

日本医療政策機構 循環器病対策 推進プロジェクト第2期

論点整理

各都道府県による循環器病対策推進計画の推進に向けた 現状の課題と展望

Health and Global Policy Institute (HGPI) Cardiovascular Disease Control Promotion Project, Phase 2

Current Issues and Prospects for Advancing Cardiovascular Disease Control Promotion Plans in Each Prefecture Overview of Discussion Points



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論点整理の背景

心疾患や脳卒中に代表される循環器病は、我が国をはじめとした多くの国において、疾病による死亡の原因や、要介護に至る主要原因となっている。このようななか、産官学民による関係者の長年の努力が実り、2018 年 12 月、「健康寿命の延伸等を図るための脳卒中、心臓病その他の循環器病に係る対策に関する基本法」（以下、循環器病対策基本法）が成立し、2019 年 12 月に施行された。本基本法は、脳卒中、心臓病その他の循環器病（以下、循環器病）の予防推進と、迅速かつ適切な治療体制の整備を進め、国民の健康寿命を延ばし、医療・介護費の負担軽減を図ることを目的としている。さらに、基本法の施行に基づき、政府は、2020 年 10 月、「循環器病対策推進基本計画」を閣議決定した。国の基本計画を受け、今後は各都道府県においても、「都道府県循環器病対策推進計画」を策定し、循環器病対策の推進を図っていくこととなる。

このように日本の循環器病対策は、さらなる推進に向けた素地が整備されたが、基本法や基本計画は大枠の理念や目標を示したものであり、国および各都道府県による施策の推進に向けては、具体的な次の打ち手について議論を深化させる必要がある。各都道府県の行政官からは、都道府県ごとの推進計画の策定手法や、予算獲得、助成金獲得方法など、その実行手段について具体的な事例紹介を希望する声も大きい。特に循環器病対策の推進には、大都市圏のみならず地方においても、病診連携の促進、患者治療データや PHR (Personal Health Record) の効果的な共有体制の構築、そのためのデータヘルス政策の推進と適切なアウトカム評価の実施、次世代を見据えた疾患予防施策や、疾患の早期発見やリスク把握に向けた取り組み、拠点病院の整備などが必要となってくる中で好事例も生まれつつある。また、高齢者人口のピークは地域毎に異なり、各地方の地理的・文化的差異による各疾患の有病率も異なることから、循環器病対策においては各地域における問題や必要とされる施策も大きく異なる。そのため、各地域の実情にあった計画の策定・実行において、各地域の好事例を参考に共通点・相違点を明らかにしつつ効果的に自治体への還元を図ることが肝要である。

そこで日本医療政策機構では、循環器領域のうちまずは心疾患領域に焦点をあて、循環器病対策のさらなる推進を図っていくべく、「循環器病対策推進プロジェクト」を 2021 年後半から始動している。国内外の当分野における産官学民のオピニオンリーダーや関係者が、大都市圏のみならず地方からもアドバイザリーボードとして参画するプラットフォームを構築し、課題の抽出、地域発の好事例や教訓を共有した。2022 年 4 月には、これらの議論を経て、政策提言を発表し、政府関係者をはじめ多様なステークホルダーへ発信し、議員勉強会も開催してきた。

さらに、地域の特性を活かした循環器病対策の推進と、各自治体に蓄積された教訓や好事例の共有を目的とし、各地方の行政担当者が地方ごとに参集し、好事例や教訓を共有し議論するための意見交換の場を構築すべく、まずは第一弾として九州・四国地方を対象に、「循環器病対策推進に向けた九州・四国サミット（意見交換会）」を 2022 年 10 月に開催した。

本サミットでは、九州・四国地方で実際に循環器病対策を立案・実施している行政担当者が集まり、現状や問題意識を共有した。また、教訓や好事例の共有を通して政策の相互参照を行い、各自治体の連携を促進した。そこで当機構では、本サミットで意見が交換され、議論された課題や今後の展望について、以下の通り論点を抽出した。今後は、当サミットで得られた以下の論点を活用して、他地域を含めた会合の開催や、循環器病対策の都道府県での推進に向けた手引きの策定・発信に取り組んでいく。

