持続可能な開発目標（SDGs）の背景と国際展開

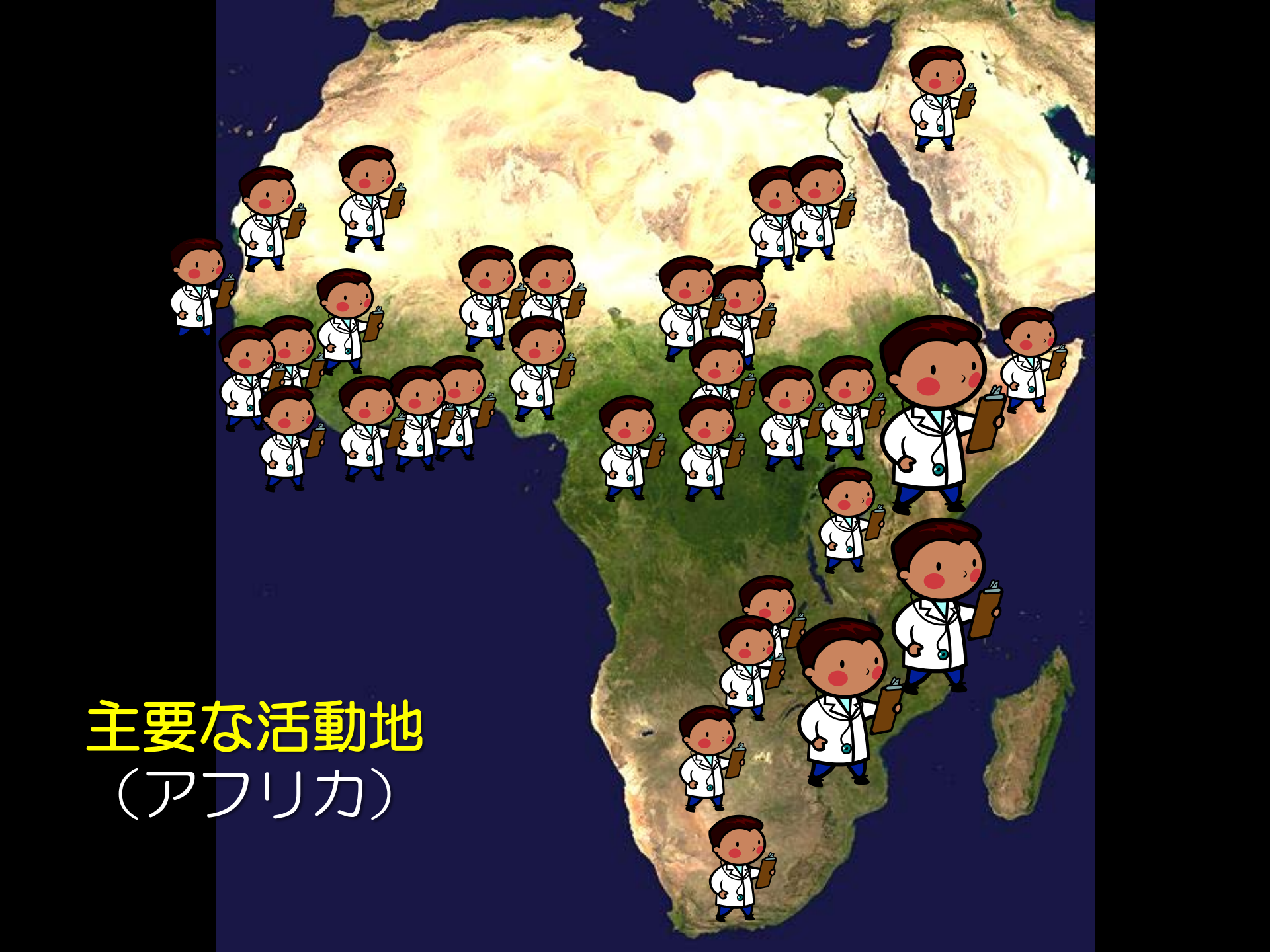
21世紀の健康社会デザイン

東京女子医科大学　国際環境・熱帯医学講座
教授/講座主任　杉下智彦

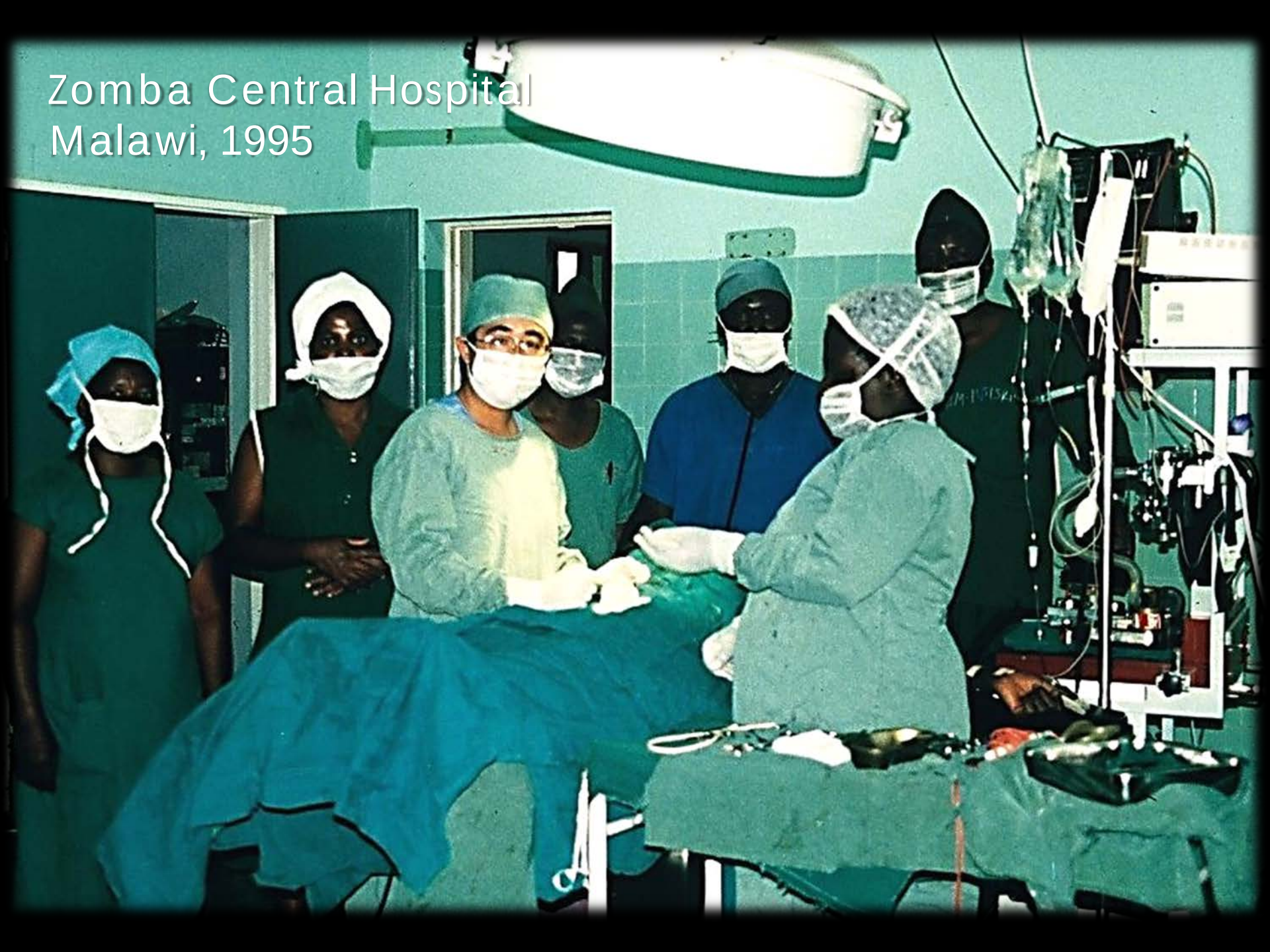
医は仁術から算術に成り下がってしまった

私の履歴書

1990年　東北大学医学部卒業
1990年　聖路加国際病院外科レジデント
1994年　東北大学胸部外科教室
1995年　青年海外協力隊　マラウイ共和国　外科医師
1998年　聖路加国際病院　胸部外科医師
2000年　ハーバード大学公衆衛生大学院
2001年　ロンドン大学東洋アフリカ研究大学院
2002年　タンザニア・モロゴロ州保健行政強化プロジェクト
2006年　JICA国際協力専門員
2009年　ニャンザ州保健マネージメント強化プロジェクト
2011年　ケニア国保健省アドバイザー
2013年　SDGs策定委員会・UHCフレームワーク構築
2016年　ケニア国グレートレイク大学キスム校博士課程修了
2016年　東京女子医科大学　教授


