



Immunization and Vaccination Policy Promotion Project  
**The Global Expert Meeting on the Way Forward  
for a Life Course Approach to Immunization and  
Vaccination Policy**

Convened by HGPI

Friday, 18 December 2020

# HGPI Immunization and Vaccination Policy Promotion Project

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### Summary

Health and Global Policy Institute (HGPI) held “The Global Expert Meeting on the Way Forward for a Life Course Approach to Immunization and Vaccination Policy” by for the Immunization and Vaccination Policy Promotion Project in December 2020.

In terms of impact on health, society, economies, and education, the World Health Organization (WHO) has stated that vaccination is the most cost-effective public health intervention. However, among people who do not or cannot receive vaccinations, Vaccine Preventable Diseases (VPDs) infect 1.5 million people annually worldwide. In Japan, there have been cases in which the public took an overly sensitive stance towards vaccinations due to concerns over side effects or when the Government had to reconsider certain vaccination policies as the result of media reports and lawsuits. There are also cases of vaccine hesitancy, which occurs when people refrain from seeking vaccinations or from having their children vaccinated. As a result, some members of the public are not being provided with routine vaccinations on schedule. There are also recent reports of people being infected with VPDs in Japan due to reasons such as changes in the immunization system.

One recent development in immunization and vaccination policy at international organizations and in advanced countries is increased emphasis on vaccinations over the entire life course while taking technological development and a growing diversity in lifestyle patterns into account. A life course approach to immunization would not only mean providing vaccinations in early childhood, but also during adolescence, middle age, and late adulthood. At the same time, to reduce vaccine hesitancy, scientific evidence on the effectiveness, safety, and necessity of vaccinations is being publicized in an easy-to-understand manner and various efforts to introduce systems to provide catch-up vaccinations to unvaccinated generations are underway. Examining the current state of Japan’s immunization system and initiatives to build awareness in the government and among healthcare providers, however, we can conclude that efforts for the adoption of a life course approach are insufficient.

As of late November 2020, Coronavirus Disease 2019 (COVID-19) has killed approximately 1.2 million people and is causing significant disruptions to global society and the world economy. To bring the pandemic to an end, expectations are high towards the establishment of effective treatment methods and the development of a safe and effective vaccine. Furthermore, Japan’s increase in seasonal influenza vaccine demand among groups such as elderly people or people with underlying conditions suggests that the COVID-19 pandemic has made the public more cautious towards infectious diseases.

As society’s interest towards immunization and vaccination policy increases, it is important to deepen public understanding of how vaccinating every member of the public can benefit individuals and society and to make more people see the value of immunization throughout the entire life course and across all generations. In Japan, policies that will promote immunization over the life course and enable unvaccinated generations to receive catch-up vaccinations are highly anticipated.

### Details

**Date & Time:** 15:00-17:30, Friday, 18 December 2020

**Venue:** Hybrid (Zoom Webinar & Global Business Hub Tokyo Field, Grande Cube 3F, Otemachi Financial City)

**Organizer:** Health and Global Policy Institute (HGPI)

**Participants:** Health policy makers, healthcare experts, legislators, ministry officials, healthcare executives

#### Program:

**15:00-15:05 Opening Remarks** Kiyoshi Kurokawa (Chairman, HGPI)

**15:05-15:15 Explanatory Introduction** Ryoji Noritake (CEO, Board Member, HGPI)

**15:15-15:30 Special Lecture** Keizo Takemi (Member, House of Councilors/ WHO Goodwill Ambassador for UHC)

**15:30-15:45 Keynote Lecture** Huong Thi Giang Tran (Director, Division of Programmes for Disease Control, WPRO)

**15:45-16:00 Keynote Lecture** Lois Privor-Dumm (Director, Adult Vaccines, International Vaccine Access Center,

Johns Hopkins Bloomberg School of Public Health)

**16:00-17:20 Roundtable Discussion**

**17:20-17:30 Closing Remarks** Noriko Furuya (Member, House of Representatives; Acting Chairperson,

Association for the Promotion of Improved Public Health (Parliamentary Group for Vaccines and Prevention))

(For more information, refer to the corresponding pages below)

■ **Discussion Point 1:**

**Communicating with vaccine recipients**

■ **Discussion Point 2:**

**Educating healthcare professionals**

■ **Discussion Point 3:**

**Access to vaccinations** (Expanding vaccination opportunities for those without access to healthcare facilities and providing public subsidies for vaccinations)

■ **Discussion Point 4:**

**The scientific evaluation of vaccines**

■ **Discussion Point 5:**

**The ideal structure of vaccine policy in Japan** (Establishing an adult vaccination program and involving academia in the policy cycle)

■ **Discussion Point 6:**

**Improving vaccine research and development in Japan**

■ **Discussion Point 7:**

**Handling COVID-19 vaccines**

## Opening Remarks

### ► Kiyoshi Kurokawa (Chairman, HGPI)

- I was born in 1936. My generation grew up during the polio epidemic. In 1960, when I was approaching the second half of my medical education, about 5,000 children in Japan were infected with poliovirus. About 0.1% to 0.2% of them developed central nervous system infections, which resulted in cases of acute flaccid paralysis (AFP) in the extremities. Then, the inactivated polio vaccine developed by Jonas Salk was introduced and distributed throughout the world. The Salk vaccine meant polio was no longer a threat in Japan, so it had a great positive impact on society.
- Various vaccines have been developed for Coronavirus Disease 2019 (COVID-19). Their practicality should be evaluated from multiple perspectives, such as effectiveness and safety.
- Thanks to the Internet, information now travels around the world in the blink of an eye, and anyone can understand the measures being taken by countries and the messages being sent by leaders. These facts must be taken into consideration when discussing policies and making decisions.
- I am looking forward to good discussions on immunization and vaccination policy at this meeting.



**▶ Keizo Takemi (Member, House of Councilors/WHO Goodwill Ambassador for UHC/ Special Advisor for HGPI Immunization and Vaccination Policy Promotion Project)**

**Changes Efforts to ensure rapid COVID-19 immunization**

- We know that elderly people and people with preexisting conditions are more likely to develop severe symptoms when infected by Coronavirus Disease 2019 (COVID-19). It is urgent that methods for preventing community acquired infections are implemented and that the healthcare provision system is maintained so that people can stay safe during the year-end and New Year’s holidays. In addition to those efforts, it is crucial that a system for providing vaccines is ready for when they become available in the future. Therefore, the Immunization Act will be revised in December 2020, and measures are being taken to ensure that COVID-19 vaccines receive exceptional approval.
- To secure and supply the public with safe and effective COVID-19 vaccines as soon as possible, the Government will hold individual consultations with pharmaceutical companies to discuss introducing vaccines developed overseas, establish domestic production systems, and support domestic clinical trials and approvals.
- Compared to other countries, relatively few people in Japan have been infected with COVID-19. This makes it difficult to conduct Phase III clinical trials within the normal pharmaceutical approval process. It is likely that COVID-19 vaccines will be granted special exemptions for accelerated approval, similar to the process used to approve the swine flu vaccine. A system for advance consultations between pharmaceutical companies and the Pharmaceuticals and Medical Devices Agency (PMDA) has also been established.



## Implementing information management systems, disclosure systems, and governance

- A system for publicizing vaccine information is needed to increase the public's sense of security. To ensure smoother vaccine distribution, a vaccination facilitation system called V-SYS was introduced. Healthcare institutions, local governments, the PMDA, and the Ministry of Health, Labour and Welfare (MHLW) can now link and manage information regarding adverse reactions electronically. Currently, multiple information management systems are being coupled and used in tandem to achieve that, so in the future, the Government must establish a centralized information management system.
- Compared to abroad, Japan is behind on vaccine development because during normal times, pharmaceutical companies rely solely on market principles. Unlike the current circumstances in which COVID-19 has led to heightened interest in and demand for vaccines, pharmaceutical companies usually have little incentive to develop vaccines. While the MHLW's Vaccine and Blood Products Industry Task Force issued recommendations on ideal governance strategies for companies, the MHLW, and approval bodies in 2016, policy makers and government agencies have not yet been able to fully implement those recommendations.

