GLOBAL HEALTH MULTISTAKEHOLDER DIALOGUE

Recommendations to the G7 2024

Global Health Multistakeholder Dialogue: From Hiroshima to Puglia

Recommendations to the 2024 G7

Japan Center for International Exchange (JCIE)
Bill & Melinda Gates Foundation
Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X)
Coalition for Epidemic Preparedness Innovations (CEPI)
International Pandemic Preparedness Secretariat (IPPS)
Pandemic Action Network (PAN)
PATH, Africa Region
United Nations Children's Fund (UNICEF)
Wellcome Trust
The Advisory Committee of the Global Health Multistakeholder Dialogue:
From Hiroshima to Puglia

Global Health Multistakeholder Dialogue: From Hiroshima to Puglia
Recommendations to the 2024 G7

TABLE OF CONTENTS

Recommendations to the 2024 G7

Multistakeholder Inputs

APPENDIX

RECOMMENDATIONS TO THE 2024 G7

SUMMARY OF RECOMMENDATIONS

The recommendations of the GHMD are based on a number of overarching principles:

1. Commitments to enhancing PPPR, addressing AMR, and promoting UHC are essential to the protection of human rights and are an investment in global health security and the global economy.

2. It is crucial to have sustained investment in the end-to-end ecosystem of PPPR and the fight against ongoing epidemics/endemics—from R&D to community system strengthening—with an emphasis on human resource capacity building throughout.

3. To succeed, these efforts require the continuous engagement of, and the promotion of strategic partnership with and among, a wide range of stakeholders.

4. Digital health technologies, including artificial intelligence (AI), should be leveraged in appropriate ways to promote UHC and innovation.

5. Planetary health must be addressed by incorporating a One Health approach at every stage and level of PPPR and AMR plans.

Based on these concepts, this report includes a series of recommendations organized around the following objectives:

- Detect and declare outbreaks rapidly and prevent pandemics by strengthening harmonized surveillance and increasing surge capacities in the workforce

- Accelerate R&D and ensure more timely and equitable access to medical countermeasures (MCMs) and antibiotics

- Enhance the effectiveness and efficiency of existing financing and mobilize additional sustainable funding for pandemic preparedness, prevention, and response and for resilient health systems

INTRODUCTION

The Global Health Multistakeholder Dialogue: From Hiroshima to Puglia (GHMD) was an independent, nonstate actor–led process to (1) review the progress of the G7's past commitments related to pandemic prevention, preparedness and response (PPPR), antimicrobial resistance (AMR), and resilient health systems, with a focus on health technology innovation, workforce, and financing; (2) identify remaining challenges that need to be addressed by the G7 and various stakeholders; and (3) ensure coordination and consensus on global health priorities in the transition between the Japanese G7 presidency in 2023 to the Italian G7 presidency in 2024. This initiative was launched

by the Japan Center for International Exchange (JCIE) based on encouragement received from the international advisors of the Hiroshima G7 Global Health Task Force and the extended expert network built through Task Force–related activities. The GHMD was managed by nine co-organizers—JCIE, the Bill & Melinda Gates Foundation, Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X), the Coalition for Epidemic Preparedness Innovations (CEPI), the International Pandemic Preparedness Secretariat, the Pandemic Action Network (PAN), PATH–Africa Region, the United Nations Children's Fund (UNICEF), and the Wellcome Trust—under the guidance of an Advisory Committee (see appendix).

Leading up to the transition from the Japanese G7 presidency to the Italian G7 presidency, the GHMD undertook several initiatives intended to ensure continuity of global health efforts and to provide feedback on salient global health priorities requiring the G7's attention. This included a GHMD survey focused on three issue areas (R&D and access to countermeasures, health emergency workforce, and financing) and a GHMD conference, co-organized by the nine organizations mentioned above, with support from the Japan International Cooperation Agency (JICA) and Global Health Innovative Technology Fund (GHIT Fund).

CONTEXT

The Japanese G7 presidency occurred at a crucial time, just as the world was battling with and trying to recover from the COVID-19 pandemic. The statistics emerging at this time show that 7 million people have died from COVID-19, and according to the International Monetary Fund (IMF), the cumulative losses to the global economy due to the COVID-19 pandemic stood at US$13.8 trillion.[1] In light of modelling that predicts a 47–57% likelihood of a pandemic as serious as or more serious than COVID-19 occurring in the next 25 years,[2] the threat to both global health security and the global economy is acutely present, and underlines the urgency for the G7 to take action before the next pandemic threat hits. Averting future threats to global health security, and therefore to the global economy, requires urgent action on PPPR, on strengthening the emergency health workforce, and on ensuring the sustainability of financing for PPPR and universal health coverage (UHC).

This urgency exists in the real-world context of pandemic financing fatigue[3]—an environment where there is decreasing political commitment preventing and preparing for pandemics, juxtaposed with shrinking official development assistance (ODA) budgets. In such an environment, the global community must explore better ways to mobilize more resources, maximize efficiencies, and ensure synergy effects among investments to defend our world from these economic and health threats. For example, increased investment on antimicrobial resistance (AMR) can produce increased gains on preventing and preparing for pandemics, while robust investment in emergency health workforce can ensure better access to pandemic countermeasures and is a foundation of UHC.

Work under the Japanese G7 presidency has been acutely focused on the polycrisis (i.e., the concurrent pandemic, natural disasters, food security crisis, conflicts, etc.), as was seen by a session

---

1   International Monetary Fund, 'New IMF Staff Paper Strategy to Manage the Long-Term Risks of COVID-19' (5 April 2022) <https://www.imf.org/en/News/Articles/2022/04/05/pr22104-new-imf-staff-paper-strategy-to-manage-the-long-term-risks-of-covid-19> accessed 4 December 2023

2   Eleni Smitham and Amanda Glassman, 'The Next Pandemic Could Come Soon and Be Deadlier' Centre for Global Development (25 August 2021) <https://www.cgdev.org/blog/the-next-pandemic-could-come-soon-and-be-deadlier#:~:text=They%20estimate%20the%20annual%20probability,preparing%20immediately%20for%20future%20outbreaks> accessed 4 December 2023

3   Ellen Johnson Sirleaf, 'Don't Put COVID-19 in the Rearview Mirror. Now We Need to Prepare for the Next Pandemic' TIME (17 March 2023) <https://time.com/6262639/covid-prepare-next-pandemic/> accessed 4 December 2023

held during the May 2023 G7 Hiroshima Summit on "Working Together to Address Multiple Crises," where Prime Minister Kishida of Japan touched on the importance of a "coordinated response to multiple crises" and the need to strengthen the global health architecture.[4]

May 2023 also saw G7 Health Ministers meet for the first time since the acute phase of the COVID-19 pandemic had subsided. The resultant meeting communiqué emphasized collective responsibility to strengthen the global health architecture (GHA) through "more coordinated, sustained and stronger governance" and achieving UHC.[5] Their communiqué further reiterated the urgent need to "foster innovation and to strengthen R&D through global cooperation," to strengthen health workforce data and the health emergency professional workforce, and to ensure sustainable financing for these, including through coordinated engagements between health and finance ministries.[6]

Throughout the year of the presidency—and likely continuing into the next—the world has witnessed acts of aggression and atrocities that threaten core tenets of the rule of law, human dignity, and other principles cherished and held dear by the G7. These are occurring simultaneously with other pressing global challenges (including the need to address climate change and current/future pandemics), demanding collaborative and concerted efforts that transcend both national and sectoral boundaries.

These factors give even greater salience to the G7's commitment to uphold the human rights and dignity of all, including the right to health (as recognized in the 1948 WHO Constitution and the 1966 International Covenant on Economic, Social and Cultural Rights, inter alia) without discrimination on the grounds of race, age, ethnicity, gender, or any other factor. The recommendations in this report are compiled based on these considerations.

---

4   Ministry of Foreign Affairs of Japan, 'G7 Hiroshima Summit (Session 6 Working Together to Address Multiple Crises)' (20 May 2023) <https://www.mofa.go.jp/ecm/ec/page1e_000692.html> accessed 4 December 2023
5   Ministry of Health, Labour, and Welfare, 'G7 Nagasaki Health Ministers' Communiqué' (May 2023) <https://www.mhlw.go.jp/content/10500000/001096403.pdf> accessed 4 December 2023
6   Ibid.

RECOMMENDATIONS TO THE 2024 G7[7]

Detect and declare outbreaks rapidly and prevent pandemics by strengthening harmonized surveillance and increasing capacities in the workforce

The COVID-19 pandemic has starkly highlighted the shortcomings within our healthcare workforce. We witnessed overburdened healthcare professionals, inadequate support systems, and alarmingly high attrition rates. Throughout the crisis, community health workers, often unpaid, remained steadfast in their commitment to delivering essential health services. However, due to their informal status within healthcare systems, they were not included in emergency response plans.

Recognizing the intricate web of workforce management across various levels, including community, subnational, national, regional, and global, there is a pressing need for improved interoperability. This can be achieved by promoting adherence to common standards and protocols and fostering collaboration among leaders to collectively prepare for and respond to future pandemics.

1   Continue the commitments and progress made through the G7 Pact for Pandemic Readiness by

a) increasing investments in the capacity building of the emergency health workforce—including experts across a wide range of disciplines such as epidemiologists, doctors, nurses, laboratorians, logisticians, risk communicators, anthropologists, veterinarians, environmentalists, and emergency response coordinators—especially in LMICs, through joint learning efforts with the experts of G7.

b) endorsing and financing the WHO's initiative to implement and scale up the Global Health Emergency Corps, which aims to build bridges between countries' health emergency leaders and coordinate the deployment of national, regional, and global surge teams and experts through existing mechanisms and networks;

c) supporting the WHO Academy in Lyon to facilitate accessible, high-quality health education globally, including joint training, simulation exercises, learning programs, and knowledge exchange emphasizing hands-on training and real-world simulations;

d) enabling a political environment of trust and solidarity, where critical epidemiological events are reported early through clear data (including qualitative data) and intelligence sharing across geographies; and

e) supporting the WHO's collaborative surveillance program to strengthen specialized units focused on data analysis for decision-making and communication, including data visualization and scenario planning.

