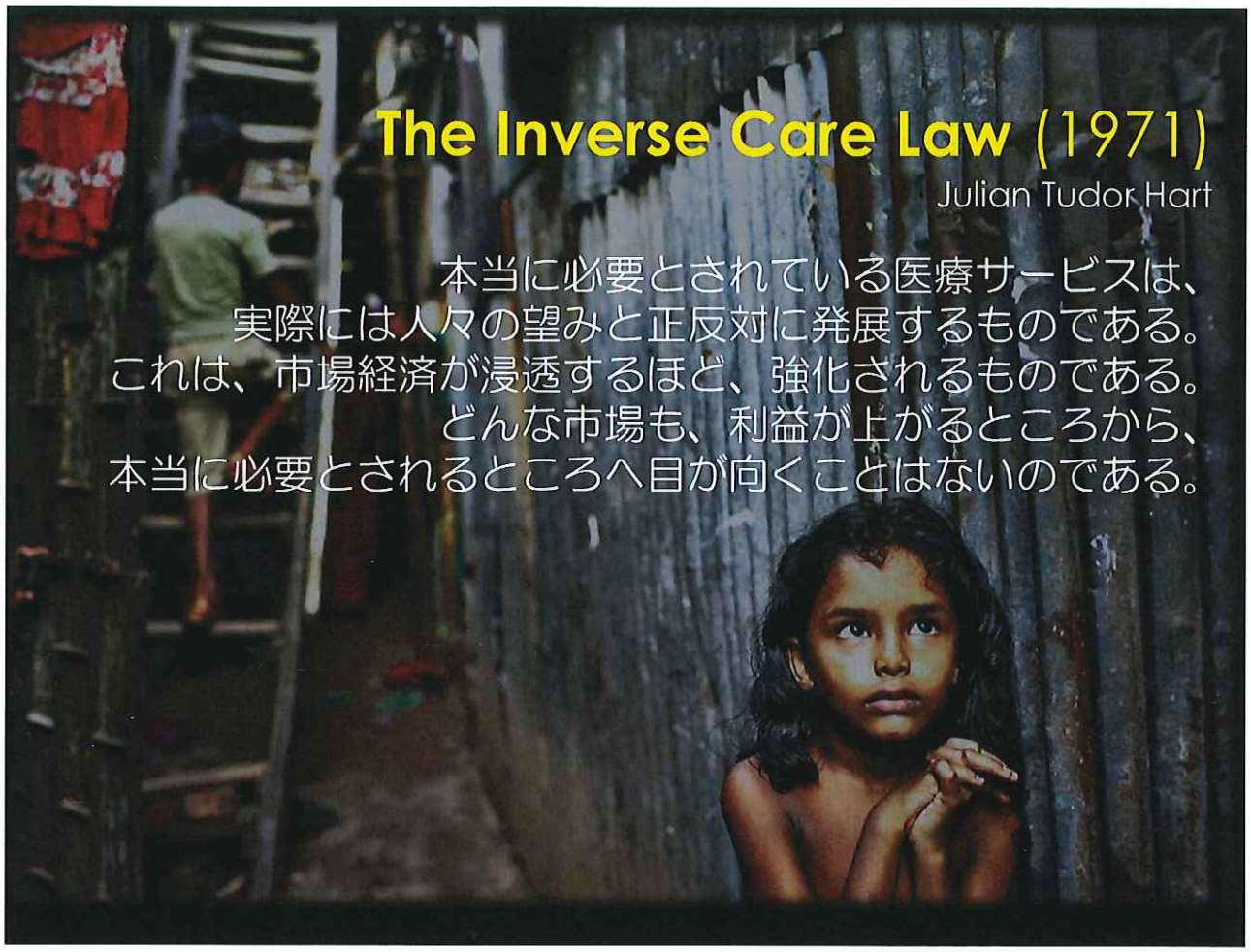
グローバルアジェンダとしての Universal Health Coverage

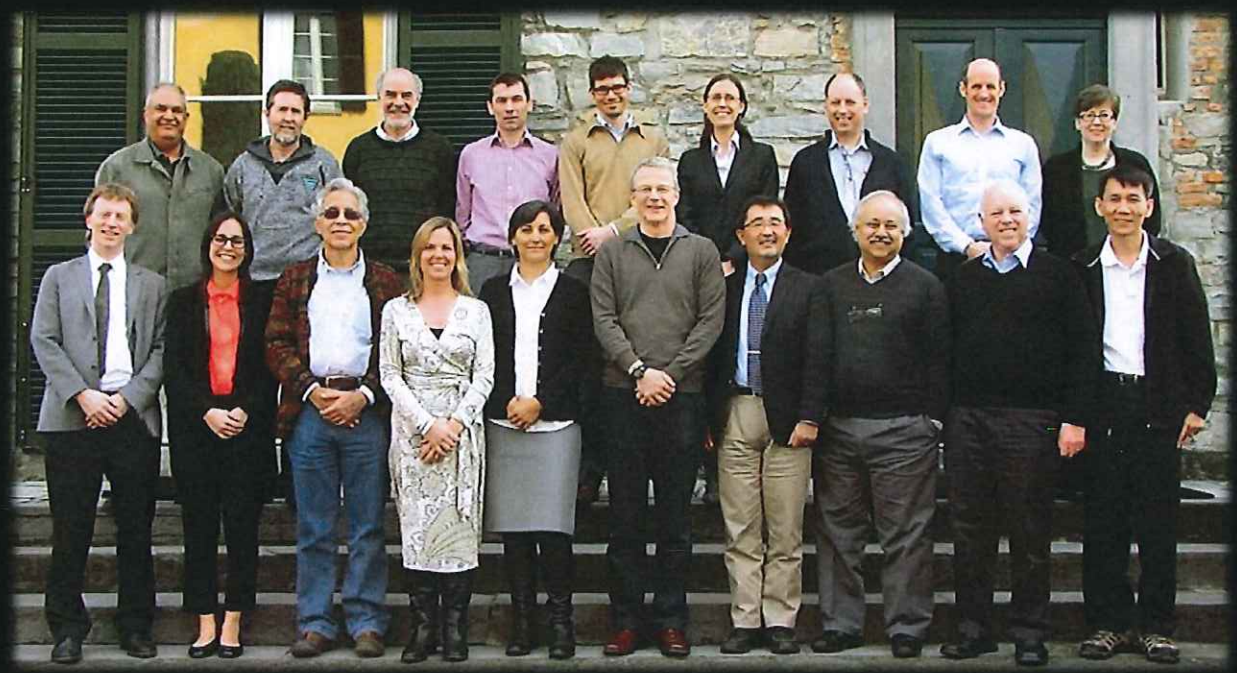
2030年に向けた保健指標の測定とアカウンタビリティ

国際協力機構　国際協力専門員
杉下智彦


The Inverse Care Law (1971)
Julian Tudor Hart
本当に必要とされている医療サービスは、
実際には人々の望みと正反対に発展するものである。
これは、市場経済が浸透するほど、強化されるものである。
どんな市場も、利益が上がるところから、
本当に必要とされるところへ目が向くことはないのである。


Zomba Central Hospital
Malawi, 1995

Post 2015 Development Agenda Group



Social Business Grand Prix 2014

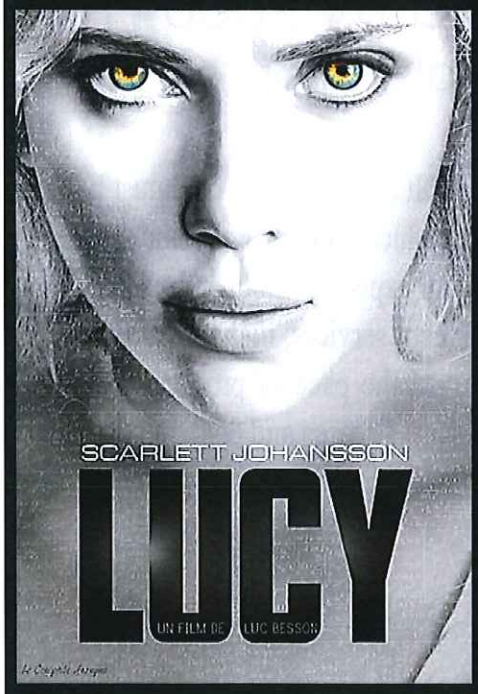
志 ソーシャルビジネス グランプリ2014夏

医療の信頼の崩壊

SU*TE*KI

アフリカの女性のためのブティック・クリニック

Data is powerful because it makes synergies between the health systems and six I's namely *intelligence, interventions, implementation, investment, impact and institutionalization.*



No government is willing to increase its fiscal space for uncovered budgetary systems;

No providers is encouraged to deliver services without proper performance management;

No partner is willing to increase its investment to uncertain results;

Nobody is willing to pay for premium to un-accountable institutions.

Data is the foundation of trust building between the health systems and the governments, partners health providers and ultimately the people.

国際潮流の最新情報

2nd June 2015

Transforming Our World By 2030
A New Agenda for Global Action

23. To extend life expectancy for all, we must achieve universal health coverage. No one must be left behind. We commit to accelerating the progress made to date in reducing infant, child and maternal mortality by ending all preventable deaths of infants, children and expectant mothers by 2030. We shall ensure universal access to sexual and reproductive health care services, including for family planning, information and education. We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis and other communicable diseases and epidemics. At the same time we shall devote greater effort to tackling non-communicable diseases.

Goal 3 Ensure healthy lives and promote well-being for all at all ages

Target 3.1
By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

Target 3.2
By 2030, end preventable deaths of newborns and children, measured as neonatal mortality of no more than 12 per 1,000 live births and under-5 mortality of no more than 25 per 1,000 live births

Target 3.3
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Target 3.4
By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well being.

Target 3.5
Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Target 3.6
By 2030, halve the number of global deaths and injuries from road traffic accidents.

Target 3.7
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Target 3.8
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Target 3.9
By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Target 3.a(実施手段)
Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

Target 3.b
Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

Target 3.c
Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially least developed countries and smallisland developing states.