## Ensuring the fair vaccine distribution

- Vaccine availability varies by country and a system that ensures that vaccines are supplied in an equitable manner to all countries, including developing countries, must be established. Recognizing that need, Japan was one of the first supporters of the COVAX Facility platform among developed countries, and it has continued providing support.

## Keynote Address: “Global Trend and Change in Vaccinations Policy and Future Projections”

► **Huong Thi Giang Tran (Director, Division of Programmes for Disease Control, World Health Organization Western Pacific Office (WPRO))**

### Evolution of immunization and Vaccine Preventable Diseases (VPDs) control and elimination in the Western Pacific Region

- The World Health Organization for the Western Pacific Region consists of thirty seven member countries and territories in the Western Pacific. Japan is one of those members. The total population of the entire region is about 1.9 billion people.
- The WHO began expanding immunization plans in 1974, when it called on all Member States to create regular national immunization programs. Since then, progress in the effort to eliminate polio has been made in the form of higher polio vaccination coverage and fewer cases.
- The WHO Western Pacific Regional Office (WHO-WRPO) is making continuous efforts towards the control, elimination, and eradication of various VPDs including polio, measles, diphtheria, and Japanese encephalitis.

### Progress, achievements and emerging challenges in immunization and VPD control and elimination in the Western Pacific region

- The WHO and WHO Member States in the Western Pacific region have made various achievements in immunization over the past fifty years, including the establishment of various regional VPD laboratory networks. One such example is the WPR Poliomyelitis Laboratory Network. Other laboratory networks have been established for measles and rubella, Japanese encephalitis, and rotavirus.
- In the 1990s, the WHO established Regional Technical Advisory Bodies for VPDs in the Western Pacific region. These bodies focus on VPDs like polio or measles and rubella.
- Under the Global Polio Eradication Initiative (created in 1988), the Western Pacific Region was declared the first region in the world where wild poliovirus had been eradicated at the 2000 Kyoto Conference on Polio Eradication in the Western Pacific. However, there were later outbreaks of transmissible vaccine-derived poliovirus (VDPV). Oral vaccines have been administered to contain the outbreaks, but vaccination coverage in some countries remains low. This resulted in the re-emergence of polio in 2015, which resulted in serious public health issues in several regions.
- Major progress has been made over the past decade in the effort to eliminate measles. The elimination of measles has been confirmed in nine countries and regions including Japan. However, there were outbreaks of imported measles in 2018 and 2019, and many cases of measles and rubella have been detected among young people, including adults.
- An emerging challenge in immunization is declining vaccine coverage due to vaccine hesitancy caused by concerns over safety. This has increased the spread of infectious diseases. In 2019, the Philippines and Samoa saw increased numbers of measles cases due to declines in vaccination coverage that occurred in 2017 and 2018 and due to shrinking vaccine use and the suspension of DPT vaccine in the Philippines. There have also been cases in which vaccine hesitancy caused the suspension of a vaccine even after its inclusion on the routine schedule, such as when the Philippines suspended its Dengue fever vaccination program in 2018. As a result, current immunization platforms for children are not sufficient for maximizing the benefits of vaccine and immunization and addressing VPDs among adults.

## The Future of Immunization and VPDs control and elimination in the Western Pacific Region: A New Regional Strategic Framework for 2021-2030

- Objectives of future strategic frameworks for strengthening and expanding immunization systems include expanding immunization services along the life course, closing vaccine gaps, formulating vaccine policy that treats vaccination as a security issue, and improving vaccine safety and confidence.
- With the consent of Member States, a strategic framework for the Western Pacific region spanning next decade was adopted by the General Assembly in October 2020. It set three strategic objectives and 18 strategies. The strategy objectives are described below.
- The first strategic objective is “Strengthen and expand immunization systems and programmes.” It places a particular emphasis on immunization schedules, aiming to ensure no one is left behind in routine immunization. Other strategies included in this objective include expanding immunization services along the life course; closing immunity gaps through tailor-made immunization strategies; ensuring vaccine security in all countries and areas of the region; accelerating use of new and underutilized vaccines and biologicals; ensuring vaccine safety and safe immunization; enhancing vaccine confidence, acceptance and demand; securing sustainable domestic financing for immunization; and strengthening governance and program management
- The second strategic objective is, “Manage health intelligence on vaccine-preventable diseases and immunization.” Specifically, strategies under this objective are enhancing strategic use of epidemiologic intelligence through optimized and integrated VPD surveillance systems; ensuring prompt detection, confirmation, and characterization of pathogens through integrated VPD laboratory capacity and networks; generating high-quality data; and driving evidence-based decision-making and action.
- The third strategic objective is, “Ensure preparedness for and response to public health emergencies related to VPDs, vaccines and immunization programmes.” One such measure is to ensure preparedness for and response to events, outbreaks, or resurgence of VPDs, which is based upon the establishment of preparation and response systems for adverse reaction and safety events. It also recognizes the need for preparedness for events or outbreaks of diseases that are not currently targets of immunization programs but require elimination or eradication through infectious disease control and vaccination. These responses are not necessarily limited to immunization measures.
- Among responses to COVID-19, expectations towards vaccination are particularly high. However, vaccines are not "silver bullets"; other public health interventions need to continue to be strengthened together with COVID-19 vaccination. It is important to also continue surveillance, and to implement other non-pharmaceutical interventions such as wearing masks, hand washing, physical distancing to stop transmission and to prepare for large scale community transmission.



## Keynote Address: “The importance of a Life Course Approach and Global Trends”

► **Lois Privor-Dumm (Director, Adult Vaccines, International Vaccine Access Center, Johns Hopkins Bloomberg School of Public Health)**

### What is a life course approach to vaccination?

- The life course approach expands the focus of vaccination from children and treats it as an effective public health intervention for all ages. Because vaccination at various life stages and situations is highly effective for protecting public health, the life course approach was recommended in the Immunization Agenda 2030 (IA2030) global roadmap presented by the World Health Organization (WHO) in 2020.
- In addition, a life course approach allows vaccination to protect other people. One such example is when children and adults living with elderly people are vaccinated. Vaccination also benefits communities through slowing or stopping the spread of diseases like influenza and COVID-19.
- Vaccines can prevent diseases which may occur later in life. For example, the human papillomavirus (HPV) vaccine is effective at preventing cervical cancer. Antibodies produced after vaccination can last for varying periods which can cause varying lengths of protection. Therefore, additional vaccinations for different age groups throughout the life course may be necessary.
- Calls for the life-course approach to immunization for all ages are growing more frequent in major advanced nations and among medical societies. While the WHO recommends a number of vaccines for adults, different vaccines are recommended in different regions. Therefore, when making decisions regarding immunization policy, the prevalence of infectious diseases and status of Vaccine Preventable Diseases (VPD) and other risk factors in each region must be taken into account.
- Compared to vaccines for children, vaccines for adults create value in terms of personal and public health. Vaccination clearly improves indicators such as morbidity and mortality among children, who are vulnerable to infectious diseases. Among adults, vaccines not only prevent early mortality and morbidity, they also reduce the use of antibiotics which may lead to resistance and benefit health by decreasing potential downstream effects such as heart attack or stroke resulting after an episode of a VPD. They also provide economic and social benefits, including prevention of some catastrophic health expenditures and improving equity. Although often underestimated, adult immunization also has significant impacts on helping people maintain Activities of Daily Living (ADL), which allows people to keep working while ensuring their family members stay protected. Adult immunization also enables us to assess the value of vaccines from a broader perspective.



