

2023 US-Japan Global Health Dialogue

US National Academy of Sciences

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Approximately 20 Japanese and American global health and policy experts assembled in Washington DC during the UN General Assembly week to participate in the 2023 US-Japan Global Health Dialogue. As with the previous dialogue held in June 2022, this Dialogue was co-organized by the Japan Center for International Exchange (JCIE) and the US National Academy of Medicine (NAM), in cooperation with the US Department of Health and Human Services (HHS) and the Government of Japan. The US side was led by Dr. Victor Dzau, President of NAM, and the Japanese side was led by the newly appointed Minister of Health of Japan, Hon. Keizo Takemi, who served as the Chair of JCIE's Executive Committee on Global Health and Human Security until he assumed his current post in early September. Speakers and participants included representatives from government agencies, financial institutions, academia, and other sectors from the United States and Japan.

The 2023 discussions took place more than three years after the COVID-19 pandemic was declared a Public Health Emergency of International Concern and built on the outcomes of the G7 Summit held in Hiroshima, Japan, in May, where global health and pandemic prevention, preparedness, and response (PPR) issues remained high on the agenda. From the G7 Summit came communiques on global health, including the G7 Hiroshima Leaders [Meeting's G7 Hiroshima Vision for Equitable Access to Medical Countermeasures](#), the G7 Nagasaki Health Ministers Meeting's [G7 Global Health Plan for UHC Action Agenda](#), and the G7 Finance and Health Ministers Joint Meeting's [G7 Shared Understanding on Enhance Finance-Health Coordination and PPR Financing](#), among others. To feed into these documents, JCIE's Hiroshima G7 Global Health Task Force compiled a list of recommendations to the Government of Japan ahead of the Summit. This dialogue served as a platform to discuss the outcomes in these documents on issues such as the development and distribution of medical countermeasures (MCMs), sustainable financing for surge capacity, and sustainable and resilient universal health coverage (UHC), and to explore areas for US-Japan collaboration.

Dr. Dzau opened the dialogue with welcoming remarks, followed by initial remarks from Minister Takemi, who stressed the opportunities for close US-Japan collaboration based on their many common agenda items and in particular stressed the need to design a more tactical global health governance system in the face of geopolitical conflicts and future pandemics. He also recognized the difficulties in building consensus in the global health sphere, referencing the discussions at the first UHC High-Level Panel in 2019 and efforts to redesign the World Health Organization and the Pandemic Accord.

The dialogue was organized into three sessions. Each session was led by two speakers, representing Japan and the United States, respectively. The sessions addressed the following issues, reflecting the commitments made at the Hiroshima G7 Summit:

- Advancing more resilient, equitable, and sustainable UHC through strengthening health systems and sustainable financing.
- Ensuring timely and equitable access to MCMs and other medical tools to tackle health threats —100 Day Mission Plus.
- Ensuring surge capacity to respond to future pandemics, including surge financing and emergency workforce.

Ambassador Tamaki Tsukada, Deputy Chief of Mission at the US Embassy of Japan, offered closing remarks after the sessions, highlighting the importance of the US-Japan partnership, particularly in the global health space.

Below is a list of key points that came out of each session.

1. **Advancing more resilient, equitable, and sustainable UHC through strengthening health systems and sustainable financing:**