Target 3.d
Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Guiding principles

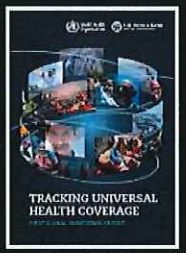
IHR


UHC Framework

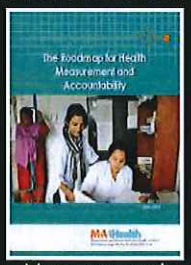

100 Core Indicators

IHP+

Practical implications



UHC Monitoring



Measurement

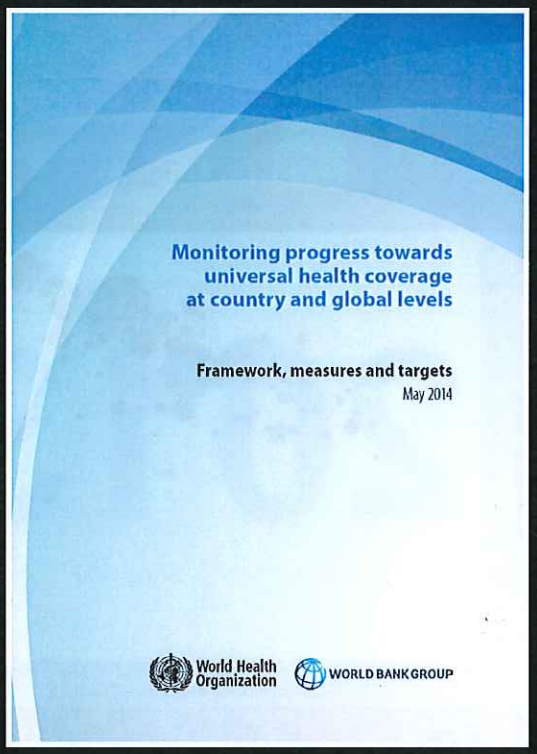

GFF


PEF

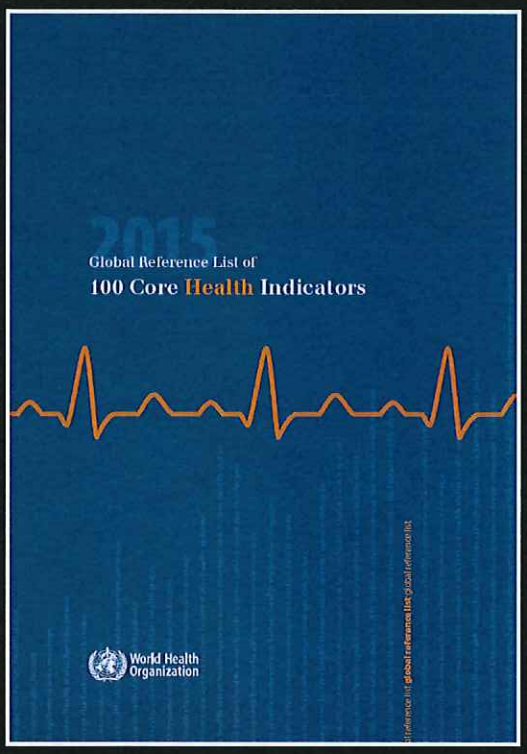
Overarching Agenda Setting


G7 Summit Conveyer

Health Monitoring Milestones

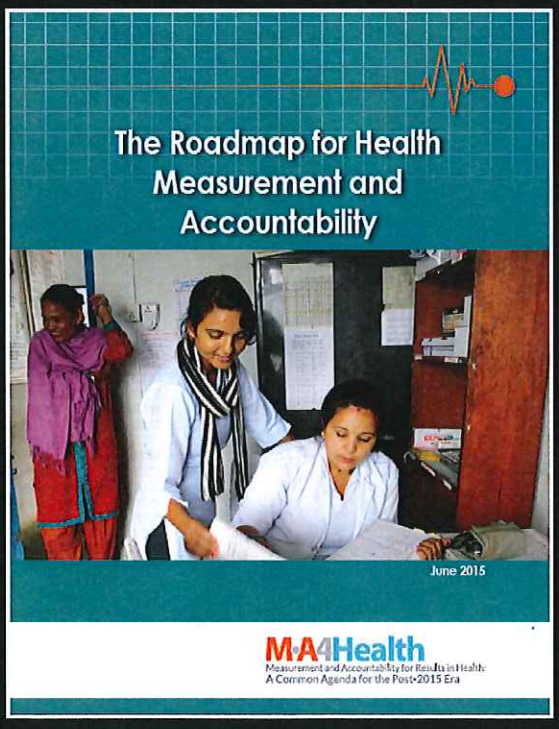


May 2014



May 2015

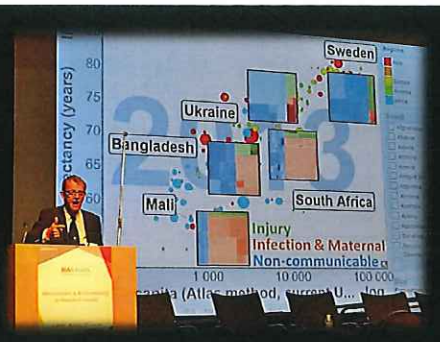
MA4Health Summit

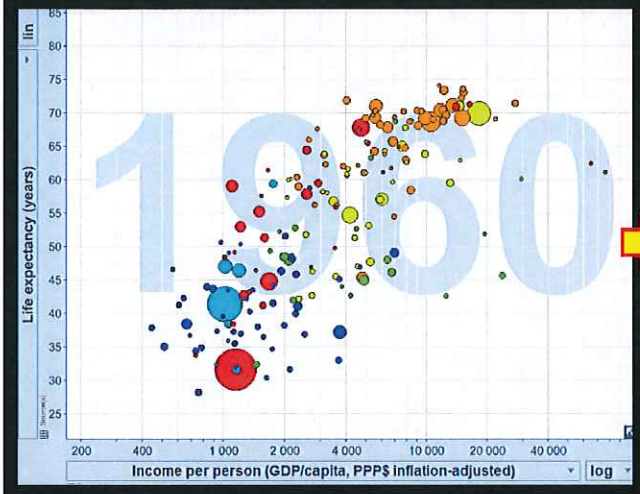


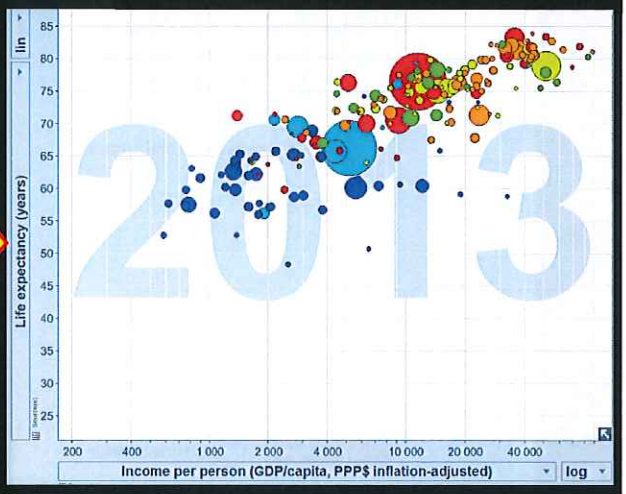
Washington, 9-11 June 2015

グローバルな健康革命

Hans Rosling







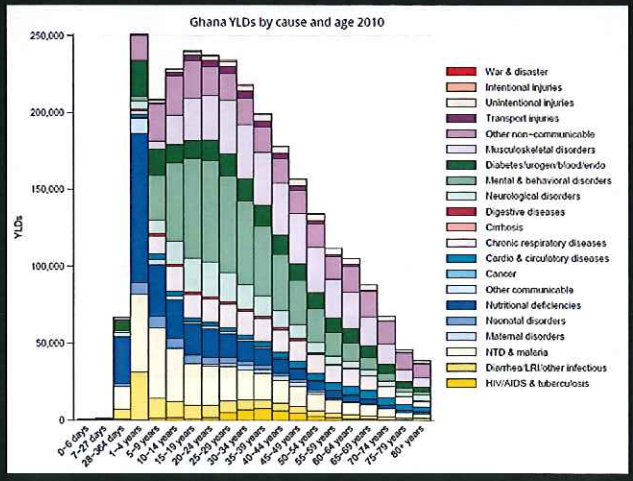
http://www.gapminder.org/

疾病負担の急激な変化

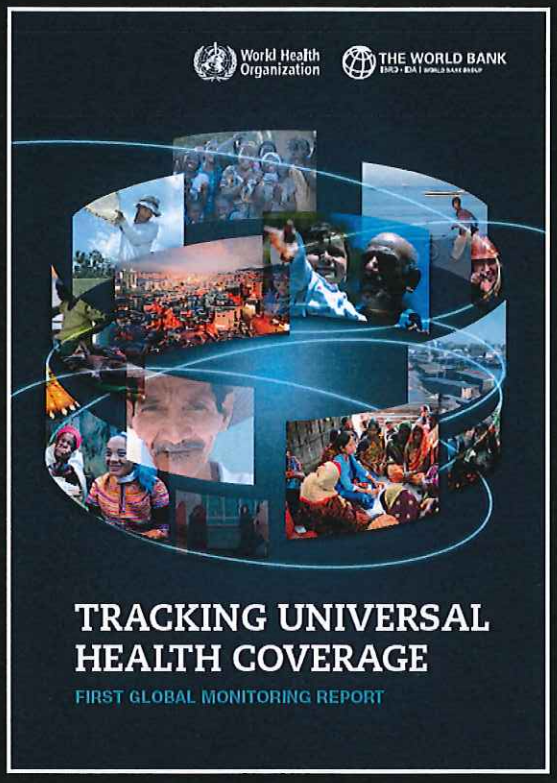
Chris Murrey

# YLLs in thousands (% of total)	Rank and disorder 1990
1,119 (13.3%)	1 Malaria
970 (11.6%)	2 Lower respiratory infections
793 (9.5%)	3 Diarrheal diseases
639 (7.5%)	4 Measles
464 (5.5%)	5 Neonatal sepsis
404 (4.8%)	6 Preterm birth complications
324 (3.9%)	7 HIV/AIDS
304 (3.6%)	8 Protein-energy malnutrition
278 (3.3%)	9 Neonatal encephalopathy
267 (3.2%)	10 Meningitis
184 (2.2%)	11 Stroke
163 (1.9%)	12 Tuberculosis
153 (1.8%)	13 Congenital anomalies
111 (1.3%)	14 Ischemic heart disease
110 (1.3%)	15 Road injury
109 (1.3%)	16 Maternal disorders
88 (1.1%)	17 Epilepsy
83 (1.0%)	18 Tetanus
72 (0.9%)	19 Iron-deficiency anemia
68 (0.8%)	20 Cirrhosis
50 (0.6%)	21 Sickle cell
51 (0.6%)	22 Interpersonal violence
46 (0.5%)	23 Diabetes
46 (0.6%)	24 Falls
42 (0.5%)	25 Syphilis
	28 Typhoid fevers
	33 Chronic kidney disease
	36 Liver cancer

Rank and disorder 2010	# YLLs in thousands (% of total)	% change
1 Malaria	1,422 (16.2%)	27
2 HIV/AIDS	858 (9.8%)	170
3 Lower respiratory infections	709 (8.1%)	-27
4 Neonatal sepsis	625 (7.2%)	34
5 Preterm birth complications	394 (4.5%)	1
6 Protein-energy malnutrition	355 (4.1%)	23
7 Stroke	318 (3.7%)	74
8 Neonatal encephalopathy	317 (3.6%)	16
9 Meningitis	275 (3.2%)	3
10 Road injury	247 (2.8%)	121
11 Diarrheal diseases	244 (2.8%)	-69
12 Ischemic heart disease	221 (2.5%)	101
13 Cirrhosis	155 (1.8%)	137
14 Tuberculosis	141 (1.6%)	-14
15 Congenital anomalies	133 (1.5%)	-13
16 Epilepsy	135 (1.5%)	56
17 Maternal disorders	123 (1.4%)	11
18 Diabetes	96 (1.1%)	112
19 Iron-deficiency anemia	74 (0.8%)	8
20 Falls	65 (0.8%)	41
21 Typhoid fevers	75 (0.9%)	81
22 Measles	67 (0.8%)	-90
23 Liver cancer	52 (0.6%)	123
24 Chronic kidney disease	51 (0.6%)	111
25 Interpersonal violence	51 (0.6%)	1
26 Sickle cell		
38 Syphilis		
44 Tetanus		



