

Recommendations on Global Health for the 2023 G7 Summit

Shiroyama Hideaki

Professor, Graduate School of Public Policy / Graduate Schools for Law and Politics / Institute for Future Initiatives, The University of Tokyo

Gu Yoshiaki

Professor, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University

Kondo Naoki

Professor, Graduate School of Medicine and School of Public Health, Kyoto University

Sakamoto Haruka

Associate Professor, Graduate School of Medical Science, Tokyo Women's Medical University

Jindai Kazuaki

Assistant Professor, Graduate School of Medicine, Tohoku University

Takuma Kayo

Professor, Graduate School of Law and Politics / Faculty of Law, Graduate Tokyo Metropolitan University

Takemi Ayako

Associate Professor, Research Center for Advanced Science and Technology, The University of Tokyo

Hashizume Masahiro

Professor, Graduate School of Medicine, The University of Tokyo

Matsuo Makiko

Project Associate Professor, Graduate School of Public Policy, The University of Tokyo

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1. Introduction

Japan is hosting the 2023 G7 Summit and G7 Health Ministers' Meeting. This meeting provides Japan with a significant opportunity to recommend and promote a new global health agenda. For this purpose, while taking into consideration the thinking of a wide range of experts and stakeholders, it is necessary to review the issues on hand, analyze how these issues may be interrelated, and finally prepare a series of relevant recommendations in advance of the G7 Summit. With this in mind, "Research on Establishing Japan's Effective Presence at the 2023 G7 Health-Related Meetings and Contributing to International Health Policies" was adopted and launched as a special research project of the Ministry of Health, Labour and Welfare for fiscal 2022.

Specifically, research was conducted on three categories of topics. In this process, as outlined in the list of research meetings convened, discussions were held among participating researchers representing diverse fields of expertise, and views were exchanged with domestic and international stakeholders. The first topic concerns universal health coverage (UHC), which Japan has continuously promoted over the years. While the importance of UHC has been globally recognized in light of the COVID-19 pandemic, many issues and challenges need to be further examined for the realization of UHC. These include such questions as how to design and create resilient health systems capable of coping with emergencies and how to coordinate between periods of normalcy and health emergency. The aging of society also poses significant questions for the design of UHC. The second topic of study is related to the critically important and immediate challenge of responding to the spread of the novel coronavirus and includes the promotion of related research and development and innovation, as well as the issue of ensuring access to the fruits of progress in research and development. Similarly, in connection with the problem of antimicrobial resistance (AMR), it is necessary to promote new research and development and to ensure access to stable supplies and the appropriate use of antimicrobial agents. The third topic concerns the restructuring of global health governance. The WHO and other forums have discussed the details of the so-called "Pandemic Treaty," the revision of IHR, and health financing. However, when issues related to One Health and health problems associated with global warming and other global environmental concerns are taken into consideration, a broader, multi-layered governance structure might be needed.

In the remainder of this document, we will sort out and analyze the current challenges and issues according to the three categories of topics outlined above and make recommendations based on the analysis.

2. Current Status and Challenges of Global Health

2-1 New Developments in UHC

2-1-1 UHC in the Anthropocene

Threats to humanity are growing and becoming increasingly complex in the new age of the Anthropocene (United Nations Development Programme, 2022). In this environment, people are exposed to numerous external factors that threaten their health and lives. Protecting people from these factors requires the existence of robust health systems resulting in the achievement of UHC. These external factors cover a broad spectrum of

challenges, ranging from acute events, such as the spread of infectious diseases and the occurrence of natural disasters that place enormous stress on existing health systems in a short period of time, to slowly-progressing issues that place chronic burdens on health systems, such as demographic changes and changes in disease structure. The health of the population may be seriously affected when existing health systems fail to respond effectively to these external factors. In addition to deaths directly from the spread of infectious diseases or natural disasters, the total impact of such events can be gauged in terms of the number of lives that otherwise would have been saved (excess mortality) and the increase in health disparity.

What does it take to have a health system that functions effectively under emergency conditions? The key to the answer is: To what extent can the cardinal principles of sustainability, equity, and resilience be enhanced during periods of normalcy (UHC 2030, 2018). Table 1 below summarizes how health system principles relate to responses during an emergency. Considering such relations, efforts must be made to strengthen health systems and work to achieve UHC during normalcy.

Table 1 key health system principles and its relationship to health security

Equitable	<ul style="list-style-type: none"> • Impact of health emergency differs by socio-economic status (e.g., mortality and morbidity rates are uneven). • Health emergency widens existing disparity. • Sensitivity to health emergency intervention is indirectly affected by socio-economic factors (e.g., differences in vaccination rates).
Resilient	<ul style="list-style-type: none"> • Inadequate response capacity to health emergencies increases direct damage. • In addition to basic public health and medical skills, the capacity to respond flexibly to surging demand for medical services is also needed (surge capacity and surge capability). • Suspension/reduction in the provision of other medical services resulting from the concentrated input of medical resources to respond to the emergency. • Acquisition/maintenance of medical resources after emergency conditions become permanent. • Ability to modify and improve health systems based on the lessons from emergency response.
Sustainable	<ul style="list-style-type: none"> • Modify and improve health systems in line with changes in disease and demographic structures. Changes in disease structure alter demands for medical services. In addition to altering demands for medical services, demographic changes also impact healthcare financing. • Acquisition/maintenance of resources after emergency conditions become permanent require resource acquisition/maintenance based on accurate future projections. • Socio-economic changes resulting from an emergency, and the impact of these changes on resources. For example, the negative impact of COVID-19 on the economy impacts healthcare financing (financial resources for the healthcare system). • Balance of financial and human resources between periods of normalcy and emergency. (How many medical resources are available in normalcy and how many medical resources can be deployed in an emergency? While a certain level of redundancy is needed during normalcy, there are limits to the amount of redundancy that can be provided given the limited medical resources and financial resources available)

In recent years, various concepts have come into use in connection with health systems. The interrelations of these terms are summarized below.

