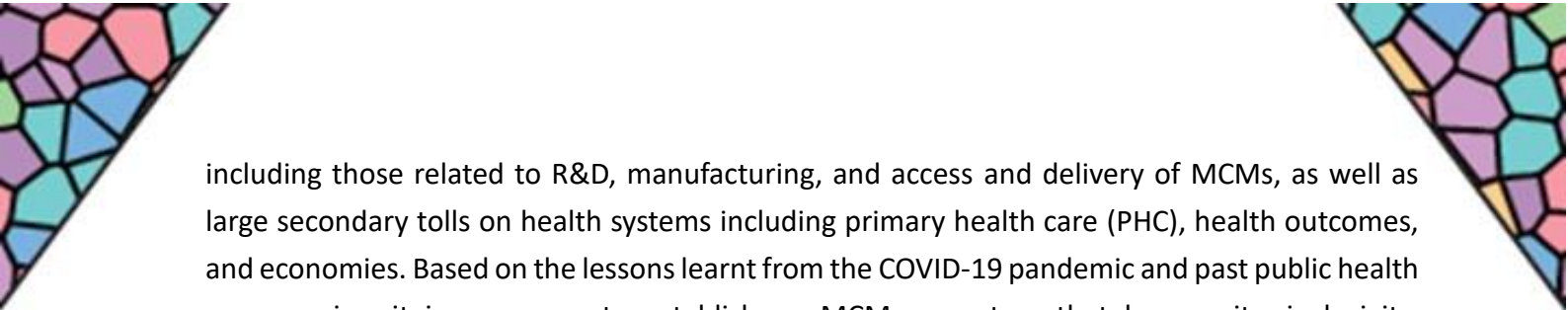




長崎保健大臣会合
Health Ministers' Meeting
in NAGASAKI

G7 Nagasaki Health Ministers' Communiqué

1. We, the G7 Health Ministers, met in Nagasaki, Japan, on 13 and 14 May 2023 for the first time as the world transitions beyond the acute phase of the COVID-19 pandemic. During this phase, we have the collective responsibility to strengthen global health architecture (GHA) drawing on the lessons of the pandemic to recommit to achieving universal health coverage (UHC), and to leverage innovations to improve global health, and we express our firm commitment to support these crucial efforts in collaboration with the global community.
2. We stand in solidarity with the peoples of Türkiye and Syria affected by the horrifying February earthquakes and plan to continue our support in tackling the consequences of this catastrophe. It is also vital that humanitarian aid reaches all those who require it, safely and unhindered, as efficiently as possible. Also, we condemn in the strongest possible terms Russia's war of aggression against Ukraine, which constitutes a serious violation of international law, including the UN Charter. It continues to cause intense suffering, loss of lives and serious damage to the country's infrastructure. Russia must withdraw all forces and equipment from Ukraine immediately and unconditionally. We reiterate our constant call on Russia to put an end to the war it started and to end the sufferings and loss of lives it continues to cause. We underscore the significant disruptions of the Ukrainian health system caused by the Russian war of aggression, with hundreds of hospitals and health facilities damaged and destroyed by attacks, with thousands of health workers being displaced. Millions of displaced people currently have limited or no access to health services, and people are dying because of disrupted life-saving treatments. We are committed to supporting the government of Ukraine in their continued effort to protect the health of the Ukrainian people. We will continue to support Ukraine with a view to strengthen the operation and the rebuilding of the health system now and in future and will closely coordinate our respective G7 endeavours as a central part of the G7 work in 2023. We strongly condemn the ongoing fighting between the Sudan Armed Forces and the Rapid Support Forces, which threatens the security and safety of Sudanese civilians and undermines efforts to restore Sudan's democratic transition and also risks regional destabilisation. We urge the parties to end hostilities immediately without pre-conditions and enable safe, rapid and unhindered access to populations in need of assistance as well as access by impacted communities to basic services. We call on the parties to take active steps to reduce tensions and ensure the safety of all civilians, including humanitarian personnel. We also urge them to protect civilian infrastructure and health care facilities, in particular. The destruction, military occupation, and closure of health facilities around the country further exacerbates the already dire humanitarian situation in Sudan.
3. The COVID-19 pandemic accelerated the development of countermeasures against infectious diseases and especially led to unprecedented rapid research and development (R&D) and roll out of medical countermeasures (MCMs), including vaccines, diagnostics, and therapeutics. While these MCMs saved many lives, the world faced challenges throughout the pandemic



including those related to R&D, manufacturing, and access and delivery of MCMs, as well as large secondary tolls on health systems including primary health care (PHC), health outcomes, and economies. Based on the lessons learnt from the COVID-19 pandemic and past public health emergencies, it is necessary to establish an MCM ecosystem that has equity, inclusivity, efficiency, affordability, quality, accountability, agility and speed for pandemic prevention, preparedness and response (PPR) including to accelerate the cycle from the R&D of safe and effective MCMs to their access and cutting time-frames for manufacture, delivery and administration of VTDs including the last mile. Such an ecosystem will facilitate global, equitable, rapid, effective, and affordable access to safe and effective MCMs, responding to on-the-ground needs, especially in low- and middle-income countries (LMICs) during future health emergencies.

4. Based on the experiences of the COVID-19 pandemic and all related initiatives, we highlight that global health needs to continue to remain at the top of the global agenda; stress the need to advance work related to pandemic PPR as well as on UHC and health innovation; and express the need to strengthen GHA through the effective articulation and complementarity of the different on-going processes. Within this context, we acknowledge the need to reinforce rapid, equitable and sustainable distribution and use of MCMs, as well as R&D system throughout the world. Such an ecosystem could also help strengthen health systems and PHC, which are fundamental to better responses for any future public health emergencies, as well as responses to ongoing global health challenges and to achieve UHC. Work has progressed to achieve this vision, both in the G7 and among the World Health Organization (WHO) Member States to improve coordination on clinical trials, and more broadly through an adopted World Health Assembly (WHA) resolution to strengthen trials and generate high-quality evidence more routinely.
5. As countries are emerging from the COVID-19 pandemic, many are experiencing ongoing health crises driven by challenges such as weakened health systems, health workforce fatigue, and disruption of essential health services, including routine immunisations. In order to fully recover from the COVID-19 pandemic, address ongoing health challenges, and prepare for the next emergency, we must recommit to UHC.
6. We, therefore, commit to taking the following actions as the G7 Health Ministers towards working together for a healthier future across three areas: GHA, UHC, and health innovation.

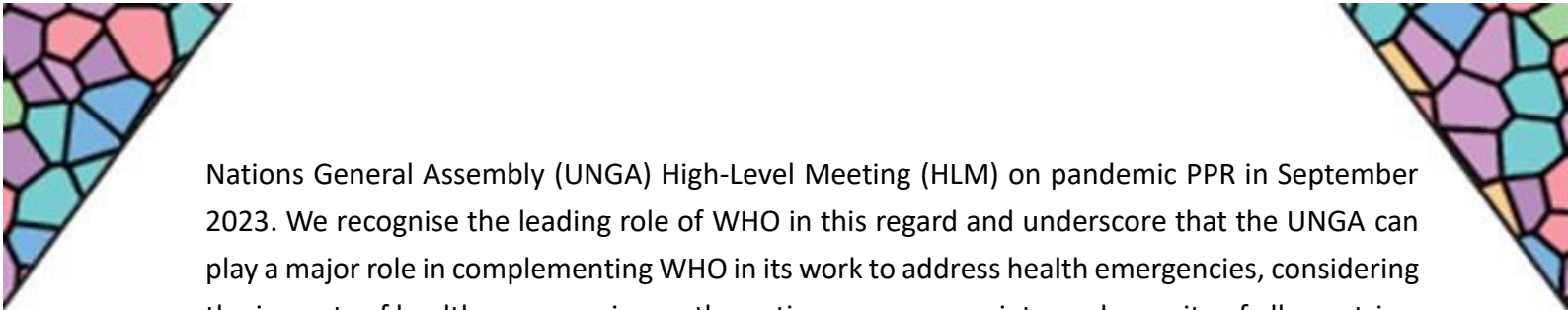
I. Develop and strengthen global health architecture for public health emergencies