## What is needed for strong immunization programs?

- Building strong immunization programs to support the elderly requires multiple elements. These include public funding for vaccinations; the development of appropriate registries for surveillance systems; access to vaccines; and centralized vaccine delivery and health systems.
- Public funding for vaccinations – in other words, whether or not they are provided free of charge – is important for increasing vaccination coverage. When determining how to best administer vaccines that can only be administered at special facilities or according to certain conditions, it is important to develop guidelines and expand access.
- To build strong vaccine management systems, it is important to first establish appropriate registries to track progress in the level of vaccination coverage and surveillance systems to detect the emergence of disease and effectiveness of the vaccine program. Although issues related to vaccination record management may occur due to protections placed on private personal information or the situations faced by the managing bodies, there are several countries that operate registries while maintaining and managing centralized surveillance systems that can also be operated regionally. Developing surveillance systems in this manner makes it possible to respond to emergencies, issue calls for health promotion, and provide data to the public.

## Adult immunization program strength and ideal decision-making processes

- Concerning the robustness of adult immunization programs, discussions on new vaccines are held frequently and regularly in countries like the United States, the United Kingdom, Australia and Canada, so their evaluation systems can be used as references.
- Compared to countries like the United States, Japan has sometimes had to make abrupt changes to vaccine plans because of natural disasters like tsunamis. Many countries change adult vaccine plans when faced with issues like that which affect medical security. Immunization programs should not be created under the assumption that they are temporary investments to address security issues in times of disaster. Instead, they should be implemented as sustainable tools for protecting against preventable diseases during normal times.
- There are countries where attention is growing towards adult vaccinations, while others where attention is still focused on vaccines for infants and children. Those countries should continue building systems so they can implement life course-based vaccine programs in the future.

## The importance of a life course approach to vaccination

- Protecting people over the life course with vaccines is important not only for ensuring health, but also to maintain economic and social functions. Vaccinations allow people to lead independent lives without contracting infectious diseases and help elderly people to maintain physical functions. As a result, they can participate in society and enjoy good health in their later years.
- Few countries have strong platforms for promoting adult immunization. However, the COVID-19 pandemic has demonstrated that vaccination plans are more effective if they target every all generations and life stages rather than specific generations. It has also shown us that it is important for every country to strengthen vaccination systems so that vaccination plans tailored to certain groups or prevalent diseases can be implemented in a flexible manner.

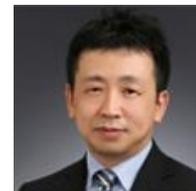
## Roundtable Discussion

### ❖ Participants: (Honorifics and titles omitted, in no particular order)

- **Kyoko Ama** (Former Representative, Ippan Shadan Hojin Shiro Shoni Iryo Mamoro Kodomo-tachi no Kai)
- **Hidenori Arai** (President, National Center for Geriatrics and Gerontology; Vice President, The Japan Geriatrics Society)
- **Satoshi Iwata** (Department of Infectious Diseases, National Cancer Center Hospital; Chairman, Expert Council on Promotion of Vaccination)
- **Mugen Ujiie** (Director of Travel Clinic, Director of Immunization Support Center, Disease Control and Prevention Center, Center Hospital of the National Center for Global Health and Medicine (NCGM))
- **Kazunori Oishi** (Chief, Toyama Institute of Health)
- **Nobuhiko Okabe** (Director General, Kawasaki City Institute for Public Health)
- **Leon Ochiai** (Head, Public Relations Division, Responsible for Vaccine, Sanofi K.K.)
- **Akihiko Saitoh** (Professor, Department of Pediatrics, Graduate School of Medical and Dental Sciences, Niigata University)
- **Akinori Sugaya** (Head Physician, Sugaya Children's Clinic; Director, KNOW VPD Protect Our Children)
- **Yoshihiro Takashima** (Coordinator, Vaccine-Preventable Diseases and Immunization (VDI), Division of Programmes for Disease Control, WPRO)
- **Keiko Tanaka-Taya** (Chief, Division of Immunization Program, Infectious Disease Surveillance Center, National Institute of Infectious Diseases)
- **Kuniko Nakayama** (Director, My family Clinic Gamagori)
- **Yoshie Hirose** (Manager, Policy Intelligence Department, Janssen Pharmaceutical K.K.)
- **Shinji Matsumoto** (Chair, Vaccines Working Team, EFPIA Japan)
- **Isao Miyairi** (Medical Director, Department of Infectious Diseases, National Center for Child Health and Development)
- **Akinari Moriya** (Airport Quarantine Medical Supervisor, Central Japan (Chubu) International Airport Quarantine Station, Nagoya Quarantine Station)

### ❖ Moderator:

- **Joji Sugawara** (Senior Associate, Health and Global Policy Institute)



## Discussion Point 1: Communicating with vaccine recipients

- It is important that the Government provides accurate information on the need for immunization based on a life course approach and builds societal consensus based on correct public understanding.
- Recognition towards the significance and effectiveness of immunization and vaccination must be heightened. Immunization is usually thought of as something performed on children, so it is important that vaccine recipients and providers both understand that vaccines can prevent diseases and contribute to good health throughout life. If someone is not vaccinated, they face the risks of being infected, which may impact their lives. They also impart similar risks on the people around them and on society. The national Government and local governments must also ensure that vaccine recipients and providers both understand the risks and effects of vaccinating. This can be done by providing easy-to-understand, accurate information on vaccination and vaccines and by telling people exactly how to find that information. There are examples from overseas in which commercial facilities and other places regularly visited by people who do not often require healthcare are used to broaden awareness on topics regarding immunization. This is performed in addition to awareness-building by specialized organizations such as medical institutions and government offices. In addition, cooperation involving the Ministry of Health, Labour and Welfare (MHLW), the Ministry of Education, Culture, Sports, Science and Technology (MEXT), and other organizations is required to promote education and awareness on immunization and infectious diseases as part of compulsory education. All voluntary vaccines must be added to the routine vaccination schedule for compulsory education. Finally, when vaccines receive media coverage, that coverage should not be based on whether the topic attracts interest or not. It should be based on appropriate scientific evidence and deepen public understanding. Information sources should also be provided.
- Information describing the characteristics of adverse reactions must be provided for vaccines. Scientifically sound information on vaccine effectiveness and safety must be provided to both vaccine recipients and providers. Said information must be taken into account to prevent false alarms caused by illnesses that occur after vaccination but are unrelated to the vaccine that was given. That information must also be taken into account to respond to stress-related events caused by the act of vaccination called Immunization Stress-Related Responses (ISSRs). This kind of risk-benefit communication builds trust in vaccines, so the Government should take clear initiatives to evaluate adverse events in a scientific manner.
- The individual right to refuse vaccination should also be guaranteed. After its amendment, vaccinations outlined in the Immunization Act are no longer “compulsory.” Instead, people are obligated to “endeavor to receive” them. There should be no instances in the private sector or in other sectors in which people are, in practice, forced to receive vaccines. To uphold individuals’ rights and enable appropriate judgment and decision-making, the roles and purposes of vaccinations should be communicated and the latest scientific evidence should be provided in a transparent manner.
- Although vaccination rates are high among children, there is strong vaccine hesitancy among adults, especially elderly people. In other words, vaccine confidence in Japan is low. Even with these circumstances, it is likely that carefully communicating accurate information can increase vaccination rates. The Government and pharmaceutical companies should take steps to ensure that information regarding vaccine effectiveness, vaccine safety, and vaccine products is high quality. At the same time, stakeholders like vaccination providers, those involved in education and awareness-building, and government agencies (the Government, the MHLW, MEXT, and local governments) should also consider various perspectives on the ideal form of risk communication. The vaccination rate for vaccines containing measles virus has grown significantly over the past two decades. This likely occurred because appropriate communication shifted the norm so that children receive vaccines containing measles virus as soon as they turn one.

