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HGPI Health and Global Policy Institute

[Joint Statement]

Protecting the Health of Both the Planet and People

— A Japan-Model Planetary Health Strategy to Turn the Climate Crisis into an Opportunity for Health, the Economy, and Growth —

Recommendations for the Basic Policy on Economic and Fiscal Management and Reform ("*Honebuto no Hoshin*") and the Growth Strategy

Health and Global Policy Institute (HGPI), Planetary Health Project
Advisory Board Members and Likeminded Supporters

[Executive Summary]

The "triple planetary crisis" of climate change, biodiversity loss, and environmental pollution is a structural risk that will determine the sustainability of Japan's economy and public finances—and, at the same time, the greatest opportunity of the 21st century to simultaneously advance health, the economy, and society. This statement calls for a shift in mindset: away from regarding the natural environment merely as something "to be protected," and toward treating it as an "essential foundation" that sustains people's health and the prosperity of society, in which we invest strategically—in short, a shift to planetary health, which seeks to protect the health of both the planet and people. To reinforce the government's stated goals—"responsible proactive fiscal policy," "crisis-management investment," "proactive preventive healthcare," and the "17 strategic fields," among others—from an integrated environment-and-health perspective, we make the following five recommendations toward the forthcoming Basic Policy and Growth Strategy.

1. Rebuild governance: Redefine climate and health as a core issue that determines macroeconomic and national sustainability, and establish a cross-government integrated assessment structure under the Council on Economic and Fiscal Policy. Explicitly stipulate Health Impact Assessment (HIA) and "Health in All Policies" (HiAP) in the next Climate Change Adaptation Plan, and achieve policy coordination that cuts across institutional silos.

2. Strengthen supply-chain resilience and green hospitals as crisis-management investment: Position the dependence on imported medical supplies and the power grid, together with the problem of aging hospitals, as a serious national-governance risk (in 2026, the healthcare sector was added to the critical-infrastructure regime under economic-security law); clarify the phased decarbonization of healthcare facilities and the promotion of ZEB Ready as "crisis-management investment"; and advance one-stop support through four-ministry cooperation and the standardization of facility development linked to community planning.

3. Link the Disaster Management Agency's proactive-prevention function with the next Climate Change Adaptation Plan: Substantively incorporate health-adaptation measures—for heat illness, infectious diseases, mental health, and the like—into the next plan, and link them institutionally with the functions of the Disaster Management Agency. Explicitly position Nature-based Solutions (NbS) and green infrastructure in the National Resilience Plan, and seamlessly connect national and local efforts.

4. Implement sustainable systems for the Growth Strategy and proactive preventive healthcare: Advance preventive healthcare through the integration of health and environmental data, adopt heat-adaptation measures as evaluation metrics in Health and Productivity Management, and support the continued employment of older workers. Incorporate One Health–based environmental-constraint requirements into the public-private investment roadmap for the "17 strategic fields," and synchronize the new-technology-nation policy with international rule-making.

5. Secure fiscal sustainability: Explicitly evaluate climate and health risks as fiscal risks, and position adaptation investment in the health, medical, and long-term-care sectors across the Basic Policy, the Growth Strategy, and the next Climate Change Adaptation Plan. Building on the shift away from single-year budgeting, and through multi-year budgets and a dedicated investment framework—assessed in an integrated manner together with local governments' decarbonization efforts—forestall future surges in medical and long-term-care costs.

Responding to the climate crisis is not a burden but the greatest of opportunities. The healthcare sector must transform from one that merely "gives consideration to the environment" into one that "actively contributes to environmental regeneration." Through cross-sectoral collaboration, and in partnership with diverse stakeholders, we will chart a concrete path for a Japan-model planetary health strategy in this era of climate crisis.

Health and Global Policy Institute (HGPI)
c/o International House of Japan, 5-11-16 Roppongi, Minato-ku, Tokyo 106-0032, Japan
Tel: +81-3-4241-5020 Fax: +81-3-6859-9291 Email: info@hgpi.org

■ Background

The integrity of the global environment is inseparable from human health, well-being, and equity. In the Anthropocene, according to the September 2024 assessment by the Stockholm Resilience Centre (SRC) and the Potsdam Institute for Climate Impact Research (PIK), seven of the nine planetary boundaries have already been transgressed, and health crises—such as the spread of infectious diseases, heat stress, food insecurity, and worsening mental health—have become a reality. Planetary health is an interdisciplinary concept and practice that seeks to realize human health and equity within the planetary boundaries, and it has spread rapidly across international research and policy communities. The concept originated at a 2014 convening held by the Rockefeller Foundation and The Lancet, and was systematized in the 2015 report of the Rockefeller Foundation–Lancet Commission on Planetary Health; its defining feature is that it understands human health as inseparable from the health of the civilizational and social systems (economy and politics) and the natural systems that sustain it. That report recommended redefining "prosperity" to incorporate quality of life, health, and the conservation of natural systems—an idea that resonates with the Wellbeing Economy movement discussed below. In Japan as well, implementation within government-affiliated institutions has begun: the Japan International Cooperation Agency (JICA), an incorporated administrative agency under the Ministry of Foreign Affairs, has positioned planetary health as a guiding principle across multiple fields beyond health—including energy, environmental management, and nutrition—and in 2026 published a study report on "climate-change measures and planetary health in the health sector." Discussions on "One Health," which treats the health of humans, animals, and the environment as one, and on "wellbeing," which places people's happiness and environmental sustainability at the heart of the economy's purpose, are likewise situated within this larger framework of planetary health. This statement uses concepts already familiar to the government as a point of entry, while seeking to update them in an integrated manner from the perspective of planetary health. With the aim of further strengthening the Takaichi administration's policy goals—"crisis-management investment," "responsible proactive fiscal policy," the "17 strategic fields," and "proactive preventive healthcare"—from an integrated environment-and-health perspective, we make the following recommendations.

The triple planetary crisis of climate change, biodiversity loss, and environmental pollution is not a set of isolated environmental or public-health issues but a structural risk that will determine the sustainability of Japan's economy and public finances. In fact, according to the 2024 report of the Lancet Countdown on Health and Climate Change, heat exposure in Japan in 2024 is estimated to have caused the loss of 1.42 billion potential labor hours, with a potential income loss reaching USD 49.42 billion (approximately JPY 7.9 trillion at roughly JPY 160/USD, equivalent to about 1% of GDP). The healthcare sector in particular must recognize a dual responsibility: the responsibility for "adaptation and awareness-raising"—protecting people's health and lives from intensifying heatwaves, heavy rains, droughts, and other effects of environmental degradation and climate change—and the responsibility for "mitigation," substantially reducing the environmental burden that the medical and long-term-care sectors themselves generate. Including the structural challenge of inadvertently exacerbating environmental degradation, it is essential to advance, in parallel, both a transformation of awareness, ethics, and governance, and concrete responses in technology, institutions, and behavior.

