

特定非営利活動法人 日本医療政策機構(HGPI) 主催

創立20周年記念 医療政策サミット2025

2025年2月1日 (土)

Hosted by Health and Global Policy Institute (HGPI)

Commemorating the 20th Anniversary of HGPI Health Policy Summit 2025

Saturday, February 1, 2025



日本医療政策機構 創立20周年記念「医療政策サミット2025」 プログラム

■ 日 時: 2025年2月1日(土) 11:00-16:00 (ランチレセプション 11:00-12:10)

■ 会 場: 如水会館(東京都千代田区一ッ橋2-1-1) ■ 言 語:日本語および英語(同時通訳あり)

■ **主 催**:特定非営利活動法人日本医療政策機構

■ 参加者: 患者・当事者、医療者、立法府、行政、アカデミア、企業(ご招待のみ約120名)

ランチレセプション 11:00-12:10

開会の辞

12:15-12:25 福岡 資麿 (厚生労働大臣)

趣旨説明

12:25-12:35 乗竹 亮治 (日本医療政策機構 代表理事・事務局長)

第1回「黒川 清賞」授賞式 12:35-12:55

パネルディスカッション1「人口動態の変化に伴う未来の急性期医療提供体制の在り方」

パネリスト:

相澤 孝夫 (一般社団法人 日本病院会 会長)

国光 あやの (衆議院議員)

武富 紹信 (一般社団法人 日本外科学会 理事長) 13:00-14:20

吉川 久美子(公益社団法人 日本看護協会 常任理事)

渡辺 毅 (一般社団法人日本専門医機構 理事長)

モデレーター:

吉村 英里(日本医療政策機構 シニアマネージャー)

休憩 14:20-14:35

パネルディスカッション2「政策形成の来し方行く末~『エビデンスに基づく市民主体の医療

政策』は実現可能か~|

パネリスト:

北中 淳子 (慶應義塾大学 文学部 人間科学科専攻/大学院 社会科学研究科 教授)

杉谷 和哉 (岩手県立大学 総合政策学部 講師) 14:35-15:55

藤井 達夫(東京科学大学リベラルアーツ研究教育院 教授)

山田 美樹 (前衆議院議員/元環境副大臣)

モデレーター:

栗田 駿一郎(日本医療政策機構 シニアマネージャー)

閉会の辞

15:55-16:00 黒川 清(日本医療政策機構 終身名誉チェアマン)

Commemorating the 20th Anniversary of HGPI "Health Policy Summit 2025" Program

■ Date & Time: Saturday, February 1, 2025; from 11:00 to 16:00 (with lunch reception from 11:00 to 12:10)

■ Venue: Josui kaikan (2-1-1 Hitotsubashi Chiyoda-ku Tokyo)
■ Languages: Japanese and English (with simultaneous interpretation)

■ Host by: Health and Global Policy Institute (HGPI)

■ Participants: Policy makers; representatives of related ministries and agencies, academia, healthcare providers,

and companies; patients and other parties most affected; representatives of the media, etc.

11:00-12:10	Lunch Reception
12:15-12:25	Opening Remarks Takamaro Fukuoka (Minister of Health, Labour and Welfare)
12:25-12:35	Explanatory introduction Ryoji Noritake (Chair, Health and Global Policy Institute)
12:35-12:55	The 1 st "Kiyoshi Kurokawa Award" Ceremony
13:00-14:20	Panel Discussion 1 "Demographic Transformation and the Future Structure of the Acute Care Provision System" Panelists: Takao Aizawa (President, Japan Hospital Association) Ayano Kunimitsu (Member of the House of Representatives) Akinobu Taketomi (President, Japan Surgical Society) Kumiko Yoshikawa (Executive Officers, Japanese Nursing Association) Tsuyoshi Watanabe (President, Japanese Medical Specialty Board) Moderator: Eri Yoshimura (Senior Manager, Health and Global Policy Institute)

14:20-14:35 Recess

Panel Discussion 2 "The Past and Future of Policymaking: Examining the Feasibility of Evidence-Based, Citizen-Centered Health Policy"

<u>Panelists:</u>

Junko Kitanaka (Professor, Dept. of Human Sciences, Faculty of Letters / Graduate School of Human Relations, Keio University)

14:35-15:55 Kazuya Sugitani (Lecturer, Faculty of Policy Studies, Iwate Prefectural University)

Tatsuo Fujii (Professor, Institute for Liberal Arts, Institute of Science Tokyo)

Miki Yamada (Former Member, House of Representatives/ Former State Minister of the

Environment)

Moderator:

Shunichiro Kurita (Senior Manager, Health and Global Policy Institute)

Closing Remarks 15:55-16:00

Kiyoshi Kurokawa (Honorary Chairman for Life, Health and Global Policy Institute)

🌶 医療政策サミットの歩みと趣旨



日本医療政策機構は、2006年以降ほぼ毎年にわたってフラッグシップ・イベントである「医療政策サミット」を、開催してまいりました。これまで、国内外のトップリーダーを産官学民から結集し、過去には税と社会保障の一体改革、地域医療計画、慢性疾患対策、医療のデジタル化、コロナ対策における政治と科学の役割など、数多くの重要アジェンダや未来の医療の在り方について、議論を深めてまいりました。発言者名を事後資料等で引用しないチャタムハウス・ルールのもと非公開にて開催することで、当機構が掲げるコンセプトである「Healthy Debate(健全な議論)」の名にふさわしい活発な討論が毎回展開されます。また、非営利、独立、超党派の民間シンクタンクという当機構の立ち位置を活かし、与野党の国会議員や行政府の政策決定者も胸襟を開いて意見交換できる場として機能してきました。医療政策領域において、マルチステークホルダーがフラットに議論するプラットフォームは、日本において稀有であり、レガシー・イベントとして多くのステークホルダーに認知されております。



Background and purpose of Health Policy Summit

Almost every year starting in 2006, Health and Global Policy Institute (HGPI) has hosted its flagship event, Health Policy Summit. This event brings together Japanese and global top leaders representing industry, Government, academia, and civil society to intensify discussions on various key topics on the health agenda or that are related to the shape of healthcare to come. In the past, these discussions have covered topics such as the comprehensive reform of social security and tax, regional medical care plans, chronic disease control, healthcare digitalization, and the role of politics and science in the COVID-19 pandemic response. To ensure that each Health Policy Summit generates lively discussions that embody the concept of "Healthy Debate" as envisioned by HGPI, these events observe the Chatham House Rule, which prohibits the inclusion of speakers' names in records and other reference materials created after the events. Leveraging HGPI's position as a non-profit, independent, non-partisan, private think tank, each Health Policy Summit has served as a forum for the open exchange of opinions among participants such as Government policymakers or Diet members from both the ruling and opposition parties. In Japan, platforms for discussion among multi-stakeholders on a level playing field are all too rare in the health policy sphere, and many stakeholders recognize Health Policy Summit as a legacy event.



