



Global Health Summer Program 2012 Report

Disaster Medical Relief Support which Responds to Community Needs
~ After the Earthquake and Tsunami on March11~

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About “Global Health Summer Program”

The Global Health Summer Program 2012 “Disaster Medical Relief Support which Responds to Community Needs ~ After the Earthquake and Tsunami on March 11~” is a program aimed at cultivating young people considering careers which tackle global problems to become the next generation of leaders in the global health field.

The 2011 Great East Japan Earthquake wreaked tremendous damage. Many of the areas affected by this damage were already facing the problems surrounding the aging of citizens and medical staff shortages, and so rather than just re-establishing the former medical systems following the disaster a whole new healthcare provision model was required to meet the needs of the local areas. In order to remedy this problem, new ways of dealing with elderly care and the dispatch of medical resources are being tested out using new ideas and technology in post-disaster Tohoku. These approaches are thought to become new models for disaster medical relief support in future.

In this program, students formulated and aimed to transmit to the world action plans on “providing disaster medical relief support which responds to community needs”, which were based on their own innovative ideas and learning from the Great East Japan Earthquake Disaster.

What Participants can expect to gain through the Program

1. Global Perspective

In order to actively work at the global level, it is necessary to also have the perspective to be able to regard global agendas as their own problems as well as having extensive knowledge. Participants will deepen their understanding on the global issues and proactively explore how Japan can contribute to addressing them and what they can do.

2. Communication Skills

Communication skills are indispensable for fulfilling any task. Participants will learn and practice a range of skills from daily communication through to effective preparation of power point materials.

3. Ability to Solve Issues

Participants gain the ability to grasp the whole picture of the problem, identify the heart of the issue to be dealt with, and to take action. They learn problem solving methods through the process of completing field work within a time frame and formulating action plans where they must consider the whole picture of the problem, identify individuals, organizations, and corporations to negotiate with, and take actions.

The Flow of the Program

The program was organized as described below to provide a comprehensive and advanced learning opportunity to students from diverse backgrounds.

DAY 1-3
Skills Training & Lectures

DAY 4-5
Field Trip

DAY 6-9
Creation of Action Plans

DAY10
Presentation of Action Plans

【Date】

July 30 (Mon) – Aug 10, 2012 (Fri)

【Venue】

The University of Tokyo, Hongo Campus

【Organizers】

Specified Nonprofit Corporation Health and Global Policy Institute
Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo

【Supported by】

Project HOPE
WHO Kobe Centre

【Program Contents】

- Lectures from professionals active at the front line of global health and disaster medicine
- Practical training of problem solving frameworks and interview skills from former strategic consultants
- Field Trip* (Tohoku)

*Learning about new approaches to medical relief in post-disaster Tohoku with the aim of formulating action plans to deepen learning.

Outline of “Global Health Summer Program”

July 30

Orientation

Kazumi Kubota, Haruko Sugiyama, Ayaka Yamaguchi (Specified Nonprofit Corporation Health and Global Policy Institute)

The initial orientation provided an introduction to the members of staff, an explanation of the transitions occurring in the field of global health, and a description of the purpose and proceedings for the program as well as guidelines for the reporting of action plans. Following on from this, an ice breaking session was carried out to help everyone become better acquainted, with the groups being divided up and everyone taking turns to provide introductions for one another. The orientation thus served as an opportunity for participants to remind themselves of the issues to be addressed by the program, and to think about what they each hoped to get out of the lectures and the fieldwork in Tohoku.

Introduction to Global Health

Dr. Kiyoshi Kurokawa (Chairman, Specified Nonprofit Corporation Health and Global Policy Institute)

Dr. Kurokawa began his lecture by asking the students “Why global health?” and “Why participate in this program?” He went on to recognize the great importance being attached to global health worldwide, with four out of the eight Millennium Development Goals being health related. He also noted that following the cold war, and alongside the development of the Internet, the situation for global health has changed. There has also been a diversification of global health players, which now also comprise NGOs active at the international level, private organizations such as the Gates Foundation, and private enterprise. The lecture concluded with the assertion that since 3.11 the safety myth had been smashed, and that now the ability to respond in a resilient manner has more importance than simply demanding safety. From start to finish Dr. Kurokawa pitched various questions in English and the participants of this first lecture appeared somewhat tense, but they also seemed to be greatly inspired by his constantly active and flexible demeanor.

Global Health Policy

Dr. Kenji Shibuya (Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo)

Dr. Shibuya began by recounting what led him into the global health field, such as his experiences in Goma in the former Republic of Zaire and the publication of the World Bank's *World Development Report 1993: Investing in Health*, before going on to talk about the issues affecting global health today. He introduced the students to the words of Dr. Tachi Yamada, former president of global health at the Gates Foundation, who claimed global health to be the future of medicine. Global health refers to shared health issues which transcend borders, and Dr. Shibuya suggested that there are many things that Japan can also learn from global health – such as utilization of ICT and consolidation of the functionality of hospitals. The “three Ps” trend of global health (Prioritization, Partnership and Performance) has led to some promising results in the last 5 years, but many issues continue to persist. Dr. Shibuya concluded his lecture by emphasizing the need for Japan to demonstrate a better awareness of the existence of certain issues, in areas such as agenda setting for global health, competitive funding and the fostering of human resources for health.

Health Emergency Management

Dr. Arturo M Pesigan (Technical Officer, Urban Health Emergency Management, WHO Kobe Centre)

In the lecture, the students started off by doing a quiz with a number of questions on health emergency management in times of disaster, and whether or not various kinds of international assistance are immediately necessary or not. Dr. Pesigan explained the gap between reality and common belief, and discussed with the students which things are actually necessary in light of these realities. The students then divided into four groups and discussed the definitions and role of emergency health management under the themes of ‘disaster’, ‘emergency’ and ‘hazard’. Finally, Dr. Pesigan finished his lecture by talking about how specialists in health emergency management do not just emphasize the importance of the medical side of things, but also the development of more open and flexible responses.



Disaster Medical Care in Iwate, 10ⁿ

Dr. Shinji Akitomi (Professor, Iwate Medical University / Emergency physician / Intensive care physician)

Drawing on his experiences of providing emergency medical care in the Amagasaki rail crash and the Great East Japan Earthquake, Dr. Akitomi discussed the actual kinds of circumstances one encounters at the site of a disaster where every moment counts, and while showing photos and videos from the actual disasters he shared what should be prioritized. Important things at the site of a disaster include the sharing of information through horizontal cooperation across various organizations, implementation of the “three Ts” (Triage, Treatment & Transport), creation of “action cards” to assist with initial planning and leadership, and having an imaginative back-up for an environment in which there is very little information. Dr. Akitomi concluded his lecture by stressing that it should be kept firmly in mind that disasters are not sites of competition, but rather of cooperation.

Business Management Issues for Healthcare Recovery

Ms. Kanoko Oishi (President, Mediva Co., Ltd. / General Manager, Platanus Medical Corporation)

In this lecture, students learned about the endeavors of private enterprise (consultancy) in the area of healthcare innovation from the patient perspective. Considerations in this area include things such as how to create a system in which every doctor can be an "Akahige doctor", or in other words a doctor who is able to act as a symbol of community healthcare but can do so without sacrificing aspects of his or her own family life. The lecturers discussed the importance of constructing systems for things such as securing doctors and nurses, education for home medical care, information sharing on patients, and economic efficiency, together with relevant simulations. Using the measures used to improve the running of Kesenuma Motoyoshi Hospital as an example, they also discussed how thinking about management plans that take into account simulations of revenue and expenditure are very important when considering the requests of medical organizations in the disaster areas.

Disaster Medicine and Public Health

Dr. Kenneth W. Schor (Acting Director, National Center for Disaster Medicine & Public Health)

The lecture began with an explanation that the term disaster does not merely refer to the event that has happened, but also encompasses a series of frameworks relating to the occurrence of hazards, the receipt of damage, and the societal response. A number of examples were introduced relating to this “disaster cycle”, deepening the students understanding of disasters. Following on from this, Dr. Schor explained the role of the National Center for Disaster Medicine and Public Health, and how they are looking ahead to their planned field trip to Tohoku where they hope to be able to introduce necessary knowledge and capabilities to those working in the medical field. In addition to this, he also hinted at the things that could be gained from talking to those who were working in the medical field at the actual time and location of the Great East Japan Earthquake. The participants appeared to be very stimulated by learning about this alternative American perspective to disaster medicine.