主要な活動地
（アフリカ）


L
R


Zomba Central Hospital
Malawi, 1995


病気(illness)は文化である
医療は社会システムである

医師は社会変革の提唱者である

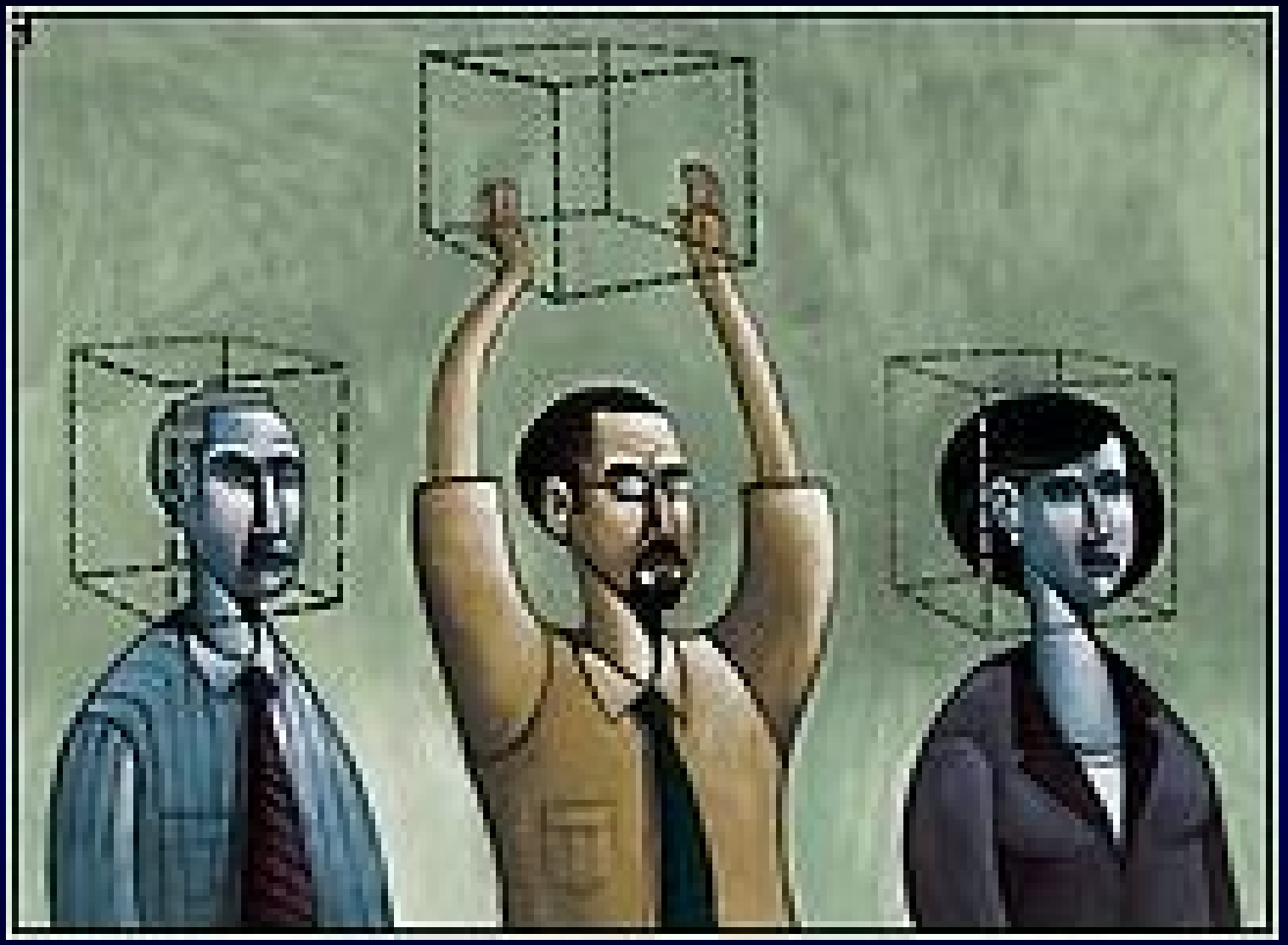
Doctors are natural advocates of the poor.

Rudolluff Virchow
(1821-1902)

Medicine is a social science, and politics is nothing else but medicine on a large scale.

Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution.


ROYAL
ROYAL



Think Out of Box !!

