資料3

緊急時における未承認薬の途上国への提供の基本的方針及び標準手順（案）

1　目的

途上国における感染症の流行という緊急時であって、当該感染症に対して有効な薬剤や確立された治療方法が他にない一方で我が国製薬企業の未承認薬が当該感染症に有効性が示唆されている場合において、当該途上国政府から我が国製薬企業の未承認薬の提供の要請等があった際に、国際的な理念・規約を念頭におきつつ、当該要請に適切に応えることにより、感染症患者の生命等を可能な限り救い、もって我が国の人道を含む外交政策及び国際保健政策を実現するとともに、国家の危機管理対応を迅速に推進しようとする場合の政府としての意思決定の過程を標準化することにより、迅速な対応につなげることを目的とする。

なお、「緊急時」は、WHOがPHEICを宣言している場合又は未承認薬の提供を要請する途上国が感染症の大流行に係る非常事態宣言をしている場合を想定している。また、「未承認薬」は、主として適応外使用する既承認薬をいうが、開発段階にある医薬品候補を除外するものではない。

2　全体の流れ

緊急時における未承認薬の途上国への提供に係る手順の標準的流れは、別紙1のとおり。

3　個別手順

（1）PHEIC宣言時等における情報収集等

内閣官房国際感染症対策調整室、外務省及び厚生労働省は、在外公館やWHO等の関係機関と連携し、感染症の流行状況や感染経路等の実態の把握に努め、密な情報共有を図る。

（2）途上国政府からの未承認薬の提供の要請の受信等

内閣官房国際感染症対策調整室、外務省、厚生労働省等は、途上国政府から未承認薬提供の要請を受信した場合など、未承認薬提供のニーズが認められる場合は、当該ニーズの内容を確認の上、速やかに情報の共有を図る。また、専門委員会開催前に当該未承認薬を有する企業等に照会し、当該未承認薬に係る情報を把握する。

（3）未承認薬の提供に係る政府の意思決定

①調整会議における支援の必要性等の確認（調整会議1回目）

内閣官房国際感染症対策調整室が統括し、外務省、厚生労働省等と連絡・調整の上、調整会議を開催し、情報の共有を図るとともに、途上国への支援を行う必要性が認められる場合は、当該未承認薬の安全性・有効性等について専門委員会に助言を求める。

その際、調整会議（2回目以降を含む。必要に応じて専門委員会）において、当該企業等から安全性・有効性、提供に際しての課題等を把握する。

※調整会議及び専門委員会の関係図は、別紙2のとおり。

②専門委員会の開催

専門委員会において当該未承認薬の安全性・有効性の観点、法的・倫理的観点など多角的な検討を行い、調整会議に助言を行う。なお、内閣官房国際感染症対策調整室、外務省、厚生労働省等は、専門委員会から情報提供を求められた場合は、積極的かつ真摯に対応する。

※専門委員会は、医療倫理、法律、臨床、薬剤、レギュラトリーサイエンス、知的財産、海外現場事情等の専門家により構成する。個別の事案ごとに、対象となる感染症・地域・薬剤等に応じて委員を追加することができる。

③調整会議における政府の意思決定（調整会議2回目以降）

ア　内閣官房国際感染症対策調整室が統括し、外務省、厚生労働省等と連絡・調整の上、調整会議を開催し、専門委員会の助言を尊重した上で、次のイ及びウに留意し、提供の可否、提供の方法、提供の際の条件・考慮事項、フォローアップの時機について決定する。

イ　内閣官房国際感染症対策調整室、外務省、厚生労働省等は、途上国の医療体制や感染症の流行の状況等について、最新の情報を収集するとともに、未承認薬の提供にあたってどのような政策手段を使うことができるか積極的かつ真摯に検討の上、調整会議に提案する。

ウ　提供やその方法等についての意思決定は、当該未承認薬の安全性・有効性について一定の客観的な評価がなされていることのほか、次の例に掲げる事項等に留意の上、調整会議構成員の総意によって行い、その内容を文書化する。