医療政策サミット2025概要

日本医療政策機構は、多くのご支援、ご賛同に支えられ今年度、創立20周年を迎えます。20周年を記念して、今回、新たに第1回黒川清賞を創設し、アジア太平洋地域における保健医療政策分野の革新を促進することを目的に、既存の枠組みにとらわれない顕著な貢献をした若手研究者や実務者および団体を本サミットにて、顕彰いたします。そして、喫緊の医療政策課題かつ日本の医療の根幹にかかわる以下2つのテーマについてパネルディスカッションを設け、国内外の第一線でご活躍の皆様とともに議論を深めます。

パネルディスカッション1では、「人口動態の変化に伴う未来の急性期医療提供体制の在り方」をテーマに掲げ ます。高齢者、特に後期高齢者人口は2025年に向けて急速に増加の一途をたどっていますが徐々に緩やかにな り、2025年から2040年にかけて、65歳以上人口が都市部を中心とした132の二次医療圏で増加するのに対して、 197の二次医療圏では減少することが予想されています。一方で、生産年齢人口の減少は2025年以降さらに加速 し、「高齢者の急増」から「現役世代の急減」へと局面が変化するため、医療需給の不均衡が現在以上に地域 差を伴って発生することが見込まれます。現在、「医師養成過程を通じた医師の偏在対策等に関する検討会」 等において、医師の地域・診療科偏在是正が議論されていますが、地方を中心とした医療者の少数区において は、とりわけ急性期医療が成立しない、もしくは一部の医療者へ負荷が著しく掛かっている現実があります。 これまでは医療者の使命感や自律性に頼り、機能してきた部分もありましたが、より良い待遇や労働環境、訓 練機会を求めて医療者が都市部へ集中し、さらには外科・救急、産婦人科等の診療科から離れる「二重の偏 在」が生まれています。また、高齢化に伴い、高齢者の救急搬送増の一方で、外来、在宅医療・介護需要増へ の対処も必要です。2024年の厚生労働省「新たな地域医療構想等に関する検討会」のとりまとめが12月に公表 され、地域の医療需要や医療資源等を踏まえた急性期医療機関の連携・再編・集約を目指し、病床機能につい てはこれまでの回復期機能に高齢者等の急性期患者への医療提供機能を追加した「包括期機能」を位置づけ、 医療機関がもつ機能の報告も求められることになります。これらの変化を踏まえて、国民の納得、理解できる 医療提供体制のあり方については丁寧かつ慎重な議論が求められ、さらには財源の確保に関する社会保障費の 給付と負担の議論も避けては通れません。このような人口動態の変化が起こる10年、15年先の未来を見据えて、 適切な医療人材の配置を含めた急性期医療の在り方、制度設計を中心に、有識者の皆様と議論を深めます。

パネルディスカッション2では、「政策形成の来し方行く末~「エビデンスに基づく市民主体の医療政策」は実現可能なのか~」をテーマに、これからの政策形成過程のあり方について議論を深めます。日本医療政策機構では、事務局方針の中に「エビデンスに基づく市民主体の医療政策の実現」を掲げています。20周年を機に改めて「エビデンスに基づく市民主体の医療政策」に向け、政策形成過程における課題や展望を議論します。近年の政策形成過程においては、「証拠に基づく政策形成(EBPM: Evidence Based Policy Making)」に対する関心が高まっています。ICTやAIの進化とともに、実社会をベースとしたあらゆるデータを集めることが可能になりつつあり、従来の研究によるデータからこうしたリアルワールドデータも含めて政策形成に活かされることが期待されています。一方で、当機構がこの20年間大切にしてきた「患者・当事者」の声は医療政策を考える上で、欠かせない要素でもあります。両者は相互作用を生み出し医療政策の価値向上につながる期待がある一方で、時に対立を生み出す可能性もはらんでいます。政策を捉える上では、「内容的な正しさ(Rightness)」と「手続き的な正しさ(Legitimacy)」があると言われます。その両者を担保しうる政策形成過程はいかにして実現できるのか、そしてそこに日本医療政策機構としてどのような貢献が可能なのか。政策形成の理論的視点、政治哲学、人類学、そして現実の政治の視点を交えながら議論を深めることを目指します。

Thanks to the tremendous amount of support and cooperation we have received over the years, HGPI is now celebrating the 20th anniversary of its establishment. To make this year's Health Policy Summit an event to fit the occasion, we will hold two panel discussions that will deepen discussions on urgent issues in health policy and examine the foundation of healthcare in Japan together with leaders actively serving on the frontlines of these issues in Japan and abroad. Additionally, to commemorate HGPI's 20th anniversary, we are proud to launch and establish the Health and Global Policy Institute's (HGPI) Kiyoshi Kurokawa Award. This award, which aims to promote innovation in the field of health policy in the Asia-Pacific region by recognizing young researchers, healthcare providers, and organizations that have made outstanding contributions that go beyond existing frameworks, will be presented during this Summit.

The theme of Panel Discussion 1 will be "Demographic Transformation and the Future Structure of the Acute Care Provision System." Japan will experience rapid growth in the number of senior citizens, especially those age 75 years and over, through 2025, after which the growth of this group will gradually decelerate. From 2025 to 2040, the population age 65 years and over is expected to increase in 132 secondary medical care areas (mainly urban areas) and decrease in 197 secondary medical care areas. Meanwhile, as the decline in Japan's working-age population further accelerates in 2025 and beyond, the demographic transition will shift from a rapid increase in the elderly population to a rapid decrease in the working-age population. This will widen regional disparities and further upset the balance between healthcare supply and demand. Correcting the uneven geographic and specialty distribution of physicians is a current topic of discussion at bodies such as the "Study Group on Correcting the Uneven Distribution of Physicians through Physician Training and Other Processes," but placing our focus on acute care in rural areas and other regions experiencing significant physician shortages shows that acute care may be unavailable or that it relies entirely on certain physicians. In part, the system has remained functional thanks to the drive and independence of certain physicians, but many health professionals have relocated to major metropolitan areas in pursuit of better compensation, working environments, and training opportunities. In addition to concentration in cities, maldistribution is compounded by the recent tendency for health professionals to shy away from fields such as surgery, emergency medicine, and obstetrics and gynecology. Furthermore, as the population ages, it will also be necessary to accommodate a growing number of emergency medical transports for senior citizens and meet growing demand for in-home and long-term care. In 2024, the Ministry of Health, Labour and Welfare (MHLW) "Study Group on New Regional Medical Care Visions and Other Plans" advanced discussions on consolidation or the centralization of services at healthcare institutions providing acute care, but consideration must also be given to issues such as the potential negative impacts of consolidation on business for healthcare institutions near those that are consolidated, or to ensuring patients continue to have access to care. Careful and thorough discussions that fully reflect circumstances in each community must be held to examine the roles for each healthcare institution; to determine how to achieve more efficient staffing by implementing healthcare digital transformation (DX), introducing task-sharing and shifting, or redefining the scope of each profession's role; and to consider the benefits and burdens of social security expenditures for securing financial resources. Together with the experts in attendance, this session will look ahead ten to fifteen years to the coming demographic transformation and deepen the discussion on the ideal structure of acute care, including how to best allocate medical staff or design systems.