[General remark on GHA]

7. We reaffirm the significance of prevention, solidarity, equity, inclusiveness, multisectoral cooperation, and coordination among national, regional and global actors. Regional-level efforts are critical to catalysing processes of country-by-country and needs-based actions and play a role of a key coordinator and bridge between countries and the global community. Collaborative and interdisciplinary research networks, partnerships and data modernisation efforts are essential for enabling the rapid sharing of information, data, and samples across all relevant sectors. Cooperation among countries and regions is also important to strengthen pandemic PPR particularly given the importance of ongoing negotiations such as the WHO CA+ and IHR amendments, and to promote timely and equitable access of safe, effective, quality-assured and affordable MCMs for public health emergencies. From this perspective, in line with the objectives of the G7 Pact for Pandemic Readiness, we support increasing networking within and between countries and regions to strengthen health workforce and for early detection, swift containment, and sharing timely research in response to future infectious diseases and other health threats to effectively prevent and minimise the emergence and spread of diseases, prevent future pandemics, save lives, and reduce secondary health and socio-economic tolls.
8. We remain fully committed to supporting WHO for its central leadership and coordinating role in GHA to strengthen multilateral cooperation and guide the world's PPR to public health emergencies. We reaffirm our support for Taiwan's meaningful participation in the WHA and WHO technical meetings. In addressing global health issues, the international community should be able to benefit from the experiences of all partners. We also applaud the landmark decision at the 75th WHA to work towards increasing the share of assessed contributions to 50 percent of WHO's 2022-2023 base budget, and which takes into account the importance of monitoring of budgetary proposals as well as progress on reforms, with a view to sustainably finance the organisation to fulfil its leading and coordinating role in global health. We support the draft Proposed programme budget 2024-2025, which reflects a greater country focus.

[Governance]

9. It is essential to ensure the effective articulation of and convergence amongst the different ongoing initiatives to strengthen GHA, to ensure that all relevant bodies can contribute fully within their mandates and that all stakeholders can participate according to the functions they can best perform, avoiding duplication and emphasising coherence. We commit to maintaining global health and health security at the heart of the international agenda and to breaking the "cycle of panic and neglect" in PPR for future health emergencies. In this regard, we call for enhancing political engagement towards a more coordinated, sustained and stronger governance at all levels that ensures legitimacy, prioritisation and effectiveness through science-based decision making as well as equity and representation for all countries, noting the upcoming United



Nations General Assembly (UNGA) High-Level Meeting (HLM) on pandemic PPR in September 2023. We recognise the leading role of WHO in this regard and underscore that the UNGA can play a major role in complementing WHO in its work to address health emergencies, considering the impacts of health emergencies on the entire economy, society, and security of all countries. We also note that any considerations of such governance are expected to be complementary to ongoing discussions including on the International Health Regulations (IHR), a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+) and the mandates of the UN and its related organisations including WHO.

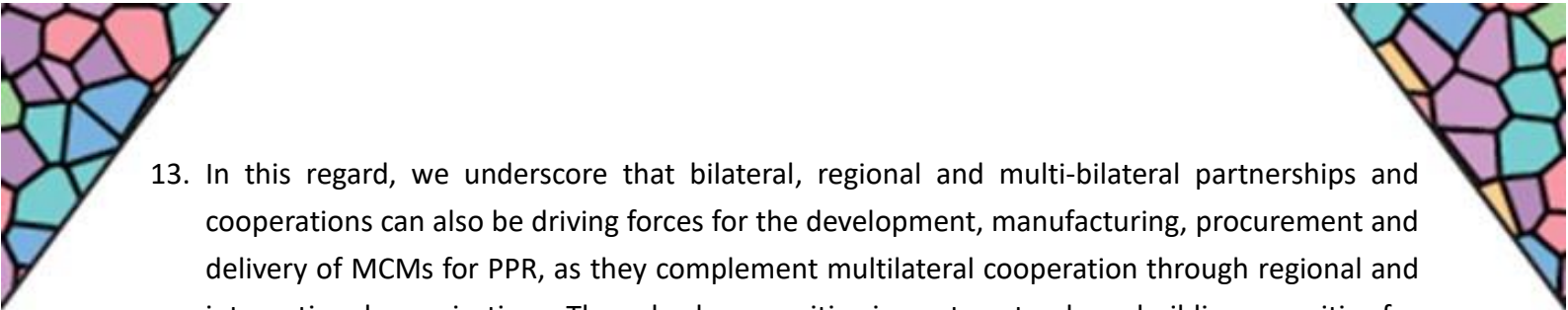
10. Promoting coordination and synergies among relevant work/process with the overall goal of regaining lost ground due to the COVID-19 pandemic and achieving UHC and strengthened PPR is indispensable, especially in the context of the upcoming UNGA HLMs on UHC, pandemic PPR, and tuberculosis in 2023, and on antimicrobial resistance (AMR) and non-communicable diseases (NCDs) in 2024 and 2025. We renew our determination to closely align with key global fora such as the G20, WHA, and the UNGA to maximise and accelerate our efforts to strengthen pandemic PPR including through a stronger GHA.

[Coordination framework between health and finance]

11. We reaffirm our commitment to strengthening collaboration between Finance and Health Ministries for pandemic PPR. Regarding the G20 Joint Finance and Health track initiated under the Japanese presidency in 2019, we support the ongoing work at the G20 Joint Finance and Health Task Force (JFHTF) launched by the Italian presidency in 2021 with its multi-year planning horizon, to better understand and mitigate economic risks and vulnerabilities from pandemics and improve readiness for large-scale pandemic response interventions. Based on its multi-year vision, the Finance and Health coordination arrangements are expected to help improve the GHA by sharing best practices and experiences to develop joint responses to pandemics, as appropriate. We welcome the involvement of representatives from key regional organisations to the G20 JFHTF meetings, as appropriate, and support continued cooperation between the TF and International Monetary Fund (IMF), the WB, the WHO and other relevant international organisations.

[Post ACT-A]

12. We also stress the importance of governance, financing, legislation and regulation, production, allocation, supply, and delivery for promoting equitable and rapid access to safe and effective MCMs. It should be guided by equity, inclusivity, efficiency, affordability, quality, accountability, agility and speed and improved coordination and cooperation among all relevant stakeholders, based on the lessons learnt from the Access to COVID-19 Tools Accelerator (ACT-A) and other related initiatives, and avoid duplication. To prevent, prepare for, and respond to future health emergencies, we acknowledge the consultative processes led by WHO and discussions in other international fora such as the G20 to give consideration to improved coordination and information sharing.



13. In this regard, we underscore that bilateral, regional and multi-bilateral partnerships and cooperations can also be driving forces for the development, manufacturing, procurement and delivery of MCMs for PPR, as they complement multilateral cooperation through regional and international organisations. They also have positive impacts not only on building capacities for the secure development, manufacturing, procurement and delivery of MCMs but also developing collective capacities to prevent, detect, and respond to future health emergencies, including by promoting the enhancement of health systems in countries with measured gaps, providing that coherence between the actions taken is ensured. Besides multilateral organisations and initiatives, the contribution of bilateral/regional/multi-bilateral cooperation should be appropriately and coherently leveraged, in collaboration with relevant processes, in order to avoid duplication and address health challenges more efficiently, effectively, and comprehensively.