Internationally, the Belém Health Action Plan (BHAP) was formally adopted at the 30th Conference of the Parties (COP30) to the UN Framework Convention on Climate Change, and the mobilization of the international community toward building climate-resilient and environmentally sustainable healthcare systems is now in full swing. BHAP comprises three pillars of action: "monitoring and surveillance," "evidence-based policy strategies and capacity-building," and "innovation, production, and digital health." The Japanese government has endorsed and supported BHAP, identifying "health equity," "building resilient systems in the Asia-Pacific region," and "Universal Health Coverage (UHC)" as priority areas. As its foundation, the 77th World Health Assembly in May 2024 adopted, by consensus and for the first time in 16 years, a resolution on climate change and health (WHA77.14), which positions climate change as "one of the greatest health threats of the 21st century" and calls on countries to build climate-resilient and low-carbon healthcare systems and to decarbonize medical supply chains (pharmaceuticals, medical devices, and the like). HGPI has actively engaged in the BHAP drafting process and has contributed proactively to international policy dialogue through its participation in the Alliance for Transformative Action on Climate and Health (ATACH), which promotes, at the international level, healthcare systems resilient to increasingly severe weather disasters. Moreover, there is growing international recognition that the interconnected crises of climate change, biodiversity loss, and pollution should be addressed in an integrated way, and that international frameworks

prone to silos (such as the three Rio Conventions on climate, biodiversity, and desertification) should be brought together to accelerate "implementation of agreements" and progress management. In June 2026, The Elders—an independent group of global leaders—proposed the establishment of a "UN Planetary Council" to align fragmented efforts and place the response to planetary-scale crises at the heart of the UN system. This trend—shifting the center of gravity from negotiation to implementation and aligning efforts across sectors—is fully consistent with the idea of planetary health, which grasps the environment and health as one and cuts across silos. The government, too, has set out the promotion of ATACH in its "Overseas Infrastructure Deployment Strategy 2030," and the directions of the public and private sectors are aligned. In addition, the government's "Health and Medical Strategy" (Third Term; Cabinet decision of February 2025) explicitly states that, alongside promoting ATACH, Japan will domestically build climate-resilient, low-carbon, and sustainable healthcare systems and work toward net-zero commitments in the health sector. The integration of climate and health is thus already positioned within the government's official national strategy.

In addition, efforts to integrate environment and health at the city level are unfolding through a variety of urban networks, including Healthy Cities, Healthy and Sustainable Cities, the C40 Cities Climate Leadership Group, and Climate Neutral and Smart Cities. These differ in emphasis—some wellbeing-oriented, some focused on environmental sustainability, some centered on large cities—but they share a foundation of cross-sectoral collaboration and citizen participation; in Europe, integration across sectors has advanced against the backdrop of an understanding and practice of the Wellbeing Economy. In recent years, initiatives such as "One Health 4 Cities," which advances One Health in cities, and "One/Planetary Health Cities," which grasps One Health and planetary health in an integrated way, have emerged; the practice of urban strategies that consider the health of people, animals, plants, and the environment in an integrated manner functions as a common planning tool that cuts across the often-siloed domains of public health, the environment, and urban policy, and it has strong affinity with the efforts of Japanese local governments.

Domestically, the Climate Change Adaptation Plan promoted by the government under the Climate Change Adaptation Act has served as a foundation for comprehensively pursuing the prevention and mitigation of climate-change impacts, the stability of people's lives, the sound development of society and the economy, the conservation of the natural environment, and national resilience. The process of revising the next Climate Change Adaptation Plan is now under way, aiming for a Cabinet decision within FY2026, with broad hearings—involving local governments, regional climate-change adaptation centers, businesses, and others—held at the Climate Change Adaptation Promotion Council, the Central Environment Council, and elsewhere. HGPI strongly urges that this opportunity for revision be used to the fullest, so that adaptation measures in the health, medical, and long-term-care sectors are substantively incorporated into the next plan.

Within Japan, local governments have steadily accumulated pioneering efforts that connect environment and health according to regional characteristics—through frameworks such as "Environmental Model Cities," "SDGs Future Cities," "Decarbonization Leading Areas," "2050 Zero-Carbon Cities," and "Climate Emergency Declarations," as well as ICLEI–Local Governments for Sustainability, Smart City/Super City concepts, compact cities, Regional Circular and Ecological Spheres, and regional climate-change adaptation centers. While strongly supporting existing efforts—such as the government's net-zero commitment in the health sector, the promotion of the circular economy, the FY2030 46% reduction target, and the Low-Carbon Society Action Plan—we strongly call, in implementing the Basic Policy and the Growth Strategy, for the construction of a cross-government policy framework in which the major national-resilience effort connects seamlessly with local-government action, and in which publicly funded health, medical, and long-term-care facilities are designed in an integrated manner with the improvement of the local environment and health. In fact, under the Ministry of Health, Labour and Welfare's "Low-Carbon Society Action Plan," voluntary efforts by private hospital associations and pharmaceutical associations are under way, yet fewer than one in ten participating hospitals have introduced renewable energy, and there are limits to voluntary efforts alone. The plan's own follow-up meeting has called for the use of subsidy schemes through cooperation among the Ministry of the Environment, the Ministry of Economy, Trade and Industry, and the Ministry of Health, Labour and Welfare; it is essential to elevate these efforts into effective measures with cross-ministry support.

In the pharmaceutical industry, the Environmental Issues Study Committee of the Japan Pharmaceutical Manufacturers Association (with 13 participating companies) formulated and published, in March 2026, the

"Guidelines for Scope 3 Accounting and Collaboration with Business Partners in the Pharmaceutical Industry," as an outcome of the Ministry of the Environment's model project for promoting decarbonization across the entire value chain. Recognizing that Scope 3 accounts for roughly 90% of the industry's emissions, the guidelines are the industry's first to set out accounting rules suited to the complex, pharmaceutical-specific supply chain (temperature-controlled logistics, multi-tiered suppliers, and the like), together with a dedicated chapter detailing engagement (collaborative frameworks) with business partners. This establishes a mechanism of "Co-creation," in which pharmaceutical companies advance emission reductions based on primary data not only on their own but together with their suppliers—a concrete step toward reconciling the decarbonization of the healthcare sector as a whole with its mission to protect people's health.

Reframing the Messenger and Rebuilding Governance

To make the government's "responsible proactive fiscal policy" more effective, we propose developing the issues of climate change and health beyond the conventional framework of "environmental conservation" and redefining them as a "core issue that determines macroeconomic and national sustainability." Labor losses due to heatwaves and disasters, and the sharp rise in medical and long-term-care costs due to infectious-disease crises, are economic problems that directly affect the potential growth rate and fiscal headroom.

The healthcare sector is expected to make positive contributions across the three domains of climate change, biodiversity, and environmental pollution, yet it also carries structures that may inadvertently exacerbate environmental degradation—through energy consumption, medical waste, and the supply chains of pharmaceuticals and medical devices. Used disposable diapers, which are increasing sharply from households and long-term-care facilities amid an aging society, are a typical example: because they contain much moisture, they burn inefficiently and increase greenhouse-gas emissions and the load on incinerators. In response, shifting from incineration to recycling and heat recovery and promoting a circular economy is an indispensable approach that reduces the environmental burden while maintaining the quality of care. Emissions arising from long-term-care services in particular are projected—according to the Health and Labour Sciences Research Grant study "Research on the Design of Healthcare Systems and Proposals for Transition Strategies in a Carbon-Neutral Society" (2025)—to increase by about 47% by 2050 relative to 2019 amid rapid aging; introducing low-carbon power sources at long-term-care facilities and promoting low-carbon-footprint preventive care will be key to long-term care in a carbon-neutral society. The government, too, states that it will "advance consideration of incorporating waste in the health, medical, and long-term-care sectors into the circular economy," and giving concrete form to this consideration is urgent. To that end, in addition to transforming awareness, ethics, and governance, it is essential to review surrounding fields—including pharmaceuticals, medical devices, energy, and waste management—and to reform the public healthcare system as needed.

