

国際情報検索第 4 回検索練習(2024 年 4 月 30 日)

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氏名

*以下 3 つの課題について、根拠となる論文や公的機関の文書や URL を適切に引用しながらまとめてみてください。

(1) WHO のがん対策はどうなっているか？

2017年の WHO 総会で以下の提言がなされた(1)

(1) to continue to implement the road map of national commitments for the prevention and control of cancer and other noncommunicable diseases included in United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and 68/300 (2014) on the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases;

(2) to also implement the four time-bound national commitments for 2015 and 2016 set out in the Outcome document, in preparation for a third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, taking into account the technical note published by WHO on 1 May 2015, which sets out the progress indicators that the Director-General will use to report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments, including those related to addressing cancer, taking into account cancer-specific risk factors;

(3) to integrate and scale up national cancer prevention and control as part of national responses to noncommunicable diseases, in line with the 2030 Agenda for Sustainable Development;

(4) to develop, as appropriate, and implement national cancer control plans that are inclusive of all age groups; that have adequate resources, monitoring and accountability; and that seek synergies and cost-efficiencies with other health interventions;

(5) to collect high-quality population-based incidence and mortality data on cancer, for all age groups by cancer type, including measurements of inequalities, through population-based cancer registries, household surveys and other health information systems in order to guide policies and plans;

(6) to accelerate the implementation by States Parties of the WHO Framework Convention on Tobacco Control; and, for those Member States that have not yet done so, to consider acceding to the Convention at the earliest opportunity, given that the substantial reduction of tobacco use is an important contribution to the prevention and control of cancer; and to act to prevent the tobacco industry's interference in public health policy for the success of reducing the risk factors of noncommunicable diseases;

(7) to promote the primary prevention of cancers;

(8) to promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules, based on country epidemiological profiles and health systems' capacities, and in line with the immunization targets of the global vaccine action plan;

1 And, where applicable, regional economic integration organizations. WHA70.12

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(9) to develop, implement and monitor programmes, based on national epidemiological profiles, for the early diagnosis of common cancers, and for screening of cancers, according to assessed feasibility and cost-effectiveness of screening, and with adequate capacity to avoid delays in diagnosis and treatment;

(10) to develop and implement evidence-based protocols for cancer management, in children and adults, including palliative care;

(11) to collaborate by strengthening, where appropriate, regional and subregional partnerships and networks in order to create centres of excellence for the management of certain cancers;

- (12) to promote recommendations that support clinical decision-making and referral based on the effective, safe and cost-effective use of cancer diagnostic and therapeutic services, such as cancer surgery, radiation and chemotherapy; and to facilitate cross-sectoral cooperation between health professionals, as well as the training of personnel at all levels of health systems;
- (13) to mobilize sustainable domestic human and financial resources and consider voluntary and innovative financing approaches to support cancer control in order to promote equitable and affordable access to cancer care;
- (14) to promote cancer research to improve the evidence base for cancer prevention and control, including research on health outcomes, quality of life and cost-effectiveness;
- (15) to provide pain relief and palliative care in line with resolution WHA67.19 (2014) on the strengthening of palliative care as a component of comprehensive care throughout the life course;
- (16) to anticipate and promote cancer survivor follow-up, late effect management and tertiary prevention, with the active involvement of survivors and their relatives;
- (17) to promote early detection of patients' needs and access to rehabilitation, including in relation to work, psychosocial and palliative care services;
- (18) to promote and facilitate psychosocial counselling and aftercare for cancer patients and their families, taking into account the increasingly chronic nature of cancer;
- (19) to continue fostering partnerships between government and civil society, building on the contribution of health-related nongovernmental organizations and patient organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care of cancer, including palliative care;
- (20) to work towards the attainment of Sustainable Development Goal 3, target 3.4, reiterating the commitment to reduce, by 2030, premature mortality from cancer and other noncommunicable diseases by one third;
- (21) to promote the availability and affordability of quality, safe and effective medicines (in particular, but not limited to, those on the WHO Model List of Essential Medicines), vaccines and diagnostics for cancer;WHA70.12

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- (22) to promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of cancers including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies;

(参考)AI 検索エンジンである Copilot に検索させると2006年から2010年の日本語訳情報が引用されて以下の回答が得られる。やや古い情報である点に注意が必要で、各国の状況に合わせた統合対策が推奨ポイントで、2030年までのSDGsの3.4と3.8の達成を求めている上記 2017年の方針とは強調ポイントが違うが、出典はまともだし引用の仕方も正しい。

がん対策は、エビデンス(根拠、検証結果)に基づく予防、早期発見、診断と治療、緩和ケア策を体系的に行うことで、ある集団におけるがんの発生率や罹患率、死亡率を引き下げ、がん患者の生活の質を向上させることを目指すものです¹。

世界保健機関(WHO)は、がん対策に関するガイドラインを策定し、国際的なガイドラインを提供しています。以下は、がん対策の柱となる重要なポイントです:

1. 予防:

- たばこは吸わない。
- 他人のたばこの煙を避ける。
- お酒はほどほどに。
- バランスのとれた食生活を心がける。
- 塩辛い食品は控えめに。

- 野菜や果物を不足しないように摂取する。
 - 適度に運動する。
 - [適切な体重を維持する²](#)。
2. **早期発見:**
- 早期発見は、治癒の可能性が高い早期のうちのがんを発見(または診断)することを指します。
 - [早期診断プログラムや検診を通じて、がんの早期発見を促進します³](#)。
3. **診断と治療:**
- 確定診断が下された後、がんを治療して寿命を延ばし、生活の質を高めることを目指します。
 - [早期診断とエビデンスに基づいた治療基準を活用します³](#)。
4. **緩和ケア:**
- 症状を和らげる必要のあるすべての患者さんのニーズに応じて、心理的・社会的サポートを提供します。
 - [特にがんの末期段階に直面している患者さんに、緩和ケアは必要です³](#)。

[世界的な公衆衛生の観点から、がん対策は重要な課題であり、WHO は国際的なガイドラインを通じて対策を推進しています⁴](#)。

(2) 世界の糖尿病有病割合の現状はどうなっているか？

IDF Diabetes Atlas 第 10 版によると、2021 年の世界の糖尿病人口は 5 億 3,700 万人、実に成人の 10 人に 1 人が糖尿病をもつことが示されています。また、この数字は 2030 年までに 6 億 4,300 万人、2045 年までに 7 億 8,300 万人にまで増加することが見込まれており、糖尿病は健康や福祉、医療経済における世界的な課題となっています(2)

2021 年の糖尿病に関連した死因による 20-79 歳の死者数は 670 万人以上と推定されている(3)。

(3) 高血圧スクリーニング基準は現在どうなっていて、これまでどういう傾向にあったか？

2019 年の日本高血圧学会の基準値は

日本高血圧学会の高血圧診断基準は、診察室での収縮期血圧(最大血圧)が 140mmHg 以上、または拡張期血圧(最小血圧)が 90mmHg 以上の場合を高血圧と診断します。また自宅で測る家庭血圧の場合は、診察室よりも低い基準が用いられます(4)

*2024 要チェック (Copilot がウェブニュース記事を引用して 2024 年 4 月から基準値が 160/100 になったという回答をしてきたが、厚労省のサイト検索では講義時間中にはヒットしなかった) *

文献

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