UHC Global Monitoring Report



New York, 12 June 2015

Key Message

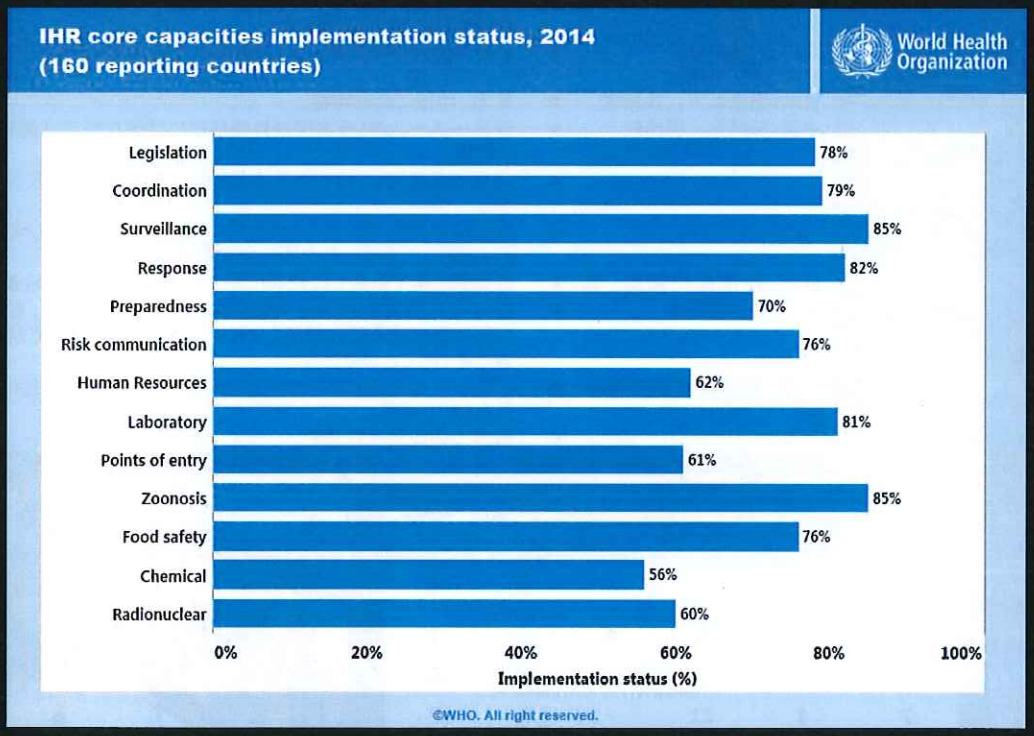
- 4億人が基本的な保健医療サービスを利用できない。
- 37カ国において、人口の6%が、医療費の自己負担により極度の貧困（1日1.25ドル未満の生活）に陥る。
- もし貧困ラインを1日2ドル未満にすると、この割合は17%に増える。

International Health Partnership +

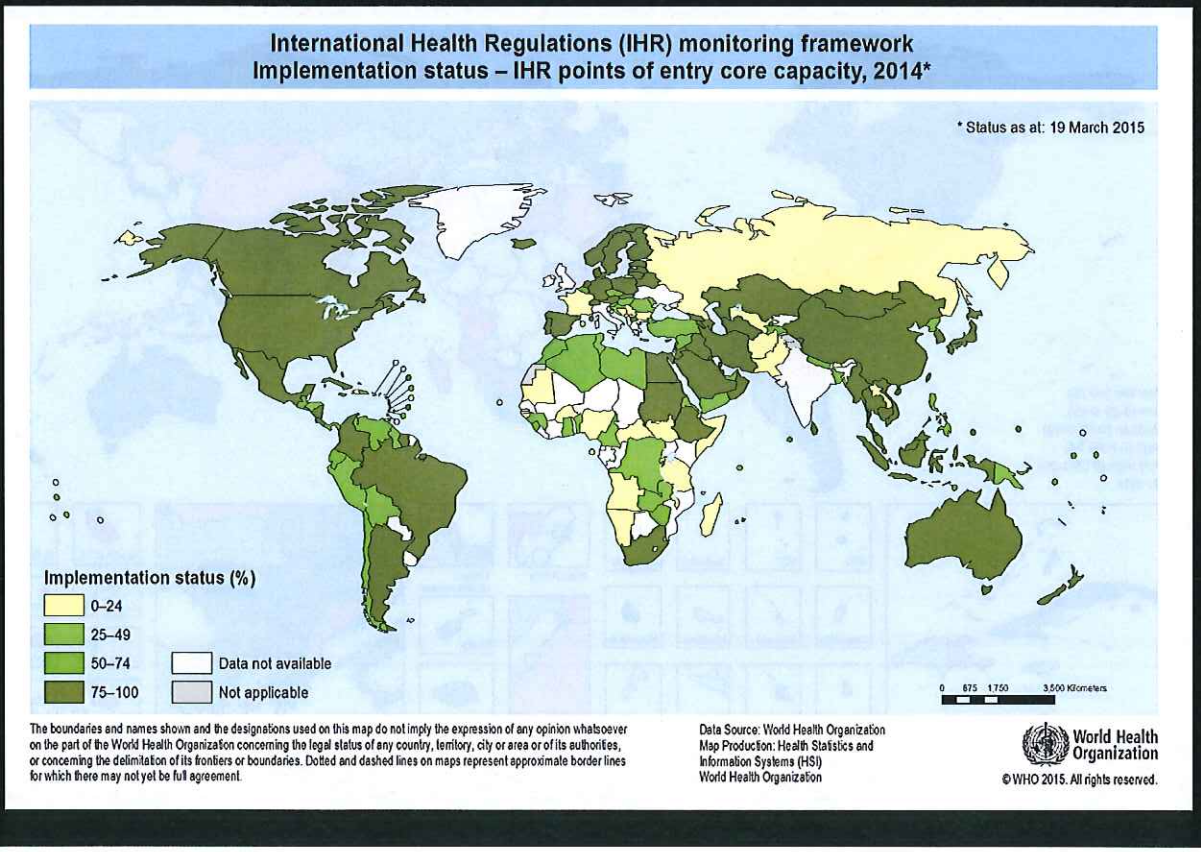
IHP+ Seven Behaviors

The seven behaviours	Measured in the 2014 IHP+ Monitoring
1. Agreement on priorities that are reflected in a single national health strategy and underpinning sub-sector strategies, through a process of inclusive development and joint assessment, and a reduction in separate exercises.	✓
2. Resource inputs recorded on budget and in line with national priorities	✓
3. Financial management systems harmonized and aligned; requisite capacity building done or underway, and country systems strengthened and used.	✓
4. Procurement/supply systems harmonized and aligned, parallel systems phased out, country systems strengthened and used with a focus on best value for money. National ownership can include benefiting from global procurement.	✗
5. Joint monitoring of process and results is based on one information and accountability platform including joint annual reviews that define actions that are implemented and reinforce mutual accountability.	✓
6. Opportunities for systematic learning between countries developed and supported by agencies (south-south/triangular cooperation).	✗
7. Provision of strategically planned and well-coordinated technical support.	✗

International Health Regulation (IHR)



Core Capacity (Points of Entry)

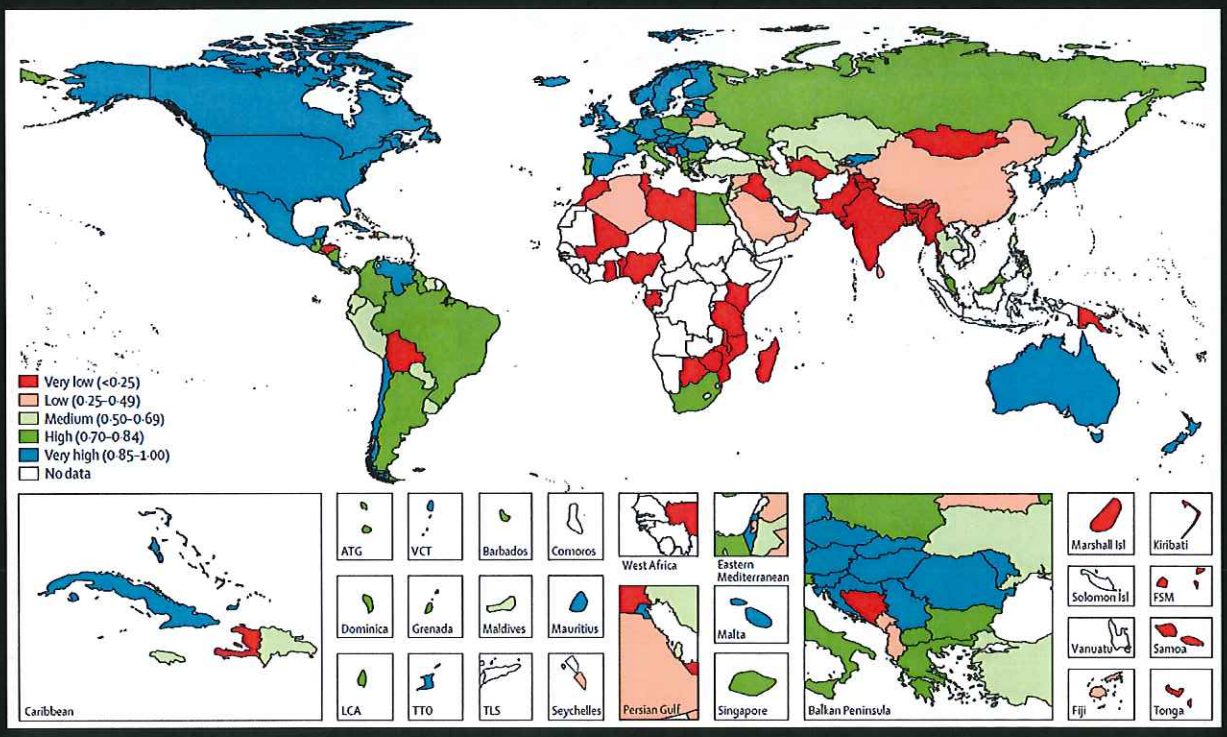


Civil Registration and Vital statistics (CRVS)

制度	監督官庁	特徴
住民登録 Civil Registration	国により異なる。 日本：総務省	● 法令等を通じた、出生、婚姻、離婚、死亡等の人口動態にかかる普遍的、継続的、強制的な記録。
人口動態統計 Vital Statistics	国により異なる。 日本：厚生労働省	● Civil registrationを通じた人口動態にかかるデータを加工・分析した統計。
戸籍制度 Family Register System	日本（機能低下）：法務省 中国（形骸化）：国務院	● 日本、中国にのみ存在。 ● 国民一人一人を（日本国内外の居住に関係なく）出生関係により登録する制度。 ● 居住地を登録し、地方自治体との関係を明示する住民登録制度とは異なる。 ● 国民健康保険や国民年金などの行政サービスに用いるデータは住民票を基にしており戸籍の果たす役割は低下。
マイナンバー（個人番号）	日本：制度は内閣府、通知・管理は総務省	● 住民票を有する全ての住民に対して、住所地の市町村長が指定。 ● 国の行政機関や地方公共団体などでは、社会保障、税、災害対策の分野で保有する個人情報とマイナンバーとを紐づけて効率的に情報の管理を行うことができる。
社会保障番号 Social Security Number	米国：連邦政府社会保障局	● アメリカ合衆国において市民・永住者・外国人就労者に対して発行される9桁の番号。 ● 事実上の国民識別番号。

Ministries Type of events	Ministry of Interior	Ministry of Territorial Administration	Ministry of Justice	Ministry of Health	Others	No response
Live birth	14	6	8	4	6	1
Death	15	5	8	4	6	1
Marriage	11	5	14	-	6	2
Divorce	7	1	21	-	3	7