Activities and Future Prospects if Disaster Medical Assistance Teams (DMAT)

Dr. Hisayoshi Kondo (Vice Director, DMAT Secretariat MHMW Japan)

Dr. Kondo introduced the participants to the details of DMAT’s activities during times of disaster (established in 2005 as a result of lessons learned from the Great Hanshin Awaji Earthquake), and continued by talking of his own experiences on the day of the Great East Japan Earthquake and DMAT’s activities in the immediate aftermath, showing photos from the actual disaster site. He explained the tumultuous days involved in undertaking a supervision role and moving back and forth across the areas between Fukushima and Iwate, and shared the turmoil, hardship and emotional tension of that time with the participants. Toward the end of the lecture, he explained the current state of activities being carried out in Fukushima, and emphasized the importance of harnessing the many lessons learned from this unparalleled disaster (such as the overhaul of systems and information sharing) for future disaster measures. He finished by conveying a strong message to the participants as to how it can’t be forgotten that for the disaster areas the disaster still isn’t over.

Project HOPE’s Activities

Mr. Frederick E. Gerber II (Country Director Iraq / Special Projects, Project HOPE)

In the lecture, Mr. Gerber shared the history and experiences of Project HOPE. He went on to express to the students the importance of clearly defining what they want to do with their lives, and of making a career plan for the achievement of their goals. He also suggested that visiting countries outside of Japan and accumulating exciting experiences was very meaningful. He touched on the supporting activities of Project HOPE during the Great East Japan Earthquake, and how at first when they enquired as to whether they could provide any support to the disaster areas many of the answers were “no thank you”. However through frequent visits to Japan and building up discussions, they were able to build up a relationship of trust with the people they were trying to support. Mr. Gerber spoke of how it is not easy to come in from overseas and provide help, but that respecting the culture of the recipient country and having the determination to make progress together for recovery is important.



August 1

Things to Think About and Communicate – Problem Solving Thinking and Presentations – Ms. Mayuka Yamazaki (Senior Research Associate, The Harvard Business School Japan Research Center)

With the aim of getting to know more about thought processes for the formulation of action plans, the students learned about techniques such as “MECE” and logic theory. While tackling a practice exercise problem of “What is Japan doing for the recovery of health care in Tohoku?” the students used logic theory to breakdown, analyze, and create a story line for the issue, and in doing so practiced the application of each of these components of problem solving thinking. In the latter half of the lecture, students learned how to gain proficiency in the creation and giving of presentations. In the group work following this, the students frequently referred back to the problem solving thinking and basic presentation skills received in the lecture in order to try carrying out a debate based from a logical perspective, and prepared themselves for making presentations.

From Recovery to Restoring Happiness – What Can be Learned from the Great East Japan Earthquake? – Mr. Norio Fujiki (Director-General, The Tohoku Regional Bureau of the Ministry of Health, Labour and Welfare / Chief, The MHLW Reconstruction Headquarters in response to the Great East Japan Earthquake)

Mr. Fujiki began by talking about the dispatch of medical personnel and the activities of pharmacists, health workers and dieticians during the Great East Japan Earthquake, and the nursing and support provided for children and people with disabilities to the disaster areas. He also talked about the ongoing support being provided for those still living in temporary accommodation and those living in partially destroyed houses. In providing support there are various problems, but it is important that it is remembered that even if people are living in a temporary house it does not mean that they are not part of real life or that their lives themselves are a temporary issue. In order to preserve the dignity of the lives of those people affected by disasters, Mr. Fujiki emphasized that we must make use of the lessons from this disaster and prepare for the next one, and prior to another disaster occurring we must create networks between areas on a routine basis and advance the measures for provision of mutual support. In the final part of the lecture the participants heard a song by children in Fukushima around the theme of their love for the area, which appeared to strongly hit home among the participants.

Activities of Japan Platform in Response to the Great East Japan Earthquake Mr. Mitsuya Kodama (Programme officer, Japan Platform)

For this lecture the participants heard about the activities conducted in the aftermath of the Great East Japan Earthquake by Japan Platform, an international humanitarian aid organization that acts as a system for creating cooperation and ties between NGOs, the business community and government to ensure more efficient and speedy emergency response during times of disaster or mass displacement of people. Mr. Kodama explained the activities for creating cooperative links in Miyagi Prefecture while giving some concrete case examples, and went on to talk about the necessary things for the future of support to the area, and whether this support should be things such as “locally oriented”, “locally-led” or “slow and careful”. The lecture concluded with an introduction to the poem “Go to the people”. For the students, who were about to undertake the challenge of creating action plans that meet the needs of local areas, there was a great deal of interest in how different players could work together. There was also much interest in the kinds of activities Japan Platform did to help facilitate this cooperation, and even after the lecture ended the questions were ongoing.

August 2

Healthcare Support for the Lives of Local People Ms. Sonoda Ai, Mr. Kohei Shiozawa & Miyuki Osaka (You Home Clinic / Health and Life Revival Council in Ishinomaki District)

Following a visit to inspect the coastal areas of Ishinomaki, the participants heard about the activities of the Health and Life Revival Council in Ishinomaki District (RCI) and the You Home Clinic, at the You Home Clinic center in Ishinomaki. The RCI aims to provide rapid and appropriate support in response to the needs of citizens, through comprehension of the actual health and lifestyle situations of family units living in partially destroyed homes in the Ishinomaki district. A total of around 4000 such families have been targeted for carrying out assessments, and have subsequently been provided with appropriate health and medical support. The You Home Clinic aims to provide complete lifestyle support to local people over and above standard healthcare, and that also creates links between individuals in the process, and this is the mainstay of the RCI. Following the lecture, discussions and presentations were carried out in front of the rest of the group on issues corresponding to the realities of the situation, such as “What do you think the barriers were to the establishment of the You Home Clinic Ishinomaki?” and “In what way do you think the local area should carry on the activities of the Health and Life Revival Council in Ishinomaki District?”



Healthcare Activities in Kesennuma Following the Great East Japan Earthquake Disaster, and Future Prospects

Dr. Koji Kiryu (Director and Medical Inspector, Kesennuma Public Health Center, Miyagi Prefecture)

Dr. Shigekuni Yokoyama (Kesennuma City Hospital)

Dr. Norio Narita (Kesennuma City Hospital)

Ms. Kieko Sakamoto (Kesennuma Public Health Center)

Mr. Hitoshi Otomo (Chairman, Kesennuma Medical Association / President, Otomo Hospital)

A symposium style talk was given at the Kesennuma Healthcare Center, with a number of doctors and health workers who had made efforts to save the lives of the local people following the disaster gathering in order to talk about the medical activities following the Great East Japan Earthquake and the future prospects of the area. To begin with, following encouragement from Mr. Otomo who was keen for the students to do their best, Dr. Kiryu talked about the mid to long-term support being provided at the health center following the disaster. He conveyed a fervent message to the participants that in order to achieve reforms **Change** and connection between the “inside and the outside” in local healthcare by individuals who will be involved in international health and health policy in the future **Challenge**, it is necessary to reenergize from everyday life **Charge**. Following on from this, Dr. Yokoyama spoke of the importance of making use of the connections made between various professions as a result of the experiences of the disaster areas for comprehensive health and welfare activities. Dr. Narita talked about the future-oriented community general care system being aimed at for the revitalization of Kesennuma’s health care. Finally, Ms. Sakamoto described the activities of the Healthcare Center from the time immediately after the disaster up until the present moment, as well as future issues, such as the importance of education that is also routed in ordinary times and circumstances.



Japan Primary Care Association – Great East Japan Earthquake Disaster Project Activities

Dr. Kentaro Hayashi (Chief Director, Barefoot Doctors OKINAWA)

Dr. Hayashi, who also works as a special team coordinator for the Japan Primary Care Association Team (PCAT) Great East Japan Earthquake Project, gave a very informative talk about the activities of PCAT, giving many examples such as a project for the dispatch and training of doctors to Kesennuma Motoyoshi City Hospital and Psychological First Aid (PFA) workshops. Continuing on from this, speaking from his international experiences in medicine such as the launch of emergency medical care in Myanmar, Dr. Hayashi emphasized the importance of being aware of the needs of people living in communities and localizing activities when dealing with global health issues both domestically and abroad. He concluded his talk by sending a message to the students: “The heroes of global health learn and grow from their mistakes. Acting without being afraid of making a mistake is important”.