The theme of Panel Discussion 2 will be "The Past and Future of Policymaking: Examining the Feasibility of Evidence-Based, Citizen-Centered Health Policy," and it will deepen the discussion on the nature of the formulation of such policies. HGPI operates under a singular vision: "Achieving evidence-based, citizen-centered health policy." To mark the occasion of the 20th anniversary of HGPI's founding, we would like to once again discuss issues and prospects for achieving evidence-based, citizen-centered health policy. In the policymaking process, interest in Evidence Based Policy Making (EBPM) has been growing in recent years. Advances in Information and Communication Technology (ICT) and AI are making it possible to gather data of all types based on actual society, and expectations are high for this real-world data to be utilized alongside conventional research data to formulate policy. However, the voices of patients and affected parties – which HGPI has valued greatly for the past two decades – are also an essential factor when considering health policy. While expectations are high for synergy among both of these forms of evidence to elevate the quality of health policy, they may also sometimes result in conflicts. It is said that there are two aspects to keep in mind when considering policy: the rightness of its content and its procedural legitimacy. How can we establish a policymaking process that ensures both of these aspects are present, and how can HGPI contribute to that process? We aim to deepen the discussion on these items by synthesizing theoretical perspectives on policymaking as well as from political philosophy, anthropology, and real-world politics.



【設立背景】

黒川清賞は、2024年に設立20周年を迎えた日本医療政策機構の新たな取り組みとして誕生しました。2004年の設立以来、HGPIは「市民主体の医療政策を実現する」というミッションのもと、独立したシンクタンクとして活動を続けてきました。その立ち上げに深く関わり、代表理事として組織を導いてきたのが黒川です。黒川は、幅広いステークホルダーを結集し、グローバルな視点から医療政策の選択肢を提供する活動を推進してきました。特に、「独立性」「中立性」「実現可能性」という原則に基づくアプローチは、国内外で高く評価されています。この賞は、黒川の理念と活動を象徴するものとして、次世代のリーダーを支援する新たなプラットフォームとなります。

【理念】

黒川清賞は、医療政策の変革を推進する力となる若手リーダーを支援し、アジア太平洋地域から世界へとその影響を広げることを目的としています。本賞は、以下のような特徴を持つ候補者や団体を顕彰します:

- 革新性:既存の枠組みにとらわれず、新たなアプローチや解決策を提案した個人や団体
- **インパクト:**地域社会や国際的な規模で、具体的かつ測定可能な影響を与えた取り組み
- 将来性:持続可能な変化を生み出すビジョンを持つ若手リーダーや団体

本賞の選考過程は、日本医療政策機構の理念「市民主体の医療政策の実現」に基づき、国籍や分野を問わず、 多様な候補者から慎重に選定されました。初回となる今回は、ベトナム、インド、フィリピン、インドネシア、 ネパール、オーストラリアなどの候補者から、革新性、地域および国際的な影響力、次世代リーダーとしての 模範性に基づき受賞者を選定しました。

【第1回受賞者】

レンゾ・ギント(シンガポール国立大学 デューク-NUS医科大学 シンヘルス・デューク-NUSグローバル ヘルス研究所(SDGHI) 准教授)

レンゾ・ギント氏は、フィリピン出身の医師であり、現在はシンガポール国立大学デューク-NUS医科大学のシンヘルス デューク-NUSグローバルヘルス研究所(SDGHI)の准教授を務めています。ギント氏は、気候変動と健康の交差点における政策提言と教育、研究において国際的なリーダーとして活躍しており、特に「プラネタリーヘルス(Planetary Health)」という新たな学際分野の先駆者として知られています。

【今後の展望】

本賞は、広範な分野から推薦された候補者を対象に、国内外の専門家からなる選考委員会による厳正な評価を経て受賞者を決定しました。選考では革新性と社会的インパクト、候補者の持つ将来性が特に重視されました。黒川清賞を通じて、HGPIはアジア太平洋地域における革新的な取り組みを世界に発信し、持続可能な医療政策の実現に向けて新たな議論を促進してまいります。

[Background]

The Kiyoshi Kurokawa Award was established as part of HGPI's 20th-anniversary initiatives in 2024. Since its founding in 2004, HGPI has worked as an independent think tank with the mission of achieving citizen-centered health policy. This award reflects the vision and legacy of HGPI's Honorary Chairman for Life, Kiyoshi Kurokawa, who played a central role in launching and guiding the organization.

Kiyoshi Kurokawa has been instrumental in bringing together diverse stakeholders and providing policy options with a global perspective. His dedication to principles such as "independence," "neutrality," and "feasibility" has earned HGPI recognition both in Japan and abroad. The Kiyoshi Kurokawa Award embodies his commitment to supporting the next generation of leaders while creating a platform for global innovation in health policy.

(About the Kiyoshi Kurokawa Award)

The Kiyoshi Kurokawa Award was created to honor young leaders who are driving transformative changes in health policy. It seeks to amplify their impact, spreading their influence from the Asia-Pacific region to the global stage. The award celebrates individuals and organizations that demonstrate:

- Innovation: Developing novel approaches and solutions that challenge existing frameworks.
- Impact: Delivering measurable, positive outcomes for both local and global communities.
- Future Vision: Envisioning and working toward sustainable changes that address long-term challenges.

The selection process for this award was conducted with careful consideration, aligned with HGPI's philosophy of "achieving citizen-centered health policy." For this inaugural award, candidates from diverse backgrounds and fields, including those from Vietnam, India, the Philippines, Indonesia, Nepal, and Australia, were evaluated based on their innovation, regional and international impact, and exemplary leadership as role models for the next generation.