Background to this overview

In Japan and around the world, cardiovascular diseases (CVDs) like heart disease and stroke are leading causes of death from illness and main factors for which people begin to require long-term care. Against this backdrop, many years of diligent efforts from parties in industry, Government, academia, and civil society resulted in the enactment of the “Basic Act on Countermeasures for Stroke, Heart Disease and Other Cardiovascular Diseases to Extend Healthy Life Expectancies” (or the “Basic Act on Cardiovascular Disease Measures”), which came into effect in December 2019. The Basic Act on Cardiovascular Disease Measures aims to promote the prevention of stroke, heart disease, and other CVDs while developing systems that provide rapid and appropriate treatments to extend healthy life expectancies and reduce financial burdens associated with medical treatments and long-term care. In accordance with that Act, the Government took further action by approving the Japanese National Plan for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease by Cabinet Decision in October 2020. Under the National Plan, each prefectural government has been obligated to formulate a Prefectural Plan for the Promotion of CVD Countermeasures, and will advance efforts to promote CVD control.

Although a basic foundation has been laid for further progress in domestic CVD control, the Basic Act and National Plan only outline general concepts and goals, so discussions must be deepened on specific actions for the national Government and each prefecture to take next. There have also been strong requests from administrative officials at prefectural governments for specific examples of methods for implementing promotion plans, including how plans can be formulated in each prefecture, how budgets can be secured, and how subsidies can be obtained. Advancing measures for CVD control will require efforts in highly-populated cities and regions as well as in rural areas. Some best practices and good examples in these efforts have started to emerge and include: promoting coordination between hospitals and clinics; building systems for effectively sharing patient treatment data and personal health records (PHRs); advancing health data policies and establishing appropriate outcome assessment practices to facilitate effective sharing; advancing disease prevention measures while envisioning the next generation; making efforts for the early detection of diseases and risk factors; and establishing core hospitals. At the same time, there is great variance in the problems each region faces and in the CVD control measures they require. For example, not only will population aging peak at different times among regions, geographical and cultural differences mean that the prevalence of each disease also varies among regions. To formulate and implement plans that fit the circumstances in each region, it will be essential to share good examples from each region while clearly indicating which points are shared and which differ and while working to ensure such efforts are successfully returned to each municipality.

Given this backdrop, Health and Global Policy Institute (HGPI) launched the Cardiovascular Disease Control Promotion Project in the latter half of 2021 with the goal of further advancing CVD control with an initial focus on heart disease. After building a platform with our advisory board that featured global and domestic opinion leaders and related parties in this field from industry, Government, academia, and civil society, as well as members from rural areas and highly-populated cities and prefectures, we synthesized issues and shared best practices, good examples, and lessons learned from each region. In April 2022, we presented policy recommendations based on those discussions. We then publicized those recommendations to government officials and other diverse stakeholders and hosted a study session for members of the Diet.

Then, in October 2022, we hosted the Kyushu-Shikoku Summit on Promoting Measures for CVD Control as our first meeting to advance CVD control measures that leverage the unique aspects of each region and to share lessons and good examples accumulated in each municipality. That Summit brought together government officials representing each region in Kyushu and Shikoku to provide an opportunity to share ideas and discuss good practices and lessons learned.

At that Summit, administrative officials who are directly involved in planning and implementing measures for CVD control in the Kyushu and Shikoku regions came together to share information about their current circumstances as well as items they recognize as challenges. By sharing lessons learned and good examples, they were able to cross-reference policies and promote collaboration among each municipality. In this overview, HGPI has crystallized the discussion points related to topics that were shared at the Summit as well as their future prospects. Moving forward, HGPI will make full use of the following discussion points obtained at the Summit to develop and disseminate guidance for prefectural governments to utilize when promoting CVD control measures.

論点整理

論点 1：各都道府県（以下、各県）において循環器病対策推進基本計画（以下、循環器病計画）の策定と実施が求められている一方で、各県はその他保健医療に関する計画も多く策定する必要があり、循環器病計画の独自性とその他計画との整合性を両立することが課題である

2018 年に「健康寿命の延伸等を図るための脳卒中、心臓病その他の循環器病に係る対策に関する基本法」が可決・成立し、2020 年より各都道府県にて循環器病計画の策定・実施が求められている。一方、各県では「二十一世紀における第二次国民健康づくり運動（健康日本 21（第二次））」を推進する「健康増進計画」、「医療計画」、「介護保険事業支援計画」など、保健医療に関する計画が多数存在する。要介護や死亡など負の健康アウトカムと循環器疾患の関連は強く、保健医療に関連する計画では循環器疾患を含む生活習慣病の予防対策に関する計画が既に策定・実施されている。そのため、各県で作られている現行の循環器病計画の多くは、既存の関連計画の内容を抽出し大部分を作成しているという現状がある。故に、循環器病計画に対して、新たに予算を捻出することが困難なケースもある。各県が循環器病計画を策定・実施するために、循環器病計画の独自性とその他関連計画との整合性を両立させることが課題である。