---

7   The recommendations in this report were developed as a consolidation of insights from four components of the GHMD process: the Global Health Multistakeholder Dialogue survey conducted over the months of September and October 2023; a Civil Society Consultation held on 10th November 2023; Advisory Committee meetings conducted from August–December 2023; and the final conference of the Global Health Multistakeholder Dialogue: from Hiroshima to Puglia conference held on 1st December 2023 at the Roppongi Academyhills in Tokyo, Japan.

2 **Recognizing workforce retention is a major challenge in poor public health systems in LMICs, invest in both workforce development and system strengthening. This can be achieved by**

a) enhancing support for data-sharing agreements and legislation, while also creating structural opportunities for cross-border bidirectional learning and knowledge exchange among the public health professionals; this can be accomplished by strengthening regional organizations such as the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), Africa Centres for Disease Control and Prevention (Africa CDC), and other regional hubs;

b) calling for an update to the WHO Global Code of Practice on the International Recruitment of Health Personnel (dated 2010) by 2025;

c) identifying and prioritizing financing streams and forums for the development of cohesive, long-term strategic plans for health workforce retention in LMICs through bilateral and multilateral partnerships, and in engagement with private and nongovernmental partners to bring in best practices from outside of public health; and

d) improving training, hiring, and retention in G7's own territories to decrease reliance on LMIC workforce recruitment.

3 **Support LMICs' efforts to strengthen their essential public health functions by**

a) supporting implementation of the WHO's Roadmap for National Workforce Capacity to Implement the Essential Public Health Functions;

b) supporting strong community health systems and community-based organizations through existing multilateral organizations such as Gavi, the Vaccine Alliance (Gavi); the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); Joint United Nations Programme on HIV and AIDS (UNAIDS); UNICEF; and CSOs—which are integral to emergency care provision and trust building within communities—by ensuring sustained allocation of financial and technical resources to advance professionalization, formalization, and scale-up of community health worker (CHW) programs and by strengthening the infrastructure that supports CHWs; and

c) guaranteeing active participation of women in decision-making related to the health workforce, which is also essential to guarantee health workers' working conditions and safety but also to secure fair and equitable compensation and engage in dialogue with health worker trade unions.

4 **Commit to adopt and leverage off of digital health technologies by 2025 in order to**

a) improve access to health care services;

b) improve the safety and quality of healthcare services/products while reducing the health system burden;

c) speed up and streamline surveillance activities such as data sharing, reporting, and analysis;

d) improve knowledge and access to health information of health workers and communities; and

e) ensure cost savings and efficiencies in health services delivery—technology should be leveraged to link people to specialized healthcare and to address the disproportionate allocation of healthcare workers.

Accelerate R&D and ensure more timely and equitable access to medical countermeasures and antibiotics

The COVID-19 pandemic saw inequitable access to medical countermeasures, which resulted in a reinvigoration of political will across all spectrums to accelerate R&D and to do so in more geographically diverse areas. At the same time, antimicrobial resistance has been dubbed as the "silent pandemic," creating an urgent need for R&D and the deployment of safe and innovative new antibiotics. The following recommendations seek to address these concerns.

1   Scale up efforts by every G7 country to advance end-to-end R&D in line with the aims of the 100 Days Mission by

a) committing to develop globally accessible online prototype libraries of diagnostics, therapeutics, and vaccines for priority viral and bacterial families, and for disease X, in coordination with the WHO's updated priority viral family list;

b) facilitating a global dialogue among the G7 and the regional, private, and philanthropic R&D funders from the Global North and South, inviting relevant stakeholders including civil society and communities as well, to ensure investment is being made in all pathogen families and all tools in order to ensure more efficient use of limited R&D funds, with stronger accountability mechanisms and clear targets;

c) committing to the development of a shared access framework for public R&D spending during inter-pandemic periods, in consultation with LMICs, industry, and relevant stakeholders, to include consistent clauses within funding agreements to ensure equitable, affordable access to products for LMICs at every stage of R&D;

d) accelerating global and regional efforts to build capabilities and capacity in R&D and regional manufacturing in LMICs and facilitating enablers such as technology transfer to promote timely, affordable, and equitable access to medical countermeasures in the next 10 years;

e) fully and sustainably financing public-private R&D partnerships including committing US$80 million to FIND Diagnostics' 100DM framework for diagnostics and US$1.5 billion to fulfill the remaining financing needs for CEPI's 100DM strategy for vaccines, and supporting Unitaid, and others for therapeutics including oxygen therapy; and

f) committing to adding multiplex devices that are digitally connected to national essential diagnostic lists and support the integration and uptake of multiplex diagnostic tools in primary care settings as part of health system strengthening investments to (i) ensure antibiotics are used effectively and (ii) track pathogens pre-outbreak and during pandemics.

g) Continue dialogues among governments, industry, academia, and relevant stakeholders including researchers, affected communities and civil society to develop measures to ensure equitable access to medical countermeasures in case of a pandemic, including binding agreements by manufacturers and countries with manufacturing capacity to put aside part of available production in real time for allocation to low income countries during a pandemic, and encourage voluntary licensing and technology transfer on mutually agreed terms.

2   Adopt a preparatory regulatory approach and improve regulatory harmonization by

a) launching a regulatory twinning program to support the development of regulatory capacity among LMIC partners in all regions and help them reach regulatory maturity levels 3 or 4 by utilizing the WHO reliance scheme for earlier patient access;

b) utilizing existing regulatory fora like the International Coalition of Medicines Regulatory Authorities (ICMRA), commission a meeting of G7, G20, and LMIC regulators to discuss how best to expedite approvals in the event of a pandemic, covering such topics as the following:
   i. examine how to capitalize on preparedness activities by building up a detailed knowledge of the disease or pathogen family and identifying where regulators may pre-review key documentation and align vaccine development plans with different outbreak scenarios
   ii. pinpoint opportunities and mechanisms for greater work-sharing and identify other regulatory science problems that need to be solved to further contribute to a more agile regulatory environment to respond to public health emergencies.

c) accelerating clinical trials for determining product safety and effectiveness with community engagement and prioritizing clinical trials through open and transparent process, and establishing reference standards for diagnostics early in disease outbreaks and clinical trials.

3   Accelerate AMR R&D and facilitate equitable and sustainable access to antimicrobials wherever they are required by

a) increasing investments by every G7 country into push and pull incentives with public health–driven selection criteria and strong stewardship and access requirements, in particular contributing to existing global efforts such as CARB-X and GARDP, at the earliest opportunity and within reasonable and feasible timelines;

b) supporting capacity strengthening of researchers in LMICs for sustained global AMR innovation and solutions to ensure that there is sufficient knowledge and skills transfer and working with civil society and communities to ensure that knowledge around AMR is increased at localized levels;

c) capitalizing on the global political attention created by the UN High-Level Meeting on AMR to institutionalize stronger accountability and target-setting mechanisms, for example by moving ahead on the Independent Panel on Evidence for Action against AMR, to ensure prioritization of pivotal and sustainable action; and

4   Ensure that an established pathogen/genetic sequence data platform has, *inter alia*, the following characteristics:

a) multilateral consensus/standardization on nomenclature, such as what constitutes "timely" sharing;

b) real-time uploading and access of data;

c) elements of decentralization to regional bodies (such as to the European Virus Archive or the Africa CDC);

d) a platform (system) that enables equitable access and sharing, including benefit sharing.

Enhance the effectiveness and efficiency of existing financing and mobilize additional sustainable funding for pandemic preparedness, prevention, and response and for resilient health systems

In recognition of pandemics as a shared global threat, G7 countries agreed on the need to mobilize additional, predictable, long-term financing to urgently address critical gaps in pandemic prevention and preparedness, and they joined together with other G20 nations to establish the Pandemic Fund in 2022. One year later, however, the Fund remains severely underfinanced relative to assessed needs, and the demand from LMICs far exceeds available resources. In the case of pandemic response, G7 members have also agreed in principle on the need to establish a global surge response financing mechanism for rapid release of day zero funding to help contain a future pandemic and support equitable access to countermeasures, yet there is no agreement yet on modalities. Protecting humanity from future pandemics and achieving the global goal of UHC requires mobilizing investments at the global, regional, and domestic levels for pandemic PPPR and health system resilience, as well as maximizing the efficiencies of other existing health sector spending and expanding funding sources beyond health and official development assistance (ODA). As G7 leadership is critical to progress in these areas, we urge the G7 to follow through on these priorities and accelerate action on the following recommendations.

1 **Agree on a plan to fully and sustainably finance the Pandemic Fund to** enable it to reach its financing target of $10.5 billion per year in response to the high need and demand for support of pandemic preparedness and prevention efforts in LMICs, beginning with increased support for a robust resource mobilization effort for the Pandemic Fund, to be concluded in Q4 of 2024.

2 **Agree on the modalities and timeline to establish and capitalize by 2025 a global emergency surge financing mechanism that** will ensure rapid, predictable, and sufficient funding (including social and economic protection of LMICs), ready to disburse to LMICs to support the timely, equitable, and affordable access and delivery of medical countermeasures and continued delivery of other essential health services in the event of a future epidemic or pandemic. To ensure coherence of global health financing architecture, disbursement should be made through existing funding mechanisms.

3 **In addition, the G7 should lend its support to the following issues to promote additional, more efficient, and more effective financing for UHC and PPPR:**

a) ensure timely and sustainable financing for the WHO as needed to carry out its mandated roles in supporting pandemic PPPR and UHC and in line with the sustainable financing agreement reached by member states at the 75th World Health Assembly;

b) develop a comprehensive, multiyear plan, informed by the work of the G20 Joint Health and Finance Task Force, to mobilize additional sources of international financing for PPPR, by including it as a priority investment area for:
   i. a strong IDA-21 replenishment and for other multilateral development bank financing
   ii. international tax reform and the new international task force on taxation agreed to at COP28
   iii. other sources of public and private financing, in line with Global Public Investment principles, in which all countries contribute

c) identify opportunities to link climate and pandemic financing, and integrate One Health approaches into their pandemic and climate action plans;

d) ensure that dedicated funding for gender-responsiveness is integrated into all aspects of any future public health response, and take measures to ensure that medical countermeasure supply chains are climate-resilient;

e) identify opportunities to use bilateral and multilateral financing to bolster public finance management competencies and absorptive capacity in LMICs, and collaborate on increasing the sustainability of financing for UHC by enhancing domestic resource mobilization; this should be supported through:
   i. meaningful consultation with a wide range of local and domestic stakeholders
   ii. leveraging of the proposed global hub function, which is intended to serve as a platform for multistakeholder consultations to support LMICs with financing, knowledge management, and human resources on UHC[8]

---

8   This global hub function, which is under discussion as a platform for multistakeholder consultations, was proposed in the G7 Hiroshima Leaders' Communiqué and the G7 Nagasaki Health Ministers' Communiqué.

f) support implementation of the recommendations of the Future of Global Health Initiatives process that aims to enhance the coordination, synergies, coherence, alignment, and efficiency of the activities and financing of global health partnerships behind country-owned plans, based on the shared goal of building sustainable, equitable, and robust health systems.