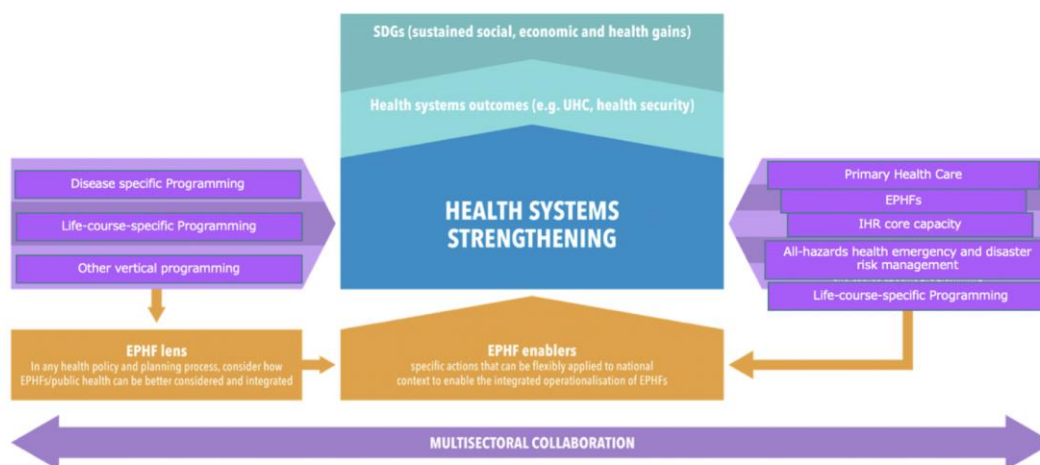


Figure 1. Concept of Essential Public Health Functions
 Source: World Health Organization, 2022a (adapted from Fig. 3)

Note: **WHO Six Building Blocks:** (1) leadership and governance, (2) financing, (3) workforce, (4) information systems, (5) medical supplies, technology and infrastructure, (6) service delivery

Figure 1 is adapted from the diagrammatic explanation presented in the 2022 WHO discussion paper entitled “Can the essential public health functions make a difference?” The diagram shows that health systems can be strengthened through essential public health functions (EPHFs), which then leads to the achievement of the desired health outcomes as represented by UHC and health security.¹ Finally, the achievement of UHC and health security leads to the achievement of SDG Goal 3. EPHFs comprise the twelve minimum core functions that individual countries need to secure for the promotion of public health in a holistic, integrated, and sustainable manner. (See Figure 2)

1. Monitoring the population’s health status and strengthening surveillance function, including (but not restricted to) health emergencies	7. Promoting well-being (addressing wider determinants of health and inequity)
2. Public health emergency management capacity	8. Social mobilization
3. Effective regulation and legislation	9. Ensuring adequate quantity and quality of public health workforce
4. Efficient and effective health systems (including financing)	10. Assuring quality of and access to health services
5. Protecting populations against all types of hazards	11. Advancing public health research
6. Prevention and early detection of diseases, including NCDs	12. Ensuring access to essential medicines and other health technologies

Figure 2 (World Health Organization, 2022a)

Along with EPHFs, primary health care (PHC) is also critical. Although PHC is not included in Figure 1, the significance of PHC as the basis for achieving both UHC and health security has been repeatedly emphasized (World Health Organization, 2022a). EPHFs constitute the

¹ Pandemic Preparedness and Response (PPR) is a term frequently used in the context of emergency preparedness. However, as the present recommendations are aimed at developing preparedness for health systems capable of coping with a broad range of emergencies that are not restricted to infectious diseases, the term “health security” is used herein as a higher-level concept than PPR.

basis for attaining UHC, and the formulation and implementation of all policies must be approached through the EPHFs lens. Besides, it is also critical to incorporate PHC into the basis and to approach the formulation and implementation of all policies through the PHC lens.

To summarize, PHC and EPHFs must be strengthened at the community level. Furthermore, the six building blocks for strengthening health systems must be reinforced through the PHC and EPHFs lenses. It can be said that as a result of these processes, a health system can acquire the values of resilience, sustainability, and equity, which in turn enables the achievement of UHC and health security. For this purpose, countries would be required to (1) strengthen PHC and EPHFs at the community level, (2) promote the strengthening of the six building blocks of health systems, and simultaneously (3) remain aware of the interconnectedness of these activities to avoid siloing (nurture this awareness not only in the field but also throughout all aspects of decision-making, policy-making, and ensuring consistency in budgeting).

2-1-2 Aging Society and UHC

The achievement of UHC requires taking into account changes in demographic and disease structures on a global scale. Today, humanity is advancing toward unprecedented levels of aging. This demographic trend necessitates the formulation of a roadmap for the achievement of UHC that is coupled with strategic engagement with this roadmap.