論点 2：各県においてロジックモデルを用いた循環器病計画の策定が検討・進行中であるが、各県の課題に応じたロジックモデルの最終アウトカム・指標の選定や項目の整理を行う必要がある

2020 年 10 月に通知された「都道府県循環器病対策推進計画の策定にかかる指針」の中で、循環器病計画の策定にあたりロジックモデル活用の検討が推奨されている。ロジックモデルを導入するためには、最終的に目指すべきアウトカムと達成度合いを評価する指標の設定が必要である。しかし、指標の選定基準や評価項目の整理に際して、県ごとに進捗や精度にばらつきが生じている。県によっては、その他保健医療に関する計画で用いている指標と、日本循環器学会や日本脳卒中学会が提案するロジックモデルの指標から、整合するものを選定し、項目立てを行っている。また、学会が提唱する項目の中から、活用可能な項目を抜粋し使用しているケースもある。一方で、ロジックモデルの導入に際しては最終アウトカムの設定が重要であるにもかかわらず、多くの県でアウトカム項目に関して十分な検討が行われていないなど、全国共通の課題も散見されはじめている。患者や市民などの当事者にとって価値があり、各県の課題に応じた最終アウトカムや指標の設定を、有識者や県担当者、患者や当事者が協働し進めていく必要がある。また各県がロジックモデルの活用について、相互に参照しあえる機会の継続的な創出が求められる。

論点 3：国の脳卒中・心臓病等総合支援センターモデル事業（下記、モデル事業）を各県が積極的に実施するためには、県と連携する医療機関や大学病院などの理解と協力、官学医連携に際する人材確保・育成などが課題として挙がっており、各県において官学医連携が促進されるモデル事業の設計が求められている

モデル事業を始動するためには、各県と地域の中心的な医療機関（大学病院など）の言わば「官学医連携」が必要である。大学と県で定期的に運営会議や会合を立ち上げ、円滑に連携を進める県がある傍ら、官学医連携の経験不足や、県側と中心的な医療機関側のモデル事業に対する認識差により、モデル事業参加への医療機関側の賛同が得られないケースや、事業を実施する医療機関側の人材不足などの理由で、モデル事業への応募を断念していたケースもみられた。各県と大学病院などの医療機関の連携が円滑に進められるよう、県だけでなく、大学病院などの連携組織に対しても、連携によるインセンティブが提供されるような国のモデル事業設計を検討する必要がある。また、官学医連携に際する人材確保・育成などの全国共通の課題について、各県における好事例や教訓を他県に共有する機能が、国や循環器病の関連団体に求められる。加えて、循環器疾患は国民の多くが罹患し生活に根付いた疾患であるため、中心的な医療機関と各県の連携のみならず、予防、急性期から回復期及び慢性期（在宅）まで一貫性を持った支援・連携体制の拡充がより一層重要視されるべきである。

論点 4：循環器病対策の均てん化に向けて、国によるモデル事業の実施は有用であり、県によってはモデル事業の後継事業を独自予算で継続できるよう協議がされているが、国の経年的で十分な財政的支援も必要である

国が定めるモデル事業の実施期間は約 1 年間であり、その先の財政的支援が担保されていない場合がある。県によっては、国からの継続支援の有無にかかわらず、事業の継続を目指し次年度の予算化に向けて財政課や議会と検討を進めているが、モデル事業の 1 年目の事業評価が終了していない状況では、県内財政課などとの折衝が難航する傾向にある。モデル事業の拡充と継続による循環器病対策の均てん化に向けて、国はモデル事業の実施期間を複数年とし中間評価の機会を設けるなど、経年的で安定的な財政支援と事業評価の機会を提供するとともに、各県においても独自予算の獲得を引き続き目指すことが期待される。

