
International Symposium

"Towards Building a Resilient Network for
Regional Health Cooperation in East Asia"

Conference Papers

January 15, 2018
Tokyo, Japan

Sponsored by
The Council on East Asian Community (CEAC)

Co-Sponsored by
Mahidol University Global Health (MUGH)
International University of Health and Welfare (IUHW)
Japan Society for Healthcare Administration (JSHA)

Supported by
Japan Foundation Asia Center

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1. Program

International Symposium

国際シンポジウム

"Towards Building a Resilient Network for Regional Health Cooperation in East Asia"

「東アジアにおける強靱な保健協力ネットワークの構築に向けて」

15 January, 2018 / 2018年1月15日

於 Hotel Okura / ホテルオークラ

Tokyo, Japan / 東京

Co-sponsored by / 共催

The Council on East Asian Community (CEAC) / 東アジア共同体評議会

Mahidol University Global Health (MUGH) / マヒドン大学「グローバル・ヘルス」プログラム

International University of Health and Welfare (IUHW) / 国際医療福祉大学

Japan Society for Healthcare Administration (JSHA) / 日本医療・病院管理学会

Supported by / 助成

Japan Foundation Asia Center / 国際交流基金アジアセンター

Monday, 15 January, 2018 / 2018年1月15日(月)

Hotel Okura "Orchard Room" / ホテル・オークラ「オーチャードルーム」

Opening Session / オープニングセッション

13:30-13:50	
Opening Remarks (7min.) 開会挨拶 (7分間)	ISHIGAKI Yasuji, President, CEAC 石垣 泰司 東アジア共同体評議会議長
Opening Speaker (7min.) 基調報告 (7分間)	SUMI Manabu, Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs 鷺見 学 外務省国際保健政策室長

Session I / 本会議 I

13:50-15:05	Towards Building a Cooperation Network for Disaster Medicine 災害医療における東アジアの協力ネットワーク構築に向けて
Co-Chairperson (10min.) 共同共同議長 (10分間)	OGAWA Toshio, Associate Professor, IUHW Graduate School (Japan) 小川 俊夫 国際医療福祉大学大学院准教授 (日本) Wiwat ROJANAPITHAYAKORN, Director, MUGH (Thailand) ウィワット・ロジャナピティアヤコン マヒドン大学「グローバル・ヘルス」プログラム所長 (タイ)
Speaker A (5min.) 報告者A (5分間)	Susiana NUGRAHA, Researcher, Jenderal Ahmad Yani School of Health Science (Indonesia) スシヤナ・ヌガラハ ジェンデラル・アフマド・ヤニ健康科学スクール研究員 (インドネシア)
Speaker B (5min.) 報告者B (5分間)	Danica Aisa ORTIZ, Research Specialist, Philippine Institute for Development Studies (Philippines) ダニカ アイシャ・オルティス フィリピン開発研究所専門研究員 (フィリピン)
Speaker C (5min.) 報告者C (5分間)	FERNANDO Ferdinal, Assistant Director of Health Division, ASEAN Secretariat (ASEAN Secretariat) フェルナンド・ファディナル ASEAN 事務局保健局局長補佐 (ASEAN事務局)
Speaker D (5min.) 報告者D (5分間)	WATANABE Kozo, Deputy Director General, and Group Director for Health 2, Human Development Department, Japan International Cooperation Agency (Japan) 渡部 晃三 JICA人間開発部保健第二グループ長 (日本)
Free Discussions (35min.) 自由討議 (35分間)	All Participants 出席者全員
Summarization by Co-Chairperson (10min.) 議長総括 (10分間)	OGAWA Toshio, Associate Professor, IUHW Graduate School (Japan) 小川 俊夫 国際医療福祉大学大学院准教授 (日本) Wiwat ROJANAPITHAYAKORN, Director, MUGH (Thailand) ウィワット・ロジャナピティアヤコン マヒドン大学「グローバル・ヘルス」プログラム所長 (タイ)

Session II / 本会 Ⅱ	
15:05-16:30	Towards Building a Cooperation Network for Aging Society 高齢化社会における東アジアの協力ネットワーク構築に向けて
Co-Chairperson (10min.) 共同共同議長(10分間)	MANO Toshiki, Professor, Tama University (Japan) 真野 俊樹 多摩大学教授(日本) MA Lizhong, Director, Research Center for East Asia, Shanghai University (China) 馬 利中 上海大学東アジア研究センター所長(中国)
Speaker A (5min.) 報告者A(5分間)	KIM Chul Joong, Chief Editor Health and Medicine and Editorial Writer, Chosunilbo Daily Newspaper (Korea) 金 哲中 朝鮮日報論説委員兼健康医学編集長(韓国)
Speaker B (5min.) 報告者B(5分間)	Firdaos ROSLI, Fellow, Institute of Strategic and International Studies (Malaysia) フィルダオス・ロスリ マレーシア戦略国際問題研究所研究員(マレーシア)
Speaker C (5min.) 報告者C(5分間)	LE Tran Ngoan, former Associate Professor, Hanoi Medical University (Vietnam) レ・チャン・グアン 元ハノイ医科大学准教授(ベトナム)
Speaker D (5min.) 報告者D(5分間)	Muhammad Nurhasanuddin ABDULLA KELALI, Consultant Geriatrician & Deputy Medical Superintendent of RIPAS Hospital, Ministry of Health (Brunei) ムハマド・ヌラサヌディン・アブドゥラ・ケラリ ブルネイ保健省RIPAS病院副医療長官兼老年科医コンサルタント(ブルネイ)
Speaker E (5min.) 報告者E(5分間)	KOBAYASHI Mia, Specially-appointed Professor, Chiba University Hospital (Japan) 小林 美亜 千葉大学医学部附属病院特命病院教授(日本)
Free Discussions (35min.) 自由討議(35分間)	All Participants 出席者全員
Summarization by Co-Chairperson (10min.) 議長総括(10分間)	MANO Toshiki, Professor, Tama University (Japan) 真野 俊樹 多摩大学教授(日本) MA Lizhong, Director, Research Center for East Asia, Shanghai University (China) 馬 利中 上海大学東アジア研究センター所長(中国)
16:30-16:40	Break
Session III / 本会 Ⅲ	
16:40-17:45	Towards Building a Cooperation Network for Controlling the Emerging Infectious Diseases 感染症対策における東アジアの協力ネットワーク構築に向けて
Chairperson (10min.) 議長(10分間)	WADA Koji, Medical Officer, Bureau of International Health Cooperation, National Center for Global Health and Medicine (Japan) 和田 耕治 国立研究開発法人国立国際医療研究センター医師(日本) Nwe Nwe Oo, former Director General, Department of Health Professional Development and Management, Ministry of Health (Myanmar) ヌエ・ヌエ・ウー 元ミャンマー保健省保健専門発展管理局長(ミャンマー)
Speaker A (5min.) 報告者A(5分間)	Sengchanh KOUNNAVONG, Vice Director, National Institute of Public Health (Laos) センチャン・コナボン ラオス国立公衆衛生院副センター長(ラオス)
Speaker B (5min.) 報告者B(5分間)	NAKASHIMA Kazutoshi, Professor, Department of Health Science, Faculty of Sports and Health Science, Daito Bunka University (Japan) 中島 一敏 大東文化大学スポーツ・健康科学部健康科学科教授(日本)
Free Discussions (35min.) 自由討議(35分間)	All Participants 出席者全員
Summarization by chairperson (10min.) 議長総括(10分間)	WADA Koji, Medical Officer, Bureau of International Health Cooperation, National Center for Global Health and Medicine (Japan) 和田 耕治 国立研究開発法人国立国際医療研究センター医師(日本) Nwe Nwe Oo, former Director General, Department of Health Professional Development and Management, Ministry of Health (Myanmar) ヌエ・ヌエ・ウー 元ミャンマー保健省保健専門発展管理局長(ミャンマー)
Closing Session / クロージングセッション	
17:50-18:00	
Summarization (10min.) 総括(10分間)	IKEDA Shunya, Professor, School of Medicine, IUHW / Individual Member, CEAC (Japan) 池田 俊也 国際医療福祉大学医学部教授 / 東アジア共同体評議会有識者議員

日本語・英語同時通訳付き / English-Japanese simultaneous interpretation will be provided

2. Biographies of the Panelists

【Overseas Side】

Wiwat ROJANAPITHAYAKORN **Director, Mahidol University Global Health (Thailand)**

He used to work for the World Health Organization between 2002 – 2012 in the capacities of Medical Officer of WHO Mongolia (2002-2004), Senior Advisor and HIV/AIDS Team Leader of WHO China (2005-2008) and the Representative of the World Health Organization in Mongolia (2009-2012). Before joining WHO he was the Team Leader of UNAIDS Southeast Asia and Pacific Inter-Country Team based in Bangkok (for 2.5 years). He had worked in Ministry of Public Health of Thailand for 23 years from 1977-1999 in different capacities such as director of 2 community hospitals, chief of epidemiology section of venereal disease division in the Thailand's communicable disease control department (CDCD), chief is Epidemic Intelligence Section of the Technical Coordination Center of CDCD, the first director of national AIDS program, the director of a regional office of communicable disease control, the first director of the national dengue control office, a chief medical officer and a senior advisor in disease control. Currently, he is also Director, Center for Health Policy and Management, Faculty of Medicine Ramathibodi Hospital, Mahidol University and Executive Director of AUN-Health Promotion Network.

Susiana NUGRAHA **Researcher of Public Health Study Program, Jenderal A Yani, School of Health Sciences (Indonesia)**

Received Bachelor degree in Public Health from the School of Health Science General Ahmad Yani, and completed a course at the Graduate School of Biomedical Science, Health Science Department, Nagasaki University. Worked as a Program Manager at National AIDS Commission, Kutai Timur, Indonesia, and as a Research and Teaching Assistant at the Department of Public Health and Nursing, Faculty of Biomedical Science, Nagasaki University, prior to the current position. . She is also a Director and Founder of Organisasi Amanah Sehat, a health sector NGO based in Kutai Timur.

Danica Aisa ORTIZ **Research Specialist, Philippine Institute for Development Studies (Philippines)**

Received BA in Development Studies and Master of Public Administration from the University of Philippines, then Master of Public Policy from the National Graduate Institute for Policy Studies in Tokyo, Japan. Worked as a Research Analyst for several institutions including ASEAN from 2008, with experiences in external/consultancy work commissioned by the World Bank. Her recent publications are: The Triple Burden of Disease (2017); Do Capital Investments in Health Increase Local Service Utilization? (2016); Furthering the Implementation of AEC Blueprint Measures (2015).

FERNANDO Ferdinal **Assistant Director of Health Division (ASEAN Secretariat)**

He received a doctorate degree from the University of Santo Tomas (UST), Philippines as Doctor of Medicine and Surgery. He also has a degree on Bachelor of Science in Biology-Accelerated Class in UST; and a Master on Development Management (MDM) from the Asian Institute of Management (AIM). He clinically practiced medicine through health institutions providing services in family medicine, occupational health, communicable diseases, and reproductive and sexual health. Before focusing on public health management at international level, he was a medical director and a programme manager of One-Stop Reproductive Health Centers in the Philippines, and also the programmes on Integrated Health, Population and Resource Management. Further studies were

completed on quality management, improvement of health services, reproductive and sexual health, research and communications from international institutions and universities such as the East West Center in Hawaii; University of Heidelberg in Germany and Harvard School of Public Health in USA.

MA Lizhong **Director, Research Center for East Asia, Shanghai University (China)**

He has been serving as Director at Research Center for East Asia of Shanghai University since 2002 and as a visiting professor in Osaka City University in Osaka, Japan. He also served as Deputy Director at Shanghai Research Center on Aging (1998-2002), a guest researcher at Japan Aging Research Center (1990-1991), a researcher and Deputy Director at Shanghai Population and Research Center (1986-1998) and a researcher at China Population and Research Center (1982-1985). He holds PhD in public health from Graduate School of Medicine of Toho University located in Tokyo, Japan in 1996 and received his BA from Shanghai International Studies University in 1982.

KIM Chul Joong **Medical Journalist, Chosunilbo Daily Newspaper (Korea)**

Became Medical Doctor (M.D) graduated from College of Medicine, Korea University and completed Master courses at the Department of Broadcasting and Newspaper at Korea University Graduate School. Worked as a Captain and Director of the Department of Radiology at Korea Army Hospital and as a Instructor and Clinical Fellow at Korea University Hospital, prior to the current position at Chosunilbo Daily Newspaper which is the oldest and largest newspaper company in South Korea, issuing 1.5mil copies per day.

Firdaos ROSLI **Director, Institute of Strategic & International Studies (Malaysia)**

Completed Business Foundation Programme at St. Andrews College, Cambridge University, before pursuing a degree in Accounting and Finance at Lancaster University, U.K. Worked in the accounting and banking sector as well as the public sector as an Assistant Director, and as the Senior Private Secretary to the Deputy Minister of the Ministry of International Trade and Industry, Malaysia. His responsibilities included bilateral and regional relations, APEC, the Malaysia-US Free Trade Agreement negotiations.

LE Tran Ngoan **former Associate Professor, Hanoi Medical University, Viet Nam**

Associate Professor Le Tran Ngoan is an epidemiologist, especially on Preventive Medicine and Public Health at the Hanoi Medical University, Institute of Preventive Medicine and Public Health, Department of Occupational Health. He received a degree of MD from the Hanoi Medical University in 1987, completed residency on Preventive Medicine and Public Health in 1990 and received PhD degree from the University of Occupational and Environmental Health, Kitakyushu, Japan in 2003. He completed working at the Harvard TH Chan School of Public Health for one year (2013-2014) and half year in 2015 as a Visiting Scientist to perform study on the association between diet, and risk of cancer. He was appointed as an Associate Professor from 2009 to date at the Hanoi Medical University. His research career was focused on population health, especially non-communicable diseases and injury in Viet Nam, Laos, Cambodia, Japan, and in the US at the Harvard TH Chan School of Public Health. Both injury and NCDs were associated with urbanization, transport, industrialization, and aging population. For cancer, his primary research efforts focus on how nutritional, host, and environmental factors are related to various malignancies, especially those of the stomach, colorectal and lung cancers. Much of this work is based on prospective cohort studies (the Nurses' Health Study, the Health Professionals Follow-up Study) and a Case-control study on stomach and colorectal cancers; cohort study (Retrospective and prospective cohort studies) in Viet Nam from 2003 to date. Now, he is acting as a Professor, IUHW.

