

Global Health Strategy of Japan

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Approved by
the Headquarters for Healthcare Policy of Japan

Contents

Outline	i
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Text

I. Status.....	1
II. Japan's basic policy	4
1. Policy goals.....	4
2. Guiding principles	4
(1) Global Health Architecture as a system for global cooperation and collaboration	4
(2) Health system strengthening.....	5
(3) Resilience	5
(4) Equity	6
(5) Sustainability	7
(6) Cross-sectoral approach.....	8
III. Actions	8
1. Contribution to Global Health Architecture	8
2. Efforts to be taken in collaboration with international organizations and other parties ..	10
3. Utilization of bilateral ODA and other diverse cooperation tools	11
4. Global health-related funding	13
5. Collaboration with the private sector.....	14
6. Collaboration with civil society organizations	16
7. Collaboration with academia and research institutions	18
8. Strengthening of human resources in the global health sector.....	19
9. Efforts related to major health issues, such as infectious diseases, NCDs and maternal and child health in consideration of disease burdens in individual countries	21
10. Climate change and health	22

11. Strengthening of One Health approaches, including responses to Antimicrobial Resistance (AMR).....	23
12. Utilization of Innovative Technologies.....	24
13. Information Provision	25
14. WHO UHC Center.....	26
15. Cross-sectoral/interdisciplinary approaches.....	26
(1) Education.....	26
(2) Water, sanitation and hygiene (WASH).....	27
(3) Nutrition	27
(4) Demographic change and development.....	27
(5) Humanitarian crises	28
(6) Human Rights	29
(7) Appropriate economic management in public health emergencies	29
(8) Relationships with trade	29
IV. Global Health Strategy promotion/follow-up	31
(Attachment) Japan’s contribution to global health	32

Japan's Global Health Strategy Outline

Health is an essential basis for development and economic policies, and is fundamental to human security, of which Japan has been a strong proponent. The COVID-19 pandemic renewed our awareness of global health as a global public issue that should be viewed from a broader perspective, including from the economy, society and security, and from living in harmony with the planet. Enhanced global health not only advances recovery from the pandemic crisis, it promotes a sustainable and inclusive global society. With this recognition, Japan will continue to take a lead in the global health agenda, from a broad perspective of diplomacy, economy and security, by formulating and implementing its Global Health Strategy which focuses on the following two main policy goals.

Policy Goals

- To contribute to developing resilient Global Health Architecture for international health security and strengthening PPR (Prevention, Preparedness, and Response) for public health crises;
- To accelerate the efforts to achieve more resilient, equitable, and sustainable Universal Health Coverage (UHC).

Guiding principles

- **Strengthening Global Health Architecture** To realize adequate prevention and preparedness in peace time as well as rapid response in emergency, strengthening international coordination and finance mechanisms is essential.
- In accelerating its efforts to achieve UHC, the followings should be taken into consideration:
 - **Health systems strengthening at the country level** To meet the demand for health services, based on country's ownership, by ensuring equitable access and prioritizing health promotion and PHC with empowered community
 - **Resilience** that enables health systems to maintain essential service provision while responding to public health crises, including early detection of health threats, surge capacity and financing for emergency response.
 - **Equity** to eliminate the gaps in access to health services and health outcomes by strengthening financial protection, and by meeting the specific needs of vulnerable groups, women, youth, minorities and others.
 - **Sustainability** to make health systems adaptable to changes in medium to long-term such as demographic change, shift in burden of diseases, innovative technology and climate change, and to ensure sustainable financing and human resources for health.
- **Cross-sectoral approach** Above-mentioned actions should be made in alignment with those in related sectors such as education, water and sanitation (WASH), nutrition, population and development, gender equality and the empowerment of women.

Actions

● **Global Health Architecture**

- Lead and facilitate discussion on global coordination mechanisms among stakeholders, including finance and health authorities, and related international organizations.
- Contribute to establishing an effective international financing mechanism as well as international norm-setting, including a new international instrument, on PPR.
- Continue advocating for UHC as a foundational investment for people's better health and enhanced PPR.
- Engage in international initiatives such as 100 Days Mission to fight against cross-border health threats.

● **Partnership with multilateral organizations**

- Provide financial contributions and technical support to multilateral organizations to leverage each organization's expertise and capacity for maximum outcomes.
- Foster experts of global health in Japan and to promote deployment of Japanese experts and professionals in international organizations.
- Set up a task force to materialize the establishment of a WHO's "UHC Center" in Japan to contribute to promote UHC globally.

● **Bilateral cooperation**

- Utilize various schemes (grant aid, ODA loan, technical cooperation etc.) and encourage private investments to deliver effective outcomes to support partner governments' efforts, including those toward achieving UHC.
- Strengthen "partnership" initially with Ghana, India, and Viet Nam.

● **Multi-stakeholder engagement**

- Promote multi-stakeholder engagement with CSOs, private sectors, academia and research institutions to strengthen collaboration and to utilize specialized knowledge and lessons learnt gained through implementation.
- Facilitate private sectors to participate in international public procurement processes.
- Measure the social impact of investments by private sector in global health.

● **Response to various challenges in global health**

- Take necessary measures to respond to new and various challenges such as: epidemiological transition expected alongside the population aging, One Health Approach including AMR, digital solutions to improve health service delivery, and the impact of climate change on health.

● **Cross-sectoral approach**

- Promote cross-sectoral approach in order to address a wide range of factors that influence health, known as the social determinants of health (SDH).
- Align health interventions with programs in other related sectors such as education, water and sanitation (WASH), nutrition, population and development, gender equality and empowerment of women to promote synergies.

Global Health Strategy

Toward the 2030 SDG targets

I . Status

Recognizing the importance of health as a basis for development and economic policies, Japan has long promoted and contributed to global health as one of its priority areas in international cooperation. In particular, the concept of human security in the pursuit of freedom from fear and want, as well as individual rights to live in happiness and dignity through individual protection and empowerment, has been advocated as guiding principles in Japan's development cooperation. Toward the realization of this concept, Japan has placed the achievement of universal health coverage (UHC)¹ at the center of its global health strategy, and worked to bring this to the mainstream in international fora². Since collaboration among financial and health authorities is also essential in strengthening national health systems, Japan has also been advocating a need for the development of sustainable health financing systems worldwide.

The COVID-19 pandemic has had unprecedented negative impacts worldwide since its outbreak in late 2019³. These include direct influences, such as illness and mortality, as well as indirect effects on the global economy, especially on vulnerable people. It has hampered long-term development efforts and worsened poverty, thereby highlighting global health as a major issue relating to great risk in terms of economy, society and security. Toward socioeconomic sustainability and global stability, international society must strengthen its efforts for pandemic prevention and its readiness to minimize related adverse effects. Japan formulates its global health strategy premised on this perspective.

The COVID-19 pandemic exposed vulnerabilities of governance and finance in the current global health system centered on the World Health Organization (WHO). The various challenges presented included a lack of collaboration/information sharing among related international organizations, deficiencies in monitoring/reporting of infectious

¹ Universal Health Coverage means that everyone receives high-quality health services, when and where needed, without financial hardship.

(https://www.who.int/healthinfo/universal_health_coverage/report/uhc_report_2019.pdf)

² The details of Japan's contribution at past international conferences are as attached.

³ WHO and World Bank (2021) "Tracking universal health coverage – 2021 Global Monitoring Report"

diseases, vulnerabilities of health systems⁴⁴ in different countries, a lack of collaboration among financial and health authorities, limitations on large-scale and prompt resource mobilization during the spread of infectious diseases (including support for developing countries), and inequitable access to vaccines and other necessary medical resources. Against such a background, international discussions have been held on the status of Global Health Architecture⁵ and the reform of governance and finance for better prevention, preparedness and response (PPR) to future pandemics, in addition to efforts to overcome the pandemic.

