

TAKE BACK CONTROL: 医療産業を取り戻す

# 医療をコアな産業にできないか

## 世界の時価総額トップ企業

1	マイクロソフト	米国
2	アップル	米国
3	サウジ・アラビアン・オイル	サウジ・アラビア
4	NVIDIA	米国
5	アマゾン	米国
6	アルファベット	米国
7	メタ	米国
8	バークシャー・ハサウェイ	米国
9	イーライ・リリー	米国
10	テスラ	米国
12	台湾積体回路製造 (TSMC)	台湾
14	ノボ・ノルディスク	デンマーク
18	ユナイテッドヘルス・グループ	米国
21	ジョンソン&ジョンソン	米国
27	<b>トヨタ自動車</b>	日本
28	サムソン	韓国
29	メルク	米国
31	アッビィ	米国

(2024年3月時点)

出典: [https://www.180.co.jp/world\\_etf\\_adr/adr/ranking.htm](https://www.180.co.jp/world_etf_adr/adr/ranking.htm)、<https://www.gavi.org/investing-gavi/innovative-financing/pneumococcal-amc/manufacturers/supply-agreements>、<https://ubie.app/interview/navi/fz92z7-yui>

世界の医療産業はトヨタ  
をすでに超えている



# より良い社会をデザインする

- 現在の医療セクターは経済の妨げと見なされることが多い。
- 限られた公的医療費はイノベーションの停滞と医療従事者の疲弊や離職を引き起こしている。
- 医療を公益のサービスとしてだけでなく、産業としての可能性を重視する視点が必要。
- 新しい医療提供モデルを探求し、より良い社会をデザインすることが私たちの使命ではないか。

