

Global Health Education Program 2017 Report



Global Health Education Program (G-HEP) 2017

Cooperation and Leadership in Public Health by Youth of China and Japan: Exploring the Common Ground



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Since 2010, Health and Global Policy Institute (HGPI) has been hosting the Global Health Summer Program (GHSP), which gathers young professionals and university students in health related fields, and presents global health issues from a new perspective, encouraging participants to think critically about their roles and responsibilities as future global health leaders. The Department of Global Health Policy (GHP) of the University of Tokyo has also been offering the Global Health Leadership Program (GHLP) since 2010, which was later renewed to the Global Health Entrepreneurship Program (GHE) in 2014, conducting workshops on leadership and innovation.

From 2017, in collaboration with the University of Tokyo and National Graduate Institute for Policy Studies, we renewed our program to “Global Health Education Program (G-HEP)”, with an enhanced focus on interactions among young generations of Japan and the world. Through G-HEP, we hope to establish a global community of young leaders that can cooperate to push global health agendas forward.

The G-HEP 2017 focused on agenda shaping of critical health issues in which China and Japan can cooperate, with a special focus on “Aging”, “Non-Communicable Diseases (NCDs)”, “Universal Health Coverage (UHC)”, and “Infectious Diseases”. Through discussion between China and Japan, participants explored common ground of health issues of both countries, and sought for an innovative and collaborative problem-solving scheme. The goal of G-HEP 2017 was to support the growth of next global health leaders who can think globally while contributing to problem solving of health issues in China and Japan.

Dates

March 6 - 13, 2017

Locations

Tokyo:

Seminar Room, Ito International Research Center, Hongo Campus, The University of Tokyo
Room N507, Faculty of Medicine Building 3, Hongo Campus, The University of Tokyo

Beijing:

Room114, Yi-Fu Teaching Building, Health Science Center, Peking University

Co-organizers

Health and Global Policy Institute (HGPI)

Department of Global Health Policy (GHP), Graduate School of Medicine, The University of Tokyo

National Graduate Institute for Policy Studies Global Health Innovation Policy Program (GHIPP)

Partner Schools in China

School of Public Health, Peking University

Research Center for Public Health, Tsinghua University

Special Sponsor

Global Health Innovative Technology Fund (GHIT Fund)

Program contents

- Lectures from global health professionals and academia of Japan and China
- Site Visit in Beijing
- Discussion between Chinese and Japanese participations on global health issues
- Presentation to Key Opinion Leaders (KOLs) of Japan and China

1. Global Perspective

This program started in Tokyo, where participants met with global health experts from not only academia but also private and public sectors, and learned current situations and latest insights in aging, non-communicable diseases (NCDs), universal health coverage (UHC), and infectious diseases in Japan and global health arena. Next, participants traveled to Beijing, China to broaden their perspectives and learned about China's efforts in its healthcare reform and global health initiatives through lectures and site visits. To make this program global and interactive, students from Peking University and Tsinghua University joined participants from Japan in Beijing. Through multinational and cross-sectional dialogue with students and young professionals from across the globe, participants had an opportunity to think critically about their role and responsibility as future global health leaders.

2. Issue Identification and Problem Solving

The goal of this program was to explore common ground of health issues in China and Japan, and seek for an innovative and collaborative problem-solving scheme. This learning process was the groundwork of new China-Japan partnership in health. Through the sessions in Tokyo and Beijing students better understood 1) Japan and China's backgrounds in global health agendas related to aging, UHC, NCDs, and infectious diseases, 2) the common and different challenges Japan and China face when trying to address these health issues, 3) the common and different stakeholders involved in each country, 4) how and what Japan and China can learn from each other to improve their own healthcare system, 5) how Japan and China can develop a new and innovative partnership. Their ideas for new programs and partnership were presented to key stakeholders of Japan and China.

3. Teamwork

The participants were divided into four teams. Participants worked, learned, created and communicated within these teams during 8-day program in Tokyo and Beijing. In Beijing, Chinese and international students from Peking University and Tsinghua University joined each team. Because of the intense pace of this program, communication and teamwork skills were essential.