（例）

・当該感染症に対して有効な薬剤や確立された治療方法がないこと。

・当該途上国政府の明確な要請が確認されること。

・当該未承認薬を提供するために利用できる政策手段があること。

・当該未承認薬の使用については、その主体は提供先の途上国であり、可能な範囲での支援等を行うものであること。

・当該途上国が、当該未承認薬を適切に使用できる体制を維持することができること。

・知的財産権の帰属等日本側の必要な権利・利益が損なわれないこと。

（4）途上国への未承認薬の提供等

調整会議で決定した提供に係る政策手段を所管する府省庁（以下「提供府省庁」という）は、当該決定方針に基づき、途上国へ未承認薬を提供するとともに、未承認薬が適切に管理・使用されるよう途上国等に助言等を行う。

（5）フォローアップ

①実施結果の報告

ア　調整会議で決定したフォローアップの時機に、内閣官房国際感染症対策調整室は、関係府省庁と連絡・調整の上、調整会議を開催する。

イ　未承認薬の提供の実施結果について、提供府省庁は調整会議に報告する。

ウ　追加的措置や提供の中止等が必要と考えられる場合は、調整会議において必要に応じて専門委員会の意見を踏まえ、追加的措置や提供の中止等を決定する。

②問題が生じた場合の報告

ア　未承認薬の提供に当たって現地で発生した問題（副作用を含む有害事象のみならず、未承認薬の提供に係る体制や運用に係る問題等）が生じたことを把握した場合、提供府省庁は速やかに内閣官房国際感染症対策調整室に連絡する。

イ　内閣官房国際感染症対策調整室は、提供府省庁と連絡・調整の上、速やかに調整会議を開催する。

ウ　提供府省庁は状況等を調整会議に報告する。

エ　追加的措置や提供の中止等が必要と考えられる場合は、調整会議において必要に応じて専門委員会の意見を踏まえ、追加的措置や提供の中止等について決定する。

※調整会議における関係政府機関の基本的役割は、別紙3のとおり。

4　その他

（1）上記の手順が想定している事象以外の事象が生じた場合は、内閣官房国際感染症対策調整室、外務省、厚生労働省等は、臨機応変かつ適切に対応する。

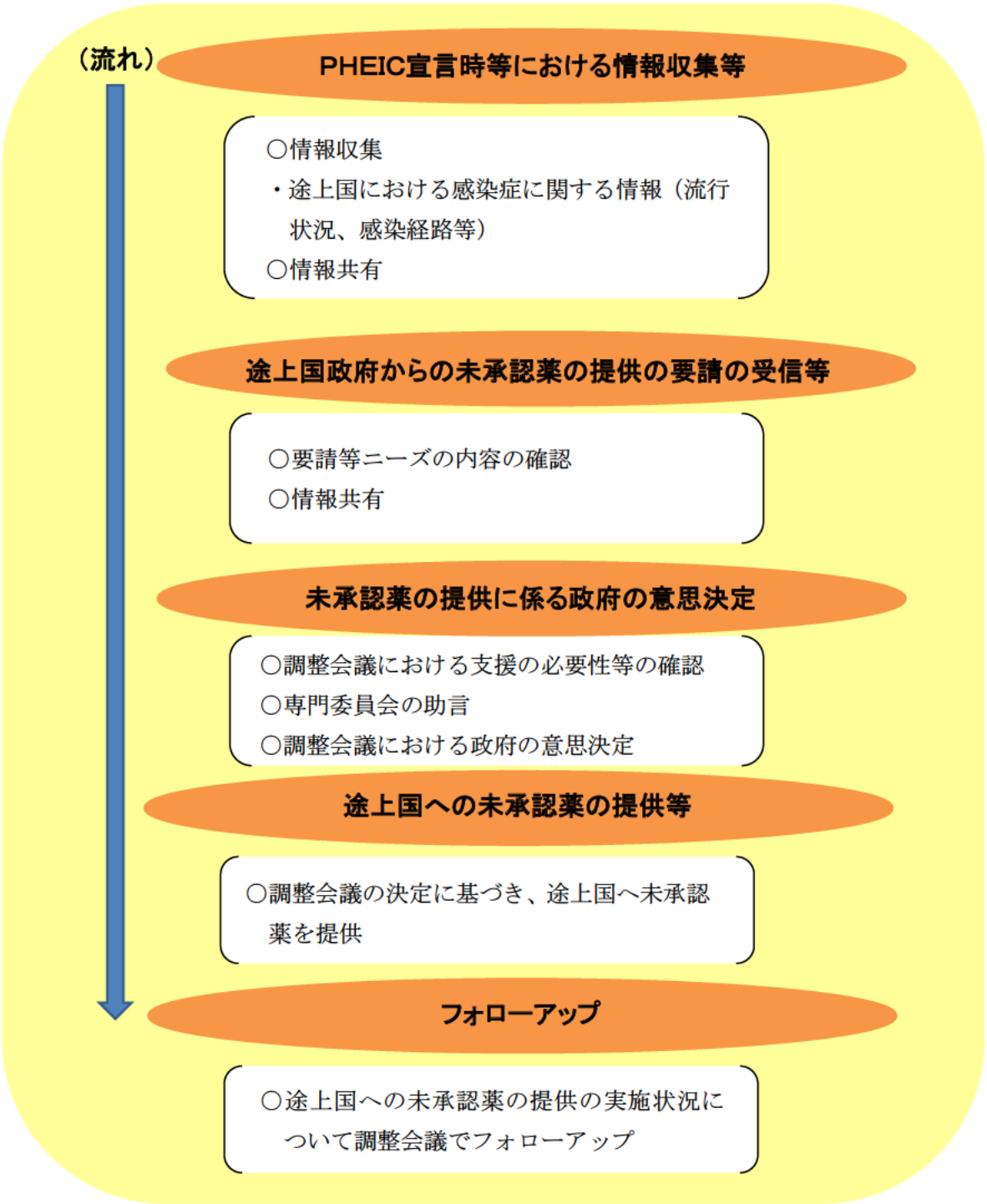
（2）今後同様の事案が発生した場合の対応に資するため、調整会議及び専門委員会の議論のポイントを記録する。