MEJの目指す世界：

日本が医療アウトバウンド・インバウンドをリードする



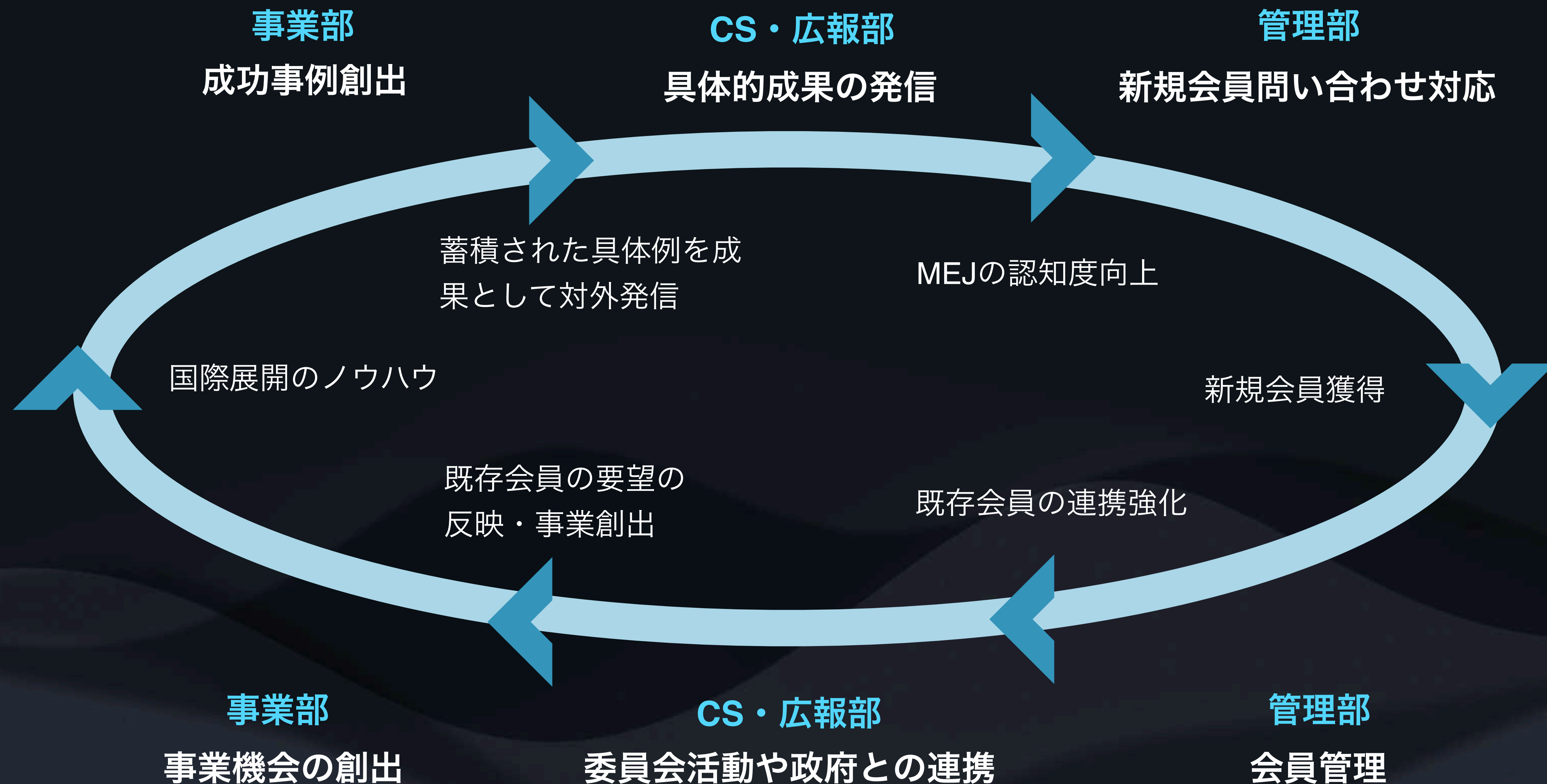
# MEJの強み

- 政府との連携による政策の推進。
- 医療グローバルビジネスを牽引する企業47社、国内医療機関45施設を会員に持つ。
- 各国の状況や個別事業の可能性等の議論、調査やヒアリングを効率的に行うことができる。
- 国内外の官民プラットフォームを活用し、仮説の検証・事業の実施を効果的に進めることが可能。

# MEJによる事業創出機能の強化

何を What	なぜ Why	どのように How
顧客＝政府 政府政策推進	MEJのコアバリュー （＝政府との連携）強化	<ul style="list-style-type: none"><li>• 政府受託の推進、安定的受託</li><li>• 政府への事業提案</li></ul>
顧客＝企業会員 企業の国際展開支援	会員企業の機会創出	<ul style="list-style-type: none"><li>• MExxによる具体的事業の創出</li><li>• 信頼と実績に基づく関係構築</li></ul>
顧客＝医療機関 インバウンド促進	医療機関の機会創出	<ul style="list-style-type: none"><li>• 海外への情報発信</li><li>• 受入体制構築に向けた新規取組</li></ul>