Muhammad Nurhasanuddin ABDULLA KELALI

Consultant Geriatrician and

Deputy Medical Superintendent of RIPAS Hospital, Ministry of Health (Brunei)

Graduated from Dundee Medical School in 2002 and later completed higher Specialty Training in Geriatric Medicine in the UK. He joined the Ministry of Health of Brunei in 2014 and he is one of the only two geriatricians in Brunei that is involved in developing the Geriatric Care Services in Brunei. He is also involved in developing the Geriatric Medicine Modules for the undergraduate and postgraduate studies in the University of Brunei Darussalam.

Nwe Nwe Oo **former Director General, Department of Health Professional Development and Management, Ministry of Health (Myanmar)**

She is a medical Doctor, graduated from the University of Medicine 1, Yangon, Myanmar in 1980. She received Master degree of Preventive and Tropical Medicine from the same university and Master degree of Public Health from Mahidol University, Thailand. She also holds a PhD (Public Health) and received a Diploma in Medical Education from the University of Medicine, Mandalay. She had an experience on teaching of Public Health in Medical Universities in Myanmar for more than ten years. She worked as a Professor and Head of the Department of Preventive and Social Medicine at the University of Medicine Magway, Myanmar for five years. Then she was promoted to Rector of the University of Nursing, Yangon. After that she was promoted to the Director General of the Department of Health Planning, Ministry of health, Myanmar for two years. She retired as the Director General of the Department of Health Professional Resource Development and Management, Ministry of Health, Myanmar in 2016. Now, she is acting as a Professor of Public Health at the School of Medicine, Narita Campus, IUHW.

Sengchanh KOUNNAVONG

Vice Director, National Institute of Public Health (Laos)

Sengchanh Kounnavong holds a PhD (Medical Science in Infection Research) from the International Health Department within the Institute of Tropical Medicine, Nagasaki University Japan and a Master in Nutrition Sciences from the Human Nutrition Unit at Sydney University. She also trained as Medical Doctor-Paediatrician and was Head of Paediatrics ward at Mittaphab Hospital for six years (1987-1994). She was assigned also as Chief of National Health Research Coordination Office and currently is Deputy Director of the National Institute of Public Health (NIOPH), within the Government of Lao's Ministry of Health, where she has been based for the past 20 years (1997-2007). NIOPH is the national focal point for health research and training activities in Lao PDR. Hence, NIOPH, via Sengchan's cooperation and leadership, is a critical current and future current partner for coordination work in Lao PDR. She was assigned additional new role in leading the former Francophonie institute of tropical medicine and international health for postgraduate training in Lao PDR since September 2017. In addition to her research work, Sengchanh is also Lecturer at the Lao University of Health Sciences, where she currently teaches and supervises post-graduate and under-graduate students under the courses: nutrition, anthropology, and research protocol. She is a member of core group working on Lao Health research management strategy up to 2020; nutrition and food security framework for Lao PDR (2016 to 2020), Lao-American Nutrition Institute (LANI) since 2016. She leaded research projects: 1) Lao zinc study (2014-2017), 2) SMILING project (2012-2014), 3) Randomized control trial aiming to test the clinical and cost-effectiveness of community-based nutrition interventions to provide evidence for national scale up, etc. Much of her academic and research work and publications have looked closely at the results of the improving access to drugs and therapeutics in rural hospitals in Laos. In her role as Deputy Director of NIOPH, Sengchanh oversees the Malaria team driving the MoH public health research, interventions and policy. Most of her own malaria research work is from a public health perspective. Sengchanh is the author of several publications/articles on combating Malaria drug resistance in the Greater Mekong Sub-region countries and other issues specific to the Mekong river basin populations. In addition, her area of interest is in health systems research, in particular into how to strengthen health system research

capacity by developing a long term strategy for Lao PDR and with the role of village health volunteers in contributing to Lao social capital.

【Japanese Side】

ISHIGAKI Yasuji *President, The Council on East Asian Community (CEAC) /
Trustee, The Japan Forum on International Relations (JFIR)*

Graduated from Tohoku University. He joined the Ministry of Foreign Affairs of Japan in 1959 and has held several high posts such as Deputy Director of Regional Policy Division, Director of Southwest Asia Division of Asian Affairs Bureau, and Deputy Director-General of United Nations Bureau, and senior Counselor and Minister postings at the Embassy of Japan around the East Asian and Pacific region. He served from 1993 until the end of 2000, ambassadorships in the Dominican Republic, Jamaica and Bahamas, Lebanon, and Finland and Estonia. He was later appointed the Special Assistant to the Minister for Foreign Affairs and the Representative for Japan to the AALCO (Asian African Legal Consultative Organization) (2007-2016 March). In addition, He served as Professor of international law at Tokai University, Japan (2001-2009), and also served also Councilor of JFIR, before he assumed the above present positions of JFIR.

SUMI Manabu *Director, Global Health Policy Division,
International Cooperation Bureau, Ministry of Foreign Affairs*

Graduated from School of Public Health, Harvard University in 2004 and Nagoya University, Graduate School of Medicine in 2007. He joined the Ministry of Health, Labour and Welfare in 1997 and has held several posts such as Deputy Director of Standards and Evaluation Division, Department of Environmental Health and Food Safety, Pharmaceutical Safety and Environmental Health Bureau, Deputy Director of International Affairs Division, Minister's Secretariat, External Relations Medical Officer of General Affairs Bureau, World Health Organization (Geneva, Switzerland), Director of Cancer and Disease Control Office, Health Service Bureau, Director of International Food Safety Office, Department of Environmental Health and Food Safety, Pharmaceutical Safety and Environmental Health Bureau, Counsellor of Permanent Mission of Japan to the United Nations.

OGAWA Toshio *Associate Professor,
International University of Health and Welfare Graduate School*

Public health specialist/health economist, Obtained a MSc. in Health Services Management from London School of Hygiene and Tropical Medicine (LSHTM) and a PhD in Medicine from Nara Medical University. Worked in various institutions including World Health Organization as a Technical Officer, Imperial College London as a Research Associate, Stanford University as a Visiting Research Fellow, and Nara Medical University as a Lecturer.

WATANABE Kozo *Deputy Director General, and Group Director for Health II,
Human Development Department, Japan International Cooperation Agency*

Graduated from Kyoto University, Faculty of Law, worked for NEC Corporation and, since 1994 to the present, Japan International Cooperation Agency (JICA). As JICA staff, work for Health sector cooperation as Deputy Resident Representative, JICA Vietnam Office (1999-2002) and as Director, Health Systems Division, Human Development Department (2006-2011). Present Position is Deputy Director General, and Group Director for Health 2, Human Development Department in charge of JICA's Health sector cooperation projects in Asia and Pacific countries.

MANO Toshiki**Professor, Tama University**

Toshiki Mano has been working at Tama Graduate School as the professor for Hospital and Healthcare (risk) management, MBA program (2006-), and as the director of Tama University Institute for healthcare and long term care solution (2012-). In addition, he also contributes to public works; member of Evaluation Committee for Public Agency of MHLW in Japan and Joint Commission International Advisory Board member of Asia Pacific region. He received Ph.D. of Medical Science (endocrinology) at Fujita Health University, Aichi and Ph.D. of Economics at Kyoto University. He also has various research experiences; as the post-doctoral researcher of pharmacology at Cornell University Medical College; Co-researcher, at Department of Public Health, national Institute of Hospital Administration; Director of Daiwa Research Institute and so on.

KOBAYASHI Mia**Specially appointed professor, Chiba University Hospital**

Graduated from Florence S. Downs PhD Program in Nursing Research and Theory Development in New York University in 2006. She worked as an assistant professor at International University of Health and Welfare. As Vice-Director, she engaged in the Database Center of the National University Hospitals of the University of Tokyo. After that, she acted as senior researcher in National Hospital Organization, and served as associate professor in the Graduate school of Nursing, Chiba University. She's currently engaged in the department of Quality Improvement Headquarters, and department of Welfare and Medical Intelligence in Chiba University Hospital.

WADA Koji**Medical Officer, Bureau of International Health Cooperation,
National Center for Global Health and Medicine**

Koji Wada has been working as a medical officer in the Bureau of International Health Cooperation, National Center for Global Health and Medicine, Japan since 2013. Dr. Wada used to work as an associate professor in Department of Public Health of Kitasato University to conduct various research projects such as pandemic flu response funded by the Ministry of Health, Labour and Welfare, Japan. He had also served as the expert panel for pandemic flu in the Ministry of Health, Labour and Welfare from 2008 to 2015. He has been working for the JICA Project for Improvement of Hospital Management Competency in Cho Ray Hospital in Vietnam as the chief advisor since January 2017. He had also worked in Myanmar as the advisor for HIV in 2014. He was also dispatched for Democratic Republic of the Congo as an expert for public health response of yellow fever in 2016 as a member of Japan Disaster Relief Team. Dr. Wada has numerous scientific publications, including authorship of risk assessment of infectious diseases for Tokyo 2020 Olympic and Paralympic Games. He has received several noteworthy awards by the Japan Medical Association, the Japanese Society of Public Health, and Japan Society of Occupational Health.

NAKASHIMA Kazutoshi**Professor, Department of Health Science,****Faculty of Sports and Health Science, Daito Bunka University**

Field epidemiologist, MD, PhD. After the clinical services in internal medicine and microbiological research from 1990 to 1999. A long-term expert in microbiology of a JICA bilateral cooperation project on gastro-intestinal diseases in Dominican Republic from 1995 to 1996. Completed the field epidemiology training program (FETP) in 2001 as the first cohort which was established at the National Institute of Infectious Diseases (NIID) in 1999. Served as senior epidemiologist and FETP coordinator at NIID from 2004 to 2014, and as Medical Officer at WHO headquarters from 2007 to 2009. Responded in the field to various public health emergencies in infectious diseases (IDs) both internal Japan and at the international settings including ID outbreaks of community-base, vaccine preventable diseases, unidentifiable diseases, associated with healthcare, related to the Great East Japan Earthquake and Tsunami Disaster, poliomyelitis importation in China (2000), SARS in Hong Kong (2003), polio

eradication field missions in India(2008), Ethiopia(2008), South Sudan (2008), Tajikistan (2010), pandemic influenza (global response, 2009), MERS in UAE(2014), and Ebola Virus Disease in Sierra Leone (2014). After working as Assistant Professor/vice director of the department of clinical laboratory of Tohoku University Hospital (2014-2016), having served as professor in Daito Bunka University.

IKEDA Shunya **Professor, School of Medicine, International University of Health and Welfare /**
Individual Member, CEAC

He graduated from Keio University School of Medicine in 1987. He obtained a MSc. in Health Policy and Management from Harvard School of Public Health (HSPH) and a PhD in Medical Sciences from Keio University. He has been working in Keio University School of Medicine as an Assistant Professor. Currently, he serves as a professor of Public Health in International University of Health and Welfare. Also, he has appointed as a Director of the Graduate School of Public Health at International University of Health and Welfare. His research interest includes global health, health services research, health technology assessment. He served as president of the 52nd annual conference of the Japan Society for Healthcare Administration (JSHA).

(In order of appearance in the "Program")

3. Presentation Papers

Session I : Towards Building a Cooperation Network for Disaster Medicine

Wiwat ROJANAPITHAYAKORN
Director, Mahidol University Global Health (Thailand)

Towards Building a Cooperation Network for Disaster Medicine

Dr. Wiwat Rojanapithayakorn

- Executive Director, ASEAN University Network on Health Promotion (AUN-HPN),
- Director, Center for Health Policy and Management, Faculty of Medicine Ramathibodi Hospital, Mahidol University
- Director, Mahidol University Global Health

Disaster

- **Disasters, natural and man-made are major Global Health Problems with transnational in nature and usually require international collaboration**
- **Disaster management is an important issue of crisis management and health security which was a topic raised during the Northeast Asia Think tank (NEAT) meeting 2016**

Disaster Health Management: Issues to be considered

A. Before the disaster:

- **Surveillance and forecasting**
- **Preparedness:**
- **Capacity building**
- **Co-ordination and networking**
- **Management information and data sharing**
- **Logistics**
- **Availability of handbooks and guidelines**

Disaster Health Management: Issues to be considered

B. During the disaster: active response on the following

- **Information sharing**
- **Mobilization of support team**
- **Disaster health management and coordination**
- **Medical and health support:**
 - **Medical care**
 - **Referral system support**
 - **Outbreak prevention and response**
 - **Collaboration with other related sector: clean water supply sanitation, clean food, etc.**
- **Collaboration with other sector for assistant coordination:**
 - **Shelter, housing, transportation, communication, information sharing, etc.**

Disaster Health Management: Issues to be considered

C. After the disaster: smooth recovery and rehabilitation:

- **Continued medical service and rehabilitation**
- **Rebuild the health system**
- **Support to medical and health staff**

Thank you

Susiana NUGRAHA
Researcher, Jenderal Ahmad Yani School of Health Science (Indonesia)

DISASTER PREPAREDNESS SYSTEM IN INDONESIA

(From Medical and Public Health perspectives)

Author :

1. Susiana Nugraha, Jenderal A Yani School of health Sciences, Cimahi, Indonesia
2. Robby Nuraditya, Head of Quality and Monitoring Division, Central blood transfusion, Indonesia Red Cross

Indonesia is located on the four tectonic moving plates and in the heart of the Pacific Ring of Fire, had experienced several major emergencies from various hazards in its history and more evidently in the past decade. Emergencies and disasters unpredictable as they are, pose a challenge to humanitarian actors to address needs in order to provide interventions in an effective and efficient manner. In all these events, many lessons had been drawn but not many had been truly learnt. Among these lessons, improving coordination, writing out standard operating procedures, preparedness and contingency planning stand out(1).