- **Leaving no one behind:** During the COVID-19 pandemic, the goal was to reach 95% of the 65 and older population with necessary care; however, this percentage never went past 80%. To ensure that all people have access to essential services during times of crisis, including ensuring last-mile delivery, participants agreed on the need not only to align external and internal funding and promote multisectoral collaboration but also to improve health infrastructure and equity by increasing access to community health workers who can help ensure that no one is left behind.
- **Strengthening primary health care (PHC):** Access to PHC, defined as the basic package of essential health services, is key to achieving UHC. Countries that invest in stronger PHC infrastructure, especially at the community level, have achieved strong health outcomes, including longer life expectancies. In addition to supporting community health workers for improved community outreach as mentioned above, well-trained nurse-level staffing, integrated services (rather than disease-by-disease care), and more coordinated and unified country planning can all contribute to effective PHC.
- Participants introduced several examples of initiatives and programs to strengthen PHC, including USAID's Primary Impact Initiative and Community Health Roadmap Initiative, which seeks to become a community health delivery partnership in 16 partner countries, and could be of interest to Japan in the future. Another example was the World Bank's Global Financing Facility for Women, Children and Adolescents (GFF). The GFF rewards countries that choose to use World Bank loans to bolster PHC systems by providing supplementary grants to enable that capacity.
- **Integrating PPR and other challenges:** Integrating PPR into health system plans is essential to achieving sustainable and resilient UHC, particularly in low- and middle-income countries (LMICs). In addition, it is important to strengthen the communications between health and finance ministers. This can potentially be done through the World Bank's flagship learning program to support leadership efforts for financing reforms to lead to more domestic resource mobilization (DRM) for health. It has been done in Japan through Health and Finance Ministers Meetings at G20 and G7 meetings since 2019. Participants noted several challenges to resilient and sustainable UHC and ways they could be addressed.
 - Issues such as aging populations, which impact long-term health expenditures, and the impacts of climate change and climate-exacerbated natural disasters, are key challenges to address for resilient and sustainable UHC.
 - Given donor fatigue, integration for more efficient financing is essential. Health

financing training for policymakers could be a potential solution to teach them more efficient ways to carry out health financing, including payment collections, and to make for more sustainable UHC. In addition, training programs through an international hub for UHC could potentially be utilized by the WHO, World Bank, Global Fund, and others to train people more efficiently on UHC practices. Further, bilateral and multilateral assistance and investments in PHC, such as training of community health workers for more equitable access to care in vulnerable populations, should be better aligned to reduce fragmentation.

- **Encouraging country-owned planning and DRM:** LMICs need to be empowered to optimize the use of domestic resources, including financing, to build up more sustainable national health systems and infrastructure that meet their countries' specific needs through to the community level.

2. Ensuring timely and equitable access to MCMs and other medical tools to tackle health threats:

- **Meeting the 100 Days Mission PLUS goals:** Participants discussed the US government's commitment to improve the development of MCMs including diagnostics, treatments, and vaccines, including to meet the goals of the 100 Days Mission to develop new countermeasures within 100 days of identification of a new pathogen.
 - On diagnostics, the US has committed to having pathogen-agnostic testing within the first 12 hours of a biological event, then to surge manufacturing of 1000s of diagnostic tests within 1 week, followed by rapid diagnostics within 90 days. On treatments, the US committed to a goal of identification, development, and deployment of new and repurposed therapeutics within 90 days. On vaccines, the US has established an objective to reach the domestic and global populations within 130 and 200 days, respectively.
 - The US government has launched Project NextGen to utilize COVID-19 MCM platforms, such as monoclonal antibodies and antiviral treatments, to help streamline the rapid development of next-generation COVID-19 MCMs through private-public partnerships (PPP).

The Strategic Center of Biomedical Advanced Vaccine Research and Development for Preparedness and Response (SCARDA), which Japan established in 2022 to conduct R&D for PPR, has the funding and potential to be successful, but there is a need for improved coordination. Participants also discussed the recommendations from JCIE's Hiroshima G7 Global Health Task Force, which called for the 100 Days Mission "PLUS" to include not only timely and equitable access but also delivery of the vaccines. The G7 launched the MCM Delivery Partnership for Equitable Access (MCDP) to focus on materializing the PLUS by encouraging multisectoral collaboration between US agencies, including USAID, HHS, and the US Department of State, as well as other partners such as WHO, UNICEF, Gavi, among others. Additional funding, manufacturing capacity, and technology are needed to administer and distribute MCMs globally.

- **Coordinating R&D at the national and international levels:** Participants noted the lessons learned from the United States on how to organize internally within the US government.
 - Participants noted that SCARDA should take the opportunity to learn from these examples on how to improve interagency and public-private coordination such as Operation Warp Speed, which was key to the success of the Biomedical Advanced Research and Development Authority (BARDA).
 - For Japan, the Global Health Innovative Technology Fund (GHIT Fund), created under

Japan's Ministry of Foreign Affairs, the Gates Foundation, and the Wellcome Trust is a PPP that bridges Japanese technology and innovation with the needs of LMICs to expedite the R&D of MCMs to combat diseases. However, participants noted that there is a need for improved coordination between academia, big and small pharmaceutical companies, and venture capital to encourage more innovation and R&D in Japan.