Civil Registration and Vital statistics Performance Index



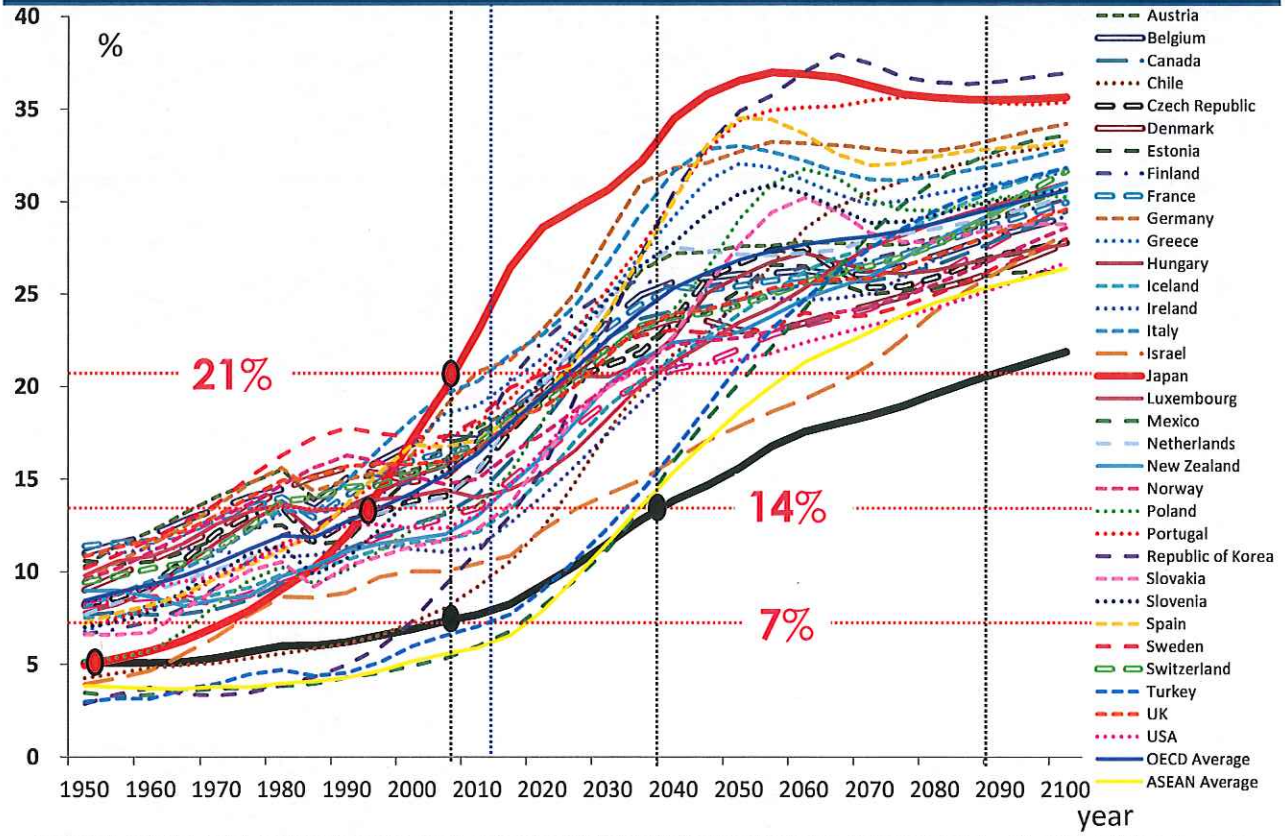
eHealth/mHealth

2016年G7に向けたグローバルヘルス・ワーキンググループ

G7 Summit
Conveyer

1. 高齢化とUHCに関する総括マクロビジョン
2. UHCの社会経済的インパクトと政策的意義（政治経済分析含む）
3. 我が国のUHCの3Es（equity, effectiveness and efficiency）
4. UHCの実践的手法と教訓
5. 途上国の現場における事例とUHCに関わる人材育成
6. UHC達成のためのグローバルヘルス・ガバナンス分析

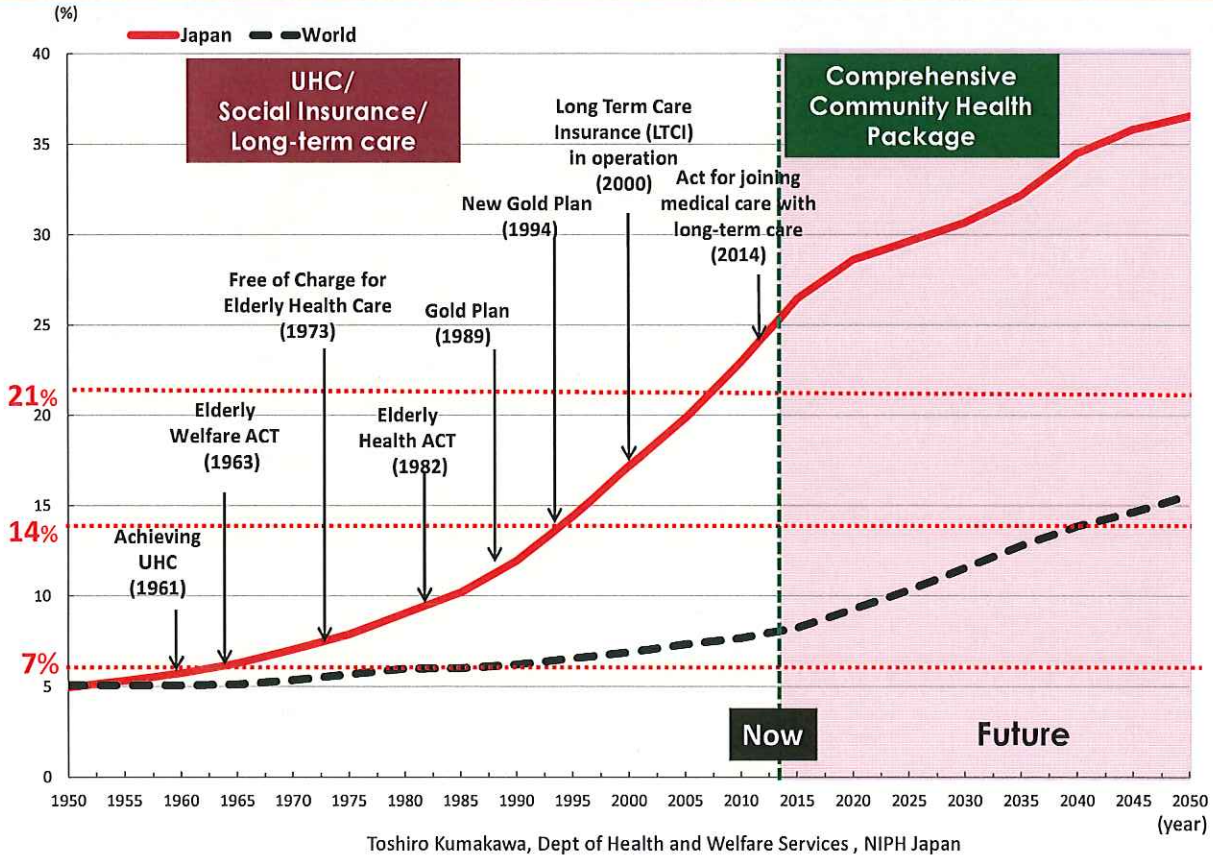
Dynamism of Elderly Population Ratios



Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat; World Population Prospects : The 2012 Revision, http://esa.un.org/unpd/wpp/index.htm

Toshiro Kumakawa, Dept of Health and Welfare Services, NIPH Japan

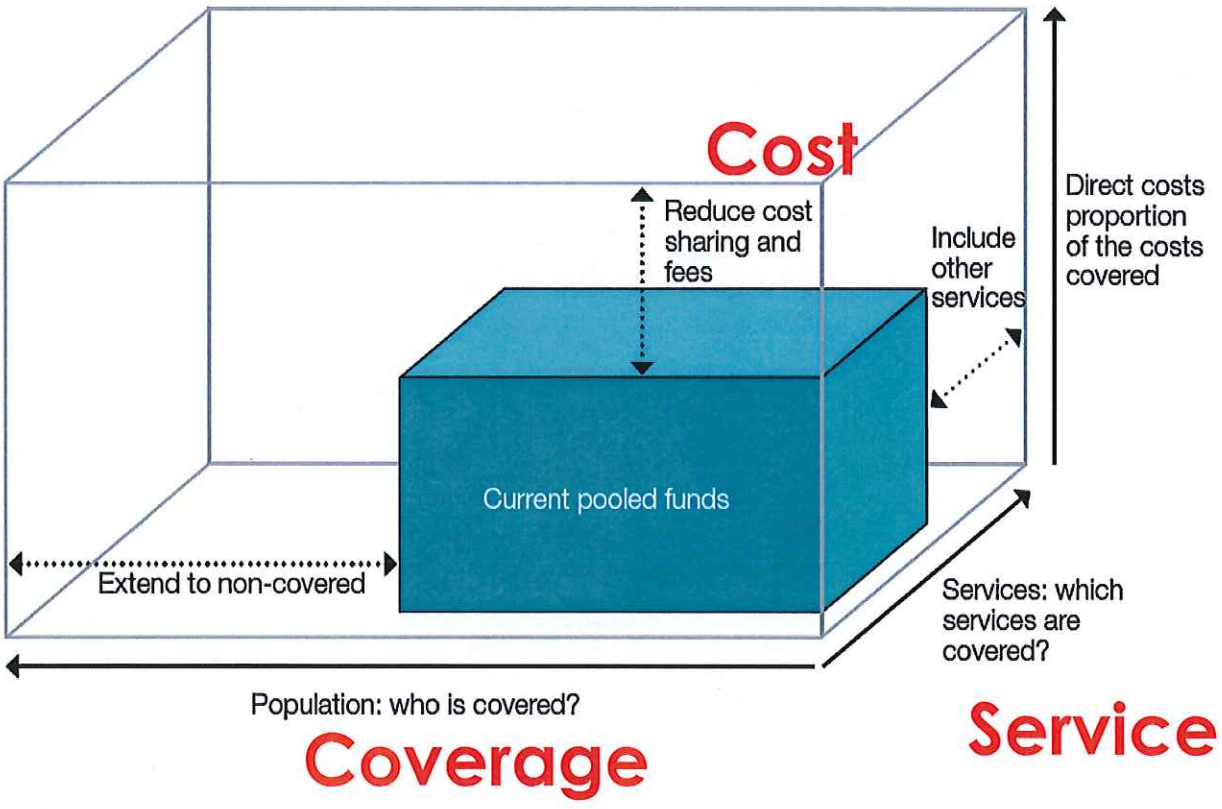
Content-Based Solutions: Japan's Experience



Toshiro Kumakawa, Dept of Health and Welfare Services , NIPH Japan

UHCモニタリング

UHCの3つの側面



社会保障の3つのあり方

①ビスマルク型（保険方式）　「連帯」（solidarity）

社会保障制度は、給付の水準は所得による拠出水準とその期間によって決まり、その財源は保険料による拠出が原則になっています。被保険者は自分の所得の中からその所得に応じた金額を基金へ保険料として支払い、給付金やサービスが必要になった場合にその基金からそれらを受給するという仕組みです。

②ベバレッジ型（税方式）「普遍」（universal）

社会保障制度は、個人や世帯と言ったある単位を対象としていて、最低所得の水準や最低生活の水準の保障を行うもので、社会福祉とか社会的保護とか福祉と呼ばれています。また、その財源は税金や保険料であり、その制度自体の管理や運営は原則的に政府が行っています。基本的に国民全員に給付金やサービスを提供するという前提であるが故に、給付金やサービスは金額的にもサービス量的にも低水準になってしまう。

③積立基金制度型　（共済方式）「個人」（individual）

本人の拠出と拠出している人それぞれの個別の口座を基本としていて、本人の拠出金には利息が付き、積み立てられていきます。その拠出金分は税金が控除され、自分自身の人生の各段階の中で必要になる資金の一部又は全部を受給する資格が与えられます。共済基金組合や各国政府によって運営され、一般的にはそれは法律で義務づけられ、雇用主と労働者がそれぞれ保険料を拠出する形の基金です。

