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各国の国際保健政策の分析を踏まえた、日本の国際保健分野
への戦略的・効果的な介入の開発研究

令和2年度 総合研究報告書

研究代表者・渋谷健司

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総合研究報告

厚生労働科学研究費補助金（地球規模保健課題解決推進研究事業）

令和2年度総合研究報告書

「各国の国際保健政策の分析を踏まえた、日本の国際保健分野への戦略的・効果的な介入の開発研究」（H30-地球規模-一般-001）

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研究要旨

昨今、国際社会の枠組みが激変する中で、グローバル・ヘルスも大きく変化している。特に、グローバル・ヘルス政策への米国の影響力に陰りが見え、さらに、中国の「一帯一路」政策においても保健医療は重要な要素となり、グローバル・ヘルスは国際政治色をさらに色濃く反映したもののへと変化している。今後は、従来の枠組みにとらわれない、多種多様なプラットフォームにおける政策議論についてより詳細な分析を進めていくことが求められている。本研究では、諸外国及び民間セクター・市民社会における政策・資金援助動向について詳細な検証を行い、保健課題に関する議論が年々増している G20 や G7 等の各種会合における政策議論を分析することによって、我が国が効果的かつ効率的に貢献する方策について提案を行った。

本研究初年度(2018年度)には、国立国際医療研究センター(NCGM) 国際医療協力局 グローバルヘルス政策研究センター (iGHP) 及びゲイツ財団との協力のもと、2012年から2016年における我が国の国際保健分野における資金動向に関する分析を行い、その成果については論文や学会発表の他、NCGMのホームページにてインターアクティブ・ツールとして公開し広く一般の方がアクセスできるようになっている。また、国際開発援助全体における保健分野及び他分野への資金の動向を評価することも重要な指標となるため、OECD DAC の 29 カ国における 2011-2018 年の国際開発の分野別資金動向に関する比較研究も実施し、論文に掲載された。同 29 カ国の保健分野別動向の国際比較研究も実施し、論文にまとめている。

G20 や主要会合の政策議論においては、2019年 G20 や TICAD に向けて国際保健の主要課題の中でも特に Health Security（公衆衛生危機）を取り上げ、その政策的動向について分析を行い、同テーマのシミュレーションエクササイズ資料開発を G20 岡山保健大臣会合に向けて行った。さらに、2019年大阪 G20 サミットで取り上げられたユニバーサル・ヘルス・カバレッジ(UHC) やデータガバナンスの議論を基に、ポスト大阪 G20 への提言としてデータガバナンス方針が UHC 達成にもたらす影響に関して調査を実施し、論文としてまとめて公表した。

これらの研究から得られた知見は、我が国のグローバル・ヘルスにおけるプレゼンスと知的貢献の強化に直接資するものである。

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A. 研究目的

我が国は、2016年に日本で開催されたG7伊勢志摩サミットでも保健を重要議題の一つとして取り上げ、また2017年にUHCフォーラムを開催する等、ここ数年で我が国のグローバル・ヘルス分野における存在感は増している。

しかし、昨今、国際社会の枠組みが激変する中で、グローバル・ヘルスも大きく変化している。特に、グローバル・ヘルス政策への米国の影響力に陰りが見え、さらに、中国の「一帯一路」政策においても保健医療は重要な要素となり、グローバル・ヘルスは国際政治色をさらに色濃く反映したものへと変化している。今後は、従来の枠組みにとらわれない、多種多様なプラットフォームにおける政策議論についてより詳細な分析を進めていくことが求められている。しかし、これまで、諸外国における国際保健分野での政策的動

向について、包括的かつ系統的な枠組みに基づいた検証がなされていない。本研究では、諸外国及び民間セクター・市民社会における政策・資金援助動向について詳細な検証を行い、G20やG7等の各種会合において我が国が効果的かつ効率的に貢献する方策について提案を行う。本研究は、G7伊勢志摩サミットに向けて我が国の国際保健外交政策の政策指針をまとめた実績のある研究者が中心となり実施されるため、研究成果が確実に期待できる。

上記目的を視野に以下4つの研究を実施する。

- 1) 我が国における援助資金動向の整理
- 2) 民間セクターにおける援助動向の整理
- 3) G20主要課題における最近の議論の整理
- 4) ユニバーサル・ヘルス・カバレッジ (UHC) Dayにおけるサイドイベントの実施

本研究では、政策分析と定量的分析の2つのアプローチを有機的に用いて、諸外国及びプライベートセクターにおける政策・資金援助動向について検証を行い、G7/G20やTICAD等の各種会合において我が国が効果的かつ効率的に貢献する方策及び政策について提案を行う。被援助国保健省を中心に我が国の援助実績に関するヒアリングを通じて我が国におけるグローバル・ヘルス分野における貢献についても包括的に検証を行うことで、我が国の比較優位性・弱点についても明らかにし、戦略的かつ効果的な日本のグローバル・ヘルス分野への貢献を実施できる基盤作りを行うとともに、ハイインパクト・ジャー

ナルへの論文準備などを通して人的資源の政策形成能力強化の機会を提供する。公開文書や関係者へのインタビューを中心に分析し、過去の討議内容の詳細な分析や背景情報の検討を通じて効果的な介入方法を提案するとともに、その得られた成果については学術論文への公表、国際会議での発表を行い、広く諸外国に広める。また、G7/G20 や TICAD 等の各種会合における準備プロセスに於いて、必要に応じ技術支援も提供する。

B. 研究方法

本研究は3年計画のもとで実施予定である。各年度における具体的な研究計画については以下の通り。

2018 年度：1. 班会議（5 月：東京）：3 年間の総目標と年度別の研究目標、および研究者の役割分担と連携を確認する。2. 各分担研究者・研究協力者の準備と研究実施（5－10 月）：研究課題について、包括的な実証分析のために、関連するデータの収集を実施。具体的には、各国政府が発表する国際保健関連の戦略やイニシアチブ、毎年開催される G7/G20（及び関連する大臣会合）、TICAD、ASEAN 会合等における各国の発言・議事録及び関連資料。同時に、分析方法の検討を行う。これらデータ及び方法論をもとに本研究班の統括のもとに分析を進める。また、これまでの我が国におけるグローバル・ヘルス分野における貢献についても包括的検証を行い、その比較優位性並びに弱点についても抽出する。具体的には、過去発表された各種政府イニシアチブ、G7/G20 や TICAD 等国际会議における我が国の発言や議事録等の関

連資料の分析を行う。3. 被援助国でのヒアリング（6-12 月）：アジア・アフリカの被援助国にて、日本を含めた主要ドナーの援助状況に関してヒアリングを実施する。4. 関連会合における技術支援：必要に応じて、G7 等の関連会合における準備プロセスに於いて必要な技術支援を提供する。

2019 年度：1. 班会議（4 月：東京）：全体会議を毎年 2 回開催する。2. 研究の中間報告会（9 月）：各分担研究者より研究の経過報告を行う。分析を年度内に完了し、最終レポートの草稿を作成する。2018 年度に実施する 3. 及び 4. については 2019 年度も継続して実施する。

2020 年度：これまでの学際的な研究活動を集大成し、我が国のグローバル・ヘルス分野における効果的なイニシアチブの取り方に関する戦略提言書を提出する。学術誌への論文発表も行い、また本研究班からの成果は特に国内外の学会や会議にて積極的に発表する。成果はすべて一般公開し、広く 市民社会への還元を図る。