持続可能な開発目標

だれひとり取り残さない

Transforming our world

Sustainable Development Goals

経済格差の伸長

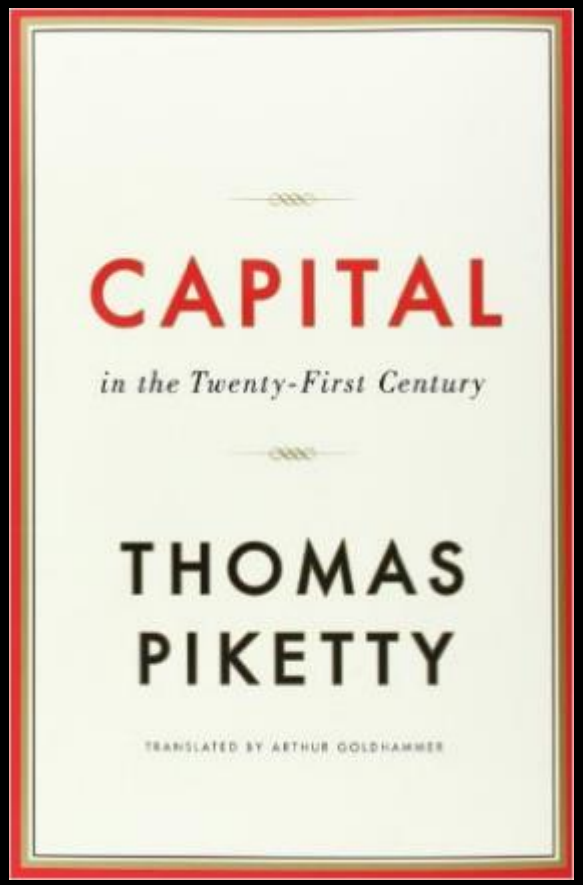
OXFAM

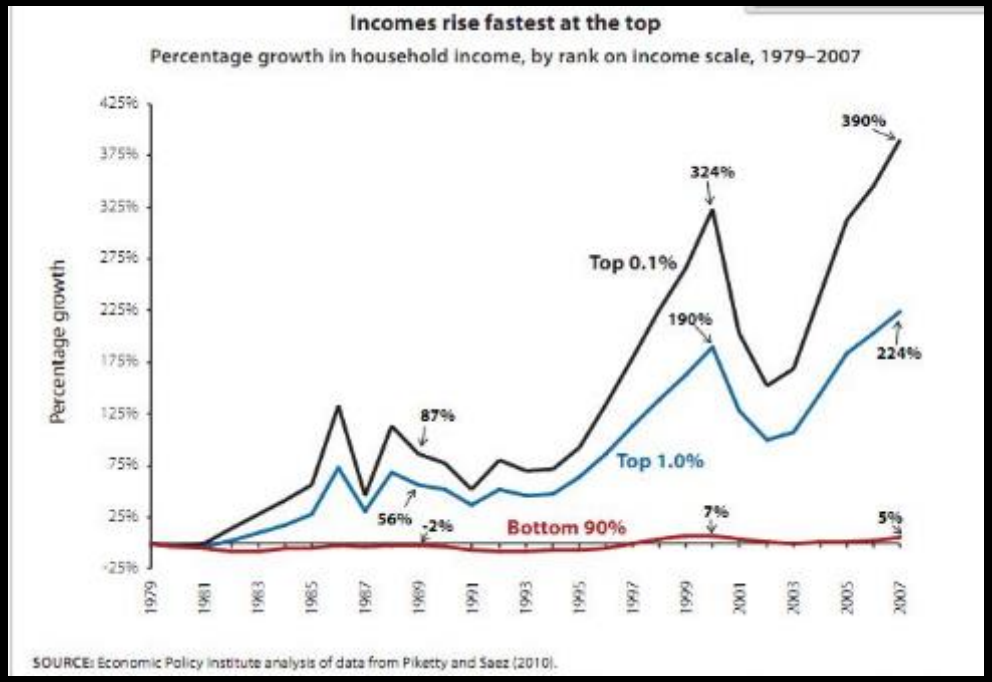
62→8

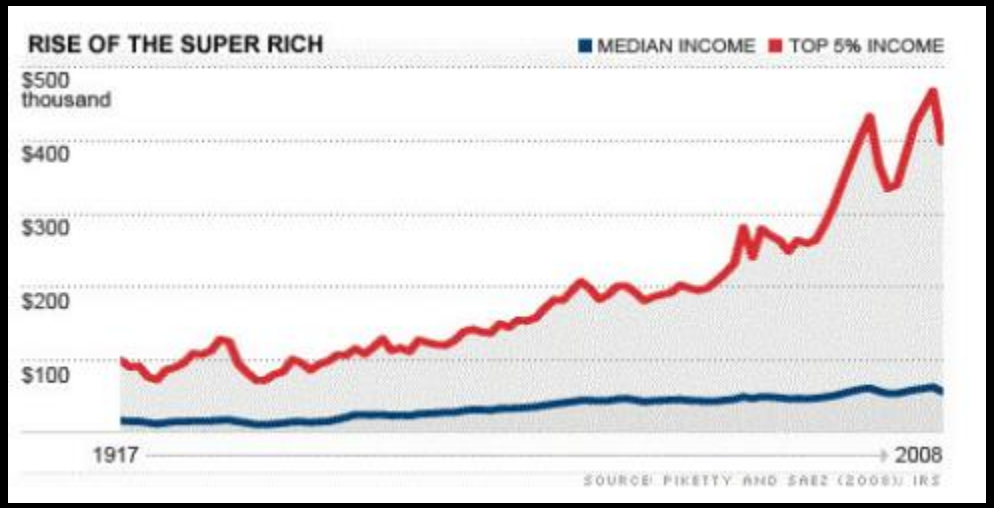
3,600,000,000

所得格差の伸長


PARIS SCHOOL OF
ECOLE D'ECONO
DE PARIS
22 Février 200


CAPITAL
in the Twenty-First Century
THOMAS
PIKETTY
TRANSLATED BY ARTHUR GOLDHAMMER


Incomes rise fastest at the top
Percentage growth in household income, by rank on income scale, 1979–2007
Percentage growth
425%
375%
325%
275%
225%
175%
125%
75%
25%
-25%
1979
1981
1983
1985
1987
1989
1991
1993
1995
1997
1999
2001
2003
2005
2007
390%
324%
Top 0.1%
190%
224%
87%
Top 1.0%
56%
-2%
Bottom 90%
7%
5%
SOURCE: Economic Policy Institute analysis of data from Piketty and Saez (2010).


RISE OF THE SUPER RICH
MEDIAN INCOME
TOP 5% INCOME
$500 thousand
$400
$300
$200
$100
1917
2008
SOURCE: PIKETTY AND SAEZ (2008); IRS

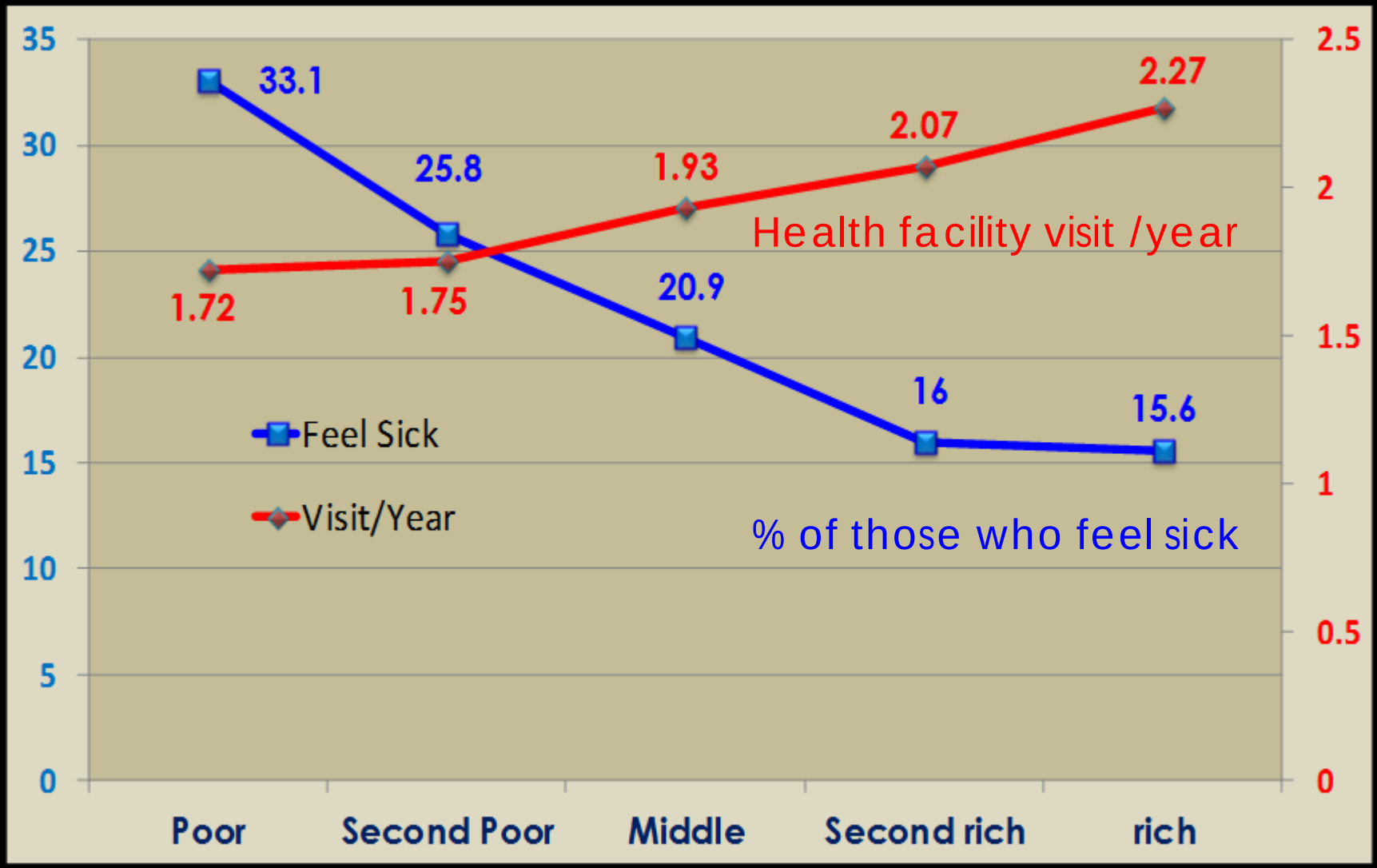
The Inverse Care Law (1971)

Julian Tudor Hart

"The availability of good medical care tends to vary inversely with the need for the population served. This inverse care law operates more completely where medical care is most exposed to market forces.

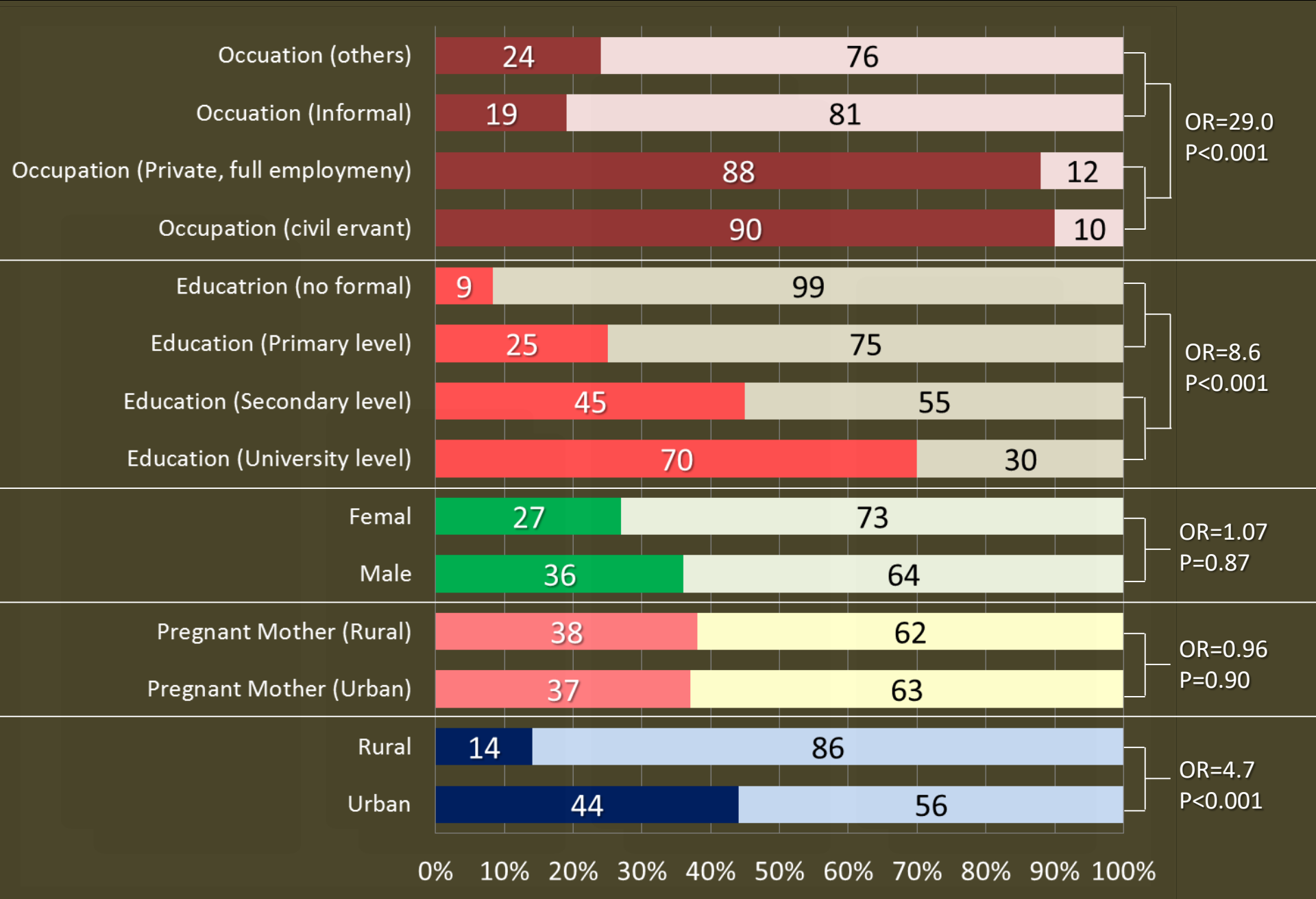
"No market will ever shift corporate investment from where it is most profitable to where it is most needed."