For this reason, the target of these recommendations is not limited to the Ministry of the Environment and the Ministry of Health, Labour and Welfare, but is clearly set on the economic and fiscal core agencies—the Cabinet Office (the Council on Economic and Fiscal Policy and the Preparatory Office for the Establishment of the Disaster Management Agency), the Ministry of Economy, Trade and Industry, and the Ministry of Finance. The choice of messenger itself shapes the transformation of the narrative. In the United Kingdom, the "Stern Review on the Economics of Climate Change" and the "Dasgupta Review (The Economics of Biodiversity)" generated major policy impact precisely because they were issued by the Treasury rather than the environment ministry. In Japan as well, it is critically important that these recommendations—which redefine climate and health from a framework of "environmental conservation" to a "core issue determining macroeconomic and national sustainability"—be issued from the economic and fiscal core, centered on the Council on Economic and Fiscal Policy and the Ministry of Finance. We strongly call for establishing, under the Council on Economic and Fiscal Policy, a specialized review body that integrally assesses climate, health, and the economy, and for building cross-government governance that embeds Health Impact Assessment (HIA) in all policy processes. In doing so, the perspective of "Health in All Policies" (HiAP) should be made explicit in the next Climate Change Adaptation Plan and elsewhere; consistency should be enhanced among the National Resilience Basic Plan, the Basic Environment Plan, and the local-government-level Global Warming Countermeasures Action Plans and Regional Health and Medical Plans; and an institutional design should be pursued that clarifies the division of roles and collaboration between national and local governments. By setting planetary health as an integrated policy goal and using One Health—already employed in government documents—

as one planning tool, integrated policy coordination becomes possible that cuts across the silos spanning infectious-disease control, antimicrobial resistance (AMR) measures, biodiversity conservation, environmental protection, and health promotion.

In addition, around the world the very concept of "growth" is being reexamined, and discussion of the "Wellbeing Economy," which places people's happiness and the sustainability of the global environment at the heart of the economy's purpose, is spreading. At the UN, the 2024 "Pact for the Future" agreed on developing a framework to measure progress on sustainable development that complements and goes beyond Gross Domestic Product (GDP). In response, the UN Secretary-General's appointed High-Level Expert Group on Beyond GDP published, in May 2026, its final report "Counting What Counts: A Compass of Progress for People and Planet." The report presents a conceptual framework that places people and the planet at the center of decision-making, together with a dashboard of 31 indicators (20 core and 11 additional indicators), and offers concrete recommendations for statistical and policy implementation. A UN-led intergovernmental process, co-chaired by Guyana and Spain, is now under way, with the UN Conference on Trade and Development (UNCTAD) and others supporting pilot implementation of the indicators.

Japan's Growth Strategy, too, must evolve beyond mere quantitative growth toward a perspective that leads a new era of growth integrating environment, health, and wellbeing. The Japanese government has itself, since 2019, developed and published the "Well-being Dashboard" (a set of indicators expressing satisfaction and quality of life) through the Cabinet Office, and has promoted the policy use of these indicators via an inter-ministerial liaison conference. The Basic Policy on Economic and Fiscal Management and Reform positions "accelerating the introduction of well-being indicators as KPIs in various basic plans" and "realizing a society with high well-being" as policy goals. The government has also, in successive policy speeches, clearly expressed its commitment to formulating and sharing happiness and satisfaction indicators and to engaging with the international Beyond GDP discussion. Furthermore, during its 2023 G7 presidency the Ministry of Finance made "economic policy that reflects diverse values" a priority issue and commissioned a report from the OECD, thereby leading efforts to reflect multidimensional wellbeing in policymaking. The 8th OECD World Forum on Well-being, to be held in Tokyo with the OECD in the autumn of 2028, will be an important occasion to demonstrate this evolution of the Growth Strategy to the international community. By firmly implementing the planetary-health perspective in Japan's Growth Strategy before then, Japan can build a solid track record as a host country that leads the world.

■ Establishing Health and Medical Security: Supply-Chain Resilience and Hospital Greening

From the standpoint of further strengthening the government's "economic security" and "crisis-management investment," we call for positioning the supply-chain vulnerability of the medical and health field, together with the aging of facility infrastructure, in an integrated manner as a serious risk to national governance. In this regard, the June 2026 amendment to the Economic Security Promotion Act added the healthcare sector—hospital medical and dental practice, and medical-DX operations such as online eligibility verification—to the critical-infrastructure (Specified Critical Infrastructure Services) regime; this is a landmark step that clearly positions healthcare as critical infrastructure directly linked to national security, and this statement strongly supports it. At the same time, given that the current regime mainly conducts prior screening of specified critical equipment with sabotage such as cyberattacks in mind, we recommend substantively extending its scope to encompass preparedness for supply disruptions and facility-shutdown risks arising from climate change, energy, and the supply chain. The multi-layered dependence of modern medicine on petrochemical products, imported supplies, and the power grid—made starkly visible in real time by the heightened tensions in the Middle East in 2026, and in particular the de facto closure of the Strait of Hormuz—is a structural challenge that threatens access to care in emergencies, and demand from patients and citizens for secure, stable supply is rising rapidly. In fact, the government's "Task Force for Securing Pharmaceuticals, Medical Devices, and Medical Supplies" (Ministry of Health, Labour and Welfare and Ministry of Economy, Trade and Industry; a team of about 100 staff), set up in response to shortages of petroleum-related products amid the Middle East situation, received supply consultations from about 12,000 medical institutions and businesses by early June 2026, with more than 100 product categories judged to have impacts on stable supply. The range—spanning heavy fuel oil for sterilization, ethylene oxide gas, various solvents and lubricants, containers and packaging materials, and catheters—again lays bare the reality that nearly every stage of medicine depends on petroleum-related products. Consultations regarding medical gloves in particular concentrated from about 5,300

institutions, leading the government to release more than 50 million gloves from its stockpile in an emergency. Furthermore, while domestic manufacturers maintain a certain presence in diagnostic devices such as X-ray machines and CT scanners, advanced therapeutic medical devices and consumables such as nitrile gloves and gowns are highly import-dependent, and shortages have repeatedly materialized amid the COVID-19 pandemic and supply risks surrounding the Strait of Hormuz.

In addition, the liquid helium used to cool the superconducting magnets of magnetic resonance imaging (MRI) systems depends on the Middle East (Qatar) for about 40% of its supply; the heightened tensions in the Middle East in 2026 triggered supply anxiety and price surges known as the "helium shock." An MRI, which requires roughly 1,000–1,500 liters per unit, is indispensable infrastructure underpinning the diagnostic foundation of modern medicine, and a supply disruption directly causes restrictions on examinations and risks of equipment failure. Although the Ministry of Economy, Trade and Industry indicated in April 2026 that, with alternative procurement from the United States and domestic stockpiles, stable supply would not be hindered for the time being, the import-dependent structure itself remains a structural vulnerability from an economic-security standpoint.

At the same time, with a substantial number of hospitals more than 40 years old across the country, many face a serious wall—"wanting to rebuild but unable to"—owing to soaring construction costs and fixed medical-fee schedules. We propose redefining this hospital-renewal problem, from "passive renewal of aging buildings" to "greening investment that simultaneously achieves climate-change response, energy security, economic resilience, and continuity of medical care during disasters." Phased decarbonization tailored to the characteristics of each institution, the promotion of ZEB Ready (Net Zero Energy Building Ready), and the introduction of renewable energy, storage batteries, and cogeneration simultaneously achieve structural reductions in energy costs and self-sufficient continuity of care during power outages; these should be clearly positioned not as "environmental measures" but as "crisis-management investment" for economic security. In fact, the government's "Growth Strategy for the Resources, Energy Security, and GX Field" (GX Implementation Promotion Office, Cabinet Secretariat, April 2026) likewise positions GX investment—such as the expansion of decarbonized power sources—as "crisis-management investment" in its own right, against the backdrop of the energy crisis brought on by the Middle East situation, and sets out to mobilize more than JPY 150 trillion in public and private GX investment through some JPY 20 trillion in upfront support financed by GX Economy Transition Bonds. The greening investment of healthcare facilities, too, should be advanced as an integral part of this very GX investment. Research shows that healthcare emissions arise less from direct on-site emissions than from indirect emissions via electricity consumed across the supply chain and from the construction and manufacture of facilities and equipment (fixed-capital formation); thus the introduction of low-carbon power sources, the long-term use of equipment, and the decarbonization of facility development are key to reductions. The carbon-neutral strategy set out by the UK's National Health Service (NHS) is a leading international model. In fact, JICA is introducing solar power systems at core hospitals in countries with unstable electricity supply, advancing efforts that simultaneously achieve continuity of care during disasters and outages and decarbonization. Such "climate-resilient healthcare facilities" are a model to be pursued in common, at home and abroad.

