Promoting Global Solidarity to Advance Health System Resilience: Recommendations for the 2023 G7

2023 Hiroshima G7 Global Health Task Force

Executive Summary

The world is in an era of destabilization, challenged by multiple interconnected crises including pandemics, military conflicts, and climate change, among others. Pandemic risk is expected to grow further in the future, particularly from diseases that are zoonotic in origin. In this context, the G7 leaders are expected to advance health system resilience to be able to respond to public health emergencies and multiple health threats in a flexible manner and transform and strengthen the global architecture to enhance global solidarity amidst current geopolitical tensions and shifts.

Regarding Pandemic Prevention, Preparedness, and Response (PPR), the United Kingdom’s G7 presidency in 2021 launched the 100 Days Mission (100DM) to make diagnostics, therapeutics, and vaccines available within 100 days of a Public Health Emergency of International Concern being declared by the World Health Organization (WHO). The German G7 Presidency last year unveiled the Pact for Pandemic Readiness, intending to enhance surveillance for early detection of outbreaks of new infectious diseases, train a diverse range of experts, and strengthen global solidarity to expedite the detection and analysis of diseases and speed up clinical trials. The plans under these initiatives are still in progress, and the G7 is expected to offer concrete steps to promote their implementation.

The 2023 G7 Global Health Task Force, hosted by the Japan Center for International Exchange (JCIE) (Director: Professor Hideaki Shiroyama, Institute for Future Initiatives, The University of Tokyo), recommends the following action items for the 2023 G7, based on past G7 agreements and recognition that promoting global solidarity towards resilient health systems require advancing resilient UHC, ensure timely and equitable access to medical countermeasures (MCM), and build global health architecture to achieve these two goals.

1. **Boost country-led efforts to achieve UHC**

   Since 2013, Japan has promoted UHC as a core principle of its global health diplomacy. To prepare for future health crises, it is critical that countries, under the overarching goal of UHC, establish equitable and resilient health systems that do not collapse during emerging infectious disease outbreaks and provide adequate services to populations disproportionately affected by or placed at higher risk for those infectious diseases. Based on this recognition, we call upon the G7 to do the following:

   (1) Strengthen the capacity to respond to emerging infectious diseases in low- and middle-income countries (LMICs) as part of measures against existing infectious diseases. In doing so, support efforts to detect and prevent the spread of new infections by advancing primary health care (PHC) and strengthening the capacity of community health workers in a gender-sensitive manner.

   (2) Support global efforts to address risk factors for non-communicable diseases (e.g., unhealthy diet, smoking, etc.), which can also be risk factors for severe infectious diseases, strengthen measures to remove a wide range of barriers that hinder access to healthcare services such as discrimination, and improve social welfare.
(3) To address the growing financing needs in health and the debt pressures that continue to grow in low-income countries: Support the mobilization of domestic financing for health and help harmonize external development assistance to achieve sustainable and efficient health financing. In addition, explore the possibility of creating a global knowledge hub on measures to achieve and finance UHC.

2. **Ensure a comprehensive approach to advance timely and equitable access to lifesaving MCMs as common goods**

   In responding effectively to pandemics, national governments have the responsibility to provide their citizens with timely access to MCMs such as new diagnostics, vaccines, and therapeutics. However, globally R&D capacity, raw materials, and financing are unevenly distributed. In order to ensure that inequities, such as vaccine inequity witnessed during the COVID-19 pandemic, do not happen again, several actions should be taken. For example, encouraging more global collaboration and mechanisms to address inequities such as decentralization of innovation and manufacturing capacity (e.g., technology transfer, licensing agreements, etc.). We call upon the G7, based on their commitment to UHC, to reaffirm the importance of equitable access to innovative technologies during health crises through the following:

   (1) To further promote the R&D of MCMs: Increase long-term investments in R&D on existing diseases and threats including antimicrobial resistance (AMR) as well as further facilitate global collaboration among public organizations such as the Japan Agency for Medical Research Development (AMED) and Strategic Center of Biomedical Advanced Vaccine Research and Development for Preparedness and Response (SCARDA), the European Health Emergency Preparedness and Response Authority (HERA), and the Biomedical Advanced Research and Development Authority (BARDA) that support R&D on potential pathogens for future pandemics, strengthen global clinical trial networks, and coordinate among regulatory authorities.

   (2) To further facilitate timely access to MCMs: Strengthen regional hubs for innovation and manufacturing and promote the development of regional pre-negotiated collective procurement systems that are complementary to multilateral procurement systems such as COVAX.

   (3) To ensure equitable access to MCMs: Require access considerations for final products developed through publicly financed R&D in G7 countries and promote open innovation using standardized digital platforms. In addition, launch an “access initiative” facilitating discussions between the Global South and nonstate actors to promote an “end-to-end” approach that seamlessly connects R&D, clinical trials, approvals, production, pricing, procurement, and reaching the people who need them.

3. **Promote multilayered global health governance to facilitate effective collaboration among state and nonstate actors at the global and regional level**

   Global solidarity is essential to respond to a global pandemic, but global mechanisms such as the Access to COVID-19 Tools Accelerator (ACT-A) alone are insufficient to achieve equitable access and response that address regional needs. In addition, the participation of nonstate actors is necessary for innovation, ensuring accountability and transparency, and addressing inequities. Responding to various factors affecting health, especially the interconnection between human
and animal health, environment and ecosystems is also an urgent challenge. Based on the above, we call upon the G7 to do the following:

(1) Promote agreement on norms for PPR at the WHO to facilitate global solidarity against health crises. Support the creation of a high-level governance mechanism engaging diverse actors to address challenges associated with health crises that go beyond the health sector such as economic security. In financing, explore sustainable methods for global financing for PPR, including agile financing during crises, while supporting each country’s domestic resource mobilization efforts. Utilize a standardized digital platform to enable speedy prevention and R&D and strengthen the coordination function among each country’s ministries of health and research institutions on infectious diseases to enable the dispatch of human resources with diverse expertise such as epidemiology and clinical trial management.

(2) Strengthen infrastructure for PPR from a regional security perspective, such as regional R&D for MCMs, joint clinical trials, drug safety measures, production, supply, distribution, and surveillance. In particular, strengthen surveillance through regional cooperation efforts in the area of biosecurity including by utilizing and strengthening collaboration in regional testing facilities with advanced biosafety levels (such as BSL-4 facilities).

(3) To promote measures for One Health to comprehensively consider human, animal, plant, and environmental health, the G7 can establish a One Health track to monitor and promote multisectoral collaboration, as well as strengthen collaborative surveillance systems beyond infectious diseases through the One Health approach, along with boosting the health sector’s efforts to address climate change.