Disaster management system in Indonesia is managed under the Ministry of health guideline, in collaboration with other ministries and national board for disaster preparedness. Referring to the Minister of Health Decree Number 066 of 2006, health human resource mobilization incorporated in a Team Crisis Prevention team which includes: 1) Quick Reaction Team, 2. Rapid Assessment Team (RHA Team), 3) Health Assistance Team. Those team is led by the Head of the Health Service Province / Regency / City level. Through the experience of many disasters in Indonesia, the Ministry of Health has been better able to identify the gaps in health services nationwide. One of the positive consequences of a natural disaster is that it reveals the vulnerabilities of the public health system, especially at community level.

The Indonesian Ministry of Health requires each hospital in the country to have an emergency department. In each region of the referral system in Indonesia, these emergency departments work in cooperation with each other. The cooperation involves all hospitals (government, private and armed forces hospitals) and is the basis for the emergency medical service system (2). When disaster strikes this basic referral framework becomes the emergency medical service and the Crisis Centre is activated to mobilize and to coordinate all resources needed for disaster management(3). Indonesia's disaster management structure is based on the referral system in the national health system. Disaster management starts with the affected community, and then involves the community health center, the class C hospital, class B hospitals and class A hospitals. The Ministry of Health of Indonesia has developed a crisis center which is the center of command, control and coordination during the emergency phase of a disaster. The crisis center can dispatch a disaster management assistance team from two top referral hospitals in Jakarta and Surabaya to cope with disasters(2).

Strengthening the routine daily emergency medical services for expanding the role in disaster management is considered both effective and efficient. The standard operating procedures and policy that should be prepared for facing disasters were not available in any of the Public Health Centers. If the daily provision of health care is comprehensive and health care providers are well educated and trained, then at the time of a disaster they will be better able to cope and care for their communities (2,4,5). They will also be able to identify the gaps in resources required from other levels of the system. One of the greatest challenges for the Ministry is to ensure an appropriate disaster management system which will utilize the emerging

community-based health programed as the focus for disaster relief.

Been learned from the west Sumatera earthquake, the public health centers (PHC'S) implemented a disaster response by themselves and there was no clear coordination between the PHCs, NGOs, and the local government. The public health centers had not even thought about how the system will be built if disaster struck. This indicated that the public health center were not ready to serve as health facilities in the face of disasters and that there had been no effort to implement disaster preparedness procedures. Having observed several health centers, the need was identified to build the system, and support in doing so is required from the government and health organization policy (4)

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DISASTER MANAGEMENT AND PUBLIC HEALTH

SUSIANA NUGRAHA

Introduction

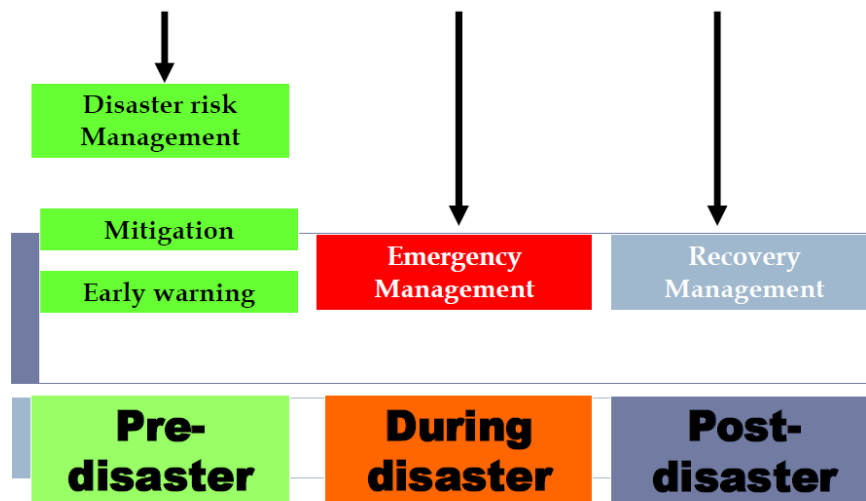
- ▶ **Being located on the Pacific Ring of Fire (an area with a high degree of tectonic activity), Indonesia has to cope with the constant risk of volcanic eruptions, earthquakes, floods and tsunamis.**
- ▶ **During the past 20 years, Indonesia has made global headlines due to devastating natural disasters that resulted in the deaths of hundreds of thousands of human and animal lives, plus having a destructive effect on the land area (including infrastructure, and thus resulting in economic costs).**



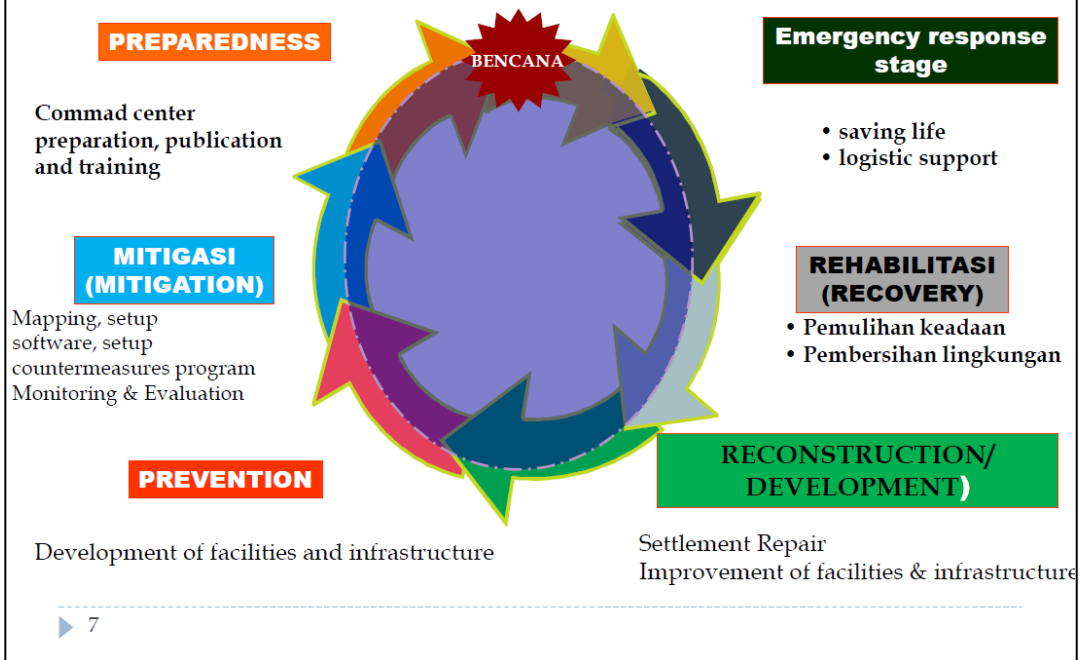
2017 INDONESIA HIT BY MULTIPLE DISASTER



Disaster Management

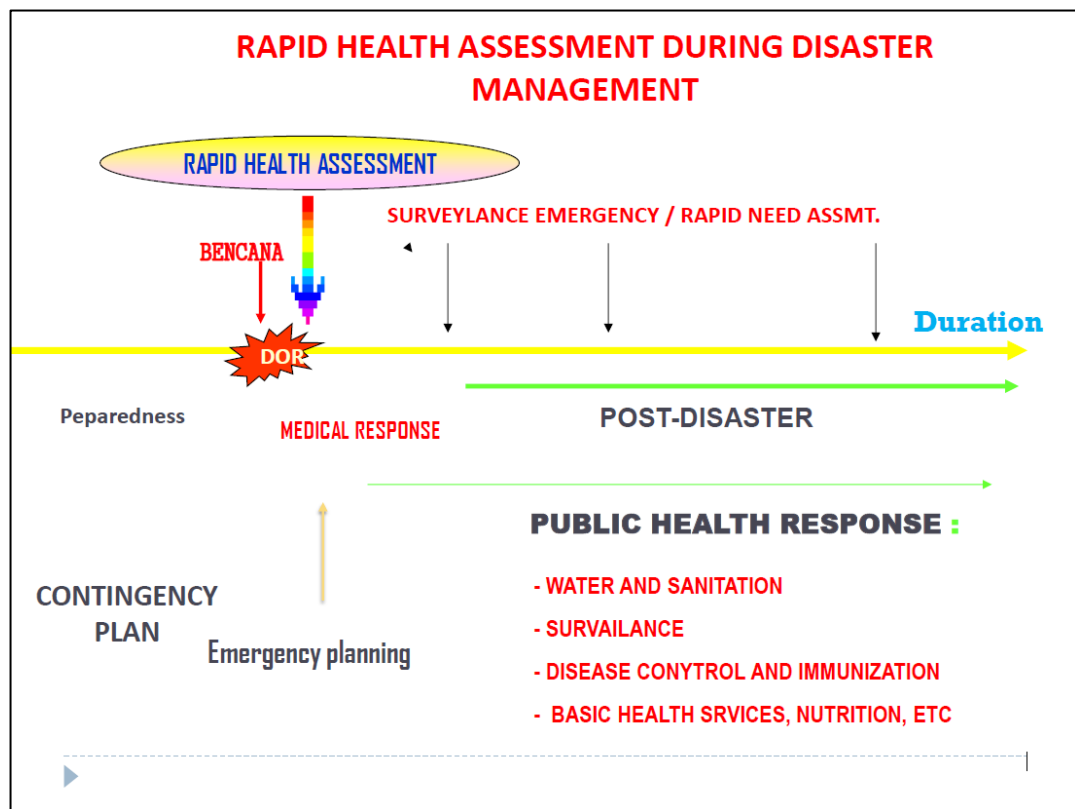


DISASTER MANAGEMENT CYCLE



Rapid health assessment

- ▶ Rapid needs assessment is an essential component of disaster relief operations
 - ▶ Rapid needs assessments allow public health officials to quickly identify and prioritize areas of need
 - ▶ Methods used with rapid needs assessment can be extended to other areas of public health
- ▶



Information needed for rapid health assessment

Life Safety Information

- ▶ Persons affected
- ▶ Fatalities
- ▶ Injuries
- ▶ Displaced Individuals
- ▶ Evacuation Concerns
- ▶ Search & Rescue Concerns



Status of Lifelines

- ▶ Transportation
- ▶ Communications
- ▶ Gas
- ▶ Electricity
- ▶ Water
- ▶ Sewer



Status of Facilities

- ▶ Fire
- ▶ Police
- ▶ City Hall
- ▶ EOC
- ▶ Public Works
- ▶ Emergency Communications



following information as you are able...

- ▶ Homes (affected, minor, major, destroyed)
- ▶ Businesses (affected, minor, major, destroyed)
- ▶ Roads
- ▶ Bridges
- ▶ County Buildings

- ▶ When possible: Utility Company damages for possible Public Assistance



CURRENT PREPAREDNESS IN INDONESIA

1. Early warning system is not ready available and ready to lowering the risk and impact in the prone areas of disasters, such as earthquake, landslides, and drought
2. Implementation of spatial plan for land use management were somewhat inconsistent and contributed to the high risk of natural disaster .
3. The policy, legal or regulatory framework is not fully in place that makes disaster risk reduction a normal part of the decentralized, local level development process.



Thank you

Danica Aisa ORTIZ
Research Specialist, Philippine Institute for Development Studies (Philippines)

“Strengthening Disaster Response in Health in the Philippines”

Outline

Climate change and natural disasters have gained the attention of the international community in recent years. Their impacts worldwide have turned global efforts to focus on intensifying environmental protection measures, strengthening disaster risk reduction management (DRRM), and increasing disaster resilience. One primary concern is addressing health issues related to- and caused by disasters. Every year, about 60,000 deaths have resulted from disasters, mostly in developing countries (WHO Fact Sheet, 2017). The Second Global Conference on Health and Climate Change organized by World Health Organization in July 2016 recognized the need to address health risks, and opportunities and organized support for health and climate change action.

The Philippines is highly vulnerable to natural disasters and impacts of climate change due to its geographical characteristics. It was identified as the second most disaster-prone among 171 countries in the 2014 Global Climate Risk Index Report. The country is susceptible to extreme weather events and subsequently places its people to direct and indirect health impacts including increased incidence of infectious disease and heat stress (WHO, 2015).

Various measures have been done by the government to address disasters and environmental threats, and related problems such as health risks. The Philippine Disaster Risk Reduction and Management Act of 2010 is a key policy, which emphasizes the need for DRRM planning and the importance of institutional framework and coordination mechanisms for disaster response. This law also highlights the significant role and the need to strengthen capacities of local government units (LGUs) in disaster mitigation, response and recovery. Specific LGUs have already set example on how local government and communities can work together to effectively implement DRRM initiatives. The “Zero Casualty” program in Albay is a holistic approach which covers disaster risks assessments, improvement in DRR management and governance, and capacity-building and social preparations done in partnership with private institutions and non-profit organizations.

In terms of health efforts, the Philippine Health Agenda 2017-2022 specifies goal to achieve quality health care through improved service delivery network and health facilities all over the country. DOH has also developed guidelines to ensure better health service delivery. Some of these guidelines include enhancing management and organization of service delivery network to ensure effective referral system for health care, designating health emergency management office in the localities, institutionalizing health surveillance system and logistics management during disasters and emergencies.