Service coverage

Tracer coverage indicators

Core (MDG-related) indicators

- Family planning (modern methods)
- Antenatal care
- Skilled birth attendance
- DTP3 immunization
- Improved drinking water
- Improved sanitation
- Antiretroviral therapy
- Tuberculosis treatment

Candidate core indicators

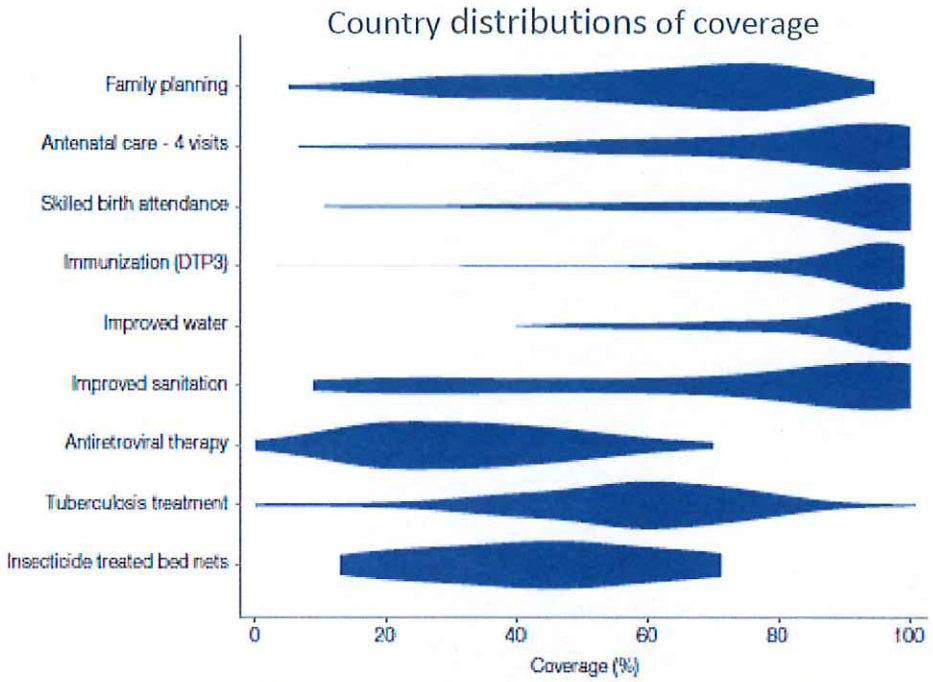
- Tobacco non-use
- Hypertension coverage
- Diabetes coverage
- Cataract surgical coverage

Suitable for selected countries:

- Preventive chemotherapy for NTDs
- Insecticide treated nets

Varying coverage levels of coverage of core tracer indicators observed across countries

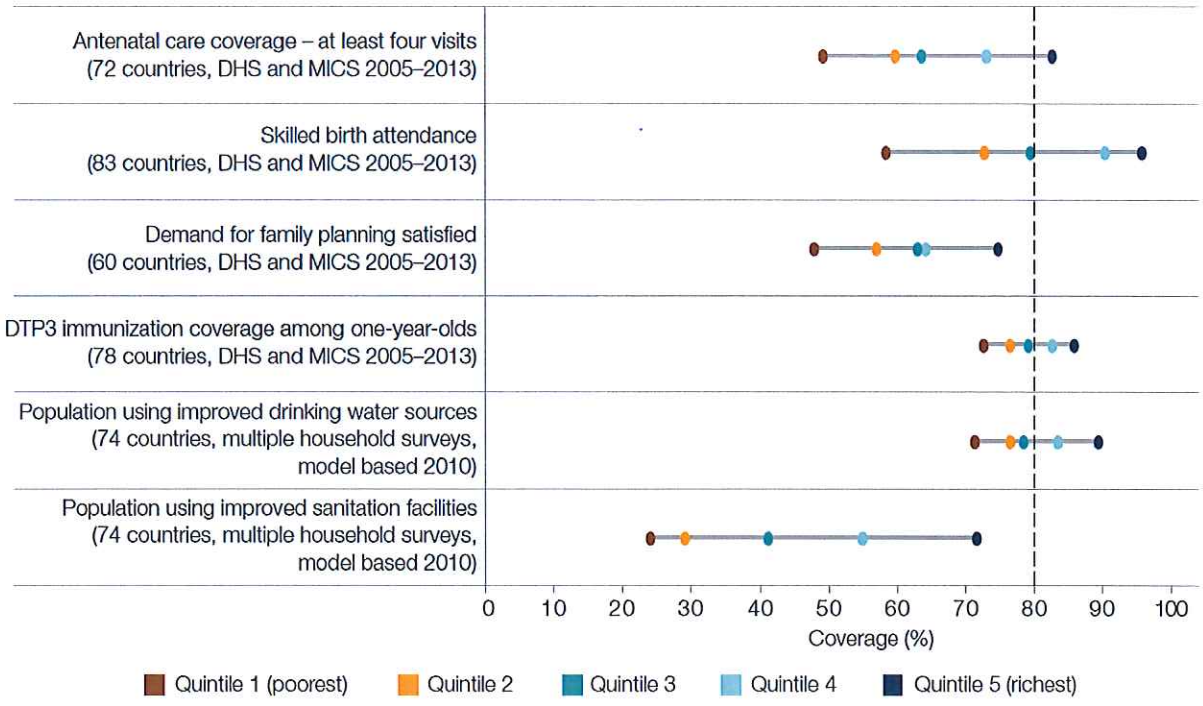
- **For example, high coverage observed for DTP**
- **In contrast to low coverage observed for family planning**



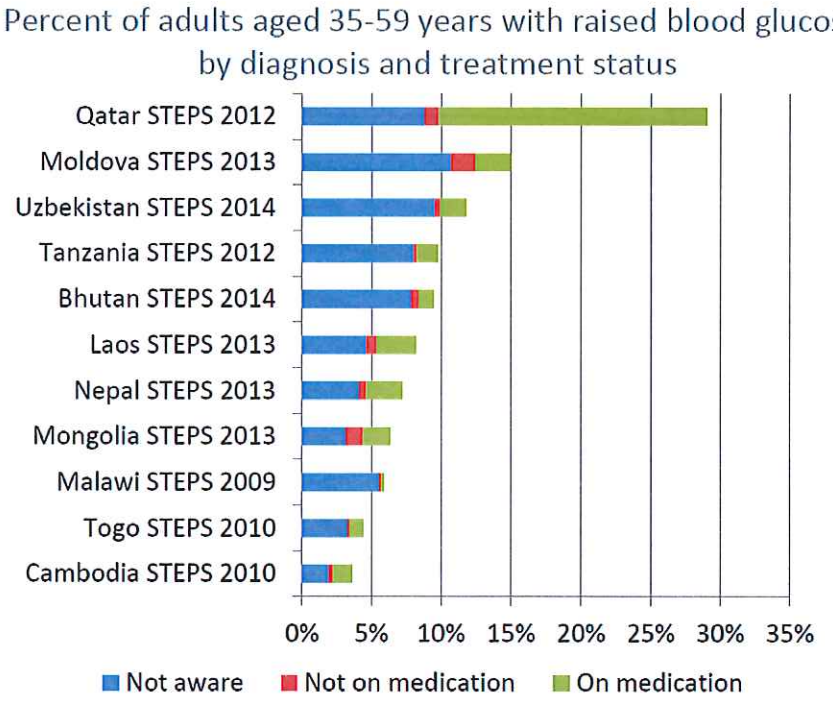
(Height corresponds to # countries with specific level of coverage)

Source: WHO-World Bank (2015). Tracking Universal Health Coverage.

Coverage by Economic Status



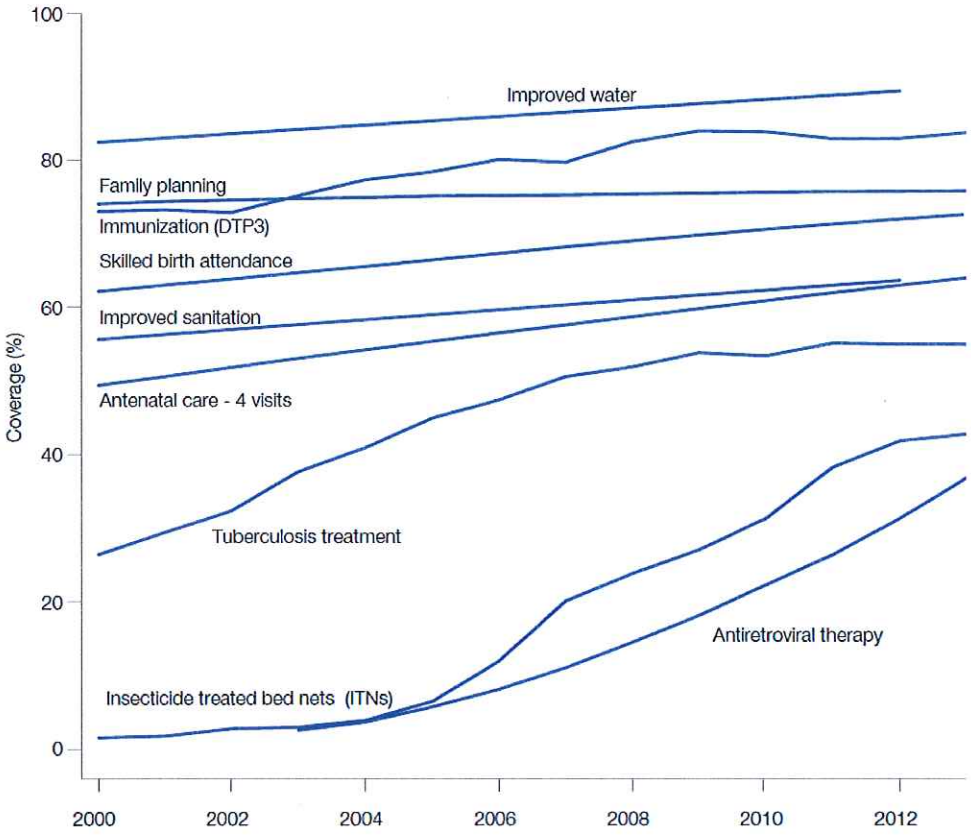
Available evidence of some candidate core indicators (diabetes) suggest coverage is low



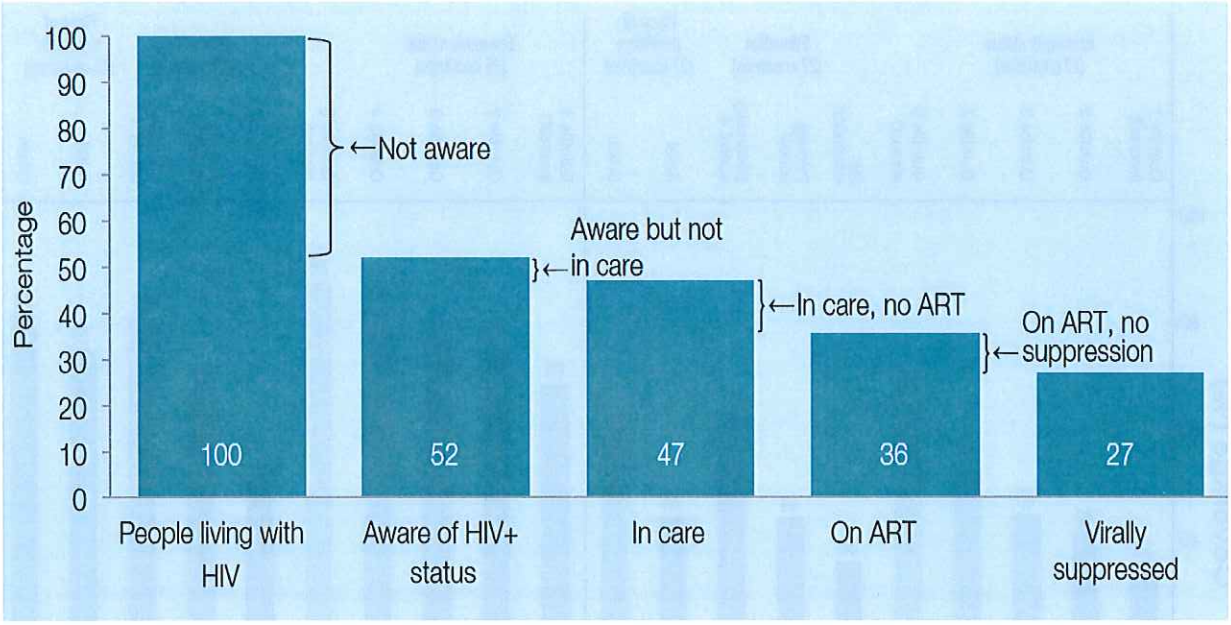
Source: WHO-World Bank (2015). Tracking Universal Health Coverage.

