Keynote Speech
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**International Health Towards Leaving No One Behind**

Chair: Kazuhiko Moji  
(Graduate School of Tropical Medicine and global Health, Nagasaki University)

Speaker: Yasuhide Nakamura  
(Graduate School of Human Sciences, Osaka University)

International Health was defined in the textbook as a discipline of academic and practical researches to identify the gap of health status and health services between countries and areas, to discuss the factors related to the unacceptable gap, and to develop the tools to reduce the gap (Shimao 2001).

The 70th UN conference on “Transforming our world: the 2030 Agenda for Sustainable Development Goals (SDGs)” stressed on the idea of leaving no one behind. Many programs have started actions for social inclusion of persons with disabilities, refugees, migrants, ethnic minorities and the poor, as well as pregnant mothers, babies, children and elderly.

I would like to consider the roles of private hospitals or private companies. The investment for health has been discussed among many big private companies. However, the advantages and disadvantages should be evaluated from the perspectives of patients and people in target countries as health care users. Personally, I hope more Japanese companies to participate in the global health fields, for examples, with the spirit of “Triple Win” of management philosophy of old Ohmi-merchant.

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**Yasuhide Nakamura**

Dr. NAKAMURA Yasuhide is a Professor of International Collaboration, Graduate School of Human Sciences, Osaka University. After he graduated from The University of Tokyo, and worked as a pediatrician at Tokyo Metropolitan Hospital, he started global health to encourage maternal and child health in Indonesia as a Japan International Cooperation Agency (JICA) expert (1986-88) and to promote refugee health program in UNHCR Pakistan Office (1990-91). He was a Takemi Fellow (1996-97) in Harvard School of Public Health for international health. He is widely interested in conducting research through interdisciplinary approach in the spirit of fieldworker; Maternal and Child Health (MCH) Handbook Programs in many countries, humanitarian relief for refugees and victims by natural disasters, medical interpreting in hospitals and health care system in Japan.
Award-Winning Presentation
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Need for improving school textbooks for preventing tobacco use among children and adolescents in low- and middle-income countries

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Introduction
School-based tobacco use prevention programs have been implemented in low- and middle-income countries. However, school textbooks have been overlooked as a potential tool to prevent tobacco use. This study evaluated if school textbooks cover the necessary components to prevent tobacco use.

Methods
From January 2009 to March 2010, the textbooks containing descriptions of tobacco use for primary and junior secondary schools were collected from 9 low- and middle-income countries: Bangladesh, Cambodia, Laos, Nepal, Sri Lanka, Benin, Ghana, Niger and Zambia. Content analysis was used to evaluate if the textbooks cover the following 5 components across grades: the consequences of tobacco use, social norms, reasons to use tobacco, social influences, and resistance skills. The contents were also analyzed if they apply interactive approaches.

Results
Out of 474, 41 textbooks contained descriptions about tobacco use prevention. The "consequences of tobacco use" component was covered in 30 textbooks (73.2%) and the "social norms" component was covered in 19 (46.3%). The other three components were described in less than 20% of the textbooks.

Conclusions
A rather limited number of school textbooks in developing countries contained descriptions of prevention of tobacco use, but they did not fully cover the core components for tobacco use prevention. The chance of tobacco prevention education should be seized by improving the content of school textbooks.
Symposia
The International Expansion of Japan’s Healthcare

Chair: Hidechika Akashi (National Center for Global Health and Medicine)
Speaker 1: Kenichi Komada (International Department Ministry of Health, Labour and Welfare)
  “A Look at Japan’s Health Policy and International Health”
Speaker 2: Eiji Hinoshita (International Cooperation Bureau Global Health Policy Division, Ministry of Foreign Affairs)
  “Japan’s Diplomacy and Stance on Medical Affairs”
Speaker 3: Kuniaki Miyake (General Affairs Division, Health Policy Bureau Ministry of Health, Labour and Welfare)
  “Healthcare’s Expansion Abroad and Economic Implications for Japan”

At the September 2015 UN Summit, the Sustainable Development Goals (SDGs) were adopted in succession to the previous Millennium Development Goals (MDGs) with 2030 as the target completion date. 17 goals and 169 sub-goals, or targets, were established. Topics cover issues such as poverty, health, gender, and education, and the Japanese government’s diplomatic objective of safety and security. In addition, the SDGs also cover several issues that affect the environment on a global scale. Because Japan can contribute both experience and technological capacity on a number of pertinent issues, it has pledged to take an active role in contributing to the new goals.

