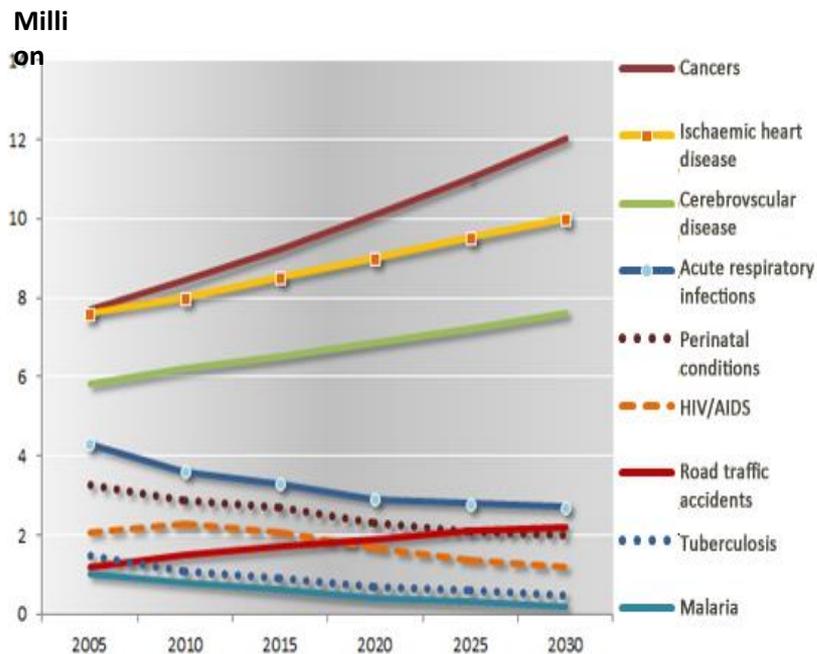
<http://www.who.int/mediacentre/factsheets/fs310/en/>