Disaggregate data comparison

Trends of Service Coverage

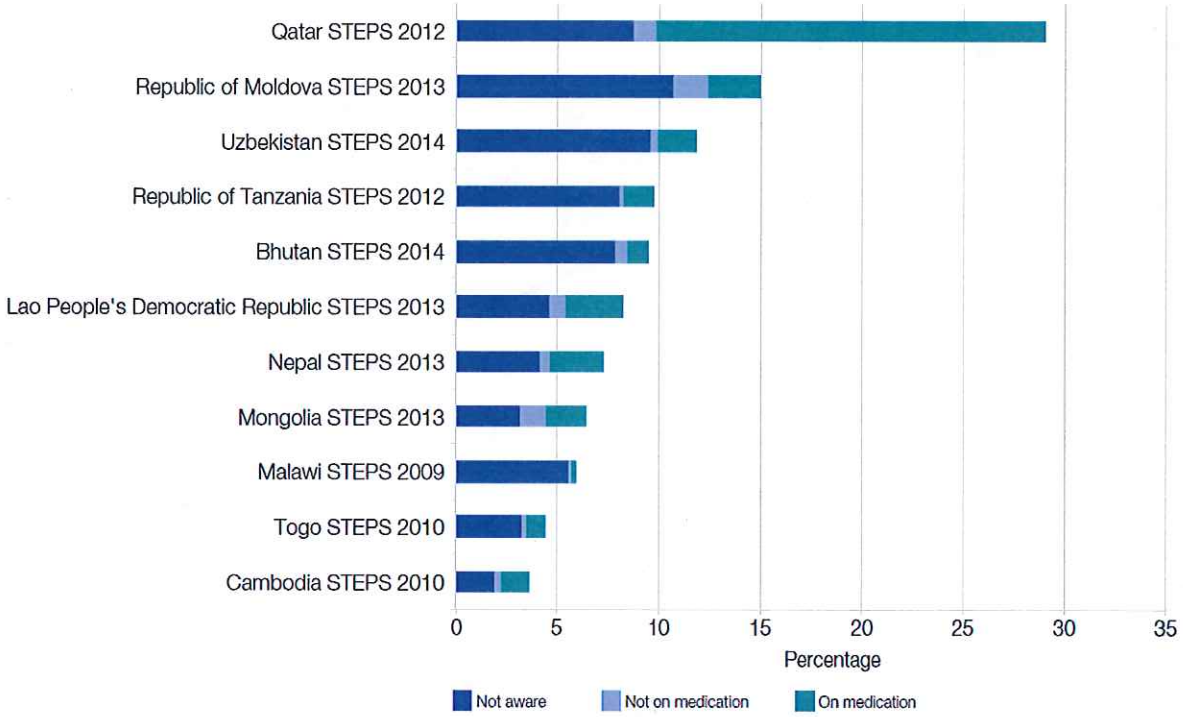


Effective coverage

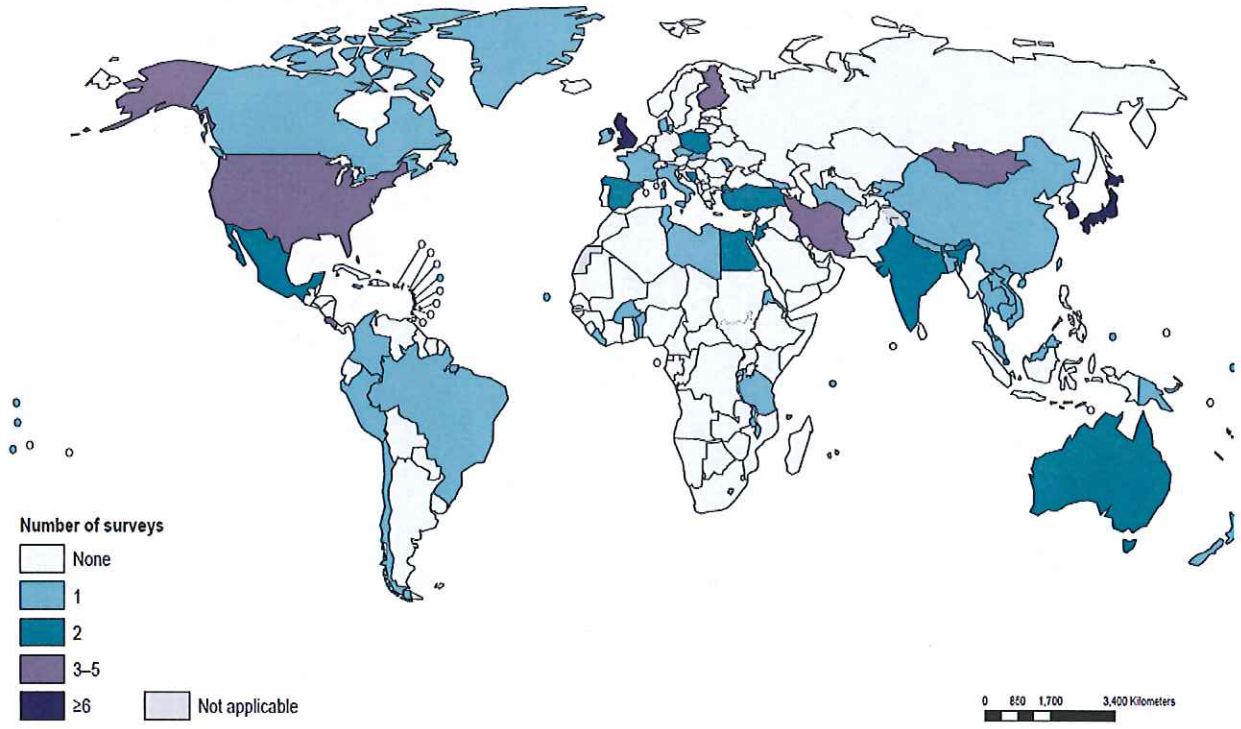


Kenya, 2012

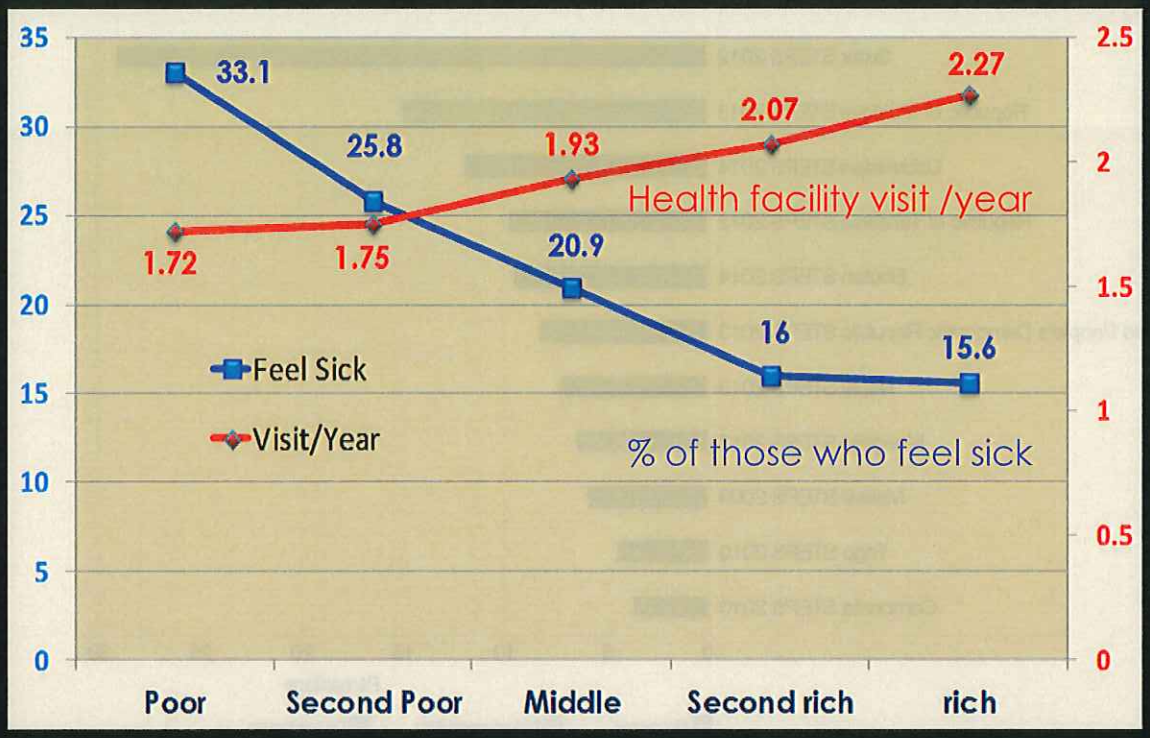
NCD (DM): Effective Coverage



National Survey (Fasting blood glucose/HbA1c)