Time	Topic	Detail (Titles omitted)	Location
Tokyo			
Monday, March 6			(Day 1)
10:00-11:00	Welcome	Sarah Abe, Masa Takamatsu	Ito Center, The University of Tokyo (UoT)
11:00-13:00	Workshop	Mayuka Yamazaki	
14:00-15:00	Lecture 1	Go Tanaka	
15:15-16:15	Lecture 2	Yi Liao	
16:30-18:00	Group Work		
Tuesday, March 7			(Day 2)
10:15-11:15	Lecture 3	Haruhiko Hirate	Ito Center, UoT
11:30-12:30	Lecture 4	Yoko Iizuka	
13:30-14:30	Lecture 5	Kenji Shibuya	
14:45-16:15	Group Work		
16:30-18:00	Keynote Lecture	Kiyoshi Kurokawa	Faculty of Medicine Building 3, UoT
18:30-21:00	Alumni Dinner		
Wednesday, March 8			(Day 3)
19:00-21:00	Welcome Dinner		Local Restaurant in Beijing



Time	Topic	Detail (Titles omitted)	Location
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Beijing

Thursday, March 9 (Day 4)

9:00-10:00	Welcome	Xie Zhang / Masa Takamatsu	Yi-Fu Building, Peking University (PKU)
10:00-11:00	Lecture A	Feng Cheng	
11:15-12:15	Lecture B	Mizanur Rahman	
14:00-15:00	Lecture C	Yoshiro Hano	
15:15-18:00	Campus Tour		PKU

Friday, March 10 (Day 5)

9:00-14:00	Site Visit		Beijing City
14:00-15:45	Prepare Presentation		Yi-Fu Building, PKU
16:00-18:00	Presentation & Feedback Session		
18:30-20:30	Team Building Dinner		Local Restaurant

Saturday, March 11 (Day 6)

9:30-10:30	Lecture D	Kei Katsuno	Yi-Fu Building, PKU
10:30-12:00	Group Work		
13:00-15:00	Group Work		
15:00-18:00	Free		

Sunday, March 12 (Day 7)

9:30-13:00	Group Work		Yi-Fu Building, PKU
14:30-15:30	Keynote Lecture	Liu Peilong	
15:45-18:00	Final Presentation		
18:30-21:00	Closing Reception		Hotel



Participants' Names and Affiliations

(Titles omitted)

Dipendra Gautam	The University of Tokyo, School of International Health
Yuka Iijima	Keio University, Faculty of Law
Fumika Iwaoka	You Home Clinic
Hiroyuki Kiyohara	National Center for Global Health and Medicine
Virendra Jiwanrao Majarikar	The University of Tokyo, School of Engineering
Ayako Misawa	Keio University, Faculty of Nursing and Medical Care
Yoshifumi Nin	The University of Tokyo, School of Public Health
Tomoyuki Shirahige	Nagasaki University, School of Medicine
Yosuke Sugiyama	Takeda Pharmaceuticals International AG, Singapore Branch
Sopak Supakul	Tokyo Medical and Dental University, School of Medicine
Khin Thet Swe	The University of Tokyo, School of International Health
Yvonne Teng	The University of Tokyo, School of International Health
Rika Terashima	Gunma University, School of Medicine
Kaito Tonouchi	Kyoto University, Graduate School of Asian and African Area Studies
Cherri Zhang	The University of Tokyo, School of International Health
Ning Zhong	Osaka University, Human Science College

Staff

•Program Manager Sarah Abe	(Assistant Professor, Department of Global Health Policy, The University of Tokyo)
•Program Manager Masa Takamatsu	(Associate, Health and Global Policy Institute)
•Program Officer Yuko Imamura	(Senior Associate, Health and Global Policy Institute)
•Program Officer Yuki Yoshida	(Assistant, Health and Global Policy Institute)
•Program Officer Joji Sugawara	(Assistant, Health and Global Policy Institute)
•Program Assistant Kei Imai	(Intern, Health and Global Policy Institute)
•Program Assistant Ai Sasaki	(Intern, Health and Global Policy Institute)
•Program Assistant Yuki Ishii	(Intern, Health and Global Policy Institute)