[Pandemic Fund]

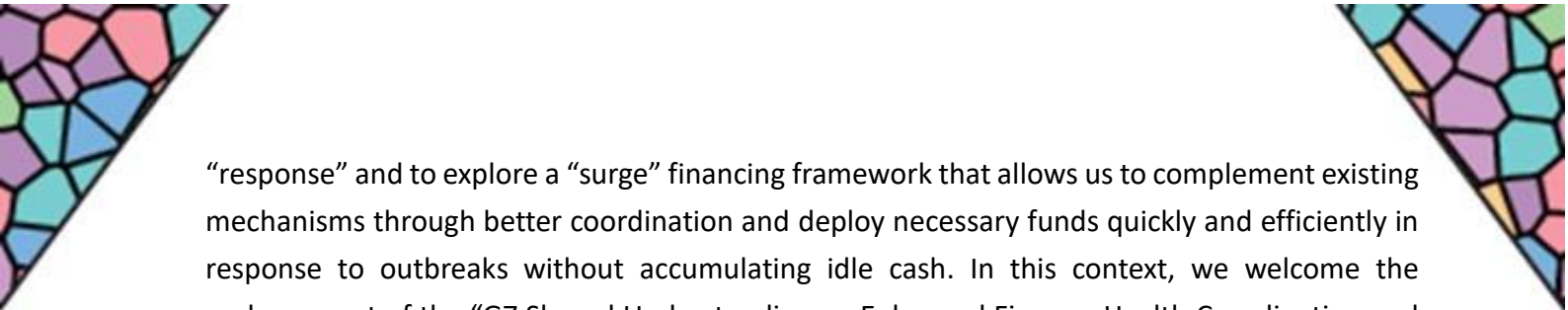
14. We recognise the critical importance of sustainable financing for strengthening national, regional, and global pandemic PPR capacities. We welcome the establishment of the Pandemic Fund housed at the WB and the launch of its first call for proposals focusing on catalysing resources for disease surveillance systems, laboratory systems, and strengthening human resources, including emergency health workforce, across human health, animal health and environmental sectors for better prevention and preparedness for future pandemics in line with the IHR core capacities and others also outlined in the IHR Monitoring and Evaluation Framework tools, such as the Joint External Evaluation (JEE). We look forward to the funding of selected proposals later this year, and underscore our commitment to mitigate financing gaps, including through further active participation and encouraging contributions from additional countries. We call on all countries, including the G7, and other donors, to commit to enhancing financial, political, and technical support to ensure the Pandemic Fund's operational success.

[Capacity building]

15. We commit to working together, including by sharing work plans and tracking, encouraging efforts and progress in priority countries to achieve the G7's target of supporting at least 100 LMICs in implementing the core capacities required in the IHR, for another 5 years until 2027 as committed in 2022. We commit to strengthen efforts for expanding the donor base for health security and pandemic PPR, including by leveraging entities like the Pandemic Fund and the Global Health Security Agenda (GHSA), co-financing, and cultivating other governmental and non-governmental donors and contributors.

[Surge Financing]


16. We also highlight the need for strengthening financing for pandemic "response". To this end, we commit to work with the G20 JFHTF and our international partners to thoroughly assess how the existing financing sources, particularly untapped funding streams, can be used in pandemic



“response” and to explore a “surge” financing framework that allows us to complement existing mechanisms through better coordination and deploy necessary funds quickly and efficiently in response to outbreaks without accumulating idle cash. In this context, we welcome the endorsement of the “G7 Shared Understanding on Enhanced Finance-Health Coordination and PPR Financing” in a joint session with G7 Finance Ministers.

[WHO CA+ & amendments to the IHR]

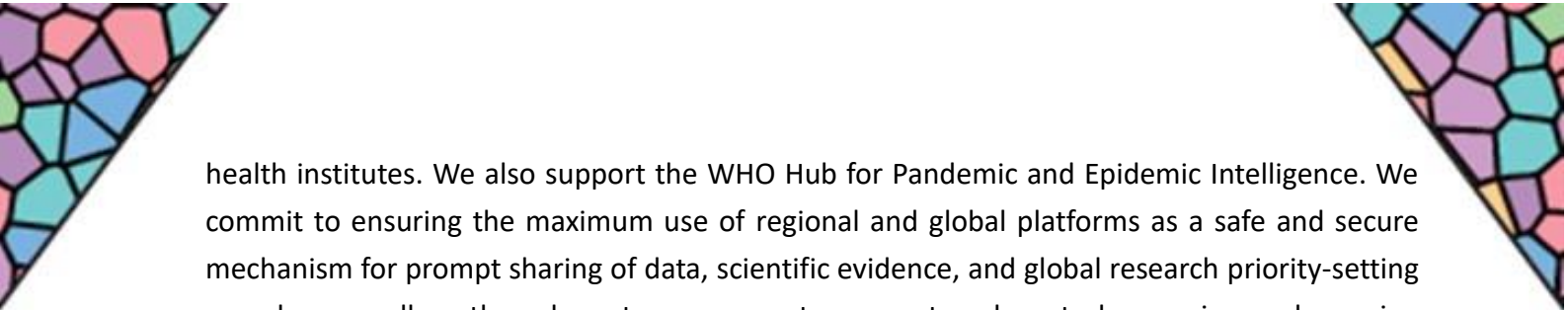
17. We reaffirm that strengthening international norms and regulations is essential for pandemic PPR and plays a significant role in minimising the negative impacts of health emergencies on human, animal, plant, and environmental health, in line with the One Health approach, as well as on societies and the economies at national, regional, and global levels. We reiterate our firm commitment to contributing to and sustaining momentum on the ongoing discussions at the Intergovernmental Negotiating Body (INB) to conclude the negotiations on a WHO CA+ by 2024 as well as supporting the complementary work on proposed targeted amendments that aim to update and strengthen the International Health Regulations (IHR) (2005), together with all relevant stakeholders. Negotiations on a WHO CA+ and the IHR (2005) should be closely interlinked to ensure complementarity and avoid gaps and duplications. Both processes should recognise and build upon existing review and monitoring mechanism, as well as technical support regarding implementation, and the recently revised IHR Monitoring & Evaluation Framework tools (JEE, State Party self-assessment Annual Report (SPAR), National Action Plans for Health Security (NAPHS), Intra- and After-Action Reports, and Simulation Exercises), which have been used by countries around the world to assess their capacities and performance.
18. To be effective, the WHO CA+ needs to cover in an appropriate manner the full cycle of pandemic PPR. In this context, we underscore the significance of prompt sharing of pathogens and genetic sequence data found in people and animals in a biosecure, biosafe, and responsible manner to facilitate robust public health responses. Prevention must be a vital pillar of the instrument, and we are committed to strengthening systems and capabilities including those to detect infectious diseases to reduce the risk of disease emergence, detect pathogens of pandemic potential in the early phase and embed a One Health approach to pandemic PPR, including through strengthened multi-sectoral collaboration and coordination. In our efforts to prevent pandemics, the instrument should tackle AMR, in accordance with its scope, in an efficient and effective manner. In addition, strengthening the rapid sharing of public health digital information available, including genetic sequence data, and other data, as appropriate, while ensuring the respect of relevant data protection rule, is critical to rapidly identify and communicate risks and develop science-based approaches for effective public health responses.
19. We are also committed to enhance linkages and synergies of health systems across countries by building resilient and integrated health systems, including through the development of the health workforce to maintain essential public health functions and services to adequately respond to public health emergencies. This will ensure the further progress of the entire world,



particularly LMICs, towards full implementation of the IHR (2005), including IHR core capacities, and towards the health-related Sustainable Development Goals (SDGs). To this end, we also recognise the need to strengthen countries' response capacities, incentivise innovation allowing for dissemination of knowledge, promote the voluntary technology transfer on mutually agreed terms, and support regional bodies and LMICs to improve their R&D, clinical trials, and MCM production capacities, based on country and regional needs. Furthermore, we recognise that the multisectoral stakeholder participation and collaboration, involving the public sector, the private sector, philanthropic organisations, academic partners, communities and civil-society organisations (CSOs), is essential, particularly during health emergencies for R&D, manufacturing, equitable access and rapid delivery of MCMs, gaining communities support and trust, along with improving health literacy to address international public health emergencies, as well as to sustain essential health services for all.