However, the complexity of subsidy schemes spanning the Ministry of the Environment, the Ministry of Economy, Trade and Industry, the Ministry of Land, Infrastructure, Transport and Tourism, and the Ministry of Health, Labour and Welfare is a major barrier for small and medium-sized hospitals with few specialized staff. It is urgent that these four ministries cooperate to build a cross-ministry one-stop consultation and support system for healthcare institutions; we strongly call for institutionally arranging the combined use of restructuring support through the Fund for the Comprehensive Securing of Community Healthcare and Long-Term Care, together with ZEB-related subsidies such as the Program for Accelerating the Diffusion of ZEB and CO_2-Saving Buildings, the Net Zero Energy Building (ZEB) demonstration project, and the Regional Decarbonization Transition and Renewable Energy Promotion Grant. In fact, the "Program for Accelerating the Diffusion of ZEB and CO_2-Saving Buildings" includes hospitals among its eligible recipients, and also provides for "facility-renovation support that simultaneously achieves CO_2 savings and disaster/heat-illness countermeasures" and for life-cycle-carbon-reducing ZEB (using low-carbon building materials and timber). Such existing schemes should be used to the fullest for the greening of healthcare institutions. Furthermore, the government plans to submit legislation to launch, in FY2028, a system to promote the evaluation of the life-cycle carbon of buildings, and will begin in FY2026 a subsidy for the use of green steel in Net Zero Energy Buildings. In developing healthcare and long-term-care facilities as well, such life-cycle-

carbon evaluation of buildings and the use of low-carbon building materials should be incorporated as standard. In particular, in developing publicly funded health, medical, and long-term-care facilities, it is important to position decarbonization and resilience-strengthening—integrated with community development such as local governments' "Decarbonization Leading Areas" and "2050 Zero-Carbon Cities"—as the standard approach to facility development. To support the decarbonization of small and medium-sized healthcare institutions, mechanisms should also be put in place to use simple diagnostic tools for energy use and CO_2 emissions and to certify and publicly recognize, through third-party evaluation, institutions that work on reductions (such as a "Zero-Carbon Health Center" certification), thereby strengthening resilience that reconciles everyday decarbonization with energy self-sufficiency in emergencies (health and medical security). Internationally, too, the Joint Commission International (JCI) added in 2024 a chapter assessing the environmental sustainability of healthcare facilities (Global Health Impact) to its accreditation standards, and the movement to evaluate governance, procurement, green operations, climate resilience, and the like is spreading. Japan should put in place certification and evaluation mechanisms aligned with such international standards. The government, too, states in its "Grand Design and Action Plan for a New Form of Capitalism (2025 Revised Edition)" (Cabinet decision) that it will advance "Lifestyle GX," including support for ZEH and ZEB, and "also consider reducing the environmental burden of medical and long-term-care facilities." This statement calls for that consideration to bear fruit in concrete facility development and investment, with cross-ministry support.

In addition, as clinically led demand optimization, it is important to switch to low–global-warming-potential (GWP) anesthetic gases, to correct over-prescription and over-testing and promote appropriate, evidence-based prescribing and testing (supporting autonomous quality improvement on the clinical front line), and to reduce medical waste and advance a circular economy. In particular, petrochemical-derived disposable supplies such as gloves, infusion bags, and dialysis circuits are a major factor accounting for roughly 5–6% of the carbon footprint of the entire healthcare sector; amid the shortage of petroleum-related products following the de facto closure of the Strait of Hormuz in 2026, "bottlenecks" in naphtha-derived petrochemical products arose across industries, and supply anxiety—centered on medical gloves—materialized at many institutions. In response, the active introduction of remanufactured single-use medical devices (R-SUD), the reuse and refurbishment of medical devices, and the promotion of a circular economy across the entire supply chain are realistic and effective means of reducing the environmental burden without compromising the quality and safety of care. In fact, multiple life-cycle assessment (LCA) studies comparing the full life cycle have shown that adopting R-SUD reduces greenhouse-gas emissions by 23–60%, and the Ministry of Health, Labour and Welfare's "FY2023 Project for the Development of Standards for Remanufactured Single-Use Devices" reports that, in the United States, the substitution of single-use devices with R-SUD reduced medical waste by about 9,000 tons per year. R-SUD in particular has strategic value for economic security beyond reducing the environmental burden. In Japan, which depends on imports for much of its advanced therapeutic medical devices, even if the supply of an original device is disrupted, treatment can continue if a remanufactured device of the same model is available domestically. In fact, during the COVID-19 pandemic, when original intracardiac ultrasound catheters—essential for catheter ablation of atrial fibrillation—ran short, demand for the same-model R-SUD rose, enabling treatment in no small number of cases. Furthermore, because R-SUD involves a sophisticated reverse-engineering process—disassembling, cleaning, and sterilizing original devices whose blueprints are not disclosed, and reproducing them while verifying functional equivalence one by one—it also presents an opportunity to enhance the capacity to develop domestic therapeutic medical devices. Yet about nine years after the standards under Article 42, Paragraph 2 of the Pharmaceuticals and Medical Devices Act were established in 2017 to enable domestic manufacture of R-SUD, only a handful of companies have entered the field. To advance R-SUD implementation from the dual perspectives of economic security and resource circulation, we strongly call for administrative support and regulatory reform that make it viable as a business. Such resource circulation in the medical field directly supports the stable supply of essential goods to be secured for economic security, and is also part of the circular economy the government promotes through its "Circular Economy Action Plan"—contributing not only to environmental conservation but also to economic security and growth. In fact, the "Ministerial Council on the Circular Economy" (4th meeting, April 2026) likewise positions securing the quality and quantity of secondary resources such as recycled materials as directly linked to Japan's economic security, and has set out the promotion of arterial–venous industry linkage and a Metal Recycling Promotion Strategy. We propose explicitly positioning resource circulation in the medical field within that plan, and introducing a mechanism in the procurement contracts of national medical institutions to evaluate life-cycle-wide reductions in environmental burden (CO_2 emissions and medical waste), thereby leading the decarbonization of the medical field through

demand creation via public procurement. Internationally, too, in the Netherlands and the Nordic countries, efforts to incorporate environmental sustainability as an evaluation axis in health technology assessment (HTA), insurance reimbursement, and public procurement—such as an "environmental premium" for generic drugs and weighted environmental requirements in procurement—are advancing. Japan, too, while maintaining the principle of prioritizing health outcomes above all, should first introduce environmental evaluation in public procurement and consider its phased extension to cost-effectiveness assessment and the like in the future.