# MEJ組織の変革：各部の連携により好循環を生み出す





0% → 63%

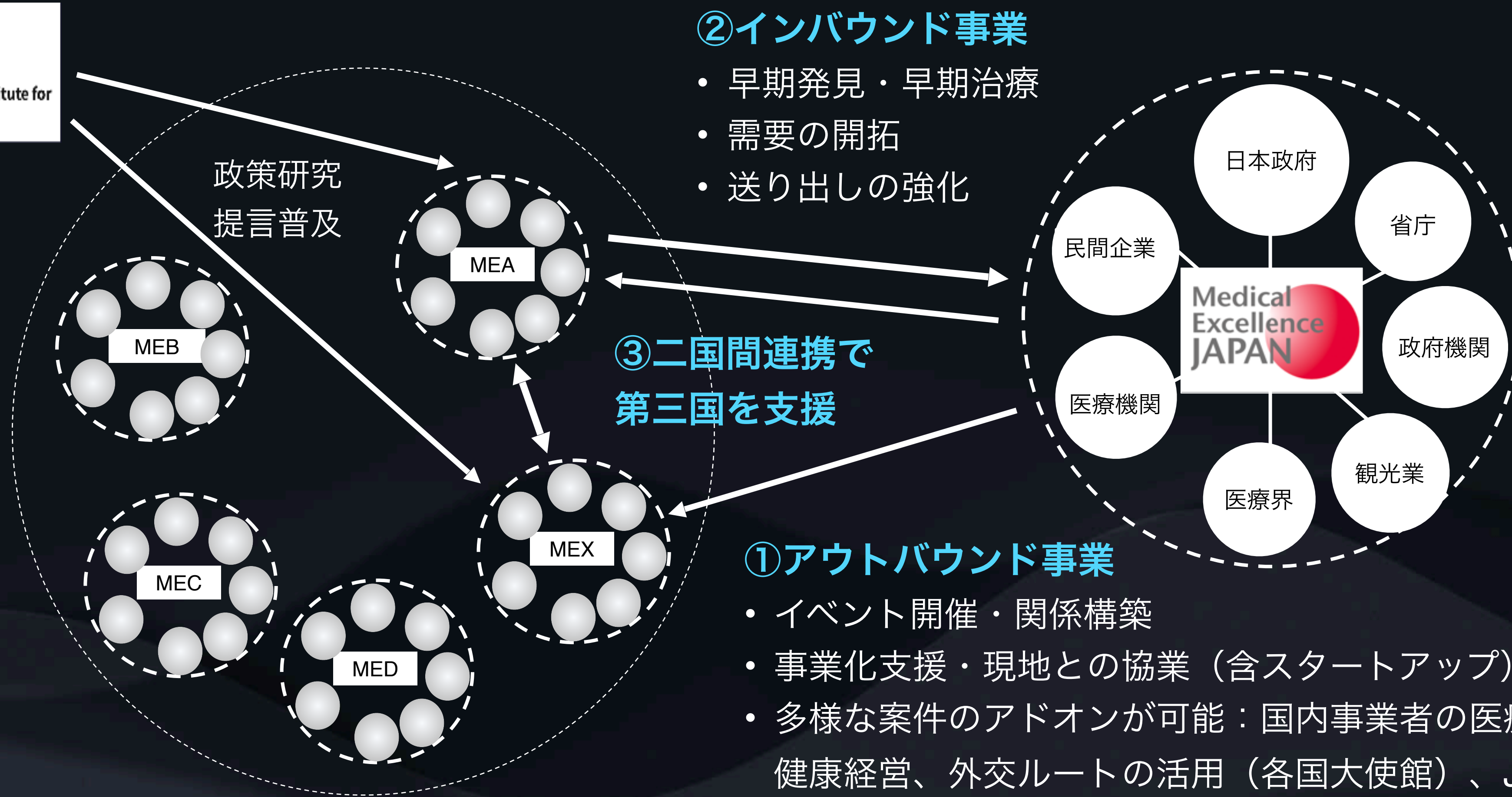
## (1) 医療アウトバウンド: MExx構想



# MExx：パートナー国における官民連携プラットフォームの形成

- 現地の医療・保険制度や薬事規制に適応し専門家と継続的なネットワークを築く必要があるが、個々の企業では限界がある。
- 政府主導の官民協力は一時的な市場進出や関係構築に限界があり、日本製品は価格競争で競り負けている。
- 政府支援とともに、日本企業が特長をアピールし現地の医療関係者と関係を築くことが重要。
- 日本は2019年にMExx構想を開始。現在、台湾およびベトナムで実装し、次にインド、タイ、インドネシア等で展開予定。
- MExxは多目的プラットフォームであり、国内事業者の医療国際展開支援、健康経営、外交ルートを活用、JICA案件、アジア健康構想、PMDAの規制調和等と連携を検討中。

# MExx構想: 民間企業による事業化推進で医療の国際展開を加速



## ②インバウンド事業

- 早期発見・早期治療
- 需要の開拓
- 送り出しの強化

## ③二国間連携で 第三国を支援

## ①アウトバウンド事業

- イベント開催・関係構築
- 事業化支援・現地との協業（含スタートアップ）
- 多様な案件のアドオンが可能：国内事業者の医療国際展開支援事業、健康経営、外交ルートを活用（各国大使館）、JICA案件、アジア健康構想、PMDAの規制調和等との連携を検討中