Despite various policies and programs, implementing an effective disaster response system remains a challenge for the country. There is a need to improve coordination and harmonize functions among government agencies during disasters, and to ensure efficient utilization of DRRM funds (Domingo & Olaguera 2017). In addition, human resource is another aspect that must be considered in terms of

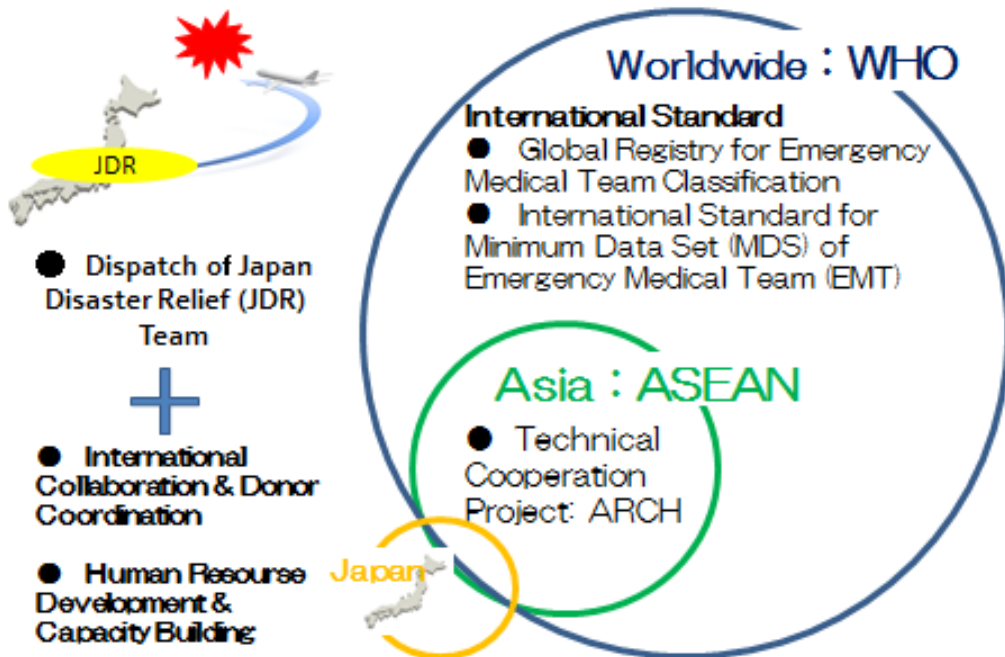
strengthening institutions and building capacities.

Thus, the presentation emphasizes the advantage of having programs and policy framework that guide systems and establish mechanisms for effective and timely response on health risks during disasters. However, it also raises issues that continue to challenge efforts in building and effective and timely health response during disasters in the Philippines.

WATANABE Kozo

Deputy Director General, and Group Director for Health 2, Human Development Department, Japan International Cooperation Agency (Japan)





JDR Philippine Mission (2015)

SPEED concept of the Philippine to be a core concept of International

Surveillance in Post Extreme Emergencies and Disasters

J-SPEED SPEED Japan version

DMAT

***Challenge: No common reporting form, difficult to summarize.**

***JDR team proposed to use common form and every team joined.**



The ARCH Project

"One ASEAN, One Response" ASEAN Summit in 2016

► Project Purpose

Regional coordination on disaster health management is strengthened in ASEAN.

► Outputs

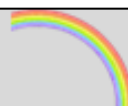
1. **Coordination platform** on disaster health management (DHM) is set up.
2. **Framework** of regional collaboration practices is developed.
3. **Tools** for effective regional collaboration on DHM are developed.
4. **Academic network** on DHM in AMS is enhanced.
5. **Capacity development activities** for each AMS are implemented.



EMT Initiative, ASEAN's approach, and National action

4

Project Overview



Officially endorsed as ASEAN Project in Jan 2016.

► Period

July 2016 – July 2019 (3 years)

► Implementing Agencies

- National Institute for Emergency Medicine, NIEM (Thailand)
- Ministry of Public Health (Thailand) * under the procedure of additional implementing agency
- Japan International Cooperation Agency, JICA (Japan)

► Lead countries

Thailand, Viet Nam,

► Major Concerned Agencies

- Ministries of Health in ASEAN Member States
- ASEAN Secretariat (Health Division, DMHA Division)
- AHA Centre



1st Regional Coordination Committee Meeting
(September, 2016, Bangkok.)

5



Start-up Drill (Jan 2017)



1st Regional Collaboration Drill (Jul 2017)



1st Training for AMS (May 2017)



6



Way forward

► Discussion on “the Regional Collaboration Mechanism on DHM”

<Peace time>

- Information sharing
- Networking
- Joint Trainings
- Regional Meetings
- Developing/Maintaining Regional collaboration tools

<Disaster time>

- Information sharing
- Pre-deployment coordination among ASEAN EMTs
- On-site Coordination among ASEAN EMTs

“Who” Does “What” “When” “How”?



Regional Collaboration Mechanism on DHM

7

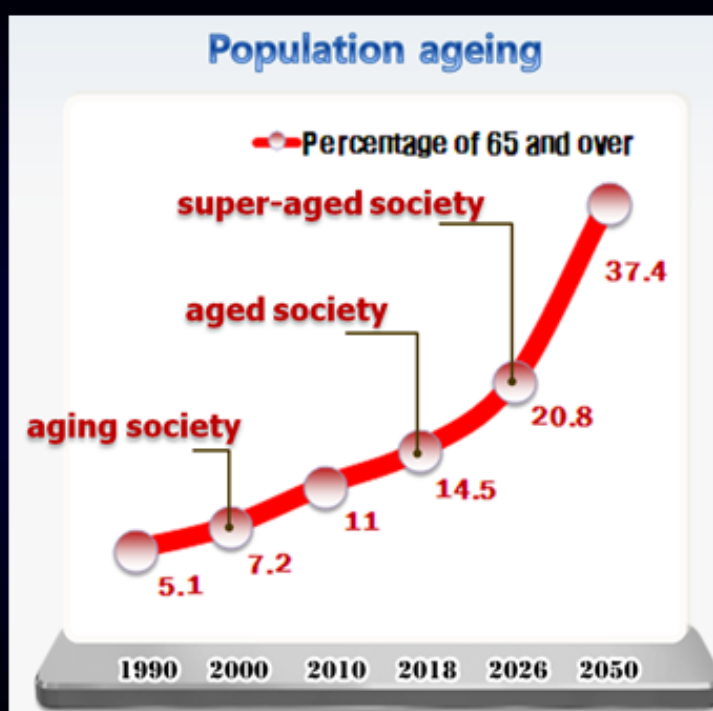
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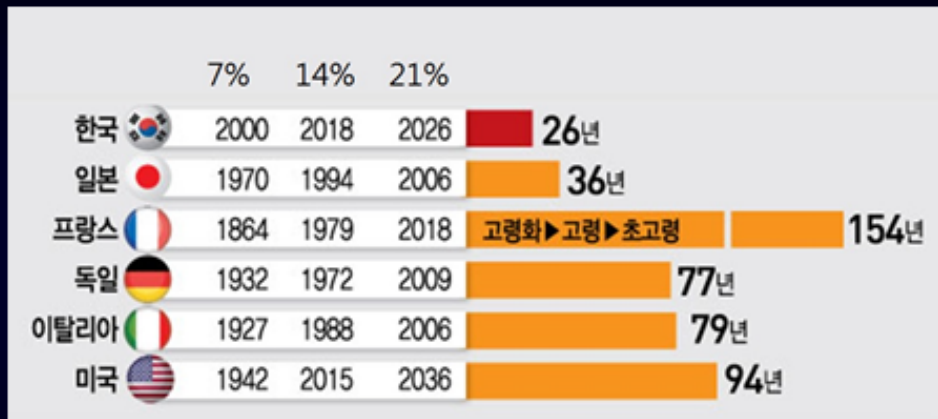
KIM Chul Joong
*Chief Editor Health and Medicine and Editorial Writer,
Chosunilbo Daily Newspaper (Korea)*

Healthcare Outlook In Korea as Aging Society : Network for Cooperation in East Asia

• Kim, Chul Joong M.D & Ph.D

- Chosunilbo daily newspaper
- Chief Medical Correspondent
- Editorial Writer





Ageing Population

- Global phenomenon, many countries are super aged societies by 2030
South Korea is a super-aged society in 10 years at the fastest speed in the world
 - Expected an aged society in 2017
 - (elderly, 14% of the entire population) and a super aged society in '26 (20%)
- Fastest growth of health expenditures among OECD countries (7.1% of GDP)
 - Mostly by the increase in elderly care
 - * 30.9% (2010) → 37.9% (2015) → 45.6% (2020)



Increasing chronic diseases

Major chronic illnesses are the primary cause of deaths

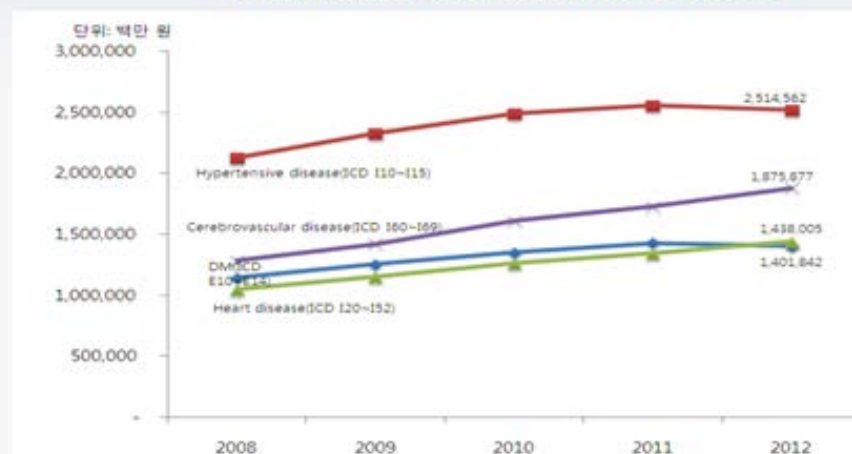
* One third of adults aged 30+ have diabetes or pre-diabetes
; 3 out of 10 high blood pressure

#1	#2	#3
Malignant tumor	Heart diseases	Cerebrovascular diseases
(27.6%)	(9.9%)	(9.6%)

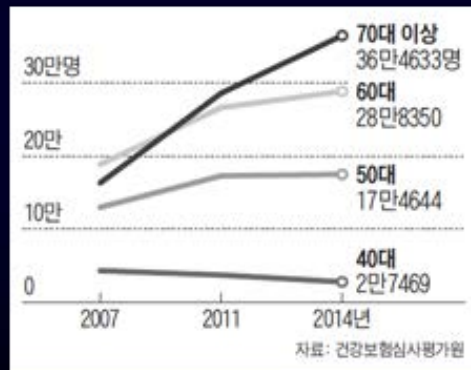
#5	#7	#10
Diabetes	Chronic lower respiratory diseases	Hypertensive diseases
(4.3%)	(2.9%)	(2.0%)

Increasing chronic diseases

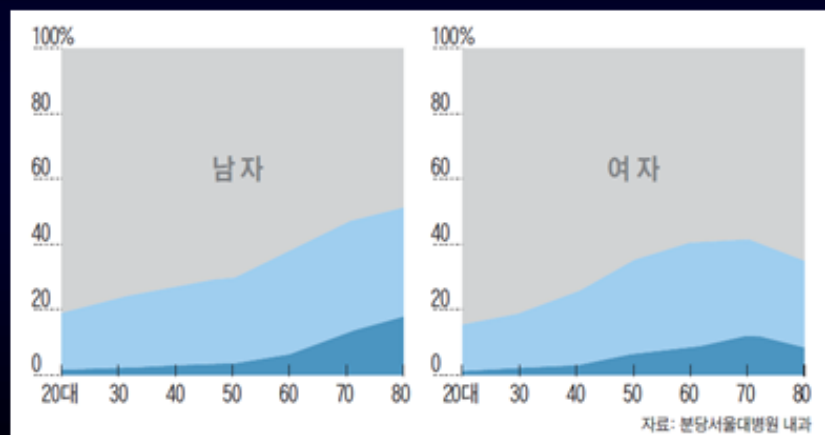
Payments Trend for Hypertensive Diseases, Diabetes, Cerebrovascular Diseases, and Heart Diseases



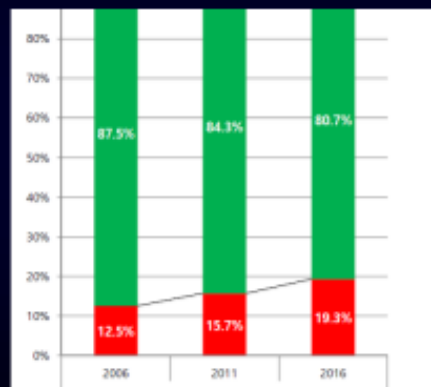
Osteoporosis Patients



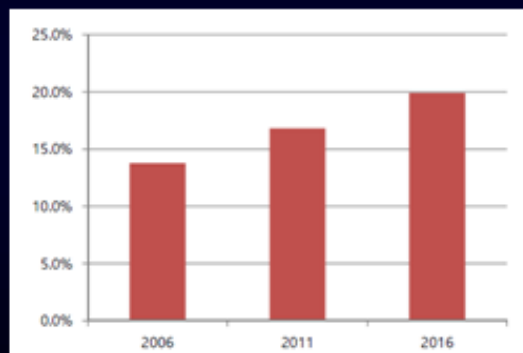
■ Sarcopenia



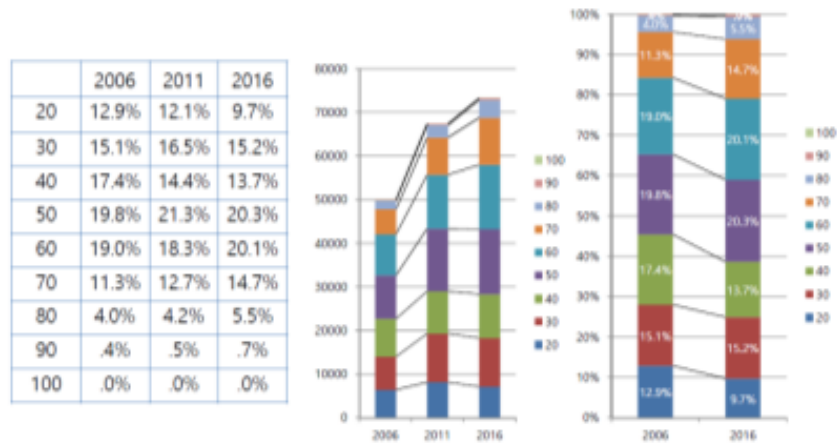
Ratio of 70 more Aged People Out - Patients in University Hospital



