

2018.7.5

GACD Implementation Science Workshop

Need for Implementation Research in Japan's Context

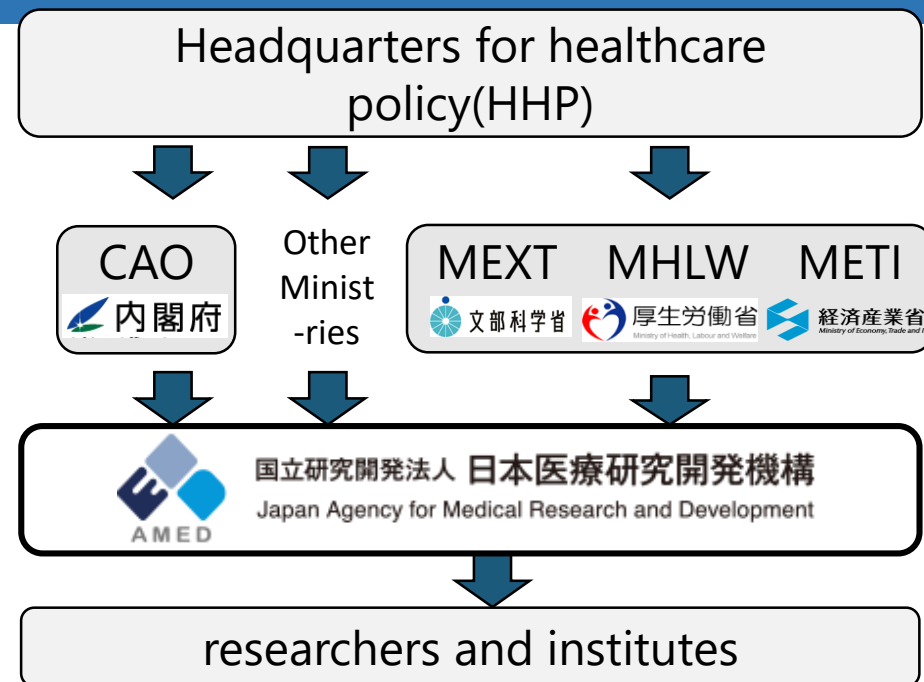
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Senior Director,

Japan Agency for Medical Research
and Development (AMED)

Japan Agency for Medical Research & Development (AMED)

- established in **2015**
- **AMED's mission is to fast-track medical R&D** with an alliance and cooperativity of the ministries (CAO, METI, MEXT and MHLW)



- **promotes and supports medical R&D from basic research to clinical research/trials continuously through funding**