Source

World Bank. World Development Indicators. Washington DC, World Bank 2013

Changes in Mortality and Morbidity

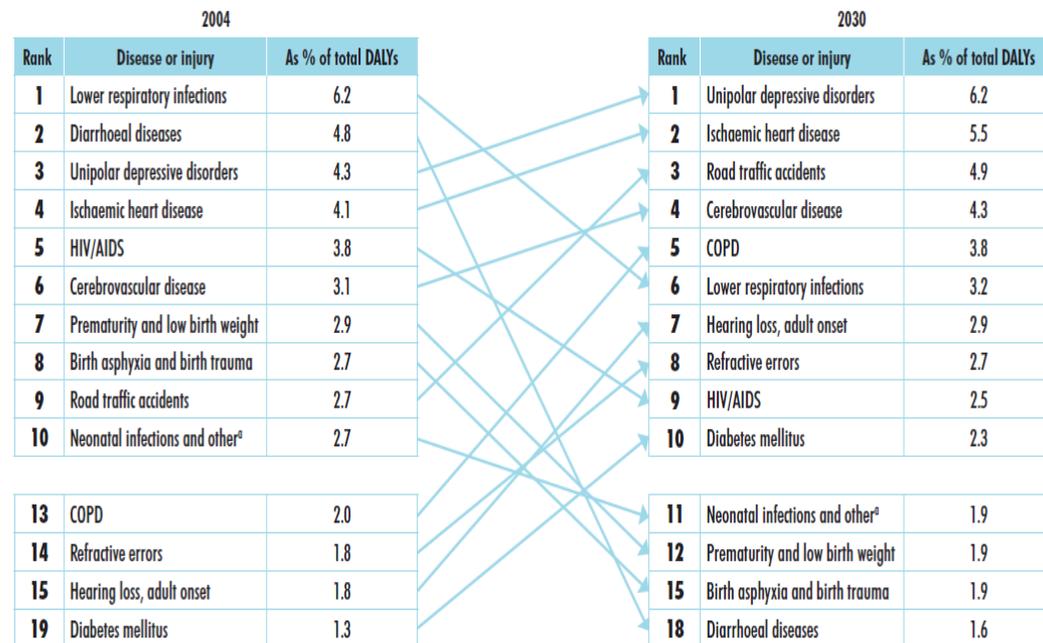
Mortality, 2004–30



http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf?ua=1

DALY, 2004-2030

Figure 1. Ten leading causes of burden of disease, world, 2004 and 2030

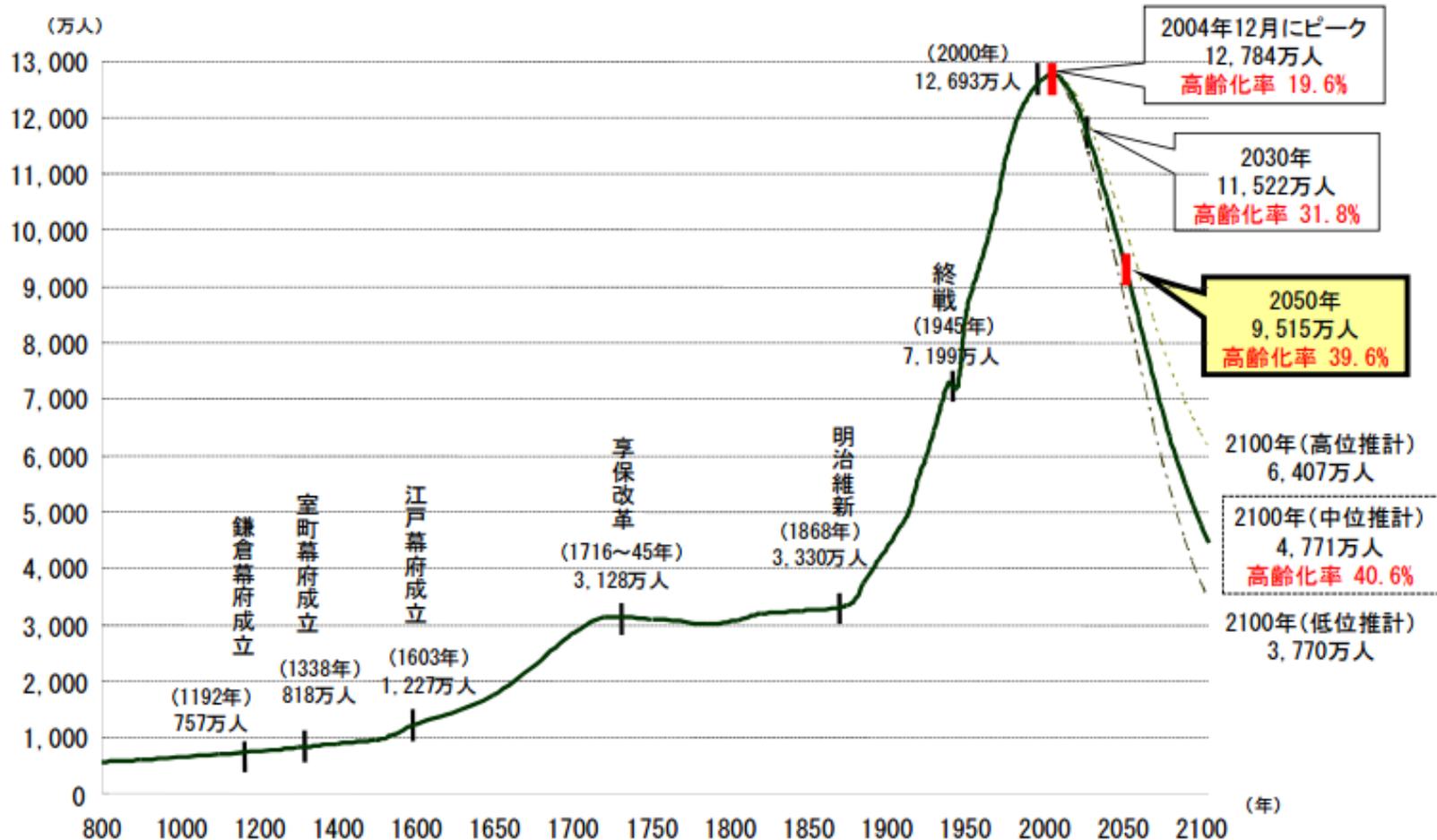


^a This category also includes other non-infectious causes arising in the perinatal period apart from prematurity, low birth weight, birth trauma and asphyxia. These non-infectious causes are responsible for about 20% of DALYs shown in this category.

The global burden of disease: 2004 update. Geneva, World Health Organization, 2008.