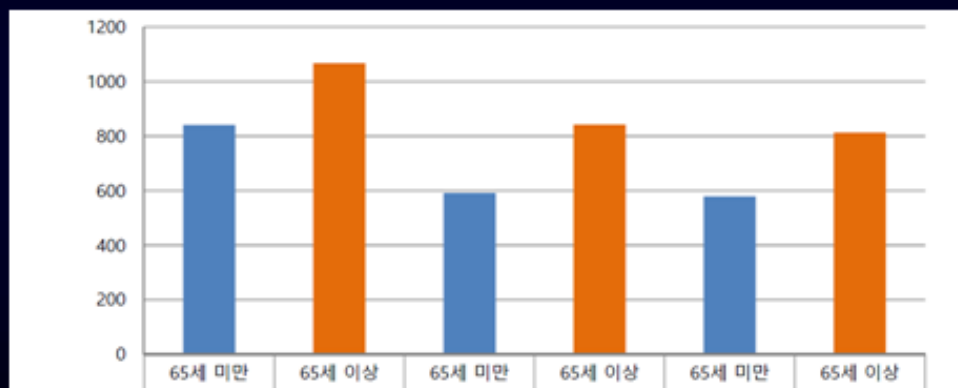
Ratio of 70 more Aged People among Admission Patients in University Hospital



Ratio of Aged People in Emergency Room



Increased Stay Time in Emergency Room





■ **Homo Hundred**

=

Homo Patient



- **Never Fall Down**
Never Fracture
Never Immobile

Active Aging



- **Maintain Activity > Cure**

Importance of Durability
: Musculoskeletal Medicine



- **Huge Shift**
Acute cure healthcare system
to Chronic long term care



- **Huge Shift**
National disease control center
 - **National Aging Institute**
 - **National Frail Check up Program.**

International Network & Collaboration for Aging Society

- Share the Japanese experience of success or failure during aging society

International Network & Collaboration for Aging Society

- Advisory International Committee to participate from East Asian that approaching to Aged Society.

International Network & Collaboration for Aging Society

- Regarding of Aging Society, Create a Opportunity to Promote the Healthcare and Welfare Industry.

Firdaos ROSLI

Fellow, Institute of Strategic and International Studies (Malaysia)

Towards Building a Cooperation Network for Aging Society

1. We are blessed not to face major disasters apart from flood
 1. Seasonal
 2. Expected, predictability
 3. Problem: Speed
2. Policy response:
 1. National Security Council
 2. Aging: There is no one single authority to address this. Discussion is still developing
3. What are we doing?
 1. Awareness
 2. Empowerment through community based programmes
 3. Healthy Ageing and Community Health Care
 4. Strengthening support system
 5. Monitor, enforce, introduce new legislation related to nursing homes, healthcare homes etc
4. Demographic is still changing
5. Way forward
 1. There is a lack of discussion on the topic due to minimum political pressure
 2. Participate in more aging society related initiatives either bilaterally, regionally (ASEAN, APEC) etc and multilaterally.

LE Tran Ngoan
former Assistant Professor, Hanoi Medical University (Vietnam)

Aging and Public Health: A Case Study from Viet Nam

1

Le Tran Ngoan (レチャン グァン)

Hanoi Medical University, Viet Nam

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1/12/2018

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1. Viet Nam profile

- Population 2014: 90,728,900
- Administration: 63 provinces
- Population grow-up: 1.08%
- GDP per capita: 2,052 USD
- Health budget per capita: 67 USD
- Health Insurance covers: 71%

Map of Viet Nam



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2. Improving Life Expectancy at birth

Life Expectancy at birth

Year	Female	Male	Both
2015	81	71	76
2000	78	68	73
1975	67	57	62
1950	57	50	54
1925	34	27	31
1900	27	20	24

There has been sharply increased life expectancy at birth that results in **increased non-communicable diseases** in Viet Nam,

MD per 1,000 inhabitants (who):

- Laos: 0.179 (2012)
- Thailand: 0.394 (2010)
- Myanmar: 0.568 (2012)
- Philippines: 1.110 (2014)
- Viet Nam: 1.180 (2013)
- China: 1.490 (2011)
- Korea: 2.231 (2014)
- Japan: 2.297 (2012)

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3. Mortality patterns

Verbal Autopsy based mortality in 3 provinces (see next slide)

No	Cause group (ICD-10), 2008	Case	%	Crude#	ASR#	ASR Men	ASR Women
1	Bacterial diseases (A00-A99)	162	2.9	11.7	11.6	14.3	9.1
2	Virus & parasitic (B00-B99)	70	1.2	5.1	4.4	7.3	1.6
3	Cancer (C00-D48)	1,244	22.2	90.2	96.1	129.7	64.2
4	Blood diseases (D50-D89)	4	0.1	0.3	0.3	0.3	0.3
5	Endocrine (E00-E90)	153	2.7	11.1	10.7	7.6	13.6
6	Mental (F00-F99)	43	0.8	3.1	2.8	4.0	1.6
7	Nervous (G00-G99)	51	0.9	3.7	3.6	3.7	3.4
8	Circulatory (I00-I99)	1,676	29.9	121.6	114.3	124.7	104.2
9	Respiratory (J00-J99)	400	7.1	29.0	25.8	29.7	22.2
10	Digestive (K00-K93)	238	4.2	17.3	16.6	22.0	11.4

Abbreviations: ICD-10, International Statistical Classification of Diseases and Related Health Problems; ASR, age-standardized mortality rate; # Crude and ASR rates per 100,000; * Mortality rates were estimated with a denominator of 20,307 cases of live births: Number of newborn deaths was 56, giving mortality rate was 275.8 per 100,000 live births, male and female combined. Maternal mortality rate was 9.8 per 100,000 (2 / 20,307)

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Verbal Autopsy based mortality in Viet Nam (Cont.)

No	Cause group (ICD-10), 2008	Case	%	Crude#	ASR#	ASR Men	ASR Women
11	Skin (L00-L99)	10	0.2	0.7	0.7	0.3	1.2
12	Musculoskeletal (M00-M99)	40	0.7	2.9	2.5	1.7	3.2
13	Urology (N00-N99)	73	1.3	5.3	5.2	5.6	4.8
14	Maternal (O00-O99)*	2	0.0	-	-		
15	New-born (P00-P96)*	56	1.0	-	-		
16	Abnormality (Q00-Q99)	49	0.9	3.6	4.4	4.8	4.0
17	Symptom (R00-R99)	579	10.3	42.0	34.4	31.2	37.2
18	Injury & Accident (S00-Y89)	763	13.6	55.3	52.3	76.9	28.4
	Total	5,613	100	407.1	391.1	471.4	313.4

Abbreviations: ICD-10, International Statistical Classification of Diseases and Related Health Problems; ASR, age-standardized mortality rate; # Crude and ASR rates per 100,000; * Mortality rates were estimated with a denominator of 20,307 cases of live births; Number of newborn deaths was 56; giving mortality rate was 275.8 per 100,000 live births, male and female combined. Maternal mortality rate was 9.8 per 100,000 (2 / 20,307)

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4. Trends of some infectious diseases, 2005-2014

- **Infectious excluded HIV/AIDS and TB:** Registered 795 cases (0.6% of 140,670 deaths)
 - ASR rate 2.8 per 100,000.
 - ASR rates per 100,000 was changed from 2.6 to 3.1. Trends of mortality rates ratios was MRR=0.97, 95%CI: 0.90-1.01; **P for trend**=0.144;
- **HIV/AIDS:** Registered 2,268 cases (1.6% of 140,670 deaths)
 - ASR rate 7.8 per 100,000.
 - ASR rates per 100,000 **decreased** from 7.4 to 5.9. Trends of mortality rates ratios was MRR=0.96, 95%CI: 0.93-0.99; **P for trend**=0.005;
- **Tuberculosis Mortality:** Registered 1,100 cases (0.8% of 140,670 deaths)
 - ASR rate 3.7 per 100,000.
 - ASR rates per 100,000 **decreased** from 4.2 to 3.1. Trends of mortality rates ratios was MRR=0.86, 95%CI: 0.81-0.91; **P for trend**=0.000

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5. Trends of some Non-Communicable Diseases, 2005-2014

- **Diabetes:** Registered 993 cases (0.7% of 140,670 deaths)
 - ASR rate 2.8 per 100,000. Trends of mortality rates ratios was MRR=1.18, 95%CI: 1.11-1.25; *P for trend*=0.000; **Significantly increased trend**
- **All cancer:** Registered 29,346 cases (20.9% of 140,670 deaths)
 - ASR rate 102.4 per 100,000. Trends of mortality rates ratios was MRR=1.03, 95%CI: 1.02-1.04; *P for trend*=0.000; **Significantly increased trend**
- **All heart diseases:** Registered 44,603 cases (31.7% of 140,670 deaths)
 - ASR rate 135.5 per 100,000. Trends of mortality rates ratios was MRR=0.94, 95%CI: 0.93-0.96; *P for trend*=0.000; **Significantly decreased trend**
- **Injury:** Registered 16,885 cases (12.0% of 140,670 deaths)
 - ASR rate 56.9 per 100,000. Trends of mortality rates ratios was MRR=0.95, 95%CI: 0.94-0.96; *P for trend*=0.000; **Significantly decreased trend**

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6. Lessons learned from Health Care in Viet Nam

- Medical Schools and Central Hospitals are mainly located in the two cities of Hanoi and Ho Chi Minh (Sai Gon):
 - Limitation and lack of care for patients suffering from non-communicable diseases at remote areas;
- Health care systems and Medical Education have been conducting to build up a model of **"District Health Management"**:
 - Primary health care,
 - Decreased trends maternal mortality, tuberculosis, HIV/AIDS
 - Outpatients clinics,
 - Inpatients hospitals,

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7. Perspectives

- Towards Building a Resilient Network for Regional Health Cooperation in East Asia:
 - Advancements of Preventive Medicine and Public Health,
 - Improving diagnosis and treatment of NCDs,
 - Training Human Resources for Health Care (IUHW),
 - Exchanges Experts and MDs,
 - Cooperation of Research and Study between Countries,
 - Coordination and sharing Health Information,
 - Investment of Finance for a Permanent Developments.

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Ha Long Bay-Natural Wonder of the world

International Symposium, "Towards Building a Resilient Network for Regional Health Cooperation in East Asia"

1/12/2018

Muhammad Nurhasanuddin ABDULLA KELALI
*Consultant Geriatrician & Deputy Medical Superintendent of RIPAS Hospital,
 Ministry of Health (Brunei)*

Brunei Darussalam – the Journey so far

- Current population ~ 422,678 (2016)
 - Male 216.8K (51.3%) / Female 205.8K (48.7%)
 - Over 65: 24,821 (5.9%) (13,868 over 65 years (3.4%)-2013)
- Life expectancy – Male 76.9 year old/ Female 78.0 year old (Total: 77.4)
- There are 31,696 of people receiving old age pension (i.e. >60) – from MCYS 2017 record.
- It is estimated that this number will be doubled in 10 years time

Legislation and Policy on Older People

- The old age and Disability Pensions Act 1954
 - All citizens and PR reaching the age of 60 receive an old age pension of \$250 regardless of their economic status.
- Employee Trust Fund (TAP) – ‘Tabung Amanah Pekerja’ Act Chapter 167
 - Introduced 1993 to replace employees Pension scheme
 - All employees are deducted 5% from their salary with additional 5% contribution from government
- Supplemental Contributory Pensions Order 2009:
 - Subsidiary Contribution Plan (SCP) - Financial saving scheme introduced in 2010
 - The contribution has a minimum of 3.5%. 3% goes into your SCP account and 0.5% goes into what’s called the “Survivorship Protection Fund”.
- Retirement age raised from 55 to 60 years

Social and Health Development

- *Brunei Darussalam Declaration on Strengthening Family Institution: Caring for the Elderly – signed 25/11/2010*
- FREE medical care and services to all Brunei citizens regardless of age.
 - Specialist Geriatric Medical Services
 - “Dementia Support Group” Programme at PACS centre
- Ministry of Culture, Youth & Sports (MCYS) via Social Services Dept:
 - Home-based Volunteer Project 2005
 - Elderly Association
 - Activity Centers for Elderly (Lambak Kanan 2013 & Tutong 2017)
 - A National Plan for Elderly and Persons with Disabilities
- Re-employment of elderly as daily-paid Government employee
- Monthly welfare Assistance Allowance:
 - For vulnerable elderly and family caregiver can access this benefits fund for additional financial assistance

KOBAYASHI Mia
Specially-appointed Professor, Chiba University Hospital (Japan)

Measures for the Aging Society in Japan

Chiba University Hospital
Mia Kobayashi

Indicators of aging in ASEAN + 3 countries

	Aging rate 1990 (60+) (%) ¹⁾	Aging rate 2010 (60+) (%) ¹⁾	Prospect of aging rate 2025 (60+)(%) ¹⁾	Prospect of aging rate 2050(60+) (%) ¹⁾	Total fertility rate ¹⁾	Life expectancy at birth ¹⁾		Labor-force participation ratio (60-64year-old) ²⁾		Per capita GDP (US\$) ³⁾	Income disparity (Richest 10% to poorest 10%) ⁴⁾
						Male	Female	Male	Female		
Japan	17.4	30.7	35.8	42.7	1.34	79.2	86.0	75.6	45.8	46,720	4.5
Republic of Korea	7.7	15.6	27.0	41.1	1.23	76.5	83.2	70.2	41.5	22,590	7.8
Singapore	8.4	14.1	24.2	35.5	1.26	78.7	83.7	67.5	35.4	51,709	17.7
Thailand	7.1	12.9	23.1	37.5	1.49	70.0	76.7	50.1(60-)	29.5(60-)	5,480	12.6
China	8.6	12.4	20.0	32.8	1.63	73.2	75.8	58.3	40.6	6,091	21.6
Brunei Darussalam	4.0	6.2	15.6	28.3	2.11	75.6	79.5	45.5	11.2	41,127	-
Vietnam	8.1	8.9	15.5	30.6	1.89	70.2	79.9	69.4	58.2	1,755	6.9
Malaysia	5.6	7.8	12.5	23.1	2.07	71.8	76.4	52.3	17.1	10,432	22.1
Myanmar	6.7	7.7	12.2	22.3	2.07	62.1	66.2	-	-	880	-
Indonesia	6.1	7.6	12.0	21.1	2.50	67.6	71.6	78.9	47.3	3,557	7.8
Cambodia	5.1	7.2	11.1	21.2	3.08	66.8	72.1	69.5	33.0	944	12.2
Philippines	4.7	5.9	8.7	13.7	3.27	64.5	71.3	79.0(55-64)	54.8(55-64)	2,587	15.5
Lao PDR	5.6	5.6	7.4	15.7	3.52	64.5	67.0	-	-	1,417	8.3