- When communicating or providing information regarding vaccines to the public, information should be based on the latest evidence. It should be provided by the national Government, local governments, and healthcare institutions as outlined in the Basic Immunization Plan, and considering the influence of the media when publicizing information, by media outlets as well. To that end, a system for providing information to the media and guidelines for expressions used when presenting such information should be established. It is also desirable that measures to evaluate the content of media reports, such as by third parties, are considered.

### Discussion Point 2: Educating healthcare professionals

- Educating physicians: An education and training system that makes physicians aware of the importance of vaccines and enables them to regularly recommend vaccination to patients must be established. In particular, immunization should be covered during post-graduate education, specialist training, and in university medical schools. Furthermore, physicians have few opportunities to learn about topics like vaccination intervals for vaccines not on the routine schedule, vaccinations for chronic disease prevention, travel vaccination, and other vaccinations for which there are no clear guidelines or that are provided under special circumstances. Various efforts to address these knowledge gaps should be considered and might include taking a more proactive stance when publicizing information about immunization or by obligating physicians administering vaccines to attend training courses. Physicians require up-to-date information on immunization, so providing them lifelong education is crucial. In addition to the practical aspects of implementing vaccination programs, it would be useful if that education spans a broad variety of topics in vaccine science, such as preventive medicine, infectious disease immunology, and public health.
- Educating healthcare professionals other than physicians: Key goals are deepening understanding of basic vaccine information and concepts (for example, that vaccines are given for disease prevention) and creating an environment for the long-term promotion of vaccination. To achieve that, it is important that those involved in conducting vaccinations are continuously provided with data on effectiveness and safety from clear sources. They must also be given opportunities to learn detailed information about handling vaccines during clinical practice. This information should cover topics such as minimizing pain when administering vaccines, preventing complications from vaccination, preventing incorrect vaccination, communicating with vaccine recipients, reporting adverse events, and submitting Health Damage Relief applications for adverse reactions.

### Discussion Point 3: Access to vaccinations (Expanding vaccination opportunities for those without access to healthcare facilities and providing public subsidies for vaccinations)

- It is important to create an environment in which healthy citizens who do not normally visit healthcare institutions can be vaccinated at places like pharmacies and workplaces, during regular health checkups, and at various times of day and night. Also, subsidizing vaccinations is likely to increase vaccination coverage, so it is especially important that all vaccines are added to the routine vaccination schedule in Japan. When doing so, consideration should be paid to improving the system and process for including vaccines on the schedule and establishing a system (including measures like devoting human resources) which enables that process to proceed quickly and in an appropriate manner.



- It should also be noted that adding vaccines to routine schedules does not necessarily result in increased coverage. About 15 million men born between April 2, 1962 and April 1, 1979 were not vaccinated against rubella. This later led to a nationwide rubella outbreak and the establishment of Stage 5 routine rubella vaccinations. In that stage, both antibody tests and vaccines were fully covered by public funds. If antibody tests discovered that someone’s antibody titer was low, they were allowed to receive the MR vaccine. However, two years after that program was implemented, nationwide antibody testing rates are still very low at about 18%. This system is only in effect from 2019 to March 2022, so it is important to rapidly create an environment in which people can easily take antibody tests. This might be made possible by providing the test during workplace health checkups and health screenings.

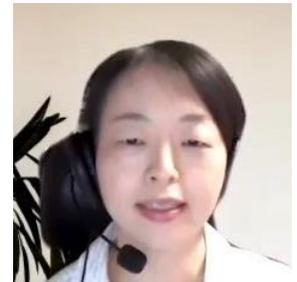
#### Discussion Point 4: The scientific evaluation of vaccines

- Vaccinated people are unaware of when an infection has been prevented by a vaccine, so vaccine effectiveness must be assessed epidemiologically. It is important that the Government establishes a vaccination registry and surveillance system that makes it easy to evaluate epidemiological data on infectious diseases and adverse events. This will allow scientific data on effectiveness and safety to be provided to both vaccinated and unvaccinated people on a rapid and continuous basis.
- Vaccination records are necessary in various situations throughout life stages. Vaccines are not only needed by children; they are also needed by pregnant women and their families, people with chronic diseases, and healthcare professionals, as well as for travel, higher education, and employment. However, in Japan, an individual’s only vaccination record is their maternal and child health handbook. If someone loses their handbook, it usually means that they also lose their vaccination record. Japan needs a nationwide data system in which individual lifetime vaccination histories can be digitized and recorded so that people and healthcare institutions with permission can refer to those records when necessary. To raise awareness toward the importance of keeping vaccination records with a life course approach in mind, the National Institute of Infectious Diseases (NIID) created the “Adult Vaccination Record Handbook ” and efforts to popularize its use are currently underway.
- Digitizing and centralizing vaccination records will also establish accurate information on vaccinated people needed for vaccine surveillance. Such a system will enable us to evaluate the frequency of post-vaccination adverse events by comparing vaccinated and unvaccinated individuals and determining causal relationships between vaccines and those events in a scientific, systematic, and consistent manner. Using older systems such as the existing Adverse Reaction Reporting System, vaccine safety evaluations can only be conducted using passive surveillance. An active surveillance system using a large-scale medical database is needed so that vaccine safety can be evaluated more rapidly. Also, regularly monitoring vaccine effectiveness by expanding infectious disease surveillance and coupling it with immunization surveillance will be an essential step for improving vaccine reliability. A cross-organizational collaboration system should also be established to link vaccination and infectious disease data so that they can be effectively utilized.
- The quality of vaccination programs must be improved by establishing a registry to monitor vaccine effectiveness, safety, and quality during normal times, and by basing vaccine policy decisions on epidemiological approaches during both normal times and emergencies. At the same time, evidence demonstrating the pharmacoeconomic effects of vaccines in Japan must be created.



## Discussion Point 5: The ideal structure of vaccine policy in Japan (Establishing an adult vaccination program and involving academia in the policy cycle)

- Vaccine policies based on a life course approach must be developed as a means of protecting individuals and society. Such an approach is necessary to address various situations. For example, in the field of transition medicine, there are times vaccinations in adolescence are needed to prevent certain infections during adulthood (for example, the HPV vaccine). A life course approach is also needed to address situations in which unvaccinated adults contract diseases that were considered children's diseases or cases involving diseases like measles, rubella, or whooping cough in which unvaccinated adults need catch-up vaccinations.
- In transition medicine, when people transition from pediatric care to adult care, possible measures to encourage a life course approach may include adding vaccinations provided at medical examinations during adolescence and adulthood to the routine vaccination schedule alongside those for children under the Basic Law for Child and Maternal Health and Child Development.
- Various topics require further consideration in discussions on the routine vaccination schedule, such as expanding vaccine types and target populations (to include groups like elderly people and pregnant women) or shortening the approval process for addition to the schedule. To achieve that, it may be necessary to begin discussions on schedule inclusion before vaccines are approved under the Medical Care Act. A similar process is used by the Advisory Committee on Immunization Practices (ACIP) in the United States. Establishing a system to include academia in all decision-making processes leading up to the inclusion of a vaccine in the routine schedule will become increasingly important. Measures to increase vaccination coverage should also be considered, such as by expanding catch-up vaccinations to allow more scheduled vaccines to be administered to those older than stipulated by the schedule.
- All stakeholders involved in the research and development, policy making, and provision of vaccines must understand and respond to various issues encountered during the policy decision-making cycle. Points that require particular attention are increasing the number of experts involved in policy processes (such as the process for adding a vaccine to the routine vaccination schedule) and enhancing cross-ministerial coordination and efficiency in the decision-making system. The Government must also be aware of the budgets needed to develop adult immunization programs.