At the Kyushu/Okinawa Summit in 2000, Japan raised health as a primary concern. In the same vein Japan led discussions at the Iseshima Summit in May 2016, in which G7 leaders committed to strengthening public health, achieving universal health coverage (UHC), and reducing AMR (anti-microbial resistance), among other topics. Furthermore, support for strengthening public health UHC was incorporated at the Tokyo International Conference on African Development (TICAD VI), held in Nairobi in August 2016.

Putting aside external efforts, the Japanese government has set the “Japan Revitalization Strategy 2016” and “Healthcare Policy” as internal strategies which address the international expansion of Japan’s healthcare, both of which coincide with the health-focused policy, Basic Design for Peace and Health, in the Development Cooperation Charter. The expansion is composed of two endeavors: “outbound” efforts, which promote development of medical equipment, medicines and medical services, and “inbound” efforts, which focus on increasing Japan’s appeal as a place for foreigners to travel for medical care. In addition, there has been an increase in private enterprises independently conducting efforts on behalf of international health. Although the activities are driven more from a business standpoint, the Japanese government actively supports these efforts as they play a role in achieving the SDGs.

In sorting out the entangled web of its internal and external environments, what kind of healthcare policies will Japan develop that have the capacity to be actualized? Of course, different ministries will have varying viewpoints on which strategies have more practical value. At this Symposium, representatives from the Ministry of Foreign Affairs and the Ministry of Health, Labour and Welfare will share their thoughts on the international expansion of Japan’s healthcare, hopefully rendering the Symposium as a place to promote understanding between government and those working directly on the frontlines of international health.
Private Enterprise and the New SDGs

Chair: Takesumi Yoshimura (Professor Emeritus University of Occupational and Environmental Health, Japan)
Speaker 1: Yukoh Satake (Euglena Co., Ltd.)
  “Mung Bean (Cultivation in Bangladesh (SDG1))”
Speaker 2: Yuzo Nakao (Ajinomoto Co., Inc.)
  “Supplemental Nutrition Development in Africa (SDG2)”
Speaker 3: Takayuki Hotta (Panasonic Corporation)
  “Selling Solar Lanterns in Kenya (SDG7)”
Speaker 4: Kanetoshi Oda (Nippon Poly-Glu Co., Ltd.)
  “The Business of Water Purification (SDG6)”

The 17 Sustainable Development Goals (SDGs) and 169 targets set at the 2015 UN Summit address concerns left unresolved by the previous Millennium Development Goals such as poverty and public health, while seeking to tackle problems of mounting urgency including the environmental crisis and the inequality gap. Transcending national boundaries and affecting civilization on a global scale, these challenges called for a worldwide response. It was out of the realization that no one country could solve the challenges that the SDGs were born. Achieving such far-reaching goals requires not only a comprehensive “big picture” view but also technological innovation and formation of partnerships among stakeholders at all levels across the world including government, private enterprise, university/research institutions, local authorities, and the general public.

Before the adoption of the SDGs by the UN, however, many Japanese corporations had already been addressing many issues - clean water, poverty, malnutrition, renewable energy sources, etc. - from a business standpoint. Regardless of standpoint, if the efforts result in positive local outcomes then they become a win-win, often leading to the discovery of fresh ideas to address health in developing countries. And if corporations are contributing to the achievement of SDGs, then they should be considered players in the realm of international health.

At this year’s conference we will have a chance to hear directly from a number of such corporations actively involved in issues raised by the SDGs and learn about their business models, results, and experiences they have gained along the way.
Universal Health Coverage — Achievements and Challenges

Chair: Sumiko Ogawa (Meio University)
Speakers: Kampila Humphreys Nsona (Integrated Management of Childhood Illness unit manager MoH, Malawi)
Kongsap Akkhavong (Former Director of National Institute for Public Health, Lao PDR)
Cong Hoang Nguyen (Vice Director of Thai Nguyen Central General Hospital, Vietnam)
Walaiporn Patcharanarumol (International Health Policy & Planning, MoH, Thailand)

Universal Health Coverage (UHC) means all people are able to receive the health services they need, including health initiatives designed to promote better health, prevent illness, and to provide treatment, rehabilitation, and palliative care of sufficient quality, while at the same time ensuring that the use of these services does not expose the user to financial hardship. Thus UHC comprises two main components: quality and coverage of essential health and finances—both extended to the whole population. Three dimensions — (effective) health services, finance, and population — are typically represented in what has come to be known as the coverage cube (Figure 1.1, WHO, 2015*).