C. 研究結果

1) 我が国における資金援助動向の整理

国際保健分野における政策的動向を評価するうえで重要な指標となるのが、その国の国際保健分野における資金の流れである。具体的には経年的に国際保健分野への投資額がどのように変化したか、どのような国・地域、分野への投資が行われているか、どのような組織（二国間協力、多国籍機関等）を経由して資金を投入しているか等である。2018 年は、国立国際医療研究センター(NCGM) 国

際医療協力局 グローバルヘルス政策研究センター (iGHP) 及びゲイツ財団との協力のもと、我が国における 2012 年から 2016 年における国際保健分野における我が国の資金動向に関する分析を行った。その成果については Japan Tracker という名前で NCGM のホームページに公開し広く一般の方がアクセスできるようになっている (<https://japan-tracker.org>)。2019 年度は、Japan Tracker を使用し、資金の流れに関する分析を行い、結果を第 34 回日本国際保健医療学会で発表した。さらに、論文が Globalization and Health でも受理され、2020 年 4 月に掲載された。

また、国際開発・援助分野全体における保健分野及び他分野への資金の動向を評価することも重要な指標となるため、OECD DAC の 29 カ国における 2011-2018 年の国際開発の分野別資金動向に関する比較研究も実施し、2021 年 4 月に論文が Global Health Action に掲載された。同 29 カ国の保健分野別動向の国際比較も実施し、論文にまとめている。

2) 民間セクターにおける援助動向の整理

本研究では、G7 等の古典的ドナーにとどまらず、G20 等の新興国や民間機関・慈善団体等における国際保健分野の政策動向及び資金援助動向に関しても調査を行うことを目的としている。2018 年に国際保健分野の最重要ドナーとも言えるゲイツ財団との協働の元で、ゲイツ財団の国際保健政策に関して分析を行った。

3) G20 主要課題における最近の議論の整理

2019 年に開催された G20 大阪サミットにおいて検討された保健課題のうち、主に Health Security (公衆衛生危機) 及び AMR (薬剤耐性) に関して G7 を中心とする議論の動向について分析・整理を行った。特に Health Security に関しては、当時コンゴ民主主義共和国で発生していたエボラ出血熱の流行を事例とし、関係諸機関へのインタビューを実施、その結果については厚生労働省・外務省職員向けに 2019 年 7 月に発表を行い、論文としてまとめて公表予定である。また、結核に関しては 2018 年に開催された国連結核ハイレベル会合に関連して、国際的な動向について分析を実施した。その結果については BMC public health に掲載された。

さらに、2019 年 10 月開催された G20 岡山保健大臣会合の主要課題の一つである Health security に関連して実施されたパンデミックシミュレーションのエクササイズ用資料の開発と当日の運営補助を行った。エクササイズ資料は当教室ホームページにて公開している。

また、2019 年に日本が初めて G20 サミットを主催した際に取り上げられた Data Free Flow with Trust をはじめとするデータガバナンスの議論が主要国で繰り広げられている。医療や健康にまつわる情報もデジタル化している中、データガバナンス方針が UHC 達成にもたらす影響に関して調査を実施した。結果は論文として Global Health Action に掲載された。

4) UHC Day イベントの開催

2016年 G7 伊勢志摩サミットでも主要議題として取り上げ、その後も我が国の国際保健政策の中心である UHC (ユニバーサル・ヘルス・カバレッジ) に関連して、UHC Day 記念イベントを 2018年 12月に及び 2019年 12月に実施した。

2018年はタイ、中国、日本、JICA 及びゲイツ財団から専門家を招聘し一般向けのグローバルに UHC を考える公開イベントを実施し、当日は約 130名が参加した。

2019年は国連ハイレベル会合にて UHC 宣言が催促された後の 12月に実施された。同年では国内における UHC を中心に、国内専門家とだれも取り残さない保健医療のあり方について検討するイベントを公開した。当日は約 100名が参加した。

D. 考察

1) 本研究成果はグローバル・ヘルス分野における、我が国の政策形成能力と知的貢献 (thought leadership) の強化に直接的に資する：激変する国際保健情勢を分析し我が国のより良い介入方法に関して提言を行ったことで、日本のグローバル・ヘルス分野への貢献がより戦略的かつ効果的なものとなることが期待される。特に、我が国の比較優位性・弱点についても明らかにするとともに、人的資源の政策形成能力強化の機会を提供した。2) 2019年 G20 等においてグローバル・ヘルスのモメンタムの維持並びに我が国のプレゼンスの向上に資する：2016年 G7 伊勢志摩サミット、G7 神戸保健大臣会合、TICAD 並びに 2017年 UHC フォーラム等、

近年我が国のグローバル・ヘルス分野におけるプレゼンスは増している。本研究活動を通じて、2019年 G20、国連総会 (結核ハイレベル会合、UHC ハイレベル会合) や主要国際保健会合などにおいて我が国が引き続きグローバル・ヘルスを牽引する存在であることに貢献した。3) グローバル・ヘルスと国内医療政策の整合性を図る：2015年に発表された「保健医療 2035」の中でも、3つの柱の一つとして我が国がグローバル・ヘルスを牽引する存在となることが目標として掲げられているが、本研究はそのビジョンにも添うものである。

なお、本研究の成果は報告者や学術誌のみならず、各種国際会議などにおいて報告し、成果を積極的に発表し広く社会へ還元している。

今後の我が国がより効果的に保健分野におけるイニシアチブを取るための方策として、本研究の発見から短中期的な視点で以下の2点における提案が可能である。

-2020年に世界的大流行したCOVID-19パンデミック前は、途上国にみならず先進国にもおける公衆衛生危機への備えと対応に関する保健システムの根本的な脆弱性を明らかにし、それをどのように強化するかについて大きな議論を巻き起こした。我が国は、2016年のG7や2019年のG20で議長国であることを機に、これら政治的プラットフォームを活用して諸外国との連帯感を高め、公衆衛生危機への備えと保健システム強化のための連携に貢献してきた。今、COVID-19パンデミック

を機にグローバルヘルス分野の重要性が改めて再認識され、新たな枠組みが発足する中、グローバルヘルスにおける我が国のリーダーシップを維持するには、従来のODAでの貢献の他に、政治的影響力が発揮できるG7, G20をはじめとする多種多様なプラットフォームを活用し続けることが望ましい。

また、健康危機への備えだけではなく、持続可能な開発目標 (SDGs) の目標の一つであるUHC達成に向けても、日本の貢献が引き続き期待される。我が国は、G7をはじめとして、WHO関連会合、国連総会、G20/TICAD及びUHC ForumやUHC2030などの国際的プラットフォームを活用して積極的にUHCを促進してきた。しかしながら、UHCに関連する多くのアクターがいる中、日本が引き続き本領域におけるリーダーシップを発揮していくには、上記のプラットフォームを引き続きうまく活用し、日本の貢献を差別化していくことが必要不可欠となる。

E. 結論

我が国は、2016年に日本で開催されたG7伊勢志摩サミットや2019年のG20大阪サミットでも保健を重要議題の一つとして取り上げ、また2017年にUHCフォーラムを開催する等、ここ数年で我が国のグローバル・ヘルス分野における存在感は増している。しかし、昨今、国際社会の枠組みが激変する中で、グローバル・ヘルス・アーキテクチャーも大きく変化している。今後は、従来の枠組みにとられない、多種多様なプラットフォームを

活用して貢献していくことが求められている。

本研究ではこれらプラットフォームにおける多種多様なアクターの援助動向を多角的に分析し、UHC達成に向けた取り組みなどを提言してきたが、今後とも激変していくグローバル・ヘルス・アーキテクチャーにおいて、我が国が効果的かつ効率的に国際保健に貢献できる方策について、研究と提言を継続していく。

F. 研究発表

1. 論文発表

1. Sakamoto H, Lee S, Ishizuka A, Hinoshita E, Hori H, Ishibashi N, Komada K, Norizuki M, Katsuma Y, Akashi H, Shibuya K. **Challenges and opportunities for eliminating tuberculosis - leveraging political momentum of the UN high-level meeting on tuberculosis.** *BMC Public Health*. 2019;19:76.
2. Nomura S, Sakamoto H, Sugai MK, Nakamura H, Maruyama-Sakurai K, Lee S, Ishizuka A, Shibuya K. **Tracking Japan's development assistance for health, 2012-2016.** *Global Health*. 2020 Apr 15;16(1):32.
3. Nomura S, Sakamoto H, Ishizuka A, Katsuma Y, Akashi H, Miyata H. **Ongoing debate on data governance principles for achieving Universal Health Coverage: a proposal to post-G20 Osaka Summit**

meetings. *Glob Health Action*. 2020 Dec 31;13(1):1859822.

