国際情報検索第4回検索練習（2024年4月30日）

学籍番号　　　　　　　　　　　　　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](https://apps.who.int/iris/bitstream/handle/10665/43995/9241547529_jpn.pdf)。

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](https://apps.who.int/iris/bitstream/handle/10665/43995/9241547529_jpn.pdf)[2](https://www.jcancer.jp/about_cancer_and_checkup/%E3%81%8C%E3%82%93%E3%82%92%E9%98%B2%E3%81%9012%E3%81%8B%E6%9D%A1)。
2. **早期発見**:
	* 早期発見は、治癒の可能性が高い早期のうちにがんを発見（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](https://apps.who.int/iris/bitstream/handle/10665/43995/9241547529_jpn.pdf)[3](https://apps.who.int/iris/bitstream/handle/10665/43467/9241546999_jpn.pdf)。
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](https://apps.who.int/iris/bitstream/handle/10665/43467/9241546999_jpn.pdf)。
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](https://apps.who.int/iris/bitstream/handle/10665/43467/9241546999_jpn.pdf)。

[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](https://www.japan-who.or.jp/about/who-what/)。

1. 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)。

1. 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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3. IDF. IDF Atlas 10th Edition [Internet]. Brussels, Belgium: IDF; 2021 [cited 2024 Apr 30]. Available from: https://diabetesatlas.org/idfawp/resource-files/2021/07/IDF\_Atlas\_10th\_Edition\_2021.pdf

4. MHLW. e-ヘルスネット 情報提供. [cited 2024 Apr 30]. 高血圧. Available from: https://www.e-healthnet.mhlw.go.jp/information/metabolic/m-05-003.html