[Disease surveillance and data sharing]

20. Rapid, transparent, effective, multisectoral, and cooperative action for collaborative disease surveillance in humans, animals and the environment and open data sharing, while ensuring data protection rules, are necessary to detect zoonotic spillover and spillback, emerging, and re-emerging diseases and/or variants with epidemic or pandemic potential earlier, for prevention purposes, to minimise outbreaks and the impact of infectious diseases to protect health and save lives of people and animals worldwide. This One Health perspective requires rapid detection and transparent sharing of human and animal pathogens and their genetic sequencing data by all countries, while ensuring there is respect for biosafety and biosecurity, and we will continue to cooperate and collaborate to develop interoperable global capacities for pathogen sequence data generation and sharing, taking into consideration on expertise and recommendations delivered by the One Health High Level Expert Panel and the Quadripartite, and to promote initiatives, such as WHO's International Pathogen Surveillance Network (IPSN). Multi-sourced and integrated surveillance systems, including community-based surveillance which can provide continuous comparison and assessment of data and information across the human health, animal health and environment sectors, are needed, including real-time epidemiological and clinical information, serological data, and data from wastewater. We also recognise the value-added contribution of the global polio eradication infrastructure and workforce towards global surveillance capacity, national pandemic preparedness and response capacity, and the wider global health architecture. We call for continued support to the Global Polio Eradication Initiative (GPEI) to fully leverage this vital resource for public health emergencies and to stay on track for polio eradication by 2026.
21. We reaffirm the importance of sharing scientific evidence in a timely and transparent manner, especially for strengthening public health institutions and their networks. For smooth and effective information gathering and sharing, we understand that regional hubs can play an important role as a resource for supporting countries for managing local and regional infectious diseases to prevent them from developing into pandemics, such as national, regional or public



health institutes. We also support the WHO Hub for Pandemic and Epidemic Intelligence. We commit to ensuring the maximum use of regional and global platforms as a safe and secure mechanism for prompt sharing of data, scientific evidence, and global research priority-setting agenda, as well as the adequate resources to prevent and control emerging and ongoing diseases.

22. WHO has repeatedly emphasised the critical importance of understanding the origins of the SARS-CoV-2 for the millions of people who have lost their lives to the virus, their families, and those who continue to live with the disease, as well as a scientific necessity in order to prevent and prepare for future pandemics. We fully support WHO's position calling for a scientific, transparent and responsible response by all countries, including those have been sources of the global spread of COVID-19.

[Human resources for health]

23. Human resources for health, including the public health and emergency workforce, and community health workers, are the backbone of high-quality and resilient health system. We are facing challenges of shortage, fatigue, and/or inequitable distribution of health workforce within and among the countries around the world which is key to achieving UHC and for ensuring continuity of operations and responsiveness to emerging threats, and critical for the provision of PHC. Lack of investment in health workforce education and training contributes to chronic workforce shortages. We need to seek to improve health workforce data to facilitate innovative approaches to providing high quality care and improve their working conditions, including adequate supply of materials for infection prevention and personal protection and other aspects that contributes to the health workforce's resilience and retention. We call for prioritising and sustaining investment in health workforce, including hiring, training, protection and retention at the community, national, sub-national, regional, and global levels both contributing to pandemic PPR for future public health emergencies and strengthening resilient health systems in a way that they continue to function also in times of health-related crises. In this regard, we also stress the need for strengthening the health emergency professional workforce in every country, region, as well as in the global community, for global health threats, including consideration of Global Health Emergency Corps. We also highlight the need for qualified workforce, including animal and environmental health experts, and support the further enhancement of a global network of experts and trainings, including through the initiatives such as the WHO Academy.
24. In addition, we support the Gender Equal Health and Care Workforce Initiative, in order to tackle gender inequity and inequality in the health sector, including promoting the implementation of measures for safe and decent jobs for women, getting paid equally for work of equal value, equal and fair employment opportunities, support for the health of workers, an end to violence and harassment, and equal participation in leadership and decision making in the sector of health and care.



[Global Health Strategies]

25. Coordination of activities based on global health strategies and relevant policy documents of the G7 members is essential for strengthening GHA and supporting countries in their efforts to achieve UHC and preventing and combating health threats. In this regard, we further advance information sharing, collaboration and coordination among relevant stakeholders with a view to leveraging their strength and enhancing efficiency and effectiveness of their policy implementation.

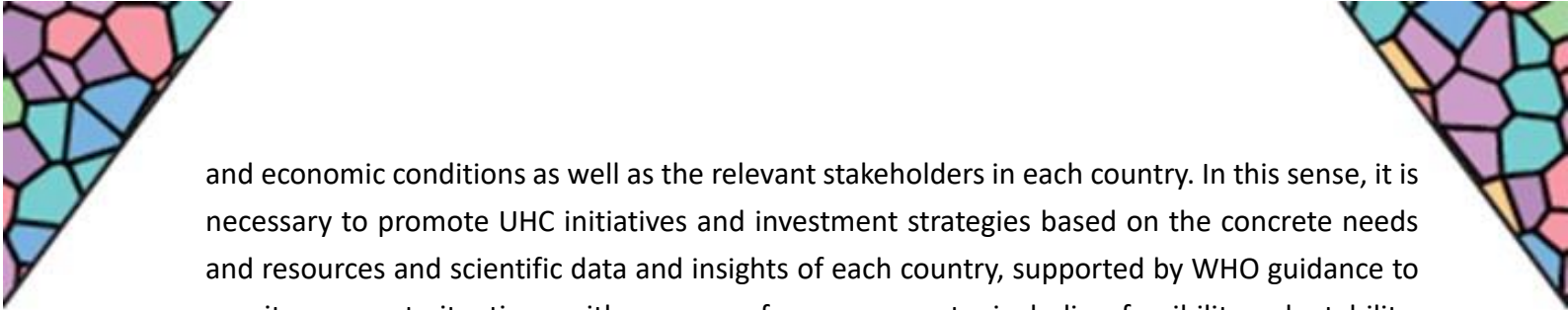
II. Contribute to achieving more resilient, equitable and sustainable universal health coverage through strengthening health systems

[General remark on UHC]

26. The COVID-19 pandemic severely impacted health systems in the entire world, and it has demonstrated the critical importance of achieving UHC, including PHC as a cornerstone for this purpose, by strengthening health systems at all levels. As health systems and health workers shifted to respond to COVID-19, countries experienced a disruption in other essential health services, setting back progress in responding to numerous health challenges, such as routine immunisation, including supporting WHO's Immunization Agenda 2030; communicable diseases, including the prevention and treatment of HIV/AIDS, tuberculosis, malaria, polio, measles, cholera, neglected tropical diseases (NTDs) and hepatitis as well as AMR; NCDs including mental health conditions; sexual and reproductive health and rights (SRHR); maternal, newborn, child and adolescent health; healthy ageing; nutrition; water, sanitation and hygiene (WASH), and other environmental risks to health, such as climate change and air pollution. We also recognise the need for improving our understanding of long-COVID, its consequences on individual, social and economic level as well as on post-COVID-related health care. We note the importance of research into and management of long-COVID and developing and providing appropriate care including mental health, as its impact on patients is not yet understood adequately. We are concerned and intend to reverse the first global decline in life expectancy in more than seven decades, build back better from the COVID-19 pandemic, address ongoing health challenges, and prevent and prepare for the next emergency. To that end, we recommit to working alongside global partners to assist countries to achieve UHC by supporting primary health care (PHC) and developing and restoring essential health services, to achieve better than pre-pandemic levels by the end of 2025, as part of our effort to strengthen health systems in ordinary times. We call on other nations to make similar commitments. We view this as an essential step towards achieving and maintaining UHC and renewing and accelerating progress on the SDGs, including SDG 3 on good health and well-being, with the aim of leaving no one behind, especially those in vulnerable and marginalised situations.
27. We commit to supporting countries to strengthen PHC delivery, including through health workforce strengthening. We also commit to support bringing survival rates back to better than pre-pandemic levels, including by reducing maternal, newborn and child mortality, and as consistent with the full range of SDG targets and indicators related to UHC on which we will also support progress. We recognise the importance of financial risk protection to prevent people from slipping into poverty due to health care costs.