Tokyo Session: Day 1

Monday, March 6, 2017

Welcome and Introduction**Sarah Abe**

Assistant Professor, Department of Global Health Policy, The University of Tokyo

Masa Takamatsu

Associate, Health and Global Policy Institute

Dr. Takamatsu opened the session by introducing the purpose and overview of G-HEP 2017 and explained the theme of the program “Cooperation and Leadership in Public Health by Youth of China and Japan: Exploring the Common Ground”. He also provided a brief explanation of key concepts such as Universal Health Coverage (UHC). This was followed by an ice-breaking session led by Dr. Abe where participants were asked to line up according to their birth dates and introduced themselves.

**Problem Solving and Design Thinking****Mayuka Yamazaki**

Project Assistant Professor, Global Health Entrepreneurship Program, The University of Tokyo

Ms. Yamazaki introduced problem-solving approach and design thinking through a brief lecture and mini workshop. Problem-solving approach try to understand what a real issue is and come up with a solution to the issue, conversely, design thinking is focused more on creativity putting the participant at center of the thinking process (“how might we.”), and thus a powerful tool for brainstorming. Participants were asked to imagine they were an intern in the WHO disaster response unit and are going to present on the Tohoku post-disaster relief efforts to a supervisor during a coffee break. The basic four steps include planning, research, analysis and synthesis. Ms. Yamazaki also introduced some analytical frameworks such as MECE and system thinking. At the end of the session, participants were divided into groups and listed thirty problems found in the Ito Center (G-HEP venue), categorizing them and having discussions. Finally, group members presented results and feedback was provided by Ms. Yamazaki.

**Responding to Emerging Infectious Diseases****Go Tanaka**

Councilor of the Coordination Office of Measures on Emerging Infectious Diseases, Cabinet Secretariat, Government of Japan

Dr. Tanaka provided an overview of the current global movement in response to emerging infectious diseases. In the Joint Statement of the 9th Tripartite Health Ministers Meeting in 2016, strengthening partnerships was emphasized to address the current global health agenda. The concept of health diplomacy was also mentioned, describing Japan’s role in the global health arena. Dr. Tanaka then touched upon the lessons learned from the Ebola crisis, and emphasized that the global action plan developed in 2016 embodies the concept of “human security” which Japan advocated. Health was one of the top priorities discussed during the G7 Ise-shima Summit in 2016, highlighting Emergency Preparedness & Response, antimicrobial resistance (AMR) and UHC as key agenda items. Delegates at the 69th World Health Assembly also discussed emergency preparedness reform. Throughout the process, the role of international collaboration and partnerships was identified as a measure key to establish resilient healthcare systems.

**Assessment of Progress Towards Universal Health Coverage in China from 1989 to 2011****Yi Liao**

PhD Candidate, Department of Global Health Policy, The University of Tokyo

Dr. Liao first introduced key concepts of UHC, followed by a history of health care reforms in China. She identified three key health challenges in China: demographic transition – population aging, epidemiological transition – management of NCDs, and inequalities in health – rural-urban disparities. Health service coverage and financial risk protection with an equity lens were at the heart of the results presented. Dr. Liao’s research identified three main areas for improvement: increase financial support, improve management of NCDs and reduce rural-urban disparities and income- related inequalities.