R&Ds for drugs & medical devices

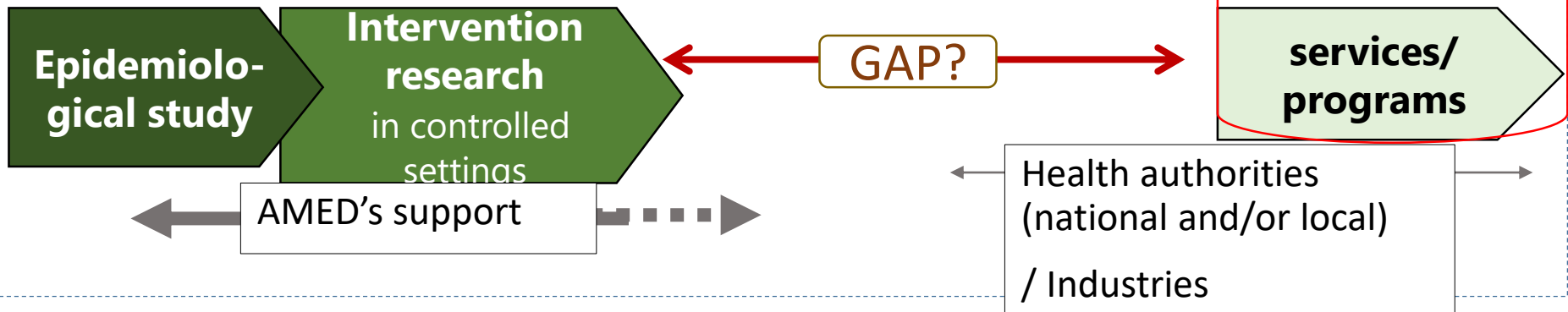
40% of AMED's funding

Social Implementation



Public health research

5% of AMED's funding



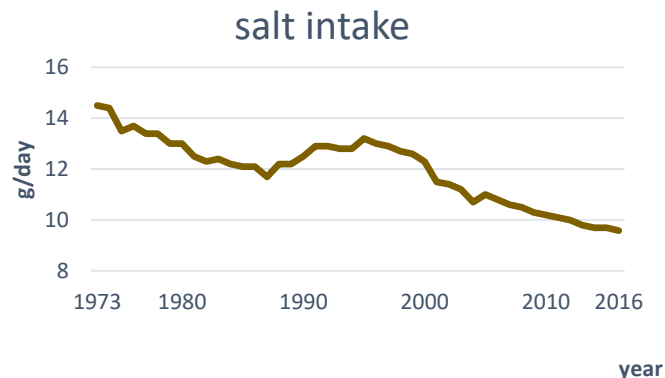
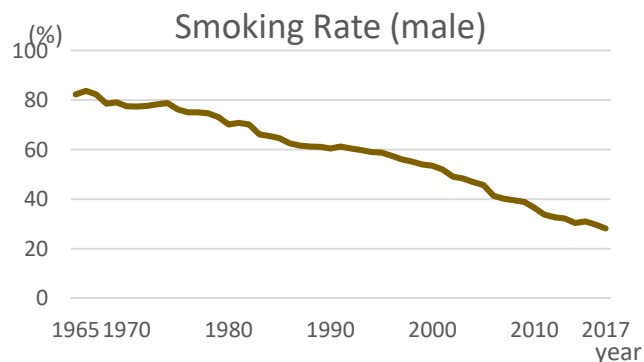
AMED's approach to implementation research

- In global health research
 - Collaboration with GACD is the most important opportunity
 - Joint calls
 - Joint reviews
 - Workshops
 - Discussion to develop its future strategy
- In domestic public health research
 - AMED supports some projects which include aspects of implementation science
 - AMED's formal strategy of implementation research will be discussed during the development process for AMED's upcoming 5-year research strategy(2020~)

Need for Implementation Research in Japan's Context (1)

~ background ~

- Past success in improving people's health status
 - salt intake ↓, smoking rate ↓, life expectancy ↑, cerebrovascular disease ↓
- Ongoing important issues
 - obesity rate ↑, diabetes ↑, elderly with diseases and disabilities ↑ (including dementia)



Need for Implementation Research in Japan's Context (2)

~ broadening the target ~

- Hypertension
- heart and vascular diseases
- diabetes
- cancers , etc.



- Dementia, depression
- Frailty, loss of muscles (sarcopenia)
- Malnutrition, etc.

-Cause of premature death
-Cause of physical disability

-Cause of physical and mental /cognitive disability in elderly

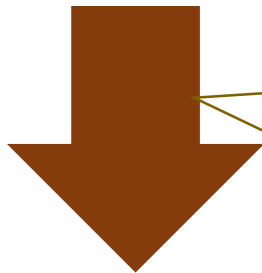
Multiple risks
Multiple morbidities

Implementation in the real-world settings

Need for Implementation Research in Japan's Context (3)

~ in the changing society ~

- Traditional health education and intervention
 - Was based on experiences of local communities
 - Living together, knowing each other, sharing lifestyles, etc.
 - Utilized 'group dynamics' to spread knowledge and encourage behavior change by local public health nurses



Society has been becoming fragmented and highly individualized:

- Segmented by education, job, interest, economic status, etc.
- Sources of health information: newspapers, TVs → web
- Increase in foreign residents

Implementation in the real-world settings

- Need for a new strategy to reach and motivate people