Economic Status and Health Services



Household Health Expenditure and Utilization Survey
MOH, Kenya, 2003

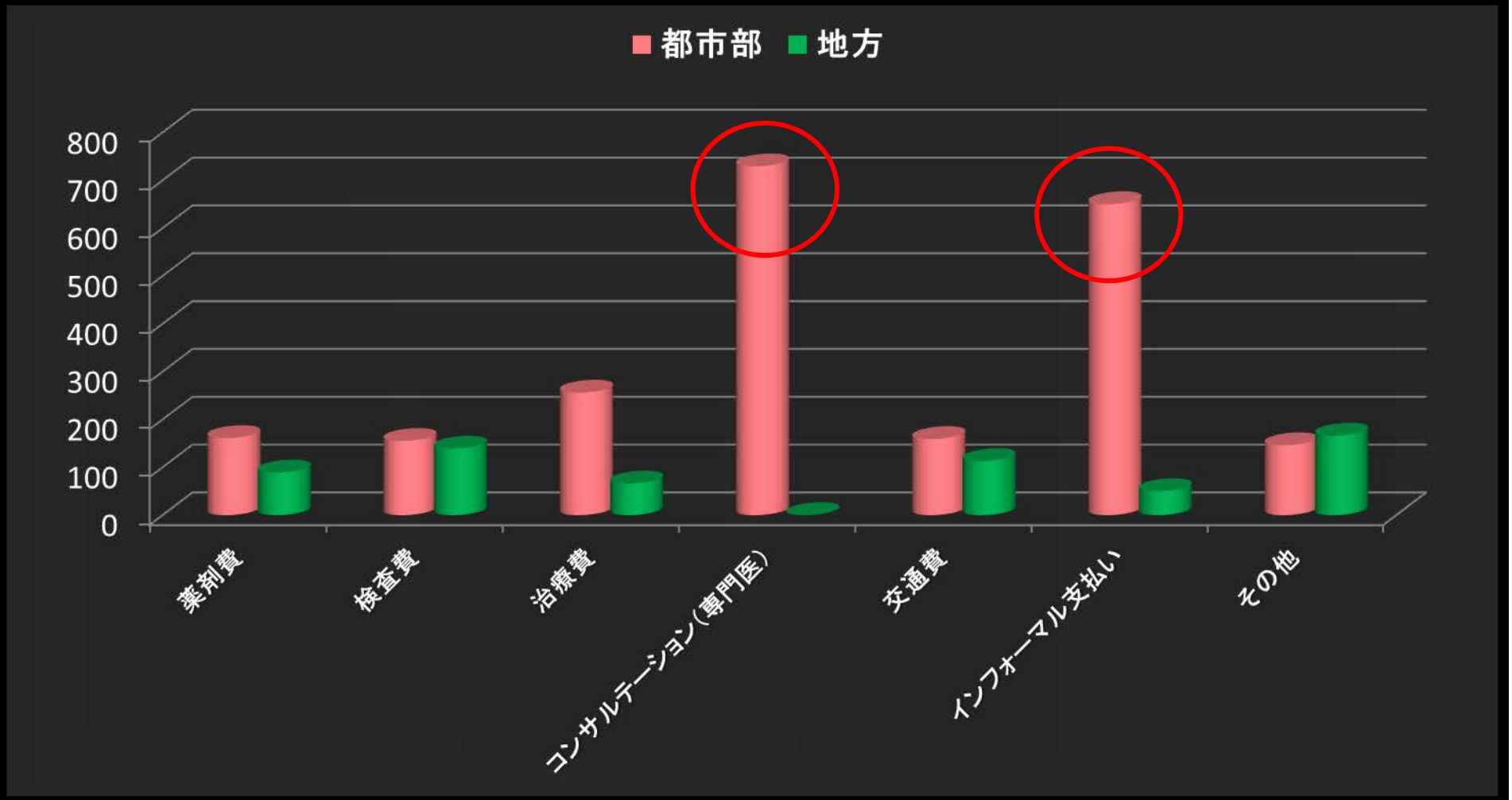
公正性のレンズを通してみた保険加入力バレッジの格差



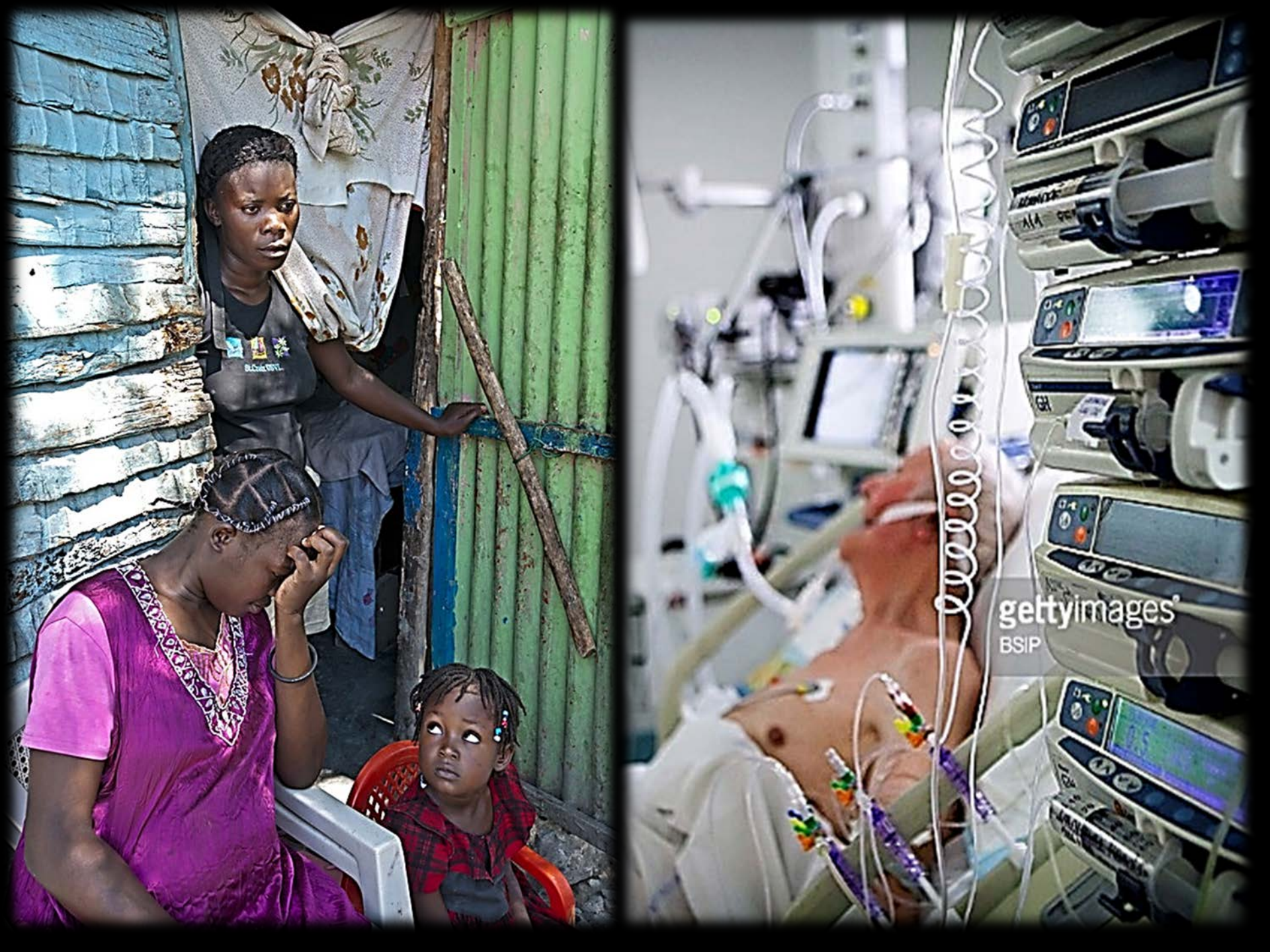
妊産婦死亡例の検討（ケニア）

Case #	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
age	17	26	23	24	40+*1	20	22	17	20	30+*1
Cause of death	Postpartum hemorrhage	Postpartum hemorrhage	Sepsis	Sepsis Anemia	Sepsis	Obstructed labor	Eclampsia	Ruptured uterus*2	Indirect (infection)	Indirect (infection)
# of pregnancy	1	3	3	1	9	3	2	2	3	5
Marital status	Single	Married	Married	Single	Widowed	Single	Single	Married	Married (2nd wife)	Widowed
Highest education	Primary	Primary	Primary	Secondary	Primary	Primary	Secondary	Primary	Primary	Primary
Income of household (Ksh/month)	<2,000	40,000	4,000	N/A*1	<2,000	2,000-3,000	4,000	<2,000	2,000-3,000	<2,000
Month of pregnancy	9	9	8	6	9	10	9	9	8	9
Place of delivery	Home (TBA)	Dispensary	TBA's	N/A*3	Home*4	Dispensary	Home*5	N/A*3	N/A*3	N/A*3
ANC visit	5	+*1	2	0	0	6	0	2	1	0
1st delay (hour)	0	0	4	0	48	0	0	9	4	48
2nd delay (hour)	0.5 *6	0	6	6	2	0.5 *6	3	1	3	1.5
3rd delay (Yes/No)	No	Yes	Yes	Yes	N/A*7	Yes	Yes	No	No	No

医療費総額の地域格差（ケニア）



Kenya, Sugishita 2015


gettyimages
BSIP


“Health for All by the year of 2000”
アルマアタ宣言(1978)
PHC: プライマリ・ヘルス・ケア
“Health Systems Strengthening”
MDGs: WHO(2000,2007)
保健システム強化
“Universal Health Coverage”
SDGs: ユニバーサル・ヘルス・カバレッジ

Resilient Health Systems towards ユニバーサルヘルスカバレッジ

"Universal health coverage is the single most powerful concept that public health has to offer"
Margaret Chan, WHO

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

Global health is standing at a crossroads. The past decade has been a glorious period for global health because aid to the health sector has surged, and newly formed public-private partnerships have increased the effectiveness of development assistance.[1] Japan has played a significant part, for example by leading discussions at the G8 Kyushu-Okinawa Summit in 2000 and by helping in the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, countries now face changing disease structures, and non-communicable diseases are a global threat.[2] If the world follows the existing disease-focused vertical pathway for development assistance in the coming years, the disparity between resource allocation and actual disease burdens will widen. The disease-specific approach is straightforward, but the importance of tackling health in general is clear.[3]