論点 5:各県が循環器病計画の実施を促進するにあたり、民間企業との連携協定を締結するケースが見られるが、連携する民間企業の選定基準がないことが課題になりえる

循環器病計画を実施する過程で民間企業から連携協定の提案を受けても、特定の民間企業と協定を締結する根拠を住民や議会に示すことができないという理由で、話が膠着するという課題がある。官学連携が取れている県では大学からの推薦を得て進めるケースや、大学と民間企業が知事と面会をして、知事が決断することによりトップダウンで推進するというケースもある。一方、選定基準がないため議会などで説明できないという理由で、連携協定に踏み込めていない場合もある。民間企業との連携を希望する県で円滑に議論が進められるよう、連携できた県の好事例を横展開し、他県に情報発信をする役割が国や循環器病の関連機関に求められる。

論点 6：循環器病計画策定後、各県の県庁内において様々な担当部局で経時的に多岐にわたる取り組みが進むため、県庁内での進捗把握・評価が課題となる

循環器病計画に記載する内容は多岐にわたり、各県の県庁内において様々な部局で取り組みが推進されるため、複数部局にわたる進捗把握や連携が必要となる。好事例として、ある県では関連部局を対象に、事業内容や目的の認識合わせや事業計画、評価に関する議論をする庁内連絡会議を継続的に実施していた。また、各課の課長レベル及び保健所の担当者が集まる地域保健連絡会を開催し、連携を図っている例もあった。一方で、保健医療計画や健康増進計画など各計画を推進するにあたり、既にそれぞれに協議会が設定され、それらの各協議会の場で循環器病計画についても検討している県もある。その場合、各協議会での循環器病計画に関する議論を統合していくことに、さらなる困難さが伴う。各計画との整合性を図りながら循環器病計画の現状把握と進捗評価を行うために、好事例を参考に、担当レベル、班長レベルなど段階別の横断的な連絡会議の設定や、担当調整監の設置や活用、さらには循環器病計画に関する協議会とその他協議会との合同開催などの連携強化策が求められる。

論点 7：循環器病領域での患者・当事者参画を促進すべく、各県における循環器病に関する患者・当事者組織の実態把握を行うと同時に、患者・当事者が循環器病計画に関する議論に積極的に参加できるよう、患者・当事者側に十分な情報提供を行う必要がある

循環器病は疾患の幅が広く、治療段階や受療地域により課題が大きく異なる。そのため当事者目線の循環器病計画の策定や疾患啓発活動を実現するためには、計画策定や改定に関する協議会などに、地域の患者・当事者の継続的な参画が不可欠である。近年では患者・当事者組織に入らずともある程度の情報を集めることが可能なこともあり、患者・当事者組織に所属する人が減少し、各県の担当者が患者・当事者とつながることが難しくなっている。患者・当事者組織から意見を得られる場合もあるが、県によっては公募や医療機関からの推薦で患者・当事者の参画を得ているケースもある。また、公募などで参加者を得たものの、患者・当事者が公の場で話慣れていない、疾病に関する知識が乏しいなどの課題が顕在化している。そのため、患者・当事者組織の実態把握や患者・当事者組織との連携のみならず、患者・当事者側に対して循環器病計画や疾患に関する情報提供を事前に十分に実施するなどの支援策が求められている。

論点 8：各県が他県の取り組みを相互参照できるプラットフォームの創出が必要である

2019 年に循環器病対策基本法が施行され、それに伴い各県では地域の特性に合わせた循環器病対策が進められてきた。循環器病計画の策定やモデル事業の実施などを通じて、各県担当者や関係者の努力により好事例や教訓を蓄積しつつある県もある。一方、情報や資源の有無や、県内の各関連機関との連携状況の差などにより、循環器病対策の推進に地域格差が生じ始めている。循環器病対策の全国均てん化に向けて、循環器病対策に関する一般的な情報を継続的に相互参照できるプラットフォームの確立が、国や循環器病の関連機関に求められている。

Overview of Discussion Points

Discussion point 1: Although all prefectural governments have been obligated to formulate and implement Plans for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease (hereinafter, “CVD Control Plans”), they must also formulate many other plans regarding health and medical care. This is causing challenges when making each CVD Control Plan unique and consistent with other plans.

When the Basic Act on Countermeasures for Stroke, Heart Disease and Other Cardiovascular Diseases to Extend Healthy Life Expectancies was passed and enacted in 2018, each prefecture was charged with formulating and implementing its own CVD Control Plan from 2020. However, each prefecture must already have a number of plans related to healthcare in place to advance the Second National Health Promotion Movement in the 21st Century, or “Health Japan 21 (Second Term).” These include Health Promotion Plans, Medical Care Plans, and Prefectural Insured Long-Term Care Service Plans. There are strong links among CVDs and health outcomes like mortality or developing the need for long-term care, and plans related to health and medicine meant to help prevent CVDs and other lifestyle-related diseases have already been formulated and implemented. This has resulted in a current situation in which many of the CVD Control Plans being created in each prefecture largely consist of portions extracted from other existing plans on related items. In some cases, this is making it difficult for prefectural governments to create new budgets for CVD Control Plans. For each prefecture to develop and carry out a CVD Control Plan, they must overcome the challenge of making their Plan unique yet still consistent with related plans.