4. Nomura S, Sakamoto H, Ishizuka A, Shimizu K, Shibuya K. **Tracking sectoral allocation of official development assistance: a comparative study of the 29 Development Assistance Committee countries, 2011-2018**. *Global Health Action*, 14:1.

2. 学会発表

Maaya Kita Sugai, Shuhei Nomura, Haruka Sakamoto, Keiko Maruyama-Sakurai, Haruyo Nakamura, Yoko Muto, Sangnim Lee, Anna Kubota, Aya Ishizuka, Manabu Sumi, Misaki Kawaguchi, Hidechika Akashi, Eiji Hinoshita, Hajime Inoue, Kenji Shibuya. **Japan's**

development assistance for health: a temporal, geographical, and focus-specific evaluation of bilateral and multilateral financial contributions, launching the Japan Tracker. 第34回日本国際保健医療学会. 三重. 2019年12月.

G. 知的財産権の出願・登録状況
(予定を含む。)

1. 特許取得
特になし

2. 実用新案登録
特になし

3. その他
特になし

II

研究成果の刊行に関する一覧表

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書 籍 名	出版社名	出版地	出版年	ペー ジ
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<u>Sakamoto H</u> , Lee S, Ishizuka A, Hinoshita E, Hori H, Ishibashi N, Komada K, Norizuki M, Katsuma Y, Akashi H, <u>Shibuya K</u> .	Challenges and opportunities for eliminating tuberculosis - leveraging political momentum of the UN high-level meeting on tuberculosis.	BMC Public Health	19		2019
<u>Nomura S</u> , <u>Sakamoto H</u> , Sugai MK, Nakamura H, Maruyama-Sakurai K, Lee S, Ishizuka A, <u>Shibuya K</u>	Tracking Japan's development assistance for health, 2012-2016	Globalization and Health	16(1)		2020
<u>Nomura S</u> , <u>Sakamoto H</u> , Ishizuka A, Katsuma Y, Akashi H, Miyata H.	Ongoing debate on data governance principles for achieving Universal Health Coverage: a proposal to post-G20 Osaka Summit meetings	Global Health Action	13(1)		2020
<u>Nomura S</u> , <u>Sakamoto H</u> , Ishizuka A, Shimizu K, <u>Shibuya K</u> .	Tracking sectoral allocation of official development assistance: a comparative study of the 29 Development Assistance Committee countries, 2011-2018	Global Health Action	14(1)		2021

Public Health Emergency During Mass Gathering Simulation Exercise Guide



G20 Okayama
Health Ministers' Meeting

October 20, 2019



GHP

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Abbreviations

CEPI	Coalition for Epidemic Preparedness Innovations
G20	Group of Twenty
GDP	Gross Domestic Production
IHR	International Health Regulations
PCR	Polymerase Chain Reaction
PHEIC	Public Health Emergency of International Concern
PPP	Per purchasing power
UNESCO	United Nations Educational, Scientific, and Cultural Organization
WHO	World Health Organization



Disclaimer

The exercise scenario and location contained in this document are entirely fictional and are intended for training and exercise purposes only. This simulation exercise was developed with a focus on raising awareness of health security during a mass gathering event with participating Health Ministers and senior officials at the Group of 20 (G20) Okayama Health Ministers' Meeting held on October 19-20, 2019 in Okayama, Japan.

It is not the intention of this exercise and the scenario to implicate any one sector, any individual country or specific event. Rather, the scenario has been written to demonstrate the importance of preparing for and responding to public health emergencies, especially during mass gathering events.

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Acknowledgements and development team

The content of this document and the simulation exercise were developed collaboratively by the Ministry of Health, Labour and Welfare of Japan and the Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo, thanks in part to the funding of Health Labour Sciences Research Grant from the Ministry of Health, Labour and Welfare.

The team members from the Department of Global Health Policy, Graduate School of Medicine, the University of Tokyo consisted of Professor Kenji Shibuya, Dr. Haruka Sakamoto, Dr. Anna Kubota, Ms. Hiroko Taniguchi and Ms. Aya Ishizuka.

The map of the fictitious country, Anycountry, was developed by Bowlgraphics inc., and the photo of a model virus in creating the fictitious virus, *Anycountry virus*, was generously provided by the National Institute of Infectious Diseases, Japan.

The development team would like to thank officials from National Institute of Infectious Diseases, Japan; and Dr. Tomoya Saito, Chief Senior Researcher from the Department of Health Crisis Management, National Institute of Public Health, Japan for providing valuable viewpoints in the development phase. Their insightful inputs and guidance that spanned over countless hours were indispensable for the development of this exercise.

We would also like to thank the moderators of the public health emergency during mass gathering simulation exercise, Dr. Yasuhiro Suzuki, Chief Medical Officer of the Ministry of Health, Labour and Welfare of Japan, and Dr. Ichiro Kurane, former Director General and Honorary Staff Member of National Institute of Infectious Diseases, Japan, whose knowledge and experience not only provided valuable viewpoints in the development phase but were also crucial for the successful engagement of the health ministers during the exercise session in the G20 Okayama Health Ministers' Meeting.

Finally, we would like to thank the participants of the preparatory meetings and dry runs for their insightful comments, which significantly helped improve the exercise from technical and practical perspectives.



1

Introduction

The World Health Organization (WHO) defines “**mass gathering**” as planned or spontaneous events attended by a sufficient number of people to strain the planning and responses resources of a community, state or nation.¹ These events, whether they be sports, political, religious or cultural gatherings, can be of risks from a public health perspective. For instance, a large concentration of people in an overcrowded space for an extended period of time is a recipe for the transmission of infectious diseases. Furthermore, the transient and globalized nature of the world today makes detection and control of infectious diseases even harder. Leaders all over the world, especially those in the health sector, are bound to face such a difficult situation, where they must decide how to handle an outbreak at a mass gathering by effectively working with other sectors and timely disseminating information to the public.

The purposes of this simulation exercise are:

- To share country experiences on preparation for and response to outbreaks during a mass gathering (especially on the importance of multisectoral collaboration and appropriate risk communication to citizens)
- To acknowledge among participating countries on the importance of collaborative promotion of health security, as indicated in the International Health Regulations (IHR)².

1 WHO. “What is WHO’s role in mass gatherings?” (<https://www.who.int/features/qa/mass-gatherings/en/>) accessed August 15, 2019.

2 IHR is an international legal instrument that requires countries to report certain disease outbreaks and public health events to WHO.