At the G8 Hokkaido Toyako Summit in 2008, Japan proposed a comprehensive approach to health, inclusive of health system strengthening, to complement a vertical approach.[4] A working group led by Keizo Takemi supported the work of the G8 Health Experts Group by recommending actions.[5] Unfortunately, because of the financial crisis that began in 2008, there have been difficulties in sustaining the amount of aid for health.[6]

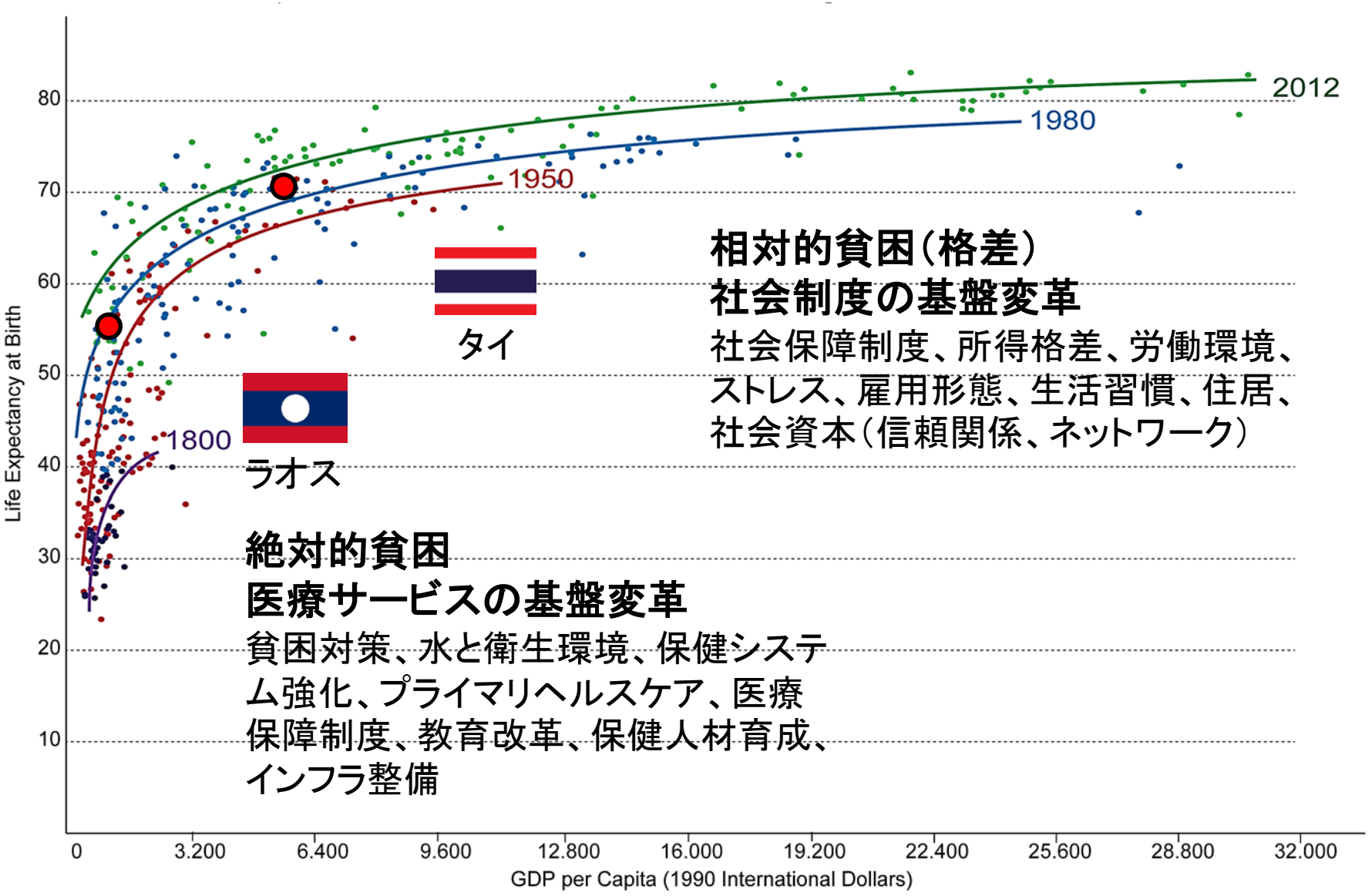
We should now pursue universal health coverage (UHC) to solve existing global health challenges and to embark on the post-2015 development agenda. UHC would help us to reach three goals. The first of these goals is to improve the health of countries' entire populations,[7] including the most vulnerable people, women in particular.[8] The existing Millennium Development Goals (MDGs) stop short of addressing widening domestic inequalities, and it is crucial to close the gap in access to health services between wealthy and poor people. The second goal is to ensure health service provision for all people, shifting from a disease-oriented to a people-centred approach.[9] UHC can meet the wide-ranging health needs of every person. These two goals are interrelated and together help to achieve human security through protection and empowerment of individuals. The third goal is to enable countries to look at their own challenges and implement health policies that fill diversified needs with a limited budget.[10] UHC can be a powerful way to reinforce country ownership and setting of priorities in search of value for money.[11]

This new pathway for global health is still at an early stage and needs strong political leadership, which is why I launched the Strategy on Global Health Diplomacy in May, 2013.[12] With this strategy, I first and foremost spare no efforts to incorporate UHC as a crucial element of the post-2015 development agenda. UHC is gaining a footing in the global health dialogue. The Foreign Policy and Global Health initiative led a resolution on UHC, which was adopted at the 67th UN General Assembly.[13] I agreed with President François Hollande of France, who leads this initiative, to promote UHC.[14]