[Concept of "G7 Global Plan for UHC Action Agenda"]

28. In order to make tangible progress towards achieving UHC, and enhancement of PHC as cornerstone, it is critical that implementation is tailored to each country's circumstances and capacity to embed health in all policies, taking into account the specific legal, resource, cultural,



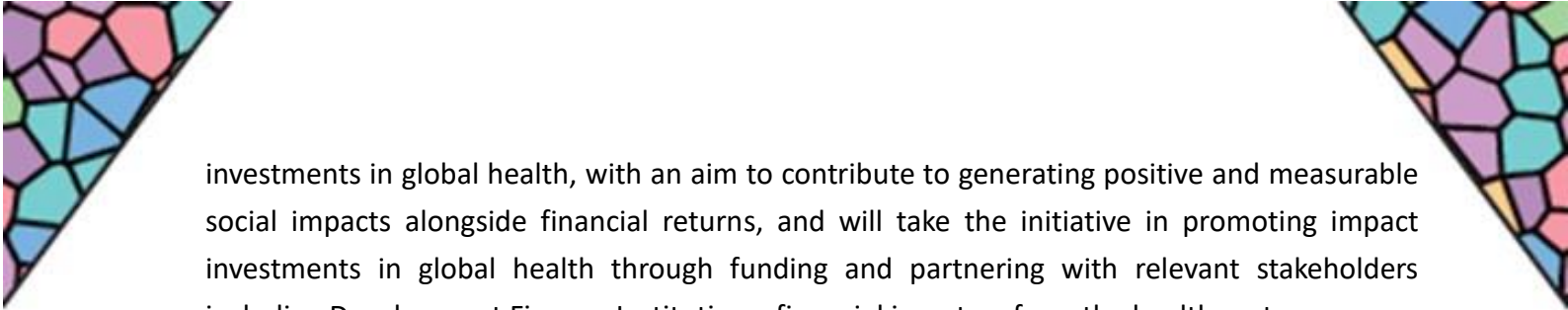
and economic conditions as well as the relevant stakeholders in each country. In this sense, it is necessary to promote UHC initiatives and investment strategies based on the concrete needs and resources and scientific data and insights of each country, supported by WHO guidance to monitor current situations with a range of measurements, including feasibility, adaptability, sustainability and scalability, and to cooperate with relevant stakeholders including civil society and youths, health workers, and vulnerable groups. We support the UHC Action Agenda by UHC2030, and the released annex “G7 Global Plan for UHC Action Agenda” laying out these important elements for promoting UHC and describing what actions the G7 intends to support and align with national plans to achieve more resilient, equitable, and sustainable UHC in each country. We commit to working together based on those documents and note the importance of a global hub function including for financing, knowledge management, and human resources on UHC.

[Commitment to UNGA HLMs]

29. Investing in strong, inclusive, quality and sustainable health systems with robust and well-supported health workforce to progressively realise UHC is a political choice which produces important socio-economic outcomes. The UNGA HLM on UHC is an opportunity to reinvigorate national commitments to invest in UHC, recognising that it is not a cost but rather an investment. We will jointly work towards achieving meaningful and impactful outcomes of the UNGA HLMs on UHC, pandemic PPR, tuberculosis (2023), AMR (2024) and NCDs (2025) while ensuring synergy among them, in collaboration with all member states and a wide range of stakeholders including relevant regional and international organisations, in particular UHC2030. In this regard, we stress that the outcome from the UNGA HLM on pandemic PPR should provide momentum for negotiating WHO CA+ and for establishing a MCM ecosystem that enhances equity. We also note, without prejudging the outcome, a preliminary idea of exploring an UNGA HLM on health to comprehensively discuss all relevant health challenges in the future and to ensure synergies of existing processes with a view to avoiding fragmentation and duplication. Our commitment and cooperation will also be built on the “G7 Global Plan for UHC Action Agenda”.

[Domestic resource mobilisation & private investment]

30. We express our determination to contribute to better health globally, with a view to achieving UHC, including through health systems strengthening and, as cornerstone, enhancing PHC to restore access to essential health services in the post COVID-19 era. In this regard, we call for more effective use of existing resources, innovative financing and further financial commitments from additional countries as well as domestic resource mobilisation, which are necessary to achieve and sustain UHC and health security. We also emphasise the leveraging role that the development financial institutions and the private sector could play in global health through contributing to sustainable financing and resources mobilisation. To further harness private capital at scale, we commit to exploring innovative approaches such as expanding impact



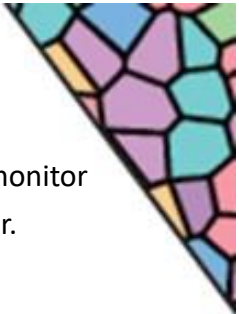

investments in global health, with an aim to contribute to generating positive and measurable social impacts alongside financial returns, and will take the initiative in promoting impact investments in global health through funding and partnering with relevant stakeholders including Development Finance Institutions, financial investors from the health sector.

[Strengthening of alignment of global health initiatives in support of country priorities public-private partnership for global health]

31. We highlight the contributions of the existing public-private and global health partnerships while recognising the necessity to enhance the coordination, synergies, coherence, and alignment of their activities and initiatives behind country-owned plans to maximise efficiency and potential to build sustainable, equitable and robust health systems around the world towards the overall goal of achieving UHC and advancing pandemic PPR. We aim to work together with relevant stakeholders, including WHO, WB, Gavi, Unitaid, the Global Fund, the Global Financing Facility and the Pandemic Fund with a view to making global health partnerships more efficient, effective and resilient and to enhancing governance in global health by avoiding duplication and fostering synergies and complementarity. In this regard, we also welcome the work of the Future of Global Health Initiatives process. We noted the historic outcome of the Global Fund's 7th replenishment and welcome the financial support from G7 and further countries towards ending the epidemics of HIV/AIDS, tuberculosis and malaria. We commit to continuing our political, technical and financial support to existing initiatives such as UHC2030, and the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP). We also welcome the work of the UHC Data Portal, which provides datasets and visualisation of information on health systems.

[Nutrition]

32. We recognise, in line with the nutrition targets of SDG 2 and the UN Decade of Action on Nutrition (2016-2025), the need to mainstream nutrition services within UHC, since achieving UHC is a vital component for ending malnutrition. We are aware that nutrition is one of the social determinants of health and that malnutrition is an underlying cause of almost half of child deaths. Malnutrition makes children, especially those aged less than five years, and adolescents vulnerable to infections and illnesses and prevents them from developing to their full potential. The burden also falls disproportionately on girls, women especially pregnant and lactating women, and addressing gender inequality is a foundational step to reducing malnutrition. We also highlight the importance of promoting WASH, as one lever to addressing malnutrition. We welcome the successful outcomes of the Tokyo Nutrition for Growth Summit in 2021 and commit to contribute ambitiously to the Nutrition for Growth Summit in France. We also recognise the critical role that the UN, multilateral agencies Global Health Initiatives and International Financial Institutions play in preventing and treating malnutrition and food systems more sustainable to promote healthy diets, and progressively realise the right to adequate food, and we call upon them to collaborate ever more closely to deliver joint nutrition



outcomes, to integrate nutrition considerations into their wider programming, and to monitor their impact on nutrition, including through use of the OECD-DAC nutrition policy marker.