## Discussion Point 6: Improving vaccine research and development in Japan

- The Government is currently providing public support to vaccine-related companies for research and development on COVID-19 vaccines, but regular investments should be made in vaccine development to prepare for novel and reemerging infectious diseases. Furthermore, based on the Vaccine Industry Vision formulated by the MHLW in 2007, the Government is expected to incentivize companies to make the necessary investments in R&D and production by demonstrating market and minimum earnings predictability.

## Discussion Point 7: Handling COVID-19 vaccines

- Vaccine policies based on a life course approach must be developed as a means of protecting individuals and society. Such an approach is necessary to address various situations. For example, in the field of transition medicine, there are times vaccinations in adolescence are needed to prevent certain infections during adulthood (for example, the HPV vaccine). A life course approach is also needed to address situations in which unvaccinated adults contract diseases that were considered children's diseases or cases involving diseases like measles, rubella, or whooping cough in which unvaccinated adults need catch-up vaccinations.
- In transition medicine, when people transition from pediatric care to adult care, possible measures to encourage a life course approach may include adding vaccinations provided at medical examinations during adolescence and adulthood to the routine vaccination schedule alongside those for children under the Basic Law for Child and Maternal Health and Child Development.
- Various topics require further consideration in discussions on the routine vaccination schedule, such as expanding vaccine types and target populations (to include groups like elderly people and pregnant women) or shortening the approval process for addition to the schedule. To achieve that, it may be necessary to begin discussions on schedule inclusion before vaccines are approved under the Medical Care Act. A similar process is used by the Advisory Committee on Immunization Practices (ACIP) in the United States. Establishing a system to include academia in all decision-making processes leading up to the inclusion of a vaccine in the routine schedule will become increasingly important. Measures to increase vaccination coverage should also be considered, such as by expanding catch-up vaccinations to allow more scheduled vaccines to be administered to those older than stipulated by the schedule.
- All stakeholders involved in the research and development, policy making, and provision of vaccines must understand and respond to various issues encountered during the policy decision-making cycle. Points that require particular attention are increasing the number of experts involved in policy processes (such as the process for adding a vaccine to the routine vaccination schedule) and enhancing cross-ministerial coordination and efficiency in the decision-making system. The Government must also be aware of the budgets needed to develop adult immunization programs.



### ► Noriko Furuya (Member, House of Representatives; Acting Chairperson, Association for the Promotion of Improved Public Health (Parliamentary Group for Vaccines and Prevention))

- All possible measures must be taken to prepare for the enactment of domestic vaccine policies including those governing the Coronavirus Disease 2019 (COVID-19) vaccine. This includes making the necessary preparations at local governments and in healthcare institutions, making sure healthcare personnel are ready, and disseminating information and building awareness among the public.
- A declining birth rate, population aging, and advances in science and technology are causing lifestyles in Japan to undergo drastic changes. We must restructure the concepts regarding immunization and the role of immunization to take the life course into account. In addition, we have entered the era of 100-year lifespans. Women are participating more in society and a growing number of households rely on dual incomes, meaning parents are busier than ever. In this new era, we require detailed policies that reflect these circumstances.
- The Ministry of Internal Affairs and Communications (MIC) has jurisdiction over the local governments that administer vaccines. Instead of relying solely on the Ministry of Health, Labour and Welfare (MHLW), coordinating with the MIC is needed to secure an immunization budget. Currently, Diet members are working to connect the two Ministries, but a cross-ministry system is needed.
- It is important that members of the public from all walks of life are involved in discussions on immunization policy. As a member of the Diet, I would like to reflect as many voices in immunization policy as possible.





**Kiyoshi Kurokawa** (Chairman, Health and Global Policy Institute)

Dr. Kiyoshi Kurokawa is a professor emeritus at the National Graduate Institute for Policy Studies (GRIPS), Member of World Dementia Council (WDC), International Scientific Advisory Committee (ISAC), and Harvard T.H. Chan School of Public Health, John B. Little (JBL) Center for Radiation Sciences. After graduating from the University of Tokyo Faculty of Medicine, he served as a professor at the School of Medicine of UCLA (1979-1984), University of Tokyo (1989-1996), the dean of Tokai University School of Medicine (1996-2002), the president of the Science Council of Japan (2003-2006), the science advisor to the Prime Minister (2006-2008), World Health Organization (WHO) commissioner (2005-2009), Chair and Representative Director of Global Health Innovative Technology (GHIT: 2013.1-2018.6) and the executive member of many other national and international professional societies. He was also the chairman of the Fukushima Nuclear Accident Independent Investigation Commission by the National Diet of Japan from December 2011 to July 2012.



**Keizo Takemi** (Member, House of Councilors/ WHO Goodwill Ambassador for UHC)

Mr. Keizo Takemi currently serves as Chairman of the Special Committee on Global Health Strategy of the Policy Research Council in LDP. He has been involved in various global initiatives, including the Commission on Information and Accountability for Women's and Children's Health, the Global Health Workforce Alliance, the World Health Organization (WHO) Expert Working Group on Research & Development (R&D) Financing, and the International Organizing Committee of the Prince Mahidol Award Conference. He has also served as the Chair of the Parliamentary Caucus for the Stop TB Partnership since March 2013, and the Chair of the Asian Forum of Parliamentarians on Population and Development (AFPPD) since October 2013. In March 2016, he was appointed as the only Japanese member of the UN High Level Commission on Health Employment and Economic Growth. In October 2018, he was appointed as a member of the UHC Financing Advisory Committee for the G20 that will be hosted by Japan in 2019. He has been a senior fellow with the Japan Center for International Exchange (JCIE) since 2007, where he is the chair of the Executive Committee of the Global Health and Human Security Program. In recognition of his contributions to the field over the past decade, he was appointed WHO Goodwill Ambassador for Universal Health Coverage (UHC) in July 2019.



**Tran Huong Thi Giang** (Director, Division of Diseases Control, World Health Organization(WHO) Regional Office for the Western Pacific (WPRO))

Dr. Huong Thi Giang Tran is the first Vietnamese woman appointed as Director, Division of Programmes for Disease Control (DDC) at the WHO Regional Office for the Western Pacific. Dr. Tran had been the Director General of the Department of International Co-operation of the Ministry of Health of Viet Nam for 11 years. She has been working at the Ministry of Health for 25 years, managing international co-operation activities across the health sector, mobilizing and managing financial and technical cooperation from international partners and working on different public health programmes, especially communicable disease control programmes. She was the Chair of ASEAN SOMHD (Senior Officials Meeting on Health Development) from 2014 – 2016; Chair of APEC Health Working Group in 2017. She was also a Vice Chair of Country Coordinating Mechanism of Global Fund to fight HIV/AIDS, Tuberculosis and Malaria from 2012 - 2019. She was a member of Executive Board of the World Health Assembly from 2017 – 2019. She obtained the qualification of medical doctor specializing in pediatrics from Hanoi Medical University in Viet Nam in 1991, Master of Public Health from University of New South Wales, Australia in 2000 and Doctor of Philosophy from National Institute of Hygiene and Epidemiology, Viet Nam in 2008. She received the title of Associate Professorship in 2016 and appointed as a Deputy Head of Global Health Department of Hanoi Medical University since 2015.

From July 2019 up to now, as the Director of DDC, she is charge of all the disease control programmes at the WHO Regional Office, including vaccine preventable diseases and immunization, HIV, Tuberculosis, Malaria, Neglected Tropical Diseases (NTDs), Non Communicable Disease management and Mental Health.

From February 2020 to October 2020, she was assigned another role as an Acting Regional Emergency Director, Acting Director of Health Security and Emergency, in charge of COVID 19 response in the Western Pacific Region, covering 37 countries and areas with the population of 1.9 billion people.