Second, I will reinforce Japan's assistance to developing countries to work with them to achieve UHC. Promotion of UHC does not mean a reduction of aid in the health sector or ignorance of the unfinished work of the MDGs. With regard to Africa, our work on MDGs opens the door towards UHC. At the 5th Tokyo International Conference on African Development (TICAD V) held in June, 2013, I called for the promotion of UHC[15] and committed US$500 million of financial assistance in health, including capacity building of a 120 000-strong health workforce.[16]

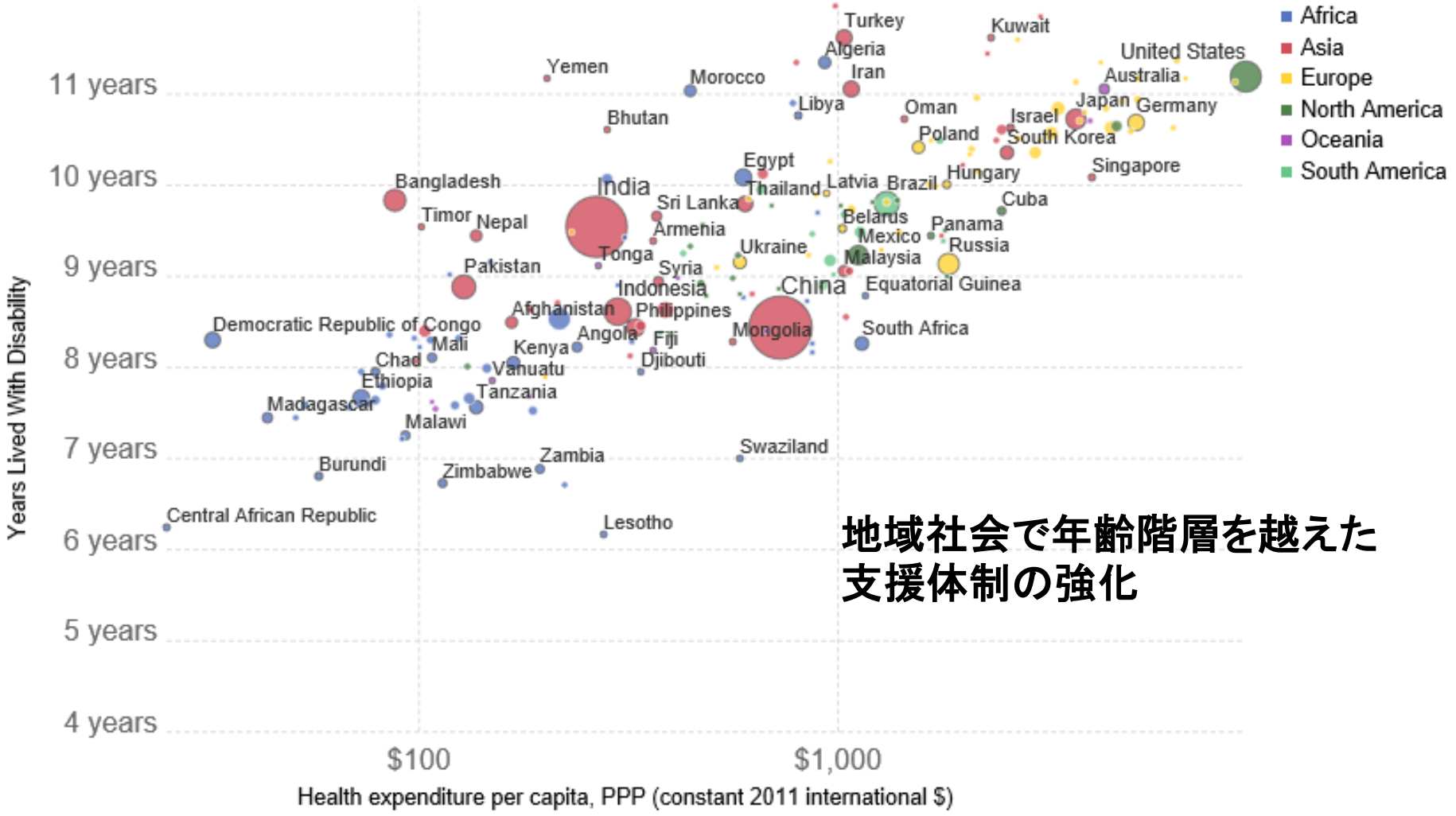
To turn our attention to Asia, Japan and the Association of Southeast Asian Nations (ASEAN) are celebrating the 40th year of ASEAN-Japan friendship and cooperation this year. As a microcosm of diversifying challenges of global health, ASEAN presents an opportunity for all the stakeholders in health to work together for the health

経済発展と平均寿命



Data sources: Data on life expectancy are from Gapminder.org; data on GDP per capita are from the 'New Maddison Project Database'.
The interactive data visualisation is available at OurWorldinData.org. There you find the raw data and more visualisations on this topic.