The 1st Recipient

Dr. Renzo R. Guinto (Associate Professor, SingHealth Duke-NUS Global Health Institute (SDGHI), Duke-NUS Medical School, National University of Singapore)

Dr. Renzo R. Guinto (MD, DrPH) is a Filipino physician currently serving as Associate Professor at the SingHealth Duke-NUS Global Health Institute (SDGHI) at Duke-NUS Medical School in Singapore. A global leader in climate and health, Dr. Guinto is widely recognized as a pioneer in the interdisciplinary field of planetary health. His groundbreaking work focuses on climate-resilient and environmentally sustainable healthcare systems, the mental health impacts of climate change, and the intersections between climate, migration, and health.

(Future Prospects)

The Kiyoshi Kurokawa Award aims to spotlight and amplify innovative initiatives from the Asia-Pacific region, sharing these efforts with the global community. By providing a platform for young leaders, HGPI hopes to advance sustainable health policy solutions worldwide while fostering international dialogue. This initiative also seeks to bridge the gap between Japan and the international community, enabling the exchange of best practices, lessons learned, and new ideas to inform both global and domestic healthcare policy.



福岡 資麿

厚生労働大臣

1996年三菱地所株式会社入社。2005年衆議院議員当選(第44回)、衆議院厚生労働委員会委員。2009年自由民主党佐賀県支部連合会会長。2010年参議院議員当選(第22回)、参議院政府開発援助等に関する特別委員会理事。2011年参議院行政監視委員会委員長。2012年自由民主党厚生労働部会部会長、参議院行政監視委員会理事。2013年参議院東日本大震災復興特別委員会理事、内閣府大臣政務官兼復興大臣政務官。2014年自由民主党組織運動本部副本部長、参議院厚生労働委員会委員、参議院厚生労働委員会理事。2015年内閣府副大臣。2016年参議院議員当選(第24回)、自由民主党人事局局長、参議院資源エネルギーに関する調査会理事、参議院環太平洋パートナーシップ協定等に関する特別委員会理事。2017年自由民主党総務会会長代理、参議院法務委員会理事。2019年参議院予算委員会理事。2021年参議院議院運営委員会委員長、参議院決算委員会理事。2023年参議院法務委員会理事、参議院自由民主党政策審議会会長、2024年自由民主党令和六年能登半島地震対策本部副本部長、参議院厚生労働委員会理事、2024年10月より現職。

Takamaro Fukuoka

Minister of Health, Labour and Welfare

In 1996, Takamaro Fukuoka joined Mitsubishi Estate Company, Limited. From 2005, he became a member of the Committee on Health, Welfare and Labour, in the House of Representatives (HR). He was elected to the House of Representatives (HR) during the 44th General Election. In 2009, he became Chairperson for the Federation of Saga Prefecture Liberal Democratic Party Branches, Liberal Democratic Party (LDP). In 2010, he served as Director for the Special Committee on Official Development Assistance and Related Matters, House of Councillors (HC), to which he was elected during the 22nd regular election. In 2011, he served as Chairman for the Committee on Oversight of Administration, HC. In 2012, he was Director of the Committee on Oversight of Administration and Director of the Health, Labour and Welfare Division, LDP. In 2013, he was Parliamentary Vice-Minister of the Cabinet Office, Parliamentary Vice-Minister for Reconstruction and Director of the Special Committee on Reconstruction after the Great East Japan Earthquake. In 2014, he served as Director for the Committee on Health, Welfare and Labour, HC, Member of the Committee on Health, Welfare and Labour and Vice-Chairperson of the Party Organization and Campaign Headquarters, LDP. In 2015, he was State Minister of the Cabinet Office. In 2016, he served as Director for the Special Committee on Trans-Pacific Partnership (TPP) Agreement, HC, Director for the Research Committee on Natural Resources and Energy, and Director-General of the Personnel Bureau, LDP. Takamaro Fukuoka was reelected to the HC during the 24th regular election. In 2017, he became Acting Chairperson for the General Council, LDP. In 2018, he was Director for the Committee on Judicial Affairs, HC, Acting Chairperson for the Policy Board for LDP in the HC, and Acting Chairperson for the Policy Research Council, LDP. In 2019, he was Director for the Committee on Budget, HC. In 2021, he served as Chairman for the Committee on Rules and Administration, HC. In 2022, he was Director for the Committee on Audit, HC, and the Chairperson for the Special Mission Committee for Returning of the Remains of Japanese Soldiers Died Overseas During World War II, LDP. He was reelected to the HC during the 26th regular election. In 2023, he was Chairperso for the Policy Board, representing the LDP in the HC, and the Director for the Committee on Judicial Affairs, HC. In 2024, Takamaro Fukuoka became Minister of Health, Labour and Welfare (in the Ishiba Cabinet). He is currently the Director for the Committee on Health, Welfare and Labour, HC, and the Vice-Chairperson of the Headquarters for the 2024 Noto Peninsula Earthquake, representing the LDP.



乗竹 亮治

日本医療政策機構 代表理事・事務局長

日本医療政策機構設立初期の2005年に参画。その後、大学院留学を経て、米国の医療人道支援財団にて勤務。ベトナム、フィリピンなどアジア太平洋地域で、官民連携プロジェクトや米海軍による軍民連携の被災地人道支援などに従事。自衛艦「くにさき」に乗艦勤務。政策研究大学院大学客員研究員(2016-2020)。東京都「超高齢社会における東京のあり方懇談会」委員(2018)。世界認知症審議会(WDC: World Dementia Council)委員などを務める。慶應義塾大学総合政策学部卒業、オランダ・アムステルダム大学医療人類学修士。2022年度第32回武見奨励賞受賞。2016年から事務局長、2024年から代表理事に就任。

Ryoji Noritake

Chair, Health and Global Policy Institute (HGPI)

Mr. Ryoji Noritake is the Chair of Health and Global Policy Institute (HGPI), a Tokyo-based independent and nonprofit health policy think tank established in 2004. He also served as Asia-Pacific Lead 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 the US Navy's medical humanitarian projects. His focus is a multi-sectoral approach to health issues such as public-private partnerships and civil-military coordination. He was a member of the Tokyo Metropolitan Government's Policy Discussion Roundtable for Super Ageing Society (2018) and served as a Visiting Scholar at the National Graduate Institute for Policy Studies (2016-2020). He is currently serving as a member of World Dementia Council (WDC), the Salzburg Global Seminar's Advisory Council, Advisory Board Member of Elsevier Atlas, and the Dementia Innovation Alliance hosted by the Ministry of Economy, Trade and Industry (METI), Japan. He was awarded the 32nd Takemi Incentive Award in 2022. He is a graduate of Keio University's Faculty of Policy Management and holds a MSc in Medical Anthropology from the University of Amsterdam, the Netherlands.