As older adults are susceptible to numerous diseases and disabilities, care for older adults must go beyond medical-care models that have been conventionally assumed under UHC. In other words, what may be called whack-a-mole strategies for ensuring access to care for the prevention and treatment of individual diseases will not suffice. Instead, what is needed are “social models” or “life models” that feature strategies for developing an environment and relevant services that will support older adults within their daily living environment in maintaining and enhancing the functional abilities that they have. This will require a diverse range of stakeholders in medical care, nursing care and, social care to work together to create systems that will seamlessly support individuals in their daily living environment. Therefore, UHC will have to go beyond merely ensuring access to medical services and should be centered on creating an environment in which access to comprehensive services for daily life and social participation can be ensured (Hou et al., 2023).

Japan is aging at the fastest pace in the world and has spent the past twenty years building various systems for coping with the challenges of aging. In this process, Japan has accumulated a wealth of experience in developing related systems. In addition to the long-term care insurance system, these include community-based integrated care systems, systems for incentivizing local governments to develop supportive environments, and community-level care meetings for promoting coordination among stakeholders. Furthermore, a broad range of social technologies has been developed and packaged into systems that can be applied to diverse societies (Ministry of Health, Welfare, and Labour website; Kondo and Rosenberg, 2018; Saito et al., 2019).

However, Japan has developed and implemented these systems purely as a domestic concern. Consequently, there is a lack of knowledge and experience on how these systems can be applied globally or how they can be redesigned for universal use. Moreover, an

adequate cohort of human resources has yet to be trained to present these systems to the international community, nor do mechanisms for supporting and promoting such activities exist. Japan is an early advocate of the importance of UHC and has made its case in various forums, such as the Ise-Shima G7 Summit. However, it has not been able to fully develop a roadmap for the achievement of UHC and therefore has not been able to present concrete recommendations to the international community.

2-2 Promoting Innovation

2-2-1 Optimizing Existing Drugs and Treatments in Health Emergencies and Establishing Clinical Trial Systems for the Development of New Drugs

The world has experienced various health emergencies caused by emerging and reemerging infectious diseases, such as Ebola virus infection and severe acute respiratory syndromes (SARS). With each emergency, experts throughout the world have engaged in discussions on how to rapidly build up evidence for optimizing existing drugs and treatments (drug repurposing) and developing new drugs (Mulangu et al., 2019). These discussions have raised awareness of the importance of large-scale clinical trials. As a result, various preparatory steps were taken before COVID-19 outbreak. In the COVID-19 health emergency, large-scale platform-based clinical trial systems created before the start of the emergency were used to test the effectiveness and efficacy of existing drugs. One such drug whose effectiveness was thus established is reported to have saved more than a million lives, particularly during the first year of the pandemic (NHS, 2021). On the other hand, the COVID-19 health emergency also showed how difficult it is to efficiently and effectively conduct clinical trials during a pandemic. Widely observed problems include the proliferation of small-scale clinical trials launched without adequate thought to prioritization and observational studies conducted without proper comparison groups (Itaya et al., 2022; McLean et al., 2022). These problems can be attributed to a combination of factors, including the absence of leading institutions, the lack of funding for R&D aimed at optimizing existing drugs and treatments and new drug development (International Pandemic Preparedness Secretariat, 2023), the absence of an accompaniment function in regulatory agencies and funding agencies for principal investigators (Jindai et al., 2022), and inadequate cooperation and coordination among clinical trials. As a result, resources were wasted, and patients may miss the opportunity to contribute to the development of scientific evidence through participation in clinical trials. Looking back at these failures and anticipating the next pandemic that is likely to occur in the future, the importance of strengthening and expanding clinical trial systems is being widely advocated. In 2021, the G7 published the Therapeutics and Vaccines Clinical Trials Charter (G7, 2021), and in 2022, the World Health Organization (WHO) adopted a related resolution (World Health Organization, 2022c). To further accelerate this process, it will be necessary for this year's G7 Summit to engage in in-depth discussions on this subject.

2-2-2 AMR Response

Antimicrobial agents play a vital role in modern medicine. In this context, the spread of antimicrobial resistance (AMR) poses a grave challenge, and the response to AMR has become a critical global topic in public health (Laxminarayan et al., 2013). In light of the complexity of the context and the severity of the problem, strong and effective leadership must be mobilized to promote international efforts.

The international community is already pursuing various initiatives, such as the Global Action Plan launched by the WHO in 2015. However, sufficient progress has not been made in the development of new drugs for the treatment of multidrug-resistant bacteria (World Health Organization, 2022b). To promote the development of new drugs, the United Kingdom adopted pull incentives in 2022 (Mullard, 2022). Japan will also launch model projects with pull incentives in fiscal year 2023. Existing antimicrobial agents are prone to supply shortages because bulk manufacturers are concentrated in a limited number of countries (Shafiq et al., 2021). Through its Project to Support Stable Supply of Pharmaceuticals, Japan aims to establish systems by 2030 to ensure stable supplies of β -lactam antimicrobial agents in supply disruptions (Ministry of Health, Welfare and Labour, 2023). Developing new drugs and maintaining stable supplies of existing antimicrobial agents are urgent issues.