医療支出と障害年数



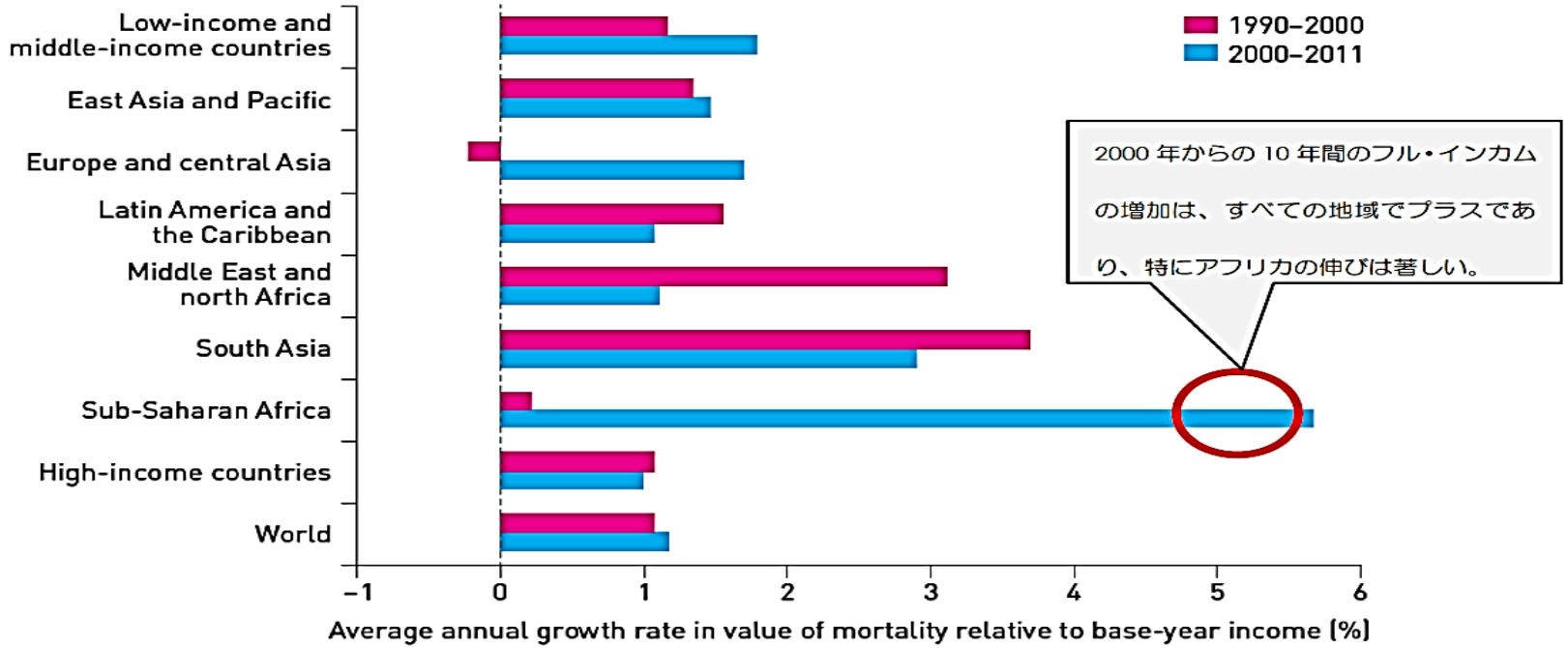
地域社会で年齢階層を越えた支援体制の強化

Source: IHME (2017), World Bank – WDI

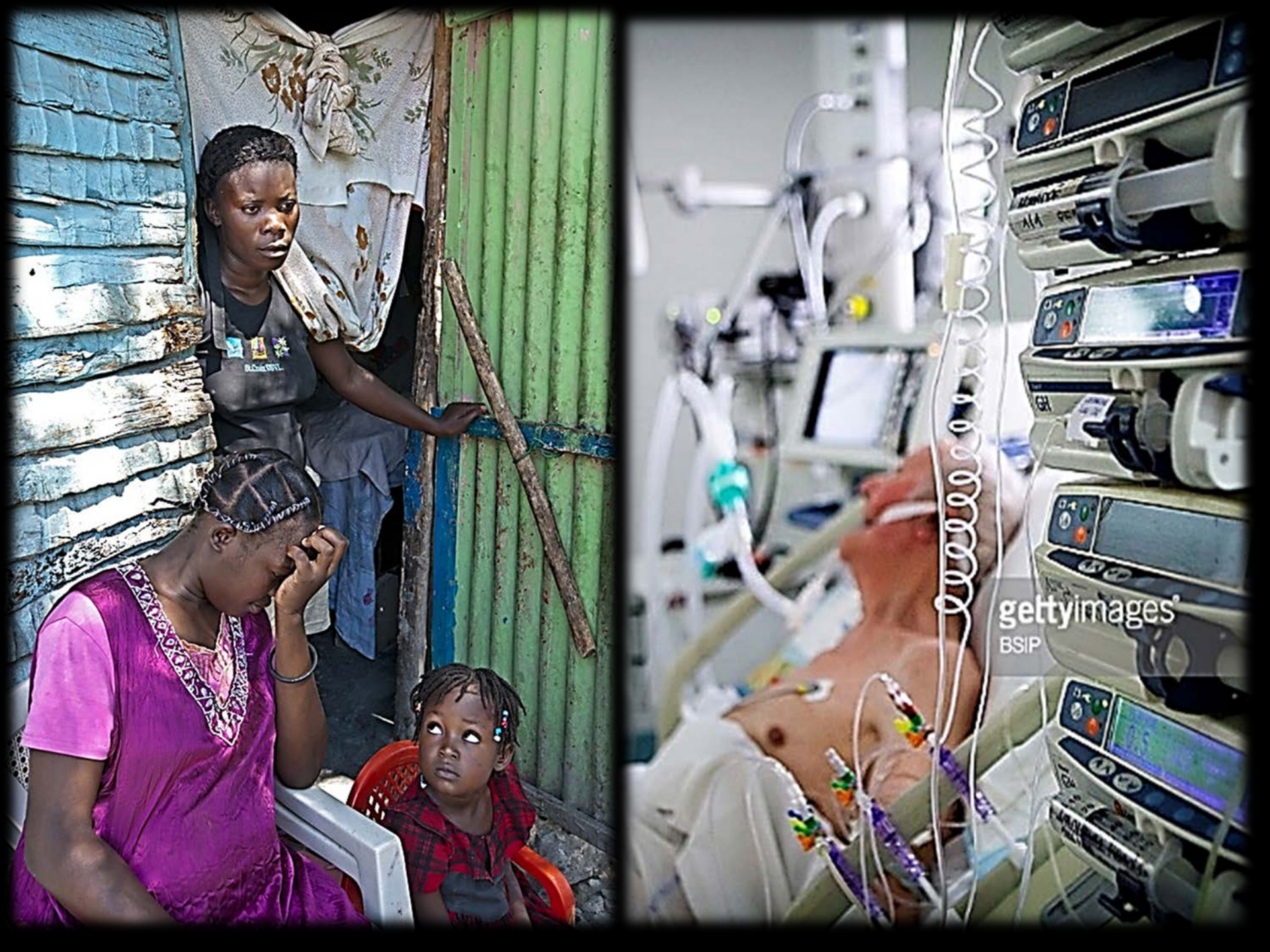
GLOBAL HEALTH 2035

THE LANCET

Global health 2035: a world converging within a generation



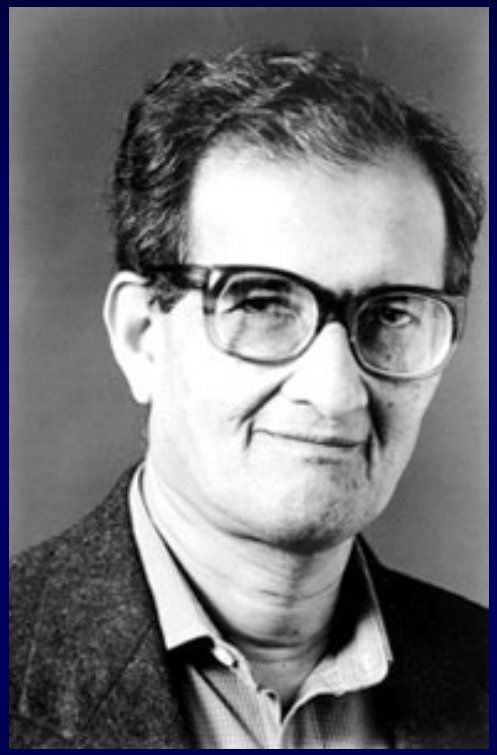
Proposed investment from country-failure to market failure


gettyimages
BSIP

貧困の原因は、能力のはく奪である

Poverty is seen as

deprivation of capabilities.



Sen, Amartya
Development as Freedom
Anchor Books. New York, 2000
Nobel Prize Laureate 1998

「病気を治す医療」から「社会変革のためのリーダーシップ」

医療のビジネスモデル

患者さんの「病気」

医師・看護師

治療

診断

社会変革を目指した新しい医療モデル

貧困

栄養

教育

病を持った「人」

性差

環境

文化・社会

医師・看護師

創造思考
システム思考
デザイン思考
アート思考

グローバルヘルスの歴史的変遷

18-19th Century “Imperial（帝国）”

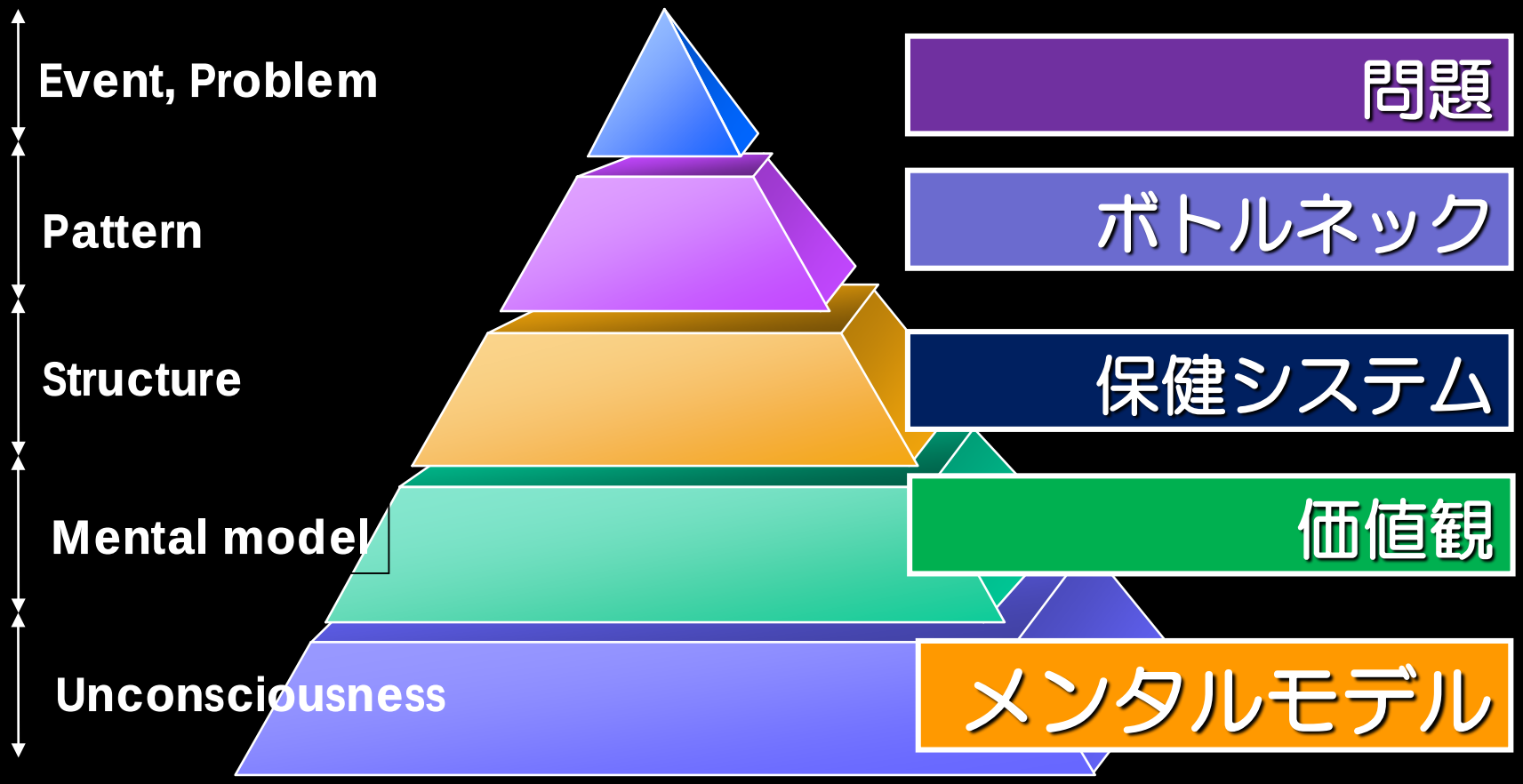
20th Century “International（国際）”