レンゾ・ギント

シンガポール国立大学 デューク NUS医科大学 シンヘルス デューク-NUSグローバルヘルス研究所 准教授

フィリピン出身のギント氏は、プラネタリーへルスという新たな分野の世界的な先駆者であり、主要な提唱者の一人である。彼は、気候変動に強靭で環境的に持続可能な医療システム、気候変動が精神健康に与える影響、気候変動と移住および健康の関係など、多岐にわたる課題に取り組んでいる。「プラクアカデミック(Pracademic)」として学術と政策の架け橋を担う彼は、フィリピン気候変動委員会、世界保健機関(WHO: World Health Organization)の気候変動と健康に関する倫理諮問グループ、ランセット委員会などで重要な助言役を果たしてきた。また、アジア太平洋地域および世界規模でプラネタリーへルスを推進するため、教育や研究の革新を先導し、委員会やネットワーク、機関の設立に携わってきた。さらに、ヘルスシステムグローバル(Health Systems Global)の「気候変動に強靭で持続可能な医療システム」分科会の議長や、フィリピン医師会の環境保健・生態学委員会の議長を務め、「プラネタリーへルス・フィリピンズ(Planetary Health Philippines)」を主導するなど、数々の役職を歴任している。その功績により、2019年にはオバマ・アジア太平洋リーダー、2022年にはフィリピンの「傑出した若者」(TOYM: The Outstanding Young Men)に選ばれた。

Renzo R. Guinto

Associate Professor of Global and Planetary Health at the SingHealth Duke-NUS Global Health Institute (SDGHI), Duke-NUS Medical School, National University of Singapore

Hailing from the Philippines, Renzo is one of the world's pioneers and leading voices in the new field of planetary health. He works on diverse aspects of the climate and health nexus such as climate-resilient and environmentally sustainable health systems; impacts of climate change on mental health; climate, migration, and health, among others. As a "pracademic" bridging the worlds of academia and policy, Renzo has played important advisory roles, such as in the Philippines's Climate Change Commission, World Health Organization's Technical Advisory Group on the ethics of climate and health, and several Lancet Commissions. To promote planetary health in the Asia-Pacific and globally, he has pioneered innovations in planetary health education and research, and led and established committees, networks, and institutions. Renzo has served as chair of the Thematic Working Group on Climate Resilient and Sustainable Health Systems of Health Systems Global, chair of the Committee on Environmental Health and Ecology of the Philippine Medical Association, and convener of Planetary Health Philippines. For his leadership and scholarship, Renzo has received numerous accolades – he was named an Obama Asia-Pacific Leader in 2019 and one of The Outstanding Young Men (TOYM) of the Philippines in 2022.

パネリスト Panelists



相澤孝夫

一般社団法人 日本病院会 会長

1947 年 長野県松本市生まれ。73 年に東京慈恵会医科大学を卒業後、信州大学医学部附属病院内科学第二講座に勤務。81 年に特定医療法人慈泉会相澤病院副院長を経て、88 年に社会福祉法人恵清会理事長、その後、社会医療法人慈泉会相澤病院理事長・院長を歴任し、現在は社会医療法人財団慈泉会理事長、相澤病院最高経営責任者に就く。2017 年5月より一般社団法人日本病院会会長に就任し、現在4期目。

Takao Aizawa

President, Japan Hospital Association

Takao Aizawa was born in Matsumoto City, Nagano Prefecture in 1947. He graduated from Tokyo Jikei University School of Medicine in 1973, and joined the Second Department of Internal Medicine, Shinshu University Hospital. From 1981, he served as Vice President of Aizawa Hospital of the Jisenkai Specified Medical Corporation, before becaming President of Keiseikai Social Welfare Corporation in 1988. Takao Aizawa served as President and Director of Aizawa Hospital of Jisenkai Social Medical Corporation, and is currently the President of Jisenkai Social Medical Corporation Foundation and Chief Executive Officer of Aizawa Hospital. In May 2017, he was appointed Chairman of the Japan Hospital Association, and is currently serving his fourth term.



国光あやの 衆議院議員

1979年3月生。長崎大学医学部卒。臨床医、厚労省医系技官を経て、米国カリフォルニア 大学ロサンゼルス校(UCLA)公衆衛生大学院修士課程、東京医科歯科大学(現 東京科学 大学)大学院博士課程修了。

2017年初当選、3期目。医療介護、気候変動、社会保障、働き方、独居高齢者対策、子育て支援(出産費用、学費負担軽減など)、SNS誹謗中傷対策、気候変動など、身近なお声を大切に日々邁進中!高校生の子育て中のママ議員。特技は柔道、剣道、健康相談。

Ayano Kunimitsu

Member of the House of Representatives of Japan

Ayano Kunimitsu was born in March 1979. She graduated from the School of Medicine at Nagasaki University. After working as a clinical doctor and a medical technical officer for the Ministry of Health, Labour and Welfare (MHLW), she completed her master's degree at the University of California, Los Angeles (UCLA) School of Public Health and her PhD at Tokyo Medical and Dental University (current Institute of Science Tokyo).

She was elected for the first time in 2017 and is currently serving her third term. She is working every day to advocate on issues such as medical care, climate change, social security, work life, support for elderly living alone, childcare support (include childbirth expenses, tuition reduction, etc.), social media defamation and libel, and more. She is a mother to a high school student, and her hobbies include judo, kendo, and health counseling.

Panel Discussion 1: "Demographic Transformation and the Future Structure of the Acute Care Provision System"



武冨 紹信

一般社団法人 日本外科学会 理事長

長崎県出身。1990年に九州大学医学部を卒業後、同大学第二外科に入局し、外科医としてのキャリアをスタートさせる。広島赤十字原爆病院、九州がんセンター勤務ののち、1998年から米国ユタ大学ハンツマン癌研究所留学。帰国後は九州大学病院消化器・総合外科で肝臓外科、肝移植外科の臨床に従事。2011年北海道大学大学院消化器外科学教室I教授。医学博士。2024年一般社団法人日本外科学会理事長に就任。

Akinobu Taketomi

President, Japan Surgical Society

Akinobu Taketomi was born in Nagasaki prefecture and graduated from the School of Medicine at Kyushu University in 1990. He joined the Department of Surgery and Science at the same university where he began his career as a surgeon. After working at the Hiroshima Red Cross Atomic Bomb Hospital and Kyushu Cancer Center, he studied in the United States at the Huntsman Cancer Institute, University of Utah, from 1998. Upon returning to Japan, he served as a clinical practitioner in liver surgery and liver transplant surgery at the Department of Surgery and Science, Kyushu University . In 2011, he became a professor in the Department of Gastroenterological Surgery, Hokkaido University. In 2024, he became president of the Japan Surgical Society. He holds a PhD in medicine.