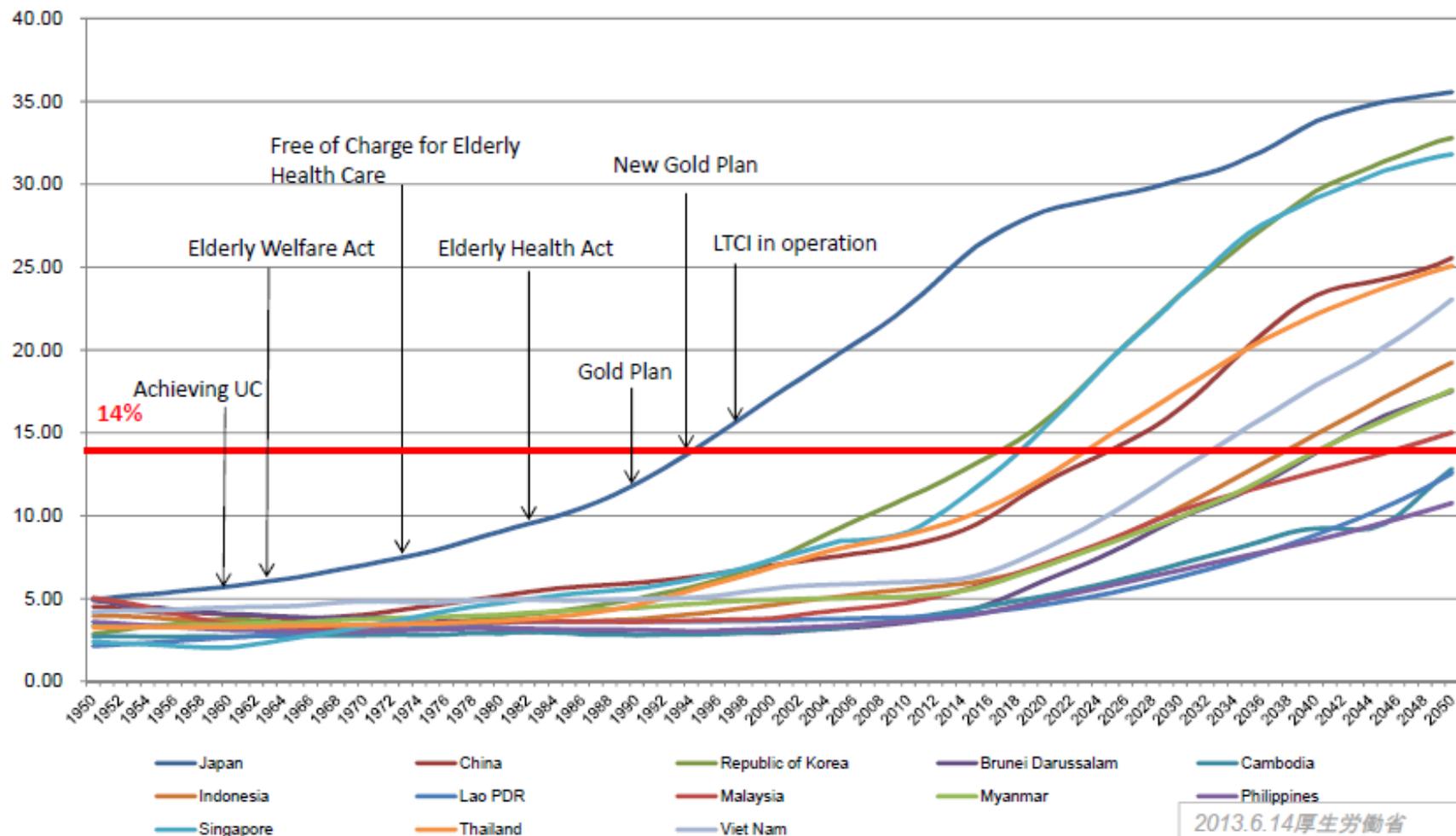
日本の人口推移： 100年で急増・急減が特徴

- 2100年人口は明治時代中期へ → 国内医療需要の質・量の激変



(出典)総務省「国勢調査報告」、同「人口推計年報」、同「平成12年及び17年国勢調査結果による補間推計人口」、国立社会保障・人口問題研究所「日本の将来推計人口(平成18年12月推計)」、国土庁「日本列島における人口分布の長期時系列分析(1974年)をもとに、国土交通省国土計画局作成