August 3

Integrating Approaches at Takata Hospital ~ Disaster Recovery and Local Healthcare ~

Dr. Mikihiko Ishiki (Director, Rikuzentakata Hospital)

The lecture began with noting how Rikuzentakata City had originally always suffered from a lack of doctors. In carrying out elderly care though conducting comprehensive evaluations of senior citizens the hospital had improved its management, however just as the decision was made to steer the hospital in the direction of successful rehabilitation of the elderly the Great East Japan Earthquake struck. Dr. Ishiki described the dramatic scenes of this and the following day until a helicopter came to give assistance; how the tsunami had rushed toward the hospital, how later on both hospitalized patients and townspeople alike had evacuated onto the roof, and how citizens had helped in moving patients up there. At the end of the lecture, the plans for the restoration of the inpatient ward at Takata Hospital were shared, and the hospital is moving toward achieving the goals it had set prior to the disaster.



Elderly Care During Times of Disaster ~ Activities at the Matsubara Nursing Home ~
Dr. Noriya Kikawada (Chairman, The Japan Association of Geriatric Health Service Facilities)
Ms. Mikiko Irisawa (Head Nurse, Medical Corporation Shokyukai)
Mr. Satoshi Murakami (Medical Corporation Shokyukai)
Mr. Tomoyuki Yamamura (Coordinator, Kesen Broad Environment Future City Healthcare Consultation Team)

Having shown some of the data revealing the human costs to Rikuzentakata City during the Great East Japan Earthquake Disaster, the lecture proceeded with an explanation as to how even though some places had been washed away, such as the specialist dementia day service center, a renovated old-style house in Ofunato City, everyday evacuation drills had come in essential and had prevented further loss of life. Furthermore, at the Matsubara Long-term Care Facility, the roof is designed to provide an evacuation area, there is emergency lighting, everything is run off of electricity (through solar power and power accumulation), and the beds are fixed. The building has therefore been built keeping earthquakes and tsunamis firmly in mind, and everyday practices for things such as triage are also shared. These examples were used to highlight the importance of medical and welfare facilities operating in a manner that is prepared for earthquakes and tsunamis. Following on from this, the students were able to take a look inside the Matsubara Long-term Care Facility, with Ms. Irisawa and Mr. Murakami providing an explanation of the thorough disaster preparedness measures at the facility and the situation from the time of the disaster through to the present day. Mr. Yamamura also provided an introduction to the medicine and nursing collaboration model for the Kesenuma Futuristic Environmental City. The session thus provided numerous ideas for the students for the design of their action plans.

Partnerships for Protecting Community Medicine

Dr. Minoru Kawashima, Dr. Toshiaki Saito, Ms. Michiko Sasaki & Mr. Masao Oikawa (Motoyoshi Hospital, Kesenuma, Miyagi Prefecture) / Ms. Nahoko Harada (Manager, Training and Academic division, Japan Primary Care Association Post-Disaster Aid Project PCAT)

In this lecture, the students heard about how Motoyoshi Hospital, the only medical organization serving around 10,000 people living in the old Motoyoshi City, acted to ensure the preservation of community care following the disaster. They also heard about the activities of PCAT to support these efforts through measures such as the dispatch of resident physicians in the later stages of their training. Ms. Sasaki worked frantically in the post-disaster period to protect the health of local residents as some of the usual doctors were missing, and following this the hospital director Dr. Kawashima and vice-director Dr. Saitou also decided to work as full-time doctors. Mr. Oikawa orchestrated plans to gain funds and secure doctors in order to ensure the ongoing running of the hospital, and Ms. Harada from PCAT provided the various types of back up for the activities of medical staff on site from the perspective of “support for those doing the supporting”. The repair work to the first floor, which was destroyed by the tsunami, has now been completed, and in having a fresh start Motoyoshi Hospital was flush with warmth and liveliness. In the future, it is planned to create a system that meets local needs through enabling home examinations. The session provided a key opportunity to think about how community health should be run by learning about its protection, such as is being achieved through partnerships between doctors at Motoyoshi Hospital, supporting doctors, and academic societies.

August 6

Simulation Modeling in Health Care

Dr. Angel Martinez (Senior Manager, Business Development, Healthcare Solutions, Lockheed Martin Global training and Logistics) & Ms. Carma Erickson-Hurt (Clinical Nurse Specialist, Project HOPE)

Lockheed and Martin Global and Logistics works to develop virtual systems capable of simulation modeling in the healthcare field. The lecture began with an explanation of the methods of modeling and simulation, followed by some videos of virtual hospitals and danger management systems that had actually been produced in this way. In the second half of the lecture, Ms. Erickson-Hurt, who spent half a year on a hospital boat at the site of the Sumatra Earthquake, talked about her experiences and successful examples of doing training on a virtual boat. In the lecture the participants also learned of the importance of palliative care and bereavement support at times of natural disasters, and how disaster readiness plans differ according to the population.

Disaster Recovery Support Activities by Businesses and Future Prospects

Mr. Toshiya Kato (Manager, Marketing Planning Dept., Marketing Division, GE Healthcare Japan)

Mr. Kato began the lecture with a quote from the father of the General Electric Company, Thomas Edison: “I find out what the world needs, then I proceed to invent it.” Through the provision of technology, services and financial solutions, GE has taken on solving many of the world’s difficult problems. One area being focused on within the environment and healthcare fields is that of “sustainable cities”, and since 2009 a partnership has been formed with Miyagi Prefecture in this area. Following the disaster, small-size cars for doctors were contributed to meet the local needs, and support for the recovery was provided in the form of a project assisting with collaborative efforts between citizens (the Ishinomaki Recovery Collaboration Council). From such tangible examples the students learned about the need for ongoing support for the recovery. The lecture closed with a mention of the future prospects of GE Healthcare Japan, and how the company would like to share measures for improving the quality of life in old aged citizens in Japan, and the knowledge gained from these endeavors, with the rest of the world.



Group Work & Midway Report Session

The students were divided into each of their groups, where they attempted to formulate action plans for solving the issues proposed in the guidelines, including “What are the local needs?” and “What are the issues for achieving a health care model that meets these needs?” During this group work period, the opportunity to get relevant advice from mentors active in the working world was also provided. At the midway report session, each of the groups gave a report and received advice and feedback from the mentors on the logic, real-life potential, and presentation methods of their reports.

Career Forum

From development to international cooperation, there is no single route for building a career in the area of global health. At many organizations both within Japan and overseas, it is necessary to build up one’s own experience while cooperating with a range of multi-stakeholders. In this session, role models active on the international stage were invited to speak to the students and pass on key messages about the choices they made at key turning points in their lives and the kinds of careers they have come to pursue.

<Speakers>

1. Mr. Naoto Kanehira (Economist with the Corporate Reform and Strategy Department, The World Bank / President, soket)

Mr. Kanehira opened his talk by prompting the students to consider their own situations by asking the students “Is there anyone here who knows what their personal mission and professional calling is? Alternatively, if you do this kind of thing and it gets your adrenaline pumping does anyone here know what their personal source of this good feeling is?” Mr. Kanehira then went on to talk about the background that led him to committing to a career in development, and the moment other peoples problems began to also feel like his own problems. He also discussed the importance of continuing learning, with regard to both having multi-disciplinary expertise on which issues are centered and also having deep expertise. In the question and answer session, the discussion developed to encompass a range of areas from global health to space, and the session resulted in the stirring up of much imaginative power.

2. Ms. Sayako Kanamori (Chief Health Officer, Japan Institute for Global Health)

Ms. Kanamori began her talk with the phrase **“If Opportunity doesn’t Knock, Build a Door”**, and while also drawing from her own experiences emphasized the importance of behaving in a positive manner and having the right attitude to forge one’s own future. Having gained experiences in industry, academia and government ministries, Ms. Kanamori is currently active as an agent of change in global health in her role at the Japan Institute for Global Health. Through this thought-provoking talk, the students appeared to be considering the importance of gaining experiences with various organizations for building their own careers.