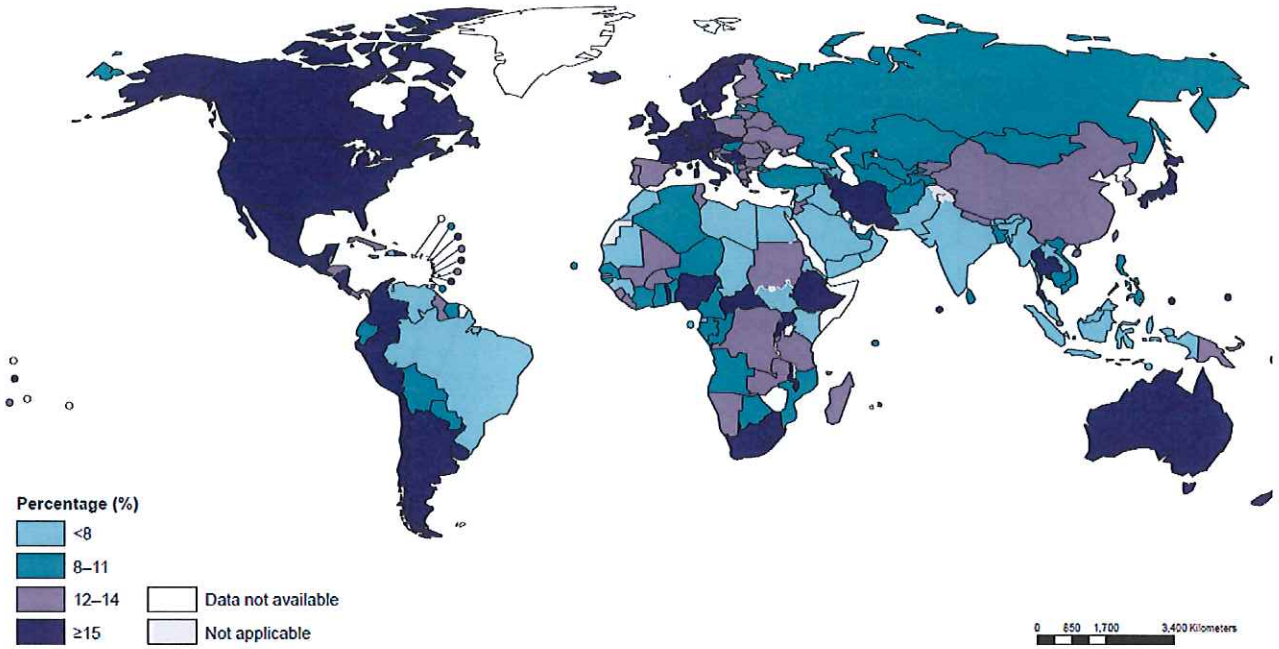
Economic Status and Health Services



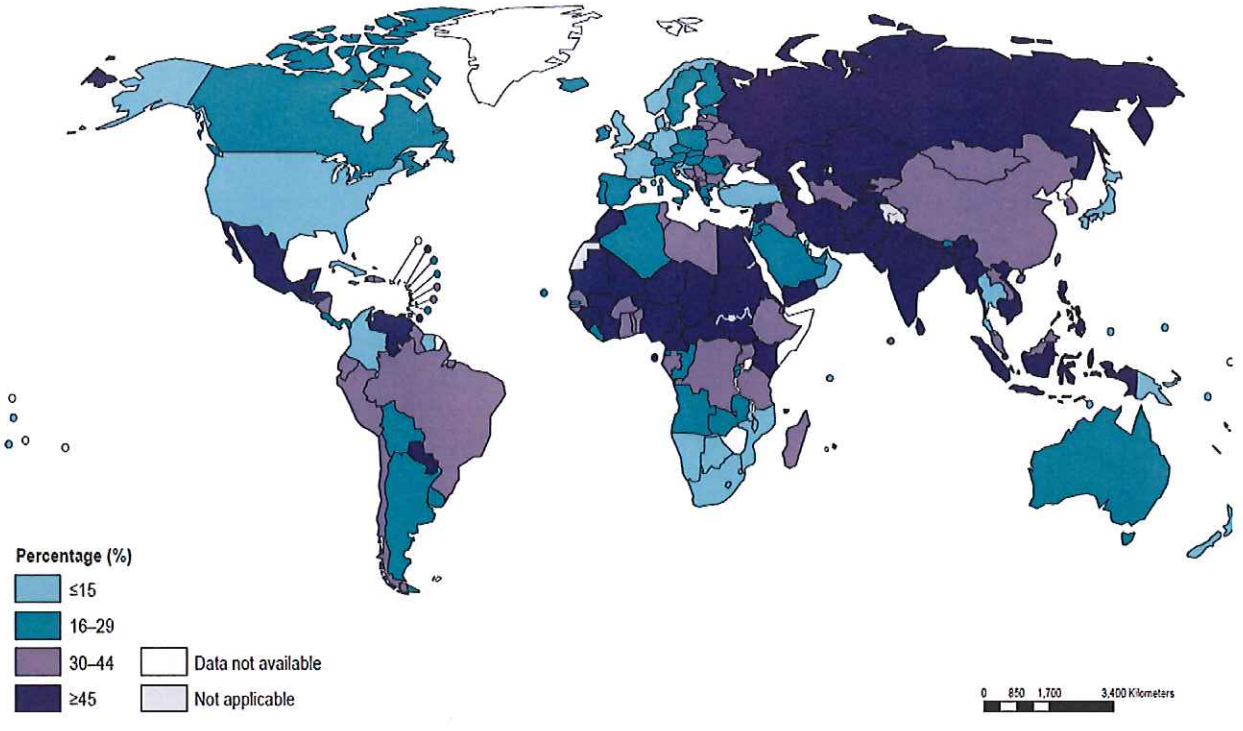
Household Health Expenditure and Utilization Survey
MOH, Kenya, 2003