2

Outline of the exercise

The simulation exercise was developed for the G20 Okayama Health Ministers' Meeting in Okayama, Japan, which took place on 20th October 2019. The exercise consists of five separate sessions, designed to last approximately 2 hours in total. The participants will be first introduced to the scenario and background information in Session 1, identify and discuss the key issues that would arise in an outbreak during a mass gathering in Sessions 2, 3 and 4, and summarize and capture the main points in Session 5. The exercise will enable the participants to progress action on preparing for and responding to public health emergencies during a mass gathering event in their countries.

2.1 Programme

The outline programme for the exercise is as shown below. Please note timings are approximate and may be subject to change; however, the exercise should last approximately 2 hours.

Sample schedule:

Session	Time	Content
1 Introduction	2 min	Chair: Opening remarks
	2 min	Facilitators: Introduction to the exercise
	3 min	Practice of voting machine
	3 min	Film 1
2 Outbreak of a disease	3 min	Film 2
	2 min	Facilitators: Supplementary information
	2 min	Interactive session (voting question)
	2 min	Facilitators: Summary and transition
3 Appropriate Information Disclosure	3 min	Film 3
	2 min	Facilitators: Supplementary information
	43 min	Interactive session (voting question, facilitated discussions)
	2 min	Facilitators: Summary and transition
4 Importance of Multisectoral Coordination	2 min	Film 4
	2 min	Facilitators: Supplementary information
	40 min	Interactive session (facilitated discussions)
	2 min	Facilitators: Summary and transition
5 Closing	2 min	Film 5
	2 min	Facilitators: Summary and closure
	1 min	Chair: Closing remarks

2.2 Conduct of the exercise

The exercise will provide a confidential forum for questions and voting followed by free speech and discussion, and participants should feel free to engage positively without feeling under pressure or scrutiny. Where appropriate, information received may be shared outside the meeting, but discretion should be applied in order to protect the identity or organization of the speaker.

For instance, the exercise can begin with Session 1 where a short introductory film will allow participants to reflect on how mass gatherings can be an issue from public health perspective. This session will be followed by three sessions (Sessions 2, 3 and 4), where a mix of voting and discussions will be held after a film viewing in each session for participants to engage in depth on each suggested topic. At the G20 Okayama Health Ministers' Meeting, the participants voted on whether to hold a mass gathering after an outbreak in Session 2, voted and then engaged in free speech discussions on how to disclose information in Session 3, and discussed based on guiding questions on how to effectively work together multilaterally on decisions that are beyond the scope of the Ministry of Health.

At the end of the exercise, a final summary session (session 5) will capture the key points to help participants identify actions in preparing for and responding to public health emergency during mass gatherings in their countries.

2.3 Facilitators

Two to three facilitators are recommended to moderate the exercise for a smooth operation. In the case of two facilitators, one person should lead the session while also keeping track of the time, while the other person provides technical input to the discussions. In the case three persons are available to facilitate, one person should lead and facilitate the discussion, second person be a timekeeper, and the third to provide technical inputs to facilitate the discussion.

At the G20 Okayama Health Ministers' Meeting, Dr. Yasuhiro Suzuki, Chief Medical Officer and Vice Minister for Health at the Ministry of Health, Labour and Welfare of Japan, and Dr. Ichiro Kurane, former Director General and Honorary Staff Member, the National Institute of Infectious Diseases, Japan served as the facilitators of the exercise (See Annex). Dr. Suzuki played the role of leading and facilitating the overall discussion, while Dr. Kurane provided technical expertise as an expert on infectious diseases. They led the discussions for the exercise and assisted participants to identify the key challenges and issues raised.



3

Simulation exercise scenario and background information

3.1 Background on fictitious settings: country, disease and mass gathering

In this simulation exercise, a fictitious country called Anycountry, is preparing to host a fictitious international event, International Wellness and Arts Week. However, with just one month to go, an outbreak of a respiratory infection by a fictitious virus, *Anycountry virus*, occurs. The details of the fictitious settings, including the country, Anycountry; the international event, International Wellness and Arts Week; and the fictitious virus, *Anycountry virus*, can be found below.

3.1.1 Background on fictitious country - Anycountry

Topography

Anycountry (total population: 20 million) is a mid-sized nation, bordered by several countries in the east and north, and is surrounded to the west by the WestSea and to the south by the SouthSea. 80% of the country consists of mountainous terrain, while there is a peninsula that projects out into the WestSea and SouthSea. The country also has numerous islands, including the beautiful BlueOcean Island that attracts many international tourists throughout the year.

Anycountry's capital, CapitalCity, is the largest city in the country with a population of 3.5 million people. It is situated inland and as a city of historic significance, it has many United Nations Educational, Scientific, and Cultural Organization (UNESCO) World Heritage Sites. These sites are one of the main attractions drawing international tourists to Anycountry and thus represent important sources of income.

Aside from CapitalCity, there are three major cities in Anycountry: Dancerville, Touriston, Artistown, each with a population of 0.8 to 1.2 million people. Dancerville, which is the second largest city, is situated along the shores of SouthSea and has an international airport. Artistown, a city in the northeastern part of Anycountry, has a domestic airport. Touriston, located at the tip of the peninsula, is a major port hub. All these cities are connected by road and railway, and also are homes to several industrial economic zones. The International Wellness and Arts Week (a fictitious event for purposes of the simulation. The details of the event will be explained in a later section) will be held, on a rotational basis, in all four of these cities.



Figure 1: Map of Anycountry

Population

The population of Anycountry is 20 million people, of which those under 15 years old make up for 20%. The average life expectancy is 80 years old. The average literacy rate is 97%.

Economy

Anycountry is a middle-income country whose Gross Domestic Product (GDP) per capita is 25,000 USD per purchasing power (PPP). Its economy is based on service and industrials sectors. Important industries come from tourism that is supported by the UNESCO World Heritage Sites in the CapitalCity and many of the beautiful islands, including the BlueOcean Island. It also has a booming shipping industry. The country is also a significant agricultural producer to its surrounding countries.

It is Anycountry's first time hosting a large scale event like that of the International Wellness and Arts Week. Financing from the Global Development Bank has been provided to develop infrastructure within the country, including the construction of event venues and a long distance rapid rail system, as well as strengthening of health systems.

Health System

Anycountry provides free public healthcare to all its residents. However, most of the public medical facilities often lack medical supplies and commodities, and patients often face a long wait time before they can be seen by a health professional.

On the other hand, there is a large private sector, especially in the urban areas. Half of the population seek medical care at private institutions, and therefore, pay a high out of pocket expenditure.

There are several types of hospitals (both public and private), as well as clinics across the country but specialized tertiary care tends to be concentrated in urban areas.

Most health professionals working in rural areas only speak the Anycountry language, and cannot communicate in English or other universal languages.

3.1.2 Description of a fictitious infectious disease - *Anycountry virus*

There is still much left unknown regarding the transmission route and human-to-human transmission of *Anycountry virus*. It has been confirmed that the possibility of an outbreak is high with a close human to human contact, such as in medical and nursing care facilities.

Main symptoms include that of respiratory infection. Therefore, standard precautions and protection against general respiratory infections are advised. Anycountry is working to execute early detection and immediate isolation of patients and quarantine of contact cases in their own homes. Medical preventive measures (vaccine and preventive treatment) and curative treatment have not been established yet.

The incubation period is about 2 days. There is almost no transmission potential before the symptoms occur. The infectivity seems to last for a week from symptom onset.