The onset of COVID-19 pandemic starkly highlighted the need to strengthen health systems, which contribute to achieving UHC, and to prepare against public health emergencies^{6,7,8}. Efforts are urgently required in both developing and developed countries, since response to infection emergencies has fallen short both in developing countries as well as in Western nations and Japan, which has been recognized for its advanced UHC. As the SDG concept of leaving no one behind is inherently fit for the UHC concept, and as health is the basis for various measures, efforts toward UHC achievement contribute not only to the accomplishment of Goal 3 but also to a wide range of other SDGs. It is necessary to realize more resilient, more equitable and more sustainable UHC, which functions effectively in the face of public health crises, aiming to Build Back Better from the COVID-19 pandemic approach.

Growing demand for medical and nursing services associated with global population aging and increased disease burden from non-communicable diseases (NCDs) are emerging issues to be addressed, in addition to conventional health issues such as

⁴ The term “health system” incorporates all activities primarily intended to promote, restore and maintain health. (Word Health Report, WHO, 2000)

⁵ The term “Global Health Architecture” refers to the status of mechanisms, organizations and other actors addressing global health and medical issues (ref. IPPP report “COVID-19: Make it the Last Pandemic” (https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf), G20 Rome Leaders' Declaration (<https://www.g20.org/wp-content/uploads/2021/10/G20-ROME-LEADERS-DECLARATION.pdf>), G20 Finance and Health Ministers' Meeting, Joint Statement (https://www.mof.go.jp/policy/international_policy/convention/g20/g20_20211029.pdf)

⁶ WHO's International Health Regulations (IHR 2005) define public health risk as the likelihood of an event that may adversely affect the health of human populations, with emphasis on diseases that may spread internationally or present a serious and direct danger. Such risk includes a wide range of diseases or medical conditions that may cause harm to humans regardless of cause.

⁷ Takemi, A. (March 2022). Synergies between Universal Health Coverage and Health Crises - How to Bridge the Two. Policy Brief: JICE Global Health Governance Study Group, Vol. 16.

⁸ Lar, A., Erond, N.A., Heymann, D.L., Gitahi, G. & Yates, R. (2021). Fragmented health systems in COVID-19: Rectifying the misalignment between global health security and universal health coverage. *The Lancet*, 397 (10268), 61-67

infectious disease control and maternal and child health services. In particular, issues related to health system of Japan's neighboring countries have been changing dramatically, thus it is necessary to build a society which is able to respond to increasingly diversified health issues.

Measures to deal with global health require consideration of its relationship with other global issues, such as digitization and climate change. The importance of digitization in health care (digital health) has been increasingly recognized since the outbreak of COVID-19. Implementation in society (including utilization of innovative technologies) needs to be accelerated in the world, including developing countries. In terms of climate change, global warming may affect the distribution of infectious diseases such as malaria, and the related influence on agriculture will cause devastation in rural areas and population growth in urban areas, resulting in health consequences. Efforts in the health sector should focus on both mitigation of and adaptation to climate change, and should be based on the viewpoint of comprehensive One Health approach, which integrates the wellbeing of people, animals and the global environment.

Japan has emphasized the security of individuals with focus on maintenance of everyday living standards and dignity, and such a standpoint should be maintained in the future. The COVID-19 pandemic has highlighted the importance of safety for the entire human race and symbiosis between people and the Earth from the perspective of the Anthropocene period⁹ to support sustainability in the face of climate change and other issues, as well as to prepare for global-scale crises posed by pandemics. It is therefore necessary to address global health issues with solidarity in addition to the protection and empowerment of individuals.

In today's world of growing geopolitical risk, it is also necessary to note an increasing need for humanitarian assistance in health, medical and other sectors relating to natural disasters, as well as conflicts and refugee situations.

Against such a background, Japan's contribution to global health by the public and private sectors via preparedness for potential health emergencies is expected to help stabilize global society as a whole and contribute to improving the safety of the country and its people. For example, research and development support by CEPI¹⁰, to which Japan has

⁹ The term "Anthropocene" refers to the most recent geological epoch during which people have greatly affected the earth's ecosystem and climate. It follows the Holocene period.

¹⁰ Coalition for Epidemic Preparedness Innovations (CEPI): A global partnership between public and private organizations to promote development of vaccines

contributed greatly, supported the development of the Moderna and other COVID-19 vaccines, which have been provided in Japan. Strengthening of human capital through investment in health and nutrition is fundamental to recovery from the crisis and growth in individual countries. It therefore represents an important economic growth strategy, and contributes to a virtuous cycle of growth and distribution in domestic prosperity.

II. Japan's basic policy

1. Policy goals

Global health is one of the most important issues of global society, related not only to the wellbeing of people but also to national peace and prosperity, and from the viewpoint of symbiosis between people and the Earth. Japan formulates the policy goals outlined below to promote its Global Health Strategy, taking diplomatic, economic and security policies into consideration.

- To contribute to developing a resilient Global Health Architecture toward international health security and strengthen prevention, preparedness and response (PPR) for pandemics and other public health emergencies, and;
- To achieve more resilient, more equitable and more sustainable universal health coverage (UHC) required for post-pandemic era by strengthening health systems in each country, with a view to realizing human security.

2. Guiding principles

(1) Global Health Architecture as a system for global cooperation and collaboration

Prevention and preparedness for pandemics and other health emergencies in peacetime are as important as rapid response in emergencies. Against this background, comprehensive efforts for reinforcement and improvement in various fields are necessary to strengthen PPR and to allow response to situations in both peacetime and emergency situations, with the realization of more resilient, more equitable and more sustainable UHC in mind. Such efforts include the establishment of international norms, development of a health information

surveillance system, development/production/procurement/distribution of materials and equipment (e.g., medication, vaccines, medical equipment, personal protective equipment (PPE)), human resource development, risk communication to build public trust, information provision/sharing, resource mobilization and strengthening of national health systems. To these ends, it is essential to establish sustainable health systems through enhanced collaboration among national financial/health authorities, as well as global health architecture, which enables synergies via better collaboration among relevant international organizations and public-private partnership funds.

(2) Health system strengthening

Ownership is a key factor in improving national health systems in individual countries, along with complementary efforts based on donor collaboration among international organizations and public-private partnership funds. At the same time, it is important to ensure equitable access to high-quality health and medical services including medication, and to reduce health disparities, based on needs relating to demographics and disease burdens in each country and region.

It is especially necessary to have viewpoints with communities positioned as essential bases of health systems, consider maintaining the affluence of social capital in communities, promote capacity building and primary health care (PHC) in communities, and implement health promotion activities¹¹. To these ends, it is important to focus on strengthening the capacity of policy professionals and that of health/medical service provision in communities and local administrative organizations, and to enable people to learn, value related matters, build expertise and gain other abilities through health education. Such efforts require the perspective of intervention both on the supply and demand sides, as well as appropriate demand creation through health education, measures to improve social environments for facilitating behavioral modification, and development of regulations.

(3) Resilience

The concept of resilience in health represents the ability of national health systems and international society to respond to crises effectively and keep providing

¹¹ Health promotion is defined by WHO as “a process enabling people to increase control over, and to improve, their health.”

essential services even in emergency situations. The importance of resilience, which contributes to protecting the lives of people both in peacetime and in crises and to ensuring better health, is increasingly being recognized after the experience of the COVID-19 pandemic. In this regard, ongoing investment in public health, infectious disease control measures and health systems in peacetime is needed.

Early detection and response to public health emergencies are key to ensuring resilience. It is therefore important to establish an international cooperation system that enables disclosure of information, including genetic data, on viruses/bacteria and sharing of specimens in a prompt and proactive manner, securement of professionals, development of medical technologies, securing equitable distribution of and access to medical supplies, and provision of related financial resources.

It is vital to develop a system in which essential health and medical services will be continued even in emergencies, as well as to consider mechanisms in peacetime that enable emergency healthcare provision and ensure surge capacities for financing and resource mobilization without compromising essential services.

(4) Equity

Equity in health encompasses the concept that all people should have access to health and medical services regardless of gender, race, age and socioeconomic status, and as a result can attain their full potential for health and well-being. The economic burden on such services must be fair based on the individual's ability to pay and other conditions¹². There is an urgent need to rectify existing domestic and international inequity and unfair disparities in global health which became evident by the COVID-19 pandemic, and it is important to contribute to both national health security and sustainable development of international society as a whole.