AMR is spreading across multiple fields, including animals and the environment, in a highly complex manner. This development has increased the importance of the One Health approach (Larsson and Flach, 2022; Palma, Tilocca, and Roncada, 2020). Although approaches covering humans, animals, and the environment are underway to integrate, particularly in Europe, related methodologies have yet to be established. Approaches and methodologies that transcend ministries and fields of expertise will need to be developed.

AMR response cannot be pursued solely with drugs. It is hoped that contributions will be made to AMR interventions in low- and middle-income countries through such means as innovation in infectious disease diagnosis and human resource development for raising the levels of infectious disease control. These efforts would also contribute to the realization of Universal Health Coverage (Bloom et al., 2017).

2-3 Global Health Governance

2-3-1 Multi-level Governance

In health services, the term global governance refers to systems in which diverse actors employ a wide range of methods to address and deal with challenges related to human health (Fidler, 2010). The COVID-19 pandemic served to highlight the vulnerabilities in health governance, which included the following two concerns. First, IHR provisions were not stringently adhered to. Second, notwithstanding the provision in the Constitution of the WHO stating, “Unequal development in different countries in the... control of disease, especially communicable disease, is a common danger,” significant North-South disparities persisted in access to COVID-19 vaccines. In today’s world that faces highly diverse threats, it is no longer possible to separate politics from international cooperation in addressing infectious diseases (Johnson, 2020; Davies and Wenham, 2020), nor can linkages with geopolitical developments be avoided. The heated exchange between the United States and China concerning the origins of COVID-19 is fresh in our minds, and Russia’s invasion of Ukraine has also cast a shadow over health governance.

On the other hand, for humanity that exists in an increasingly complex network of interdependence, the need to cooperate with others has by no means been diminished. The threats posed by mpox (monkeypox) and avian influenza remain high, and the prolonged war between Russia and Ukraine has raised concerns about the possibility of bioterrorism. However, for individual members of the international community, the “other” no longer points to some unspecified entity. Rather, its definition tends now to be specific to and held

in common by groups that share a set of similar values. As a manifestation of this development, during the COVID-19 pandemic, substantive health-related cooperation was actively undertaken on regional and bilateral bases and among similarly-minded nations (Amaya and De Lombaerde, 2021; Takuma, 2023).

This movement toward multi-level governance does not render the global framework useless or irrelevant. This is because a global framework can be expected to play a crucial role, now and in the future, in providing norms and rules that constitute a central axis for the international community and ensuring consistency and cohesiveness among various undertakings. It should be noted, however, that merely establishing global norms will not provide sufficient preparedness against future threats. In order to ensure compliance, it is vitally important for these norms to be binding. Parallel to this, surveillance must be strengthened, greater capacity for the development and manufacture of drugs must be created, mechanisms for information-sharing during emergencies must be erected, and health systems must be reinforced. Achieving these objectives requires establishing effective measures and multi-tiered cooperation among countries, regions, and similarly-minded nations.

2-3-2 Surveillance

The COVID-19 pandemic highlighted the problems of delayed response to an emerging threat and hesitation in deciding the measures to take. Generally, strengthening surveillance functions and creating international alert systems are considered critical in ensuring rapid response (Independent Panel for Pandemic Preparedness and Response, 2021). Furthermore, speedy surveillance is also indispensable to the timely development of medical countermeasures.

The G7 Pact for Pandemic Readiness adopted at the G7 Summit held in Germany recognized the importance of introducing “collaborative surveillance,” underscored the urgent need to create an international network for this purpose, and formulated a roadmap for strengthening future surveillance (G7, 2022a; G7, 2022b). Various discussions are currently underway for creating a new international framework, including discussions for the so-called “Pandemic Treaty” and the revision of IHR (International Health Regulations). In both instances, but particularly in the course of IHR revision, various countries have submitted recommendations for improving surveillance through modern surveillance methods (World Health Organization, 2023).

As it now stands, the G7 Pact for Pandemic Readiness calls for further coordination and adjustment for identifying and specifying concrete actions. As for the new international framework, given the differences in opinion that separate the Global North and South, it is highly likely that more time will be needed to revise the text of the draft agreement. Initially, it was hoped that the international framework and the revised IHR would contain provisions for the early introduction of international surveillance functions with de facto enforcement powers. However, this objective is now widely viewed to be difficult. This turn of events lends greater importance to strengthening surveillance functions, and it is hoped that these efforts will go beyond merely buttressing existing systems.

Progress has been made in introducing new mechanisms, such as regional surveillance arrangements, information-sharing among allied countries, and the creation of WHO Intelligence Hubs. However, it is partly unclear how these initiatives are interrelated.

2-3-3 One Health

The global spread of the COVID-19 pandemic has redoubled awareness of the importance of One Health, defined as follows: “One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.” (Definition excerpted from One Health High-Level Expert Panel (OHHLEP) et al., 2022.) Traditionally, health-related problems have been addressed separately for the human, animal, and environmental sectors. Against this backdrop, the significance of the One Health can be outlined as follows. First, the One Health concept attempts to broaden the scope of these sectors and to undertake a paradigm shift that focuses on preventing the emergence of disease and infection at its source. Second, in addition to technical understanding of infectious diseases, One Health emphasizes the whole system (ecosystems and social, economic, and cultural contexts) (Zinsstag et al., 2023).