[Mental health]

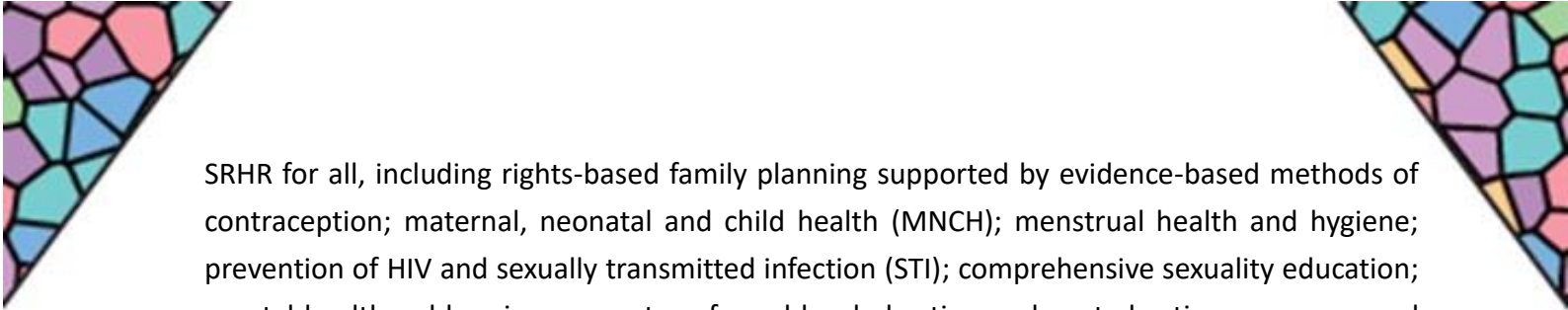
33. As the COVID-19 pandemic and many other current environmental, human, social and economic crises have shown, supporting the mental health needs of their domestic populations is one of the major global health challenges faced by governments. Recognising that the COVID-19 pandemic resulted in heightened demand for mental health services and psychosocial support and exacerbated pre-existing barriers to mental health services particularly among underserved populations, including the health workers on the frontline, and that younger people are disproportionately at risk of mental health conditions, we re-emphasise the need to improve access to quality mental health services, including through prevention and treatment, and to integrate them adequately and effectively into PHC services. We should set an example in addressing the mental health needs of our populations, including implementation and assessment of cross-cutting policies with strengthened information systems and indicators, advancement of community-based mental health services including for children and psychosocial support, re-orienting mental health systems towards mental health promotions and positive mental health, enhancement of specialised workforce to intervene in acute mental health crisis and support patients with mental health disorders, and progressively make mental health one of the priorities for the overall achievement of UHC.

[Ageing]

34. Since not only G7 members but also many other countries face population ageing, we reaffirm that healthy ageing is one of the most pressing health needs and is a key component for achieving UHC. As “inclusion” and “risk reduction” are necessary to address the challenges of ageing, the establishment of “community-based comprehensive care”, where comprehensive support in communities, including measures such as medical and mental health service, home care and long-term care, dementia-inclusive communities, health promotion, and disease prevention, is provided, will ensure a society in which older persons receive person-centred, coordinated care. We will continue to contribute to developing health systems that encompass these elements to achieve healthy ageing and to share our experiences with other countries that have begun to face or will face population ageing, including identifying what works to improve healthy life expectancy for all and preventing, diagnosing, and treating long term conditions and disability.

[Maternal and child health, and comprehensive SRHR]

35. We commit to taking steps collectively to ensure universal access to comprehensive health services at every stage of life, including maternal and child health and comprehensive sexual and reproductive health services for all, especially including for those in vulnerable and marginalised situations. This encompasses the broadest approach to advancing comprehensive



SRHR for all, including rights-based family planning supported by evidence-based methods of contraception; maternal, neonatal and child health (MNCH); menstrual health and hygiene; prevention of HIV and sexually transmitted infection (STI); comprehensive sexuality education; mental health; addressing access to safe and legal abortion and post-abortion care; care and information on sexual dysfunctions and disorders, prevention, detection and treatment; related initiatives for cancer prevention and control including vaccination against HPV; SRHR advocacy; and prevention and ending harmful practices on sexual and gender-based stigma, discrimination and violence. As part of these wider efforts to defend and promote SRHR in the face of attempted rollback, we will advocate for the inclusion of the comprehensive SRH services as an essential part of UHC at the PHC level.

36. In striving to leave no one behind, we reaffirm our determination and continuous efforts to end preventable deaths of mothers, newborns and children, and improve women's, children's and adolescents' health by contributing to relevant funds and supporting countries through multilateral regional and bilateral cooperation to deliver equitable and quality essential health services, also supporting the Muskoka Initiative on Reproductive, Maternal, Newborn and Child Health. Bearing in mind the additional challenges posed by COVID-19, conflict and climate change, we will pay close attention to the impact on comprehensive SRHR and recommit to accelerate achievement of SDGs 2, 3, 5 and 6 including targets on preventable maternal, newborn, and child mortality, SRHR, and relevant health and gender targets in our efforts to achieve UHC for all.

[Impacts on health by climate change, biodiversity loss and pollution]

37. We recognise that environmental protection as well as climate change mitigation and adaptation can improve human and animal health and wellbeing and strengthen health system sustainability and resilience. The triple planetary crisis of climate change, biodiversity loss and pollution are global issues with significant impacts not only on human health but also on animal and plant health and the environment. These include illness and death related to air pollution, hazardous chemicals, extreme heat, and catastrophic disasters, and climate-sensitive infectious diseases. We also recognise that the groups who are most affected by triple planetary crisis and other environmental effects are often those who are marginalised and struggle to access health services, including rural and remote populations, national or ethnic, religious and linguistic minorities, persons with disabilities, refugees, migrants, displaced people, and the elderly women, and girls and Indigenous Peoples. We therefore commit to advancing health system engagement to better identify, address and adapt to those impacts and to contribute to the comprehensive implementation of the One Health approach, to support and accelerate the achievement of the SDGs and UHC for all, and also call for urgent strategies and action as well as further research. In promoting the One Health approach, we will work together with other countries, regions and the Quadripartite, constituted of WHO, FAO, UNEP and WOA, to address these issues, also acknowledging broader linkages with different areas such as the global sound management of chemicals and waste food systems and WASH.

III. Promote health innovation to address various health challenges

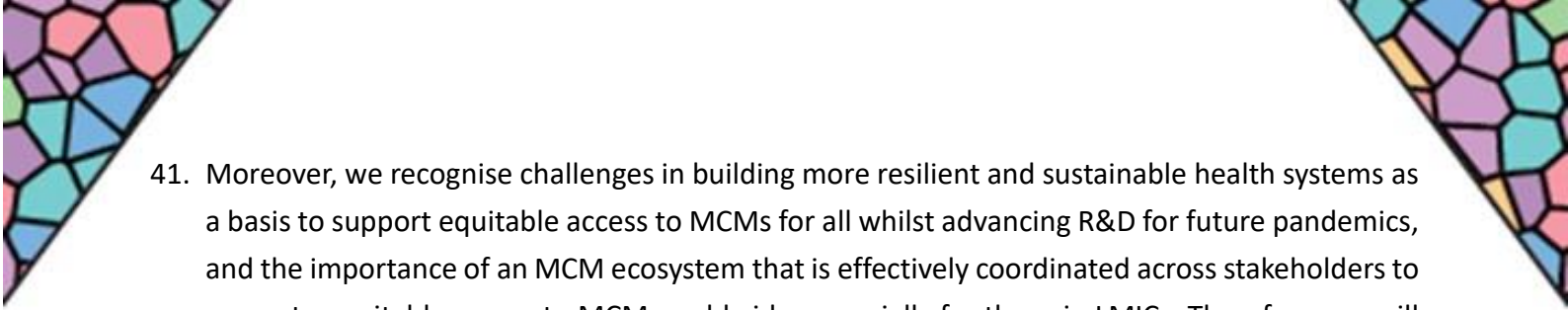
[General remark on health innovation]

38. To develop pandemic PPR capacities and strengthen the GHA to respond to public health emergencies and to achieve UHC that can withstand external shocks, we need innovative solutions including digital health. To solve current and future health challenges, stakeholders from all sectors including industry, finance, academia, civil society, and governments should work together, for example through public-private partnerships. We will explore possibilities for how we can promote health innovation, such as international R&D cooperation on safe, effective and affordable MCMs, mechanisms for equitable access and efficient distribution through the use of digital technology, regional cooperation and effective evidence-based policy making (EBPM).