吉川 久美子

公益社団法人 日本看護協会 常任理事

1981年 聖路加看護大学(現聖路加国際大学)卒業。保健師・助産師・看護師免許取得後、 聖路加国際病院に勤務。師長、副看護部長、認定看護管理者。2017年より公益社団法人 日本看護協会常任理事。医療制度・診療報酬、看護管理、生涯学習、日本看護学会事業 等を担当。厚生労働省の医療制度に関する各種検討会へ構成員として参加。少子超高 齢・人口減少社会を迎え、地域における看護提供体制の在り方や看護職確保等について 検討している。

Kumiko Yoshikawa

Executive Officers, Japanese Nursing Association

Kumiko Yoshikawa graduated from St. Luke's College of Nursing (currently St. Luke's International University) in 1981. After obtaining her license as a public health nurse, midwife, and nurse, she worked at St. Luke's International Hospital. She has held positions of nurse manager, deputy nurse manager, and certified nursing manager, and has been an executive officer for the Japan Nursing Association since 2017. She is in charge of projects related to the healthcare system, medical fees, nursing management, lifelong learning, and Japan Society of Nursing. Kumiko Yoshikawa has participated as a member of various study groups on the healthcare system hosted by the Ministry of Health, Labour and Welfare (MHLW). She is currently studying how the nursing provision system can be improved and how to secure more nursing personnel for local regions in the face of Japan's declining birthrate, super-aging society, and shrinking population.

Panel Discussion 1: "Demographic Transformation and the Future Structure of the Acute Care Provision System"



渡辺 毅

一般社団法人 日本専門医機構 理事長

1974年東大医学部卒で医師生活は丁度半世紀。研究では東大と京大での国内留学、米国留学期間は脂質活性物質の基礎研究、その後の福島医大での大震災の地域医療への影響、地域コホート、全国的な特定健診コホートでの疫学研究を主宰、継続中。教育面では、東大第一内科では黒川清教授の助教授、1997年から福島県立医大内科教授として医学教育に従事。2016年退官後、福島労災病院、東京北医療センターに勤務。東大時代から、内科学会と日本専門医機構で専門医制度改革を担い、2022年より日本専門医機構理事長。

Tsuyoshi Watanabe

President, Japanese Medical Specialty Board

Tsuyoshi Watanabe graduated from the University of Tokyo School of Medicine in 1974 and has been a physician for five decades. His research at the University of Tokyo and Kyoto University, as well as during his study abroad in the United States, looked at lipid-active substances. He went on to presided over and continues active epidemiological research at Fukushima Medical University on the impact of earthquakes on community medicine, regional cohorts, and a nationwide specific health checkup cohort. His role in medical education consists of being assistant professor to Professor Kiyoshi Kurokawa at the Department of Medicine, University of Tokyo, and as a professor of internal medicine at Fukushima Medical University since 1997. After retiring in 2016, he worked at Fukushima Rosai Hospital and Tokyo North Medical Center. Since his time at the University of Tokyo, he has been responsible for reforming the medical specialty system at the Japanese Society of Internal Medicine and the Japanese Medical Specialty Board and has served as President of the Japanese Medical Specialty Board since 2022.

モデレーター Moderator



吉村 英里

日本医療政策機構 シニアマネージャー

慶應義塾大学法学部政治学科を卒業後、国内医療機器メーカーを経て、日本アイ・ビー・エム(株)の戦略コンサルティング部門で主に日本企業のグローバルサプライチェーン改革や業務プロセス改革に従事。その後、国際ロータリー財団奨学生として渡米、カリフォルニア大学サンフランシスコ校でグローバルヘルスを専攻し、特にアジア途上国の母子保健をテーマにフィールドワーク・研究を実施した(MSc.グローバルヘルス)。大学院卒業後、2016年より日本医療政策機構に参画。神奈川県の保健医療政策プロジェクトや、世界認知症審議会(WDC: World Dementia Council)との協働調査、タイ・マヒドン大学との協働によるパンデミック下における都市移民の健康増進等のグローバルヘルスプロジェクトの他、こどもの健康等をテーマに各種プロジェクトの立案から実行、政策提言まで実施。現在は、女性の健康や腎疾患・肥満症等NCDs対策全般のプロジェクトをリードしている。2024年4月より第5期豊島区子ども・子育て会議委員。

Eri Yoshimura

Senior Manager, Health and Global Policy Institute (HGPI)

Eri Yoshimura graduated from Keio University with a BA in Law (Political Science). After graduating, she started her career at a Japanese medical device company. She then worked as a strategy consultant at IBM Japan. She provided global logistics consulting services for Japanese manufacturing companies in areas such as business process standardization and supply chain transformation. As a Rotary Foundation Global Scholar, she graduated from the University of California, San Francisco (UCSF) with a MS in Global Health. During her masters at UCSF, Eri focused on maternal and child health, and conducted field work and research. After graduating from UCSF, she joined Health and Global Policy Institute (HGPI) in 2016. Eri led health policy-related projects in Kanagawa Prefecture, conducted research with the World Dementia Council (WDC), and collaborated with the Faculty of Public Health at Mahidol University in Thailand to promote health for urban migrants in Asia during the COVID-19 pandemic. In addition, Eri has planned, managed, and carried out several projects for themes like children's health. She current leads projects for women's health and non-communicable diseases (NCDs), such as kidney disease and obesity. She is a member of Toshima ward's council on children and child care from April, 2024.