Financial protection

Government Health Expenditure

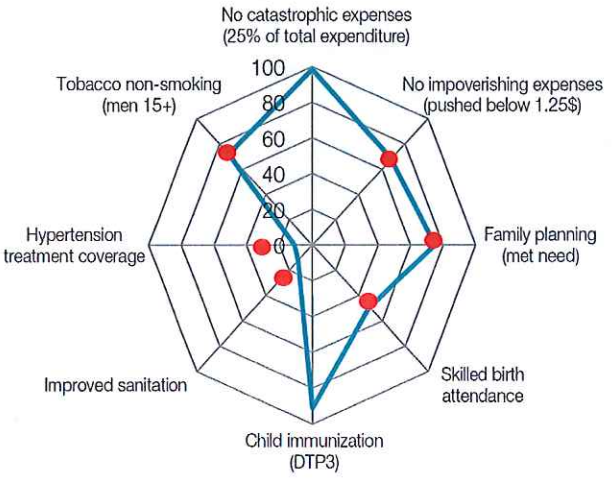


Out of Pocket Payment

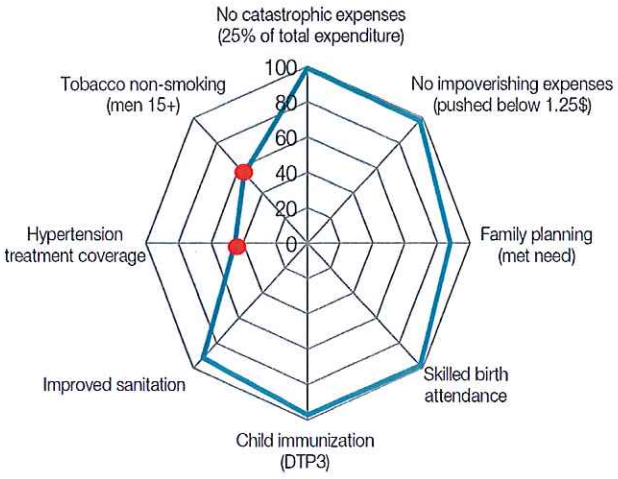


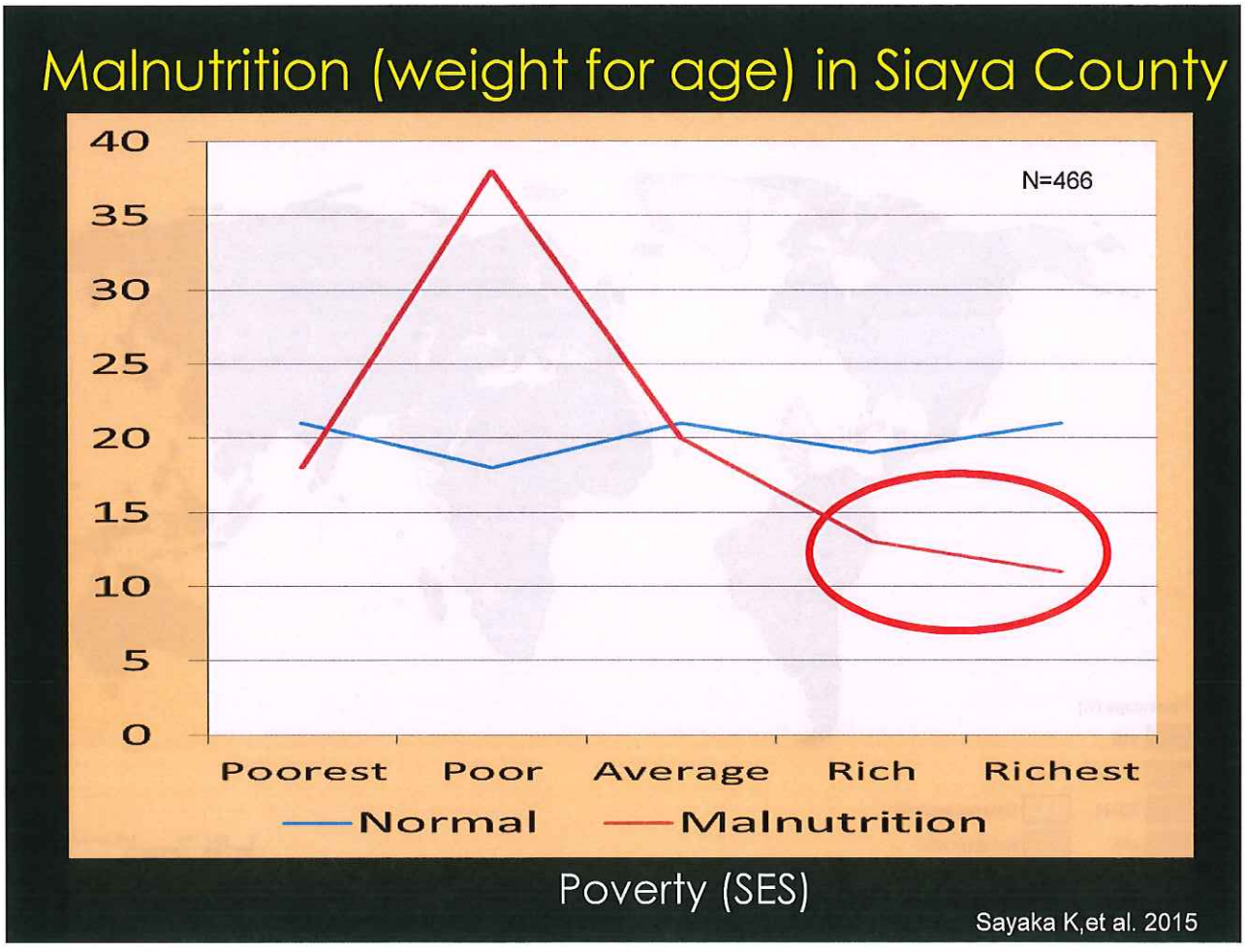
Country Matrix Comparison

United Republic of Tanzania



Kyrgyzstan

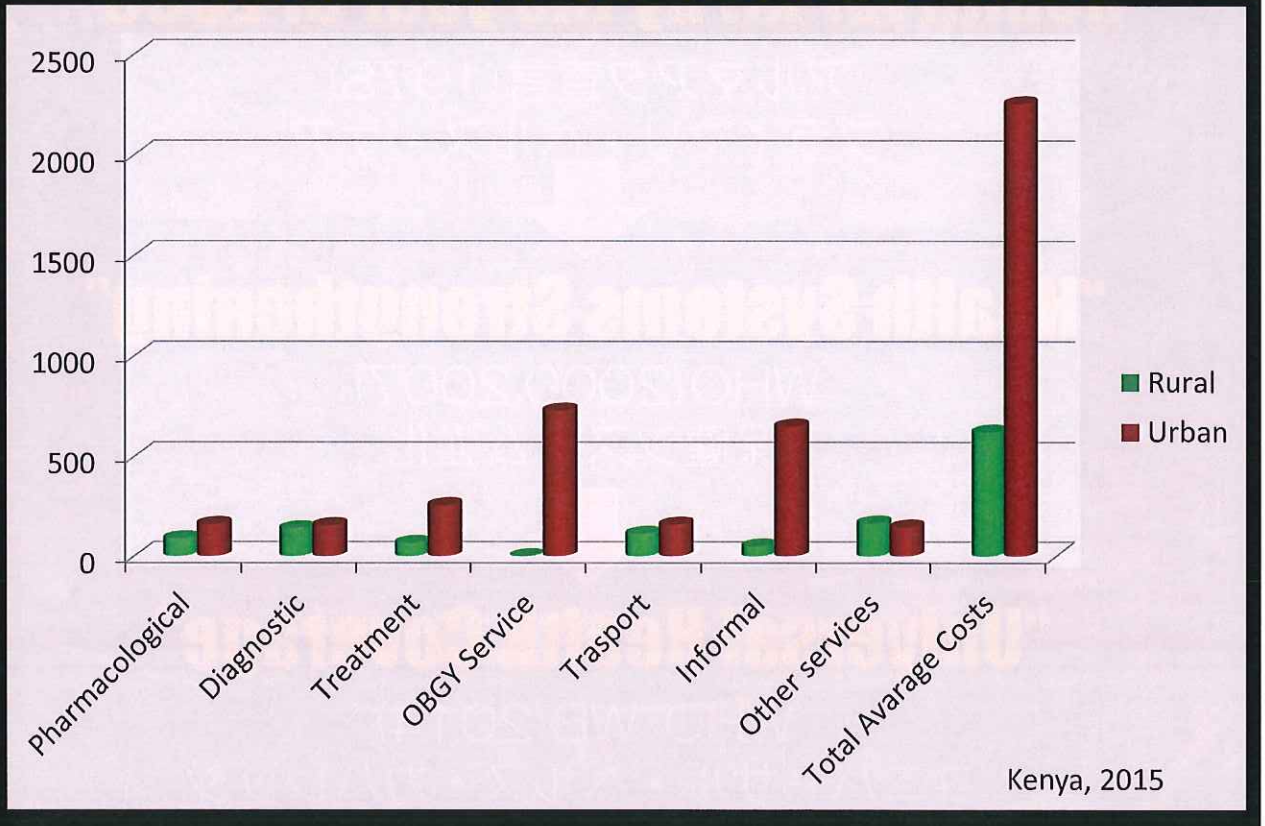




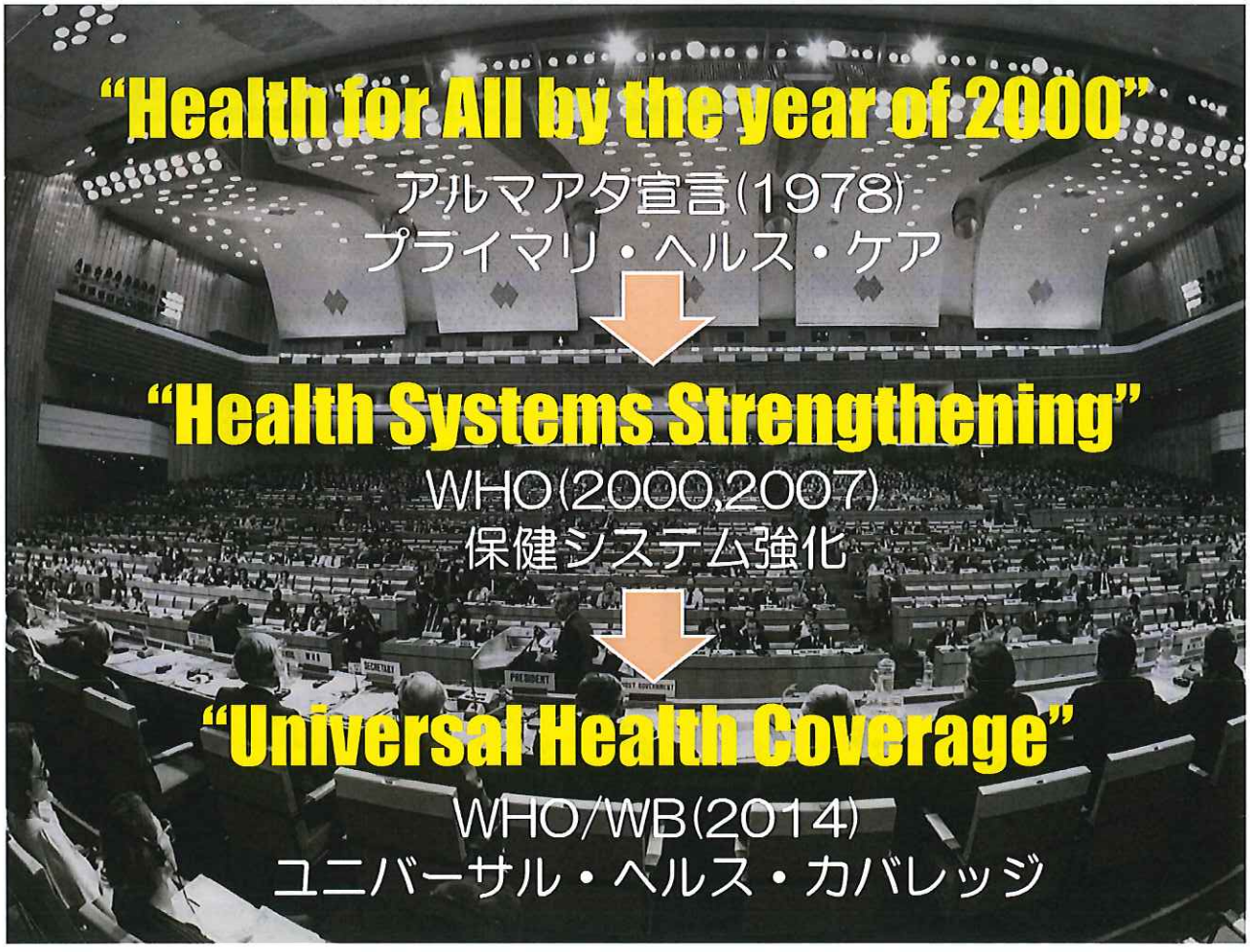
Maternal mortality Cases

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

Medical and Non Medical Costs



展望


"Health for All by the year of 2000"
アルマアタ宣言(1978)
プライマリ・ヘルス・ケア
"Health Systems Strengthening"
WHO(2000,2007)
保健システム強化
"Universal Health Coverage"
WHO/WB(2014)
ユニバーサル・ヘルス・カバレッジ

GLOBAL HEALTH 2035

THE LANCET


Global health 2035: a world converging within a generation

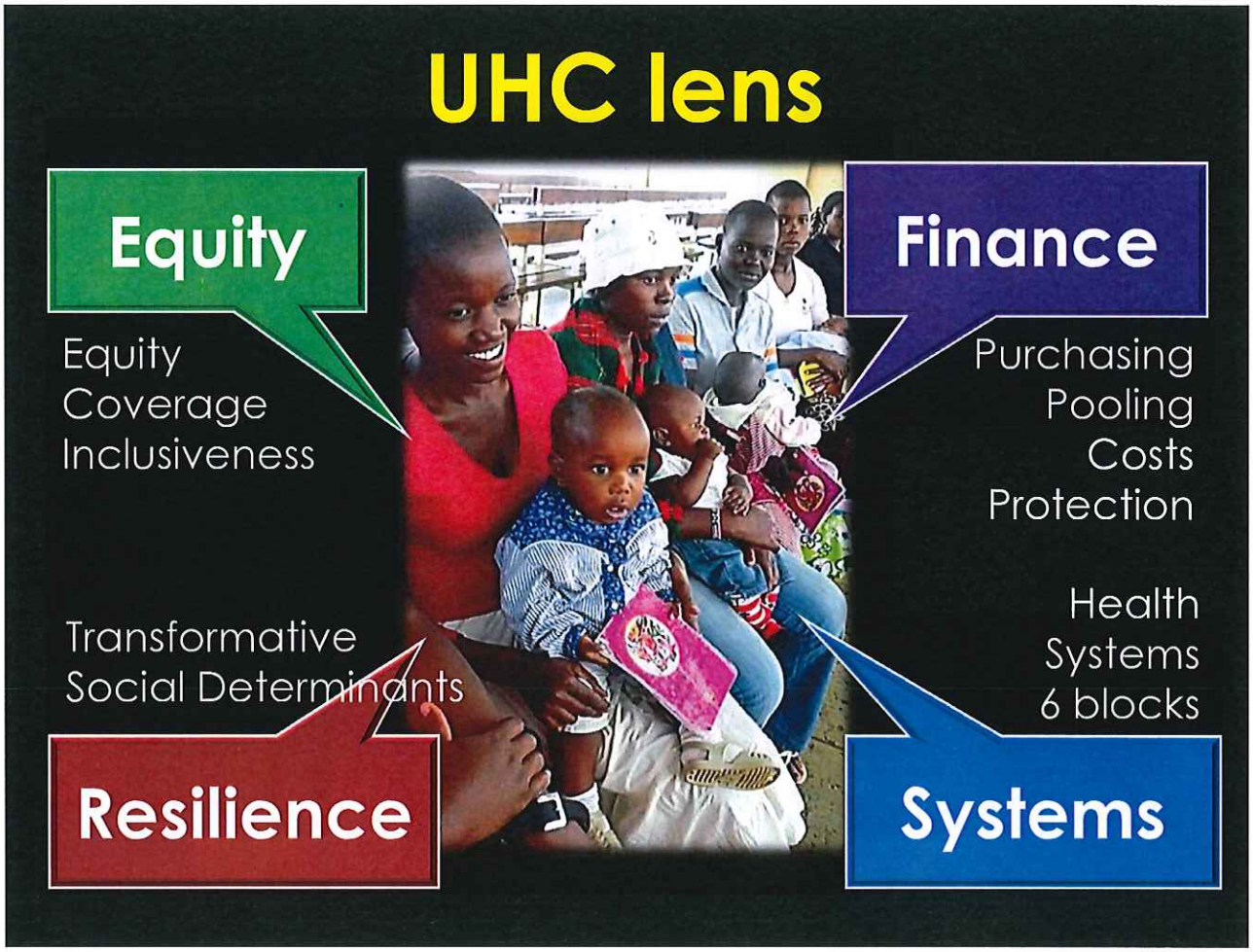
中所得国における貧富の差の拡大
国内低所得層の増加

新興国における経済力の高まり
中間層の嗜好の均一化

低所得国における絶対的貧困からの脱却
絶対貧困層の偏在化

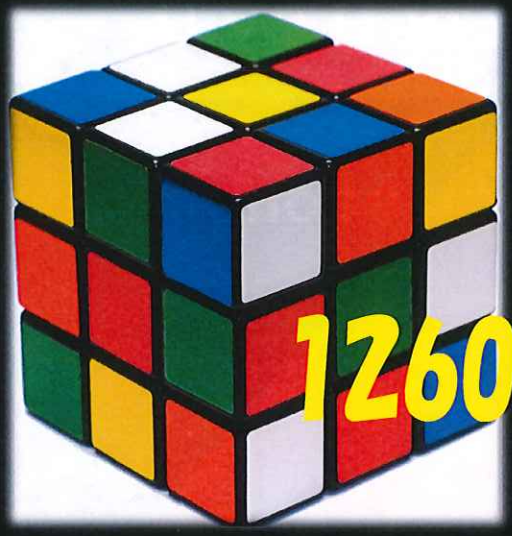
技術革新による利便性と安全性の向上
サービス利用における単価の高騰

これからのDAH
Country failureからMarket failureへ




WELCOME TO
THE WORLD CAFÉ

惑星意識



1260億年!!

Ervin Laszlo

意識は個人のみならず、社会人類全体を覆い、宇宙全体に広がっている。つまり、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

Core values of transformative leadership

- From **Education** to **Learning**
- From **Knowledge** to **Competency**
- From **Individual** to **Organization**
- From **Pedagogy** to **Andragogy**
- From **Logic** to **Whole Systems**
- From **Discussion** to **Dialogue**

New principle for Post 2015 Era
In the context of D by D

Monetary (capital) economy

How much can you pay for me?

Voluntary (moral) economy

How much can you contribute the society?

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