**Lois Privor-Dumm** (Director, Adult Vaccines, International Vaccine Access Center, Johns Hopkins Bloomberg School of Public Health, International Vaccine Access Center Johns Hopkins School of Public Health)

Lois Privor-Dumm, IMBA, is Director, Adult Vaccines and Senior Advisor, Policy, Advocacy and Communications at the International Vaccine Access Center, Johns Hopkins Bloomberg School of Public Health (JHSPH); Faculty, Vaccine Policy JHSPH; State of Maryland COVID-19 vaccine advisory group; Baltimore City Flu Vaccination Task Force; Advisor to WHO on adult vaccines; Founded the International Council on Adult Immunization (ICAI) and conducted research on determinants of adult immunization policy and uptake, including an archetype analysis in 34 countries. Published a global agenda on older adult immunization with ICAI calling for policies and programs to support older adults. Currently working with the faith community in Baltimore City understand drivers of vaccine hesitancy amongst Black Americans and older adults and to build trust in vaccines and institutions. She also works with the Center for Health Security and contributed to the Interim Framework for COVID-19 Vaccine Allocation. Ms. Privor-Dumm holds an International Masters in Business Administration and has worked in more than 70 countries around the world.



**Kyoko Ama** (Former Representative, Ippan Shadan Hojin Shiro Shoni Iryo Mamoro Kodomo-tachi no Kai/ Director of Ippan Shadan Hojin JPSO)

Ms. Kyoko Ama graduated from a junior college in Tokyo, where she completed a Japanese language teacher training course. She started her career as a Japanese language teacher in both Japan and Malaysia. After returning to Japan, she became engaged in international exchange and cooperation activities at the Society for Promotion of Japanese Diplomacy (SPJD). After that, she operated a restaurant with her husband. In April 2007, she established Ippan Shadan Hojin Shiro Shoni Iryo Mamoro Kodomo-tachi no Kai, an organization that aimed to reduce anxiety among parents and to lessen the burden placed on health care workers by educating people on the effective use of healthcare resources. She served as representative of the organization until it was dissolved at the end of April 2020, when the Ministry of Health, Labour and Welfare (MHLW) decided to implement regional initiatives to educate the public on the effective use of healthcare resources as a project in maternal and child health. She then began independent activities aiming to improve healthcare through civic engagement in May 2020.



**Hidenori Arai** (President, National Center for Geriatrics and Gerontology; Vice President, The Japan Geriatrics Society)

Dr. Hidenori Arai graduated from Kyoto University's Faculty of Medicine in 1984, where he also received his Doctorate in Medicine in 1991. In 2003, Dr. Arai became a lecturer of aging medicine at the Graduate School of Medicine, Kyoto University. He also became a professor at the Department of Human Health Sciences at the same school in April 2009. After that, he assumed the office of Deputy Director of National Center for Geriatrics and Gerontology from January 2015, and was appointed Director of the Center for Gerontology and Social Science later that year in April. He was appointed Director of the National Center for Geriatrics and Gerontology in April 2018, and President in April 2019. In addition to the above, he has also served as Chairman of the Japanese Association on Sarcopenia and Frailty, Vice President of the Japan Geriatrics Society, President of the Japan Gerontological Society, and as a Board Member of the Japanese Society of Geriatric Pharmacy. His specialties are geriatrics, frailty, and sarcopenia.



**Satoshi Iwata** (Department of Infectious Diseases, National Cancer Center Hospital; Visiting Professor, Department of Infectious Diseases, Keio University School of Medicine; Chairperson, The Expert Council on Promotion of Vaccination)

Dr. Satoshi Iwata graduated from the Faculty of Medicine, Keio University School of Medicine in 1976. In that same year, he joined the Department of Pediatrics at the School of Medicine at Keio University as a doctor. In 1996, he studied abroad for a short time at Saint Louis University and Columbia University in the U.S. After returning to Japan, he became Head Physician of the Pediatrics Department at the National Hospital Organization Tokyo Medical Center in 1999. At the Tokyo Medical Center, he held successive jobs as Education and Training Manager, General Manager of Medical Care Department, General Manager of Medical Safety Management Department, and General Manager of the Clinical Trial Management Office. At Keio University School of Medicine, he was appointed professor at the Division of Infectious Diseases and Infection Control in 2010 and professor at the Department of Infectious Diseases in 2013. He has served as Director of the National Cancer Center from 2017 and as visiting professor at the Keio University School of Medicine from 2018. He has also served as the Chairman of the Expert Council on Promotion of Vaccination, President of the Journal of the Japanese Society of Clinical Studies on Intestinal Microflora, and President of the Japan Antibiotics Research Association. Moreover, he served as President of the Japan Association for Infectious Diseases from 2013 to 2017.



**Mugen Ujiie** (Director of Travel Clinic, Director of Immunization Support Center, Disease Control and Prevention Center, Center Hospital of the National Center for Global Health and Medicine (NCGM))

Dr. Mugen Ujiie graduated from the Faculty of Medicine, Showa University School of Medicine. After completing his general residency, he completed a master's degree in tropical medicine at Nagasaki University in 2006. Until 2009, he engaged in clinical work in infectious disease medicine, respiratory medicine, and research abroad at the Department of Clinical Medicine, Institute of Tropical Medicine, Nagasaki University. From 2010 to 2012, he worked at the National Center for Global Health and Medicine (NCGM), where he was involved in treating and preventing imported infectious diseases, including crisis management. From 2013, Dr. Ujiie was responsible for infectious disease and immunization administration at the Tuberculosis and Infectious Diseases Control Division of the Ministry of Health, Labour and Welfare of Japan (MHLW). In 2016, he served as a senior program manager of the pneumococcus program at Gavi, the Vaccine Alliance. He then returned to the NCGM in 2017. He is currently engaged in clinical work, mainly for overseas travelers, as Director of Immunization Support Center and Chief of Travel Clinic, Disease Control and Prevention Center at NCGM. He also currently serves as an advisory committee member to the Health Sciences Council at MHLW and a counselor to the Japanese Society of Tropical Medicine and the Japanese Society of Travel and Health.



**Kazunori Oishi** (Chief, Toyama Institute of Health)

Dr. Kazunori Oishi earned a Doctorate in Medicine from Nagasaki University School of Medicine in 1980. In 1987, he studied at Uniformed Services University in the U.S. as an overseas researcher. In 1997, he became a lecturer at the Institute of Tropical Medicine in Nagasaki University Hospital's Department of Internal Medicine and an assistant professor at the Department of Host Pathology Analysis at Nagasaki University's Institute of Tropical Medicine. Before assuming his current position in 2019, Dr. Oishi served as a short-term expert of SARS in China for the WHO in 2003, as specially-appointed professor at the Osaka University Research Institute for Microbial Diseases in 2006, and as Director of the Disease Epidemiology Center at the National Institute of Infectious Diseases Infectious in 2012.

Dr. Oishi's current efforts include the construction of a surveillance system for invasive bacterial infections in adults, Japan, research on the immunogenicity of the pneumococcal vaccine, and research on the creation of a PspA fusion protein vaccine. His other roles include Chairman, Vaccine Working Group, Japanese Respiratory Society; Member, Pharmaceuticals and Medical Devices Agency Expert Committee; and Councilor to the Infectious Diseases Society of Japan.