Gradual progress has been made in related international initiatives since a concept note was jointly issued in 2010 by the FAO, WHO, and OIE (Tripartite Organizations). In 2022, UNEP formally joined the Tripartite to form the Quadripartite Organizations. The One Health Joint Action Plan (OHJPA) was announced as a five-year plan covering the period of 2022 – 2026 (FAO et al., 2022). OHJPA addresses the following fields and objectives: (1) enhancing One Health capacities, (2) reducing risks from emerging and re-emerging zoonotic epidemics and pandemics, (3) controlling and eliminating zoonotic, neglected tropical and vector-borne diseases, (4) food safety risks, (5) curbing antimicrobial resistance (AMR), and (6) integrating the environment into One Health.

While a fully integrated One Health framework remains under development, advances have been made in certain areas. Particular progress has been made in AMR response since a United Nations General Assembly (UNGA) High-Level Meeting was held in 2016. In recent years, AMR has repeatedly appeared on G7 and G20 agendas. The Tripartite (and Quadripartite) Organizations have issued guidance on monitoring and assessment. As a result, progress has also been made in exploring strategic frameworks and studying surveillance arrangements. A second UNGA High-Level Meeting is scheduled to be held in 2024. However, even in the area of AMR, various methodological and institutional challenges remain in implementing a truly integrated One Health approach that transcends sectoral frameworks. Similarly, although the need for One Health in coping with zoonotic diseases has long been recognized, adequate consideration has not been given to cross-sectoral approaches. Recently, various initiatives have been launched to share experiences and enhance collaboration. For example, to deepen mutual understanding among different sectors, National Bridging Workshops have been held based on the Monitoring and Evaluation Framework (MEF) of WHO’s International Health Regulations (IHR), and the Joint External Evaluation (JEE) and evaluation standards for the Performance of Veterinary Services (PVS) of the World Organization for Animal Health (WOAH). In light of these discussions, various multi-sectoral implementation tools are currently being discussed for responding to zoonotic diseases.

Sector-specific data, evidence, methodologies, and assessment protocols have already been established for individual sectors, and the usefulness of One Health has been recognized. However, these have yet to be realized on a cross-sectoral basis.

2-3-4 Climate Change and Health

The health impacts of climate change are increasing as temperatures rise. The annual number of deaths due to malnutrition, malaria, diarrhea, and heat stress caused by climate change is expected to increase by approximately 250,000 per year between 2030 and 2050 (World Health Organization, 2021). On the other hand, it has become evident that reduced emissions of greenhouse gases and air pollutants through the adoption of low-carbon alternatives in transportation, food production, energy production, and other fields can contribute to improved human health (World Health Organization, 2021). The healthcare sector accounts for 4.4 percent of total CO₂ emissions. As such, the pursuit of mitigating measures in this field can make an important contribution (Health Care Without Harm, 2019).

During October and November 2021, the 26th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26) was held in Glasgow, United Kingdom. At this conference, the British government, the WHO, and others took the lead in launching the COP26 Health Programme, which places human health at the forefront of efforts to address climate change. The Programme calls on participating countries to adopt two commitments for the achievement of “climate resilient health systems” and “sustainable low carbon health systems” and emphasizes the importance of taking this opportunity to actively pursue the transformation of healthcare systems. After the close of COP26, the COP26 Health Programme was reorganized as the Alliance for Transformative Action on Climate Change and Health (ATAACH), which as of February 2023, has 62 participating countries. Among the G7 member countries, four (Canada, Germany, the United Kingdom, and the United States) are already participating, while three others (Japan, France, and Italy) have yet to announce their intention to join.

The Health Ministers’ Communique released at the G7 Elmau Summit held in Germany in 2022 addressed the need for “climate resilient, sustainable, and climate neutral health systems” as part of its agenda. The document contained this emphatic statement. “As the G7 Health Ministers, we acknowledge the importance of combating climate change to protect health: climate protection equals health protection.”

3. Policy Recommendations on Global Health for the G7

3-1-1 UHC in the Anthropocene

(1) Promote greater integration

Both UHC and health security are easy to achieve the SDGs. Realization of UHC and health security requires the strengthening of PHC and EPHFs on the community level as well as the strengthening of the six building blocks of health systems. It is significant to recognize that these elements do not exist independently of each other and rather constitute an

interconnected flow. Based on experiences gained during the COVID-19 pandemic, various recommendations and action plans have been formulated for PHC, EPHFs, UHC, and health security/PPR. What is now needed is an integrated roadmap that encompasses all of the above.

(2) Introduce mechanisms for improving execution

1. In order to enhance the effectiveness of the roadmap, action plans should be established and mechanisms adopted for evaluating the progress made. The G7 should lead in creating final roadmaps through broad-ranging dialogue involving the governments and civil society of non-G7 countries, academia, and the private sector.

2. Assessment indicators should be introduced, and implementation of assessment should be promoted. Mechanisms currently exist for separately assessing the progress of PHC and PPR (specifically, IHR core capacity). However, consistent indicators that would lead to the achievement of both UHC and health security have not been fully developed. In addition, with regard to UHC indicators, conditions affecting people's health have changed significantly since the indicators were initially formulated. As a result, various new perspectives have emerged that now need to be reflected in the indicators. Specifically, these include the following: 1) current indicators are centered on inputs and do not yield outcome assessments, 2) the quality of services provided is not assessed, and 3) current indicators do not adequately reflect the public health and prevention perspectives, including life course and PHC/EPHF (Assefa et al., 2021). Given the present situation, a wide range of stakeholders must participate in formulating a comprehensive evaluation framework. Participants should not be limited to G7 countries and should include non-G7 countries, health-related international organizations, civil society, and academia. Such forums as the World Health Summit (WHS) and the Prince Mahidol Award Conference (PMAC) should be utilized for maintaining the interest of related parties in progress that has been made, and regular opportunities should be provided to them for conducting progress assessments.