Takeda Contribution to Global Health**Haruhiko Hirate**

Corporate Communications & Public Affairs Officer, Takeda Pharmaceutical Co. Ltd

As an introduction to the private sectors involvement Mr. Hirate provided an overview of Takeda, patient-focused, innovation-driven global pharmaceutical company founded in 1781. Takeda's Access to Medicine project was also introduced, including capacity building, establishment of center of excellence in Nairobi, and provision of vaccines as part of their CSR activities. He also touched upon Global Health Innovative Technology Fund (GHIT Fund) as a Japan's unique platform for collaboration. Mr. Hirate discussed the high NCD burden in China with pollution levels similar to Tokyo 40 years ago, currently damaging the health of the people. 100 Japanese delegates travelled to China to exchange thoughts with China's FDA and ministry. One main problem identified was the Chinese medical structure with primary health care not well-developed. Mr. Hirate eagerly responded to numerous questions including clarifying the meaning of patent in Latin: opening.

**The Current State of Diabetes Treatment in Japan: The Globalization of Medicine****Yoko Iizuka**

Project Lecturer, Assistant Professor, and Research Associate, The University of Tokyo

Dr. Iizuka gave an in-depth overview of diabetes in Japan. The lecture included various trends and mechanisms as well as management strategies. She introduced the patient-centered, team-based medicine holistic approach to diabetes in Japan. This includes specific goals, complications, prevention and treatment, through nutrition, exercise and drugs. In the final part of the presentation Dr. Iizuka shared a case study of how she introduced Japan's diabetes treatment method in China starting in 2011 with the objective of medical internationalization. At the end she conveyed her personal messages to the participants, including her motto "Where there is a will, there is a way".

**Sustainability of Health Systems in Aging Societies****Kenji Shibuya**

Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo; President, Japan Institute for Global Health (JIGH)

Prof. Shibuya provided an overview of the challenges Japanese health care is currently facing - providing equitable good health at a low cost. We need health care to be a social system. Prof. Shibuya introduced Japan Vision: Health Care 2035 which he chaired. Key issues: move from patchwork health policy to comprehensive reform with a long-term vision. We need a paradigm shift from quantity to quality, inputs to value, regulation to autonomy, cure to care and fragmentation to integration. Health Care 2035 has three visions: lean healthcare, life design, global health leader. In the end, he concluded his lecture with "Global health is the future of medicine" – Tachi Yamada.

**Keynote Speech Globalization and its Implications for Healthcare****Kiyoshi Kurokawa**

Chairman, Health and Global Policy Institute

Dr. Kurokawa provided an outlook of the challenges that the world is currently facing, describing globalization as an inter-dependent, super-connected and fragile process. He also showed data on global wealth inequality, as well as rapid changes in the political, economic, tech and business environment. The principals and visions of the Japan Vision: Health Care 2035 were also mentioned. Dr. Kurokawa also discussed major shifts in disease burden, particularly increasing of NCDs and dementia with aging populations, as well as the importance of social determinants of health. He touched upon demographic shifts and changes in disease patterns, and highlighted increased healthcare cost in Japan. Focusing on dementia, Dr. Kurokawa introduced some platforms in Western countries (WDC, GAP, EPAD), as well as the recent creation of Japan's platforms for dementia and PPP. At the end of the session, a lively discussion was held with participants and other invited audience members and Dr. Kurokawa shared his message to them.



Chinese Healthcare System -Challenges & Reform**Feng Cheng**

Professor and Director, School of Medicine, Global Health Program,
Research Center For Public Health, Tsinghua University

Prof. Feng Cheng welcomed Global Health Education Program (G-HEP) participants from Japan as a partner organization based in China. His lecture summarized the structure of the Chinese healthcare system and its challenges and reform. In the first half of his lecture, he explained improvements of Chinese healthcare with major indicators followed by major challenges and reform. In the second part of his presentation, he shared ideas for possible cooperation and collaboration between China and Japan with a description of the common ground in the field of healthcare. He concluded his lecture with his ideal model of leaders in global health based on his experience working in the international context.