**Nobuhiko Okabe** (Director General, Kawasaki City Institute for Public Health)

Dr. Nobuhiko Okabe graduated from the Jikei University School of Medicine in 1971. He served as a physician assistant in the Pediatrics Department at Teikyo University Hospital and the Jikei University Hospital. He then worked in the Pediatrics Department at Atsugi City Hospital (formerly the Kanagawa Prefectural Atsugi Hospital) and the Tokyo Metropolitan Kita Ryoiku Medical Center. He belonged to a laboratory of the Pediatric Infectious Diseases Division at Vanderbilt University. After coming back to Japan, he served as Director of the Division of Infectious Diseases at the National Center for Child Health and Development, Kanagawa Prefectural School Hospital of Nursing and Midwifery. He was then appointed Manager of Communicable Diseases Division of the World Health Organization's Regional Office for the Western Pacific (WHO/WPRO) in the Philippines. After returning to Japan, he became an associate professor of the Pediatrics Department at Jikei University Hospital. In 1997, he served as Director of Infectious Disease Surveillance Center Office at the National Institute of Infectious Diseases, where he became and Director of Infectious Disease Information Center in 2000. He has served as the Director General of Kawasaki City Institute for Public Health from 2010. He also serves as visiting professor at the Pediatric Department at Jikei University Hospital. His current positions include: Representative of the Chairman, Advisory Council on Countermeasures against Novel Influenza and Other Diseases, Cabinet Secretariat; Member, New Coronavirus Subcommittee, Cabinet Secretariat; Member, Government Future Investment Committee; Chairman, Regional Commission for the Certification of Poliomyelitis Eradication (RCC) in the Western Pacific, WHO; Member, Global Commission for Certification of Poliomyelitis Eradication (GCC); Member, Global Advisory Committee on Vaccine Safety (GACVS); and President, Asian Congress of Pediatric Infectious Diseases.



**Leon Ochiai** (Head, Public Relations Division, Responsible for Vaccine, Sanofi K.K.)

Dr. Ochiai is a pharmaceutical and public health specialist with global experience in academic, public, and private sectors. His initial career focus was in infectious disease epidemiology, working with University of Malaysia, Sarawak (UNIMAS), between 2000 and 2002 for a research in impact of malaria infection in child health; with International Vaccine Institute (IVI) between 2002 and 2013 for projects on typhoid fever vaccine; and with Sanofi Pasteur between 2013 and 2016 for dengue vaccine development. More recently, he is engaged in public affairs, government affairs, and market access of wide range of pharmaceutical products in Asia Pacific regions, particularly in Japan. He is a graduate of Johns Hopkins University (BA 1998; MHS 2001) and University of Oxford (DPhil 2012).



**Akihiko Saitoh** (Professor, Department of Pediatrics, Graduate School of Medical and Dental Sciences, Niigata University)

Dr. Akihiko Saito graduated from Niigata University School of Medicine in 1991. After completing his general residency at St. Luke's International Hospital, he went to the U.S., where he became an associate professor of Pediatrics at University of California San Diego (UCSD) after completing his clinical training at the University of Southern California (USC) University Hospital Pediatric Department and the UCSD Department of Pediatrics Infectious Diseases. He also served as a Physician Scientist at UCSD. He returned to Japan in 2008 and he has served as a professor at Niigata University's Department of Pediatrics since 2011, where he was appointed Vice President of the Faculty of Medicine in 2020. He has made continuous efforts to raise awareness towards the importance of immunization among health care workers and the public, mainly through his activities at the Japan Pediatric Society.



**Akinori Sugaya** (Head Physician, Sugaya Children's Clinic; Director, KNOW VPD Protect Our Children)

Dr. Akinori Sugaya graduated from the Faculty of Medicine, Keio University School of Medicine. In 1982, he began serving as a doctor in the Department of Pediatrics in School of Medicine at Keio University. In 1984, he entered the Department of Pediatrics at Shizuoka City Shimizu Hospital. He became a clinical fellow at the Department of Pediatrics at Tokyo Metropolitan Ohtsuka Hospital in 1987 and the head doctor at the department in 1995. He became head doctor of the Cardiology Department at Tokyo Metropolitan Kiyose Children's Hospital in 2002. He opened Sugaya Children's Clinic in 2005. He was appointed Director of NPO KNOW VPD Protect Our Children in 2013 and Chief Director in 2017.



**Yoshihiro Takashima** (Coordinator, Vaccine-Preventable Diseases and Immunization (VDI), Division of Programmes for Disease Control, WPRO)



**Keiko Tanaka-Taya** (Chief, Division of Immunization Program, Infectious Disease Surveillance Center, National Institute of Infectious Diseases)

Keiko Tanaka-Taya, MD, PhD. Graduated from Kochi University Medical School (March, 1986). Department of Pediatrics, Osaka Municipal Hospital (June, 1986-May, 1989). Department of Pediatrics, Osaka University Medical School (June, 1989 - July, 1994). Department of Microbiology, Osaka University Medical School (August, 1994 - Sep, 1996) . Department of Pediatrics, Osaka University Medical School (Oct, 1996 - Jan, 2001). Infectious Diseases Surveillance Center, National Institute of Infectious Diseases (Feb, 2001 -).



**Kuniko Nakayama** (Director, My Family Clinic Gamagori, Medical Association Mefa Jinaikai)

Dr. Kuniko Nakayama graduated from the Faculty of Medicine at Fujita Health University. She possesses a Doctorate in Infectious Diseases from the Department of Internal Medicine, Graduate School of Medicine, The University of Tokyo. She also completed her MSc TMIH and DTM&H degrees at London School of Hygiene and Tropical Medicine. She has worked at Yodogawa Christian Hospital, St. Luke's International Hospital, the Department of Infectious Diseases at the University of Tokyo Hospital, and the Department of Internal Medicine in Lilongwe Central Hospital in Malawi. She learned alternative medicine at Royal London Hospital for Integrated Medicine. After she completed training in family practice at Kameda Family Clinic Tateyama and CFMD Tokai, she has been a director of My Family Clinic Gamagori, Medical Association Mefa since 2011. Her current positions include: Certified Family Physician, Japan Primary Care Association; Board Certified Member, the Japanese Society of Internal Medicine; Infection Control Doctor; Member, the Expert Council on the Promotion of Vaccination; Vaccine Team Leader, Japan Primary Care Association (JPCA) Preventive Medicine Project Team; and Chairman, Infectious Disease Control Committee.



**Yoshie Hirose** (Manager, Policy Intelligence Department, Integrated Market Access Division)

Yoshie Hirose, MD; A graduate of University of Environmental and Occupational Health Faculty of Medicine; Resident of Yokohama City Minato Red Cross Hospital (2006-2008); Medical Officer of Government of Japan, mainly Ministry of Health Labour and Welfare (MHLW) (2008-2019); Director, Office of Rationalization of Medical Expense, MHLW (2018-2019); Manager, Medical Affairs Division, Janssen Pharmaceutical K.K. (2019); Part-time Specialist for COVID-19, Ibaraki Prefectural Government (April-June, 2020)



**Shinji Matsumoto** (Chairperson of Vaccine Subcommittee of EFPIA (European Federation of Pharmaceutical Industries and Associations))

Since joining Japanese pharmaceutical company in 1983, Mr. Matsumoto worked as a Medical Representative until 2000. Then, in August 2000, he engaged in the project to relaunch the 23-valent pneumococcal polysaccharide vaccine and to introduce the HPV vaccine in Japan as a leader of the vaccine group. He joined European pharmaceutical company in 2008 and was involved in many areas of the major vaccine business in Japan, such as marketing, sales, distribution, and policy, including the introduction of novel pandemic influenza vaccine to Japan, dealing with government funding and HPV vaccine NIP (National Immunization Program), and acquisition of Rota virus vaccine NIP.

His career includes working with the Ministry of Health, Labour and Welfare (MHLW). Since 2005, he was a member of the working team for creating vaccine industry vision of MHLW, and contributed to the creation of the Vaccine Industry vision in 2007, and was appointed as one of the members of the Vaccine Industry Vision Promotion Committee, where he served until 2008. Current position is Director Vaccine Segment · Infectious Disease and Vaccine Division · Immunization and Infectious Disease Business Unit and Chairman of the Vaccine Subcommittee of EFPIA (European Federation of Pharmaceutical Industries and Associations).