「政策形成の来し方行く末~『エビデンスに基づく市民主体の医療政策』は実現可能か~」

Panel Discussion 2: "The Past and Future of Policymaking: Examining the Feasibility of Evidence-Based, Citizen-Centered Health Policy"

パネリスト Panelists



北中淳子

慶應義塾大学 文学部 人間科学科専攻/大学院 社会科学研究科 教授

慶應義塾大学文学部教授。専門は医療人類学。シカゴ大学社会科学MA、マギル大学人類学部・医療社会研究学部Ph.D. 主著Depression in Japan (Princeton University Press, 2012;フランス語版2014、ペルシア語版2021、韓国語版2023『うつの医療人類学』日本評論社 2014)は、米国人類学会フランシス・ シュー賞等国内外5つ受賞。アメリカ医療人類学会役員、学会機関誌Medical Anthropology Quarterly, BioSocieties, Transcultural Psychiatry等欧米の主要なジャーナルの編集委員を務める。

Junko Kitanaka

Professor, Dept. of Human Sciences, Faculty of Letters / Graduate School of Human Relations, Keio University

Junko Kitanaka is a professor of medical anthropology in the Department of Human Sciences at Keio University in Tokyo, Japan. Her book Depression in Japan: psychiatric cures for a society in distress (2012, Princeton University Press,) has won five awards including the American Anthropological Association's Francis Hsu Prize in 2013. The book has since been translated into French (2014), Japanese (2014), Persian (2021) and Korean (2022). Her articles include: "The social in psychiatries," with Ecks, S. and Wu. H. Lancet, 28 May 2021; "Depression." Cambridge Encyclopedia of Anthropology, with S. Ecks. 2021, and "Depression as a Problem of Labor," Sadness or Depression?, J. Wakefield & S. Demazeux eds. Springer, 2016. Her work on dementia, preventive psychiatry, and the neuropsychiatrization of the lifecycle has appeared as "In the Mind of Dementia," Medical Anthropology Quarterly, 34(1), 2020.



杉谷 和哉

岩手県立大学 総合政策学部 講師

1990年大阪府生まれ。京都府立大学公共政策学部公共政策学科卒業。京都大学大学院人間・環境学研究科博士後期課程研究指導認定退学。博士(人間・環境学)。京都文教大学非常勤講師、京都大学大学院文学研究科特定研究員などを経て現在、岩手県立大学総合政策学部講師。専門は公共政策学。中でも政策評価論を中心にしている。著書に、『政策にエビデンスは必要なのか』(ミネルヴァ書房)、『日本の政策はなぜ機能しないのか?』(光文社)、『ネガティヴ・ケイパビリティで生きる』(共著、さくら舎)など。

Kazuya Sugitani

Lecturer, Faculty of Policy Studies, Iwate Prefectural University

Mr. Kazuya Sugitani was born in 1990 in Osaka. He graduated from the Faculty of Public Policy at Kyoto Prefectural University, after which he completed his PhD in Human and Environmental Studies at Kyoto University. He worked as a part-time lecturer at Kyoto Bunkyo University and as a research fellow at the Graduate School of Letters, Arts and Sciences, Kyoto University. Currently, he works as a lecturer at the Faculty of Policy Studies, Iwate Prefectural University. His work specializes in public policy studies, with a focus on policy evaluation theory. He is the author of Do We Need Evidence in Policy? (Minerva Publishing), Why Japan's Policy doesn't Work? (Kobunsha). Living with Negative Capability (Co-authored, Sakurasha).

「政策形成の来し方行く末~『エビデンスに基づく市民主体の医療政策』は実現可能か~」

Panel Discussion 2: "The Past and Future of Policymaking: Examining the Feasibility of Evidence-Based, Citizen-Centered Health Policy"



藤井 達夫

東京科学大学リベラルアーツ研究教育院 教授

1996年3月早稲田大学政治経済学部政治学科卒業、2005年3月早稲田大学政治学研究科政治学専攻博士後期課程単位取得退学。2022年より現職。専門は現代政治理論、西洋政治思想。現在は、民主主義の理論および思想的研究の一環として、科学技術社会論(Science Technology Studies)の視座から民主主義と科学技術との関係にフォーカスした研究を進めている。

Tatsuo Fujii

Professor, Faculty of Liberal Arts Research and Education, Institute of Science Tokyo

Tatsuo Fujii graduated from the Department of Political Science, School of Political Science and Economics at Waseda University in March of 1996, and later withdrew from the post-doctoral program of the Graduate School of Political Science at Waseda University in March 2005. His research specializes in contemporary political theory and Western political thought. As part of his current research on democracy, he focuses on the relationship between democracy and science and technology from the perspective of Science Technology Studies. He has been in his current position since 2022.



山田 美樹

前衆議院議員/自由民主党東京都第一選挙区支部 支部長

1996年通商産業省に入省。2002年コロンビア大学経営学修士(MBA)、内閣官房副長官補室に勤務。2005年からボストンコンサルティンググループにてヘルスケア等国内外のプロジェクトに従事。2007年からエルメスジャポンにて営業企画に携わる。2012年第46回衆院選にて東京1区(千代田区・港区・新宿区)から初当選。以降4期連続当選。外務大臣政務官、環境副大臣等歴任。

Miki Yamada

Former member of the House of Representatives, Liberal Democratic Party of Japan (LDP) Tokyo Daiichi Election District Branch Chief)

Miki Yamada joined the Ministry of International Trade and Industry (MITI) in 1996 before receiving her MBA from Columbia University in 2002 and going on to work in the Office of the Deputy Chief Cabinet Secretary. In 2005, she joined the Boston Consulting Group, where she worked on domestic and international projects, including healthcare-related projects. In 2007, she joined Hermes Japon, where she was involved in sales planning. In 2012, she was elected for the first time to the House of Representatives from Tokyo's 1st ward (Chiyoda, Minato, and Shinjuku wards) in the 46th election. Since then, she has been elected for four consecutive terms. She has served as Parliamentary Vice-Minister for Foreign Affairs and Vice-Minister for the Environment among other posts.

「政策形成の来し方行く末~『エビデンスに基づく市民主体の医療政策』は実現可能か~」

Panel Discussion 2: "The Past and Future of Policymaking: Examining the Feasibility of Evidence-Based, Citizen-Centered Health Policy"

モデレーター Moderator



栗田 駿一郎

日本医療政策機構 シニアマネージャー

早稲田大学政治経済学部政治学科を卒業後、東京海上日動火災保険株式会社を経て、2016年よりHGPIに参画した。これまでに、認知症のほか、メンタルヘルス、子どもの健康、市民向け政策講座、国会渉外などを担当。在職中に、早稲田大学大学院政治学研究科公共経営専攻専門職学位課程を修了(公共経営修士(専門職))現在、東京都立大学大学院人文科学研究科博士後期課程在学中。主な専門領域は、公共政策学・社会福祉学。

現在、東海大学健康学部非常勤講師、町田市認知症施策推進会議委員、認知症未来共創 ハブ運営委員、日本認知症国際交流プラットフォーム(認知症の人と家族の会)運営委 員など。これまでに愛知県オレンジタウン構想WG委員、浦安市「認知症条例 制定にかか る懇話会」委員など外部への委員参画、企業・学会等での講演、メディアでの発信等も 多数。主な著作に「認知症を取り巻く現状と政策の概況」『高齢者の権利擁護』第一法 規出版(加除式書籍)、「共生社会の実現を推進するための認知症基本法の政策過程 「政策の窓」モデルによる分析」『政策情報学会誌』18(1)など。

Shunichiro Kurita

Senior Manager, Health and Global Policy Institute (HGPI)

After graduating from the Waseda University Faculty of Political Science and Economics, Mr. Shunichiro Kurita began serving at Tokio Marine & Nichido Fire Insurance Co. and later joined HGPI in 2016. In addition to leading HGPI's dementia project, he has been in charge of projects and initiatives spanning a variety of areas including mental health, child health, policy lectures for citizens, and liaison with the Diet. During his time at HGPI, Mr. Kurita earned a Master of Public Management (MPM) degree from Waseda University Graduate School of Public Management and he is currently pursuing a doctorate in social welfare at Tokyo Metropolitan University Graduate School of Humanities. His main areas of expertise are public policy and social welfare.