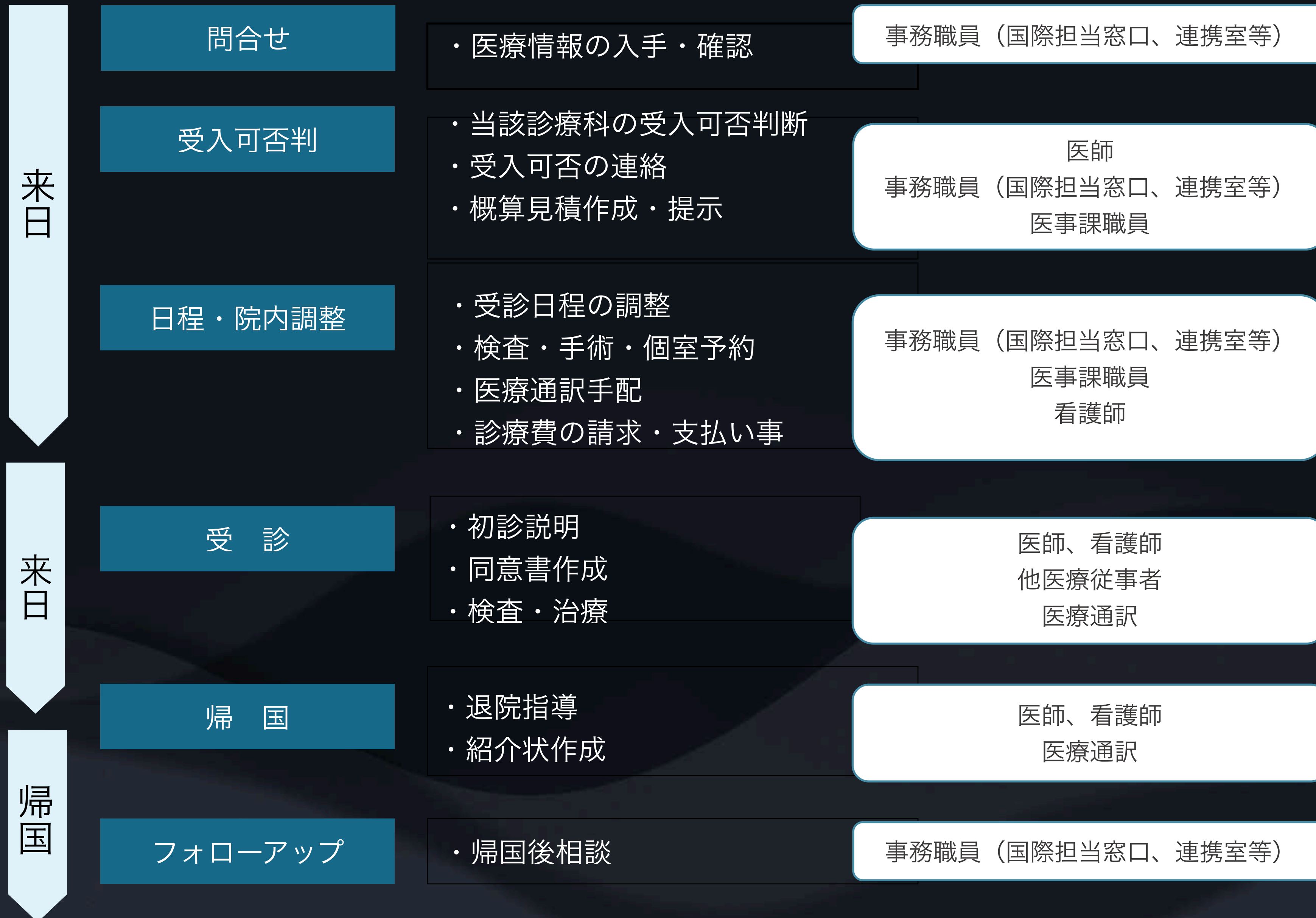
## (2) 医療インバウンドの抜本的見直し



# 渡航受診者の患者体験と関連タスク

ステップ	広報活動	問合せ	受入医療機関調整	渡航調整	来日中支援	受診支援	受診・治療	帰国後フォロー
渡航支援業務	<ul style="list-style-type: none"> <li>日本への医療渡航の周知</li> <li>個人・法人へのプロモーション</li> <li>日本の医療機関の情報提供</li> </ul>	<ul style="list-style-type: none"> <li>受診希望者の依頼把握</li> <li>受診希望者の医療情報の入手</li> </ul>	<ul style="list-style-type: none"> <li>問合せ内容に基づいた医療機関選択</li> <li>医療機関への正確な医療情報の提供</li> <li>医療機関からの受入可否、提供診療内容、概算見積額の受信希望者への正確な提示</li> </ul>	<ul style="list-style-type: none"> <li>受診医療機関の予約</li> <li>医療費の事前入金</li> <li>ビザの手配（観光・医療滞在・他）</li> <li>医療機関・渡航受診者と契約締結調整</li> <li>航空機・ホテル手配</li> <li>持参薬持込の手配</li> </ul>	<ul style="list-style-type: none"> <li>入国後の送迎</li> <li>医療通訳・翻訳の手配</li> <li>生活面の支援（同行者滞在）</li> <li>受診時以外の安全管理</li> </ul>	<ul style="list-style-type: none"> <li>日本での受診におけるルール説明</li> <li>医療機関からの説明内容（治療計画・検査・受診内容）の正確な伝達・通訳</li> <li>医療安全・感染対策へのフォロー</li> <li>医療費の精算</li> </ul>	<ul style="list-style-type: none"> <li>院内文書の多言語化</li> <li>必要情報の収集</li> <li>概算費用の事前提示</li> <li>支払方法・時期の事前説明と合意</li> <li>宗教・習慣上の対応</li> <li>治療計画・検査・治療内容の説明の同席</li> <li>医療紛争の事前防止</li> </ul>	<ul style="list-style-type: none"> <li>診断書等の翻訳</li> <li>帰国後の注意事項説明</li> <li>受診者からの質疑・相談取次</li> <li>処方薬持ち帰り手配</li> <li>現地医療機関調整</li> <li>日本での定期受診フォロー</li> </ul>