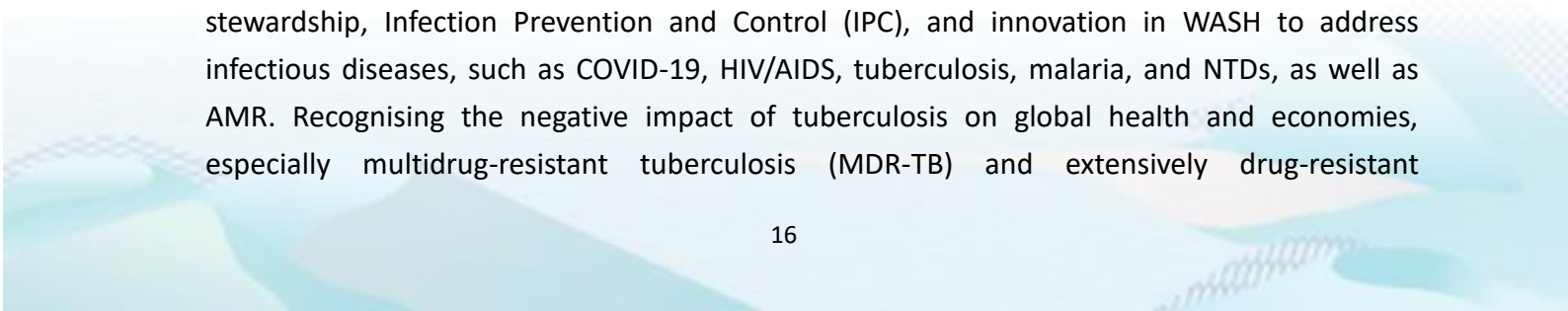
[End-to-end MCM ecosystem]

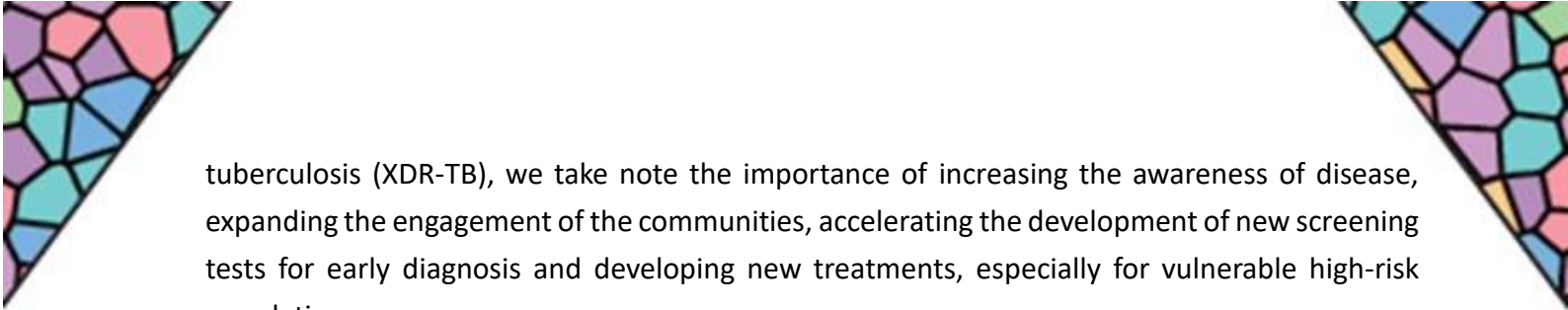
39. We support the principle of an end-to-end MCM ecosystem that maintains collaboration among relevant initiatives and partners and enables the relevant functions covering effective coordination and convergence where appropriate, equitable access and delivery by supporting relevant national, regional and international organisations and institutions. As one of specific efforts to support timely and equitable access to and delivery of MCM during emergencies, particularly for LMICs, we commit to supporting the development of an MCM delivery partnership for equitable access, prioritising equity, inclusivity, efficiency, affordability, quality, accountability, agility, and speed. At the same time, it should be kept in mind that the MCM ecosystem and the MCM partnership for delivery should be aligned with the ongoing discussions on the WHO CA+ and should foster synergies and complementarity with existing organisations and initiatives, respecting their competencies and mandates, especially of World Trade Organization (WTO) and World Intellectual Property Organization (WIPO) and relevant agencies and initiatives.

40. We reiterate the urgent need to foster innovation and to strengthen R&D through global cooperation and through equitable and inclusive partnerships to accelerate and target R&D, as underlined by 100 Days Mission and the G7 Therapeutics and Vaccines Clinical Trials Charter, which aimed to ensure the safety, effectiveness, and quality of new products through robust ethical and regulatory governance. We acknowledge that global timely and open sharing of pathogen isolates, clinical samples and genetic sequence data is critical. In addition, we support utilising existing international frameworks such as the guidelines and advice of the International Coalition of Medicines Regulatory Authorities (ICMRA), the International Medical Device Regulators Forum (IMDRF) and the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) to enhance global harmonisation and uptake to international standards in response to public health emergencies.

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41. Moreover, we recognise challenges in building more resilient and sustainable health systems as a basis to support equitable access to MCMs for all whilst advancing R&D for future pandemics, and the importance of an MCM ecosystem that is effectively coordinated across stakeholders to promote equitable access to MCM worldwide, especially for those in LMICs. Therefore, we will build on lessons learned through the ACT-A experience to catalyse innovation and inclusive partnerships by fostering an enabling environment for equitable, transparent, effective, and affordable access in a sustainable and timely manner including through collaboration with relevant governments, multilateral partners and product development partnerships such as WHO, WB, UNICEF, the Global Fund, Gavi, GHIT Fund, CEPI, FIND, Unitaid and the Medicines Patent Pool (MPP), regional organisations including regulatory authorities and health innovation agencies such as BARDA, HERA and AMED, multilateral and bilateral development banks and initiatives, civil society and private partners. In such a collaboration, we encourage each stakeholder to act with its expertise and within its respective mandate, in international fora such as the G20 and support equitable and sustainable country-led and regional partnerships with a focus on technical collaboration and capacity building with LMICs by maximising bilateral and multilateral efforts. The G7 would welcome the MPP to work with relevant stakeholders on strengthening the voluntary licencing processes for vaccines and other medical products as an important tool to improve equitable access. We emphasise the importance of promoting geographically diverse and sustainable manufacturing and delivery according to public health and community needs, and encourage the full participation of all stakeholders.
42. In addition, low vaccine confidence and hesitancy are major issues that impede high vaccination rates, and we should work collectively to increase vaccine confidence by improving the health literacy, and promoting social and behavioural change with the participation of health professionals, CSOs and communities. In addition, managing infodemic and misinformation about vaccines and other countermeasures is a priority, in good coordination with WHO and its guidelines on this crucial matter.

[Infectious diseases and AMR]

43. Together with implementing existing standards and antimicrobial stewardship including prudent and appropriate use of antimicrobials, innovations in infectious disease prevention, and laboratory detection, treatment and control are essential to limiting the emergence and impact of AMR. These innovations are also linked to strengthening UHC and improving pandemic PPR by supporting health systems through addressing efficiency, access and effectiveness issues. It is important that these issues are addressed through international cooperation on the One Health approach. We support investing in the development and adoption of innovative technologies and practices, including non-pharmaceutical interventions, such as antimicrobial stewardship, Infection Prevention and Control (IPC), and innovation in WASH to address infectious diseases, such as COVID-19, HIV/AIDS, tuberculosis, malaria, and NTDs, as well as AMR. Recognising the negative impact of tuberculosis on global health and economies, especially multidrug-resistant tuberculosis (MDR-TB) and extensively drug-resistant
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tuberculosis (XDR-TB), we take note the importance of increasing the awareness of disease, expanding the engagement of the communities, accelerating the development of new screening tests for early diagnosis and developing new treatments, especially for vulnerable high-risk populations.