**Demography and Universal Health Coverage (UHC)****Mizanur Rahman**

Project Assistant Professor, Department of Global Health Policy, The
University of Tokyo

Prof. Mizanur Rahman gave a lecture on demography and UHC. As a project assistant professor at the University of Tokyo, his lecture was interactive, engaging participants. He touched upon the basic concepts of demography, covering its three components: fertility, mortality and migration. This laid out a good foundation to capture the situation of ageing in China and Japan. In his presentation, demographic graphs of both countries were shown, showing the similarities underlying ageing problems. Following the lecture on demography, he talked about UHC with a focus on aging. The participants had a vibrant Q&A session.

**China-Japan Partnership for Healthcare and Social Welfare****Yoshiro Hano**

First Secretary, Consular and Economic Affairs Division, Embassy of
Japan in China

The Japanese government's support of development in China started in 1970. It's primary focus was maintaining infrastructure, formulating environmental measures, improving basic health and healthcare needs, and cultivating human resources. This resulted in rapid economic development and technological advancement, indicating Japan's success in contributing to China's development. In regards to China's future ODA, Mr. Hano expressed the importance of recognizing similar issues faced by both countries, past gains by Japanese citizens, and areas that require cooperation. Currently, about 10% of China's population is over 65 years old, similar to Japan in 1985. China will face events experienced by Japan in the past 30 years at an accelerated pace. Therefore, it is necessary for Japan to reach out to China regarding its past experiences and care taking insurance system. Currently, the government of Japan has been working hard to establish a community care system by 2025. China has expressed similar interest in establishing such a system. Therefore, we foresee more opportunities for further collaboration in system building processes between the two countries.

**Yanyuan Campus, Peking University Tour**

After completing all program for the second day in China, Chinese participants kindly offered a main campus tour for Japanese students. Yanyuan Campus is famous for its large garden and contemporary buildings were traditional and modern building co-exist. With relaxing time and beautiful scenery, students got along with each other.



Site Visit: Chaoyang District Anzhen Community Health Service Center

The participants from Japan had an opportunity visit to Chaoyang District Anzhen Community Health Service Center. The visit was accompanied by Dr. Zhang Nan, Director of Chaoyang District Anzhen Community Health Service Center, and Mr. Meng Huachuan, Project Manager of the International Medical Exchange and Cooperation office at the China-Japan Friendship Hospital. In China, community health service centers serve as primary health care agency providing care to the community, holding a different role than secondary and tertiary medical institutes which offer higher level of health care services. At the Anzhen Community Health Service Center, G-HEP participants saw the outpatient departments of general internal medicine, and Traditional Chinese Medicine. The center puts great emphasis on health education and management of residents, by providing classes on health and forming a peer-group to promote exercise and healthy diet. One of the most significant efforts was the use of ICT (information and communication technology) in community engagement. The center utilizes WeChat (China's prominent messaging service on smartphone) to connect with each patient for their health updates and provide a reminder of their medical checkups. At the end of the site visit, "Dr. Zhang Nan" offered a Q&A session where participants actively asked about the outpatient environment (number of patients, wait time and interview time), coordination with the Ministry of Health, implementation of ICT in clinical settings, control of infectious risks (outbreak of influenza, AMR) and the situation of elderly care including dementia. The site visit provided participants with a firsthand experience of the Chinese health care system.



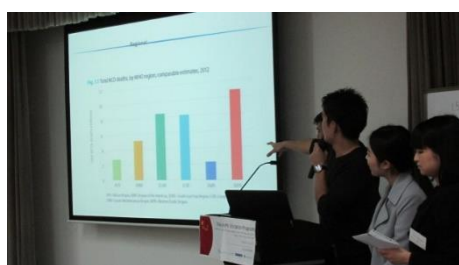
Presentation & Feedback Session

<Evaluators>

Hikaru Ishiguro (Board Member, Health and Global Policy)

Ryoji Noritake (President, Health and Global Policy)

Participants from Japan gave 15 minute interim presentations to Mr. Ishiguro, Mr. Noritake, and 20 participants from Peking University and Tsinghua University based on their previous group work. Evaluators gave each team comments and specific advice on how to improve their presentations. Participants from China also shared their ideas and thoughts for each team before they started actively participating in the team work. In the Q&A sessions, all participants positively contributed by giving feedback on other team's topics with critical questions, especially, students from Tsinghua University offered questions from a fresh perspective based on their African background.