■ Integrating Adaptation into the Disaster Management Agency's "Proactive Prevention" Function and Linking it with the Next Climate Change Adaptation Plan

Seizing the historic opportunity of establishing the Disaster Management Agency, and from the standpoint of strengthening its "proactive prevention" function, we first call for positioning, as the highest priority of national strategy, preparedness for "compound disasters"—in which natural disasters overlap with infectious-disease crises, heatwaves, and air pollution including wildfires (which have become more frequent and larger worldwide in recent years and raise concern over respiratory health impacts), and in which severe weather strikes again during the evacuation and recovery process. Even when infrastructure and logistics are cut off and isolation is prolonged, medium- to long-term and inclusive adaptation measures are essential to protect the health of disaster victims and to prevent disaster-related deaths, which are coming to exceed direct deaths. The "National Resilience Annual Plan 2026," too, sets out minimizing disaster-related deaths by securing the health and the quality of evacuation life of disaster victims, and positions as priority issues compound disasters involving infectious diseases and the like, as well as sanitation and mental-health measures at evacuation shelters. The perspective of adaptation to the health harms of climate change—heat illness, infectious diseases, and mental health—should be integrated into this. Beyond proactive prevention, and on the premise that sea-level rise and severe weather are becoming routine, we call on the Disaster Management Agency to work jointly with the Ministry of Land, Infrastructure, Transport and Tourism, the Ministry of Health, Labour and Welfare, and the Ministry of the Environment to build resilient communities and a resilient nation—one that, in normal times, is to a certain degree self-sufficient in electricity, food, and water, and that minimizes exposure and vulnerability to hazards—and to begin now to envision what recovery should look like.

At present, discussions on revising the next "Climate Change Adaptation Plan" toward a Cabinet decision within FY2026 are intensifying at the government's Climate Change Adaptation Promotion Council and the Central Environment Council. It is essential to strongly link the revision process of that plan—promoted comprehensively and systematically on the basis of scientific knowledge, and aimed at the stability of people's lives, the sound development of society and the economy, the conservation of the natural environment, and national resilience—with the functions of the newly established Disaster Management Agency. Against climate disasters that exceed past probability calculations, we strongly call for incorporating, at the core of the next plan and the institutional design of proactive prevention, concrete adaptation measures that prevent health harms caused by climate change (heat illness, infectious diseases, mental health, and the like). In recent years, even in meteorology, conventional expressions of extreme weather such as "once in 30 years" or "once in 50 years" are losing meaning; capturing short-term shifts in the probability-density distribution itself and using extrapolative-prediction research, as well as event-attribution methods that link individual extreme events to climate change, are becoming important. In particular, research should advance event attribution specialized in health impacts, and—leveraging the strong link between the National Resilience Plan and extreme-weather disasters—the perspectives of global health and planetary health should be deeply embedded in policy.

Furthermore, heat countermeasures should be transformed from symptomatic treatment of acute heat illness manifesting in ambulance transport, into comprehensive "heat-health" measures encompassing the exacerbation of cardiovascular, respiratory, renal, and psychiatric conditions, excess mortality, losses in labor productivity, and indoor heat exposure caused by energy poverty. In 2025, ambulance transports for heat illness from May to September exceeded 100,000, the highest domestic temperature on record reached 41.8°C, and the Japan Meteorological Agency newly defined a "ferociously hot day" as one with a maximum temperature of 40°C or above in 2026. In line with the guidelines of the World Health Organization (WHO) and the World Meteorological Organization (WMO), we call for clearly positioning a "Japan Heat-Health Action Plan (HHAP)"—integrating early warning and early action, health surveillance, protection of vulnerable groups, and long-term adaptation—within

the next Climate Change Adaptation Plan. Its design must include: (1) standardizing protocols for the actions that local governments, healthcare institutions, businesses, and welfare facilities should take after an alert is issued; (2) cross-ministry governance, centered on the newly established Disaster Management Agency, that positions heatwaves as meteorological disasters; (3) implementation of local-version HHAPs linked with community-based integrated care and the adaptation plan; and (4) the establishment of a PDCA evaluation cycle based on multi-layered KPIs, including the suppression of excess mortality. In addition, the Ministry of the Environment's "Heat Illness Countermeasures Promotion Project" handles the operation of heat-illness special-alert information, support for designating cooling shelters (designated heat-evacuation facilities), and analysis of the causes of deaths. The Japan HHAP should be designed as a framework that brings together such existing mechanisms and links them with healthcare, welfare, the workplace, and the urban environment. Facing the world's first combination of a "super-aged society and a climate crisis," Japan's HHAP can serve as a leading model for rapidly aging countries in Asia and elsewhere, and can be shared internationally through the Global Heat Health Information Network (GHHIN) and others.

As effective preparedness for compound disasters, we propose explicitly setting out in the National Resilience Plan urban green infrastructure, the social implementation of Nature-based Solutions (NbS), and heat-island countermeasures as "integrated environment-and-health measures" that simultaneously achieve heat-stress mitigation, improved biodiversity, better mental health, and disaster prevention and mitigation. In fact, the "National Resilience Annual Plan 2026" (National Resilience Promotion Council; to be formulated in FY2026) already positions "efforts toward the use of green infrastructure and the promotion of GX" among its measures; NbS should be clearly incorporated here as the aforementioned "integrated environment-and-health measures." The Ministry of Land, Infrastructure, Transport and Tourism's "Green Infrastructure and Community-Development GX" supports urban heat countermeasures, improved wellbeing, and the securing of green space and ecological networks, and—through the Green Infrastructure Public-Private Partnership Platform—promotes community development that raises environment and health together. However, there are limits to band-aid responses to heat that rely on self-help and mutual aid; as transformative adaptation in anticipation of further warming, a review of urban structure and the urban environment itself is required. Developing, through land readjustment, low-cost public housing at the ZEH (Net Zero Energy House) level—housing whose annual primary-energy consumption is effectively zero—together with shade greenery, and rebuilding local communities, constitute effective adaptation measures that reduce exposure and compensate for the vulnerability of those at risk, such as older people living alone. In particular, "energy poverty"—in which people refrain from using air conditioning out of anxiety over electricity costs—and "indoor heat exposure"—in which poorly insulated housing becomes a more dangerous thermal environment indoors than outdoors—are structural risks that worsen harm to vulnerable groups, and should be addressed together with home insulation retrofits and energy support. Support for insulated-window retrofits, in cooperation with the Ministry of Economy, Trade and Industry and the Ministry of Land, Infrastructure, Transport and Tourism, sets out both the decarbonization of housing and "wellbeing / high quality of life," and should be intensively applied to the housing of vulnerable groups toward resolving energy poverty and indoor heat exposure. Developing such green space and rebuilding local communities not only mitigates heat stress but also helps prevent loneliness and isolation and improves mental health. By incorporating the perspective of "social prescribing"—"prescribing" connections with nature and community resources—and through cross-sectoral collaboration and citizen participation that extends beyond health and medicine, a foundation should be built to support both physical and mental health in the community. Beyond urban green space, health promotion that uses forest spaces (such as forest bathing and the forest-services industry) is likewise one of the Nature-based Solutions (NbS) that improve mental health and wellbeing through connection with nature, and should be promoted as an effort that links local environmental improvement with health promotion. In particular, the International Horticultural Exposition to be held in Yokohama in 2027—"GREEN×EXPO 2027," with the sub-message "To the Earth, let's go to bloom"—is a national project that embodies, through flowers and greenery, Nature-based Solutions (NbS), nature positive, and the relationship between biodiversity and human health. GREEN×EXPO is an important occasion to disseminate the planetary-health perspective in practice, and an important venue to showcase advanced models of urban and regional environment-and-health measures broadly at home and abroad. The introduction of systems such as Other Effective area-based Conservation Measures (OECM)—areas outside protected areas that contribute to biodiversity conservation—toward conserving biodiversity and achieving nature positive simultaneously enhances disaster-prevention functions and public health. We call for an institutional design in which the major national-resilience effort promoted by the government connects seamlessly with local-government efforts that link environment and

health according to local circumstances through frameworks such as “Healthy Cities” and “Climate Emergency Declarations.”