44. AMR, also called the “silent pandemic”, undermines the practice of modern medicine, devastates health outcomes and systems, and poses a major threat to public health, and economies across the G7 and world, due to a loss of effective antimicrobial treatments. We reiterate the importance of a sustainable market for existing as well as new antimicrobials that promotes equitable access and stewardship, and recognise that there should be sufficient incentives in place to ensure such a market to meet public health needs. To this end, we continue to commit to exploring and implementing push and pull incentives that promote investment in R&D of antimicrobials, including contributing to existing global pooled efforts, such as CARB-X, GARDP and SECURE, at the earliest opportunity and within reasonable and feasible timelines. In addition to investing in R&D, we will promote solutions that address the antimicrobial pipeline, protect and work toward maximising the effectiveness of existing antimicrobials through antimicrobial stewardship for prudent and appropriate use and diagnostics to enable effective stewardship, and safe disposal of antimicrobials in both human and animal, in line with the One Health approach. Reducing the need for antimicrobials through infection prevention and control, which is lacking in many health care settings and communities - and enabling appropriate use of quality assured antimicrobials are critical to combatting AMR. We welcome the WHO’s new AWaRe (Access, Watch, Reserve) antibiotic book to support antimicrobial stewardship in hospitals. We will enhance national commitments for ensuring a steady supply of new antimicrobials and infection prevention materials such as personal protective equipment, hygiene supplies, and environmental cleaning supplies. Furthermore, we commit to promoting national and regional activities, such as information and surveillance data sharing. We will continue to support efforts to tackle AMR by enhancing the trans-sectoral collaboration, such as the Asia Pacific One Health Initiative on AMR (ASPIRE) and Transatlantic Taskforce on Antimicrobial Resistance (TATFAR), and contributing to international cooperation by supporting the Global Antimicrobial Resistance and Use Surveillance System (GLASS) the Global AMR R&D Hub, and the Quadripartite.

45. To monitor, coordinate and enhance G7 efforts to incentivise AMR R&D, we reiterate our commitments building on the G7 Finance Ministers’ Statement of December 2021 on actions to support antimicrobial development and support the ongoing work of the G7 Health, Finance, Agriculture and Environment Tracks on AMR, including exploring the possibility of international collaboration on pull incentives for antimicrobial R&D, as appropriate. We welcome this year’s AMR progress report by WHO and the Global AMR R&D Hub in this regard. We continue to build on and implement previous G7 Finance and Health Ministerial commitments on strengthening antibiotic innovation.



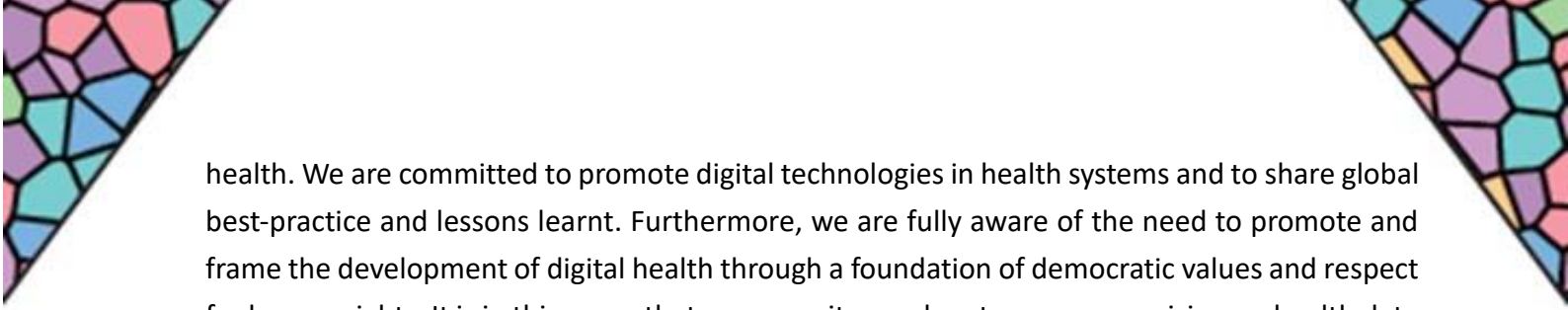
[Dementia]

46. Promoting health innovation is also important in addressing the challenges associated with ageing, especially dementia. We should make efforts to accelerate R&D to improve health outcomes with a total package of prevention, risk reduction, early detection, diagnosis, and treatment of dementia as well as to deliver evidence to promote healthy ageing. We encourage member states to develop and implement strategies and action plans, adopting integrated approaches on dementia in line with the WHO's Global Action Plan on Dementia. We are supportive of promoting the development of age-friendly and dementia-inclusive communities through initiatives such as medical and long-term care coordination, multi-stakeholder consultations including public and private sectors, and participation of individuals with dementia and their caregivers and will also accumulate and exchange good practices and evidence to pursue more effective measures. We will address risk factors and social and environmental determinants of dementia, according to the latest evidence and contribute to further building evidence. We will also work to enhance early detection, diagnosis, and interventions, including through the development of care pathways and capability and capacity building of health and primary care providers by strengthening PHC. In the field of R&D, we encourage the development of potentially disease modifying therapies for the various types of dementia, including Alzheimer's disease. In addition, we believe that the development related to early diagnostics such as biomarkers should also be noted. We encourage manufacturers to seek to bring effective safe and affordable new treatments for dementia to the global market as quickly as possible.

[Digital technology]

47. Data and cost-effective digital technology are key drivers of innovation in health services. We are working on the appropriate use of data on people's health and care, including medical and nursing cares, health examinations, immunisations and medications, in accordance with the health information policies and privacy legislation and in full compliance with respective data protection regimes of each country. Maximising the use of these data will not only promote person-centred care for the individual, but will also help large-scale research and EBPM. This will support healthcare professionals to provide better care and countries to provide more effective and responsive health and care systems that work for everyone, as well as creating an environment that supports innovation. Adoption of electronic health records and use of interoperable data standards can facilitate the access, exchange, and use of electronic health information. Leveraging digital technologies is essential to support achieving and promoting more efficient, inclusive, resilient, equitable, and sustainable UHC and strengthening PPR for the future public health emergencies.

48. We recognise the importance of international dialogue and collaboration on the establishment of trusted global digital health networks and data modernisation efforts that promote interoperability as part of efforts to strengthen PPR for future pandemics and promote global



health. We are committed to promote digital technologies in health systems and to share global best-practice and lessons learnt. Furthermore, we are fully aware of the need to promote and frame the development of digital health through a foundation of democratic values and respect for human rights. It is in this sense that we commit ourselves to a common vision on health data governance based on access to health data, and the development of action plans at national, regional and global levels.

[One Health Approach]

49. The COVID-19 pandemic has revealed the need for improved multisectoral and transdisciplinary collaboration and links between health of people, animals and ecosystems, in countries and regions globally. We emphasise the need to reduce the risk of future public health emergencies resulting from climate change, pollution and environmental degradation, and biodiversity loss, and to promote early prevention and detection of zoonotic spillover and spillback, potential pandemic pathogens and novel strains; data, sample and information gathering and sharing; cross-sectoral R&D for multisectoral infectious disease issues; strengthening both the public health and animal health workforces; and collaborative actions to prevent or respond to health threats at the human-animal-environment interface. In this regard, we recognise the importance of implementing the relevant targets in the Kunming-Montreal Global Biodiversity Framework. We acknowledge the importance of taking the One Health approach by strengthening national-, regional- and global-level collaboration and establishing a context-specific cooperative framework across multiple sectors, including the health of humans, animals and ecosystems, as well as food safety, water, environment and agriculture with a whole-of-society and a whole-of-government approach, including for tackling AMR. To this end, we will hold a high-level technical meeting on the theme of One Health with the participation of all relevant ministries, stakeholders and other partners in the second half of 2023 to discuss required measures and collaborative actions. We also recognise that the Quadripartite plays a key role at the international level, and note the One Health Joint Plan of Action developed by these organisations, and support its leadership in consultation with Member States. We also welcome complementary and relevant international initiatives which aim at preventing the emergence of zoonotic diseases, such as PREZODE (Preventing ZOonotic Disease Emergence) and ZODIAC (the ZOonotic Disease Integrated ACTion), as well as the One Health High Level Expert Panel, its work and its definition of the One Health approach.