Mr. Kurita also serves as adjunct lecturer at the Tokai University Faculty of Health and is a member of the Machida City Dementia Policy Promotion Council, the Designing for Dementia Steering Committee, and the Steering Committee for the Japan Dementia International Exchange Platform (operated by Alzheimer's Association Japan). He has also served as a member of the Aichi Prefecture Orange Town Working Group and on the "Committee for Enacting a Local Regulation for Dementia in Urayasu City" organized by Urayasu City in Chiba Prefecture. He has also spoken at companies and academic societies and has made many appearances in the media.



黒川 清

日本医療政策機構 終身名誉チェアマン

東京大学医学部卒。1969-84年在米、UCLA医学部内科教授、東京大学医学部内科教授、東海大学医学部長、日本学術会議会長(2003-06年)、内閣府総合科学技術会議議員(03-06年)、内閣特別顧問(06-08年)、WHOコミッショナー(05-09年)などを歴任。国会による東京電力福島原発事故調査委員会委員長(11-12年)、 グローバルヘルス技術振興基金(GHIT Fund)代表理事・会長(13-18年)、内閣官房健康・医療戦略室健康・医療戦略参与(13-19年)など。

現在、世界認知症審議会(WDC: World Dementia Council)委員・副議長、政策研究大学院 大学・東京大学名誉教授。東海大学特別栄誉教授。

Kiyoshi Kurokawa

Honorary Chairman for Life, Health and Global Policy Institute (HGPI)

Dr. Kiyoshi Kurokawa is a graduate of the University of Tokyo Faculty of Medicine. From 1969 to 1984, he lived in the United States where he served as Professor of Internal Medicine at the University of California, Los Angeles (UCLA) School of Medicine. His other positions have included Professor of Internal Medicine, University of Tokyo; Dean, School of Medicine, Tokai University; President, Science Council of Japan (2003-2006); Member, Council for Science and Technology Policy, Cabinet Office (2003-2006); Special Advisor, Cabinet Office (2006-2008); and Commissioner, World Health Organization (WHO) (2005-2009). He also served as Chairman of the National Diet of Japan's Fukushima Nuclear Accident Independent Investigation Commission (December 2011-July 2012), Chair and Representative Director of the Global Health Innovative Technology Fund (GHIT Fund) (January 2013-June 2018), and as Special Advisor on Health and Medical Strategy at the Cabinet Secretariat Headquarters for Healthcare and Medical Strategy Promotion (2013-2019).

Dr. Kurokawa's current positions include Vice Chair and Committee Member of the World Dementia Council (WDC). He has been named professor emeritus at the National Graduate Institute for Policy Studies (GRIPS) and the University of Tokyo and as a Distinguished Professor of Tokai University.

総合司会 MC



河野 結

日本医療政策機構 マネージャー

シドニー大学大学院医療政策学修士課程修了。修了後、日本医療政策機構に参画。薬剤耐性(AMR:Antimicrobial Resistance)やワクチン・予防接種に関する事業を中心に担当。担当事業等を取り巻く国内外の政策課題の調査分析や各種会合の企画運営に従事。広報・アウトリーチ活動やアドボカシー活動等にも取り組む。

Yui Kohno

Manager, Health and Global Policy Institute (HGPI)

Ms. Yui Kohno is a graduate of the University of Sydney School of Public Health's Faculty of Medicine and Health in Australia. After obtaining a Master of Health Policy degree from the University of Sydney, Ms. Kohno joined Health and Global Policy Institute. There, she is responsible for research and analysis of national and global policy challenges within and beyond the fields of Antimicrobial Resistance (AMR) and vaccination. Her activities include planning and coordinating conferences for better policy dialogue and discussion and engaging in public relations, outreach, and advocacy activities.

日本医療政策機構 寄附・助成の受領に関する指針

日本医療政策機構は、非営利・独立・超党派の民間シンクタンクとして、寄附・助成の受領に関する下記の指針に則り活動しています。

1. ミッションへの賛同

当機構は「市民主体の医療政策を実現すべく、独立したシンクタンクとして、幅広いステークホルダーを結集し、社会に政策の選択肢を提供すること」をミッションとしています。当機構の活動は、このミッションに賛同していただける団体・個人からのご支援で支えられています。

2. 政治的独立性

当機構は、政府から独立した民間の非営利活動法人です。また当機構は、政党その他、政治活動を主目的とする団体からはご支援をいただきません。

3. 事業の計画・実施の独立性

当機構は、多様な関係者から幅広い意見を収集した上で、事業の方向性や内容を独自に決定します。ご支援者の意見を求めることがありますが、それらのご意見を活動に反映するか否かは、当機構が主体的に判断します。

4. 資金源の多様性

当機構は、独立性を担保すべく、事業運営に必要な資金を、多様な財団、企業、個人等から幅広く調達します。また、各部門ないし個別事業の活動のための資金を、複数の提供元から調達することを原則とします。

5. 販売促進活動等の排除

当機構は、ご支援者の製品・サービス等の販売促進、または認知度やイメージの向上を主目的とする活動は行いません。

6. 書面による同意

以上を遵守するため、当機構は、ご支援いただく団体には、上記の趣旨に書面をもってご同意いただきます。

Health and Global Policy Institute: Guidelines on Grants and Contributions

As an independent, non-profit, non-partisan private think tank, HGPI complies with the following guidelines relating to the receipt of grants and contributions.

1. Approval of Mission

The mission of HGPI 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.

2. Political Neutrality

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

3. Independence of Project Planning and Implementation

HGPI 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.

4. Diverse Sources of Funding

In order to secure its independence and neutrality, HGPI 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.

5. Exclusion of Promotional Activity

HGPI 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.

6. Written Agreement

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

特定非営利活動法人 日本医療政策機構

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