MULTISTAKEHOLDER INPUTS

CONFERENCE SUMMARY

As the culmination of the GHMD process, about 120 experts, half of whom joined from overseas, gathered to consider priority challenges to be addressed by G7 2024 and recommend possible solutions to make our society more resilient to future pandemics. The discussions were based on the findings of a multistakeholder survey and prior consultations with the advisory committee members (see agenda and participants in the appendix).

Session 1: Accelerate R&D of medical countermeasures (including antibiotics) with equity embedded by design

The first session of the dialogue focused on what the G7 and stakeholders from all sectors can do next to accelerate R&D to fight against emerging viral threats, as underlined by the 100 Days Mission, and against drug-resistant infections. There was a strong call for additional investments in push and pull incentives, with a focus on ensuring equity.

Featured strongly in the discussions were prototype libraries for diagnostics, therapeutics, and vaccines. These libraries should be accessible to the world as a "shared global project" and should contain research data and prototype products for all five virus families. These were considered necessary for a timely response in the next pandemic. One panelist spoke of an innovation that could detect 27 different pathogens and that could be placed in the primary care setting, but they noted that the funding has not yet been made available for the scaling up and the diagnostics libraries to make this product widely implementable.

While efforts to develop prototype medical countermeasures (MCMs) for the next pandemic would likely still be led by the pharmaceutical industry, the discussion noted that more must be done to create public-private partnerships to ensure that MCMs can be developed and deployed quickly.

The panel contended that funding for R&D needed to come from all countries rather than just a select group of G7 donors, and this could be done through a fair share model with Global Public Investment principles.

The discussions highlighted the ongoing challenges in promoting robust cooperation on clinical trials at the regional and global levels. To create a "level playing field" for the R&D of pandemic countermeasures, panelists pointed to the need to promote trust between countries, increase the sharing of data, embed fairness and equity in know-how transfer throughout the R&D process, promote fairness in conflict resolution, and enforce a reliable governance structure for clinical trials.

Below are some of the key issues that were addressed:

INCENTIVES TO REPLENISH THE ANTIMICROBIAL RESISTANCE (AMR) PIPELINE:
Panelists stressed that many people have died from lower respiratory tract, gastrointestinal tract, and urinary tract infections and that there is an urgent need for innovative new antibiotics. They urged action on AMR pipeline replenishment and stated that, while push incentives were essential,

pull incentives were also necessary to make it attractive for young people to study microbiology and increase interest in antibiotics and other clinical development fields.

SPECIFIC ACTIONS THAT THE G7 CAN TAKE TO REDUCE REGULATORY BARRIERS: During the COVID-19 pandemic, there were many underpowered clinical trials. Panelists agreed that a framework for clinical trials before the next pandemic was necessary and that inappropriate and unnecessary regulatory processes need to be eliminated through harmonization and alignment of regulatory requirements across different jurisdictions. They also noted that regulatory clinical trial capacity will need to be increased in the case of future pandemics.

KEY ACTIONS TO ACHIEVE EQUITABLE ACCESS: One key point of action is for the G7 and G20 to invest in community health workers (CHWs) and community health systems, as they were on the frontlines in many countries. In addition, panelists noted the importance of exploring middle ground on addressing intellectual property (IP) barriers to R&D in LMICs while keeping an innovation ecosystem where IP serves to incentivize innovation. Panelists discussed that technology transfer should occur during the interpandemic period, with some generic manufacturers being preselected and voluntary license templates being set up in that non-crisis period as well. They also stressed that funding alone will not create equitable R&D, and that there is a need to promote fair and equitable cooperation and exchange know-how in clinical trials as well as to ensure R&D workforce development.

INCREASING TECHNOLOGY TRANSFER TO IMPROVE MCM DEVELOPMENT, MANUFACTURING CAPACITIES, AND EQUITABLE ACCESS IN LMICS: Regarding technology transfer, one panelist stated that people's lives needed to be put first and that a win-win agreement could be reached between large manufacturers and patients through an industrial economics perspective rather than a market-failure perspective. In addition, policies are needed to make technology transfer part of a wider package of interventions for equitable access.

FUNDING AND COORDINATION: Funding was a key issue in the discussion. Panelists noted that the proposed cuts to Horizon Europe (the EU's key funding program for research and innovation) would not bode well for R&D for future pandemics. In addition, the panel stressed that the 100 Days Mission needed to be fully funded, and that the transfer of know-how to other parts of the world was a fundamental step in achieving the balance on IP. Additionally, panelists observed that the R&D work by middle-income economies such as Brazil, Indonesia, and South Africa provides the institutional foundation for the prototype libraries, and that there was a need to support coordination of these global R&D initiatives. The panel further stated that there is a need to embed equitable access into R&D funding agreements.

Session 2: Ensure more equitable access to MCMs (including antibiotics) through ongoing efforts to build resilient health systems

Subsequent to the first session on R&D of MCMs, this session focused on the lower end of the end-to-end spectrum of MCMs and antibiotics, namely, how to ensure equitable access and delivery of MCMs within each country and community through resilient health systems. The session aimed to generate concrete action plans to build health systems that are more adaptive to new

epidemics and responsive to the needs of people most in need by ongoing efforts to address existing epidemics.

Below are some of the key issues that were addressed:

SUPPORTING LMICS THROUGH REGIONAL AND GLOBAL PARTNERSHIPS: Strong global and regional partnerships are needed in all key areas, including the health workforce. There was alignment between the global initiatives and Africa CDC's plan for strengthening public health institutions on the continent, including through regional manufacturing and the digitization of rural health facilities. At the same time, however, panelists also stressed that the G7 should work more closely with ASEAN.

OTHER FACTORS THAT DETERMINE THE RESILIENCE OF HEALTH SYSTEMS: The COVID-19 pandemic revealed massive structural inequities and extensive levels of public communication challenges. To strengthen health systems, one panelist raised next-generation market shaping and a regulatory system that encourages rapid adoption of new and innovative products. Other participants noted the need for health systems to be linked to pooled procurement mechanisms, as well as be climate-resilient. Another panelist stated that there is a massive volunteer base of CHWs in Africa—including the base that has been built up through the Ebola and Marburg outbreaks—but these CHWs are not recognized in the health system and therefore need to be supported through formalization and professionalization.

INVESTMENT IN HEALTH SYSTEMS AND COMMUNITY ENGAGEMENT: Emphasis was also placed on the need to manage panic and distrust better in the next pandemic through investments in health systems. Bridging the gap between the global and local levels also requires community engagement. Many challenges faced in MCM deployment were related to trust—and there is a need to lean on community health systems to build that trust and to ensure adequate access to and uptake of MCMs. Panelists were unanimous in the notion that communities need to be understood and integrated as part of the solution at the outset. An example cited was the COVAX humanitarian buffer, which did not have a single successful application. Panelists stated that it was essential that we make efforts to understand the communities we are creating solutions for and to co-create solutions with them. One panelist also highlighted investments in community-led monitoring, which serves as a watchdog mechanism to ensure whether health interventions are truly serving their needs and whether global health agencies are truly meaningfully engaging them.

FACILITATING THE UPTAKE OF MCMS: Panelists stated that there was a need for a new global pooled procurement system. Additionally, country regulatory systems need to be reinforced to ensure that countries have access to the full portfolio of antibiotics. Panelists noted that financing for MCM development must include set-up and maintenance costs, and expressed concern that inequity in supply will be amplified in future pandemics if funding cuts to R&D continue.

PROMOTING POOLED PROCUREMENT IN A MORE COORDINATED WAY: Panelists stated that coordination in this area is a question of leadership and of accountability, stressing that this falls not just to G7 countries but to all countries, especially given that many countries are becoming richer and graduating out of eligibility for Gavi and Global Fund support and need to more concretely engage with pooled procurement mechanisms.

PROMOTING REGIONAL MANUFACTURING OF ANTIBIOTICS: It was noted that there is no system of R&D for antibiotics according to regional health needs. To address this and other issues related to regional manufacturing, panelists noted that agreements are needed to ensure we can manufacture antibiotics in different countries. Additionally, there is an urgent need to address regulatory barriers, as in Africa many large companies must wait two years before products can come to market. However, the African Medicines Agency may help with reducing these barriers and should be engaged closely in all future work on regulatory harmonization.

Luncheon Dialogue

This dialogue aimed to identify the roles of community systems and common infrastructure to ensure equitable access to MCMs in communities, and it drew on the panelists' experiences with SARS, Ebola, and other outbreaks.

Panelists spoke of the resilience of community health systems and the need to work within these systems to tackle misinformation. They also addressed the misunderstandings about the various terms used—notably, that CHWs are individuals who work to deliver health services, whereas the community health system is the operating system linking CHWs and communities together, and community engagement involves actions taken to co-create solutions and to build trust on MCMs.

Panelists also spoke about the "lip service" given to community health systems, noting that it has not translated into sustainable financing. A way to address this could be to mandate that countries spend a certain amount on community health systems. Panelists also discussed the central role that community health systems have in the cultivation of trust in MCMs—a role that becomes difficult or futile if communities are not engaged from the beginning. According to one panelist, trust in communities is cultivated when communities are involved from the outset; for example, communities engaged in R&D and planning stages will at later stages be invested in MCM updates.

Session 3: Workforce and data—essential elements to mitigate the impact of future pandemics

The third session examined the ways in which strengthening the workforce and epidemic intelligence are critical to preventing inequities in emergency responses and identified recommendations for how the G7 can play a catalytic role to bridge these gaps.