Although a pathogen diagnosis system has been established using the Polymerase Chain Reaction (PCR) method, it has been pointed out that detection sensitivity is low in the early stages of symptom onset. About 80% of those who develop symptoms recover with symptom management and supportive care, but about 20% develop severe complications and require intensive care.

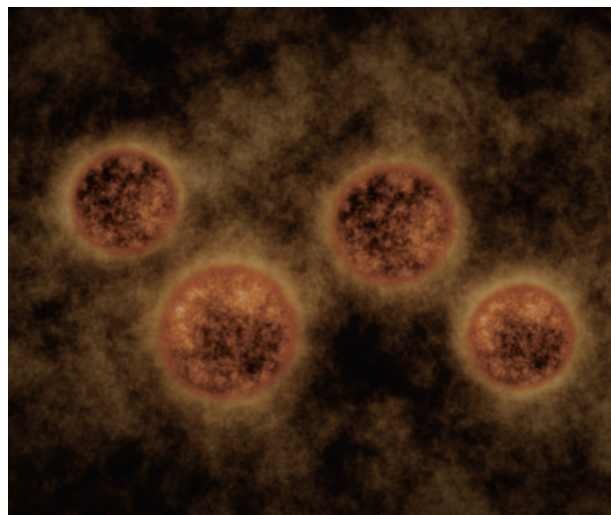


Figure 2: Photo of *Anycountry virus*
Photo Credit: National Institute of Infectious Diseases, Japan

3.1.3 Description of a fictitious mass gathering - International Wellness and Arts Week

International Wellness and Arts Week is an internationally recognized music and dance festival held every five years in different countries. Prominent world class artists and dancers are selected to perform for the festival with the aim of raising awareness and funds for health promotional activities.

The festival attracts a total of over 1 million people regardless of age and gender for the duration of 12 days. It is an internationally influential event where members of royal families, heads of government and political leaders participate every time and the tickets for the general public are hard to obtain. The festival is also broadcasted live, which is viewed by millions across the globe. The economic impact of the festival is said to be of 10 billion US dollars and the legacy effect to be 100 billion US dollars. Most of the revenue from the festival is donated to health promotion related activities across the world.

Anycountry will be hosting this festival for the first time from September 1 to 12, 20XX. Four major cities have been selected to host the festival for three days on a rotational basis. The cities include the capital of Anycountry, named CapitalCity, with a population of 3.5 million, and three other major cities with a population of 0.8 to 1.2 million each (Dancerville, Touriston, Artistown).

In order to host this festival, Anycountry has established an organizing committee chaired by the head of government of Anycountry. In addition, as a first timer of hosting such a large-scale event, Anycountry is receiving financial assistance from the Global Development Bank to develop infrastructure within the country, including the construction of event venues and a long distance rapid rail system, as well as strengthening of health systems.

3.2 Exercise scenario

Session 1 Introduction

Following an opening remark by the chair and introduction of facilitators, an overview of the exercise is given by the facilitators and an introductory film (film #1) is shown to the participants.

Timeline of events illustrated in film #1

In this session, participants are given an overview of the exercise by the facilitators and are shown an introduction film, which will set the tone for participants to reflect on what to do when an outbreak occurs during a mass gathering. It is merely an introductory film and does not touch upon the fictitious scenario. The details of the film is presented in Section 3.3.1.

Voting and Discussion Questions

There is no voting or discussion question during this session. If the organizers are using a voting machine, as the development team did for the G20 Okayama Health Ministers' Meeting, a test voting question is recommended to test the functions of the machine and to allow participants to familiarize themselves with the machine. The development team held a practice voting before the viewing of film #1 during the G20 Okayama Health Ministers' Meeting.

Session 2 Outbreaks of a disease

Session 2 starts with a viewing of film #2, followed by a supplementary explanation by the facilitators on the timeline of events. After the scenario of events are clarified, it is recommended that a voting question is presented to the participants to decide whether to go ahead with event planning despite an outbreak of a novel virus infection.

Timeline of events illustrated in film #2

summary of the film is presented in Section 3.3.1

May 4, 20XX

A patient with pneumonia-like symptoms was admitted to Main Hospital in IslandCity of Anycountry. Soon after, cases with similar symptoms emerge among the hospital staff of the Main Hospital.

IslandCity is the largest city on BlueOcean Island in the SouthSea of Anycountry. The population of the Island is about 0.4 million, where most major infrastructure, including medical, education, and administrative services of BlueOcean Island, are concentrated in the IslandCity. The International Wellness and Arts Week is not planned to take place in BlueOcean Island, but there are domestic flights

	<p>that fly 5 times a day each to two of the host cities: CapitalCity and Dancerville.</p>
June 30, 20XX	<p>The novel virus that seems to cause the emerging infectious disease is identified as <i>Anycountry virus</i>. With the support of WHO, a PCR based pathogen diagnosis method is established.</p> <p>Anycountry's Ministry of Health and a team of experts continue an epidemiological investigation on the transmission route of <i>Anycountry virus</i>. The number of cases (including confirmed and suspected cases) reach a total of 45 at this stage, with 9 who are receiving intensive care. Of the detected cases, 25 were staff of the Main Hospital.</p>
July 20, 20XX	<p>With the support of WHO experts' advisory assistance, the number of new infections within Main Hospital reach zero.</p>
July 31, 20XX	<p>New cases of <i>Anycountry virus</i> continue to be reported in IslandCity. The total cumulative number of reported cases is 66, of which 12 required intensive care. The local health facilities are overstretched to control the outbreak, causing a strain on the local health system. At this point in time, public dissatisfaction with the entire situation is accumulating as well.</p> <p>Four cities in Anycountry, (CapitalCity, Dancerville, Touriston, and Artistown) are preparing to host the International Wellness and Arts Week, a major event that has been under way for the past five years. Teams of performers, representing each country across the globe, will be invited to the festival. With only a month to the festival launch, each participating country is showing concern regarding the event taking place under the current situation in Anycountry. At present, no case has been confirmed outside of IslandCity, and no case of Anycountry virus has been reported in other countries.</p>
August 1, 20XX	<p>With only a month until the opening of the festival, the Minister of Health conducts a press conference to provide an update on the situation. The Minister informs citizens that the infection of <i>Anycountry virus</i> is contained within IslandCity and that with WHO's support, the infection within Main Hospital has now been resolved and no new cases have been reported since July 20. The Minister called for its citizens to rest assured that <i>Anycountry virus</i> has not been detected outside of IslandCity and to remain calm as officials work to control the matter.</p>

Government's response at this stage:

Given that the outbreak is limited within IslandCity and the infection in Main Hospital is controlled with the support of WHO, the matter is handled by the Infectious Disease Control Department within Anycountry's Ministry of Health (responsible for information gathering as well as notification of local governments and medical facilities nationwide).

At the local government level, the situation is regarded as an isolated outbreak in IslandCity, and the municipality of IslandCity is conducting a thorough surveillance including contact tracing. While preventative measures have not been established, the Ministry is calling on the general population to take standard precautions in line with general respiratory infections such as following the cough etiquette.

Voting and Discussion Questions

A voting question on the decision to continue with the festival plans was presented at the G20 Okayama Health Ministers' Meeting for this session. It is outlined as the suggested voting question for Session 2, under the Section 3.4 of this document.

Session 3 Appropriate information Disclosure

Session 3 starts with a viewing of film #3, followed by a supplementary explanation by the facilitators on the timeline of events. After the scenario of events are clarified, it is recommended that a voting question is presented to the participants on what information to disclose. This topic should be further discussed using some guiding questions.