関連法規	<ul style="list-style-type: none"> <li>医療法、医師法</li> <li>医療広告規制・医療機関HPガイドライン</li> <li>景品表示法</li> <li>著作権法</li> <li>民法（肖像権）</li> </ul>	<ul style="list-style-type: none"> <li>個人情報保護法</li> </ul>	<ul style="list-style-type: none"> <li>消費者保護法</li> <li>景品表示法</li> </ul>	<ul style="list-style-type: none"> <li>外国為替及び貿易法</li> <li>旅行業法</li> <li>観光立国推進基本法、国際観光振興法</li> <li>出入国管理及び難民認定法（ビザ）</li> </ul>	<ul style="list-style-type: none"> <li>旅行業法</li> <li>道路運送法（白タク）</li> <li>住宅宿泊事業法（民泊新法）</li> </ul>	<ul style="list-style-type: none"> <li>消費者保護法</li> <li>感染症予防法</li> <li>個人情報保護法</li> </ul>	<ul style="list-style-type: none"> <li>医療法、医師法、各職種法、薬機法、医薬品に関する法律</li> <li>障害者、母子に関する法律</li> <li>健康保険法、療養担当規則</li> </ul>	<ul style="list-style-type: none"> <li>医療広告規制</li> <li>医療法・医師法</li> <li>医薬品に関する法律</li> <li>医療広告規制ガイドライン</li> <li>健康増進法</li> </ul>
関連資格		Pマーク		旅行業務取扱管理者 外務員資格 身元保証機関	旅行業務取扱管理者 旅程管理主任者	医療通訳士 全国通訳案内士	医師等、各資格者 医療コーディネーター 医療事務・クラーク	
関連機関	現地企業	渡航支援企業				渡航支援企業		
		医療機関	医療機関 *ビザの申請等一部	医療機関				医療機関
育成研修 マニュアル ガイドライン	MEJ MTFコンプライアンスガイドライン					厚労省医療通訳 育成カリキュラム	厚労省コーディネーター 研修	MTFコンプライアンス ガイドライン
	経産省 病院のための 外国人受入参考書				国際臨床医学会 認定医療通訳士	経産省 病院のための 外国人受入参考書		

# 医療機関内での受入業務



魅力は「あるもの」ではなく「作るもの」





# MEJとして実施すべき実証事業（案）

課題	企画提案内容
渡航元での患者の送り出し体制整備	ME Vietnamによるアウトバウンド・インバウンドの両立（例：ハノイ医大病院における日本式最先端健診サービスによるがんの早期発見・日本における早期治療）
医療機関での受け入れ体制整備	<ol style="list-style-type: none"><li>1. 医療機関のペインポイントの把握</li><li>2. 受入れ促進策として「クリニカル・コンサルジュ」の実装</li></ol>
新しい市場の開拓： 「ウェルネス・リゾート」モデル構築	<ol style="list-style-type: none"><li>1. 海外の先進的な健診コンテンツの動向調査</li><li>2. 国内事例調査と健診を核とした「ウェルネス・リゾート」モデル</li></ol>