Against a backdrop of more than 150 new outbreaks having been detected in Africa in 2023 alone, the session offered a reminder about the importance and urgency of workforce and capacity development for early detection and response. The discussion considered multiple types of workforce, including medical doctors, nurses, specialized workforce to detect and analyze the outbreaks, and public health workers, including community health workers, and underscored the need to address the interconnectivity among different layers (community, subnational, national, regional, and global) to manage these workforces. The panel also highlighted the economic migration of skilled workforce as an issue where the G7 should play a leading role, and proposed to explore a new health financing model for promoting workforce retention. The need for the G7 to have the political will to maintain its commitment to strengthening disease surveillance and the health workforce was stressed by the participants as a mutual security issue, and not as a development issue.

Below are some of the key issues that were addressed:

ALIGNING GLOBAL HEALTH WORKFORCE PRIORITIES WITH COUNTRY AND REGIONAL PLANS: There is a complex web of issues that need to be tackled in the health workforce, including compensation, support, safe working environments, career and skills development, etc. Panelists discussed that there any many frameworks within the International Health Regulations (IHR), and the IHR Joint External Evaluations show the gaps in health workforce priorities. Better alignment is needed between the IHR frameworks and the specific country plans and contexts. One speaker also emphasized the importance of utilizing regional governance and implementation mechanisms that promote and enable collective leadership and engagement.

PROMOTING COUNTRY OWNERSHIP, COMMUNITY ENGAGEMENT, AND EMERGENCY LEADERSHIP DEVELOPMENT: Panelists stressed the importance of country ownership and the political need to make lasting changes in the health workforce, and that any regional cooperation portfolio should ensure the resources to engage with communities and to incorporate CHWs in emergency responses. The panel proposed that the G7 set numerical targets for investments in community-led services as well as strengthen their measurement and monitoring, including the number of professional CHWs. The discussion also explained that, while the sustainability of initiatives needs to be ensured by governments, public- and private-led initiatives are both necessary, considering that there is a space where nonstate actors can perform better. Additionally, public health and leadership training is needed to develop effective leadership during emergencies that can work across countries and subregions.

CROSS-SECTORAL COOPERATION AND THE IMPORTANCE OF THE PUBLIC HEALTH WORKFORCE: Panelists highlighted the importance of cross-sectoral cooperation, including between the health and non-health sectors. The public health workforce is expected to work across sectors and different layers, from national to subnational and community levels, and to work to protect people from all health hazards. The response to COVID-19 required collaboration among various sectors, which should be recognized as a core competency of a public health workforce. A strong public health workforce also needs clear career pathways.

DATA ETHICS, INVESTMENT, AND SHARING: With regard to data, panelists noted that there is a need to examine the ethical aspects of data analytics technology, as well as a need to enhance prioritization of investment in digitization and electronic medical surveillance. Fulfilling these needs will help LMICs be part of the global surveillance system. Sharing data is another challenge that requires transparency and trust among all parties, and standardization is also critical to enhance quality and usefulness of the data.

ENSURE INTEROPERABILITY AND TRANSFER OF EXPERIENCE AND KNOWLEDGE: National governments need to build and retain their workforce at the national and local levels. However, when it comes to surge capacity, there needs to be a system to enable workers to go from one place to another across national boundaries. Such rapid response teams need to be trained to operate under the same standards, which is critical to enhance coordination among various health emergency workforce initiatives and to ensure workforce quality. Simulation exercises are also necessary to practice the use of the capacities that are developed (e.g., simulations for different scenarios such as different types of pathogens).

Session 4: Global and regional mechanisms of financing and knowledge sharing to support country-led efforts for PPR and resilient health systems

This session identified the opportunities, constraints, and actions that leaders must take in 2024 to increase investments in resilient health systems and pandemic PPR to help prevent the next pandemic and accelerate universal health coverage (UHC).

Below are some of the key issues that were addressed:

PROMOTING A COUNTRY-LED, INCLUSIVE, AND MULTISTAKEHOLDER APPROACH: Panelists noted that a country-driven, country-led approach is needed for speedy virus detection and response. They also referenced the importance of UHC for mobilizing resources at the early stage of a pandemic and for enhancing domestic resilience in ways that include the most marginalized and vulnerable communities, stressing that UHC can help sustain a functioning health system during crises. Decision-making bodies must be set up in a multistakeholder approach, meaning that the government, parliamentarians, and civil society are included in the process. Previously, nonstate actors have often been left out of decision-making bodies for health; however, participatory mechanisms at the national and subnational levels are of high importance. Civil society is critical to hold governments accountable. Civil society capacity building for advocacy and accountability should be enhanced as part of a joint learning agenda for health financing and UHC. In addition, experts discussed how the recent "era of the polycrisis" has necessitated a shift of the traditional North-to-South-directed global health model toward a model in which every country contributes. A stronger movement to center country-led approaches with strong multistakeholder participation has continued throughout the COVID-19 pandemic, informed by lessons from the response to tuberculosis, HIV/AIDS, and malaria. However, panelists noted that pandemic amnesia is ongoing and political will is lacking.

APPLYING THE LESSONS FROM THE COVID-19 PANDEMIC TO ENSURE THAT FINANCIAL INVESTMENTS ARE STRETCHED FURTHER: The five key pillars of the Lusaka Agenda need to be included in the global architecture of health financing. These five pillars focus on (1) centering investments towards primary healthcare; (2) the importance of country-led processes and giving agency to country-based decision-making; (3) the establishment of common metrics of measurements and identifying areas of duplication; (4) bringing resources and conversations that center R&D priorities and market-shaping imperatives for the African continent. Importantly, G7 and global health financing institutions should work toward consolidating the resources going into countries and identifying inefficiencies. Panelists also noted that domestic financing coupled with debt forgiveness is the first line of defense against pandemics and that the absorption and deployment of international and domestic investments need to be maximized. In addition, they noted that investments in domestic primary healthcare can further aid in pandemic responses.

FINANCING FOR PPPR: ROLE OF THE PANDEMIC FUND, AND NECESSITY OF SURGE FINANCING: Panelists discussed how the establishment of the Pandemic Fund is a testament to necessary multilateralism. As the result of its ability to work through multiple institutions that complement its efforts and draw on co-financing, the Pandemic Fund investments would allow

countries to detect and respond to a virus-based crisis more quickly. Through these efforts, the mobilization of lab testing and health workforce deployment could happen at a more rapid pace. The first round raised US$2 billion, and every US dollar awarded can capitalize an additional US$6 billion. A second call for proposals is imminent; however, a joint analysis with WHO last year noted an additional US$10 billion over the next five years, coupled with twice as much in domestic financing, is needed for the right level of PPPR. Panelists noted that the G7 countries are central to helping the Pandemic Fund reach its annual US$10B target. Broadening the donor base will be necessary to reach this target. One important interlinkage to consider is between climate and health. However, G7 countries need to not only continue their contributions to the Pandemic Fund, but they must also properly invest in their own countries. The G7 should also promote surge financing. Experts mentioned that the overall investment for health in LMICs remains too little and that countries need to shift their priority from other investments toward health-related investments.

ALIGNING UHC AND PPPR: In addition, there was strong concern for the involvement of non-state actors in supporting the concept of "leave no one behind." Panelists stressed that there is a need to make sure that no communities are isolated or excluded from health coverage, and that human rights remain a part of the social contract between the government and the people. In a similar vein, the G7 is instrumental in sustaining a sense of accountability and it thus needs to promote equity and global solidarity. This includes the need to accelerate the pathogen access and benefit-sharing system. In addition, the goals of UHC and PPPR should not conflict with one another, but rather they can be achieved by working through the same system. The case of Thailand was mentioned as an example that shows the importance of setting up a public financing mechanism for health, a centralized procurement system, and government pharmaceutical organization even for PPPR under the rubric of the government's commitment to UHC. Indeed, the G7 needs to work against the current fragmentation of UHC and PPPR.

Session 5: Remaining challenges for G7 2024 and roles of multistakeholder partnerships

This session identified the priority global health challenges to be addressed during next year's G7 meetings and examined how like-minded actors can work together with the G7 to tackle these challenges. It is critical to ensure that the G7 and its members continue to uphold their commitmets and make actionable decisions.

   As mentioned in previous sessions, UHC holds a central place in addressing future potential health emergencies efficiently and effectively. The G7 should focus on promoting UHC as well as "last mile" efforts to ensure that the most vulnerable and marginalized communities affected by any disease are at the center of any health response. Panelists stressed the right to health and equity as basic principles underlying global health. States and nonstate actors must acknowledge and support the diversity of cultures, geographies, and sexual orientations to ensure everyone enjoys the right to health without discrimination.

   G7 countries must shift their position in Intergovernmental Negotiating Body negotiations for the Pandemic Accord and be guided by the highest international human rights standards. In addition, they must address the need to sustain and refocus political will during global health crises.

One panelist mentioned the importance of sustaining investments in health systems, including during non-pandemic times. Only when a system functions during interpandemic times will it be able to respond to the needs of a domestic or global health threat. In other words, they stressed the need to build resilient health systems with some degree of spare capacity to allow for surges in demand. These should be functional all the time, used and trusted by communities, and there whenever they need them.

The G7 should focus R&D investments on capacity-building for LMICs. The COVID-19 pandemic has highlighted how global coordination and regulatory harmonization can facilitate the ability to respond more swiftly. R&D funding will remain critical for future pandemic preparedness. The G7 should reinforce the existing governance body and foster coordination for science and research.

The G7 has a duty to all countries based on the principle of international solidarity. In the pandemic context, this means ensuring equitable access to health products and services for all populations, especially those most in need.

Participants highlighted the following additional points:

PROTECTING WOMEN AND GIRLS: Participants stressed that women and girls represent close to 70% of the global healthcare workforce. Yet, they are often targets of gender-based violence and discrimination. The G7 should ensure that women and girls are protected in global health, including in volunteering and employment, so that they can become a leading force at the center of preventative and curative health policies. G7 countries must support women and girls as agents of change.

AMR AND ONE HEALTH AS KEY TO PPPR: AMR deserves greater attention from global health institutions and country governments, as it complements PPPR. The G7 should pay attention in particular to evidence generation for tackling AMR in different settings. One Health has emerged as an important guidepost for effective PPPR—the G7 and member country governments must be able to incorporate the climate and planetary health ecosystem and the global health processes into their work. This will require the setting of tight and overlapping priorities in order to make best use of limited budgets. The G7 should promote global health approaches that include planetary health through a One Health approach at every stage and level of PPPR planning. Experts stated that it is crucial to avoid being caught unprepared when the next health emergency comes.