- **Regulatory optimization:** Participants stressed that global clinical trials and regulatory approval processes need to be better optimized. On the US side, participants noted that the US FDA has become more comfortable with platform approvals, especially during crises, while not sacrificing the safety of national and global communities.
- **Scaling-up manufacturing capacity:** Participants noted that manufacturing capacity in Japan, which is often small-scale, should be scaled up to adequately address public health crises. Capacities of regional manufacturing hubs in Asia, where Japan has been actively utilizing JICA to build the infrastructure of research institutes, and Africa also need to be enhanced through collaborative efforts between manufacturers and research institutes in the Global South, as well as between bilateral aid agencies in the US and Japan such as USAID and JICA. Technology transfer is also vital to ensure quick and ready manufacturing globally, especially in LMICs, to fill gaps in access to MCMs. Other MCMs, like PPE, should be ready in the case of health threats, but will also require purchase guarantees and purchase commitments to incentivize manufacturers. While manufacturing and regulatory considerations are important, participants once again underscored the importance of meeting the end-to-end spectrum from R&D to delivery.

3. Ensuring adequate surge financing and emergency workforce capacity to respond to future pandemics:

- **Improving coordination between government agencies:** In response to the coordination challenges during the COVID-19 pandemic, the US Department of State recently formed a new Bureau of Global Health Security and Diplomacy. The bureau consolidates global health work under one umbrella to enable better collaboration and coordination across departments and agencies. As noted previously, Japan has also been focusing on strengthening coordination between health and finance ministries at the G7 and G20 levels.
- **Ensuring access to financing in times of crisis:** According to a World Bank mapping exercise, only 40% of countries have contingency financing for emergency response, and some are unable to access existing funds due to other development priorities. In addition, financing instruments through multilateral development banks and international organizations are often underutilized or fragmented. The US and Japan can work together to operationalize the World Bank's Global Priority Programs (GPPs), which have surge financing as a priority, as well as give recommendations to the World Bank and other multilateral development banks on ways to improve surge financing. The Pandemic Accord negotiations are addressing the challenges of meeting the widespread multilateral, regional, and national needs across the PPR spectrum, including assurances of timely access to MCMs in future outbreaks. In addition to the specific funding needs being addressed by the Pandemic Fund related to prevention and preparedness capacity building, financing solutions addressing pandemic emergency PPR will require a diversity of funding sources and must effectively leverage existing mechanisms to both increase capacities and speed responses. While high-level commitments from the G7 to work with development financial institutions (DFIs) are meaningful, concrete actions are needed, including DRM.

- **Bilateral and multilateral cooperation:** Bilateral work through global health security investments, such as for PHC, can help strengthen health systems and workforces and have a higher return on investment.
 - The World Bank's GPPs seek to address financing gaps and encourage surge financing by incorporating basic PPR activities into health system investments. The Ministry of Finance in Japan works alongside the World Bank to improve surge financing capacity, and there is potential for the US and Japan to collaborate on jointly proposing specific solutions to the World Bank.
 - Other examples of collaboration among DFIs include the collaborative efforts of GAVI, USAID, the European Investment Bank (EIB), and the US International Development Finance Corporation (DFC) to encourage more access to financing for vaccines. Gavi faced challenges in accessing financing for vaccines and worked with DFC to get US\$1 billion in credit facilities to allow future access to funds, and afterward, the EIB matched that amount.
 - G7's commitment for DFIs to work together can be emphasized by using examples of concrete options for development finance, including liquidity facilities for donor financing, pooled procurement organizations, rapid working capital, and volume guarantees for LMICs.
- **Integrating multiple, cross-cutting priorities to optimize funding:** Although there is often limited financing and a challenging geopolitical landscape, opportunities exist to integrate UHC, PHC, PPR, and health systems strengthening as foundational components to address a broad range of issues including antimicrobial resistance, climate change, and overall health. Participants noted that financing mechanisms for vertical disease programs need to be integrated as well, and results from the Pandemic Fund's first call for proposals show that such integration may be possible and desired.