**Isao Miyairi** (Medical Director, Department of Infectious Diseases, National Center for Child Health and Development)

Dr. Isao Miyairi graduated from the Faculty of Medicine at Keio University School of Medicine. He went to the U.S. in 2000 and became a resident at the Pediatrics Department at Long Island College Hospital/Beth Israel Medical Center and a fellow at the Pediatric Infectious Diseases at St Jude Children's Research Hospital/LeBonheur Children's Hospital. After that, he served as an assistant professor at the Pediatric Department and the Department of Microbiology, Immunology and Biochemistry at the University of the University of Tennessee Health Science Center College of Medicine in 2008. He returned to Japan in 2011, at which point he assumed his current post. His current positions include: Board Certified Pediatrician and Medical Advisor, the Japan Pediatric Society; Medical Specialist and Medical Advisor, Japanese Association for Infectious Diseases; Board Certified Physician, American Academy of Pediatrics; Board Certified Physician, Pediatric Infectious Disease Society (PIDS); Councilor, Japanese Association of Infectious Diseases; Councilor, Japan Society of Chemotherapy; Member, Cabinet Secretariat AMR Control Council (from 2016); Member, Subcommittee of Basic Policy about Immunization in Immunization and Vaccine Meeting of the Ministry of Health, Labour and Welfare (MHLW) Health Science Council (from 2020); Chairman, Japanese Editorial Committee, Japan Pediatric Society (from 2020); Member, Immunization and Infectious Diseases Control Committee (from 2014); and Member, Central Committee of Certification (from 2017). He is also a member of the Review Board and Educational Committee of Board Certified Pediatricians in the Japanese Association for Infectious Diseases and a member of the editorial committee at the Journal of Infection and Chemotherapy (from 2017).



**Moriya Akinari** (Administrative Medical Quarantine Officer, Division of Quarantine and Sanitation, Chubu Airport Branch Office, Nagoya Quarantine Station)

Quarantine officer at Chubu International Airport. Engaged in immunization of yellow fever and inspection of imported infectious disease including COVID-19. A graduate of Faculty of Medicine, Kyoto University in 1998. Trained and engaged in family medicine at various fields from rural to urban practice throughout Japan. Engaged in travel clinic at My Family Clinic Gamagori (Aichi, Japan) Certificate in Travel Health, International Society of Travel Medicine in 2008. Published various kinds of reviews of immunization and travel medicine.



**Noriko Furuya** (Member, House of Representatives; Acting Chairperson, Association for the Promotion of Improved Public Health (Parliamentary Group for Vaccines and Prevention))

Member, House of Representatives; Acting Chairperson, Association for the Promotion of Improved Public Health (Parliamentary Group for Vaccines and Prevention).

Noriko Furuya graduated from School of Humanities and Social Sciences, Waseda University in 1979. In the same year, she joined Seikyo Shinbun. She was elected to the 43rd General Election of the House of Representatives for the first time in 2003. Then she was appointed to Parliamentary Secretary to the Minister of Internal Affairs and Communications in 2005, Vice-chairman of the party's political research committee in 2006, Deputy Secretary General of the Party in 2009, Party Women's Committee Chair in 2010 Party Vice-President in 2014, Vice Minister of Health, Labor and Welfare in 2016, and Chairman of the House of Representatives General Affairs Committee in 2017. Currently she is in her sixth term as a member of the House of Representatives.



**Ryoji Noritake** (CEO, Board Member, Health and Global Policy Institute)

Mr. Ryoji Noritake is the CEO, Board Member of Health and Global Policy Institute (HGPI), a Tokyo-based independent and non-profit health policy think tank established in 2004. He also serves as a pro-bono consultant for Project HOPE, a US-based medical humanitarian aid organization. Through HOPE and HGPI, he has led health system strengthening projects in the Asia-Pacific region and engaged in US Navy's medical humanitarian projects. His focus is a multi-sectoral approach for health issues such as public-private partnerships and civil-military coordination. He was a Working Group Member for the World Health Organization's "Expert Consultation on Impact Assessment as a tool for Multisectoral Action on Health" in 2012. He is a graduate of Keio University's Faculty of Policy Management, holds a MSc in Medical Anthropology from the University of Amsterdam, the Netherlands. He is currently a Visiting Scholar at the National Graduate Institute for Policy Studies, a member of Tokyo Metropolitan Government's Policy Discussion Roundtable for Super Ageing Society.



**Joji Sugawara** (Senior Associate, Health and Global Policy Institute)

Mr. Joji Sugawara completed a Bachelor of Policy Studies at Chuo University, Japan in 2014. During his time as an undergraduate, he studied political science, international studies, and environmental studies; conducted public health-related field research in Timor-Leste and Myanmar; and engaged in Japan Association for International Health – Student Section (JAIH-S). Through his role as intern at the office of Japanese House of Councillors member Keizo Takami, his research on the quality of healthcare at the NPO Society, and his time as a member of the secretariat at the Asian Population and Development Association (APDA), he realized the importance of discussing policies on a global level and developed an interest in the policy decision-making process. He joined HGPI in October 2016 after completing the Global Health Entrepreneurship Program (GHE Program) at the University of Tokyo, Department of Global Health Policy in 2015. Currently, he is working on planning and conducting global expert meetings in areas including Access to Medicine, Health Technology Assessment (HTA), and Antimicrobial Resistance (AMR). He is also responsible for health policy human resource development programs such as the Global Health Education Program (G-HEP) and Health Policy Academy.

## About Health and Global Policy Institute (HGPI)

Health and Global Policy Institute (HGPI) is a Tokyo-based independent and non-profit health policy think tank, established in 2004. Since establishment, HGPI has been working to help citizens shape health policies by generating policy options, and to bring stakeholders together as a non-partisan think-tank. The mission is to improve the civic mind and individuals' well-being and to foster a sustainable healthy community by shaping ideas and values, reaching out to global needs, and by catalyzing society for impact. We commit to activities that bring together relevant players in different fields, in order to provide innovative and practical solutions, and to help interested citizens understand choices and benefits in a global, broader, and long-term perspective.

## Guidelines on Grants and Contributions

As an independent, non-profit, non-partisan private think tank, Health and Global Policy Institute, (the Institute) complies with the following guidelines relating to the receipt of grants and contributions.

### Approval of Mission

The mission of the Institute is to improve the civic mind and individuals' well-being, and to foster a sustainable healthy community by shaping ideas and values, reaching out to global needs, and catalyzing society for impact. The activities of the Institute are supported by organizations and individuals who are in agreement with this mission.

### Political Neutrality

The Institute is a private, non-profit corporation independent of the government. Moreover, the Institute receives no support from any political party or other organization whose primary purpose is political activity of any nature.

### Independence of Project Planning and Implementation

The Institute makes independent decisions on the course and content of its projects after gathering the opinions of a broad diversity of interested parties. The opinions of benefactors are solicited, but the Institute exercises independent judgment in determining whether any such opinions are reflected in its activities.

### Diverse Sources of Funding

In order to secure its independence and neutrality, the Institute will seek to procure the funding necessary for its operation from a broad diversity of foundations, corporations, individuals, and other such sources. Moreover, as a general rule, funding for specific divisions and activities of the Institute will also be sought from multiple sources.

### Exclusion of Promotional Activity

The Institute will not partake in any activity of which the primary objective is to promote or raise the image or awareness of the products, services or other such like of its benefactors.

### Written Agreement

Submission of this document will be taken to represent the benefactor's written agreement with the Institute's compliance with the above guidelines.

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