21st Century “Global（グローバル）”

21st + Century “Planet（惑星）”

価値観に基づく健康のデザイン

Value-based Healthcare Systems



すべての人にとって意味のあるシステム

「医療の進歩」から「社会の改革」へ

臨床医学

エコシステム（地球）社会システム

SDGs

保健システム

人材育成

保健財政

サービス提供

保健情報

薬剤・機器

科学技術

マネジメント

リーダーシップ

保健システム強化

疾病

私たち人類

暮らし

社会デザイン

社会変革の担い手

情報

体力

実施

社会変革

知識
knowledge

私はマラリアを知っている

能力
Competency

私はマラリアを診断できる

成果
Performance

私はマラリアを治療できる

変革
Transformation

私はマラリアのない世界を創造できる

アクセス

カバレッジ

効果的なカバレッジ

社会インパクト

*iHub_

Open Innovation Incubation House Nairobi

Ms Geek Rwanda

ミス・おたくコンテスト（ルワンダ）


KUMBUKA!
MMEM

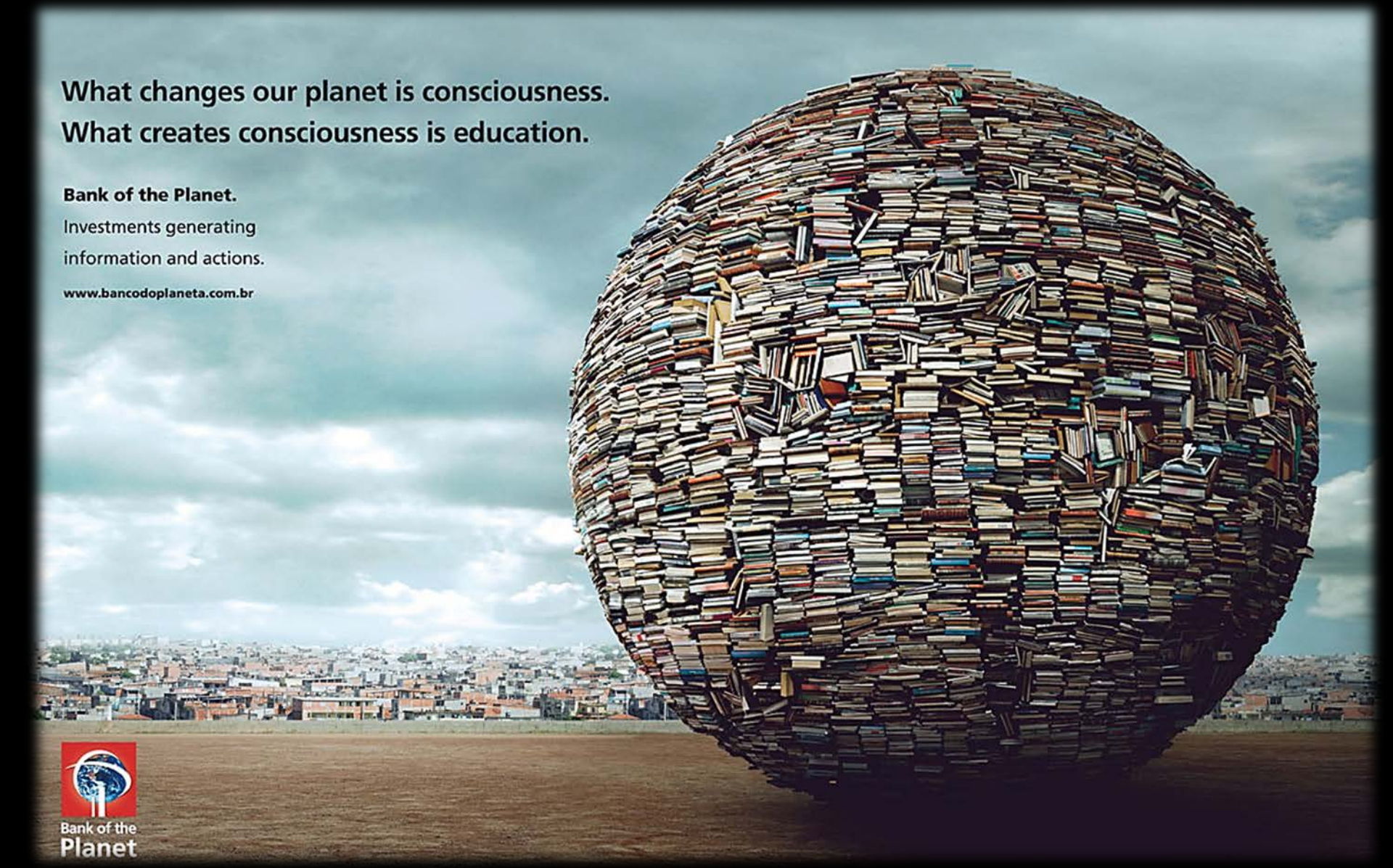
私たち人類の意識を自分から世界、そして地球全体に広げてみよう

ルービックキューブ：ランダムに動かして揃えるには、何年かかりますか？

1260億年!!

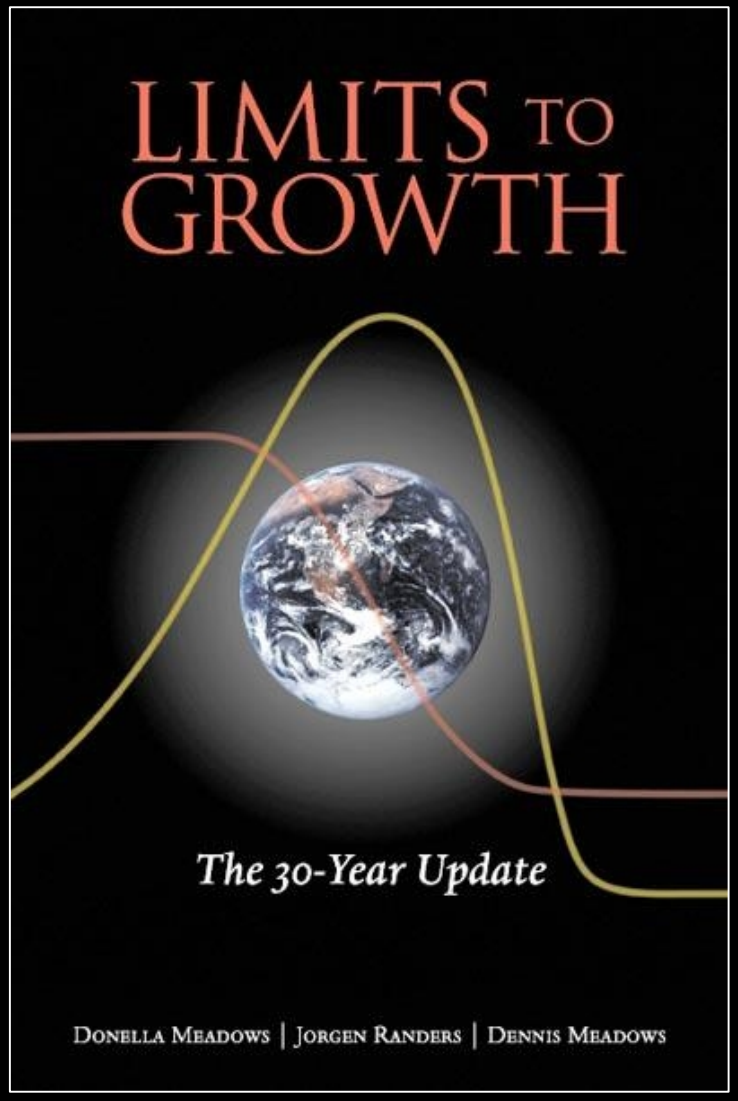
意識は個人でなく、社会や人類全体を覆い、宇宙全体に広がっている。
そして、一人の人間が行った選択行動が、世界全体を変えてしまうこともある

The Planet Consciousness (惑星意識)




社会のユニバーサルデザイン
Universal design

Rome Club（1968）



The scarcest resource is not oil, metals, clean air, capital, labour, or technology. It is our willingness to listen to each other and learn from each other and to seek the truth rather than seek to be right

Contact: sugishita.tomohiko@twmu.ac.jp

http://www.twmu.ac.jp/univ/graduate