（3）PHEIC宣言時等以前の平時においても、感染症発生に備えて、途上国の感染症対応機能の強化の支援、本スキームの円滑な適用のためのネットワークの構築、情報収集等を行う。

（4）国際的な理念・規約等の動向を踏まえつつ、必要に応じて、本基本的方針及び標準手順を見直す。

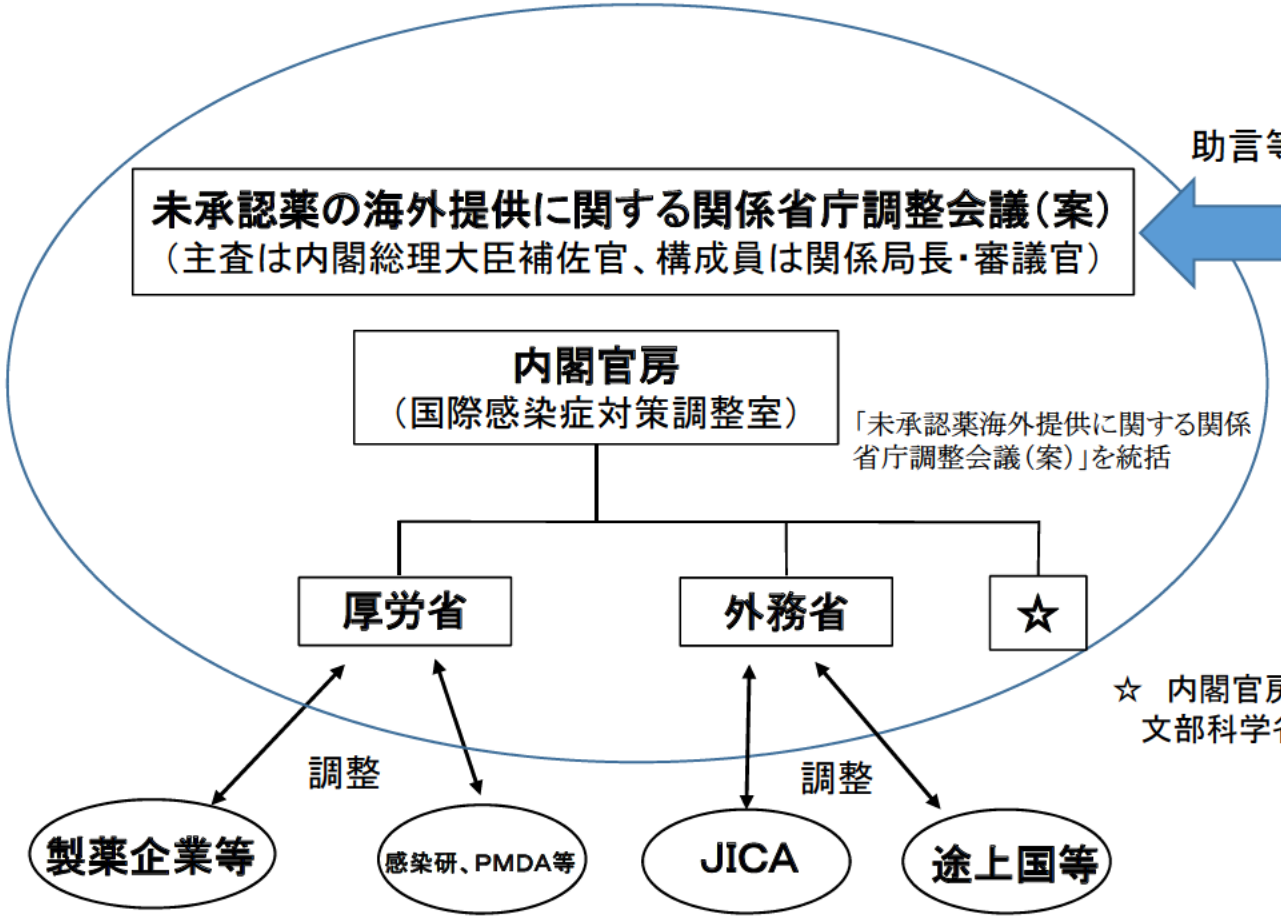
以上

（別紙１）


（流れ）
PHEIC宣言時等における情報収集等
○情報収集
・途上国における感染症に関する情報（流行状況、感染経路等）
○情報共有
途上国政府からの未承認薬の提供の要請の受信等
○要請等ニーズの内容の確認
○情報共有
未承認薬の提供に係る政府の意思決定
○調整会議における支援の必要性等の確認
○専門委員会の助言
○調整会議における政府の意思決定
途上国への未承認薬の提供等
○調整会議の決定に基づき、途上国へ未承認薬を提供
フォローアップ
○途上国への未承認薬の提供の実施状況について調整会議でフォローアップ

調整会議及び専門委員会の関係図

（別紙2）



助言等

未承認薬の海外提供に関する専門委員会（案）

【事務局】 内閣官房（厚労省・外務省の協力を得つつ）

【委　員】 医療倫理、法律、臨床、薬剤、レギュラトリーサイエンス、知的財産、海外現場事情等の専門家（※）

※ 個別の事案ごとに、対象となる感染症・地域・薬剤等に応じて委員を追加することができる。

☆ 内閣官房健康・医療戦略室、内閣府日本医療研究開発機構担当室、文部科学省、経済産業省（JETRO）等も必要に応じて連携・参画

（別紙3）

調整会議における内閣官房国際感染症対策調整室、外務省、厚生労働省等の役割

	PHEIC宣言等から調整会議開催まで	調整会議の開催時
内閣官房国際感染症対策調整室	○提供に関する政府の意思決定に向けた総合調整（未承認薬の提供方法等の検討を含む）	○構成員の意見をまとめ総意によって意思決定を行えるよう、調整会議を統括
外務省、厚生労働省等	○提供先国の状況等に関する情報（感染症の流行、医療体制の状況等）の収集 ○未承認薬の提供方法等の検討	○未承認薬の提供先国の状況等に関する情報提供 ○未承認薬の提供方法等の提案 ○提供の実施・使用状況や結果についての報告