Closing Session

At the closing session, the representative of the Italian government endorsed the importance of dialogues between government and like-minded actors, and shared his government's will to continue the discussion of the global health architecture. He also shared other priority areas, such as lifelong prevention strategies to promote healthy and active aging, and a One Health approach focused on AMR and environmental health.

Special Session: World AIDS Day Reception

The Dialogue concluded with a special session in commemoration of World AIDS Day, which coincided with the date of the event. Speakers reflected on the background of the Day, which was

established to underscore the need to fight against the stigma of AIDS, to remember those whose lives have been lost, and to rally and renew our commitment to the fight against this disease. This year's theme for World AIDS Day was "Let Communities Lead."

The reception was attended by Japan's Health Minister Keizo Takemi, who offered opening remarks, and featured a special video and a speech from Dr. Salim S. Abdool Karim, a renowned scientist from South Africa who has been recognized for his scientific contributions and leadership in addressing AIDS and COVID-19. Dr. Karim is the recipient of many awards, including Japan's Hideyo Noguchi Africa Prize.

The two speeches highlighted the importance of the G7 to act on common agendas in the current geopolitical climate. Recognizing the role of key stakeholders including CEPI, the WHO, and the private sector in R&D, regulation, and mass production, respectively, Mr. Takemi reflected on Japan's G7 leadership in 2023 to widen the 100 Days Mission to include access and delivery and on the importance of multistakeholder collaboration to realize access and delivery and achieve sustainable impact.

The speech also addressed the importance of ensuring that the G7 not only provide funding but also offer its political commitment to the cause of PPPR. He emphasized the importance of community engagement and having community health workers be part of the early warning system to ensure effective global surveillance, and he highlighted "equity and access" as the key factor in PPPR, echoing comments made throughout the daylong discussion.

To illustrate the importance of investing in health systems for pandemic preparedness, Dr. Karim shared his journey in the world's fight against AIDS and how addressing AIDS through investments in health systems helped South Africa respond to COVID-19 and has better prepared them for future pandemics. Noting the vulnerability of women and girls against AIDS, particularly about 6–8 years before marriage (half of all HIV infections occur in sub-Saharan Africa and two thirds of those infections happen in young women and adolescent girls), he also offered an enlightening story about the case of a female patient who developed broadly neutralizing antibodies that can fight all kinds of HIV viruses and efforts are now under way to develop that into an antibody infusion that, if successful, will work to protect girls for 6 months at a time, helping protect girls during those 6–8 years.

This conference and special reception confirmed to all participants that long-term investments in human resources and institutions must serve as the foundation for responding to unseen threats today and in the future.

SUMMARY OF SURVEY FINDINGS

This section presents the key findings of the GHMD survey. Further details on methodology and in-depth findings can be found in the full survey that will be available online at JCIE website <https://www.jcie.org/>.

   We received a total of 144 responses, 43 of which were fully completed and others partially completed. The breakdown of 43 respondents by sector is shown in figure 1 below.

Figure 1: breakdown of respondents by sector
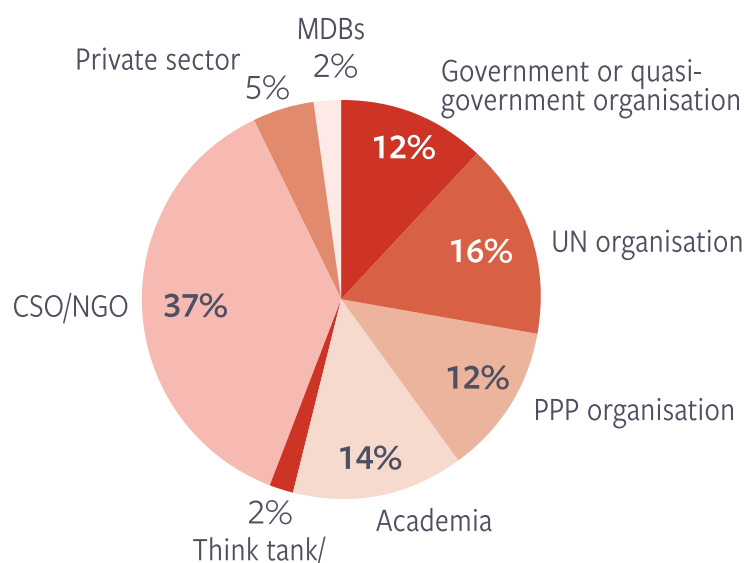
   According to geolocation data, respondents were based in 22 countries, with 58% based in the Global North versus 42% in the Global South.

Issue Area 1: Equitable R&D, access to countermeasures (including antibiotics), and pathogen data sharing

BARRIERS TO EQUITABLE R&D AND ACCESS. Respondents considered the biggest barriers to be insufficient/inequitable/inappropriate financing for R&D of countermeasures (33%), intellectual property barriers (14%), and R&D capacities concentrated in too few countries (12%).

PRACTICAL ACTIONS AND INTERVENTIONS FOR THE G7. Respondents stated that reduction of regulatory barriers was the most important intervention needed from the G7, followed by the need to create a mechanism for end-to-end financing of R&D, and the need for flexible and accessible financing for regional manufacturing of pandemic countermeasures.

RELEVANCE OF IP TO ACCELERATING MEDICAL COUNTERMEASURES. Of the 40 respondents that answered this question, 17 (42.5%) stated that intellectual property interventions are "highly relevant" to accelerating R&D and equitable access to medical countermeasures, while 9 (22.5%) stated that they were "highly irrelevant."

ACCESS TERMS IN R&D FUNDING CONTRACTS. A total of 82% of respondents strongly agreed or somewhat agreed that terms of R&D funding contracts, including access terms (as proposed in the Pandemic Accord) are important for access to countermeasures.

ENHANCING REGIONAL MANUFACTURING. Respondents provided 71 recommendations on how to enhance regional manufacturing, with the top suggestion (13 of 71 recommendations) being the need for end-to-end financing, including set-up, maintenance, and human capital financing for manufacturing facilities. The other top recommendations were as follows:

—End-to-end financing, including set-up, maintenance, and human capital
—Development of regional capacities, including through North-South collaboration
—Technology transfer and sharing of know-how
—Regional manufacturing hubs linked to purchase agreements
—Clear and predictable forecasts/policy and supply environments

PRACTICAL ACTIONS TO REPLENISH THE ANTIBIOTICS PIPELINE. Respondents stated that investments generally needed to increase for AMR R&D, but also that regional hubs and institutions in LMICs should be funded to do this. Secondly, respondents stated that greater investments were needed to increase both pull and push incentives such as GARDP and CARB-X, and that more prominent communications were needed to raise the profile and importance of replenishing the clinical pipeline for antibiotics.

CHARACTERISTICS OF A TIMELY PATHOGEN/CLINICAL SAMPLE/GENETIC SEQUENCE DATA PLATFORM. The characteristics that respondents felt were key to such a platform include real-time uploading and access of data, elements of decentralization/regionalization such as coordination with countries through the European Virus Archive Global (EVAg) or Africa CDC, timely sharing (e.g., within 48h of characterization), accessibility to all countries, and comprising multilateral consensus/standardization on a basic set of metadata (including sampling frame, year, national/subnational location, type of sample, AST data) and nomenclature.

EXTENT TO WHICH THE G7 AND G20 SHOULD PURSUE PROTOTYPE LIBRARIES FOR DIAGNOSTICS, THERAPEUTICS, AND VACCINES. A total of 63% of respondents either strongly agreed or somewhat agreed that the G7/G20 should pursue the development of prototype libraries for diagnostics, therapeutics, and vaccines. To do this, respondents stated that a number of frameworks are necessary, including shared learning and training initiatives and legal frameworks that center on access for LMICs.

TOP METHODS TO ENSURE GLOBAL OR REGIONAL PANDEMIC EFFORTS ARE ROOTED IN COUNTRY-LEVEL PLANS. Optimizing financial strategies was the top recommendation (16 responses), which included increasing financial commitments (global and national); restructuring, reducing, and cancelling of debts of high-burden countries; and issuing collaborative funding calls. The second strategy was hardwiring equity into the principles of pandemic responses (7 responses). Respondents also mentioned the need for global scientific cooperation and regional leadership; the transfer of know-how, including of product development expertise; and "no proprietary rights for health technologies that are of public interest—health technologies to be framed as global public goods."

WAYS TO STRENGTHEN COORDINATION ACROSS DIFFERENT DISEASES AND PRODUCTS. The most frequently mentioned need in this area was for global health architecture reform (10 responses), followed by improvements to collaboration and cooperation, including

multi-sector collaboration (8 responses). There was a tie for the third most frequent response between improved/innovative financing approaches and mechanisms, and investing in domestic health infrastructure (7 responses each).

Issue Area 2: Strengthened public health and emergency workforce

BIGGEST PROBLEMS/CHALLENGES IN THE HEALTH WORKFORCE. The five most frequently cited problems/challenges are poor state/public financing of the health workforce, skills development and training program deficiencies, weak governance/fragmented workforce strategies, fragmented coordination among global actors, and poor/unsafe working conditions and infrastructure.

STRATEGIES FOR THE GHMD TO MAKE PROGRESS. There was high variability in suggested strategies (see Issue 2c in the expanded survey results); selected strategies include the need to convene a meeting/platform of international donors and key actors on health workforce, encourage audits/assessment of the health workforce deficit in LMICs, and encourage appropriate salary benchmarking and grading of the health workforce.

HOW THE GHMD CAN SUPPORT FORMALIZATION OF COMMUNITY HEALTH WORKERS (CHWS). The top responses pertained to the need to ensure CHW data is included in health information systems and emergency personnel rosters, to amplify messaging on how CHWs contribute to health systems, and to support national frameworks for professional development of CHWs with career pathways and competencies.