Timeline of events illustrated in film #3

summary of the film is presented in Section 3.3.1

September 1, 20XX

The International Wellness and Arts Week commences in four cities of Anycountry: CapitalCity, Dancerville, Artistown, and Touriston. The festival will take place until September 12, 2019.

September 4, 20XX

In CapitalCity, a performer from GuestCountry develops a high fever and severe respiratory symptoms. On the same day, the performer was rushed to a nearby emergency hospital. (This person will be known as Case Z).

September 4, 20XX

Laboratory tests confirm that Case Z is infected with *Anycountry virus*. A designated health center immediately conducts an epidemiological

September 5, 20XX

investigation and finds that Case Z had visited IslandCity before the festival. Furthermore, it is reported that Case Z had visited the ambassador of GuestCountry to Anycountry as a courtesy call while Case Z had shown some signs of the *Anycountry virus* symptoms.

While the Ministry of Health has disclosed all relevant information of Case Z from a public health perspective including age, sex, and travel history, some social media and traditional media report of **speculations that a performer from ThirdCountry, not GuestCountry, is infected with *Anycountry virus*, and fake news spreads quickly.** ThirdCountry, as a result, suffers reputational and economic damages. There is no known effective preventative measure (vaccines or preventative treatment) nor a curative treatment, causing fear to rise among the public. There are many postings on social media that question the continuation of the festival as planned.

Meanwhile, Public Health Emergency of International Concern (PHEIC)³ has not been declared, but some countries have called for travelers to refrain from visiting Anycountry and for performance teams to be pulled out. **The situation, including the decision on cancellation of the festival, is beyond the scope of the Ministry of Health, requiring a multisectoral coordinated approach involving the head of government of Anycountry.**

Response of the general public:

Social media and major news outlets are reporting doubts about the continuation of the festival. Furthermore, false information is circulating on social media, from false reporting of deaths to false transmission routes or rumors of an existence of a curative treatment. The unknown details regarding the *Anycountry virus*, including the transmission route, are escalating fear among the public.

Furthermore, some social media and traditional media are **reporting fake news that a performer from ThirdCountry, not GuestCountry, has been infected with the *Anycountry virus*.** Visitors from outside the country are starting to cancel or postpone their trips.

3 PHEIC is a formal declaration by the WHO of an extraordinary event, which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.

Government's response:

The opposition political party is calling for the government to announce for a cancellation of the festival and to implement travel restrictions of residents within IslandCity. In addition, there is a growing consensus that this issue is beyond the matter of the health sector. The head of government's office is contemplating to implement a multisectoral approach to address the issue.

As part of the response to the reporting of Case Z, the nation as a whole has geared up its surveillance system, conducting a thorough contact tracing. Given that a definite preventative measure for *Anycountry virus* is yet to be established, the government has called for the general public to take standard precautions in line with general respiratory infections.

Information disclosure:

With the false rumors causing confusion among the public and media, the government attempts to disseminate "accurate" information on the outbreak in order to gain the public's trust, including that of the international community. Despite the public and media interest on information not relevant from a public health perspective the information disclosed are limited in scope to protect the identity of the patient.

Voting and Discussion Questions

A voting question, followed by discussion questions for appropriate information disclosure, were presented at the G20 Okayama Health Ministers' Meeting in this session. They are outlined as the suggested voting and discussion guiding questions for Session 3, under the Section 3.4 of this document.

Session 4 Importance of Multisectoral Coordination

Session 4 starts with a viewing of film #4, followed by a supplementary explanation by the facilitators to get a common understanding that the outbreak situation remains to be the same. It is recommended that this session be further explored as a discussion session, using some of the suggested guiding questions.

Timeline of events illustrated in film #4

The scenario of the outbreak is the same as the Session 3. Please refer to Section 3.3.1 for the summary of the film content.

Voting and Discussion Questions

In this session, the focus of the topic is on the importance of multisectoral coordination to contain the situation and decide on the future of the festival. Instead of holding a voting on a particular scenario, this session may be best led as an open-ended discussion session. At the G20 Okayama Health Ministers' Meeting, the participants engaged in a discussion by sharing their own country experiences as outlined in the suggested discussion questions for Session 4, under the Section 3.4 of this document.

Session 5 Closing

Session 5 starts with a viewing of film #5, followed by a wrap up comments by facilitators and a closing remark by the chair. There is no suggested question for this session.

Timeline of events illustrated in film #5

summary of the film is presented in Section 3.3.1




September 12, 20XX

Case Z has fully recovered and is participating in the closing ceremony of the International Wellness and Arts Week. With a prompt and transparent information disclosure as well as a smooth multisectoral coordination across agencies, the outbreak of *Anycountry virus* infection is kept under control. The public health officials of Anycountry has conducted a thorough contact tracing and no new case of *Anycountry virus* infection has yet to be reported. With the swift government response and the lack of new case reporting, the public fear has dissolved and the government of Anycountry has restored its public's trust.

Voting and Discussion Questions

There is no suggested voting or discussion question for this session.

Case profiles (summary):

	 Index Case	 Performer - Case Z	 Performer - Fake News
Symptoms	Respiratory illness	Respiratory illness	Unknown (?)
Infection	Confirmed	Confirmed	Unconfirmed (?)
Date of onset	May 4	September 4	Unknown
Location of onset	IslandCity	CapitalCity	CapitalCity
Country of Origin	AnyCountry	GuestCountry	ThirdCountry

3.3 Injects (films)

To introduce the participants to the fictitious scenario unfolding in Anycountry, a series of five short films were produced. A brief summary of each film can be found in the following section “3.3.1 Summary of each film.” The films are available for viewing on Youtube at the following link:



 YouTube

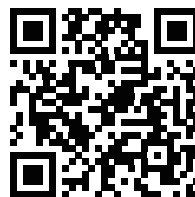
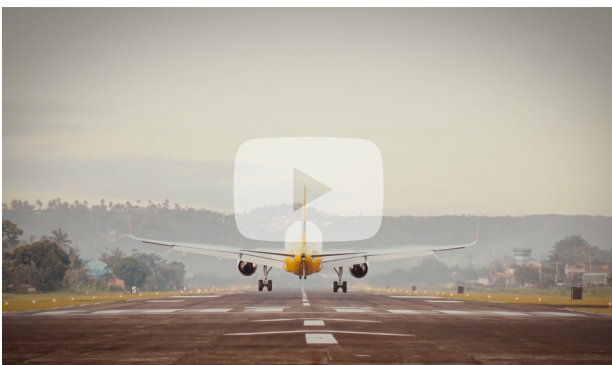
https://www.youtube.com/playlist?list=PL28h_EyyEYqvKyyExR1kG12td0Kfle-0x

3.3.1 Summary of each film

Film 1 (2 minutes)

Introduction to mass gatherings and their public health implication

This film highlights the importance of preparing for and responding to public health emergencies during a mass gathering. It starts with WHO’s definition of mass gathering, images of people in crowded spaces such as music festivals and sporting events, as well as images of people traveling in and out, and an image of an emerging infectious disease lurking around. The main message is we do not know when the next outbreak can occur during a mass gathering of international scale.



 YouTube

<https://youtu.be/qPtENTAU2Uk>

Film 2 (3 minutes)

Introduction to the scenario

This film gives an overview of the fictitious nation and the event, as well as the outbreak that occurs in IslandCity of Anycountry. With a month to go until the International Wellness and Arts Week, the Minister of Health provides an update on the outbreak to the general public.