Public Private Partnership in Global Health**Kei Katsuno**

Director, Investment Strategy & Development, Global Health Innovative Technology Fund (GHIT Fund)

Dr. Katsuno began by describing the background of investment strategy and development in global health, only 1% of these new treatments were developed to fight infectious diseases in developing nations. He then moved on to discuss the physical and economic burden that infectious diseases have on people living in developing countries. The changing picture of diseases combined with the lack of incentives for research of certain diseases and a host of political and infrastructure issues present a major challenge in global health and contribute to the ongoing threat of infectious diseases. Against this backdrop, the GHIT Fund which is the world's first product development fund for global health R&D works as a platform to empower a win-win-win relationship among these sectors, while harnessing them in a lasting way to address key global health challenges.

**Beijing Session: Day 7**

Sunday, March 12, 2017

Keynote Presentation "Priorities in Global Health & China's Engagement"**Liu Peilong**

Director, Department of Global Health, School of Public Health, Peking University

Prof. Liu Peilong concluded a series of G-HEP lectures with his keynote presentation titled "Priorities in Global Health and China's Engagement". As an accomplished global health expert, his talk covered a wide range of themes from the basic issues to cutting-edge insights. He shared the definition of global health and elaborated on the two most important priorities: development for health equity and global action for health security. The second part of his lecture touched on China's history in global health. China was previously a recipient of the WHO fund or ODA. The country has now become one of the largest contributors to improving health around the globe. Prof. Liu Peilong explained that China's aid has progressed in phases to meet the needs of global health, with emphasis that all of their engagements are project-based, which is different from initiatives by other OECD countries. Amazed by China's progress in last three decades, participants asked him a variety of questions from sustainability of aid to characteristics of a global health leader.

**Final Presentation Session**

<Evaluators>

Feng Cheng (Professor and Director, School of Medicine, Global Health Program, Research Center For Public Health, Tsinghua University)**Yu Lou** (VP, Head of External Affairs, Takeda Greater China)**Meng Huachuan** (Project Manager, Office of International Medical Exchange and Cooperation, China-Japan Friendship Hospital)**Kun Tang** (Lecturer, Department of Global Health, School of Public Health, Peking University)

For the final presentations, four evaluators kindly accept offers to give and share their comments on the eight day group work by the G-HEP participants. The evaluators were carefully selected to reflect multi-stakeholder viewpoints: industry, academia, and civil society. Each team was given 15 minutes to present followed by a 10 minute Q&A session.



【Situation】

You are a member of the Special Task Force for Multinational Partnership in Health at an independent research institute. There is a China-Japan Health Experts Meeting and your team has been invited to give a 15min presentation to key stakeholders.

【Team Task】

You will address one health issue in which China and Japan can cooperate, and propose a program or recommendation to tackle this issue. Topics are Aging, UHC, NCDs and Infectious Diseases. Each team is assigned to one topic.

The presentation should clearly present: China/Japan's health agendas background, the issue you want to address, evidence & case Study, options to resolve the issue and your program/recommendation.

The order of the final presentations was decided by the lottery as follows.

1st UHC, 2nd Ageing, 3rd Infectious Diseases, and 4th NCDs.

After the presentation session, evaluators from Tsinghua University, Takeda Greater China, China-Japan Friendship Hospital, and Peking University commented on the high quality of the G-HEP 2017 participants' ideas and proposals given the relatively short amount of preparation time.



Team UHC

Universal health coverage (UHC) is an essential part of a health system in order to obtain necessary health services without incurring financial hardships. Therefore, Team UHC identified the citizens' distrust towards general practitioners as a result of insufficient education and training of General Practitioners (GPs) and lack of equipment in primary care facilities as the main challenges and possible collaboration element. Thus, they decided to propose creating a platform for e-learning for primary healthcare workers in China with quality assurance by the Japanese Government and Chinese Government.