STRATEGIES TO SUPPORT LMICS WITH HEALTH WORKFORCE RETENTION. Respondents stated that comprehensive mapping of how to increase salary scales/compensation, alongside non-monetary factors such as career development and positive reinforcement, was the top strategy that should be employed. Other suggested strategies include the following:
  —Taxes/compensation from HICs/reimbursement models/disincentives to HIC agencies from absorbing LMIC workforce—funding to be used towards development of health workforce in LMICs (incl. scholarships)
  —Developing coherent/holistic national health workforce development strategies and health worker retention at the national level, with accountability mechanisms
  —Regional LMIC audit, including through surveys of LMIC health workers, to assess scale of health workforce challenges (inclusive of remuneration)
  —Investing in continuous training, education, and exchange opportunities and strengthening of medical/nursing/public health schools

HOW COUNTRIES CAN SUPPORT OR BENEFIT FROM THE GLOBAL HEALTH EMERGENCY CORPS (GHEC). According to respondents, this could occur through centralized training and quality assurance via GHEC, development of a clear definition of GHEC, and increased domestic financial resources.

Issue Area 3: Financing for UHC and PPPR

BIGGEST PROBLEMS FOR UHC AND PPR FINANCING. There were different barriers cited for PPPR and UHC—although a lack of political will and deprioritization was noted in both. The findings are summarized below.

SHORT- AND MEDIUM-TERM INTERVENTIONS THAT THE G7 SHOULD FOCUS ON. Respondents stated that there was a need to support the development of sustainable domestic financing plans as the first line of defense and to ensure that there are clear quantitative targets on financing (e.g., ODA percentages for donor countries or LMIC financing as a percentage of GDP).

BARRIERS TO USING EXISTING RESOURCES MORE EFFECTIVELY. Excessive/inefficient bureaucracy and low public finance capacities were considered to be the top barriers to using resources effectively, followed by illicit financial flows/fraudulent management of funds, and then absorptive capacity constraints (e.g., not having sufficient human resources, digital connectivity, transport support, and environmental barriers such as flooding)

SUITABLE FINANCING MODELS FOR PPPR FINANCING. A total of 65% of respondents preferred a combination of a fair share model, private sector/philanthropic contributions, and voluntary donations by countries.

OPTIMAL APPROACHES FOR SURGE FINANCING. The top response was that surge financing should be based on financial contributions from all countries. Respondents also believed that it should be managed by an independent bank and should be paired with the provision of public finance management capacities.

ENGAGEMENT STRATEGIES TO INCREASE DOMESTIC RESOURCE MOBILIZATION FOR UHC AND PPPR. Respondents prioritized the following strategies: encourage governments to increase tax revenue/tax reform for domestic health financing; promote collaborative advocacy efforts between governments, international organizations, civil society, and the private sector; improve messaging around PPPR and UHC as being interlinked and mutually reinforcing; meaningfully involve the private sector in financing; negotiate debt swaps with multilateral and bilateral donors.

ENSURING SYNERGY AND AVOIDING DUPLICATION AMONG FINANCING INITIATIVES. Only 10 respondents answered this section, which may indicate a lack of knowledge about all proposed financing initiatives (such as the proposed financing mechanism in the Pandemic Accord and the surge financing mechanism proposed under G7). One respondent suggested promoting regular communication and collaboration among the various financing initiatives.

GLOBAL HUB FUNCTION FOR UHC. This question also had limited responses. Those who did respond stated that the global hub should not duplicate the work of UHC2030, should center better health informatics/analytics to inform UHC, and should be independent of the WHO.

APPENDIX

About the Global Health Multistakeholder Dialogue: From Hiroshima to Puglia

As Japan hosted the G7 Summit meetings in 2023, Prime Minister Kishida led the discussions on global health by focusing on three pillars: global health architecture, universal health coverage (UHC), and health innovation. Particular emphasis was placed on enabling equitable access to medical countermeasures (MCMs), including vaccines, diagnostics, and therapeutics under the overall goal of achieving UHC, and the Government of Japan has been facilitating follow-up discussions on G7 deliverables, such as the MCM Delivery Partnership for Equitable Access (MCDP) and the Impact Investment Initiative for Global Health (Triple I).

In the year leading up to Japan's G7 presidency, the Japan Center for International Exchange (JCIE) launched the Hiroshima G7 Global Health Task Force (GHTF) to develop recommendations to the Government of Japan on global health policy, which were based on a series of discussions among GHTF members as well as consultations with international advisors and other experts. Based on the encouragement of those international advisors and the network built up through the GHTF activities, JCIE launched the Global Health Multistakeholder Dialogue: From Hiroshima to Puglia (GHMD) on June 27, 2023, as an independent, nonstate actor–led process to promote the implementation of G7 commitments for greater resilience to future pandemics in partnership with several organizations from among the international advisors—Coalition for Epidemic Preparedness Innovations (CEPI), International Pandemic Preparedness Secretariat (IPPS), Wellcome Trust, and Bill & Melinda Gates Foundation, who were joined by United Nations Children's Fund (UNICEF); PATH, Africa Region; Pandemic Action Network (PAN); and Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X) later on.

As a platform to engage independent experts from the G7 nations, the Global South (including G20 countries), industry, and civil society, an advisory committee was organized in August 2023 under the chairmanship of Hon. Yasuhisa Shiozaki, former Minister of Health, Labour and Welfare of Japan. The committee members provided advice on how best to focus future efforts on a manageable number of priority areas and bridge the gap between the G7 presidencies and the G20 discussions. To create an evidence base for multistakeholder discussions of challenges that could produce implementation and actions to facilitate further progress, a multistakeholder survey was carried out, and individual hearings were conducted, including a meeting with CSO leaders. Based on the findings of this survey, the advisory committee members identified priority issues to be examined and set the agenda for the final conference in December.

As the culmination of this initiative, an international conference engaging a wide range of stakeholders was held in Tokyo on December 1 to inform and supplement the G7 processes on global health. The conference summary is included in this report.

JCIE commissioned Matahari Global Solutions to undertake the multistakeholder survey and draft the final report. The final conference was jointly funded by the Bill & Melinda Gates Foundation, CEPI, JCIE, the Japan International Cooperation Agency (JICA), and Wellcome Trust. This initiative was managed by JCIE's Global Health and Human Security Program team: Tomoko Suzuki, Masaharu Saito, Yoshitaka Nishino, Kazuyo Kato, and Hayley Hutchison.

Representatives of Co-organizers

Richard Hatchett, CEO, Coalition for Epidemic Preparedness Innovations (CEPI)

Isao Kano, President & CEO, Japan Center for International Exchange (JCIE)

Heulwen Philpott, Head of Secretariat, International Pandemic Preparedness Secretariat (IPPS)

Leon Lau, Global Government Relations Lead, Wellcome Trust

Valerie Nkamgang Bemo, Deputy Director, Emergency Response, Health, Bill & Melinda Gates Foundation

Benjamin Schreiber, Associate Director Global Health Partnerships & Planning, United Nations Children's Fund (UNICEF)

Susan Lin, Senior Analyst, Public Health Advisor, PATH, Africa Region

Carolyn Reynolds, Co-founder, Pandemic Action Network (PAN)

Damiano de Felice, Director of Development and External Engagement, Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X)

Advisory Committee Members

CHAIR: Yasuhisa Shiozaki, former Minister of Health, Labour and Welfare, Japan

DEPUTY CHAIR: Osamu Kunii, CEO and Executive Director, Global Health Innovative Technology Fund (GHIT Fund)

(alphabetical order)

Stefania Burbo, Focal Point and Advocacy Officer, Global Health Italian Network; International Coordinator, C7 2023 Global Health Working Group [CSO/Italy]

Thomas B. Cueni, Director General, International Federation of Pharmaceutical Manufacturers & Association (IFPMA) [Industry]

Ruxandra Draghi-Akli, 100 Days Mission Science and Technology Expert Group member; Global Head, Johnson & Johnson Global Public Health R&D [Industry]

Victor Dzau, President, National Academy of Medicine [USA]

Yasuhiro Fujiwara, Chief Executive, Pharmaceuticals and Medical Devices Agency (PMDA); Chair, Task Force for Promoting Pharmaceutical and Medical Device Regulatory Harmonization in Asia, Executive Committee on Global Health and Human Security [Japan]

Masaki Inaba, Chair, Japan CSO Network on Global Health; Domestic Coordinator, C7 2023 Global Health Working Group [CSO/Japan]

Ilona Kickbusch, Founder, Global Health Centre at Graduate Institute of International & Development Studies in Geneva [Germany]

Joanna Liu, Professor, School of Population & Global Health, McGill University; Director, Pandemics and Health Emergencies Readiness Lab (PERL) [Canada]

Lynette Mabote-Eyde, Access to Diagnostics/ Medicines Researcher &Global Health Advocate, Sub-Saharan African Programme on Access to Medicines and Diagnostic (SAPAM) [CSO/Global South]

Peter Piot, Special Advisor to EC President von der Leyen on European and Global Health Security; EU Chief Scientific Advisor Epidemics; Professor of Global Health, London School of Hygiene & Tropical Medicine [EU]

Guido Rasi, Professor of Microbiology, Tor Vergata University of Rome; former Executive Director, European Medicines Agency; former Director General, Italian Medicines Agency [Italy]

Diah Satyani Saminarsih, Founder and CEO, Center for Indonesia's Strategic Development Initiatives (CISDI); former Senior Advisor on Gender and Youth to WHO Director General [Global South/Indonesia]

Mariângela Batista Galvão Simão, Director-President, Instituto Todos pela Saúde (ITpS: Institute All for Health); former WHO Assistant Director General for Drug Access, Vaccines and Pharmaceuticals [G20/Brazil]

Renu Swarup, Former Secretary, Department of Biotechnology Ministry of Science & Technology [G20/India]

Nguissali Turpin, Executive Director, ENDA Santé [Global South/Africa]

Yazdan Yazdanpanah, Institute for Health and Medical Research (INSERM); Vice Chair, GloPID-R [France]

Patrick Vallance, former Chief Scientific Adviser to the Government of the United Kingdom [UK]

Respondents to multistakeholder survey

(*Note: This is a list of those who agreed to be listed as partners/collaborators and provided their affiliations. It is not exhaustive.*)

Access to Medicine Foundation

African Field Epidemiology Network (AFENET)

CARB-X

Eastern Mediterranean Public Health Network (EMPHNET)

Economic Community of West African States (ECOWAS)/West African Health Organization (WAHO)

Friends of the Global Fight Against AIDS, Tuberculosis, and Malaria

Global Antibiotic Research & Development Partnership (GARDP)

Global Outbreak Alert Response Network (GOARN)

Global Fund to Fight AIDS, Tuberculosis and Malaria

Gavi, the Vaccine Alliance

International AIDS Vaccine Initiative (IAVI)

International Association of National Public Health Institutes (IANPHI)

International Federation of Pharmaceutical Manufacturers and Traders (IFPMA)

Joint United Nations Programme on HIV and AIDS (UNAIDS)

PATH

Resolve To Save Lives

United Nations Population Fund (UNFPA) Tokyo Office

Unitaid

WACI Health

* Other respondents include individuals from academic institutes such as Boston University, St. Marianna University School of Medicine, National University of Singapore, New York Medical College, The University of Pittsburgh Medical Center (UPMC), Queen's University Belfast, and Asia Development Bank, Fundacion Huesped, Civil-7 Global Health Working Group for G7 Hiroshima Summit 2023, Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), Treatment Advocacy and Literacy Campaign (TALC), Zambia, national CDC, United for Global Mental Health, World Bank, and others.