※内閣官房健康・医療戦略室、内閣府日本医療研究開発機構担当室、文部科学省、経済産業省等も必要に応じて連携・参画する。

参考資料 1

WORLD MEDICAL ASSOCIATION

DECLARATION OF HELSINKI

Ethical Principles for Medical Research Involving Human Subjects

Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, and amended by the:
29th WMA General Assembly, Tokyo, Japan, October 1975
35th WMA General Assembly, Venice, Italy, October 1983
41st WMA General Assembly, Hong Kong, September 1989
48th WMA General Assembly, Somerset West, Republic of South Africa, October 1996
52nd WMA General Assembly, Edinburgh, Scotland, October 2000
53th WMA General Assembly, Washington 2002 (Note of Clarification on paragraph 29 added)
55th WMA General Assembly, Tokyo 2004 (Note of Clarification on Paragraph 30 added)
59th WMA General Assembly, Seoul, October 2008
64th WMA General Assembly, Fortaleza, Brazil, October 2013

Preamble

1. The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.

   The Declaration is intended to be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs.

2. Consistent with the mandate of the WMA, the Declaration is addressed primarily to physicians. The WMA encourages others who are involved in medical research involving human subjects to adopt these principles.

General Principles

3. The Declaration of Geneva of the WMA binds the physician with the words, "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act in the patient's best interest when providing medical care."

4. It is the duty of the physician to promote and safeguard the health, well-being and rights of patients, including those who are involved in medical research. The physician's knowledge and conscience are dedicated to the fulfilment of this duty.

5. Medical progress is based on research that ultimately must include studies involving human subjects.

6. The primary purpose of medical research involving human subjects is to understand the causes, development and effects of diseases and improve preventive, diagnostic and therapeutic interventions (methods, procedures and treatments). Even the best proven interventions must be evaluated continually through research for their safety, effectiveness, efficiency, accessibility and quality.

7. Medical research is subject to ethical standards that promote and ensure respect for all human subjects and protect their health and rights.

8. While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects.

9. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent.

10. Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration.

11. Medical research should be conducted in a manner that minimises possible harm to the environment.

12. Medical research involving human subjects must be conducted only by individuals with the appropriate ethics and scientific education, training and qualifications. Research on patients

or healthy volunteers requires the supervision of a competent and appropriately qualified physician or other health care professional.

13. Groups that are underrepresented in medical research should be provided appropriate access to participation in research.

14. Physicians who combine medical research with medical care should involve their patients in research only to the extent that this is justified by its potential preventive, diagnostic or therapeutic value and if the physician has good reason to believe that participation in the research study will not adversely affect the health of the patients who serve as research subjects.

15. Appropriate compensation and treatment for subjects who are harmed as a result of participating in research must be ensured.

Risks, Burdens and Benefits

16. In medical practice and in medical research, most interventions involve risks and burdens.

    Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects.

17. All medical research involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and groups involved in the research in comparison with foreseeable benefits to them and to other individuals or groups affected by the condition under investigation.

    Measures to minimise the risks must be implemented. The risks must be continuously monitored, assessed and documented by the researcher.

18. Physicians may not be involved in a research study involving human subjects unless they are confident that the risks have been adequately assessed and can be satisfactorily managed.

    When the risks are found to outweigh the potential benefits or when there is conclusive proof of definitive outcomes, physicians must assess whether to continue, modify or immediately stop the study.

Vulnerable Groups and Individuals

19. Some groups and individuals are particularly vulnerable and may have an increased likelihood of being wronged or of incurring additional harm.

    All vulnerable groups and individuals should receive specifically considered protection.

20. Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, this group should stand to benefit from the knowledge, practices or interventions that result from the research.

Scientific Requirements and Research Protocols

21. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal experimentation. The welfare of animals used for research must be respected.

22. The design and performance of each research study involving human subjects must be clearly described and justified in a research protocol.

The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed. The protocol should include information regarding funding, sponsors, institutional affiliations, potential conflicts of interest, incentives for subjects and information regarding provisions for treating and/or compensating subjects who are harmed as a consequence of participation in the research study.

In clinical trials, the protocol must also describe appropriate arrangements for post-trial provisions.

Research Ethics Committees

23. The research protocol must be submitted for consideration, comment, guidance and approval to the concerned research ethics committee before the study begins. This committee must be transparent in its functioning, must be independent of the researcher, the sponsor and any other undue influence and must be duly qualified. It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration.