3. Ms. Jun Shirato (Humanitarian Affairs Representative, MEDECINS SANS FRONTIERES JAPON)

Ms. Shirato began by introducing what his boss said to him after he started working for an international organization: **“Don’t take anything for granted”**. He went on to talk about the points of working in the area of humanitarian assistance that he finds satisfying, and those which he finds challenging. The participants appeared to be particularly struck by his comment that “actions that you think are the direct result of wanting to make people happy are not actually entirely selfless, as they are also driven by the need to satisfy one’s own personal desires to make people happy. This is something you must always be aware of.” Ms. Shirato also discussed the support provided by Médecins Sans Frontières after the Great East Japan Earthquake Disaster, and thus the session also served as a good chance to think about the forms of support that are truly essential to those being helped.



Final Report Meeting

Time: 10:00-12:00

Venue: Medium Lecture Room, Ito International Research Center, The University of Tokyo

Judges:

- Mr. Mikio Ishiwatari (Senior Disaster Management Specialist, World Bank Tokyo Office)
- Ms. Yoko Sakanoue (Brand Management Consultant)
- Mr. Tomoyuki Yamamura (Coordinator, Kesen Broad Environment Future City Healthcare Consultation Team)
- Mr. Jostacio M. Lapitan (Technical Officer, Urban Health Emergency Management, WHO Kobe Centre)

Program:

- 10:00 Opening
- 10:15 Reporting of Action Plans (4 groups)
- 11:35 Comments from the judges / Overall Evaluation
- 12:00 Adjournment



Mr. Mikio Ishiwatari
(Senior Disaster Management Specialist, World Bank Tokyo Office)



Ms. Yoko Sakanoue
(Brand Management Consultant)



Mr. Tomoyuki Yamamura
(Coordinator, Kesen Broad Environment Future City Healthcare Consultation Team)



Mr. Jostacio M. Lapitan
(Technical Officer, Urban Health Emergency Management, WHO Kobe Centre)



Putting Together Action Plans

At the action plan reporting session, each team made a presentation on 10 days of measures in response to the themes posed below. The Hayabusa team was judged to have produced the best plans.

【Themes】

One year and four months on from the earthquake disaster, it is decided that you will work as an adviser for the formulation of a health care model (including health, welfare and medicine) in the Kesennuma district. Fortunately, because of the classes you took as part of GHSP2012, you have a network comprising medical personnel such as local doctors, nurses and health workers, NGOs, government (local/regional/national), industry and academia, as well as your own private network. Because of this, you are able to receive various bits of advice and it seems as though cooperative efforts will be possible.

Firstly, please produce an action plan that enables the achievement of a health care model that responds to the community needs of Kesennuma region in the recovery phase. In addition to this, as a future expert in the field of global health, and in order that your plans may be applied elsewhere, please select 5 of the most important points from your health policy related action plans and produce 'Our five key points for formulating a health care model that responds to the community needs'

Tsubasa Team An Action Plan for Patients in Kesennuma Over the Age of 65 Suffering from Debilitation Due to Inactivity



Presentation Summary

Roughly 30 percent of elderly people (aged 65 and up) living in temporary housing are suspected to be suffering debilitating effects resulting from inactivity, and preventative measures are now imperative. In order to resolve this problem, the team proposed providing a place for dancing and holding a Bon Dance Contest “Kesennuma Bon Dance” aimed at the over 65s. It was suggested that competition could raise morale, boost feelings of connectedness, and create roles in society, which in turn could help improve and prevent inactivity and debilitation. Funding could be raised through cooperation with the local chamber of commerce and elderly care centers, and awareness of the program could be raised through visits to the temporary housing by elementary school students. Through such measures it would be aimed to produce an environment where the elderly feel like they have a reason to live and are connected to other people, with associated reductions in debilitation from inactivity, recovery of community ties, and eventually also vitalization of the local economy and transmission of local culture.

<Tsubasa Team’s Five Key Points for Applying these Plans to Other Global Regions>

1. The local area should be viewed in person
2. There should be a clear notion of the issues at hand
3. Health care should incorporate both mental and physical aspects
4. Plans should be rooted in local areas
5. The good points of those one works with should be extracted

Evaluation Placing importance on festivities, this plan should be easy to get going in the Tohoku area. However, the ‘obon’ festival period that bon dance is associated with is only held once per year, and so it is important to also think about events that can be held around the rest of the year. Bon dance is important to local people, but this doesn’t necessarily mean that large numbers of the elderly will take part in bon dance. Furthermore, just relying on the local chamber of commerce for funds will be difficult, and it would be more realistic to bring fund raising in urban areas into the equation.

Komachi Team Solving the Problem of Insufficiency of Doctors Without Raising their Numbers — Regeneration of Healthcare from Kesennuma—



Presentation Summary

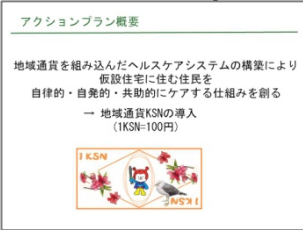
As a result of the disaster the number of doctors in the Kesennuma region declined by 15%, currently standing at 110 doctors per 10,000 people (compared with the national average of 217.5 doctors per 10,000 people). Furthermore, the population-aging rate is 29.3% (compared with the national average of 22.7%), appearing like the predictions for Japan 10 years into the future. On the other hand, the number of nurses actually exceeds the national average. The team therefore proposed that the burden on doctors could be reduced, and the local medical needs met, by bringing in a certain number of nurse practitioners with practical experience and special education. Relaxing legal regulations for bringing in nurse practitioners, training of nurse practitioners and building cooperative links between stakeholders such as medical doctor and nurses associations is essential. To achieve this, the group therefore proposed a concrete plan involving applying for Miyagi Prefecture to have status as a special medical area, establishing courses in universities for training to become a nurse practitioner, and holding a council on introducing more nurse practitioners.

<Komachi Team's Five Key Points>

1. Understanding the culture of the local area
2. Analyzing macro data
3. Producing multi-disciplinary ideas
4. Complete modeling of the local area
5. Cost-effectiveness

Evaluation The demand for nurse practitioners is high and this is something that would ideally be achieved, and the presentation was extremely commendable for its inclusion of policy issues. On the other hand, although opposition from doctor's associations was identified as being a contributory factor to difficulty in achieving these plans, as slightly more concrete analysis of potential problems would represent a larger step forward to the potential achievement of these plans.

Hayabusa Team Building an Autonomic, Self-Sustaining and Assistive Healthcare System which Incorporates a Local Currency



Presentation Summary

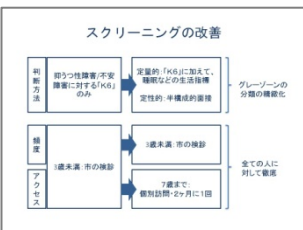
The team asserted that in order to solve the health problems of residents facing extended periods living in temporary housing, the creation of an autonomic, self-sustaining and assistive healthcare system based on principles of economic circulation is necessary. In order to achieve this, the team focused their attention on the idea of having a local currency, and proposed introducing it in the form of KSN (1KSN= 100 yen). Participating in a prevention program or as a volunteer could lead to receiving KSN, which then in turn could be used for accompaniment to hospital and transportation to get shopping. As well as referring to existing examples of introduction of local currencies, the team considered the potential scale of KSN circulation by expanding existing distribution routes, risk management, a timeline until execution, evaluative points, and the application of the plan in the existing system, hinting at the plan's potential for realization.

<Hayabusa Team's Five Key Points>

1. Clarifying the scope of support – in order to cultivate the community
2. Economic sustainability - in order to have support rooted in the local area
3. Plans that can be evaluated - in order for repeated evaluation and correction, and so that plans can lead from one into the next
4. Respect for the cultural and social climate – in order to produce a framework that better meets needs
5. Promoting transformation of behavior - in order so that individuals are responsible for their own health and take action to maintain it

Evaluation This idea, which was derived from real-life examples, was presented in a way that was easy to understand due to the inclusion of small skits, and managed to really grab the audiences' attention. The inclusion of economic proposals is highly rated, but slightly more substance to the effectiveness of prevention programs and cash flow forecasts is necessary. If the means of solving issues were also included, the potential for the plans realization would become even higher.