YouTube

https://youtu.be/yl8j-t_f2_w

Film 3 (2.5 minutes)

Introduction to the topic of information disclosure

This film gives the viewers information on Case Z, the performer from GuestCountry, who falls ill with *Anycountry virus* infection while staying in CapitalCity. Case Z visited IslandCity before the onset of the symptoms and made a courtesy call to the Ambassador of GuestCountry in CapitalCity while showing signs of the infection.

False rumor starts to spread among social networks and the media indicating that a performer from ThirdCountry has fallen ill with the *Anycountry virus*. ThirdCountry, as a result suffers reputational and economic damages and an immediate action to control the matter is needed.



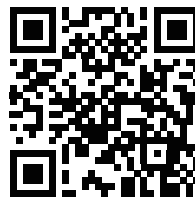
YouTube

<https://youtu.be/gxnW3AWe1tA>

Film 4 (1.5 minutes)

Introduction to the topic of multisector coordination

This film gives an overview of issues beyond the health sector associated with the spread of *Anycountry virus* infection. The scenario of the outbreak is the same as the film 3, but at this point, the opposition political party insists for the government to announce for a cancellation of the festival and to implement travel restrictions of residents within IslandCity. In addition, there is a growing consensus that response measures against *Anycountry virus* infection and the decision-making capacities may be beyond the matter of the health sector.



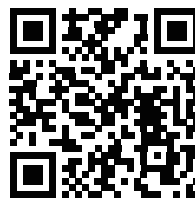
 YouTube

https://youtu.be/AUvN2_ZqG5I

Film 5 (1.5 minutes)

Closing

This film is an epilogue on how Anycountry handled the outbreak and the outcome of the International Wellness and Arts Week. With a prompt and transparent information disclosure as well as a smooth multisectoral coordination across agencies, the outbreak of *Anycountry virus* infection is kept under control. The public fear has dissolved and the government of Anycountry has restored its public's trust. The festival also continues to a successful conclusion.



 YouTube

<https://youtu.be/FDZB9Y2jjoM>

3.4 Voting and discussion questions

Following each film viewing of Sessions 2, 3, and 4, the facilitators should help the participants to engage with the issues presented in the film. The facilitators can lead discussions by asking the participants to imagine themselves in Anycountry’s Health Minister’s position and how they would respond to the evolving situation in Anycountry. Note that participants can either contribute from the perspective of their actual role or can adopt fictitious roles for the exercise.

Following are sample questions that were actually used during the exercise at the G20 Okayama Health Ministers’ Meeting .

<p>Session 2</p> <p>Outbreak of a disease</p> <p>Scenario timeframe: August 1, 20XX</p> <hr/> <p>Sample voting question</p>	<p>If your country was facing a similar situation as Anycountry, with just one month to the festival and limited information on <i>Anycountry virus</i>, would you suggest to the head of the festival organization committee, who is also the head of the government, to postpone/cancel the event? Or do you determine that the all is under control for the event to take place as planned?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 10px; margin-right: 20px;"> Please select ONE answer option </div> <div style="border-top: 1px dashed blue; width: 100%;"></div> <div style="margin-right: 20px;"> <p>1</p> <p>Suggest for postponement or cancellation of the festival.</p> </div> <div> <p>2</p> <p>Suggest for the festival to go ahead as planned, while also working on precautions.</p> </div> </div>
<p>Session 3</p> <p>Appropriate Information Disclosure</p> <p>Scenario timeframe: September 5, 20XX</p> <hr/> <p>Sample Voting Question</p>	<p>The government of GuestCountry is refusing to disclose the country of origin of Case Z. On the other hand, an immediate action is required to correct the false rumor and the damage caused to ThirdCountry.</p> <p>All information relevant from a public health point of view, including age, sex, and travel history, has been disclosed. While weighing the political considerations for GuestCountry as well as ThirdCountry</p> <p>Would you, as a Minister of Health, disclose the name of the country of origin of Case Z (i.e.: GuestCountry) if your country was facing a similar situation as Anycountry?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid blue; border-radius: 50%; padding: 10px; margin-right: 20px;"> Please select ONE answer option </div> <div style="border-top: 1px dashed blue; width: 100%;"></div> <div style="margin-right: 20px;"> <p>1</p> <p>Disclose Case Z’s country of origin as GuestCountry.</p> </div> <div> <p>2</p> <p>Would not disclose the country of origin of Case Z.</p> </div> </div>
<p>Sample Discussion Guiding Questions</p>	<p>Balancing diplomacy and public health needs:</p> <p>With pandemics, therefore when there is a risk of the infection spreading across borders, there may be political tension that arise between the country</p>

with the outbreak and surrounding countries. What is your opinion on the appropriate balance of politics and public health in such a situation?

Public health needs and mass media:

How would you handle the media and the general public who take interest in information that is not always relevant from a public health perspective?

Dealing with false information on social media:

While social media can be an extremely effective tool in disseminating information swiftly to a wide audience, how would you control for “Fake news” that can crowd out reliable information?

Session 4

Importance of Multisector Coordination

Scenario timeframe:
September 5, 20XX

Sample Discussion Guiding Questions

Instead of holding a voting on a particular topic, this session may be best led as an open-ended discussion session. At the G20 Okayama Health Ministers’ Meeting, the participants engaged in a discussion by sharing their own country experiences based on the following guiding questions.

What are some measures necessary to ensure a smooth multisector coordination?

The role of the head of government:

In some cases of public health emergencies, the head of government takes the lead, instead of the Ministry of Health, in coordinating multisectoral responses. What is your opinion on the necessity of such a governance structure where the leadership has shifted from the ministry of health to the head of government?

Supplementary info: If deemed difficult to address the outbreak by the Ministry of Health alone, many countries often shift the leadership from the ministry of health to the head of government to place a multisectoral approach governance structure. On the other hand, some countries do not have such a multisectoral governance structure or multisectoral approach may not function well. Not all countries believe that multisectoral approach is the answer to everything given that problems such as a lack of accountability by any of the relevant ministries/agencies that result in inefficiency in operation can rise in multisectoral governance.

Obstacles and challenges:

What are some obstacles and challenges that lie in coordinating responses multisectorally?

Lessons learnt from past events:

If your country has hosted large scale events in the past (e.g.: Olympics and Paralympics, FIFA World Cup, Rugby World Cup, World Expos, Hajj, etc.), what kind of multisectoral governance structure did you have in place? Please share some good practices and lessons learnt.

3.5 Supplementary materials

In addition to the films, the following materials were developed specifically for the exercise during the G20 Health Minister's Meeting and are made available online on the Department of Global Health Policy, Graduate School of Medicine, the University of Tokyo.

<http://www.ghp.m.u-tokyo.ac.jp/>

Briefing package

A separate briefing pack was prepared for the exercise, which outlines the exercise objective, its length and key scenario. Participants may be given the briefing package prior to the exercise to familiarize themselves with the scenario and to prepare accordingly for the discussions to take place in the exercise. For the G20 Health Ministers' Meeting in Okayama, the participants were given the briefing package a month prior to the meeting. No other information was shared with the participants beforehand.

PowerPoint presentation (moderators card)

A PowerPoint presentation with moderator's notes was developed for the exercise to ease and guide the facilitation. Facilitators may show the presentation material to the exercise participants and refer to the notes as needed when running the exercise.

Summary of exercise sessions sub-scenario

An outline of the detailed scenarios in accordance with each session was prepared both in English and Japanese as a guiding material for facilitators and exercise organizers. In this material, facilitators can find a detailed summary of sub-scenario, film content, and questions for each session to get a better idea of how each session is to be run.