Focus is placed both on ensuring equitable access to health and medical services and rectifying disparities in health conditions of individuals resulting from access inequality. To this end, intervention in social welfare, pensions and other social security systems and social determinants of health, as well as efforts in collaboration with various health-related sectors beyond the framework of the

¹² <https://www.who.int/health-topics/health-equity>

healthcare and social security systems, are important to ensure fair access to health and medical services for women, young people and vulnerable groups (e.g., the poor, children, older persons, those with disabilities, ethnic minorities, indigenous people, sexual minorities, immigrants, refugees), in addition to health system strengthening. These will also support response to issues both on the supply and demand sides of health and medical services.

While giving further consideration to vulnerable groups, it is important to create an environment in which protection, capacity building and group solidarity can be demonstrated so as not to exacerbate disparities during public health emergencies. In primary health care, it is also necessary to help these vulnerable groups proactively address health issues.

(5) Sustainability

The concept of sustainability in health requires a system capable of keeping up with changes in demand, rising medical costs and other issues associated with social development, including the influence of demographics, disease burden, technological innovation and climate change, for the sake of the next generation, and to maintain service provision and medical security systems. Such care also needs to be backed by sustainable health financing. Health and medical services provided with minimal environmental burdens that contribute to health now and in the future also lead to higher sustainability.

Factors in increased demand for health and medical services include population aging, which leads to increased NCDs, and rising demand for health and medical services as a result of economic growth. It is important for individual countries to strengthen their ability to develop and implement necessary measures in advance, while also taking into consideration such changing circumstances. Demand for health personnel is increasing with growing demand for health and medical services, but shortages may be expected in countries in a phase of population decline, which is due to the decrease in the working-age population. In this context, the sustainability of health personnel securement is also a major issue. Health promotion and prevention/management of health risk factors are regarded as possible approaches to control increased medical demand, and promotion of such efforts also contributes to improved sustainability of health systems. It is also necessary to improve the efficiency of such systems to ensure sustainability.

(6) Cross-sectoral approach

When promoting efforts in the health sector, it is necessary to recognize relationships with related sectors (e.g., education, WASH (water, sanitation and hygiene), nutrition, demographic change and development, human rights, humanitarian affairs, security, economy, trade, climate change and sustainable cities/communities). It is particularly important to advance health promotion in consideration of social determinants of health such as poverty, economic disparity, environmental contamination, lifestyles and social networks.

In all aspects of health, it is important to incorporate the perspectives of gender equality and women's empowerment, as well as to create environments in which women can demonstrate their abilities. Emphasis should also be placed on Sexual and Reproductive Health and Rights (SRHR), and on the prevention of sexual violence and sexual exploitation.

III. Actions

To realize the policy goals outlined in II above, Japan undertakes the actions outlined below. The nation strives for related achievements by facilitating understanding and establishing partnerships with like-minded countries and organizations, and by utilizing multilateral frameworks (e.g., G7, G20, ASEAN, -Japan, APEC and QUAD) as well as bilateral cooperation, while mobilizing diplomatic resources, human resources, funding, expertise, technology and other assets.

1. Contribution to Global Health Architecture

The COVID-19 pandemic prompted earnest discussions on enhanced PPR in the international arena, including G7, G20 and WHO interactions. The Intergovernmental Negotiating Body (INB; an organization tasked with drafting and negotiating WHO convention, agreement and other international instrument on pandemic prevention, preparedness and response) was established at a special session of the World Health Assembly in December 2021, and Japan was elected as a vice-chair at the first INB meeting in February 2022. Discussions have been made with the goal of submitting results at a World Health Assembly in 2024. Concurrently, there have been discussions for the amendments to the International Health

Regulations (IHR) for effective implementation and compliance. The G20 Joint Finance - Health Task Force was established at a G20 summit meeting in October 2021 to strengthen partnerships among financial and health authorities toward PPR for future pandemics. The body engages in discussions on the development of finance and health collaboration systems, strengthening of PPR, and efforts to ensure appropriate and sustainable health financing.

With today's focus on the importance of global health, it is necessary to systematize efforts and partnerships necessary for establishing PPR in addition to actions in response to COVID-19. Leveraging its position as a leader in strengthening UHC and advancing collaboration between finance and health authorities, Japan seeks to lead discussions to effective outcomes to strengthen governance and finance necessary in ordinary times and during periods of public health emergencies. In this context, the nation gathers information on principles and international norms to support global health architecture, improve and utilize national expertise, and contribute to international norm setting and generalization. This involves targeting of particular fields, partner countries, organizations and regions. With a view to strengthening PPR and developing a Global Health Architecture based on UHC, Japan undertakes the following actions.

- (1) To systematize a framework for collaboration among financial/health authorities and relevant international organizations (e.g., WHO, the World Bank and other development finance institutions), promote collaboration with public-private partnership funds, and share information with such bodies.
- (2) To consider international finance mechanisms that contribute to strengthening PPR, prioritize resource distribution to the health sector in peacetime (e.g., IDA) and strengthen flexible surge-finance systems for public health emergencies.
- (3) To contribute to the setting of international norms, including through discussions on new legal instruments to be considered within the framework of WHO for strengthened response to pandemics.
- (4) To mainstream efforts for UHC in the strengthening of PPR and development of global health architecture. To these ends, identify and enforce relevant fields bridging UHC and PPR¹³, and promote UHC in peacetime as an investment in

¹³ The Health Systems and Response Connector represents an effort to bridge UHC and PPR as part

future PPR in discussions on international norm setting/measures/systems design.

2. Efforts to be taken in collaboration with international organizations and other parties

To strengthen PPR and realize UHC, Japan provides support for health system strengthening in developing countries via international organizations and public-private partnership funds. With appropriate provision of funding to international organizations (e.g., WHO and UNICEF), development finance institutions (e.g., the World Bank) and public-private partnership funds (e.g., the Global Fund¹⁴, Gavi¹⁵, CEPI, GFF¹⁶), it is important to make appropriate contributions at related board meetings and with other decision-making bodies, formulate associated policies/strategies through dialogue with other countries to maximize their functions, and be involved in associated review and assessment. Japan also engages in dialogue at international conferences, including those of G7 and G20, harmonizes its ideas with other countries and international organizations, and promotes the implementation of effective support while making appropriate assessment on the activities of individual organizations. The nation also contributes to the 100 Days Mission¹⁷ initiative as welcomed at a G7 summit meeting in 2021.

Japan seeks collaboration with international organizations and public-private partnership funds that share its views and ideals (referred to as traveling partners), and works to strengthen collaboration with such organizations for capacity leverage. The effectiveness of development cooperation will be enhanced by capitalizing on advantages of public-private partnership funds (e.g., project scale, speed, and partnerships to facilitate the participation of stakeholders on site). In addition, support from such international organizations and public-private partnership funds will be leveraged, and the mobilization of private and domestic resources of developing countries will be promoted.

of ACT-A (a global collaboration to accelerate development, production and equitable access to COVID-19 tools such as vaccines, therapeutics and diagnostics).

¹⁴ Global Fund: Established in 2002 in partnership with governments and the private sector to provide financial support to fight AIDS, Tuberculosis and Malaria after the G8 Kyushu-Okinawa Summit in 2000.

¹⁵ Gavi, the Vaccine Alliance: A public-private partnership intended to improve vaccine coverage in developing countries.

¹⁶ Global Financing Facility: A financing platform intended to help improve reproductive health and wellbeing/nutrition among women and youths.