This UHC symposium introduces the cases of four countries’ health care achievements, including how they have been working to extend health services to the whole population. Malawi, for example, addresses key strategies for attaining UHC, focusing on Sector wide approaches (SWAs), MCH, and essential health care packages. UHC is defined as cost effective with an integrated manner for each level of health care. Lao PDR highlights collaboration with international donors as a method of establishing UHC and a National Health Insurance Bureau. Its consensus on UHC is that health care should be available for everyone via equally accessible health facilities and that no one should be faced with catastrophic health care expenditures when paying for health services. As for Vietnam, the definition of UHC is more committed to health insurance in order to improve the quality of health care. Thailand has a long history of achieving UHC. The Universal Coverage Scheme (UCS) members were entitled to free services via their registered District Health System (DHS) Network. Although increased utilization was observed for both outpatient and inpatient services, pro-poor utilization, especially at district hospitals or health centers, where primary care services are delivered by paramedics, was observed. In addition, the strategic purchasing function, if managed well by insurance agencies, contributes to achieving the UHC goals of equitable access and financial risk protections.

In this symposium, we would like to share ideas from these four different stages/concepts of UHC and lessons learned during the process of achieving UHC; at the same time, we would also like to discuss how to tackle remaining issues. We hope to have informative interaction with the audience, as well.

Disaster Medical Assistance from the Perspective of International Healthcare: How Were Lessons Learned in the Great Hanshin Earthquake and Great East Japan Earthquake Leveraged in the 2016 Kumamoto Earthquake Relief Effort?

Chair: Seishi I (Kumamoto Red Cross Blood Center)
Speakers: Mieko Ishii (Graduate School of Nursing Research, Tokyo Healthcare University)
Tomoki Natsukawa (Senri Critical Care Medical Center, Saiseikai Senri Hospital)
Kensuke Onishi (peace winds JAPAN)
Soichi Nagata (Kamimashiki Medical Association, Kumamoto)

Since the Great East Japan Earthquake in 2011 there has been an increasing awareness of the importance of medical support during disasters across Japan, and the number of medical organizations that show an interest in disaster medical support both in Japan and overseas are on the rise. For most people, however, the idea of "disaster" conjures up images of emergency, short-term support, and while there are many opportunities to get involved on the front lines of emergency relief, many people are beginning to realize the equally important need for long-term support. As the awareness begins to take shape, yet another earthquake struck Japan in the Kumamoto region in April 14th of this year, bringing to the region multiple support groups from across Japan, including the Japan Disaster Medical Assistance Team. In the immediate hours after a disaster, the role of external groups in reacting swiftly to treat serious injuries and transporting patients to hospitals is vital. Once the immediate response shifts to the sub-acute phase and then throughout long-term recovery, the priority shifts to various professions working together to provide medical care and support to vulnerable senior citizens in evacuation facilities. At this year’s conference, we will have a chance to hear from organizations who have been involved not only in overseas disaster relief efforts but also in relief efforts across Japan including the Great East Japan Earthquake regarding how their response to the Kumamoto Earthquake was improved through their past experiences. Their equally important counterparts – those medical institutions directly affected by the disaster – will also have a chance to report on how they collaborated with outside relief groups to provide support at the local level during a period of turmoil.

We will take a look back at this year’s Kumamoto relief efforts and discuss where problems occurred and where improvements were seen.

Associate Professor Mieko Ishii (Graduate School of Nursing Research, Tokyo Healthcare University) will join us to discuss the current state and persistent challenges of disaster relief, and Dr. Tomoki Natsukawa from the Senri Critical Care Medical Center at Kumamoto’s Saiseikai Senri Hospital (and also a board member for the nonprofit organization Humanitarian Medical Assistance [HuMA] that collaborated with the health administration in Aso City) will discuss support activities conducted by medical institutions at the local level. In addition, Board Spokesperson Kensuke Onishi from the nonprofit organization peace winds JAPAN, which provides disaster supplies throughout Japan and across the world, will report on the collaboration between organizations supporting material needs and other relief agencies. Moreover, Chair of the Kamimashiki District Medical Association Dr. Soichi Nagata, speaking on the theme of medical institutions that themselves become victims during disaster, will discuss, based on his experiences, at what stage and in what framework medical relief activities are ideally conducted by both external support agencies and nearby functioning medical institutions when the local medical and caregiving facilities affected by disaster fall into chaos. Taking the perspectives of both international and public health, at this Symposium we will discuss whether effective support efforts can be achieved if local resources that are still functioning are utilized, and how these local resources can collaborate with various groups that possess different capacities for providing disaster relief during a large-scale response.
Global Warming’s Effect on Health: What’s Our Game Plan?