4

Relevant links

G20 Berlin Public Health Emergency Simulation Exercise Material

<https://www.bundesgesundheitsministerium.de/english-version/international/g20-health/g20-emergency-simulation-exercise.html>

International Health Regulations, second edition (2005)

<https://www.who.int/ihr/9789241596664/en/>

WHO Mass Gatherings website

https://www.who.int/ihr/ith_and_mass_gatherings/mass_gatherings/en/

WHO Simulation Exercise Manual

<https://www.who.int/ihr/publications/WHO-WHE-CPI-2017.10/en/>

Annex: Facilitators



Dr. Yasuhiro Suzuki

**Chief Medical & Global Health Officer Vice-Minister for Health
Ministry of Health, Labour and Welfare**

Dr. Suzuki was born in 1959. He graduated from the School of Medicine at the Keio University (MD) in 1984 and trained as a neurologist. He received his PhD in public health from Keio University in 1996 and two Masters degrees from the Harvard School of Public Health (MPH in 1989 & MSc in 1990).

Dr. Suzuki has a professional career at the Ministry of Health, Labour and Welfare, Japan, for 30 years covering infectious diseases, mental health, environmental health, food safety, international health, ageing & health, and health research policy. He also worked for the World Health Organization as the Executive Director for Social Change & Mental Health, and later for Health Technology and Pharmaceuticals (covering vaccines, immunization and biologicals) from 1998 to 2002.

He is currently the Chief Medical & Global Health Officer, Vice-Minister for Health in the Ministry of Health, Labour and Welfare, Japan from July 2017. Dr. Suzuki is married and has one daughter.



Dr. Ichiro Kurane

**Former Director General Honoray Staff Member
National Institute of Infectious Diseases Japan**

Dr. Ichiro Kurane was born in Japan in 1953. He received his M.D. in 1978 and Ph.D. in 1992 from Tohoku University School of Medicine.

He served as an Instructor, an Assistant Professor and an Associate Professor in the Division of Infectious Diseases and Immunology, Department of Medicine, University of Massachusetts Medical School, USA, from 1983 to 1995. He became a Professor and the Chairman of the Department of Microbiology, Kinki University School of Medicine, Japan, in 1995. He served as the Director of the Department of Virology 1, National Institute of Infectious Diseases, Japan, in 1998; then the Deputy Director General of in 2010; and finally as the Director General in 2015.

His main scientific specialty is mosquito-borne virus disease, in particular dengue fever and Japanese encephalitis. He is a former president of Japanese Society for Virology. He has published over 400 scientific papers in English and over 100 in Japanese. He is the chair of the Japanese committee, US Japan Co-operative Medical Science Program, and a board member of Coalition for Epidemic Preparedness Innovations (CEPI).

「誰も取り残されない医療」を目指して

2018年12月4日（火）18:30 – 20:00 於：スクワール麹町

12月12日は国連によって国際UHCデーと定められています。
UHC（ユニバーサル・ヘルス・カバレッジ）は「すべての人が適切な予防、治療、リハビリ等の保健医療サービスを必要な時に支払可能な費用で受けられる状態」を指しています。これは全ての人が健康になること、「誰も残されない医療」を目指すことです。

日本では、世界最高水準の健康を享受できるようになった一方で、少子高齢化等の影響により数多くの課題にも直面しています。UHCに掲げられた「誰も取り残されない医療」を日本でも達成していくためにはどのような課題があるのでしょうか。
本イベントでは日本の保健、世界の保健に関わる専門家を招いて「誰も取り残されない医療」の現在、そしてこれからについて語っていただきます。医療を取り巻く社会の変化も激しい今、日本の、そして世界のUHCはどのような姿になるのでしょうか。

プログラム

<日英同時通訳あり>

オープニング：18:30 – 19:00

はじめに：渋谷 健司氏

（東京大学医学系大学院国際保健政策学教室教授、国立国際医療研究センターiGHPセンター長）

来賓挨拶：池田 千絵子氏（厚生労働省大臣官房総括審議官（国際保健担当））

基調講演：“The vision for world where we can promote health for all.”

Dr. Suwit Wibulpolprasert, Vice Chair, International Health Policy Program Foundation,
Health Intervention and Technology Assessment, Thailand

第一部：19:00 – 19:30 カントリープレゼンテーション

誰も取り残されない医療を達成するためには何が必要か – 各国の経験から –

- 中国：Dr. Kun Tang, Department of Global Health, Peking University School of Public Health, China
- 日本：高山義浩氏, 沖縄県立中部病院 地域ケア科 医長

第二部：19:30 – 20:00 パネルディスカッション

誰も取り残されない医療を実現するための鍵 – あるべきヘルスケアの姿 –

進行：宮田裕章氏 国立国際医療研究センター グローバルヘルス政策研究センター
グローバルヘルスシステム・イノベーション研究科長

パネリスト：

- Dr. Supakit Sirilak, Deputy Permanent Secretary, Ministry of Public Health, Thailand
- Dr. Kun Tang, Assistant Professor, Department of Global Health, Peking University School of Public Health
- 高山義浩氏, 沖縄県立中部病院 地域ケア科 医長
- 戸邊 誠氏, 国際協力機構(JICA) 国際協力専門員
- 柏倉美保子氏, ビル&メリンダ・ゲイツ財団, 日本代表

主催：東京大学大学院国際保健政策学教室(GHP)

国立国際医療研究センター国際医療協力局グローバルヘルス政策研究センター (iGHP)

後援：国際協力機構 (JICA)

本イベントは厚生労働省科学研究費補助金事業の一環として行われます



誰一人取り残されない医療を考える

SDGs時代における医療のあり方

12月3日（火）

17:30 – 19:00

場所：都市センターホテル オリオン
東京都千代田区平河町2-4-1
(東京メトロ永田町駅 徒歩3分)

参加費
無料

第一部：オープニング・基調講演

開会挨拶：喜多洋輔氏 厚生労働省大臣官房国際課 国際保健企画官
基調講演：高山義浩氏 沖縄県立中部病院 感染症内科・地域ケア科 副部長

第二部：教育講演

教育講演：杉下智彦氏
東京女子医科大学 国際環境・熱帯医学講座 教授/講座主任

第三部：パネルディスカッション

テーマ：誰も取り残されない医療を実現するための鍵—あるべきヘルスケアの姿—

- 高山義浩氏 沖縄県立中部病院 感染症内科・地域ケア科 副部長
- 杉下智彦氏 東京女子医科大学 国際環境・熱帯医学講座 教授/講座主任
- 田口亜希氏 (一社)日本パラリンピアンズ協会理事、パラリンピック射撃元日本代表、日本郵船株式会社広報グループ 社会貢献チーム
- 二見茜氏 東京医科歯科大学医学部附属病院 国際医療部 副部長
- 村上綾氏 IFMSA-Japan 人権と平和に関する委員会 責任者

参加申し込みは以下リンクまたはQRコードよりお願いします

<https://forms.gle/J9xjWyujWyGsLJeN8>

主催：東京大学大学院国際保健政策学教室(GHP)

共催：東京女子医科大学国際環境・熱帯医学講座、東京医科歯科大学医学部附属病院

後援：IFMSA-Japan (国際医学生連盟 日本)

本イベントは厚生労働省科学研究費補助金事業の一環として行われます

問い合わせ先：ghpinfo@m.u-tokyo.ac.jp

UHC day イベント 2019



GHP



国立大学法人
東京医科歯科大学
TOKYO MEDICAL AND DENTAL UNIVERSITY



IFMSA-Japan