Civil Society Consultation participants

Brook Baker, Health GAP

Elisa Bernelli, Global Health Italia Network

Kurt Frieder, Fundacion Huesped

Mohga Kamal-Yann, Senior policy advisor to UNAIDS and The People's Vaccine Alliance

Harjyot Khosa, IPPF South Asia

Sun Kim, People's Health Movement Korea
Justin Koonin, ACON/UHC2030
Maziko Matemba, Health Rights Education Programme
Dingaan Mithi, JournAIDS

Global Health Multistakeholder Dialogue:
From Hiroshima to Puglia (GHMD)

Final Conference
December 1, 2023
Roppongi Academyhills, Tokyo

Co-organized by: Japan Center for International Exchange (JCIE); Bill & Melinda Gates Foundation; Combating Antibiotic-Resistant Bacteria Biopharmaceutical Accelerator (CARB-X); Coalition for Epidemic Preparedness Innovations (CEPI); International Pandemic Preparedness Secretariat (IPPS); Pandemic Action Network (PAN); PATH, Africa Region; United Nations Children's Fund (UNICEF); and Wellcome Trust

Supported by: Japan International Cooperation Agency (JICA); Global Health & Technology Fund (GHIT Fund)

PROGRAM

Opening Session

OPENING: Mr. Isao Kano, President & CEO, Japan Center for International Exchange (JCIE)

OPENING REMARKS: Hon. Yasuhisa Shiozaki, former Minister of Health, Labour and Welfare, Japan; Chair, GHMD Advisory Committee

Session 1: Accelerate R&D of medical countermeasures (including antibiotics) with equity embedded by design

MODERATOR AND SUMMARY OF THEMES: Ms. Heulwen Philpot, Head of Secretariat, International Pandemic Preparedness Secretariat (IPPS)

PANELISTS:

Mr. Thomas Cueni, Director General, International Federation of Pharmaceutical Manufacturers & Association (IFPMA)

Dr. Yasuhiro Fujiwara, Chief Executive Officer, Pharmaceuticals and Medical Devices Agency (PMDA), Japan; Chair, Task Force for Promoting Pharmaceutical and Medical Device Regulatory Harmonization in Asia; Member, GHMD Advisory Committee

Dr. Richard Hatchett, CEO, Coalition for Epidemic Preparedness Innovations (CEPI) [introductory remarks]

Ms. Lynette Mabote-Eyde, Access to Diagnostics/ Medicines Researcher &Global Health Advocate, Sub-Saharan African Programme on Access to Medicines and Diagnostic (SAPAM), South Africa

Dr. Bill Rodriguez, CEO, FIND

Dr. Rini Mulia Sari, Vice President of Surveillance and Clinical Research, Bio Farma Company, Indonesia

Dr. Beatriz de Castro Fialho, Senior Scientific Advisor, Immunobiological Technology Institute and Coordinator of Vaccine Committee, Bio-Manguinhos/Fiocruz, Oswaldo Cruz Foundation, Brazil [online]

Session 2: Ensure more equitable access to MCMs (including antibiotics) through ongoing efforts to build resilient health systems

MODERATOR: Ms. Diah Satyani Saminarsih, Founder and CEO, Center for Indonesia's Strategic Development Initiatives (CISDI); Member, GHMD Advisory Committee

SUMMARY OF THEMES: Mr. Benjamin Schreiber, Associate Director Global Health Partnerships & Planning, UNICEF [online]

PANELISTS:

Dr. Yann Ferrisse, Director, Business Development & Partner Engagement, Global Antibiotic R&D Partnership (GARDP)

Dr. Bernard Haufiku, Council Chair & Founder, Africa Public Health Foundation

Dr. Petra Khoury, Health and Care Director, International Federation of Red Cross and Red Crescent Societies (IFRC)

Dr. Jerome Kim, Director General, International Vaccine Institute (IVI)

Ms. Dianne Stewart, Deputy Director of External Relations and Communications Division, and Head of Donor Relations Department, The Global Fund to Fight AIDS, Tuberculosis and Malaria

Mr. Ikuo Takizawa, former Senior Deputy Director-General and Senior Director, Office for COVID-19 Response, Human Development Department, Japan International Cooperation Agency (JICA)

Luncheon Dialogue: Stories from the field

MODERATOR: Dr. Joanne Liu, Professor, School of Population & Global Health, McGill University; Director, Pandemics and Health Emergencies Readiness Lab (PERL); Member, GHMD Advisory Committee

SPEAKERS:

Dr. Khuat Thi Hai Oanh, Executive Director, Center for Supporting Community Development Initiatives, Vietnam

Ms. Nguissali Turpin, Executive Director, ENDA Santé; Member, GHMD Advisory Committee

Session 3: Workforce and data—essential elements to mitigate the impact of future pandemics

MODERATOR: Prof. Ilona Kickbusch, Founder, Global Health Centre at Graduate Institute of International & Development Studies in Geneva; Member, GHMD Advisory Committee

SUMMARY OF THEMES: Dr. Valerie Nkamgang Bemo, Deputy Director, Emergency Response, Health, Bill & Melinda Gates Foundation

PANELISTS:

Dr. Ferdinal Fernando, Assistant Director & Head of Health Division, ASEAN Secretariat

Atty. Ana Liza Hombrado Duran, Director, Research Institute of Tropical Medicine (RITM), Philippines

Ms. Sadaf Lynes, Director of Collaborative Surveillance, Workforce and Health Emergencies, the International Association of National Public Health Institutes (IANPHI)

Dr. Patrick Nguku, Regional Coordinator, Anglophone West Africa, African Field Epidemiology Network (AFENET)

Mr. Scott Pendergast, Director of the Strategic Planning, and Partnerships for the Health Emergencies Programme, WHO [online]

Session 4: Global and regional mechanisms of financing and knowledge sharing to support country-led efforts for PPR and resilient health systems

MODERATOR AND SUMMARY OF THEME: Carolyn Reynolds, Co-Founder, Pandemic Action Network (PAN)

PANELISTS:

Ms. Priya Basu, Executive Head, Pandemic Fund [online]

Mr. Masaki Inaba, Chair, Japan CSO Network on Global Health; Domestic Coordinator, C7 2023 Global Health Working Group

Dr. Jadej Thammatacharee, Secretary General, National Health Security Office (NHSO), Thailand

Dr. Justin Koonin, Co-chair, Steering Committee, UHC2030 [online]

Dr. Magnus Lindelow, Practice Manager for Health, Nutrition and Population for Eastern and Southern Africa, the World Bank [online]

Dr. Mercy Mwangangi, Steering Group Co-Chair, Future of Global Health Initiatives; Former Chief Administrative Secretary, Ministry of Health, Kenya [online]

Session 5: Remaining challenges for G7 2024 and roles of multistakeholder partnerships

MODERATOR: Dr. Osamu Kunii, CEO and Executive Director, GHIT Fund; Deputy Chair, GHMD Advisory Committee

PANELISTS:

Ms. Stefania Burbo, Focal Point and Advocacy Officer, Global Health Italian Network; International Coordinator, C7 2023 Global Health Working Group; Member, GHMD Advisory Committee [online]

Sir Jeremy Farrar, WHO Chief Scientist [online]

Ms. Lisa Heinrich, European Government Relations Lead, Wellcome Trust

Dr. Guido Rasi, Professor of Microbiology, Tor Vergata University of Rome; Advisor to the Minister of Health, Italy; Member, GHMD Advisory Committee

Dr. Renu Swarup, Former Secretary, Department of Biotechnology, Ministry of Science & Technology; Member, GHMD Advisory Committee [online]

Closing Session

CLOSING REMARKS: Dr. Sergio Iavicoli, Director General of the Directorate for Communication and European and International Relations, Italian Ministry of Health [online]

CLOSING: Dr. Richard Hatchett

World AIDS Day Special Reception:

GUEST SPEECH: Hon. Keizo Takemi, Minister of Health, Labour and Welfare (MHLW), Japan

Introduction of Prof. Salim Abdool Karim: Dr. Richard Hatchett, CEO, CEPI

Keynote speech: Lessons from the HIV/AIDS and COVID-19 responses—Realizing equitable access to innovation for global health

Prof. Salim Abdool Karim, Director, Centre for the AIDS Programme of Research in South Africa (CAPRISA)