Source: International Affairs Division Minister's Secretariat; report of the Study Group for Japan's International Contribution to "Active Aging"

ASEAN + 3 countries indicators of aging and Doubling Time

	Population	Aging rate(65+) 7%	Aging rate(65+) 14%	Doubling time Number of years required for the proportion of the aged population from 7% to 14 %	Aging Rate(65+) 21%
		Aging Society	Aged Society		Super Aged Society
Japan	127.82	1970	1995	25	2008
Korea	49.78	1999	2017	18	2027
Malaysia	28.86	2020	2046	26	2073
Vietnam	87.84	2018	2033	15	2047
Brunei	0.41	2023	2041	18	2063
Philippines	94.85	2032	2062	30	2088
China	1344.13	2000	2025	25	2037
Cambodia	14.31	2030	2053	23	2068
Thailand	69.52	2001	2024	23	2038
Myanmar	48.34	2021	2041	20	2060
Singapore	5.18	1999	2019	20	2027
Lao PDR	6.29	2034	2053	19	2065
Indonesia	242.33	2021	2038	17	2056

Source: International Affairs Division Minister's Secretariat; report of the Study Group for Japan's International Contribution to "Active Aging"

Doubling time: The number of years required for the proportion of the aged population(65 years and older) from 7% to 14%, and it is used as an indicator of the speed at which aging is progressing.

Active Aging

What is "Active Ageing"?

WHO

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

The three pillars of a policy framework for Active Ageing



Source: Active ageing: a policy framework

ASEAN Strategic Framework on Social Welfare and Development (2011-2015)



Special emphasis on the protection of the interests and rights, equal opportunities, high quality of life and standard of living for the elderly

Active Aging in Japan

- For comprehensive promotion of measures based on the basic principle of the Basic Act on Measures for the Aging Society, we will promote measures for the aging society based on the following 6 fundamental thoughts

① Change in ways of thinking about elderly awareness

② Establishment of social security system for securing peace of mind in people's old age

③ Utilization of the will and capabilities of the aged

④ Strengthening regional power and effectively stabilizing regional society

⑤ Realization of a safe and peaceful living environment

⑥ Preparation for life in one's 90s beginning at younger ages and realization of generation cycles

Source: Diet. The State of Aging and Implementation of the Measures for an Aging Society in FY2015

Implementation of Measures for the Aging Society Health, Long-term Care and Healthcare

Steady implementation of long-term care insurance program

Securing of necessary nursing care services

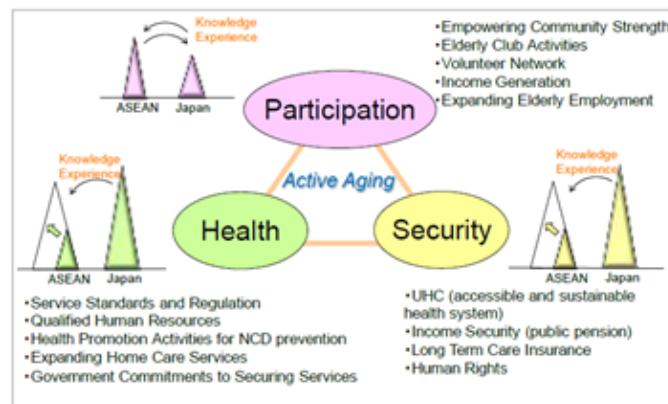


Implementation of measures to support the elderly with dementia

Integrated and sustainable provision of home medical and nursing care in the community

Source: Diet. The State of Aging and Implementation of the Measures for an Aging Society in FY2015

Recommendations for Future Collaboration



Source: International Affairs Division Minister's Secretariat; report of the Study Group for Japan's International Contribution to "Active Aging"

Session III : Towards Building a Cooperation Network for Controlling the Emerging Infectious Diseases

WADA Koji

*Medical Officer, Bureau of International Health Cooperation,
National Center for Global Health and Medicine (Japan)*

Towards Building a Resilient Network for Regional Health Cooperation in East Asia
16:35-17:40, 15th January 2018

Session 3: Towards building a cooperation network for controlling the emerging infectious diseases

Koji Wada (National Center for Global Health and Medicine, Japan)

Nwe Nwe Oo (Director General, Department of Health professional
Development and Management, Ministry of Health, Myanmar)

Background

- In Asia, there have been various infectious diseases which threaten local and global communities such as avian flu, SARS and MERS.
- It is important to have a collaborative network for combating these diseases.

Objectives

- We would share how Myanmar, Laos and Japan would work for building a cooperative network with neighboring countries and within the country and discuss for further necessary actions to control emerging infectious diseases.

Panelists

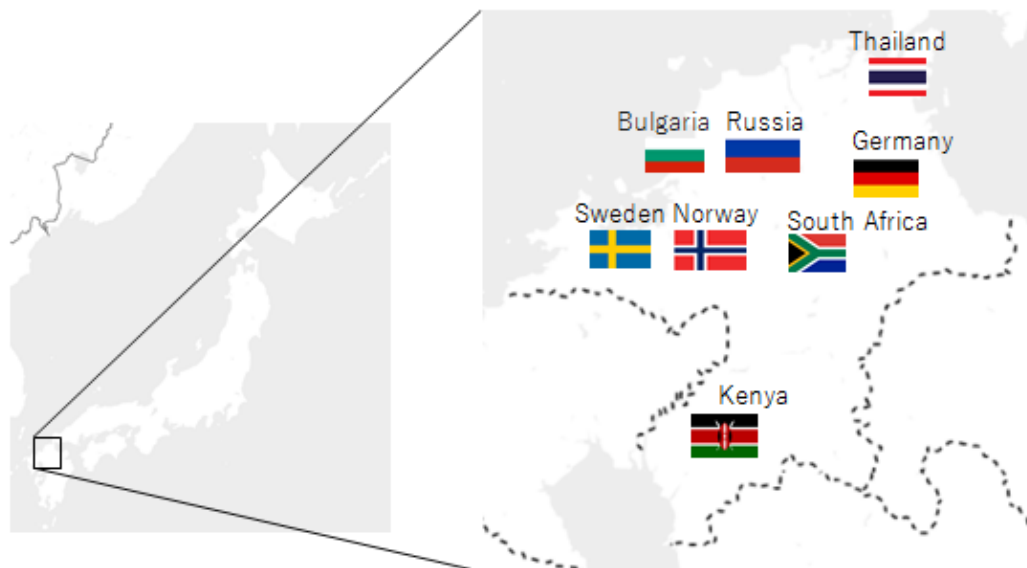
- Dr. Koji Wada, National Center for Global Health and Medicine, Japan
- Dr. Nwe Nwe Oo, Director General, Department of Health professional Development and Management, Ministry of Health, Myanmar
- Dr. Sengchanh Kounnavong, Vice Director, National Institute Of Public Health, Lao People's Democratic Republic
- Dr. Nakashima Kazutoshi, Professor, Department of Health Science, Faculty of Sports and Health Science, Daito Bunka University, Japan



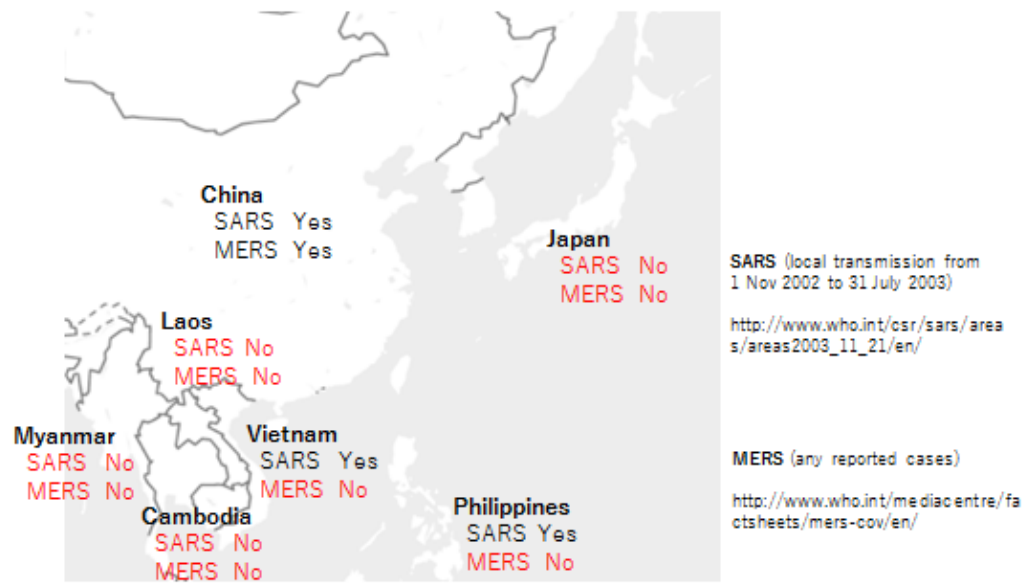
Detailed plans for infectious diseases during Tokyo 2020

- Strengthening surveillance for infectious diseases during the Tokyo 2020 Olympics, including event-based surveillance
- Improving laboratory capacity to respond to large-scale outbreaks and diseases not prevalent in Japan
- Clarifying decision-making mechanisms, based on surveillance data
- Conducting simulation exercises of the response to potential events

Host cities in Fukuoka Prefecture, Japan



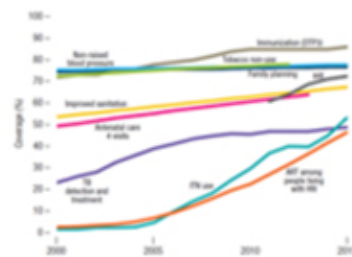
Experiences of controlling SARS and MERS



- Dr. Torahiko Terada (1878–1935), physicist and essayist
- “It is easy to fear a thing too much or too little, but it is difficult to fear it appropriately.”
- “Disasters will come after we have forgotten past disasters.”

Japan has the highest life expectancy - the World Health Statistics 2017 report

Global trends in tracer indicators of coverage of essential health services



MAY 22, 2017 - Japan's average life expectancy at birth is still the highest in the world, with 83.7 years, according to the World Health Statistics 2017 report, released by WHO on May 17th.

http://www.who.int/kobe_centre/mediacentre/whs/en/

Brunei Darussalam, Cambodia, Japan verified as achieving measles elimination

Western Pacific Region achieves progress towards measles elimination, but challenges remain

News release

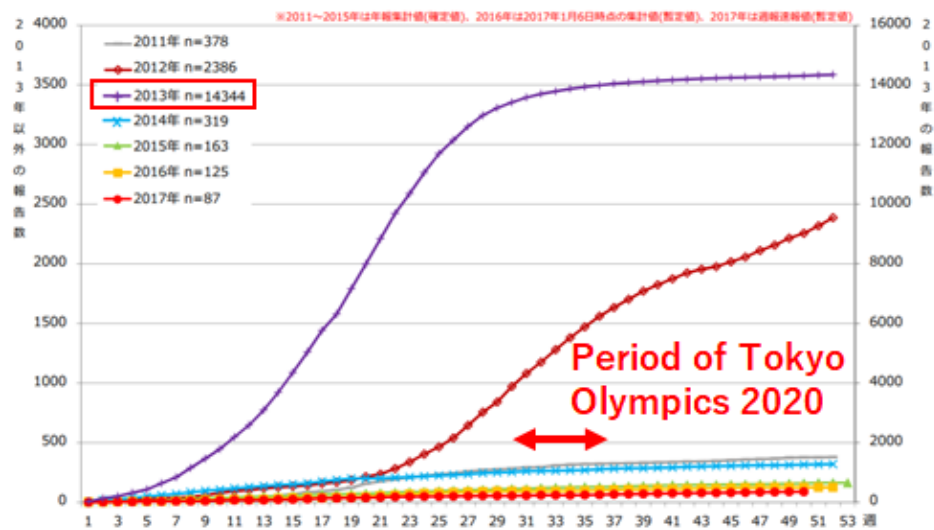
MACAO SAR (CHINA), 27 MARCH 2015 - Brunei Darussalam, Cambodia and Japan have been verified as having achieved measles elimination by the Measles Regional Verification Commission. The three countries join Australia, Macao SAR (China), Mongolia and the Republic of Korea as countries and areas in the Western Pacific Region that have successfully eliminated measles.



WHO/S. Bayutas

<http://www.wpro.who.int/mediacentre/releases/2015/20150327/en/>

Cumulative cases of rubella in Japan



<https://www.niid.go.jp/niid/images/idsc/disease/rubella/2017pdf/rube17-50.pdf>

WHO Director-General summarizes the outcome of the Emergency Committee regarding clusters of microcephaly and Guillain-Barré syndrome

WHO statement on the first meeting of the International Health Regulations (2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations

1 February 2016

Members of the Committee agreed that the situation meets the conditions for a Public Health Emergency of International Concern.

I have accepted this advice.

I am now declaring that the recent cluster of microcephaly cases and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern.