Team Aging

People are now living much healthier and longer lives, and life expectancies are higher than ever. However, an insufficiently robust health system leads to a heavy burden due to medical expenditure. This is in large part due to increased healthcare needs of the elderly, and appropriate allocation of capital and medical resources. As a solution, Team Ageing identified the concepts of Central Control over the Allocation of Medical Resources and Promotion of Living Wills.

Team Infectious Diseases

The impact of infectious disease outbreaks are detrimental to health and the economy. The need for early detection and warning systems are in great demand both in the private and public sectors. However, the speed of traditional surveillance systems is too slow to inform people with necessary information to warn them. Therefore, this group proposed a new, simplified alarm system involving a wide range of stakeholder's collective open data source to maximize the utilities via a user-friendly application User Interface (UI).

Team Non-Communicable Diseases

Death rates due to NCDs are high in both China and Japan. Especially in China, NCDs account for 85% of all deaths compared with the global figure of 68%. Team NCDs identified Cardiovascular Disease (CVD) as a main component that China and Japan can tackle together. To achieve reduction of total number of CVD patients, lifestyle changes, especially consumption of salt as a major risk factor in both countries should be addressed. For the final recommendation, the team suggested a comprehensive approach to the reduction of salt intake via top-down governmental regulations as well as bottom-up health promotion.



Health and Global Policy Institute (HGPI)

Grand Cube 3F, Otemachi Financial City,
Global Business Hub Tokyo
1-9-2, Otemachi, Chiyoda-ku, Tokyo
100-0004 JAPAN

TEL: +81-3-4243-7156

FAX: +81-3-4243-7378

Info: info@hgpi.org

Website: <https://www.hgpi.org/en/>

Department of Global Health Policy, Graduate School of Medicine The University of Tokyo

Medical Building 3
Hongo Campus, University of Tokyo
7-3-1, Hongo, Bunkyo-ku, Tokyo
113-0033, JAPAN

TEL: +81-3-5841-3688

FAX: +81-3-5841-3637

Website: <http://www.ghp.m.u-tokyo.ac.jp/>

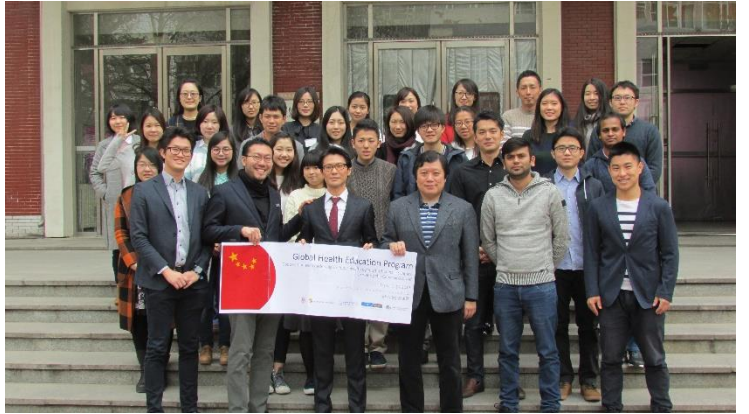
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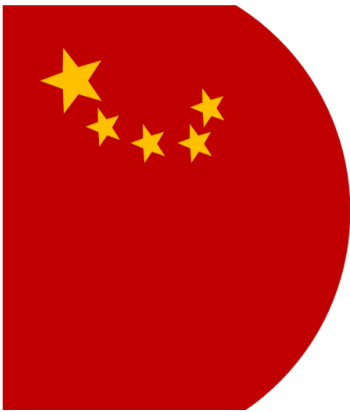
7-22-1 Roppongi, Minato-ku, Tokyo
106-8677, JAPAN

TEL: +81-3-6439-6000

FAX: +81-3-6439-6010

Website: <http://www3.griips.ac.jp/~GHIPP/en/>





Global Health Education Program

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グローバルヘルス・エデュケーション・プログラム
全球保健教育课题