Chair: Masahiro Hashizume (Institute of Tropical Medicine, Nagasaki University)
Speaker 1: Yasuaki Hijioka (Regional Environmental Impact Assessment Section, Center for Social and Environmental Systems Research, National Institute for Environmental)

“Studies Climate change impacts and adaptation strategies in Japan and the World”

Speaker 2: Yasushi Honda (Graduate School of Comprehensive Human Sciences, The University of Tsukuba)

“Heat-Related Deaths future predictions and adaptation strategies”

Speaker 3: Noboru Minakawa (Department of Vector Ecology & Environment, Institute of Tropical Medicine, Nagasaki University)

“Malaria Early Warning System Using Climate Prediction Models in Southern Africa”

The slew of problems that climate change dredges up in its wake have long been feared. In 2009 it was named “the biggest threat to global health of the 21st century” in a special issue of the prestigious medical journal The Lancet. Despite its feature in respected journals over the years, however, it is still difficult to say with any confidence that there is sufficient interest among professionals engaged in the health profession. According to the latest report by the Intergovernmental Panel on Climate Change (IPCC), in the past 130 years the average surface air temperature has risen by 0.85°C. Furthermore, since 1898 the average temperature in Japan has been rising at the rate of approximately 1.1°C every 100 years, and, if left untouched, will continue to rise so that by the end of the century the average temperature will be 4.4°C higher than it is today. In practical terms, this means that Tokyo summers will see 3 or more months of daytime temperatures above 30°C.

The rise in climate change and consequent oppressive heat will have a direct effect on human health (heat stroke, heat-related deaths, etc.), and increased incidence of malnutrition and geographical expansions of vector-borne diseases including malaria and dengue fever are projected. To reduce these unwelcome effects, a two-tiered approach of mitigation—reduction in greenhouse gases—and adaption—an approach to limit our vulnerability to climate change impacts—is critical.

At this symposia, experts will introduce the newest research findings on the estimated climate change impacts and adaptation strategies throughout Japan and the world. The aim is to treat the problem of climate change as a problem of global health that demands the attention of health professionals around the world. First, Dr. Yasuaki Hijioka from the National Institute for Environmental Studies will introduce new research trends evaluating the impact of and response to climate change from the perspective of climate change impact evaluation research. Next, Tsukuba University’s Professor Yasushi Honda will, from the viewpoint of environmental epidemiology, report on the epidemiological methodology that quantifies the relation between ambient temperature and mortality as well as future predictions of heat-related deaths due to climate change. Finally, Nagasaki University’s Professor Noboru Minakawa will report the progress of developing the Malaria Early Warning System in South Africa under the project supported by the Science and Technology Research Partnership for Sustainable Development (SATREPS).
The First-Year Review on SDGs Implementation

Chair: Kiyoko Ikekami (Graduate School of Social and Cultural Studies, Nihon University)
Speakers: Takeshi Kasai (World Health Organization Western Pacific Regional Office)
          Jaewok Choi (Korea University, Department of Preventive Medicine)
          Masaki Inaba (Global Health Programme, Africa Japan Forum)
          Reiko Hayashi (Department of International Research and Cooperation, National Institute of
          Population and Social Security Research)
          Masao Seki (Sompo Japan Nipponkoa Insurance Inc.)
Commentators: Chiaki Miyoshi (Bureau of International Health Cooperation, National Center for Global
          Health and Medicine)
          Tomohiko Sugishita (International Affairs and Tropical Medicine, Tokyo Women’s Medical University)

SDGs (Sustainable Development Goals) was launched in September 2015 and has been implemented
since January 2016 for next 15 years. The first year implementation is reviewed to make clear on implementation
stage, related issues and obstacles as well as future strategies on (1) Asia and the Pacific region, (2) Korea
as developed country, (3) Response to AIDS in Africa by civil society, (4) Demographic evidence base to
achieve SDGs, and (5) Japan’s response to SDGs.