¹⁷ <https://www.gov.uk/government/publications/100-days-mission-to-respond-to-future-pandemic-threats>

3. Utilization of bilateral ODA and other diverse cooperation tools

To realize UHC and strengthen PPR for public health emergencies, it is necessary to effectively use diverse cooperation tools, including bilateral ODA, and to strengthen the health systems of individual countries. Advantages of Japan's bilateral ODA include improvements in the quality of and access to health and medical services, such as maternal and child healthcare and infectious disease control, while supporting the efforts of partner countries by combining technical and financial cooperation, respecting ownership to strengthen health systems in a comprehensive manner, and providing tailored forms of support ranging from policy/systems to improvement of on-site services. These efforts are intended to address cross-sectoral issues in health administration capacity and healthcare personnel. Japan also contributes greatly to strengthening relationships among policy makers, organizations and people in the health sector by supporting improvement of health indicators and enhancement of health and medical services in quality and quantity, as well as the realization of human resource development and institution building.

Based on appropriate evaluation of outcomes from such on-site efforts, Japan plans to further utilize bilateral ODA. It will support efforts in health system strengthening (such as training of healthcare personnel, enhancement of central public health and medical institutions, improvement of regional health services, and establishment of medical security and other important systems) making use of and organically connecting technical cooperation, grant aid, yen loans and various other forms of aid, including policy loans to support health policy development. In addition to conventional issues (such as those relating to maternal and child health, reproductive health and infectious disease control, including response to public health emergencies and nutritional improvement), the country also addresses emerging issues including population aging, NCD prevention, antimicrobial resistance (AMR)¹⁸, relationships between climate change and health, and provision of health and medical services during humanitarian crises. The aims of these efforts are to improve health indicators, reduce health disparities, and improve health system efficiency. In the area of health promotion, environments and policies that may affect health are reviewed comprehensively, and approaches to multi-sectoral factors outside the health sector

¹⁸ Antimicrobial resistance (AMR) occurs when bacteria, viruses, fungi and parasites mutate and no longer respond to medication (<https://www.who.int/health-topics/antimicrobial-resistance>, <https://amr.ncgm.go.jp/>).

are promoted.

Through these efforts, Japan shares its expertise and provides technology, as well as promotes the co-creation of knowledge and two-way learning. It also pursues the reform of domestic organizations and systems with the catalytic roles played by the know-how and technology of developing countries and other nations.

To further develop and expand the outcomes of bilateral cooperation, and to further disseminate and expand the evidence created via methods employed in technical cooperation, regular dialogues and collaboration in project preparation with the World Bank, the Global Fund and other international organizations and public-private partnership funds will be promoted.

In addition to bilateral ODA, Japan will strengthen partnerships with some specific countries through various frameworks, including the provision of funding to international organizations, OOFs¹⁹ and other types of public support, as well as promoting partnerships between private operators under the Asia Health and Wellbeing Initiative (AHWIN) and the Africa Health and Wellbeing Initiative (AfHWIN), in addition to collaboration among universities, research institutes and civil society organizations. There may be areas in which mutual learning through bilateral collaboration is worth exploring (e.g., digital health).

In this context, partner countries are identified and nationwide efforts are made as models. Experiences gained and lessons learnt through this endeavor are to be utilized in collaboration with other countries.

Collaboration with regional-level organizations such as ASEAN and AU is also promoted. Japan will continue to fully support the ASEAN Center for Public Health Emergencies and Emerging Diseases to develop into a hub for region's fight against infectious disease control. Since geographically adjoining regions often have similar issues concerning disease and demographic change, focus is also placed on ODA effectiveness for regional efforts and mechanisms concerning shared issues.

To establish an environment that enables prompt clinical trial in research and development of vaccines, medication, diagnostic agents and medical equipment,

¹⁹ Other official flows (OOFs) are defined as official sector transactions that do not meet ODA criteria, including official export credits, direct investment finances, and governmental or central bank acquisition of securities issued by development financial institutions.

enhancement of a clinical research and trial network in Asia will be continued, with common recognition of a related need for work on global development/production systems (such as related vaccine networks) based on international collaboration. Contribution is also made to the setting and dissemination of norms in the field of international regulatory harmonization.

4. Global health-related funding

To strengthen PPR in public health emergencies and achieve UHC in the post-pandemic era for the embodiment of human security as global health strategy goals, it is important for governments, the private sector, civil society and various other entities involved in global health to mobilize all forces, and the same applies to related financing. Against this background, political and business circles and related experts recommend that ODA funding for the health sector be doubled, in addition to the need for consideration and review of the allocation of Japan's ODA by sector, based on dramatic changes in the significance of global health caused by the COVID-19 pandemic.

In 2020, global demand for funds in the health sector increased due to the pandemic. In response, Japan increased its assistance²⁰ for bilateral and multilateral aid in the sector significantly, and the amount is expected to be the same or greater in 2021. In light of the importance of global health, Japan will continue efforts to strengthen its ODA contribution in the health sector and improve quality to achieve strategic and effective implementation based on discussions regarding global demand for funds. Dialogue with diverse stakeholders, including parties in the global health sector, will also be conducted in peacetime.

Most of Japan's health-related bilateral ODA is provided by the Ministry of Foreign Affairs (MOFA) and the Japan International Cooperation Agency (JICA). Meanwhile, multilateral aid is provided as part of the nation's contribution to international organizations and public-private partnership funds from the budgets of MOFA, the Ministry of Finance (MOF) and the Ministry of Health, Labour and Welfare (MHLW). In recent years, related international organizations and public-private funds for global health have diversified, with some (such as Gavi and CEPI) requiring enormous

²⁰ The University of Washington's IHME and Associate Professor Shuhei Nomura of Keio University presented statistics that covered both bilateral and multilateral aid in their respective studies. According to the former, Japan's development assistance for health (DAH) in 2020 was 3.67 billion dollars, making it 2.87 times higher than in the previous year (<http://www.healthdata.org/>).

financing. The ACT-A framework, which was established in relation to COVID-19 for international cooperation and enables these organizations and funds to work in collaboration, raised 19 billion dollars in the 18 months after its establishment in April 2020. It should be recognized that contribution to such organizations and frameworks both supports global health and helps to secure the presence of the nation in international society. Accordingly, appropriate consideration should be given to ensure collaboration and synergies with multilateral and bilateral cooperation. Related contributions will be made in consideration of national policies, the performance of organizations/funds and the accountability of public capital injection while maintaining involvement in strategic development and related management. The Cabinet Secretariat should play a central role in strengthening collaboration in this area among relevant ministries and agencies and maintain close cross-sector communication and coordination.

Further discussions will be conducted on potential ways to attract private investment in the global health field, including public-private partnerships via projects under relevant ministries, agencies and organizations in the medical and healthcare sectors.

5. Collaboration with the private sector

Collaboration with the private sector is becoming increasingly important in promoting Japan's efforts under the Global Health Strategy. It is essential to leverage the vitality of private-sector operators in the realization of PPR and UHC, including response to COVID-19, aging and related issues, NCDs, and nutritional improvement. Measures related to global health contribute to the foundation of corporate activities and to the sustainable development of international markets as a goal of the Asia Health and Wellbeing Initiative and the Africa Health and Wellbeing Initiative. These approaches also represent new capitalism growth strategies contributing to corporate value. It is additionally important to strengthen partnerships with other countries for response to public health emergencies and for the maintenance of the corporate competitiveness.

Forms of corporate involvement related to international organizations and public-private partnership funds in global health include involvement in provision through international procurement, as well as partnerships in various forms such as funding, capacity building, provision of relevant information, goods and know-how free or at purchase cost, joint investment in projects with the relevant organizations, and

technological transfer or local production in cooperation with other parties. Strategic and sustainable efforts with mid- and long-term perspectives are important.

Undertaking of various corporate projects in developing countries will have a profound effect on local job creation, mutual human resource development, improvement of technologies and enhancement of sustainability in these areas. Contribution to global health through sharing technologies, know-how and ideas of Japanese companies is expected.

Global health can be a field in which the embodiment of new capitalism facilitating a virtuous cycle of growth and distribution can be achieved. Against such a background, the Japanese government needs to recognize diverse companies in a wide range of industries including medical and healthcare, ranging from major operators to SMEs and startups, as essential partners in global health, and to strengthen public-private collaboration and develop environments that will allow companies to demonstrate their potential.

