Comment

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Health outcomes of the G7 Hiroshima Summit: breaking the cycle of panic and neglect and achieving UHC



At the G7 Summit in May, 2023, the G7 leaders, together with the leaders of eight invited countries and seven international organisations, discussed pressing global issues, including global health, which led to the adoption of the G7 Hiroshima Leaders' Communiqué.^{1,2} We highlight here the health-related outcomes of the G7 Hiroshima Summit from the perspective of Japan, which holds the G7 Presidency in 2023.

Early in 2023, Prime Minister Fumio Kishida described Japan's vision to promote human security and universal health coverage (UHC) for the G7 Hiroshima Summit and the G7 Health Ministers' Meeting in Nagasaki, Japan, and underlined three priorities to advance this agenda.3 The first priority is to develop and strengthen global health architecture (GHA) for public health emergencies. The second priority is to contribute to achieving more resilient, equitable, and sustainable UHC through strengthening health systems. The third priority is to promote health innovation to address various health challenges. On the basis of this vision, the G7 members, led by the Government of Japan, collectively worked to yield actionable outcomes, taking into account relevant consultations and recommendations, 4 which culminated in the G7 Hiroshima Leaders' Communiqué¹ following the G7 Nagasaki Health Ministers' Communiqué.5

Concerning the pillar on GHA, it will be crucial to strengthen GHA before the lessons from the COVID-19 pandemic about health emergency prevention, preparedness, and response (PPR) are forgotten due to the so-called cycle of panic and neglect.⁶ Recognising the imminent necessity for a stronger governance system, the G7 leaders committed to further improve political momentum towards "more coordinated and sustained leader-level governance for health emergency prevention, preparedness, and response", noting continuing global discussions, including on a new instrument on pandemic PPR (WHO CA+),7 targeted amendments to the International Health Regulations, and the UN General Assembly high-level meeting on pandemic PPR, while recognising the leading role of WHO.1 The G7 leaders also took on the challenge of PPR financing, such as collaboration between finance and health ministries, the Pandemic Fund, and surge financing, based on the G7 Shared Understanding on Enhanced Finance-Health Coordination and PPR Financing.⁸ Additionally, the G7 leaders agreed to strengthen high-quality human resources for health globally, including consideration of Global Health Emergency Corps.⁹

Concerning the second pillar of UHC, the primary objective was to reorient global attention to the fundamental goal of achieving UHC, which the Government of Japan is committed to and has promoted.10,11 In light of setbacks to some health goals during the COVID-19 pandemic, the G7 leaders emphasised the need to address various health challenges, such as communicable and noncommunicable diseases, including mental health conditions, lifecourse challenges, and antimicrobial resistance, as well as post-COVID-19 condition (also known as long COVID). Crucially, the G7 leaders announced contributions of over US\$48 billion from public and private sectors to support global health, including the achievement of UHC, while calling for increased domestic resources and private investment. In this context, the Triple I (Impact Investment Initiative) for Global Health to encourage investment in global health with socially and/or environmentally beneficial impacts was endorsed by G7 leaders.¹² To make the most of existing global health initiatives so that they

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collectively contribute to achieving UHC and align with national efforts to strengthen health systems, the G7 leaders also recognised the Future of Global Health Initiatives.¹³ As for concrete commitment from the G7, the G7 Global Plan for UHC Action Agenda¹⁴ was launched. Building on the UHC Action Agenda developed by UHC2030,¹⁵ which is a set of policy recommendations that country leaders should implement to deliver health for all by 2030, the G7 Global Plan detailed G7 actions and measures for the achievement of UHC worldwide. In this regard, the G7 leaders noted the importance of a global hub function on UHC, encompassing financing, knowledge management, and human resources.¹

Health innovation, the third pillar, comes from the G7 leaders' recognition that leveraging health innovation and technology is essential for addressing increasingly complex health challenges. The G7 decided to accelerate research and development to respond to future pandemics, health emergencies, and antimicrobial resistance as a "silent pandemic", and commit to exploring and implementing pull and push incentives to accelerate research and development on antimicrobials towards the UN General Assembly high-level meeting on antimicrobial resistance in 2024. Moreover, the G7 leaders committed to addressing the gap in equitable access to medical countermeasures (MCMs) by announcing the G7 Hiroshima Vision for Equitable Access to MCMs, 16 which is grounded in fundamental principles of equity, inclusivity, efficiency, affordability, quality, accountability, agility, and speed. While G7 leaders recognised progress made in developing MCMs, they also highlighted the need for equitable access to safe, effective, quality-assured, and affordable MCMs, particularly in low-income and middle-income countries and regions. Complementing these efforts, the announcement by G7 leaders of the MCM Delivery Partnership for equitable access,1 an initiative that builds on the lessons learnt from "last one-mile support"17 for delivery of COVID-19 vaccines, accords with the understanding that developing MCMs is not of use unless MCMs reach people in need.

Given that solving health-related challenges requires substantive political momentum as well as coordination and collaboration among diverse stakeholders from different backgrounds, strong leadership at all levels is vital. With this in mind and building on those leaderlevel commitments from the G7, the Government of Japan will continue to work towards advancing the health agendas with our partners and stakeholders. The discussions and outcomes from the G7 should inform the deliberations in relevant fora, such as the G20 and the UN General Assembly high-level meetings on UHC, pandemic PPR, and tuberculosis in September, 2023. The global community needs to make the most of these opportunities to sustain and accelerate, rather than regress, political momentum for actions to advance global health and UHC. The Government of Japan is taking the lead to achieve what the G7 leaders committed to in Hiroshima, with other countries and partners, so that we can finally break the cycle of panic and neglect to strengthen PPR for health emergencies and achieve UHC by 2030, when Japan is expected to assume the G7 Presidency again.

SE, JH, YN, HN, MY, SI, ST, and TA were involved in negotiations for health-related outcomes of the G7 Hiroshima Summit and Nagasaki Health Ministers' Meeting from the Ministry of Foreign Affairs of Japan. TO, MO, and NH were involved in negotiations for health-related outcomes of the G7 Hiroshima Summit and Nagasaki Health Ministers' Meeting from the Ministry of Health, Labour and Welfare of Japan. EH and KH led the negotiations for health-related outcomes of the G7 Hiroshima Summit and Nagasaki Health Ministers' Meeting as the Co-Chairs of the G7 Health Working Group, Japan. NI was involved in negotiations for health-related outcomes of the G7 Hiroshima Summit and Nagasaki Health Ministers' Meeting from the Cabinet Office of Japan. We declare no other competing interests. The views expressed in this Comment are those of the authors and do not necessarily represent those of their institutions.

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