3. Methods for securing financial resources and ensuring accountability should be specified. In this context, the following requirements should be met: 1) Sufficient financial resources are needed to achieve UHC and health security by strengthening PHC and EPHFs on a global level. Investment goals for PHC/EPHF should be established for individual donors. At the same time, it's also necessary to enhance the consistency of financial resources invested by donors. Measures should be devised for raising donor commitment and accountability parallel to the roadmap. 2) Investment in the medical sector should be increased on the national level. Given the economic exhaustion caused by the COVID-19 pandemic, incentives should be designed to enable countries to increase their investment in health and medical services. As one option, debt relief (a mechanism for debt forgiveness when a country increases its investment in the health sector and exceeds a certain level of outcomes in PHC and EPHFs) or related measures should be introduced. 3) The introduction of private funding should be explored. As public sources of funding are insufficient for responding to UHC and health security, mechanisms are needed for drawing on private-sector financial resources. The fact is that there are no countries in which the medical system is solely dependent on the public sector. As such, it is impossible to build medical and health care systems without private-sector cooperation involving medical institutions, private insurance companies, the pharmaceutical industry, and others. Private-sector participation should not be limited to the provision of medical services, and countries should develop mechanisms for utilizing private-sector financing in frameworks for strengthening PHC/EPHF.

3-1-2 UHC in Light of the Aging of Society

- (1) Organizations promoting research on achieving UHC in light of the aging of society should be created, and sufficient resources should be invested for the operation of such organizations under long-term planning.
- (2) Regarding measures for older adults, policy-level exchanges should be undertaken among G7 and other countries. Measures should be developed in step with the UN Decade of Healthy Ageing and other global activities, and action should be taken to promote global knowledge translation.
- (3) Working in collaboration with G7 countries, Japan should lead the international community in formulating and implementing roadmaps for achieving UHC in light of the aging of society.

3-2 Promoting Innovation

3-2-1 Establishing a Clinical Trial System for optimizing existing drugs and treatments (drug repurposing) and developing new drugs during Health Emergencies

- (1) International clinical trial systems (including platform trials) should be developed under the leadership of the G7 countries, and measures should be taken to promote international clinical trials. In fact, up to the present, groundbreaking and important international clinical trials undertaken during the pandemic have been conducted under the leadership of the G7 countries (Inada, Ichihara, and Saito, 2023; Miike, 2023). The knowledge and experiences gained during the current health emergency should be shared and disseminated to other countries. From the perspective of pandemic preparedness and response, this will yield a positive impact not only on the G7 countries but also on a wide range of non-G7 countries. Attention should be paid to the following points in this process.
 1. Act during periods of normalcy to secure human resources, as well as continuous and flexible financing for maintaining clinical trial systems.
 2. Promote the formulation of global standards for regulations impacting on platform trials .
 3. Improve the environment for conducting clinical trials (including technological innovation for digitization and developing clinical trials “embedded” in the field).
 4. Promote network integration and coordination between academia and the private sector. For example, during normalcy and the early stages of a pandemic, encourage academia-led clinical trials to optimize existing drugs and treatments while enabling private companies to actively conduct clinical trials of promising R&D seeds.
 5. Promote communication with civil society and medical professionals. It becomes increasingly significant to obtain the understanding and cooperation of civil society, frontline medical providers, patients, and others during health emergencies when society is thrown into confusion.

(2) As a concrete line of action, the G7 should lead to creating a roadmap for establishing and promoting international clinical trial systems. Based on the roadmap, individual countries and relevant institutions should be encouraged to formulate and implement action plans. In order to make opportunities available for sharing of information on progress and innovations, regular summit meetings should be held with the participation of academia, the private sector, government and administrative officials, regulatory authorities, and funding agencies from various countries, including not only the G7 countries but low- and middle-income countries.

3-2-2 AMR Response

(1) Pull incentives should be promoted to forcefully advance the development of new drugs that are essential to combat AMR. It is desirable for this process to move forward through international coordination and collaboration. For this purpose, Japan should join the United Kingdom, which has already launched such initiatives, in leadership. To ensure a stable supply of existing microbial agents, Japan is currently pursuing measures for increasing domestic production. Strategic initiatives should also be mounted to contribute to the stable supply of microbial agents in other countries, including the development and international deployment of highly efficient manufacturing technologies with low environmental impact.

(2) Data-driven measures should be promoted from the perspective of the One Health approach. For this purpose, departments dedicated to One Health should be established as an element of health emergency management for infectious diseases, and surveillance and related activities should be promoted.

(3) In order to develop comprehensive regional frameworks, multilateral initiatives, such as the Tokyo One Health AMR Conference, should be continued, and the track record of cooperation among researchers and practitioners from various countries should be enhanced. It is hoped that Japan will join the G7 and Asian countries to continue and expand its international contributions to fight against AMR, particularly in the Asia and Western Pacific regions.