Particularly important is to seize the timing of facility consolidation and reorganization under the “New Regional Healthcare Vision”—which begins in earnest in FY2026 with an eye to around 2040—as the greatest opportunity to incorporate building greening and energy self-sufficiency. We call for making the following clear requirements within relevant laws and subsidy schemes: flood and power-outage countermeasures for healthcare and long-term-care facilities; the phased institutionalization of Business Continuity Plan (BCP) development and drills (promoted together with personnel and financial support); and the strengthening of community-based integrated care and home-care systems that can function even during disasters. Together with this, renewable energy and storage batteries should be introduced at disaster-management hubs, evacuation facilities, and healthcare and long-term-care facilities, and local energy self-production and self-consumption should be advanced, so as to secure local energy resilience that functions even during disasters and outages. On this point, the “National Resilience Annual Plan 2026,” too, sets out as priority measures the introduction of renewable energy, energy storage, and cogeneration at evacuation facilities and disaster-management hubs (Ministry of the Environment), and the strengthening of on-site power generation and water-supply facilities at disaster base hospitals and the like (Ministry of Health, Labour and Welfare); these should be extended to healthcare and long-term-care facilities as a whole, reconciling everyday decarbonization with the maintenance of function in emergencies. In doing so, while taking into account the medical demand required in each region, the timber construction and wood use of healthcare and long-term-care facilities using domestic timber are an effective option that simultaneously advances the decarbonization of buildings and the circular use of local resources. The Ministry of Land, Infrastructure, Transport and Tourism’s “Decarbonization of Housing and Buildings” also supports the development of ZEB and medium-to-large-scale timber buildings and life-cycle-carbon accounting, and can be used for the greening and timber construction of healthcare and long-term-care facilities.

In addition, hay fever (pollinosis) is a uniquely Japanese “national affliction” at the intersection of the environment, climate, health, and the economy, and is a symbolic issue that embodies the idea of planetary health. The sugi (Japanese cedar) plantations that are the source of pollen (those over 20 years old) extend to about 4.31 million hectares nationwide; prevalence rises by roughly 10 points every decade; medical costs for allergic rhinitis reach about JPY 400 billion per year; and warming further worsens this burden by increasing the volume and lengthening the season of pollen dispersal. In its “Overall Picture of Hay Fever Countermeasures” (2023), the government set out a policy of advancing, in an integrated manner and free of ministry silos, source measures (felling and replanting sugi plantations, and expanding demand through the use of domestic sugi timber in housing and large buildings), dispersal measures, and onset/exposure measures. Accelerating source measures is a typical co-benefit that, beyond the health effect of reducing hay fever, simultaneously achieves the recovery of carbon-absorption capacity through forest rejuvenation, the decarbonization of buildings using domestic timber, the revitalization of forestry and local economies, and national land conservation. This statement proposes clearly positioning these efforts within the Basic Policy, the Growth Strategy, and the next Climate Change Adaptation Plan, and accelerating them across relevant ministries and agencies.

■ Implementing Sustainable Systems for the Growth Strategy (17 Strategic Fields) and “Proactive Preventive Healthcare”

The “17 strategic fields” include many areas deeply connected to environment and health—such as drug discovery and advanced medicine, synthetic biology and bio, the resources/energy-security/GX field, materials (critical minerals and components/materials), disaster prevention and national resilience, and food tech. To bind together the investments in these individual fields and reliably connect them to international competitiveness and to the health and security of the people, a cross-cutting integrating axis is indispensable—and the perspective of planetary health, which grasps environment and health as one, can serve as that common compass. From the standpoint of further strengthening the government’s “proactive preventive healthcare” (digital health, Personal Health Record (PHR), genomic medicine, and strengthened screening), we propose implementing a perspective that grasps environment and health in an integrated manner. While premising appropriate privacy protection and data governance, by building a data platform that integrates individuals’ health data with environmental data such as temperature, air quality, the living environment, the food environment, and local healthcare and welfare resources,

and by predicting and visualizing the risks of heat illness, respiratory disease, and the worsening of chronic disease, finely tuned preventive interventions and optimization of demand for medical resources become possible. Such a data platform can be used as a "heat-health risk map" that visualizes regional heat vulnerability, supporting on-site responses such as the priority allocation of support to high-risk areas, household visits, and the development of cooling shelters. An estimate published in 2023 in Environmental Health Perspectives ("A Nationwide Comparative Analysis of Temperature-Related Mortality and Morbidity in Japan") puts deaths due to heat at about seven times the number of direct heat-illness deaths once excess mortality from the worsening of cardiovascular and respiratory disease is included; the development of a data platform that prevents such "invisible deaths," together with the establishment of a coordinating role that cuts across the environment, public health, and urban infrastructure (such as a Chief Heat Officer (CHO)), is effective. These can be positioned as the foundation for implementing and advancing the aforementioned Japan HHAP at the local level. By linking with the regional climate-change-impact data accumulated by regional climate-change adaptation centers, the precision of preventive healthcare tailored to local circumstances can be further enhanced. Moreover, advancing proactive preventive healthcare and preventive long-term care carries significance as a "demand-side decarbonization measure" that suppresses the demand for healthcare and long-term care itself, beyond promoting health and curbing medical costs. According to research by the National Institute for Environmental Studies and others, Japan's healthcare demand induces, through its supply chain, greenhouse gases equivalent to about 5% of the nation's total emissions; reducing them requires an optimal combination of supply-side measures—such as the introduction of renewable energy and the long-term use of equipment—and demand-side measures through prevention.

In "Health and Productivity Management," it is important to position more comprehensively the efforts to prevent declines in labor productivity caused by climate change. From an occupational-health perspective as well, managing the thermal environment in the workplace is indispensable for both protecting workers' health and maintaining productivity; "heat-adaptation measures"—such as improving the workplace thermal environment, adjusting working hours, investing in cooling equipment, flexibly arranging telework and shifts, and raising awareness among employers and workers—should be explicitly incorporated as evaluation metrics in Health and Productivity Management. Furthermore, heat has been shown to affect not only absenteeism (absence from work due to heat illness) but also presenteeism (reduced on-the-job productivity through diminished concentration and work efficiency). Amid serious labor shortages as a societal challenge, heat countermeasures also function as an important measure from the standpoint of securing and retaining talent. By incorporating climate-change response into the evaluation criteria of the newly established "Health and Productivity Stock Selection 'Premier'" and others, and by linking this with the promotion of Health and Productivity Management evaluation and disclosure supported by the Ministry of Economy, Trade and Industry's "Healthcare Industry Competitiveness Strengthening Project," a virtuous cycle between companies' autonomous efforts and policy incentives can be created. In addition, mental health and the securing of social connection in the workplace—which also link with the aforementioned prevention of loneliness and isolation and with social prescribing—as well as the reduction of pollen exposure (through flexible work styles and the like), are desirable to position as evaluation perspectives in Health and Productivity Management. Moreover, amid advancing aging, creating an environment in which healthy and active older people can continue to work is an issue that directly bears on both the sustainability of social security and economic vitality. Given that older workers tend to be more vulnerable to heat stress, cross-sectoral responses on heat and health—that is, the institutionalization of comprehensive heat-adaptation measures in which the workplace, healthcare, long-term care, and the urban environment cooperate—are becoming ever more important. Deaths from heat illness exceeded 2,000 per year for the first time in 2024 and have continued at a high level of around 1,500 in recent years. In 2025, workplace heat-illness countermeasures were made mandatory through amendment of the Ordinance on Industrial Safety and Health; thorough implementation of existing measures—centered on outdoor workers in agriculture, construction, and the like—should be advanced in an integrated manner with the institutionalization of adaptation measures spanning healthcare, long-term care, and the urban environment. In outdoor work in agriculture, construction, and similar sectors in particular, the arrival of an environment in which even healthy workers find it difficult to work is becoming a real prospect. Empirical research suggests that the survivable limit of the wet-bulb temperature for humans is, in warm and humid environments, 30–31°C—lower than the conventionally assumed 35°C—a level that can be reached even now (for example, at 34°C and 70% humidity); countermeasures, including the development and diffusion of heat-protective equipment, must be considered now with a sense of urgency. As securing the employment of older people and protecting workers' health (including mental health) are positioned as issues for the Growth Strategy, heat adaptation is an indispensable foundation that

underpins workers' occupational safety and continued employment, and should be advanced in an integrated manner.