<http://www.who.int/mediacentre/news/statements/2016/emergency-committee-zika-microcephaly/en/>

WHO public health advice regarding the Olympics and Zika virus

28 MAY 2016 | GENEVA - Based on current assessment, cancelling or changing the location of the 2016 Olympics will not significantly alter the international spread of Zika virus. Brazil is 1 of almost 60 countries and territories which to date report continuing transmission of Zika by mosquitoes. People continue to travel between these countries and territories for a variety of reasons. The best way to reduce risk of disease is to follow public health travel advice.

<http://www.who.int/mediacentre/news/releases/2016/zika-health-advice-olympics/en/>

Japanese golfer does not attend the Rio Olympics because of concerns about Zika and local security

ゴルフ松山英樹、リオ五輪辞退 ジカ熱・治安不安理由に

2016年7月4日 10時44分

シェア 389

ツイート 111

ブックマーク 1

メール

印刷



男子プロゴルフの松山英樹(24)は4日、8月のリオデジャネイロ五輪の出場を辞退すると所属事務所を通じて発表した。ジカウイルス感染症(ジカ熱)と治安の不安、虫さされに強い反応が出る体質を理由に挙げ、「不安を抱えながらではベストなコンディションで臨めない」とした。

<http://www.asahi.com/articles/ASJ742V2RJ74KTQ2003.html>

Rio Olympics: which athletes have withdrawn over Zika fears?



Milos Raonic, Rory McIlroy and Jason Day will not take part in the Rio Olympics. CREDIT: GETTY IMAGES

By Chiara Palazzo, STAFF

4 AUGUST 2016 - 1:02AM

World number one Jason Day became the latest top golfer to withdraw from August's Rio de Janeiro Olympic Games because of Zika virus concerns in late June.

<http://www.telegraph.co.uk/sport/0/rio-olympics-which-athletes-have-withdrawn-over-zika-fears/>



TOKYO 2020



TOKYO 2020



DATE	COUNTRY	COUNTDOWN	WEBSITE
24 JUL - 09 AUG	JAPAN	936 DAYS TO GO	TOKYO2020.JP

<https://www.olympic.org/tokyo-2020>

Nwe Nwe Oo

former Director General, Department of Health Professional Development and Management, Ministry of Health (Myanmar)

Emerging infectious diseases in Myanmar

Nwe Nwe Oo

The Republic of the Union of Myanmar



Avian influenza



1/17/2018

nno

3

Avian influenza

- Myanmar has experienced of Avian Influenza outbreaks in poultry since 2006.
- first - during the year 2006
- second - February and September 2007
- third - November 2007, only one human case of AI was detected who was a seven years old girl, cured and survived
- Fourth – February and March 2010
- fifth - January 2011

1/17/2018

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4

- In 2017, two influenza attacks in the rainy season of July, namely A/H1N1-2009 (swine flu) and H5N1 (avian flu)
- The swine flu broke out on July 21 mainly in Yangon.
- The avian flu occurred on July 26 in Dawei township, southern Tanintharyi region.

1/17/2018

nno

3

Seasonal influenza



1/17/2018

nno

6

Seasonal influenza

- H1N1 strains of flu has been circulating in Myanmar seasonally since a global pandemic in 2009, although deaths from the virus had not been reported in recent years.
- Seasonal influenza H1N1 (Influenza A (H1N1)pdm09) outbreak occur starting from July 2017 to September 2017.
- Number of cases confirmed by laboratory = 307
number of death = 33 (21.7.17 to 23.8.17)

1/17/2018

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7

Prevention and control of influenza

Under the stewardship of the Ministry of Health and Sports, the Central Epidemiology Unit (CEU) is the National Focal Point for the Communicable Disease Surveillance and Response.

- public awareness
- Health education on self-protection plus self-control and strict observance of the directives issued by the ministry

1/17/2018

nno

8

Department of Public Health staff put up pamphlets about swine flu at Lanmadaw township in Yangon, Myanmar, Aug. 02,



1/17/2018

nno

9

- postpone a popular religious festival to prevent huge crowd gathering
- cooperate with departments and organizations
- - Livestock Breeding and Veterinary Department
- - Ministry of Agriculture, Livestock and Irrigation

1/17/2018

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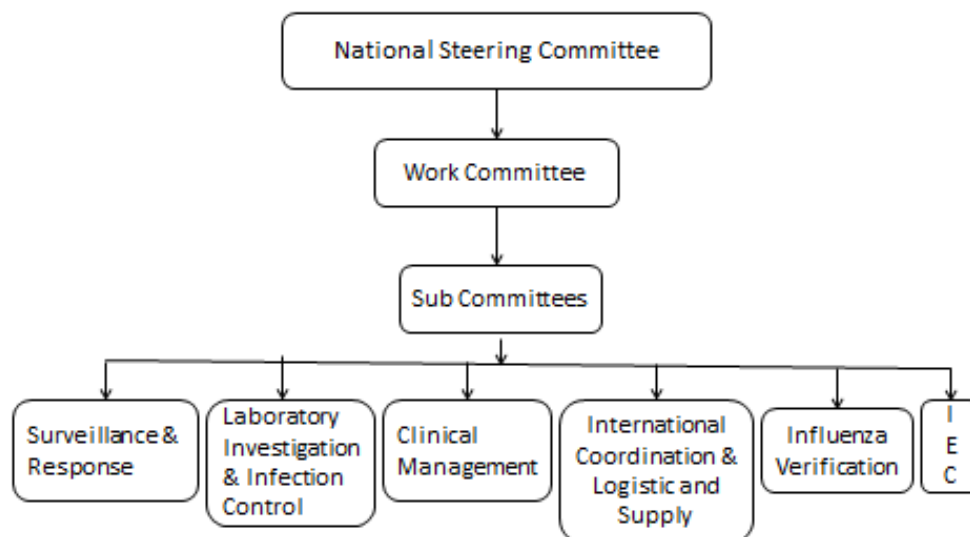
- prevention, protection, surveillance, and treatment measures are being implemented not only in government hospitals but also in private hospitals and clinics, and collaboration with Myanmar Medical Association and GP society

1/17/2018

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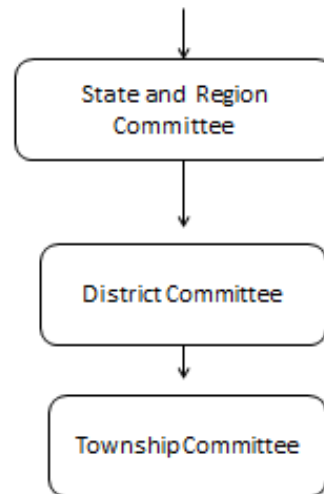
NATIONAL PREPAREDNESS AND RESPONSE ON AVIAN INFLUENZA



1/17/2018

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12



1/17/2018

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13

National pandemic preparedness plan for avian and human influenza

- **Surveillance, early warning and active response system**

- to detect clusters of severe acute respiratory infections at community and hospital settings, which can determine possible clues to detect suspected outbreak of avian and human Influenza

1/17/2018

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14



- **Rapid Response Teams** has been strengthened at state/region and district level by providing training
- **Field Epidemiology Training program(FETP)**
 - to have competency in field epidemiology, including surveillance and response activities for emerging and re-emerging infectious diseases

1/17/2018

nno

15

- **One health approach- Joint Field Epidemiology Training Program**



- One Health - human health, animal health and environment
- effective collaboration and cooperation from Animal Health sector, Human Health sector and Wildlife sector in helping protect lives of humans, animals and wildlife

1/17/2018

nno

16

laboratories



1/17/2018

nno

17

- **National Influenza Laboratory (National Influenza Center)**
 - **regional laboratories and Department of Medical Research laboratory**
 - for Influenza Like Illness (ILI) surveillance diagnosis of avian and human pandemic influenza, as well as other emerging and re-emerging diseases
- (WHO provided logistic and technical support)

1/17/2018

nno

18

- **Training of Trainers (TOT) training on Respiratory Infection Control**

- to prevent nosocomial infection and transmission of communicable diseases including Avian and Human Pandemic Influenza among the hospital staffs, patients and family members in the hospital settings

1/17/2018

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19

Networking

- ASEAN Disease Surveillance Network (ADSNet) (regional surveillance systems)
- WHO, Mekong Basin Disease Surveillance Net (MBDS) Network.
- ASEAN Plus Three health cooperation
- ASEAN Plus Three Disease Surveillance Network

1/17/2018

nno

20

- ASEAN Plus Three Field Epidemiology Training Network (FETN)
- ASEAN Plus Three Partnership Laboratories

- Networking information system still needs improvement for more effective response to avian influenza outbreak

ASEAN Plus Three health cooperation



- **7th ASEAN Plus Three health ministers meeting**
- The meeting agreed to collaborate with the People's Republic of China, Japan and Republic of Korea for 2017-2018 and ASEAN countries in responding to emerging infectious diseases.

Sengchanh KOUNNAVONG
Vice Director, National Institute Of Public Health (Laos)

The International Health Regulations (2005) (IHR) have been in force since 15 June 2007, ensuring that national, regional and international capacities are in place to manage public health events and emergencies in a collective, coordinated and effective manner. Therefore, Lao PDR as one of the World Health organization's member states and member of the ASEAN + 3 countries (APT) has been prepared the Global Health Security Agenda Roadmap to enhancing health security, with a focus on strengthening resilience to threats such as priority infectious diseases, emerging disease outbreaks and other emergencies with health consequences in particular where possible, Lao PDR will actively support activities that enhance collaboration between countries, such as joint missions and exchange of technical expertise through different mechanisms.

Ministry of Health, Lao PDR continue to maintain and improve IHR core capacities and work to obtain or renew political commitment to enhance financial sustainability of those capacities; continue to review preparedness and response systems to identify and address gaps in light of MERS, avian influenza and other public health events; and continue to Test and evaluate functional capacities through strengthened self-assessment systems, outbreak reviews, discussion-based and operations-based exercises.

Cross-sectoral collaboration is important when preparing for and responding to disease outbreaks and other public health events. Some of the following desired impact are expected from the GHSA Roadmap for Lao PDR:

Deployment: Countries will have the necessary legal and regulatory processes and logistical plans to allow for the rapid cross-border deployment and receipt of public health and medical personnel during emergencies. Regional (international) collaboration will assist countries in overcoming the legal, logistical and regulatory challenges to deployment of public health and medical personnel from one country to another.

Real Time Surveillance Systems: A functioning public health surveillance system will capable of identifying potential events of concern for public health and health security, and country and intermediate level/regional capacity to analyse and link data from and between strengthened real-time surveillance systems, including interoperable, interconnected electronic reporting systems. Countries will support the use of interoperable, interconnected systems capable of linking and integrating multi-sectoral surveillance data and using resulting information to enhance the capacity to quickly detect and respond to developing biological threats. Foundational capacity is necessary for both indicator-based (including syndromic) surveillance and event-based surveillance, in order to support prevention and control activities and intervention targeting for both established infectious diseases and new and emerging public health threats. Strong surveillance will support the timely recognition of the emergence of relatively rare or previously undescribed pathogens in specific countries.

Preparedness: Emergency response operation up to sub-national (local and intermediate) level during public health emergency is successfully conducted in line with the emergency response plan with adequate support of resources and capacities.

Emergency Response Operations: Effective coordination and improved control of outbreaks as evidenced by shorter times from detection to response and smaller numbers of cases and deaths.

Toward Building a Cooperation Network for Controlling the Emerging Infectious Diseases

INTERNATIONAL SYMPOSIUM "TOWARD BUILDING A RESILIENT NETWORK FOR REGIONAL HEALTH
COOPERATION IN EAST ASIA"

TOKYO, JAPAN

15 JANUARY 2018

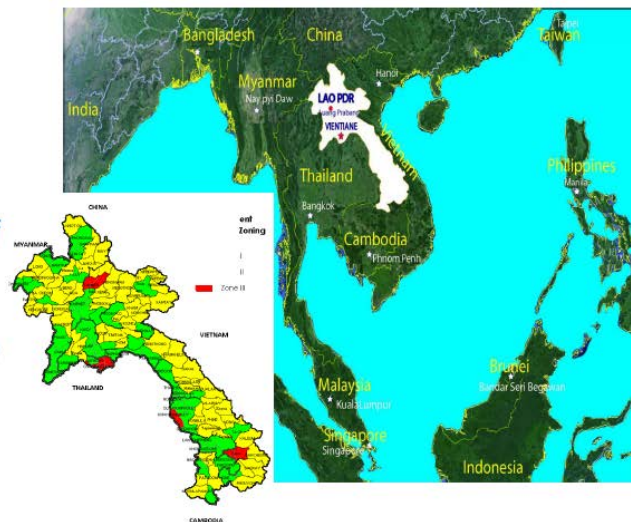
SENGCHANH KOUNNAVONG, PhD

Deputy Director General of Lao Tropical Medicine and Public Health Institute



INTRODUCTION

- The International Health Regulations (2005) (IHR) have been in force since 15 June 2007,
- Lao PDR as one of the World Health organization's member states and member of the ASEAN + 3 countries (APT)
- Strengthening resilience to threats such as priority infectious diseases, emerging disease outbreaks and other emergencies
- Lao PDR will actively support activities that enhance collaboration between countries



VISIT LAO YEAR 2018



Overall ROAD MAP up to 2020

- ❖ Ministry of Health, Lao PDR continue to maintain and improve IHR core capacities
- ❖ Working to obtain political commitment to enhance financial sustainability of those capacities;
- ❖ Continuing to review preparedness and response systems to identify and address gaps in light of MERS, avian influenza and other public health events;
- ❖ Strengthened self-assessment systems, outbreak reviews, discussion-based and operations-based exercises.

ROAD MAP for Cross-sectoral collaboration

Deployment:

- Legal and regulatory processes
- Logistical plans to allow for the rapid cross-border deployment and receipt of public health and medical personnel during emergencies.
- Assistance of Regional (international) collaboration

Real Time Surveillance Systems

- A functioning public health surveillance system
- Strengthened real-time surveillance systems
- Foundational capacity is necessary for both indicator-based (including syndromic) surveillance and event-based surveillance, in order to support prevention and control activities and intervention targeting for both established infectious diseases and new and emerging public health threats.