3-3 Global Health Governance

3-3-1 Multi-Level Governance

(1) The significance of health-related global cooperative frameworks as determiners of norms and rules should be reaffirmed, and efforts should be made to reinforce such frameworks. Global frameworks, such as IHR and the Pandemic Treaty, remain essential. This point should be reaffirmed, and active steps should be taken toward setting norms for promoting health cooperation in the post-COVID world. In this connection, it should be noted that Japan is a participant in the Pandemic Treaty negotiations. In light of the numerous challenges that emerged during the pandemic, it is hoped that Japan will play an active role in codifying UHC and other norms, such as One Health, equity, and inclusiveness.

(2) Support should be provided to strengthen response capacity at regional levels. Whenever individual groups and regions engage in substantive cooperation, this will

naturally give rise to interregional and inter-group disparities. Particularly, in the case of the African region, active financial and technical assistance provided from outside the region by countries, companies, and foundations are essential and indispensable to enhancing the region's drug manufacturing and surveillance capacities. Therefore, it is necessary for G7 countries to endeavor to facilitate these forms of assistance. Needless to say, the G7 countries should also actively be involved in reviewing and strengthening the Access to COVID-19 Tools (ACT) Accelerator, an international collaborative framework for accelerating development, production, and equitable access to COVID-19 tests, treatments, and vaccines.

With regard to Asia, various innovative initiatives were launched on the regional level during the pandemic, such as the establishment of the ASEAN Center for Infectious Diseases and the WHO Biomanufacturing Workforce Training Hub in South Korea. Of particular note is the WHO Biomanufacturing Workforce Training Hub created in South Korea in 2022, whose mission is to transfer biomanufacturing technologies to low- and medium-income countries seeking to produce vaccines, insulin, cancer drugs, and other pharmaceutical products. A number of countries, including Bangladesh, Indonesia, Pakistan, Serbia, and Vietnam, are currently scheduled to participate in the program. It is hoped that this program will successfully generate significant global, regional, national, and local links. In order to build a regional ecosystem for eliminating disparities in access to pharmaceuticals, there may be a need to explore the possibility of cooperation between Japan and South Korea or between the Quad countries and South Korea. Moreover, efforts should also be made to expand existing cooperative frameworks, such as those between Japan and the United States, the Quad countries, and Japan and the Southeast Asian countries, to cover the vast Asia-Pacific region.

3-3-2 Surveillance

(1) A conscious effort should be made to develop systems for ensuring sufficient mutual exchange of information among various mechanisms currently being considered for introduction. Specifically, this would include establishing information-sharing focal points in each mechanism, conducting regular simulation exercises, and gaining an overall picture of the systems in place that would be needed for effectively implementing such measures.

(2) Efforts should be made to utilize and reflect the latest available methodologies, particularly with regard to data analysis methods, in surveillance. For this purpose, human resources should be broadly recruited, and efforts should be made to create and bolster opportunities for mutual learning. Viable options include building cooperative systems that include private businesses and the development of mechanisms for this purpose. It would be particularly significant to pursue these processes in tandem and parallel to the development of channels that are not necessarily limited to traditional surveillance in the health sector.

(3) There should be an awareness that information gathering in its initial stages basically depends on the existing capabilities of the health system. Based on this awareness, further research should be conducted on factors that could strengthen surveillance capacity. These should then be included in indicators of core capacity-building that take into account a broad range of concerns that are not limited to the control of infectious diseases, such as roadmaps for strengthening UHC.

3-3-3 One Health

(1) As a preliminary step for implementation of the One Health approach, efforts should be made toward understanding and visualizing the current situation. Numerous programs are already underway, ranging from initiatives mounted by UN agencies to semi-formal and ad hoc ones. However, information on these initiatives has not been centralized. Similarly, in the Quadripartite, the accumulation of discussions has not been visualized because of current arrangements for a rotating secretariat. This situation lends particular significance to such activities as the Quadripartite One Health Scoping Study (OHISS) and the One Health High-Level Expert Panel (OHHLEP). There is a need to develop a one-stop website where relevant information and discussions can be obtained and constantly updated.

(2) Research on scientific data and methodologies related to implementation and the accumulation of case studies of the One Health approach should be promoted. Implementing One Health in the true sense requires building up research and accumulating case studies to integrate scientific data, evidence, knowledge, evaluation methods, and monitoring indicators among different disciplines. This purpose is achieved by activities for developing a common foundation. On the other hand, it should be noted that issues and challenges related to One Health can vary according to the ecosystems and socio-economic context in which they exist. Therefore, due attention should be paid to the fact that uniform and undifferentiated responses may not necessarily be effective.

(3) Efforts should be made toward ensuring governance and system-building (international, regional, and national) needed for implementation of the One Health approach, the establishment of norms and harmonization by international organizations, and securing stable financial resources. For political reasons and considerations, a number of separate ad hoc initiatives have been launched. These now should be organically linked through high-level leadership at the UN and the Quadripartite to eliminate unnecessary competition and redundancy. This process will require the establishment of a rational division of roles and functions and coordination and direction from the top. To effectively address One Health in a multi-tiered manner, it is also necessary to strengthen ministerial-level coordination on the domestic front among ministries responsible for health, agriculture, and the environment, which correspond to the four organizations of the Quadripartite, and to establish One Health contact points.