# 「ジャパン・ブランド」は既にある

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Asia | Japan and ASEAN

## Japan is a cuddlier friend to South-East Asia than America or China

Relations between Japan and ASEAN are entering a new era



ILLUSTRATION: HANNA BARCZYK

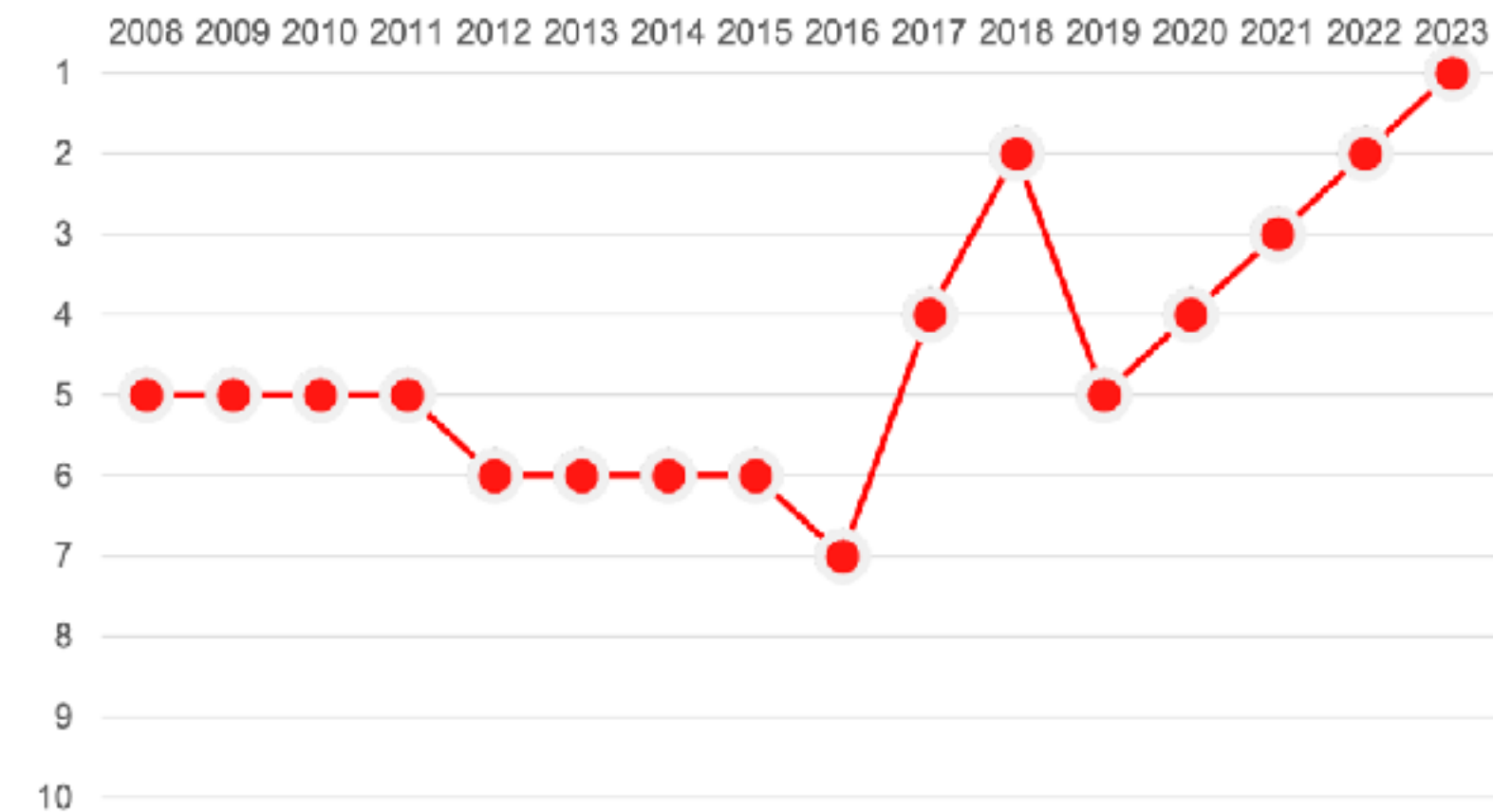
Dec 14th 2023 | BANGKOK, JAKARTA, MANILA, SINGAPORE AND TOKYO