Regarding the "17 strategic fields" such as drug discovery, advanced medicine, and bio-manufacturing, a draft public-private investment roadmap was presented in April 2026 at the Drug Discovery and Advanced Medicine Working Group of the Japan Growth Strategy Council, and is to be reflected in the Growth Strategy. Seizing this opportunity, we propose making "investment mindful of international environmental constraints," grounded in strengthening the One Health approach, a requirement in that roadmap. Likewise, the public-private investment roadmap for the "Materials (critical minerals and components/materials)" field, presented by the Ministry of Economy, Trade and Industry in April 2026, names medical and long-term care as a priority field and sets out strengthening supply chains by securing and expanding the use of recycled materials in line with the Circular Economy Action Plan. For the critical minerals and metal components/materials indispensable to medical devices as well, the perspectives of resource circulation and environmental constraints should be incorporated in an integrated manner into the roadmaps of each field of the Growth Strategy. In addition, the Ministry of Economy, Trade and Industry's "Medical and Health Promotion Project" supports strengthening the international competitiveness and stable supply of next-generation medical devices and establishing domestic production bases for biopharmaceuticals and the like. We call for embedding One Health–based environmental-constraint requirements and the perspective of climate resilience in this R&D and these production bases. Domestically as well, there are local governments that have led the way in practicing comprehensive policy models that integrate the nation's first basic ordinance for promoting One Health, the development of dedicated centers, and measures for antimicrobial resistance (AMR), infectious-disease surveillance, and biodiversity strategy; such pioneering efforts strongly align with international trends.

In light of such domestic and international trends, there is great significance in synchronizing the new-technology-nation policy with the construction of sustainable healthcare systems and with international rule-making—through nature-positive procurement standards that contribute to biodiversity conservation; the control of environmental pollution including AMR measures (such as measures against per- and polyfluoroalkyl substances (PFAS) and microplastics); and the expansion of investment and financing that benefits environment and health, in cooperation with financial institutions and local governments. Riding the tailwind of progress in climate-related risk disclosure under the Sustainability Standards Board of Japan (SSBJ) standards, which apply progressively from the fiscal year ending March 2027, support tools for adaptation finance usable by financial institutions, including regional ones, should be developed, and investment and financing benefiting environment and health should be expanded. Furthermore, climate change affects not only changes in the spread of infectious diseases and rising heat stress, but also every stage—development, manufacture, storage, transport, and on-site use—of medical products such as pharmaceuticals, vaccines, diagnostics, and medical devices. High temperature and humidity, extreme weather, and disruptions to the cold chain impair the stability, efficacy, and usability of products, and this vulnerability is materializing especially in low- and middle-income countries that are more susceptible to climate change. The materials, formulation, packaging, cooling, logistics, diagnostic, and other technologies and knowledge in which Japan excels can contribute to the R&D of "climate-resilient medical products" that maintain quality and supply even under climate change. In fact, the drug-discovery and advanced-medicine field among the 17 strategic fields explicitly positions "products for responding to infectious diseases" as an investment target; the R&D of "climate-resilient medical products" that prepare for the changing risks of infectious diseases and the vulnerability of medical products under climate change should be clearly incorporated here. Clearly positioning such R&D and technology investment within the "17 strategic fields" will simultaneously realize the new-technology-nation policy and contributions to global health, and present an opportunity to lead international rule-making. In the field of pharmaceutical regulation, moreover, the WHO's "Greener Pharmaceuticals Regulatory Highway" concept—which adds environmental sustainability to the conventional pillars of quality, efficacy, and safety, and positions regulators as "enablers" of environmentally conscious innovation—is advancing (with international guidance to be published in 2026). Japan, too, while maintaining the principle of prioritizing health outcomes and access to medicines, should proactively engage in such international rule-making—for example, by advancing the standardization of life-cycle assessment (LCA) methods for pharmaceuticals and medical devices, and by considering, within the operation of the Pharmaceuticals and Medical Devices Act, the streamlining of review for environmentally conscious products ("green priority review").

This direction is also consistent with the government's "Overseas Infrastructure Deployment Strategy 2030." That strategy sets out "building climate-resilient, low-carbon, and sustainable healthcare systems" (including the promotion of ATACH), international deployment through the UHC Knowledge Hub, and support for the entry of the healthcare industry into global markets—providing grounds for positioning the R&D and international deployment of climate-resilient medical products and technologies as efforts that benefit both the domestic Growth Strategy and international contribution. As a command tower for such international deployment, the government established in 2025 the "Global Health and Medical Council," composed of 12 ministries and agencies and related institutions, and promotes the Asia Health and Wellbeing Initiative (AHWIN), the Africa Health and Wellbeing Initiative (AfHWIN), and the Global Health Strategy within a "three-way benefit (sanpo-yoshi)" framework that integrates business, economic security, and international cooperation. At its inaugural meeting, Japan's leadership on planetary-scale issues such as decarbonization in the medical field and planetary health was raised as a point of discussion. This statement proposes clearly positioning climate-resilient, low-carbon healthcare systems and climate-resilient medical products as a pillar of the international deployment that this council promotes. JICA, which sets out planetary health as a cross-sectoral guiding principle, contributes to global health through support for formulating Low Carbon Sustainable Health Systems (LCSHS) and Health National Adaptation Plans (HNAP), and serves as a foundation for the international deployment of Japan's technology and knowledge.

■ Dispelling Anxiety about the Future by Securing Fiscal Sustainability

From the standpoint of further strengthening the dispelling of anxiety about the future through "responsible proactive fiscal policy," we propose overcoming the confrontational framing of "fiscal discipline versus medical investment" surrounding medical fees and social-security costs. The catastrophic future health harms attributable to climate change, and the accompanying surge in medical and social-security costs, are estimated in domestic and international research to reach several to several dozen times the cost of countermeasures; by pursuing selection and concentration based on rigorous monitoring and evaluation, they can be positioned as indispensable "crisis-management investment" that forestalls future fiscal shocks. The Global Commission on Adaptation, in its report "Adapt Now: A Global Call for Leadership on Climate Resilience" (2019), estimates that advance investment in adaptation yields benefits of about 2–10 times (on average about 4 times) for the economy as a whole over the long term. The Asia Investor Group on Climate Change (AIGCC), for its part, estimates that if the current climate-policy trajectory continues, Japan's economic losses could reach about USD 9.2 trillion (approximately JPY 952 trillion) by 2050. Crisis-management investment in the climate and health field is nothing other than rational advance investment that avoids such future losses. According to the 7th Global Environment Outlook (GEO-7), published by the UN Environment Programme (UNEP) in 2025, transformative investment in measures for climate, nature, and pollution could generate up to USD 20 trillion in additional GDP per year by 2070, save millions of lives, and lift hundreds of millions of people out of poverty and hunger.