The committee must have the right to monitor ongoing studies. The researcher must provide monitoring information to the committee, especially information about any serious adverse events. No amendment to the protocol may be made without consideration and approval by the committee. After the end of the study, the researchers must submit a final report to the committee containing a summary of the study's findings and conclusions.

Privacy and Confidentiality

24. Every precaution must be taken to protect the privacy of research subjects and the confidentiality of their personal information

Informed Consent

25. Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees.

26. In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information.

After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

All medical research subjects should be given the option of being informed about the general outcome and results of the study.

27. When seeking informed consent for participation in a research study the physician must be particularly cautious if the potential subject is in a dependent relationship with the physician or may consent under duress. In such situations the informed consent must be sought by an appropriately qualified individual who is completely independent of this relationship.

28. For a potential research subject who is incapable of giving informed consent, the physician must seek informed consent from the legally authorised representative. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject, the research cannot instead be performed with persons capable of providing informed consent, and the research entails only minimal risk and minimal burden.

29. When a potential research subject who is deemed incapable of giving informed consent is able to give assent to decisions about participation in research, the physician must seek that assent in addition to the consent of the legally authorised representative. The potential subject's dissent should be respected.

30. Research involving subjects who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research group. In such circumstances the physician must seek informed consent from the legally authorised representative. If no such representative is available and if the research cannot be delayed, the study may proceed without informed consent provided that the specific reasons for involving subjects with a condition that renders them unable to give informed consent have been stated in the research protocol and the study has been approved by a research ethics committee. Consent to remain in the research must be obtained as soon as possible from the subject or a legally authorised representative.

31. The physician must fully inform the patient which aspects of their care are related to the research. The refusal of a patient to participate in a study or the patient's decision to withdraw from the study must never adversely affect the patient-physician relationship.

32. For medical research using identifiable human material or data, such as research on material or data contained in biobanks or similar repositories, physicians must seek informed consent for its collection, storage and/or reuse. There may be exceptional situations where consent would be impossible or impracticable to obtain for such research. In such situations the research may be done only after consideration and approval of a research ethics committee.

Use of Placebo

33. The benefits, risks, burdens and effectiveness of a new intervention must be tested against those of the best proven intervention(s), except in the following circumstances:

Where no proven intervention exists, the use of placebo, or no intervention, is acceptable; or

Where for compelling and scientifically sound methodological reasons the use of any intervention less effective than the best proven one, the use of placebo, or no intervention is necessary to determine the efficacy or safety of an intervention

and the patients who receive any intervention less effective than the best proven one, placebo, or no intervention will not be subject to additional risks of serious or irreversible harm as a result of not receiving the best proven intervention.

Extreme care must be taken to avoid abuse of this option.

Post-Trial Provisions

34. In advance of a clinical trial, sponsors, researchers and host country governments should make provisions for post-trial access for all participants who still need an intervention identified as beneficial in the trial. This information must also be disclosed to participants during the informed consent process.

Research Registration and Publication and Dissemination of Results

35. Every research study involving human subjects must be registered in a publicly accessible database before recruitment of the first subject.

36. Researchers, authors, sponsors, editors and publishers all have ethical obligations with regard to the publication and dissemination of the results of research. Researchers have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. All parties should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results must be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest must be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication.

Unproven Interventions in Clinical Practice

37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.

♣♣♣

参考資料２

日本医師会訳

THE WORLD MEDICAL ASSOCIATION

未承認の治療とエボラウィルスに関する
総会緊急決議

2014 年 10 月、ダーバン総会（南アフリカ）で採択

WMA は、エボラウィルスの治療に際して、ヘルシンキ宣言第 37 項の内容に準拠することを医師に求める。

臨床における未実証の治療

第 37 項

個々の患者の処置において証明された治療が存在しないかまたはその他の既知の治療が有効でなかった場合、患者または法的代理人からのインフォームド・コンセントがあり、専門家の助言を求めたうえ、医師の判断において、その治療で生命を救う、健康を回復するまたは苦痛を緩和する望みがあるのであれば、証明されていない治療を実施することができる。この治療は、引き続き安全性と有効性を評価するために計画された研究の対象とされるべきである。すべての事例において新しい情報は記録され、適切な場合には公表されなければならない。

ヘルシンキ宣言－人間を対象とする医学研究の倫理的原則－

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