ASIAN GEOPOLITICS is often described in terms of two giants: America, the incumbent superpower, and China, a rising one, standing astride the region and competing to pull smaller countries to their sides, including the ten members of ASEAN, the Association of South-East Asian Nations. But this misses a lot. It elides smaller countries' agency and oversimplifies what is rarely a Manichaean divide. It also ignores the pivotal role of another rich power with strong ties: Japan.

## Japan's Rise in the Ranks

Japan takes 1<sup>st</sup> place in 2023 and completes its steady progress from 5<sup>th</sup> place in 2019.

Japan NBI Rank Change (2008-2023)



\*Please note that starting in 2021, the number of measured nations was increased from 50 to 60.

# 「ジャパン・ブランド」は既にある

## Japan's vision for a peaceful and healthier world

Health is fundamentally a global issue. Recent outbreaks of Ebola virus disease and Middle East respiratory syndrome have reminded us that global health issues require collective action. The world must unite and countries must establish resilient and sustainable health systems, ensuring that each individual is secure and receives the highest attainable standard of health. Japan has been a longstanding advocate of human security<sup>1</sup> and has taken concrete action on the ground in support of this principle. Human security protects the vital core of all human lives in a way that enhances freedom, fulfilment, and capabilities<sup>2</sup> and underlies Japan's policy of Proactive Contribution to Peace. Japan regards health as an indispensable element of human security.<sup>3</sup>

In September, 2015, the United Nations General Assembly adopted the 2030 agenda for sustainable development, which includes universal health coverage (UHC), to which Japan attached great importance during the negotiation process.<sup>4</sup> Achieving UHC requires comprehensive changes to systems, human resources, and public awareness. To catalyse such changes, leaders must commit to leave no one behind in the drive for the best attainable health gains. The Sustainable Development Goals (SDGs) have created an opportunity to connect sectors and empower individuals, families, and communities. It is crucial that we agree on a monitoring and evaluation framework so that the impact of UHC against investment is measurable and thus attainable.

Japan will host the first G7 Summit after the adoption of the SDGs in May, 2016. Alongside the G7 Health Minister's Meeting, and the Tokyo International Conference on African Development, Japan will create an opportunity for countries and partners to discuss concrete steps towards achieving new goals, while sharing Japan's relevant experiences, so that we can move forward together with this new agenda.

Japan's global health priorities are to construct a global health architecture that can respond to public health crises and to build resilient and sustainable health systems. To realise these goals, Japan has endorsed two new global health strategies: the Basic Design for Peace and Health<sup>5</sup> and the Basic Guidelines for Strengthening Measures on Emerging Infectious Diseases.<sup>6</sup> I would like to underline the importance of these priorities and foster succinct and relevant discussions during our G7 presidency in 2016.

First, in preparation for the G7 Summit, we will discuss how to address the challenges of public health emergencies. The existing global health architecture must be restructured to ensure prompt and effective responses to public health emergencies. Public and private partners, government, and civil society—at global, regional, country, and community levels—should reach agreement on their respective roles in advance of emergencies. Japan expects WHO to have the lead role in prompt detection and containment, especially in the early stages of a public health emergency, while acknowledging WHO's need for further reform and capacity strengthening. Japan is ready to support this reform process, including the launch of the Contingency Fund for Emergencies.<sup>8</sup> Japan also fully supports the efforts of the World Bank's Pandemic Emergency Facility, and calls for coordination between WHO and the World Bank to ensure the two mechanisms have supplementary and complementary roles so that they increase efficiency and effectiveness in crises responses.