Specifically, support for acquisition of approval from international organizations on international procurement will be further enhanced to encourage corporate involvement in procurement by such organizations and public-private partnership funds, both in peacetime and in emergency situations. Procurement-related information will be shared in a timely manner utilizing regular UN procurement seminars and other channels. A platform uniting the advantages of various public and private stakeholders will also be established to foster the development of promising projects and provide mid- and long-term support in keeping with the pace of corporations. Since it is necessary to understand local issues and needs as well as relevant regulations to engage in international public procurement, efforts to identify requirements will also be made in cooperation with Japan's diplomatic missions and international organizations.

As part of SDG contributions, companies in diverse industries (including the medical and healthcare sectors) are beginning to invest in the global health sector. To support such movement, discussions will be made jointly by the government and the private sector on the dissemination of good practices and appropriate measurement/visualization of outcomes and impacts expected from investment in view of application to a framework that will further facilitate corporate investment in global health. By way of example, it is considered important to promote health and

productivity management and relevant information disclosure mechanisms implemented by Japanese companies internationally. It is also considered effective to provide ODA support in developing countries for the establishment of a system to promote corporate activity and investment contributing to the measurement and embodiment of expected impacts.

Indirect support for overseas expansion from Japanese diplomatic missions and local offices of JICA and JETRO will be further promoted, along with support for projects relating to overseas expansion of Japanese companies including SMEs using ODA and other forms of aid. It is also necessary to further promote international joint work in clinical research and trials to support advancement of R&D capability in developing countries based on the importance of addressing global health-related issues in collaboration with other countries. It is additionally important to promote and strengthen cooperation between core hospitals and medical institutes in LMICs, for which support is provided for capacity building through bilateral ODA, and Japanese companies and research institutes in areas such as clinical and pharmaceutical development.

Toward growth in the global health sector, private-private partnerships between Japan and other countries are effective in addition to public-private collaboration, and the government of Japan will support such efforts.

6. Collaboration with civil society organizations

Civil society partners work toward a society in which no one is left behind, thereby protecting vulnerable people, and are essential stakeholders in achieving UHC and the SDGs.

Civil society organizations (CSOs), such as NGOs in Japan and overseas, conduct various support activities in local regions of developing countries, where inter-government assistance may be impractical, with focus on people and a solid understanding of communities, health and everyday living. Such organizations also work with socioeconomically vulnerable people and communities, providing advantages such as cross-border networking, versatility, mobility, information collection, understanding of situations, improvement of health literacy, and early risk discovery. This makes civil society an important player in the provision of health and medical services with diverse and important roles, including enhancement of the capacity of communities, development, verification and dissemination of appropriate

technologies and mechanisms that are essential for health, demand for governmental accountability and monitoring, review, and assessments of efforts. Some CSOs work to strengthen multi-sectoral partnerships, including industry-government-academia collaboration and partnerships with citizens/communities, by building relationships and implementing projects with diverse actors such as governments and companies.

Civil society plays a major role in policy relating to global health, and actively contributes to project implementation and governance of international organizations and public-private partnership funds such as the Global Fund, Gavi and CEPI. Toward UHC achievement, promotion of efforts to address health and related issues presented in the SDGs, acquisition of budget funds necessary for PPR for pandemics, allocation of resources and introduction/implementation of effective policies, it is essential to enable participation of CSOs of developed countries including Japan, as well as of developing countries, and to ensure related ownership and representation at all activity levels, including policy discussions on the status of ODA, project formation and governance/management of international support frameworks. One example is contribution to international policy formation by Japanese CSOs through UHC2030²¹. Japan will continue its active support in such efforts.

In this way, civil society plays a major role in realizing UHC and strengthening the ability to respond to health emergencies. In terms of UHC, it can support health/medical services and contribute to social capital strengthening, including grass-roots human resource development essential for resilient health systems in developing countries, and to the reduction of vulnerability among individuals and communities. These efforts also contribute to the realization of human security in a new era. Civil society also fulfills the role of reviewing and making recommendations on policies implemented by governments from the viewpoint of beneficiaries. In relation to public health emergencies, contributions can be made via prompt crisis detection and appropriate response if a community is resilient, and via appropriate risk communication by means of collaboration with the media. To enhance such contribution through partnerships between civil society and ODA, it is necessary to strengthen intangible collaboration, in addition to community-level health infrastructure, depending on related ODA characteristics.

²¹ UHC2030 is a multi-stakeholder platform involving nations, regions, international organizations, the public, charitable organizations, the private sector and other stakeholders. Its secretariat is co-hosted by the World Bank, WHO and OECD.

Japan positions civil society as a strategically important and equal partner in its global health strategy and strengthens collaboration between Japanese civil society activities and ODA. Cooperation and dialogue with NGOs in Japan and abroad (especially small- and medium-scale local operators at grass-roots level) will be strengthened.

Specific measures by the Japanese government include the provision of MOFA Grant Assistance for Japanese NGO Projects and the JICA Partnership Program, mechanisms for effective cooperation by linking the expertise of Japanese NGOs and ODA, MOFA's Grant Assistance for Grass-Roots Human Security Projects as a mechanism for embassies to provide funds to local NGOs, and GII/IDI Dialogues²² as a mechanism for discussions with Japanese NGOs. Efforts are also made to improve the practicality of these mechanisms as well as more effective and efficient operation based on the expansion of resource needs and demand of civil society. Opportunities for discussion and dialogue involving CSOs, ministries and government-related organizations will be ensured via platforms such as GII. Opportunities for discussion with various domestic and international civil society organizations will also be considered toward effective support for local NGOs and other entities addressing community health issues. Such promotion of civil society participation and inclusive governance is expected to help address structural issues such as inequity, disparity and discrimination.

7. Collaboration with academia and research institutions

To realize UHC for response to increasingly diversifying and complex global health issues, it is essential to improve investigation and research capabilities with a cross-sectoral perspective while improving expertise in various fields. The aspects of universities in educational, research and social contribution can be associated with global health-related activities, and need to be promoted appropriately.

Based on lessons learnt from the COVID-19 pandemic, universities and research institutes should play major roles in basic and clinical research on vaccines and pharmaceuticals during public health emergencies. Such organizations have performed significantly in information sharing with other medical sectors and international collaboration, and work on related tasks is also important from the

²² Open Regular Dialogues of MOFA/NGO on GII/IDI (GII/IDI Dialogues) are held regularly for discussion of global healthcare issues and to strengthen collaboration between NGOs and MOFA.

viewpoint of economic security. It is additionally important to promote research in specialized areas in peacetime for prompt response to crises. The roles of such institutions are also significant in training of professionals in the fields of public health, infectious diseases and data science.

To explore and deepen research fields in the global health sector, it is important for universities, the Japan Agency for Medical Research and Development (AMED), the Global Health Innovative Technology Fund (GHIT)²³ and other research support organizations to collaborate and lead toward resolution of global-scale issues through related health projects. Partnerships linking academic research and practice are also important in the bilateral ODA implementation stage.

It is also necessary to strengthen the research and development capacities of developing countries, with universities and research institutes playing major roles. Such institutions are also important actors in non-profit product development partnerships (PDPs), which play important roles in promoting research and development by coordinating companies, local government/research organizations, communities and various other parties. Japan will promote such cooperation by effectively and appropriately strengthening collaboration.

8. Strengthening of human resources in the global health sector

To strengthen Global Health Architecture for UHC and PPR in a post-COVID-19 world and further contribute to the setting of international norms, it is necessary to develop global health expertise and the ability to build strong relations with partner countries and organizations with high negotiating power, and to lead discussions in the international arena. It is therefore important to train global health experts at MOFA, MHLW and other relevant ministries and agencies, such as JICA, the National Center for Global Health and Medicine (NCGM), NGOs, universities, research institutes and other organizations involved in international cooperation. Strengthening of sections handling global health also requires urgent consideration. It is additionally important to enhance coordination with local partners by connecting information collection from partner countries and international organizations with

²³ The Global Health Innovative Technology (GHIT) fund: A Japan-based global public-private partnership involving Japanese pharmaceutical companies, universities and research institutes in product development and collaboration with global partners for the promotion of development in the fields of pharmaceuticals, vaccines and diagnostics for Malaria, Tuberculosis and lesser-known tropical diseases (reference: <https://www.ghitfund.org/jp>)

decision-making in Japan, with relevant staff allocated to necessary organizations and posts. Measures to enhance presence in discussions at international organizations through partnerships with the private sector and academia also needs to be considered.