Hayate Team Improving Childcare Support in Kesenuma



Presentation Summary

The team drew attention to the fact that in the disaster areas post-natal depression rapidly increased. With a focus on women at risk of depression (grey zone), the team proposed improving screening for the better elaboration and thoroughness of the grey zone, and aimed at optimizing depression prevention during child rearing years. The grey zone should be appropriately classified with each individual issue tackled, and linked with coordinators, town halls and research institutes. In addition to this, counter strategies for post-natal depression should be strengthened through creating child rearing support and opportunities to participate in the community, achieved by obtaining funding for each of these respects.

<Hayate Team's Five Key Points>

1. Be aware of what one is capable of
2. Think about future generations (Thinking about not just the effect on the current point in time but in the future as well)
3. Separating out problems and identifying the issues
4. Having an awareness of the potential of citizens, and thinking about maximizing systems
5. Not forgetting that needs are not always obvious

Evaluation On the field trip the students heard much about the number of isolated mothers, and this presentation focusing on this issue and proposing better understanding of the grey zone was delivered in a persuasive and passionate manner. The setting of the issue was good, but more concrete explanation of the activities and analysis of the cause of the problem (such as giving birth in a high stress environment) are additionally important.

Group work in Tokyo



Introduction of Lecturers, Mentors and Speakers

Lecturers

In order of lecture

July 30 (Mon)



Photo: Tetsuo SAKUMA

Dr. Kiyoshi Kurokawa, MD, MACP, FRCP(London)
Professor, National Graduate Institute for Policy Studies / Chairman, Health and Global Policy Institute
Chair, Co-Founder, IMPACT Japan

A graduate of University of Tokyo Faculty of Medicine; in US 1969-85, was a professor of medicine, School of Medicine of UCLA (1979-84), of University of Tokyo (1989-96), Dean of Tokai University School of Medicine (1996-2002), President of Science Council of Japan (2003-06), Science Advisor to the Prime Minister (2006-08). Executive member of many national and international professional societies, WHO Commissioner (2005-09), Institute of Medicine of National Academies of Sciences of USA.

His website: <<http://www.kiyoshikurokawa.com/en>>



Dr. Kenji Shibuya, MD, DrPH
Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, University of Tokyo

Dr. Shibuya is a professor of Global Health Policy at the University of Tokyo's Graduate School of Medicine. He obtained his MD at the University of Tokyo in 1991 and started his career at Teikyo University's Ichihara Hospital in Chiba, Japan. He has been a research fellow at the Harvard Center for Population and Development Studies and worked in Cambodia and Rwanda. In 1999, Dr. Shibuya earned a doctorate of public health in international health economics at Harvard University. After teaching at Teikyo University in Tokyo, he joined the WHO's Global Programme on Evidence for Health Policy in 2001 and was been chief for the Health Statistics and Evidence Unit from 2005 until 2008. Dr. Shibuya was been a regular contributor to the World Health Reports and responsible for the World Health Statistics publications at WHO. He has published widely on mortality, causes of death, burden of disease, risk factors, cost-effectiveness, priority settings, and health system performance assessment. He spearheaded the future strategic directions of the Japanese global health policy agenda after the Hokkaido Toyako G8 Summit in 2008. He has led the Lancet Series on Japan published in 2011 in an effort to jump start the debates on Japanese domestic and global health policy reform. He is currently a core member of the Global Burden of Disease 2005, an advisory committee member for the WHO health statistics, and an organizing committee member for several Lancet series.



Dr. Arturo M Pesigan
Technical Officer, Urban Health Emergency Management, WHO Kobe Centre

Dr Arturo M Pesigan is presently the team leader of urban health emergency management of the WHO Centre for Health Development or the WHO Kobe Centre. Prior to his assignment to Kobe, he was the regional responsible officer of the Emergency and Humanitarian Action unit of the Regional Office for the Western Pacific of WHO. Prior to this, he was the public health officer of the WHO office in Timor Leste. Before joining the WHO, Dr Pesigan was Professor of public health of the College of Public Health of the University of the Philippines Manila. He was also a Vice Chancellor of the University of the Philippines Manila and a Dean of the School for Distance Education of the University of the Philippines Open University. He is one of the pioneers in the training programmes for health emergency management in the Philippines. He has published several books on disaster management in health and has contributed to various publications on public health, community medicine and environmental/occupational health. He graduated pre-med (BS, Zoology) with honors and medicine from the University of the Philippines. He was a Rotary International fellow for undergraduate studies at The Johns Hopkins University. He went for postgraduate studies on public health /community medicine at the Memorial University of Newfoundland (Canada). Training on disaster management was from the Catholic University of Louvain, University of Geneva, WHO, ICRC/IFRC and UNDAC. He was a recipient of the national award in the Philippines:

Ten Outstanding Young Men and the international award: Outstanding Young Persons of the World.



Dr. Shinji Akitomi
Professor, Iwate Medical University / Emergency physician / Intensive care physician

In 2003, he was appointed Chief Resident at Senri Critical Care Center, and in 2006 he became Head Physician at Saiseikai Shiga Prefecture Critical Care Center. At the time of the JR Fukuchiyama Line train crash in 2005, he entered the first crushed train car to provide emergency treatment to victims. After spending time in the Emergency and Intensive Care division at the University of Tokyo Hospital, he assumed his current post in 2008. After the Iwate-Miyagi Nairiku Earthquake of 2008, he oversaw the onsite medical response, and after the Great East Japan Earthquake Disaster of 2011 he was in charge of the medical team at Iwate Prefecture's Disaster Response HQ.



Ms. Kanoko Oishi
President, Mediva Co., Ltd. / General Manager, Platanus Medical Corporation

A graduate of Osaka University School of Law and holder of an MBA from Harvard Business School, she established Mediva after working as a partner at McKinsey & Company in both Japan and the US. She has written several books, including co-authoring "The Era of Consumer-First Companies", and served on numerous committees, including the Investigative Commission on Future Healthcare Management Reform and the Social Security Council at the Ministry of Health, Labour and Welfare, and the 2009 Committee to Promote Projects for a System of Regional Observation and Support at the Ministry of Economy, Trade and Industry. Moreover, she serves as an expert member of the Cabinet Secretariat's Expert and Practitioner Joint Committee on Building Community Health and Healthcare. She also serves as a non-executive director on the boards of M-OUT Inc., Care Review, Inc., and Astellas Pharma Inc. In 2007, she was recognized as "Nikkei Woman of the Year" and at the Japan Venture Awards 2010, she was awarded the "Small and Medium Enterprise Agency Director-General's Commendation". Also, in 2007, Mediva was among the first companies to be recognized for the "Japan 300 High-Service Award".



Dr. Kenneth W. Schor
DO, MPH, Acting Director, National Center for Disaster Medicine & Public Health

Dr. Schor is a federal civilian faculty member of the Uniformed Services University of the Health Sciences (USU) having retired in May 2009 after 27 years active duty service in the US Navy Medical Corps. His appointments at the nation's federal health sciences university include: Acting Director of the National Center for Disaster Medicine and Public Health; Assistant Professor in the Department of Preventive Medicine and Biometrics; and Deputy Public Health Emergency Officer. He is the immediate past Associate Program Director, National Capital Consortium, General Preventive Medicine Residency. Dr. Schor graduated cum laude from Allegheny College, Meadville, PA; received his Doctor of Osteopathic Medicine (DO) degree from the Philadelphia College of Osteopathic Medicine; was a Distinguished Graduate of the National Defense University's Industrial College of the Armed Forces with a degree of Master of Science in National Resources Policy; and received a Master of Public Health (MPH) degree from the Uniformed Services University of the Health Sciences with a concentration in Health Services Administration. Dr. Schor's professional interests include Global Health, Disaster Response, International Humanitarian Assistance, Post-Conflict Stabilization and Recovery, Civil-Military Coordination, and Travel Medicine.