Discussion point 2: Each prefecture is examining and formulating CVD Control Plans utilizing logic models, and the final outcomes of those logic models as well as indicators and other items for evaluating them must be fine-tuned to ensure they are tailored to each prefecture’s issues.

The Guidelines for Formulating Prefectural CVD Control Promotion Plans presented in October 2020 recommend considering the use of logic models when formulating CVD Control Plans. Introducing logic models will require defining desired final outcomes and indicators for evaluating the degree to which those outcomes have been achieved. However, there is inconsistency among prefectures in progress in efforts to arrange indicator selection criteria and targets to evaluate, as well as in the accuracy of such indicators and targets. Some prefectures are selecting indicators and arranging evaluation items used in other health and medical care plans or that are consistent with those in logic models proposed by the Japanese Circulation Society and the Japan Stroke Society. There are also cases in which applicable items from the models proposed by academic societies are being extracted and adopted. Despite the importance of setting final outcomes when introducing logic models, however, sufficient consideration has not yet been given to such outcomes in many prefectures. This and other issues shared among all prefectures are starting to emerge. To set final outcomes and indicators that are of value to patients, citizens, and other affected parties, and that are tailored to the issues facing each prefecture, it will be necessary for specialists, officials from prefectural governments, patients, and other affected parties to move forward together when setting them. It will also be necessary to continuously create opportunities for prefectures to cross-reference efforts to utilize logic models with each other.

Discussion point 3: Issues that have been identified for proactively implementing the national Government’s Model Projects for Integrated Centers for Stroke and Heart Disease Support (hereinafter, “model projects”) in each prefecture include understanding and collaboration among health institutions, university hospitals, and other institutions that will work together with prefectural governments. Another issue is securing and developing human resources needed for collaboration between the public sector, academia, and the health sector. Model projects that promote collaboration between these three sectors in each prefecture must be designed.

Launching model projects will require prefectures to establish collaborative partnerships uniting Government, academia, and healthcare with central health institutions (such as university hospitals) in each prefecture. Some prefectures hold regular meetings of steering committees or other meetings between universities and prefectures to facilitate collaboration. There have also been cases in which health institutions decline to participate in model projects due to insufficient experience with collaboration involving Government, academia, and healthcare; differences in awareness toward model projects between those representing the prefectural government and those representing central health institutions; or insufficient human resources at the health institutions that would be carrying out those projects. To facilitate collaboration between prefectures and university hospitals and other health institutions, a model project from the national Government that incentivizes collaboration from both prefectures and university hospitals and other collaborating organizations must be

considered. The national Government and organizations in the field of CVDs must also spread good examples and lessons from each prefecture among other prefectures to address common issues, such as securing and developing the human resources for collaboration among Government, academia, and healthcare. Furthermore, because CVDs impact a broad portion of the public and are deeply rooted in daily life, in addition to placing greater emphasis on cooperation between central health institutions and prefectural governments, more attention should also be devoted to improving seamless support and collaboration systems across the prevention, acute, convalescent, and chronic phases (namely, in-home care).

Discussion Point 4: The national Government's model projects are useful for ensuring equity in CVD control measures and some prefectures are now discussing funding their own successor projects to continue them. Those successor projects will require sufficient funding from the national Government over multiple years.

Model projects from the national Government are conducted for approximately one year and there are no guarantees the Government will provide financial support beyond that period. In some prefectures, discussions on continuing model projects into the next fiscal year regardless of continued support from the national Government are being held with fiscal departments and prefectural assemblies, but when model projects have yet to complete the evaluations conducted at the end of the first year, discussions held by prefectural fiscal departments and other such parties tend to run into difficulties. To take steps toward achieving equitable CVD control measures by continuing and expanding model projects, expectations are high for the Government to provide steady financial support and project evaluation opportunities over longer periods. This may include conducting model projects over multiple years while providing opportunities for interim evaluations. At the same time, expectations are also high for each prefecture to continue efforts for securing their own budgets for those projects.