Second, we will discuss strategies to build resilient, sustainable national health systems. In the past 70 years, Japan's life expectancy increased by more than 30 years and, since the early 1980s, health outcomes have consistently been top ranked.<sup>7</sup> These achievements are the result of the establishment of universal health insurance in 1961, favourable proximal determinants of health, such as healthy diet and access to clean water,



Japan's Prime Minister Shinzo Abe

## Profile

### Keizo Takemi: a catalytic charisma

Keizo Takemi is unique, even if he says so himself. A Senior Fellow at the Japan Center for International Exchange (JCIE), a former Member of the House of Councillors of Japan's National Diet—where he also served as Senior Vice Minister of Health, Labour, and Welfare—and, to cap it all, he has even had a stint as a TV anchorman on CNN Day Watch in Japan. But for all that, the first thing he wanted to talk about when he made his way, severely jet-lagged, into The Lancet office was rugby.

Sturdily built, Takemi wastes no time in letting it be known that he "was a really good rugby player, and grew up with the rugby game". He smiles broadly as he recounts his exploits as a scrum half at high school in Tokyo (where he was born in 1951), and then later as a flanker at Keio University, all told with a breeziness and charm that immediately puts everyone at ease. Even after the long flight from Japan, Takemi still oozes the charisma that

his two terms (12 years) after his election in 1995, Takemi held a number of legislative posts, including State Secretary for Foreign Affairs and, later, Senior Vice Minister of Health, Labour, and Welfare in the Shinzo Abe Cabinet. His foreign policy expertise made Takemi a natural when it came to foreign affairs, and one of his major achievements in office was the complete overhaul of Japan's once fragmented system of allocating overseas development aid. A keen intellect, patience, and persistence enabled Takemi to draw previously disparate aid bodies together under the umbrella of a revitalised Japan International Cooperation Agency, and ensure that aid policy was not only coherent and consistent, but took Amartya Sen's concept of human security as a core principle.

Takemi's political power was based largely on votes from health professionals—a legacy of his father's leadership. This inevitably led to Takemi also taking a close interest



Published Online  
August 20, 2011  
DOI:10.1016/S0140-6736(11)61387-1

This online publication has been corrected. The corrected version first appeared at thelancet.com on

## Profile

### Yasuhisa Shiozaki: Japan's progressive Minister of Health

Next week, Japan will host the G7 Ise-Shima Summit, a salient moment in the life of Japan's Minister for Health, Labour and Welfare, Yasuhisa Shiozaki. He is clear about the priorities for the way the G7 can shape the future landscape of global health. "Throughout our G7 presidency, we intend to promote health security for all towards the achievement of the SDGs", Shiozaki says. "We would like to ensure better preparedness for future public health emergencies drawing the lessons from Ebola. We will take up three key issues: strengthening the global health architecture to respond to public health emergencies; promoting universal health coverage (UHC) with better preparedness and prevention; and strengthening the global response to antimicrobial resistance."

Shiozaki is proud of Japan's landmark achievement of UHC in 1961, when he was a young boy. He recalls how in his childhood "when my father was head of the Regional Taxation Bureau in Hiroshima, I was very struck by the Hiroshima Peace Memorial Museum, having heard many stories about air raids and evacuations during World War 2". A bright student, Shiozaki visited the USA when a teenager as part of a high school exchange programme. "I was impressed when the

vision to reduce bureaucracy and improve competitiveness. After the 2011 Fukushima disaster, he set up the Fukushima Nuclear Accident Independent Investigation Commission under the Diet—the first independent commission created in the history of Japan's constitutional government—and was one of the main law-makers of the Act for Establishment of the Nuclear Regulation Authority, enacted in 2012.

For the past decade, Shiozaki has held cabinet positions in government, notably as State Minister for Foreign Affairs, and as Chief Cabinet Secretary, before becoming Minister for Health, Labour and Welfare in September, 2014. With Japan's shifts in population demographics and the rapid advancement of medical technology, the country's health system needs to adapt to complex challenges. Shiozaki has established a Health Care 2035 Advisory Panel to develop a long-term strategy for health-care policies for the next two decades. "Japan's health-care system should be designed to maximise value attainable through current resources, and value-based improvements in quality and efficiency should be implemented to drive better care at lower costs", he says. Personal responsibility on lifestyle choices should, he believes, be balanced with recognition of



See Editorial page 2063

For the G7 Ise-Shima Summit see <http://www.japan.go.jp/g7/>

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