Dr. Hisayoshi Kondo
Vice director, DMAT Secretariat MHMW Japan

Graduated from Nippon Medical School in 1996, proceeding to the Graduate School of Medicine, and also working in the Critical Care and Emergency Center of the Nippon Medical School Hospital. In 1998 he joined what is now the National Institute of Public Health, before moving to the National Institute of Radiological Sciences in 2000, and from 2004 serving as an emergency health policy and planning specialist in the Health Crisis Management Office of the Health Sciences Division at the Ministry of Health, Labour and Welfare. Currently, he is Deputy Bureau Chief of the Ministry's Disaster Medical Assistance Team (DMAT) at the National Disaster Medical Center. In addition, he is also involved with many activities through the Japan International Cooperation Agency (JICA), as well as serving on various committees, including the advisory board to the Japanese Association for Disaster Medicine.



Mr. Frederick E. Gerber II
Country Director Iraq/Special Projects, Project HOPE

Gerber continues serving with 38-years of key operational, leadership and management experience in the health industry.

Gerber is currently supporting Japan's 2011 Higashi Nihon Daishinsai, in the Tōhoku region with the operational imperatives of providing Japanese speaking health professionals for the mid-term and the long-term rebuilding/re-equipping and sustainment of selected clinics destroyed by earthquake and tsunami events.

Now also serving 7-years as the Country Director Iraq/Special Projects for Project HOPE, an international health education NGO and as the Program Manager for the Basrah Children's Hospital in Basrah, Iraq.

Served as a US Army Officer for over 31 years and is a US Army Ranger, Master Parachutist and Special Forces qualified officer.

Gerber lived in Fuchu Air Force Base 1960-1962 as a youth and attended St Mary's International School in Tokyo.

Aug 1 (Wed)



Ms. Mayuka Yamazaki
Senior Research Associate, The Harvard Business School Japan Research Center

Ms. Mayuka Yamazaki worked for McKinsey & Company and the Research Center for Advanced Science and Technology, the University of Tokyo. She has worked for the Harvard Business School (HBS) Japan Research Center since 2006, mainly preparing cases on Japanese companies and economy for use at the HBS. Ms. Yamazaki has also participated in operation of the Global Health Leadership Program of the University of Tokyo as a fellow since 2010. She graduated from the University of Tokyo Economic Department and Georgetown University Edmund A. Walsh School of Foreign Service.



Mr. Norio Fujiki
Director-General of the Tohoku Regional Bureau of the Ministry of Health, Labour and Welfare / Chief of the MHLW Reconstruction Headquarters in response to the Great East Japan Earthquake

Norio Fujiki graduated from the Faculty of Law at Kyoto University in 1980, and in the same year entered the former Health and Welfare Ministry. At the Ministry of Health, Labour and Welfare he held positions in a number of areas, including Elderly and Disabled Welfare, Public Health, Health Policy, Medical Insurance, Pensions, and the Minister's Secretariat. Outside of the Ministry of Health, Labour and Welfare, he has also been responsible for Water Quality Control and Waste Disposal at the Ministry of the Environment, and for planning audits for government-sponsored bills in the Cabinet Legislation Bureau. Norio Fujiki became the Director-General of the Hokkaido Regional Bureau of the Ministry of Health, Labour and Welfare in July 2009, and took up his current position in August of 2011.



Mr. Mitsuya Kodama
Programme officer, Japan Platform

Graduated from the Department of Policy Management at the University of Keio in 1997, studied refugee issues at the University of Oxford, and received from the department of International Health of the graduate school of Medicine at the University of Tokyo.

Worked at the Ministry of Foreign Affairs, Health and Development Services (HANDS) (NPO), the embassy of Japan in Bangladesh, the embassy of Japan in Afghanistan, Haiti mission of International Federation of Red Cross and Red Crescent Societies (IFRC), and presently works at Tohoku branch of Japan Platform (NPO) and the Center for Cooperation and Reconstruction in Miyagi.

Aug 2 (Thu)



Dr. Shinsuke Muto
President, You Home Clinic / Chairman, Leading Aging Society Forum / Representative, Health and Life Revival Council in Ishinomaki District

A doctor of medicine and certified internal medicine specialist and cardiologist, he has passed the US medical licensing examination and holds both a US CPA and MBA.

He graduated from the Faculty of Medicine at the University of Tokyo in 1996, receiving his doctorate from the Graduate School of Medicine in 2002. After engaging in cardiovascular internal medicine and emergency medicine, he served as a court physician in the Imperial Household Agency. After spending time at McKinsey & Company, in January 2010 he launched You Home Clinic as a specialist home healthcare provider, and in September 2011 he established and continues to run a clinic to provide remote treatment and home healthcare in the disaster-damaged city of Ishinomaki, Miyagi Prefecture. He also serves as president of the NPO Institute for Healthcare Leadership, and is a member of a healthcare IT application task force in the Cabinet Secretariat's IT strategy headquarters.



Ms. Ai Sonoda
Secretary General, You Home Clinic / Director, Leading Aging Society Forum / Deputy Representative, Health and Life Revival Council in Ishinomaki District

After working as a healthcare management consultant and chief editor of a healthcare management publication, she engaged in business development and promotion at Recruit Co. From October 2009, she was involved in setting up the specialist home healthcare provider, You Home Clinic, and in the wake of the March 2011 disaster, she is now involved in health and life revival centered on remote treatment and care in the disaster-damaged city of Ishinomaki, Miyagi Prefecture. She also serves as a director of the NPO Institute for Healthcare Leadership, and as an expert adviser to the Japan Association of Healthservice Management Consultants.



Kohei Shiozawa
Field Manager, Operation Center, Health and Life Revival Council in Ishinomaki district

Born in 1987 in Nagano prefecture, Shiozawa graduated from the Department of Political Studies, Gakushuin University. He entered the medical and healthcare sector of NTT Data in 2009 and engaged himself with medical insurance examination and calculation for public organizations. Shiozawa left the company in 2012 and joined Health and Life Revival Council in Ishinomaki district. At the Council, he now works for life and healthcare support services, based on interviews with individual households in Mekawa town in Ishinomaki city, Miyagi prefecture, and engages himself in a project sponsored by Ishinomaki city as a field manager of the operation center.



Dr. Koji Kiryu
Director and Medical Inspector, Kesenuma Public Health Center, Miyagi Prefecture

Graduated from Nagoya City University Medical School in 1986. After training at Kakegawa Municipal General Hospital, he entered Nagoya University Graduate School of Medicine, graduating in 1991. He then proceeded to variously study and practice internal medicine, dialysis, and gastroenterology at Narita Memorial Hospital, Yamato Tokushukai Hospital, Saiseikai Central Hospital in Tokyo, Tokyo Saiseikai Mukoujima Hospital, and Juntendo University Urayasu Hospital.

From 2005, as a public health physician for the Tokyo Bureau of Social Welfare and Public Health, he served as medical supervisor at the Itabashi Health and Welfare Center, head of the Kohoku Health Center in Adachi Ward, and chief of the Health Measures Division at Tama Kodaira Health Center. From April 2012, he was dispatched for a one-year period to his current post in Miyagi Prefecture.



Dr. Kentaro Hayashi
Chief Director, Barefoot Doctors OKINAWA

Graduated from the Faculty of Medicine at the University of the Ryukyus in 2000. From 2004, he worked with Medecins San Frontieres, including serving as board of the Japan office until 2011, and engaged in emergency humanitarian medical support in disaster and conflict areas around the world. He also secured a place at the Royal Tropical Institute in the Netherlands, and in 2009 earned a tropEd Master in International Health. Following the March 11 disaster last year, he set up the Japan Primary Care Association: Disaster Relief Project PCAT (Primary Care for All Team) as a group to protect local healthcare and undertake medical relief, support, and recovery activities in the stricken area.

From this June, as a visiting fellow at the National Institute of Public Health, he has participated in the Disaster Public Health Assistance Team (DPHAT) planning process. From this September, he is to be appointed as mission coordinator for a collaboration between the Sasakawa Foundation and Myanmar Medical Association in planning primary health care/peace keeping operations along the border with Thailand.