Discussion Point 5: As each prefecture moves forward on implementing its CVD Control Plan, there have been cases in which agreements to collaborate with private companies have been formed. The lack of criteria for selecting private companies to collaborate with may become an issue.

Even when prefectural governments receive partnership proposals from private companies during the process of carrying out CVD Control Plans, inability to demonstrate the basis for forming agreements with specific private companies to community members and prefectural assemblies can cause stalemates in discussions. In prefectures where collaborative partnerships have been formed between the prefectural government and academia, there are some cases in which such discussions move ahead with recommendations from universities or in which recommendations come from the governor in a top-down manner after they hold meetings with universities and private companies. There are also cases in which partnerships cannot be formed because a lack of selection criteria makes it impossible to explain the selection to the assembly or other authorities. The national Government and CVD-related organizations must play a role in advancing smooth discussions in prefectures that want to form partnerships with private companies by spreading best practices for forming such partnerships and disseminating information among prefectures.

Discussion Point 6: After each prefecture formulates its CVD Control Plan, it will be necessary for various departments at each prefectural government to advance a wide range of initiatives over time, so monitoring and evaluating internal progress may become a challenge.

The items covered in CVD Control Plans are broad and they will advance initiatives that involve various departments at prefectural governments, so it will be necessary to track progress and collaborate in a manner that spans multiple departments. A good example of such practices can be found in one prefectural government that held, on a continuous basis, internal liaison meetings for related departments to confirm project content and objectives with each other as well as to plan and evaluate projects. Another good example comes from a prefecture that hosted liaison meetings on community health to encourage cooperation that were attended by section chiefs or equivalent staff members from each division and staff from public health centers. Other prefectures already established councils to advance each of their Medical Care Plans, Health Promotion Plans, and other plans, and some of them are holding discussions on CVD Control Plans at those councils. When doing so, however, they are encountering increased difficulties when integrating the discussions on CVD Control Plans being held at each different council. To ascertain current status and evaluate progress of CVD Control Plans while making sure they stay consistent with each plan, it will be necessary to implement measures for stronger coordination while referring to good examples. These might include establishing cross-sectional liaison meetings involving section members at various

levels (director level, team leader level, etc.); designating and utilizing supervisors for coordinated efforts among responsible parties; and holding joint meetings with councils on CVD Control Plans and other councils.

Discussion Point 7: To promote patient and public involvement (PPI) in the field of CVDs, it will be necessary to grasp circumstances surrounding CVD patient advocacy organizations in each prefecture while providing sufficient information to patients and other affected parties so they can actively participate in discussions on CVD Control Plans.

CVDs encompass many diseases, and there is significant variance in the issues for each disease depending on treatment stage and the region where treatment is provided. This means ongoing participation from people living with CVDs and those close to them in each community on councils for formulating and revising CVD Control Plans will be essential for ensuring those Plans are formulated from the perspectives of the parties most concerned as well as for ensuring awareness-building activities for diseases are successful. In recent years, it has become possible for people to obtain a certain amount of information without joining patient advocacy organizations, and the number of people who belong to such organizations has been decreasing. These factors have made it difficult for prefectural officials to get in touch with people living with CVDs and other affected parties. While there are situations in which opinions can be gathered from patient advocacy organizations, some prefectures obtain involvement from the parties most affected through calls for public comments or by gathering recommendations from health institutions. While public comments do attract some participants, issues facing such efforts have emerged. For example, some patients or other affected parties are not accustomed to speaking in public or have little knowledge about their disease. This means support measures are required to grasp real-world circumstances for and to cooperate with patient advocacy organizations as well as to provide people living with CVDs and other affected parties with sufficient information about CVD Control Plans and their diseases in advance.

Discussion Point 8: A platform that enables each prefecture to cross reference its initiatives with those of other prefectures must be established.

Each prefecture has been advancing CVD control measures tailored to characteristics of their regions in accordance with the Basic Act on Cardiovascular Disease Measures, which came into effect in 2019. Through efforts like drafting CVD Control Plans and implementing model projects conducted by prefectural officials and related parties, good examples and lessons are starting to accumulate in some prefectures. At the same time, differences in information or resources and conditions for collaboration with related organizations within each prefecture mean that regional disparities in efforts to promote CVD control measures are starting to appear. Achieving nationwide equity in CVD control measures will require the national Government and CVD-related organizations to establish a platform for prefectures to cross-reference across-the-board information on CVD control measures with each other in a continuous manner.

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