With regard to the large-scale investments of the Growth Strategy, the pump-priming effect of government investment and the certainty of redemption sources have been pointed out as challenges. On this point, crisis-management investment in the environment-and-health field has the strength of being relatively easy to quantify in terms of the "avoidable costs"—future medical and long-term-care costs and disaster losses—and thus easy to explain in terms of cost-effectiveness and fiscal sustainability. Just as GX investment is backed by clear redemption sources such as the fossil-fuel levy, environment-and-health infrastructure investment, too, should be given a stable framework of funding and investment based on avoided-cost benefits.

In the Basic Policy and the Growth Strategy, we strongly call for explicitly evaluating climate and health risks as fiscal risks and incorporating into the medium- to long-term fiscal plan investments that include the decarbonization and ZEB conversion of healthcare institutions, the promotion of home care and community-based integrated care, and the reduction of medical waste and resource circulation. It is essential to proactively link the formulation process of the next Climate Change Adaptation Plan—scheduled for a Cabinet decision within FY2026—with the formulation process of the Basic Policy, and to explicitly position adaptation investment in the health, medical, and long-term-care sectors within the fiscal plan, in order to enhance the effectiveness of both plans. In the next Climate Change Adaptation Plan, moreover, we call for explicitly setting targets for public and private adaptation investment, including in the health, medical, and long-term-care sectors, and for accelerating society-wide adaptation, including private investment. The timing of facility reorganization and renewal under the New Regional Healthcare Vision,

which begins in earnest in FY2026, is the greatest opportunity to incorporate building greening and energy self-sufficiency; the creation of a "new investment framework for crisis-management investment and growth investment," proposed by private-sector members of the Council on Economic and Fiscal Policy, is a good opportunity to institutionally support such multi-year environment-and-health infrastructure investment. In fact, in the energy and GX field, the development of a funding environment for multi-year, large-scale investment is already advancing—such as the debt-guarantee scheme of the GX Promotion Organization and the creation of a new lending scheme under which the Organization for Cross-regional Coordination of Transmission Operators (OCCTO) extends loans for long-term, large-scale power-source and grid development using fiscal investment and loans. For environment-and-health infrastructure investment as well, a framework for long-term, stable funding comparable to these should be put in place. The investments of the Growth Strategy mix "defensive" investment—crisis-management investment such as disaster prevention, national resilience, and economic security—and "offensive" investment—growth investment such as fostering new industries. Investment in environment and health is at once "defensive," averting future health harms and fiscal shocks, and "offensive," generating new industries and international competitiveness; it thus stands at the core that bridges the two.

The reform of budget formulation under government consideration—the shift from single-year budgeting toward multi-year formulation that distinguishes growth fields from foundational fields, and the idea of securing fiscal sustainability through a stable decline in the debt-to-GDP ratio rather than fixating on a single-year primary-balance (PB) surplus—will powerfully underpin both private investment that seeks medium- to long-term predictability and multi-year environment-and-health infrastructure investment, and this statement strongly supports this direction. In particular, building on the idea of securing funding over multiple years and managing it separately for fields important to economic security, we call for clearly positioning environment-and-health infrastructure investment—such as the decarbonization and resilience-strengthening of healthcare institutions—as eligible for this new investment framework. By using this framework and clearly setting out support through multi-year budgets and a dedicated investment framework in the Basic Policy and the Growth Strategy, a virtuous policy cycle can be created that transcends the wall of single-year budgeting. In addition, by building a mechanism in which local governments' efforts such as "Decarbonization Leading Areas" and "2050 Zero-Carbon Cities" and the development of publicly funded health, medical, and long-term-care facilities are evaluated and supported in an integrated manner, the nation's overall fiscal sustainability can be enhanced while drawing on local ingenuity. Toward achieving the government's FY2030 46% reduction target, accelerating environmental investment in cooperation with financial institutions and local governments is also indispensable. This is the most rational and responsible policy judgment to minimize the fiscal burden on future generations, and it eases people's anxiety about the future and generates a virtuous cycle that promotes private investment and innovation.

Responding to the climate crisis is not a mere burden or cost but the greatest opportunity of the 21st century to simultaneously advance health, the economy, and society. The healthcare sector must transform from one that merely "gives consideration to the environment" into one that "actively contributes to environmental regeneration"—and this is the key to realizing both human health and a sustainable society. The Health and Global Policy Institute hereby proposes that, in implementing the government's Basic Policy and Growth Strategy, climate change and health be positioned as a core issue determining national sustainability, and that—through building cross-government governance and strategic crisis-management investment, and in collaboration with diverse stakeholders—we chart a concrete path forward.

Health and Global Policy Institute (HGPI)
c/o International House of Japan, 5-11-16 Roppongi, Minato-ku, Tokyo 106-0032, Japan
Tel: +81-3-4241-5020 Fax: +81-3-6859-9291 Email: info@hgpi.org

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- **So Sugawara** (Representative Director, Green innovation)
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- **Masafumi Nozawa** (Director, Healthcare Industry Office, Corporate Finance Department Division 6, Development Bank of Japan)
- **Kinya Hamaguchi** (Executive Board Member, Japan Medical Association)
- **Makoto Haraguchi** (Fellow, Sustainability Department, MS&AD Insurance Group Holdings, Inc.)
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In order to secure its independence and neutrality, HGPI will seek to procure the funding necessary for its operation from a broad diversity of foundations, corporations, individuals, and other such sources. Moreover, as a general rule, funding for specific divisions and activities of the Institute will also be sought from multiple sources.

5. Exclusion of Promotional Activity

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6. Written Agreement

Submission of this document will be taken to represent the benefactor's written agreement with HGPI's compliance with the above guidelines.

■ Regarding the Independent Nature of These Recommendations

These policy recommendations are based on discussions at meetings HGPI held for this project and has been compiled in HGPI's capacity as an independent health policy think-tank. It does not, in any capacity, represent the opinions of any participating expert, speaker, related party, or organization to which those parties are affiliated.

■ About Health and Global Policy Institute

About Health and Global Policy InstituteHealth and Global Policy Institute (HGPI) is a non-profit, independent and non-partisan think tank established in 2004, dedicated to advancing citizen-centered health policy. Independent of any particular political party or organization, we bring together a broad range of stakeholders and present society with effective policy options to realize citizen-centered healthcare. Looking ahead to the future, we continue to propose innovative new ideas and values from a wide range of perspectives to build a fair and healthy society. Since its establishment, HGPI has remained at the forefront of identifying themes that were not yet receiving sufficient attention and ensuring their adoption as policy issues in areas such as women's health, cancer control, dementia, antimicrobial resistance (AMR), regenerative medicine, and global health. By ensuring such themes are reflected in the formulation of legal systems and national strategies as well as in global policy discussions, HGPI contributes to concrete policy progress. These sustained efforts have earned recognition from domestic and international policy stakeholders and organizations. We will continue participating in global dialogues in our capacity as a health policy think-tank from Japan. We continue to present effective health policy options and advance efforts to address health and medical challenges, not only in Japan, but on a global scale.

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■**Authors:** Health and Global Policy Institute (HGPI) Planetary Health Project Team (no particular order)

- **Joji Sugawara** (Vice President, HGPI)
- **Eri Cahill** (Associate, HGPI)
- **Hikaru Sato** (Associate, HGPI)
- **Gail Co** (Program Specialist, HGPI)
- **Aina Ozawa** (Intern, HGPI)
- **Hinako Iwakura** (Program Specialist, HGPI)
- **Yuki Hashiba** (Intern, HGPI)
- **Mako Mihira** (Intern, HGPI)
- **Tomoka Shimatsu** (Intern, HGPI)
- **Shu Suzuki** (Program Specialist, HGPI)
- **Hiroko Henker** (Research Fellow, HGPI)
- **Akira Shimabukuro** (Adjunct Fellow, HGPI)
- **Kenta Minamitani** (Adjunct Fellow, HGPI)