Aug 3 (Fri)



Dr. Noriya KIKAWADA
Chairman, The Japan Association of Geriatric Health Service Facilities

Born in 1936 in Iwate prefecture, Dr. Kikawada graduated from Iwate Medical University Graduate School of Medical Science. Dr. Kikawada has served as Chairman of Iwate Association of Geriatric Health Service Facilities, President of Tenjin-kai, Taiyo-kai, and Rias-kai (Social Welfare Corporations for the elderly, disabled and foster care), Director of Shoukyu-kai and Kibou-kai (Medial Corporations for health and welfare for the elderly, psychiatric disease, clinical care and dialysis treatment), and Representative Director of the Japan Association of Group Homes for People with Dementia. Dr. Kikawada is conducting a joint research of dementia care with his Italian and Australian counterparts. He was awarded the Japanese Society for Dementia Care/Yomiuri Dementia Care Awards for his long-time efforts and achievement in dementia care. His personal motto is "beyond the horizon".

* On this day, we also welcomed Dr. Mikihiro Ishiki (Director of Rikuzentakata Hospital) to have his lecture.



Dr. Minoru Kawashima
Hospital Director, Motoyoshi Hospital, Kesenuma, Miyagi Prefecture

Graduated from the Faculty of Medicine at Kyoto University. While at university, he also achieved success in professional boxing, becoming Rookie of the Year for Western Japan in 2000. After earning his medical license in 2001, he retired from boxing in 2003 and became involved in community healthcare. After the Great East Japan Earthquake Disaster, he traveled frequently from his then regular post located in Yamagata Prefecture to serve as a volunteer doctor at Motoyoshi Hospital in Kesenuma, Miyagi Prefecture, where there was a critical shortage of full-time doctors. At the request of Motoyoshi Hospital itself, he assumed his current role as hospital director in October 2011.



Dr. Toshiaki Saito
Deputy Director, Motoyoshi Hospital, Kesenuma, Miyagi Prefecture

Graduated from Tohoku University School of Medicine. Starting at Yamagata City Hospital Saiseikan in 1992, he worked at several hospitals across Tohoku. After moving to Shimane Prefecture, in 2001 he became a medical researcher at the National Hospital Organization Hamada Medical Center. He then served as Director of the National Health Insurance Kanagi Clinic from 2003, and the Hamada City Haza Clinic from 2005. In 2006, he was appointed as a special officer for Community Healthcare Measures in Hamada City's Welfare Division, and engaged as a doctor in healthcare and insurance matters in remote areas. In April 2012, he returned to his native Miyagi Prefecture to take up his current post at Motoyoshi Hospital.



Ms. Michiko Sasaki
Head Nurse, Motoyoshi Hospital, Kesenuma, Miyagi Prefecture

Ms. Michiko Sasaki graduated from Kesenuma Nursing School of City Hospital in 1988. She worked at Tazawako Town Hospital from 1988 to 1989, and moved to Kesenuma city Motoyoshi Municipal Hospital (formerly National Health Insurance Motoyoshicho Hospital) in 1989. In 1999, she was promoted to head nurse and up to the date.

When the Great East Japan Earthquake which occurred in March, 2011, about 270 patients came to hospital (it is about 4 times as usual). She stayed at hospital and continued to giving them treatment for 9 days. Even though regular doctor left, she continued working as usual in cooperation with volunteer doctors at the hospital.



Mr. Masao Oikawa
Chief, Management Division, Motoyoshi Hospital, Kesenuma, Miyagi Prefecture

Starting in 1975 in the Administrative Affairs section of Motoyoshi town in Miyagi Prefecture, by 1996 he had risen to the post of Deputy Director of the town's Board of Education, and in 2005 he became Chief of Administrative Affairs. In April 2010, he assumed the post of Assistant Director of Kesenuma Central Community Center, and in the aftermath of the March 2011 earthquake disaster, he ran the center as a multipurpose meeting place in support of relief efforts along the coast. In October 2011, he was appointed to his current post at Motoyoshi Hospital.



Mr. Angel Martinez
Senior Manager, Business Development, Healthcare Solutions, Lockheed Martin Global Training and Logistics

Angel Martinez is the Sr. Manager for Healthcare Solutions at Lockheed Martin Global Training and Logistics. In this capacity, he is responsible for leading the development of a strategy to successfully enter the healthcare training market, leveraging existing products and methodologies from the Department of Defense (DoD) business areas. This includes identification, development and implementation of strategies, products, and applications to solve the root causes of industry performance gaps by applying research-based engineering solutions and evidence-based practices used by leading organizations. Prior to his current role, Mr. Martinez served as engineering manager and program manager for large DoD simulation and logistics programs. Mr. Martinez has extensive experience in all facets of product development and sustainment and has led numerous DoD programs in the areas of training, simulation, and logistics. Mr. Martinez holds a Masters in International Business Administration (MBA) from Webster University and Bachelors in Electrical Engineering (BSEE) from University of Puerto Rico, and is an adjunct professor at the University of Central Florida in Orlando, Florida.

* On this day we also welcomed Ms. Carma Erickson-Hurt (a clinical nurse specialist) to participate in the lecture.



Mr. Toshiya Kato
Manager, Marketing Planning Dept., Marketing Division, GE Healthcare Japan

A native of Aichi Prefecture, from 1990 he worked in sales and planning for a major clinical testing firm, before being promoted to a position in corporate planning and strategy. In 2008, he joined an independent Japanese consulting firm and was active as a manager in such areas as corporate and hospital revitalization. Since moving to GE Healthcare Japan in 2010, and particularly in his present post as Marketing Planning manager, he has been engaged in promoting and establishing regional alliances, including with local authorities. In the city of Ishinomaki, he has a key role as chair of the Working Group for Healthcare, Nursing, Welfare, and Lives of the Ishinomaki Collaborative Reconstruction Project Committee.

Mentors



Ms. Naoko Jinjo
Project Assistant Professor, GHLP, The University of Tokyo (in charge of program development)

Naoko Jinjo is a project assistant professor at GHLP. Prior to joining GHLP, she worked for an European asset management firm, following several years of experiences as a management consultant at McKinsey & Company's Tokyo and San Francisco offices.

Ms. Jinjo holds a BA in Education from International Christian University and a Master's degree from Stanford University's School of Education.



Dr. Kenji Tanaka
Assistant Professor, Department of Systems Innovations, The University of Tokyo

After graduating from the Graduate School of Engineering, the University of Tokyo in 2000, Dr. Kenji Tanaka worked as a business consultant at McKinsey & Company, focusing on the electronics, financial, and pharmaceutical industry. He joined Japan Industrial Partners Inc. in 2003, providing investments and management assistance to unlisted companies. After serving as Vice-president of the company, he moved to the University of Tokyo to work as a research assistant in 2006, and assumed the post of Assistant Professor in 2007. His area of expertise is management of technology. Dr. Tanaka obtained his doctorate degree in Engineering in 2008. He has also served as Director of the Secondary Batteries Research Group since 2009, working to promote introduction of renewable energy.

Twitter: <http://Jtwitter.com/J!Jgiro1215>

Blog: <http://Jgiro1215.cocolog-nifty.com/JgiroJ>



Mr. Jun Fukuyoshi
Founder & CEO, Cancer Scan., Ltd.

Holds Master of Business Administration from Harvard Business School. After graduating from the Faculty of Policy Management, Keio University, Mr. Jun Fukuyoshi joined Proctor & Gamble in 1999, engaging in brand management marketing as a Brand Manager. In 2006, he moved to the U.S to study social marketing, which utilizes marketing techniques to solve social problems, at Harvard Business School. After returning to Japan, he established, with his classmate from Harvard School of Public Health, a social marketing firm aiming to improve cancer screening rate with the use of marketing. Mr. Fukuyoshi currently conducts regional model projects in local municipalities nationwide in collaboration with the National Cancer Center. He also serves as a member of the committee for improving cancer screening rate organized by Tokyo Metropolitan Government and Advisory Board Member of the Cancer Screening Corporate Action Project launched by the Ministry of Health, Labor, and Welfare. From 2012, Mr. Fukuyoshi has been appointed to Lecturer at Cross-Boundary Innovation Program of Osaka University.

www.cancerscan.jp

Field Trip Mentors



Ms. Nahoko Harada
Manager of the Training and Academic division, Japan Primary Care Association Post-Disaster Aid Project PCAT / School of Nursing, Boston College / Assistant Professor, Faculty of Medicine University of Tokyo

Graduated from St. Luke's College of Nursing in 1998. Completed the Adult Acute Nurse Practitioner course and Behavioral Health Management in MSN at the University of Pennsylvania School of Nursing and currently is a doctoral candidate in the William F. Connell School of Nursing at Boston College. Having participated in the first dispatch of a medical assistance team on March 13th upon the 311 disaster, has actively engaged in humanitarian work in Fukushima, Miyagi, and Iwate. Her activities including Psychological First Aid trainer, mental health support provider for victims and providers, and primary investigator of disaster related research and program evaluation.