To further contribute to the resolution of various global health issues, it is important to discover and develop appropriate human resources for leadership role of international organizations, public-private partnership funds and other relevant entities. Personnel exchanges with companies and civil society will be enhanced via MOFA's Recruitment Center for International Organizations, NCGM's Human Resource Strategy Center for Global Health, JICA's Participatory Network for Expert Recruitment (PARTNER) and other relevant organizations.

NCGM's Human Resource Strategy Center for Global Health develops candidates for the executives of international organizations and public-private partnership funds, both from the conventional pool of professionals and from a wider field. The talent pool will be broadened by enhancing related activities and sharing information from the Center and MHLW with MOFA (responsible for UNICEF, the Global Fund and Gavi), MOF (responsible for the World Bank) and JICA (responsible for bilateral aid). In this way, the entire government supports government-related personnel and other specialists to play active roles in appropriate posts at international organizations and in public-private partnership funds.

To support careers for Japanese staff at international organizations and in public-private partnership funds, a system for personnel hosting at government and related organizations will be created. A nationwide revolving-door-type model will also be promoted to develop workforce versatility through job transfers and secondments among relevant ministries and agencies, private companies, medical and research institutes, international organizations, public-private partnership funds, private think-tanks and NGOs, and to enhance leadership in multiple sectors. To nurture personnel who works continuously in international organizations and public-private partnership funds, specific approaches will be taken to identify characteristics required for particular organizations and important posts for Japan, and to discover and recruit people for such roles. It is also important to enhance corporate understanding toward leveraging the careers and experience of internationally competent people in the private sector.

Staff working in bilateral aid are expected to make use of their networks in

developing countries and apply their experience in the related major sectors.

9. Efforts related to major health issues, such as infectious diseases, NCDs and maternal and child health in consideration of disease burdens in individual countries

Malaria, HIV/AIDS, Tuberculosis, neglected tropical diseases (NTDs) and other infectious diseases have created vicious cycles of health disparities and poverty on a global scale even before the COVID-19 pandemic. In terms of maternal and child health promoted as a focus of the Millennium Development Goals (MDGs), specific goals are included in the SDGs and international efforts are continuously promoted. Disease burdens caused by such health issues are still prevalent in developing countries, and such burdens caused by circulatory conditions such as strokes, cardiac disease, cancer, diabetes, mental health problems, dementia and other NCDs, along with exposure to related health risk factors, are increasing regardless of national economic standards. For developing countries in particular, response to conventional health issues must be promoted in parallel with newly emerging problems.

COVID-19 pandemic has delayed measures against the above issues, making it difficult to achieve the SDGs. This seriously affects the poor and the socially vulnerable, and results in ongoing threats to health security such as antimicrobial resistance, emerging and re-emerging infectious diseases, and pressures on health financing. Accordingly, coordinated measures need to be taken along with preparation for pandemics and efforts toward UHC achievement. Such efforts will create synergies, such as early detection of emerging infectious diseases and expansion of health and medical services to the poorest segments of society. This is proven by the fact that human resources, systems and supply networks fostered through existing infectious disease control measures and efforts in maternal and child health (including sexual and reproductive health and rights) served as a basis for COVID-19 responses in many developing countries.

In its role as the Presidency, Japan positioned infectious disease control as a major agenda item at the 2000 G8 Kyushu-Okinawa Summit, leading to the establishment of the Global Fund in 2002. In 2012, the GHIT (sponsored by the Japanese government and others) was founded for investment in the development of therapeutics, vaccines and diagnostic agents for Malaria, Tuberculosis and NTDs. The nation has also contributed for years to the Global Polio Eradication Initiative (GPEI), has and the disease is almost eradicated by now. In bilateral cooperation, the

country has contributed to the training of health personnel and system establishment in developing countries through individual disease control measures, improvement of maternal and child health and nutritional status. At the 2018 UNGA High-Level Meeting on the Fight against Tuberculosis, Japan served as co-chair for official negotiations and provided leadership toward agreement on related political declarations. The country's cumulative expertise with cancer, cardiovascular disease, diabetes and other conditions, as well as the experience exemplified above, further contribute to achieving UHC and strengthening PPR through the promotion of related efforts.

10. Climate change and health

Climate change is an issue viewed with the greatest risk awareness in today's international society. The Intergovernmental Panel on Climate Change (IPCC) stated in its sixth assessment report that it is unequivocal that human influence has warmed the atmosphere, ocean and land (Working Group I) and that human-induced climate change, including more frequent and intense extreme events, has caused widespread adverse impacts and related losses and damages to nature and people, beyond natural climate variability (Working Group II).

Such direct climate change effects are considered to include an increased risk of malaria and other infectious diseases due to ecologically altered vectors, as well as a greater incidence of natural disasters and an increased number of affected people, heatwaves and diarrheal conditions due to polluted water. These effects are expected to become even more apparent in developing countries, such as those in Africa and South Asia.

In addition, farmland may be abandoned due to deterioration of the natural environment, resulting in devastation in rural areas, reduced food production and increased malnutrition. Population influx from rural to urban spaces may also cause indirect influences such as health issues and poverty in city areas.

Some experts estimate that a total of 40 million people around the world may lose their lives due to climate change between 2020 and 2100, while the science on this remains unclear. Extreme weather events may also occur more frequently due to climate change.

Considering associations with climate change in the global health sector, related

adaptation measures should be promoted. Developing countries are vulnerable to climate change as well as health influences. In African, South Asian and Pacific countries in particular, increased risk is expected from Malaria, Dengue Fever, diarrhea, malnutrition, flooding and heatstroke. It is desirable to strengthen measures and cooperation based on the recognition of such risks.

For mitigation, specific measures to reduce greenhouse gas emissions (including direct emissions from medical facilities and those related to production/distribution and disposal of medical equipment) should be promoted with related consideration of the medical treatment environment.

Global health in consideration of climate change highlights a need to view the health of people, animals and the Earth as a whole. Accordingly, a concept referred to as the One Health approach²⁴ needs to be considered, and related efforts will be based on this concept.

11. Strengthening of One Health approaches, including responses to Antimicrobial Resistance (AMR)

The growing sense of crisis concerning AMR is less recognizable than that associated with COVID-19 and other infectious diseases that are likely to cause rapid evolution to pandemics. Communal drug-resistant infections are increasing outside medical institutions, in addition to the spread of nosocomial infections such as the ones caused by Methicillin-resistant *Staphylococcus aureus* (MRSA) and the Vancomycin-resistant Enterococci (VRE), and the potential for such conditions to evolve into very serious health-threats has been pointed out. Meanwhile, the development of new antibiotics has been rather stagnant since the 1990s.

Against such a background, it is important to implement AMR measures in a timely manner, keep One Health approaches in mind and consider potential effects from releasing antimicrobials into the environment on the health and wellbeing of people, animals and the environment. It is also necessary to address capacity building for international measures while promoting efforts to raise awareness among medical staff and people receiving health/medical services in consideration of appropriate use of antibacterial agents and other antimicrobials and producers who use antimicrobials

²⁴ One Health approach: An effort to resolve cross-sectoral issues concerning the wellbeing and environment of people and animals through collaboration among related parties

in agriculture, livestock farming and fisheries.

Based on the 2015 Global Action Plan on AMR, WHO member states are required to develop action plans on AMR measures as contingency for the potential emergence of antimicrobial-resistant organisms. In this regard, Japan developed the National Action Plan on AMR, which includes goals and measures concerning awareness raising/education, surveillance/monitoring, infection prevention/management, proper use of antimicrobials, R&D/pharmaceutical development, and international cooperation.