It is a new kind of development goals, which includes developing and developed countries. In this context,
Japan can learn a lot from other countries’ experiences at the very first stage of SDGs implementation,
for further advancement, from various perspectives such as common issues on global health in Asia and
Africa, political commitment, evaluation by scientific data, and involvement of all stakeholders (civil society
and the private sectors) for identifying Japan’s own smart goals and targets.
Past, Present and Future Infectious Disease Control
-How can Japan contribute to Global Health Security?- 

Chair: Ikuo Takizawa (Human Development Department, JICA)
Speakers: Hitoshi Oshitani (Professor, Tohoku University Graduate School of Medicine)
Elizabeth Chizema Kawesha (Director, Disease Surveillance, Control and Research, Ministry of Health, Zambia)
Francis Kasolo (WHO AFRO Coordinator Country Support)

JICA, in collaboration with the Japanese universities and research institutes, has been supporting the capacity development of institutions for advanced research and training for infectious diseases globally. Its cooperation ranges from construction of the biosafety facilities, provision of laboratory/analytical equipment, and human resource development. These institutions are now globally recognized and include Noguchi Memorial Institute for Medical Research in Ghana, Kenya Medical Research Institute, Zambia University Teaching Hospital Virology Laboratory, and School of Veterinary Medicine, University of Zambia. JICA has also been supporting countries to implement projects that focus on the control of their priority diseases such as TB, HIV, polio, guinea worm and filariasis.

Japan played an important role in shaping global health agenda for infectious diseases control. The Global Fund for AIDS, Tuberculosis and Malaria to support the programs that target the major diseases, was established following the agreement in Kyushu-Okinawa Summit in 2000.

Furthermore, in response to the recent outbreaks of infectious diseases that could cause devastating damages beyond national borders such as Highly Pathogenic Avian Influenza (H1N1) and Ebola Viral Disease, the Government of Japan has led the formulation of Ise-Shima Vision whose aims include reinforcing the global health architecture and strengthening of preparedness against public health emergencies. The Ise-Shima Vision will serve as the foundation for the G7 countries to cooperate to tackle these challenges. In this symposium, we will review the history of Japan’s efforts on global infectious diseases control and draw the lessons for the future. We will then discuss, based on the historical understanding and achievements, what and how Japan can contribute to the world to be better prepared against the threats from infectious diseases as provided in the International Health Regulations, and to attain the SDGs by 2030. Multi-sectoral and inter-country approaches will be highlighted.
Japanese Starategy for Human Resource Development for Global Health

Chair: Tarnotsu Nakasa (Bureau of International Health Cooperation, National Center for Global Health and Medicine)
Speakers: Kenichi Komada (International Department, Ministry of Health, Labour and Welfare)
   Makoto Tobe (Japan International Cooperation Agency)
   Satofumi Sone (National Institute of Public Health, Saitama)
   Sachiko Baba (Graduate School of Medicine/Faculty of Medicine, Osaka University)
Questions: Kazuhiro Abe (Graduate School of Medicine and Faculty of Medicine, Tokyo University)
   Mizuki Kato (Japan Association for International Health, Student Section)

In August 2015, the Minister of Health, Labour and Welfare established the Council on Global Health and the working group was created in order to examine ways to produce human resources for global health policy continuously. In the working group, first, the scope of the policy of human resources development for global health based on discussion of the environment surrounding international health. Second, the barriers to the motivation, human resource development, deployment and promotion and their issues were clarified. In addition, based on the discussion in the council, the fundamental challenges were analyzed for the overseas expansion of the international health workforce. The environment surrounding the human resource development for health policy has been changed, and we need to address these changes. First, the aid framework become complex and the networks with various actors such as UNs, private sectors and NGOs are needed. Second, global policy has changed from the Millennium Development Goals to Sustainable Development goals and policy of strengthening of social security is more focused than individual for disease control and prevention. Third, the importance of strategic relation to the international norms and standards increased in the world where the number of middle-income countries increase. It is very important that Japan maintains its influence and lead the global heath in the rule making by knowledge of Japan. This contributes to improve the health condition of Japan and economic growth. Development process of global health leaders is to obtain the chance of entry into the international health field, to get senior position by obtaining the ability and experience, and to become an organization leader from a practical leader by acquiring further capability and experience. Capacity development of Japan is producing ultra-professional in specialist oriented thought or generalist found in the public officials and experts with a wide range of insights into the international community seek is less likely to grow. In addition, human resource development of Japan has faced a lot of barriers. In order to break the current situation, the government, industry government and academia cooperate and tackle the promotion of human resources development together. In this symposium we introduce the details that have been discussed in the working group and to discuss the strategy of human resource development for global health in the future. In addition, receive the questions from students, young professionals and participants in the venue.