* We also had the cooperation of Mr. Tomoyuki Yamamura (Coordinator, Kesen Broad Environment Future City Healthcare Consultation Team), who gave a talk about her own activities and coordinated the inspection.

Career Forum Speakers



Mr. Naoto Kanehira
Economist with the Corporate Reform and Strategy Department, The World Bank /
President, soket

Naoto Kanehira is a development professional and social entrepreneur. He is the Founder and President of soket and Economist with the Corporate Reform and Strategy Department of The World Bank. Prior to his current positions, Naoto worked for McKinsey consulting clients on growth and innovation strategies in telecom, electronics and automotive industries; the UNDP in former Yugoslav countries to launch base-of-the-pyramid (BOP) investment programs; and ICO/EUSR (International Civilian Office/European Union Special Representatives) in Kosovo on ethnic reconciliation embedded in private sector development. His passion is in connecting across geographical, institutional or disciplinary boundaries to promote breakthrough approaches to the pressing challenges of the world.



Ms. Sayako Kanamori
Chief Health Officer, Japan Institute for Global Health (JIGH)

Sayako Kanamori is a chief health officer at the Japan Institute for Global Health (JIGH). She joined Ministry of Foreign Affairs of Japan in 2009 and served as a health specialist at Global Health Policy Division, International Cooperation Bureau until 2012, during which time she was also an adjunct professor at the Department of Global Health Policy, Graduate School of Medicine at the University of Tokyo. She obtained her BA in Biological Sciences at the University of Tsukuba, her MSc in Medical Parasitology at London School of Hygiene & Tropical Medicine and PhD in Health Science at the University of Tokyo. She has also been a business consultant, specialized in finance and accounting management 2004-2006.



Ms. Jun Shirato
Humanitarian Affairs Representative, MEDECINS SANS FRONTIERES JAPON

BA in Political Science from Waseda University in 1995. MA in International Relations from Syracuse University (US) in 1997. LL.M in Public International Law from Leiden University (the Netherlands) in 2005.

Joined the Office of the UN High Commissioner for Refugees (UNHCR) in 1998. Worked as Protection Officer in 10 different operations in Africa, Eastern Europe and Asia (such as Turkey, former Yugoslavia, Russian Federation, Rwanda, Sudan, Angola, and India). Joined Medecins Sans Frontiers/ Doctors Without Borders in February 2012 as Humanitarian Affairs Representative to build and promote co-operation between the office and the Government of Japan and other humanitarian stakeholders based in Japan.

Field Trip to Tohoku



Participants List

Kaori Izumi	Freshman, National Defense Medical College
Yuki Izutsu	4th grade, Kwansei Gakuin University
Kenichi Ejima	5th grade, Nagasaki university school of medicine
Yuki Ohsaka	4th Year, Kyushu University 21st Century Program
Chihiro Omori	B4, Osaka City University, School of Nursing
Aya Okada	1st Year, Ph.D. Student (D1) Laboratory of Environmental Health Sciences, Graduate School of Medicine, The University of Tokyo
Masayoshi Okuda	Senior, Faculty of Environment and Information Studies, Keio University
Chiharu Ozawa	Third grader, Gunma Prefectural College of Health Sciences, School of Nursing
Tsuyoshi Kanachi	Senior, Faculty of Arts and Sciences, Department of Humanities and Social Science, Social and International Relations Course
Yukino Kawabata	2nd year, M.A. in Conflict Resolution, Department of Government, Georgetown University
Minae Kumeji	second year of Graduate student, Master's Program in Medical Sciences, University of Tsukuba
Ayako Suzuki	3rd year, Faculty of Medicine, University of Toyama
Ken Nagahata	5th grade, Asahikawa Medical University school of medicine
Naoki Nohara	M1, Department of Bioengineering, School of Engineering, The University of Tokyo
Mayuko Hirai	M1, University College London, School of Public Policy, MSc International Public Policy
Kengo Hiwatashi	2nd Grade, Kagawa University, Faculty of Medicine
Akane Futami	Senior, Seibo College Of Nursing
Hiroshige Matsumoto	Junior School of Integrated Health Sciences, Faculty of Medicine, The University of Tokyo
Masato Yamaguchi	4th grade, Hirosaki University, School of Medicine
Mihoko Yotsui	1st year MSc (From September), London School of Economics and Political Science

Kenichi Ejima

5th grade, Nagasaki university school of medicine

This program was a truly comprehensive learning experience, and all the more so for getting together 20 students from different backgrounds. I'm from the school of medicine and many of the students I associate with both in and out of university are medical students, but through spending 10 days with students at the undergraduate, master's and PhD level as well as students from overseas universities I began to realize that there are many problems that can't be solved with just what I learned at medical school. I was also extremely interested in the setting of the themes, and even though over 1 year and 4 months has elapsed since the Great East Japan Earthquake, I hadn't been to Tohoku. But it wasn't just being able to visit in person that was valuable, but also the fact that through the focus on Kesenuma and the analysis of details I was able to appreciate the problems in the healthcare field for Japan now and in the future. It goes without saying that various different students had widely varying points of view to contribute on this topic.

Through my interactions with my fellow students and the excellent talks provided by the lecturers, I want to become a more globally minded person. For me the term "global" means to analyze problems from various different viewpoints regardless of whether they originate from at home or abroad, and to derive the most appropriate solutions.

Finally, I would like to express my sincere gratitude to all those people involved in GHSP 2012.

Aya Okada

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Within these 2 weeks of intensive learning the things that left the strongest impression on me were the Tohoku field trip and the formulation of our action plans together as groups. With disaster medicine as the theme of the program, and having gone to see the actual locations concerned with our own eyes, I think that without this experience we would only have learnt half as much as we did. Just through finding out about how much passion and conviction people active in the disaster areas have, was a huge gain for me. The things that any one individual person can do are relatively small, but to see the pride held by individuals focused on their own particular areas was extremely inspiring.

In the group work too, rather than just gaining general medical knowledge I was able to learn about each member's pattern of thought and the strong and weak points of different approaches to things. I feel that it was the sharing of these things that culminated in the formulation of our action plan that proposed using local currencies.

While doing the group activities I also found many points for self-reflection, so going on from here I would like to tackle these as issues for myself.

Lastly, I would like to preserve the links that I made between people on this program, including the exchanges I had with members outside our group. Thank you so much everyone for these two weeks!

Mihoko Yotsui

1st year MSc (From September), London School of Economics and Political Science

At the center of recovery is people. During these 2 weeks, I reaffirmed the significance of this and sought to determine how each person can play a role in the reconstruction. Before the program started I set myself the goal of digging deeper into the possibility of recovery policy that takes the form of citizen involvement. In writing the action plan for Kesenuma one of the original points was that of varying degrees of citizen involvement, however in what way this could be sustainably pursued was a bit of a blind spot. In view of the condition of being human, people often make only a transient effort to assist unless they have some kind of incentive to continue. I learned that it is important to think about how external people can play an additional role and also how to involve both local people and local government with this while keeping in mind the importance of cooperation. Furthermore, I also strongly felt that although one person may not have much power, with lots of people the possibilities are limitless. It is people who bring out the possibilities of local power and generate policy change. I became aware that when we make policy recommendations, we need the ability to output these recommendations through the lens of our own knowledge and experiences. I myself am a newly entering player into global health, however I would like to become the kind of person who can play a leadership role based of various values and in cooperation with others. Finally, I would like to thank all the participants and lecturers who intellectually and mentally stimulated me. I would also like to thank the members of HGPI who gave me this opportunity.

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