Aging Rates of ASEAN Countries and Historical Development of Japan's Elderly Care System



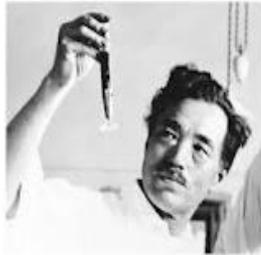
Source: UN, World Population Prospects, Database

2013.6.14厚生労働省
第1回「国際的なActive Agingに
おける日本の貢献に関する検討会」

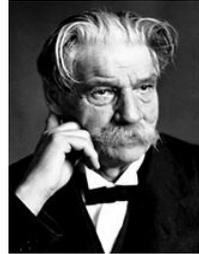
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 - Global のパラダイム変化; Globalization 3.0
- これから求められる国際人材とは

Global のパラダイム変化; Globalization 3.0



Source: 公益財団法人野口英世記念会: 「アフリカの地で殉職」
<http://www.noguchihideyo.or.jp/lifetime/>



Source: Nobel prize.org
http://www.nobelprize.org/nobel_prizes/peace/lauer_eates/1952/schweitzer-bio.html



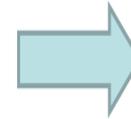
途上国人道援助



Source: 愛泉会病院
<http://aisenkaicdc.blog.fc2.com/blog-entry-49.html>

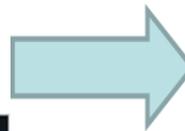


Source: WHO
http://www.who.int/features/2010/smallpox/work_conditions/en/index1.html



国際協力

CNN official website :
<http://edition.cnn.com/2015/06/07/politics/obama-germany-g7>



グローバルヘルス
Global Health 3.0

(様々なアクター、内外の保健課題が容易に地球規模課題に。健康危機管理やインバウンド/アウトバウンド医療を含む。矮小化されない)



Strengthening Health Systems for Health Emergency and UHC

Comment

Japan's strategy for global health diplomacy: why it matters

Global health is standing at a crossroads. The past decade has been a golden period for global health, with the health sector receiving more attention and investment than any other sector. However, the challenges of development assistance have increased significantly, and the world has seen a significant rise in infectious diseases, and non-communicable diseases are a global threat. It is the world's first time that a global health strategy has been adopted by the United Nations. The strategy is a landmark document that sets out a clear vision for the future of global health. It is a call to action for all countries to work together to address the global health challenges of the 21st century. The strategy is a landmark document that sets out a clear vision for the future of global health. It is a call to action for all countries to work together to address the global health challenges of the 21st century.



- PM Abe's Lancet Comment: "Japan's strategy for global health diplomacy: why it matters ? " Sept 2013
- PM Abe's Speech: United Nations Sustainable Development Summit 27 September, 2015. "In the field of health, which is an essential component in this effort, Japan has announced a new global health policy which aims to strengthen health systems in order to better prepare the international community for public health emergencies such as the Ebola virus disease outbreak and to promote universal health coverage in every country."

- MoFA: "Health Development Policy", 2013

- MHWL: "Vision 2035", 2015



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- これから求められる国際人材とは
 - 阪大主宰 APRU GH Workshop
 - 教育機関としての大学の役割

なぜグローバル化が必要か

- 保健問題は地球規模課題
その解決も地球規模の取り組みが必要
- 国内(医療)市場の縮小
- 国際競争時代
- 労働力の国際移動
- 医療技術の開発・供給の国際化



グローバル人材とは

- 多彩な活動場所;
 - 保健外交
 - 国際的機関(国連に限らず)
 - 国際基準策定会合
 - 国際チームのリーダー
 - 自国民以外の人へのサービス提供機関
 - 援助団体
 - 医療関連ビジネス
- キャリア形成過程での官・営利民・非営利民の経験

Take Home Messages

- 国際医療は“チャリティ”や“貢献”から“日本再生”へパラダイム・チェンジ
- 国際医療も“おらが村”メンタリティから“地球規模課題を解決して共生”を目指す
- 国内と国際のバリアに消滅 だからこそ国際医療は、これからの日本に医療に欠くことができないばかりか、寧ろ先導する使命

御静聴有難うございました