Preparedness

- Emergency response operation up to sub-national (local and intermediate) level
- Emergency response plan with adequate support of resources and capacities.

Emergency Response Operations

- Effective coordination and improved control of outbreaks



<http://tourismloaos.org/>



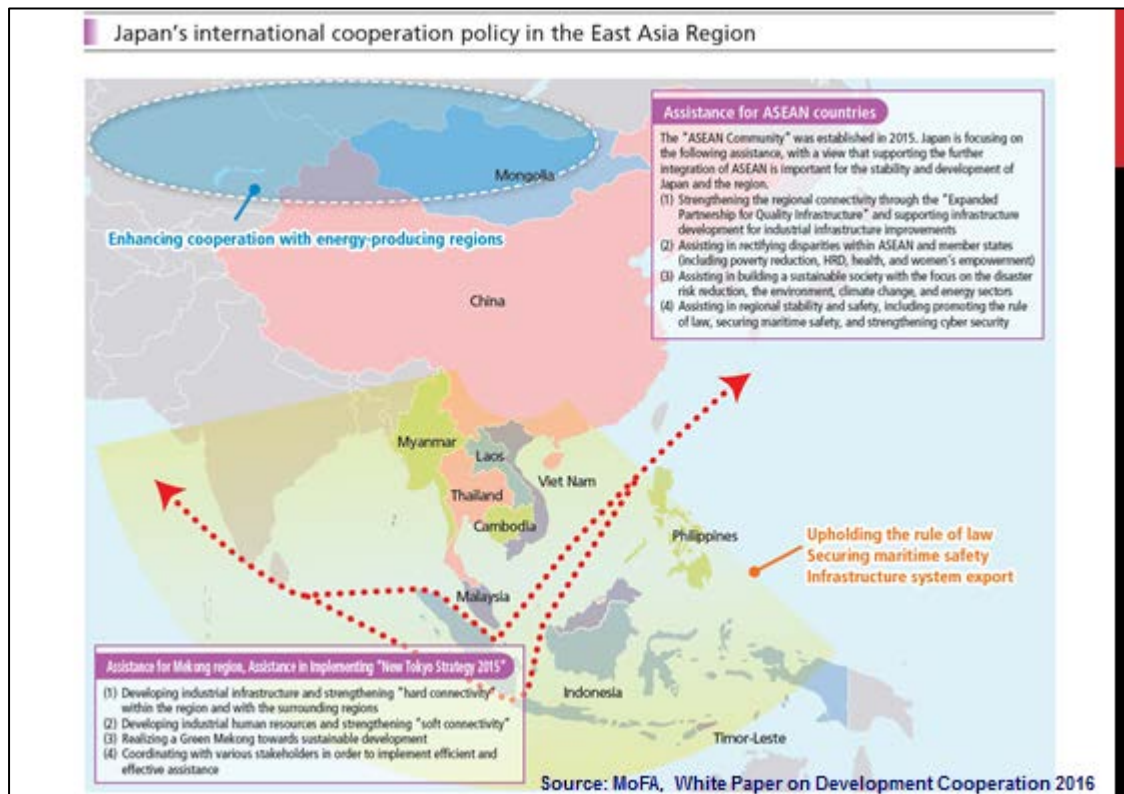
NAKASHIMA Kazutoshi

*Professor, Department of Health Science, Faculty of Sports and Health Science,
Daito Bunka University (Japan)*

International symposium:
Towards Building a Resilient Network for Regional Health Cooperation in East Asia,
15 Jan 2018

RESPONSES TO INTERNATIONAL INFECTIOUS DISEASE EMERGENCIES AND CAPACITY BUILDING IN JAPAN

KAZUTOSHI NAKASHIMA, MD, PHD, FIELD EPIDEMIOLOGIST
DAITO BUNKA UNIVERSITY
DEPARTMENT OF HEALTH SCIENCE
KNAKASHIMA@IC.DAITO.AC.JP



JAPAN'S INTERNATIONAL CONTRIBUTION IN HEALTH, 2016

- ODA total budget: 1.1673 trillion JPY (Approx. 9.7 billion USD)



Personal protective equipment against the Ebola virus disease provided to Mali.



JICA Infectious Diseases Response Team member support yellow fever vaccination campaign. (Assistance in responding to the yellow fever outbreak in the Democratic Republic of the Congo)



The Japanese International Cooperation (JICA) carried out the project for strengthening of the local health system in order to improve the output and distribution of the health products of the Community Health Promoters (CHPs) in the rural area of the Democratic Republic of the Congo.



Kick-off ceremony of the project - Improvement of Hospital Management Capacity, Cho Ray Hospital, Viet Nam

MoFA: White Paper on Development Cooperation 2016

NCGM: Technical Cooperation Overseas and Support for Japan, 2016

"NEW" PUBLIC HEALTH EVENTS OF INFECTIOUS DISEASES

エボラ感染の米国人医師が帰国、米国で治療を受ける初の患者

SARS: ID EMERGENCY RESPONSE THROUGH WHO (GOARN), 2003



Source: WHO (map)
Photos in Hong Kong, April 2003

EBOLA OUTBREAK, WEST AFRICA, 2014-15

World Health Organization

Health topics Data Media centre Publications Countries Programmes Governance About WHO

Ebola outbreak 2014-2015

Liberia and Guinea discharge final Ebola patients in latest flare-up and begin 42 days of heightened surveillance

2 May 2016 – Liberia's Ministry of Health, WHO and partners held a ceremony at the Ebola treatment facility in Monrovia to celebrate the recovery and discharge of a 2-year-old boy, the final patient in a latest flare-up in Liberia. His 5-year-old brother recovered a week earlier.

[Read the story from Liberia](#)

Source: WHO, photos taken by the speaker

STRENGTHENING JAPAN'S ID EMERGENCY MANAGEMENT CAPACITY

MoHLW: Infectious Disease Emergency Specialist Training Program (IDES)
Since: 2015

「感染症危機管理専門家養成プログラム：Infectious Disease Emergency Specialist Training Program (IDES)」採用案内
平成28年度の募集は終了しました。



NIID: Field Epidemiology Training Program (FETP)
Since: 1999



**JICA: Japan Disaster Relief (JDR)
Infectious Disease Response Team (IDRT)**
Since: 2015

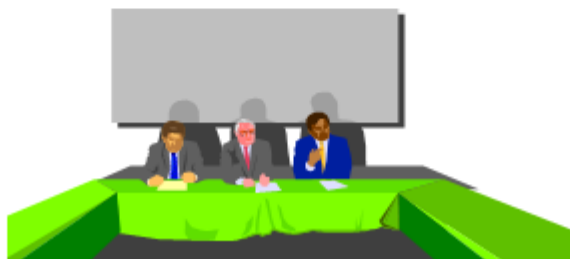


WHO 1996

"We are standing on the brink of a global crisis in infectious diseases. No country is safe from them. No country can any longer afford to ignore their threat,"

the Director-General of WHO, Dr Hiroshi Nakajima,

World Health Report, 1996



4. Appendix: Introductions to Co-sponsoring Organizations

(1) The Council on East Asian Community (CEAC)

Inauguration

In 2003, the Network of East Asian Think-tanks (NEAT) and the East Asia Forum (EAF) were launched as track-2 epistemic communities in East Asia under the umbrella of ASEAN+3 (Japan, China and ROK) Summit. Being triggered by this trend, The Council on East Asian Community (CEAC) was inaugurated in Japan on May 18, 2004. The establishment of CEAC was called for by think-tanks such as the Japan Forum on International Relations (JFIR), the Japan Institute of International Affairs (JIIA), the Japan Center for International Finance (JCIF), and scholars such as ITO Kenichi, President of JFIR, TANAKA Akihiko, Professor of the University of Tokyo and YOSHITOMI Masaru, President & Chief Research Officer of the RIETI. The CEAC consists of representatives from wide-ranging fields in Japan who are interested in the concept of an "East Asian Community," including those who represent businesses corporations such as Nippon Steel Corporation and Toyota Motor Corporation, and government agencies such as the Ministry of Foreign Affairs, the Ministry of Finance, the Ministry of Economy, Trade and Industry, and the Ministry of Education. A forum for those who represent industry, government, and academic circles to discuss an East Asian Community was inaugurated in Japan, whose attitude towards the issue tended to be passive until recently.

Purpose

As an all-Japan intellectual platform participated by business, government, and academic leaders, CEAC aims at the strengthening of intellectual collaboration, the building of intellectual foundation, and the sharing of strategic ideas among them. CEAC is not designed to promote an "East Asian community" per se, but to study it. This means that CEAC is not presumptive of any specific definition of an "East Asian community." There being various views on the geographical scope of "East Asia" and the concrete structure of "community," CEAC confines itself to the study of the implications of each of these views and to the pursuance of whatever kind of strategic responses Japan should choose.

Organization

The membership of CEAC consists of Think-tank members, Scholar members and Corporate members as of today. CEAC elected ITO Kenichi, Chairman of JFIR, as Chairman, and ISHIGAKI Yasuji, Trustee of JFIR as President. The basic policy of the management of the Council is directed by the Caucus comprising its President and vice-Presidents. CEAC is governed by its "Managing Plenary Meeting" and Managing Executive Meeting." The "Policy Plenary Meeting," which is attended by the members of CEAC, conducts policy-debate among its members, and produce policy recommendations as occasions demand. The secretariat of CEAC is housed within JFIR. In external relations, CEAC supports JFIR, which is the Country Coordinator of Japan for track-2 NEAT and the National Focal Point of track-1.5 EAF under the ASEAN+3 (Japan, China and ROK) Summit.

Activities

The activities of CEAC consist of the following four pillars: (1) research and policy recommendation, (2) affairs related to NEAT and EAF, (3) public debate, and (4) public relations and enlightenment. All these activities are highly synchronized with each other. CEAC is at the frontline of the various regional activities related to the concept of an "East Asia Community." It thus aims at integrating different opinions in Japan on the said concept and at presenting policy recommendations on what stance and strategy Japan should be taken.

(2) Mahidol University Global Health (MUGH)

Mahidol University has been internationally recognized as one of the few universities in the world with three medical schools; training more than 700 medical doctors per year and serving as centers for comprehensive medical training. Its health science faculties and research's strength have as well been outstanding.

In recognition of this as well as its dedication to improving life and bringing better health to the society, Mahidol University Global Health (MUGH) was initiated in October 2012 with the aim to bridge the gap between interdisciplinary faculties and network with other universities and organizations at the national, regional and global levels in the context of Global Health in order to achieve health equity for better health of all.

Goal

To develop cooperation among Mahidol faculties, universities and related partners to advocate global health policy in the world health forum

Vision

To strengthening capacities of all parties and advocate Global Health policy especially in the region

Roles of MUGH:

1. Research

MUGH engages in research works on Global Health by generating insights, synthesizing Global Health related information and facilitating the development of research works on Global Health.

2. Networking

MUGH aims to build collaboration among relevant partners on Global Health at the national, regional and global levels to contribute to developing and advocating the Global Health policy.

3. Capacity building

Global Health related workshops are our vehicle to build collective capacities for Thai experts so as to play key roles in the world health forum.

(3) International University of Health and Welfare (IUHW)

Aspiring to foster a wide array of health and welfare specialists and to raise their status, International University of Health and Welfare (IUHW) was founded in 1995 as Japan's first comprehensive university of health and welfare. As health and welfare advances and technicalizes by the day, we foster specialists with high skills and knowledge, bold decision-making, decent culture and the ability to become leaders in their specialties. We currently have five campuses, 9 schools and 22 departments located in Ohtawara City, Tochigi Prefecture, Narita Campus, Chiba Prefecture, Odawara City, Kanagawa Prefecture, Fukuoka and Okawa Cities, Fukuoka Prefecture. Around 7,800 students including graduate school students study with us.

Narita Campus, which consists of two schools and five departments was established in April 2016. And also, a new School of Medicine has been established in April 2017. At the School of Medicine, an innovative medical education exceeding global standards was implemented with an advanced curriculum. IUHW provides medical education with a rich sense of internationality and aims to nurture professionals with comprehensive medical care skills, capable of successfully engaging in both regional and international medical cooperation with other Asian countries in particular.

A society where everyone, whether abled or disabled, can join hands to "build a society for mutual respect and support" is our founding principle. Our goal is to foster medical professionals who can execute "Team care medicine" under three basic principles, "university focused on well-balanced individuals with a solid sense of humanity," "university strongly connected to and fully open to the community" and "university directed towards the attainment of global standards," along with seven educational principles.

Not only do we provide our students with plenty of training facilities, but we also have authorities in various fields serving as our faculty members. We have many clinical research centers, giving students many opportunities to practice their study. The Ohtawara Campus houses the Support Facility for Persons with Disabilities, a rehabilitation facility, the only short term treatment facility for emotionally disturbed children in Tochigi Prefecture, a university clinic with one of Asia's best speech-hearing center and five other facilities, providing many opportunities for students to interact with elderly and disabled people, a feature of our university.

IUHW proudly announces a 100% employment rate for our graduates every year in times where more and more people are seeking jobs. This is all due to the top-class national examination pass rates and the highly-evaluated education of our graduates. Over 21,000 students have graduated and are leading professionals in their specialties.

[Contact]

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(4) Japan Society for Healthcare Administration (JSHA)

The Japan Society for Healthcare Administration was established in 1963. The mission of the Japan Society for Healthcare Administration is to conduct multifacet research in the areas of health, medical care and social services so as to contribute towards the advancement of society and the improvement of human welfare. The Society will pursue this mission by applying the wide context of academic disciplines centered on medical science and management science, through the reciprocal understanding of the specialties and values in related areas, and by seeking the way forward from both theoretical and practical and practical aspects. The research will be evidence-based, ethically and rationally sound, and respect the perspective of the service users.

The annual congresses and the monthly study meetings are held. Currently, the total number of academic members has already reached 2,000. Future academic activities are also expected to further expand as the era of a major turning point is reached.



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