Through the G7 discussions in the past, it was confirmed that individual countries would strengthen their One Health approaches and work on research and development of antimicrobials and other new pharmaceuticals. In 2020, the AMR Action Fund was established to market up to four new antimicrobials by 2030 in the global pharmaceutical industry.

Japan intends to ensure the implementation of the National Action Plan on AMR with related revision by the end of FY 2022.

12. Utilization of Innovative Technologies

The development of innovative technologies and application of digital health measures open up the potential for significant contribution to PPR and UHC achievement. Issues and fields to which digital health measures are applied are diverse. In the WHO Guideline on digital interventions, fields in which application is recommended include digitization of birth/death registrations and material management, telemedicine, communications and digital tracking.

The emergence of COVID-19 has also significantly raised expectations regarding telemedicine in consideration of better access to health and medical services, advancement and improved efficiency of health and medical services, crisis response and continuous provision of health and medical services in health emergencies, and prompt sharing of epidemiology information.

Against a background of fast technological innovation and increasing feasibility with the progress of social implementation, it is important for Japan to promote efforts through mutual learning with other countries while assuming reverse innovation, in which efforts using new technologies are made in developing countries and outcomes

are shared for technological development and resolution of domestic issues. It is therefore necessary to strengthen collaboration with WHO, the World Bank, the Asian Development Bank and other organizations with a view to charting appropriate paths for digital health. Collaboration with initiatives such as Unitaid, Gavi and the Stop TB Partnership should also be enhanced for prompt sharing of innovative health/medical technologies from public-private partnership funds and international organizations with developing countries. Support for the utilization of digital health initiatives through bilateral ODA will also be promoted. It is additionally necessary to seek international expansion of related industries to facilitate the participation/contribution of Japanese companies in such opportunities.

It is additionally important to work with WHO and other organizations in order to support voluntary efforts of countries to improve digital health literacy while considering the influence of inequitable access to digital technologies on UHC, and to strengthen partnerships with international NGOs and local companies working on the introduction of innovative technologies in developing countries.

For the application of digital health, measures toward data utilization and sharing are also important. The 2021 Declaration of the G7 Health Ministers pointed out the necessity of establishing criteria on data governance, system security, privacy, and regulatory/data protection standards in line with national and regional contexts in order to derive maximum benefits from advances in digital health. The Declaration of the G20 Health Ministers in the same year also stated the necessity of health data systems and information exchange with respect to patient privacy. Japan will actively participate in and contribute to such discussions at WHO and on other fora.

13. Information Provision

As it is important to obtain understanding and support of Japanese nationals for the implementation of global health strategy, sufficient information on the significance of policies, the results of support and the assessment of outcomes will be attentively provided. Japan will also provide its assistance data to international third-party statistic frameworks in an active and timely manner to further improve transparency and accountability internationally.

Active efforts to present information are important in leading international discussions and contributing to improved recognition of Japan's contribution. Then Prime Minister Shinzo Abe contributed articles on Japan's efforts in the health and

medical sector to the Lancet (a major medical magazine) in 2013 and 2015. Such efforts are expected to be highly effective for Japan in driving discussions on UHC and taking leadership.

The 8th Tokyo International Conference on African Development (TICAD 8) – the first such event since the emergence of COVID-19 – is to be held in 2022, to be followed by the 2023 G7 Summit in Japan and the 2025 World Exposition on the theme of Designing Future Society for Life in Osaka (recognized as a life science cluster). It is necessary to consider specific measures that make the most of such international events in order to present Japan's public and private contributions and to improve the country's presence on the international stage.

It is also necessary to effectively provide public information through the websites and social networks including JapanGov of the Cabinet Secretariat, the Cabinet Office, MOFA, MHLW and other relevant ministries, and JICA, NCGM and other implementing agencies, as well as through partner international organizations and support groups. It is also effective for domestic and international public relations to summarize the results and disseminate them as necessary.

14. WHO UHC Center

Toward the SDG target year of 2030, discussions on the establishment of a new global Center for UHC in Japan in collaboration with WHO will be held, with a view to achieving UHC in other countries and related continuation in Japan.

A task force to discuss the establishment of the Center will be established jointly by the Japanese government and WHO. Necessary functions, operating formats and other details will be discussed toward the goal of establishment in 2023.

15. Cross-sectoral/interdisciplinary approaches

It is necessary to consider and implement global health strategy from a wide range of viewpoints, including public health, as well as cross-sectoral and interdisciplinary approaches, which include social science.

(1) Education

Education and health support are essential pillars of social services, especially for children. It is imperative to improve health literacy through education, which plays

a major role in basic hygiene and nutrition, prevention of infectious diseases and NCDs, gender equality, sexual and reproductive health and rights and learning about public medical insurance and social welfare systems. Strengthening of synergies between education and health is effective for health improvement.

(2) Water, sanitation and hygiene (WASH)

Access to water, sanitation and hygiene resources is strongly related to health. Associated improvements as well as hand washing, ventilation and other actions for cleanliness are increasingly important as infection prevention measures, especially in health and medical facilities, and their impacts on health are significant. Based on this, efforts in these fields will be strengthened. It is also essential to prevent contamination of drinking water with pathogens and chemicals and to supply safe water for wellbeing.

(3) Nutrition

Nutrition is essential to health, and represents a basis for sustainable development and economic growth. However, the double burden of overnutrition and undernutrition has become a serious problem in society, and has increased dramatically among children due to the influence of the COVID-19 pandemic. Undernutrition in child growth particularly affects intelligence and physical development, and together with overnutrition causes NCDs and may adversely affect future life. Against this background, it is necessary to improve nutrition for children/mothers and strengthen measures throughout the course of life. Cross-sectoral efforts involving food systems, agriculture, emergency food support, education and other fields are therefore necessary, in addition to the incorporation of nutrition in UHC. Based on such awareness, Japan hosted the Nutrition for Growth Summit in 2021, at which it announced the Tokyo Compact on Global Nutrition for Growth – an outcome document that indicates a direction for the international society to improve nutrition – and expressed an intention to support related enhancements.

(4) Demographic change and development

Demographic changes (e.g., low fertility and aging, population increase/decrease, urbanization, immigration, displacement due to conflicts) affects all aspects of people, society, and economic development as well as health status. Population issue is

inseparable from women's health, including pregnancy and childbirth, and efforts are necessary in this regard from the viewpoint of promoting Sexual and Reproductive Health and Rights (SRHR). Japan has addressed issues related to demographic change and development, and will continue its efforts through the United Nations Population Fund (UNFPA) and the International Planned Parenthood Federation (IPPF).

In addition, the global situation of forced migration has worsened. In 2020, 82.4 million people had to abandon their homelands due to persecution and conflicts. Ensuring these people's access to health and medical services is a challenge to be addressed.

While many regions maintain high fertility, more and more countries – both developed and developing – are facing declining fertility and aging populations. Aging increases disease burden due to NCDs and other factors, and insufficient health and medical service provision exacerbates the problem.

Japan has experienced the most rapid population aging in the world, but has extended healthy life expectancy to date and has a significant experience in dealing with aging society. Japan is expected to share its accumulated experience with other countries with population aging. In doing so, comprehensive efforts that include not only health and medical care, but also welfare, care and other relevant measures are required.

(5) Humanitarian crises

Humanitarian crises caused by conflicts, civil war, natural disasters and other factors lead to a sudden increase in refugee populations and internal displacement. This is accompanied by a greater need for health and medical services, which may be impaired due to related infrastructure deterioration.

In humanitarian crises, it is difficult to provide basic health and medical services for refugees and other vulnerable groups as well as internally displaced people and disaster victims. This may increase the risk of the spread of infectious diseases such as COVID-19 and undermine health and medical services. It is therefore important to implement humanitarian support based on local needs. For emergency support in particular, partnerships with international health and humanitarian organizations are important, in addition to deployment of the Japan Disaster Relief Medical Team in response to requests from governments of affected countries and provision of health

and medical services by humanitarian organizations.