3-3-4 Climate Change and Health

(1) The movement toward building a “climate-resilient, sustainable, and climate-neutral healthcare system” was addressed at COP26 and in the G7 meetings hosted by the United Kingdom and Germany. Japan must avoid creating an international perception that it may have stopped the movement in this direction in the G7 meetings hosted by it. The climate crisis also threatens UHC. To ensure UHC sustainability, Japan must clearly demonstrate its support for building “climate-resilient health systems” and “sustainable low-carbon health systems” as advocated by the WHO.

(2) Measures should be taken toward accumulating evidence for promoting climate change mitigation, adaptation and co-benefits specific to healthcare sector. Parallel to this, for Japan to play a leadership role in the United Nations and various international conferences, it is desirable to swiftly promote domestic human resource development in the

corresponding area. Steps should also be taken toward building systems necessary for the implementation of the measures, such as creating dedicated sections in the National Institute of Public Health and other research institutions under the jurisdiction of the Ministry of Health, Welfare, and Labour.

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Study Group Members

Members of Study Group on “Research on Establishing Japan’s Effective Presence at the 2023 G7 Health-Related Meetings and Contributing to International Health Policies”

Shiroyama Hidaeki: Professor, Graduate School of Law and Politics and Graduate School of Public Policy, The University of Tokyo; Director, Institute for Future Initiatives, The University of Tokyo

Gu Yoshiaki: Professor, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University

Kondo Naoki: Professor, Graduate School of Medicine and School of Public Health, Kyoto University

Sakamoto Haruka: Associate Professor, Tokyo Women’s Medical University School of Medicine

Jindai Kazuaki: Assistant Professor, Tohoku University Graduate School of Medicine

Takuma Kayo: Professor, Faculty of Law, Tokyo Metropolitan University

Takemi Ayako: Associate Professor, Research Center for Advanced Science and Technology, The University of Tokyo

Hashizume Masahiro: Professor, Graduate School of Medicine, The University of Tokyo

Matsuo Makiko: Project Associate Professor, Graduate School of Public Policy, The University of Tokyo

Narisawa Shuko: Doctoral Student, Graduate School of Law and Politics, The University of Tokyo

Muto Jun: Project Academic Specialist, Institute for Future Initiatives, The University of Tokyo

Chronology of Study Meetings and Activities

August 1, 2022	Introductory Meeting for G7 Special Research
September 8, 2022	Study Meeting on G7 Special Research Lecturer: Alan Dangour Topic: “Climate and Health”
September 21, 2022	Study Meeting on G7 Special Research Presenter: Takuma Kayo Topic: “Role of G7 and Japan in Multi-layered Global Health Governance” Presenter: Takemi Ayako Topic: “Current Status of Surveillance and R&D Enhancement”

October 6, 2022	Study Meeting on G7 Special Research Presenter: Sakamoto Haruka Topic: “Post-COVID-19 Redefinition of UHC” Presenter: Kondo Naoki Topic: “Healthcare for the Older Adults”
October 13, 2022	Study Meeting on G7 Special Research Presenter: Matsuo Makiko Topic: “Issues in International Framework for One Health” Presenter: Gu Yoshiaki Topic: “AMR”
October 14, 2022	Study Meeting on G7 Special Research Presenter: Jindai Kazuaki Topic: “Public Health x Epidemiology x R&D: From the Perspective of a Clinician and Academia”
October 19, 2022	Participated in “The Roles of Germany and Japan in Global Health IV”
November 30, 2022	Participated in “Hiroshima G7 Global Health Task Force Discussion” in Washington DC
February 2, 2023	Meeting with GII/IDI Roundtable and NGO Members Participating Organizations: Africa Japan Forum, WaterAid Japan, Médecins du Monde, Save the Children Japan, JOICFP, and others
February 2, 2023	Meeting with the experts of Global South Participating Organizations: Government of Senegal, People’s Vaccine Alliance, Center for Supporting Community Development Initiatives: Vietnam, African Centre for Global Health and Social Transformation, Center for Indonesia’s Strategic Development Initiatives (CISDI), and others
February 10, 2023	Study Meeting on G7 Special Research Presenter: Hashizume Masahiro Topic: “Climate Change and Health Related Agendas of the G7 Health Ministers’ Meeting” Presenter: Gu Yoshiaki Topic: “AMR” Presenter: Matsuo Makiko Topic: “Issues in International Framework for One Health”
February 10, 2023	Dialog with C7 and International CSO Representatives

	<p>Participating Organizations: Global Health Italian Network, The New School, APCASO (regional civil society network of community-based and non-government organizations on HIV, health, and social justice), UHC2030 Civil Society Engagement Mechanism (CSEM) Advisory Group, and others</p>
<p>February 17, 2023</p>	<p>Study Meeting on G7 Special Research Presenter: Oya Maiko Topic: “Current Status of Preparations for G7 and Future Schedule” Presenter: Takuma Kayo Topic: “Roles of G7 and Japan in Multi-layered Global Health Governance” Presenter: Takemi Ayako Topic: “Developments in Enhanced Surveillance and Future Options” Presenter: Kondo Naoki Topic: “Research on International Standardization of Functional Assessment of the Older Adults” Presenter: Sakamoto Haruka Topic: “Post-COVID-19 Redefinition of UHC” Presenter: Jindai Kazuaki Topic: “R&D on Therapeutic Development during a Pandemic: From the Perspective of Clinical Trials, not Basic Research”</p>