Q&A session moderated by Dr. Richard Hatchett

CONFERENCE PARTICIPANTS

Fatima Abba	Senior Programme Officer, Pandemic Preparedness & Response, Bill and Melinda Gates Foundation
Salim S. Abdool Karim	Director, Centre for the AIDS Programme of Research in South Africa (CAPRISA)
Quarraisha Abdool Karim	Associate Scientific Director, CAPRISA
Sarah K. Abe	Section Head, National Cancer Center Japan
Ayushi Agnihotri	Deputy Director, Resource Mobilization, FIND
Mariko Aoki	Policy Specialist, HIV, Health & Development Group, Bureau for Policy & Programme Support, United Nations Development Programme (UNDP)
Tsunenori Aoki	Professor, Office for Global Relations, School of Tropical Medicine and Global Health, Nagasaki University
Yusuke Ariyoshi	Director, Healthcare Policy, Government Affairs Dept., Shionogi & Co., Ltd.; Lead, Infectious Disease Group, Global Health Working Group, Japan Pharmaceutical Manufacturer's Association (JPMA)
Victor Bampoe	Head, Partnerships for Programme Implementation, The Joint United Nations Programme on HIV/AIDS (UNAIDS)
Priya Basu	Executive Head, Pandemic Fund [online]
Valerie Nkamgang Bemo	Deputy Director, Emergency Response, Health, Bill & Melinda Gates Foundation
Nina Black	Advisor, Global Government Relations, Wellcome Trust
Stefania Burbo	Focal Point and Advocacy Officer, Global Health Italian Network; International Coordinator, C7 2023 Global Health Working Group [online]
Sadhavi Chauhan	Government Engagement and Policy Manager, Access to Medicine Foundation
Natsumi Chiba	Global Health Strategy Division, Ministry of Foreign Affairs, Japan
Beatrice Coates	Policy Officer, International Pandemic Preparedness Secretariat (IPPS)
Thomas B. Cueni	Director General, The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
Mandeep Dhaliwal	Director, HIV & Health Group, UNDP
Erin Duffy	Chief of R&D, CARB-X
Tim Endy	Program Leader, Coalition for Epidemic Preparedness Innovations (CEPI)
Satoshi Ezoe	Director, Global Health Strategy Division, Ministry of Foreign Affairs, Japan
Jeremy Farrar	Chief Scientist, World Health Organization (WHO) [online]
Philippe J. Fauchet	Founder, Mirasense Partners
Mark Feinberg	President and CEO, International AIDS Vaccine Initiative (IAVI)
Damiano De Felice	Director of Development and External Engagement, CARB-X [online]
Ferdinal M. Fernando	Assistant Director and Head of Health Division, ASEAN Secretariat
Yann Ferrisse	Director, Business Development & Partner Engagement, Global Antibiotic R&D Partnership (GARDP)
Beatriz de Castro Fialho	Senior Scientific Advisor, Immunobiological Technology Institute and Coordinator of Vaccine Committee, Bio-Manguinhos/Fiocruz, Oswaldo Cruz Foundation, Brazil
Yasuhiro Fujiwara	Chief Executive, Pharmaceuticals and Medical Devices Agency (PMDA)
Kunihiro Funakoshi	Advisor, Sysmex Corporation
Charles Gore	Executive Director, Medicines Patent Pool (MPP)
Richard Hatchett	CEO, CEPI

Bernard Haufiku	Council Chair & Founder, Africa Public Health Foundation
Lisa Heinrich	European Government Relations Lead, Wellcome Trust
Haruhiko Hirate	Executive Vice President & Chief Corporate Affairs Officer, Dentsu Group Inc. [online]
Sally Girgis Hjoberg	Head of Investor Relations, CEPI
Ana Liza Hombrado Duran	Director, Research Institute of Tropical Medicine (RITM), Philippines
Yumiko Horie	Director of Policy, Advocacy and Campaigns, Save the Children Japan
Sergio Iavicoli	Director General, Directorate for Communication and European and International Relations, Ministry of Health, Italy [online]
Anna Iele	Agricultural and Food Attaché, Italian Embassy in Tokyo
Naoko Iizuka	Japan Liaison Executive, IFPMA
Masayuki Imagawa	Chief Executive, General Incorporated Association, Japan Association of Vaccine Industries
Masaki Inaba	Chair, Japan CSO Network on Global Health; Domestic Coordinator, C7 2023 Global Health Working Group
Emi Inaoka	Senior Advisor, Health Finance, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Hajime Inoue	Advisor, Health, Nutrition and Population, World Bank [online]
Ken Ishii	Professor, Division of Vaccine Science, Department of Microbiology and Immunology, The Institute of Medical Science, The University of Tokyo
Akiko Ito	Representative, JICA
Naoki Ito	Ambassador for Global Health, Executive Director for Healthcare Policy, Cabinet Office, Government of Japan
Satoko Itoh	Managing Director, JCIE
Jadej Thammatacharee	Secretary General, National Health Security Office (NHSO), Thailand
Kazuaki Jindai	Assistant Professor, Graduate School of Medicine, Tohoku University; Meiseikai-Kinshicho Clinic; Allm. Inc.
Kanchana Srichomphu	Director of Budgeting and Planning Department, NHSO, Thailand
Isao Kano	President & CEO, JCIE
Mihoko Kashiwakura	Head of East Asia Relations, Global Policy and Advocacy, Bill & Melinda Gates Foundation
Kazuyo Kato	Executive Director, JCIE/USA
Kaori Kawarabayashi	Technical Support Mechanism Manager, UNAIDS
Petra Khoury	Director, Health & Care Department, International Federation of Red Cross and Red Crescent Societies
Ilona Kickbusch	Founder, Global Health Centre, Graduate Institute of International & Development Studies in Geneva
Jerome Kim	Director General, International Vaccine Institute
Kiyoshi Kita	Dean, School of Tropical Medicine and Global Health, Nagasaki University
Kiyoshi Kodera	Board member, WaterAid Japan
Daisuke Koga	Director, Office of International Regulatory Affairs, Ministry of Health, Labour and Welfare (MHLW)
Norihiro Kokudo	President, National Center for Global Health and Medicine (NCGM) [online]
Justin Koonin	Co-Chair, Steering Committee, UHC2030 [online]
Arisa Koyama	Program Officer, Bill & Melinda Gates Foundation
Osamu Kunii	CEO, Global Health Innovative Technology Fund (GHIT Fund)
Kiyoshi Kurokawa	Professor Emeritus, National Graduate Institute for Policy Studies, Japan

Adeline Lassaux	Science and Technology Attaché, Health, Environment, and Life Division, Service for Science and Technologies, Embassy of France in Japan
Chia-San Susan Lin	Senior Analyst, Public Health Advisor, PATH
Magnus Lindelow	Practice Manager for Health, Nutrition and Population for Eastern and Southern Africa, World Bank [online]
Joanne Liu	Professor at the School of Population and Global Health, McGill University
Sadaf Lynes	Director of Collaborative Surveillance, Workforce and Health Emergencies, International Association of National Public Health Institutes (IANPHI)
Lynette Mabote-Eyde	African-focused IP and Regulatory Consultant, Sub-Saharan African Programme on Access to Medicines and Diagnostic (SAPAM)
Saeda Makimoto	Former Principal Research Fellow, JICA Ogata Research Institute
Jenni Maple	Associate Director, Advocacy, IAVI
Yoshiro Matsuo	Executive Deputy President and Representative Director, Otsuka Pharmaceutical Co., Ltd. [online]
Kazuharu Matsuoka	Director, JPMA
Mercy Mwangangi	Steering Group Co-Chair, Future of Global Health Initiatives; Former Chief Administrative Secretary, Ministry of Health, Kenya [online]
Kaori Nakatani	Japan Director, the Drugs for Neglected Diseases Initiative (DNDi)
Patrick Nguku	Regional Coordinator, African Field Epidemiology Network (AFENET)
Sandra Nobre	Head of Business Development, MPP
Shuhei Nomura	Associate Professor of Health Policy and Management, Keio University
Khuat Thi Hai Oanh	Executive Director, Center for Supporting Community Development Initiatives (SCDI)
Yoshiko Okamoto	Deputy Director, Office of Healthcare Policy, Cabinet Secretariat, Government of Japan
Shigeru Omi	Chairman, Board of Directors, Japan Anti-Tuberculosis Association (JATA) [online]
Jason Peat	Team Lead, Community Health, Health and Care Department, International Federation of Red Cross and Red Crescent Societies (IFRC)
Scott Pendergast	Director of the Strategic Planning and Partnerships for the Health Emergencies Programme, WHO [online]
Heulwen Philpot	Head of Secretariat, IPPS
Fifa A. Rahman	Principal Consultant, Matahari Global Solutions
Guido Rasi	Professor of Microbiology, Tor Vergata University of Rome; Advisor to the Minister of Health, Italy
Carolyn Reynolds	Co-Founder, PAN
Bill Rodriguez	CEO, FIND
Emina Rye-Florentz	Executive Director, Fund for the Global Fund
Diah Saminarih Saminarsih	CEO & Founder, Center for Indonesia's Strategic Development Initiatives (CISDI)
Rini Mulia Sari	Vice President of Global Clinical Trial, Bio Farma
Jun Sasaki	Partner's Engagement Lead, GARDP
Midori Sato	Senior Health Partnership Specialist, UNICEF Tokyo Office
Takanori Sato	Director, Global Public Affairs, Takeda Pharmaceutical Company Ltd.
Benjamin Schreiber	Associate Director Global Health Partnerships & Planning, UNICEF [online]
Yasuhisa Shiozaki	Chair, Advisory Committee for the Global Health Multistakeholder Dialogue; former Minister of Health, Labour and Welfare, Japan

Hideaki Shiroyama	Professor of Public Administration, Graduate School for Law and Politics, and the Graduate School of Public Policy, The University of Tokyo
Tomofumi Sone	President, National Institute of Public Health, Japan
Dianne Stewart	Deputy Director, External Relations and Communications Division; Head, Donor Relations Department, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Tomoko Suzuki	Chief Program Officer, JCIE
Renu Swarup	Former Secretary, Department of Biotechnology, Ministry of Science &Technology, India [online]
Masao Takahashi	Head, New Investors, Private Sector Partnerships & Innovation, Gavi, the Vaccine Alliance (Gavi)
Shunji Takakura	Director General, Bureau of International Health Cooperation, NCGM [online]
Makiko Takayama	Donor Relations Specialist, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Yui Takishima	Consultant, Bill & Melinda Gates Foundation
Ikuo Takizawa	Former Senior Deputy Director-General and Senior Director, Office for COVID-19 Response, Human Development Department, JICA
Isao Teshirogi	Chief Executive Officer, Shionogi & Co., Ltd.
Takuya Tone	International Affairs Department, Japan Pharmaceutical Manufacturers Association [online]
Takeshi Tsuge	Associate Director, Corporate Communications Department, Corporate Strategy Division, Shionogi & Co., Ltd.
Nguissali Turpin	Executive Director, ENDA Sante
Fuyo Ueno	Administrative Assistant, United Nations Population Fund (UNFPA) Tokyo Office
Shiori Ui	Board Member, SHARE
Aishat Bukola Usman	Technical Advisor on Cross-border Surveillance, ECOWAS Regional Center for Surveillance and Disease Control, West African Health Organization (WAHO)
Akihito Watabe	Health Specialist, Human and Social Development Office, Sectors Group, Asian Development Bank [online]
Keiko Watanabe	Consultant, IAVI
Naoko Yamamoto	Professor, Director of Global Medical Cooperation Center, International University of Health and Welfare