In conflict zones worldwide, medical personnel and facilities are attacked and access to medical care is often inhibited. As a penholder of Resolution 2286 under the UN Security Council regarding the protection of medical personnel and facilities in conflict (2016), Japan calls for the international society to observe the international humanitarian law and to refrain from such attacks.

(6) Human Rights

As health and medical services are basic human rights, related access should not be inhibited by social discrimination or low income. People with specific conditions and disabilities should not be discriminated against.

Realization of equal access to health and medical services for socially vulnerable groups and effective response to public health crises are pivotal issues in the field. It is necessary to promote comprehensive and practical efforts in consideration of partnerships between healthcare and social protection organizations based on understanding of health issues faced by vulnerable groups and related social determination factors.

(7) Appropriate economic management in public health emergencies

As the COVID-19 pandemic demonstrated, national economic conditions may be seriously affected during public health emergencies. To avoid adverse effects on the provision of basic health and medical services due to impoverishment and widening disparities, national governments need to ensure appropriate economic management and promote international cooperation.

(8) Relationships with trade

The COVID-19 pandemic has seriously affected actual economic conditions, reducing trade and direct investment. In terms of global health, it is necessary to consider the influence of the trade sector, including effects relating to the global supply chain on health and medical services and the influence of intellectual property rights on access to pharmaceuticals. Essential medication and vaccines represent international public products²⁵ that should be fairly distributed worldwide, and

²⁵ There is no precise definition of such international public products, which differ from other public

balance with the protection of intellectual property rights has also been a worldwide consideration.

At G20 and other meetings, it was noted that trade restrictions in relation to essential medical supplies should be focused, fit for purpose, transparent, timely and consistent with WTO agreement stipulations. In this context, the Ottawa Group, consisting of like-minded WTO member countries, including Japan, formulated the Trade and Health Initiative (TAHI) calling for measures to contain export restrictions, increase transparency and facilitate trade and expansion of vaccine and therapeutic agent production. The WTO promotes discussions on trade and health in consideration of responses to the COVID-19 pandemic and roles that should be played in such interaction. It is necessary to present results early reflecting TAHI elements in relevant documents as much as possible.

In terms of economic security, Japan will actively contribute to the establishment of a supply chain of medical resources and equipment during public health emergencies, in addition to the formulation of a global supply chain for pharmaceutical agents for antimicrobials.

In relation to intellectual property rights, global shortages of COVID-19 vaccines and other pharmaceuticals have raised questions concerning the extent to which companies can claim intellectual property rights to output developed with public funding and strong characteristics as international public products. In this field, Unitaid established the Medicines Patent Pool (MPP) in 2010 in response to issues on medicine for HIV and other diseases, with the aims of balancing fair distribution of pharmaceuticals and maintenance of incentives for corporate research and development. When COVID-19 emerged, Japan promptly proposed the utilization of MPP and provided financial support, and the system for sharing of intellectual property rights and technologies has progressed based on voluntary licensing.

The declaration on the TRIPS agreement and public health adopted at the 2001 WTO Ministerial Conference included a consensus that the agreement does not and should not prevent WTO members from taking measures to protect public health. In October 2020, India and South Africa proposed a waiver from certain provisions of the agreement following the emergence of COVID-19 pandemic, claiming that

output in the economic sense. The term here is used to simply mean items of an internationally public nature.

intellectual property rights were hindering the scaling up of pharmaceutical production. Related discussions remain ongoing.

International discussions are likely to be accelerated in terms of how to balance fair distribution of pharmaceuticals and the maintenance of incentives for corporate research and development. This matter must also be seriously considered in Japan, which is falling behind in the development of COVID-19-related vaccines and pharmaceuticals. It is also necessary to address the fundamental issue of strengthening the production/supply capacity of medications and equipment in developing countries, in addition to the consideration of intellectual property-right protection and technological transfer.

IV. Global Health Strategy promotion/follow-up

Efforts in Global Health Strategy will be promoted by the Cabinet Secretariat, MOFA, MHLW, MOF and other relevant ministries, agencies and organizations. With the awareness of global health as an important issue that involves considerable economic, social and security risks and through active public-private efforts and contributions to global health, Japan aims to realize a “virtuous cycle of growth and distribution”. It is important to promote efforts that are consistent with the Development Cooperation Charter, the Country Assistance Policy for Respective Countries, the Healthcare Policy, the Strategy for Strengthening Vaccine Development and Production System and other related policies. The Global Health Strategy Promotion Council will hold regular meetings to follow up on related measures and discuss other important matters.

The strategy is intended for the target year of 2030, and may be revised as necessary based on feedback from diverse stakeholders. It should also be noted that Japan is scheduled to assume the Presidency of the G7 Summit in 2023, as well as a high-level meeting on UHC at the UN General Assembly and the SDG Summit are also scheduled in 2023, and the World Exposition will be held in Osaka in 2025.

(Attachment) Japan's contribution to global health

Japan's health standards improved dramatically after World War II with the introduction of universal access to healthcare in 1961 and the realization of globally unprecedented levels of health and longevity. The nation complements its outstanding medical technology with community-wide health promotion, public-private partnerships and other efforts, along with a resilient health system based on its response to changing economic conditions, a declining birthrate and demographic aging, post-quake reconstruction and other issues. With these experiences, Japan provides assistance to developing countries as a top ODA donor via yen loans, grant aid, technical cooperation and multilateral collaboration in various fields in the 1990s, and remains active in international healthcare sector cooperation.

As the chair of the 2000 Kyushu-Okinawa Summit, Japan listed infectious diseases as one of the most important agenda items based on the worldwide spread of AIDS, which was a serious problem at the time. In 2003, the Human Security Report based on a proposal from Japan positioned global health as a priority.

- (1) At the 2008 G8 Hokkaido Toyako Summit, Japan set cross-disease health system strengthening as a major theme, in addition to conventional measures centered around disease control. The nation placed importance on the achievement of UHC for the embodiment of human security, and positioned it at the center of its 2013 Strategy on Global Health Diplomacy. This contributed greatly to the setting of UHC as a target of the UN sustainable development goals (SDGs) (Target 3.8) adopted at the 2015 UN General Assembly as a result of related approaches to other countries concerning SDG development.

Japan also contributed to formulating the G7 Ise-Shima Vision for Global Health adopted at the 2016 G7 Ise-Shima Summit. Discussions included the strengthening of response to public health emergencies based on international responses to Ebola, the achievement of UHC (including resilient health systems and preparedness for health emergencies), and efforts relating to AMR.

Japan held the inaugural G20 Joint Session of Finance and Health Ministers at the 2019 G20 Osaka Summit. Discussions included the strengthening of health systems and the importance of addressing UHC in the early stages of economic growth, as well as the design of sustainable health finance systems based on collaboration among financial and health authorities. This produced the G20 Shared Understanding on the Importance of

UHC Financing in Developing Countries, and UHC health financing was positioned as a priority issue toward UHC achievement. Related discussions highlighted the importance of global health efforts, including UHC promotion both as a health policy and as a development/economic policy. The concept was shared with various stakeholders, including G20 nations and international organizations (e.g., the World Bank, IMF and OECD).

These efforts advocated the significance of UHC, thereby mainstreaming it on an international level. Japan also contributed to leading a UNGA High-Level Meeting in September 2019 toward productive cooperation with like-minded countries.

The global spread of COVID-19 from late 2019 onward prompted Japan to promote international efforts toward UHC achievement with the aim of leaving no one behind in terms of health. The nation promptly provided support, including financial contribution, for multi-level efforts to overcome infectious disease crises, strengthen health system foundations and establish an environment for resilience to such ailments. Japan's related efforts also contributed to the establishment of international frameworks against COVID-19, including the COVAX Facility²⁶ and measures based on urgent needs, such as the Last One Mile Support initiative for vaccine delivery and development of a related cold-chain mechanism.

²⁶ COVAX Facility: A global framework supporting equitable worldwide access to COVID-19 vaccines