



Emergency Youth Statement to Protect Lives
and the Future from Extreme Heat:
- Calling for Climate Action that Leaves No One Behind -

■ **Introduction**

In Japan, days with temperatures of 40°C or higher occurred one after another across the country in July 2026, and the number of people transported by ambulance for heatstroke exceeded 10,000 in a single week ^[1, 2]. In Europe as well, the heatwave of the summer of 2026 resulted in reports of approximately 10,000 excess deaths in five countries alone by mid-July; in some French cities emergency calls increased by up to 50%, and in London the ambulance service recorded its highest-ever number of life-threatening emergency calls in a single day. Extreme heat has thus become a serious health crisis both in Japan and abroad ^[3, 4].

The climate crisis is no longer a future environmental problem. It has become a health crisis that, here and now, threatens the lives and health, work, learning, and healthcare delivery systems of every generation. Its burden is by no means borne equally: it differs greatly according to age, health status, income, housing conditions, working conditions, and other factors, further widening existing health disparities. As the climate crisis grows still more severe in the years ahead, young generations in particular will continue to bear its impacts over the long term. As those who are studying medicine and public health, we believe that in light of this reality we bear a responsibility to confront this challenge, as those who will carry forward the future of medicine and public health and who stand in a position to protect the health of patients and communities.

We call for the response to the climate crisis to be positioned not merely as a medium- to long-term environmental protection measure but as the highest-priority social issue, and for the following to be advanced in an integrated manner: making planetary health education substantive for the next generation of healthcare and public health professionals; institutionalizing adaptation measures that are pursued as a responsibility of society, rather than leaving the protection of lives from heat to individual effort or to the discretion of frontline settings; promoting a "Just Transition" that leaves no one behind; and advancing fundamental policies toward a decarbonized society.

■ **The Current Situation in Japan**

In Japan, health damage caused by extreme summer heat has become a serious public health crisis. According to the Fire and Disaster Management Agency, the number of people transported by ambulance for heatstroke between May and September 2025 was 100,510, the highest figure since surveys began. The number of emergency transports rose for four consecutive years, from 47,877 in 2021 to 100,510 in 2025, more than doubling over those four years. In 2025 in particular, the number

of transports in June also reached a record high, making the earlier onset and prolongation of the heat clearly apparent. Furthermore, residences were the most common location of onset, and, especially for older adults, the living environment itself—including indoors—has become a health risk ⁽⁵⁾ .

Health damage from heat is spreading beyond residences to workplaces, schools, and extracurricular club activities. In 2025, the number of workplace casualties from heatstroke was the highest since statistics began in 2005, an increase of 43% from the previous year ⁽⁶⁾ . In healthcare settings, voices have been raised that healthcare workers cannot secure enough time to hydrate adequately. In addition, a study by the National Institute for Environmental Studies and Waseda University (published in April 2025) indicates that, as climate change progresses, it will become difficult to continue school sports club activities as before, and that fundamental measures will be required—not merely reducing early-morning and outdoor practice, but also reviewing annual schedules and developing indoor sports facilities ⁽⁷⁾ .

Moreover, in the Third Assessment Report on Climate Change Impacts published in February 2026, the Ministry of the Environment expressed a high level of concern—from the perspectives of severity, urgency, and confidence—regarding multiple health risks, including the health impacts of heat. In addition to increases in heatstroke, cardiovascular disease, kidney disease, and respiratory disease, the expanding distribution of infectious diseases, and impacts on mental health, the report also explicitly identifies the risk that healthcare facilities themselves may cease to function due to flooding or heat. These circumstances show that the response to the climate crisis must not be confined to environmental policy, and that a societal response is required in which multiple fields, including healthcare, work together to protect health and the foundations of daily life ⁽⁸⁾ .

In response to this situation, Japan’s medical, public health, and academic communities have clearly positioned climate change as one of the greatest health crises. In “Recommendations for the Future” (2023), the Japanese Association of Medical Sciences officially recognized climate change as a global health crisis and recommended that the perspective of planetary health be integrated into medicine and healthcare activities as a whole. The Japanese Society of Public Health has likewise positioned planetary health as an important perspective in the society’s future strategy in its “Recommendations on the Future Vision,” published in 2025. In addition, in its recommendation “Mobilizing the Combined Strengths of Industry, Government, Academia, and Civil Society to Address the Climate Crisis—Toward a Carbon-Neutral Society Harmonized with Nature Restoration through the Circular Economy,” published on October 27, 2025, the Science Council of Japan explicitly described climate change as a “climate crisis” and called for responses to heatstroke, the spread of infectious diseases, and related issues. That the representative bodies of the professions responsible for healthcare and public health have, one after another, addressed this challenge head-on strongly resonates with our own awareness of the problem, as the next generation ^(9–11) .

■ Trends in the International Community

In the international community as well, the health impacts of climate change have come to be understood from a broad range of perspectives, going beyond the framework of environmental policy,

as an issue relating to human rights (including health and a healthy environment), to health crisis management, and to healthcare systems.

In July 2025, the International Court of Justice (ICJ) unanimously delivered its first-ever advisory opinion on the obligations of States with respect to climate change. The advisory opinion confirmed that climate change may affect the enjoyment of a wide range of fundamental human rights—including the rights to life, health, an adequate standard of living, and housing, as well as the rights of children and of future generations—and held that States have obligations under international law to protect the climate system and the environment. In this case, 91 written statements were submitted, the most in the history of the ICJ, and 96 States and 11 international organizations presented their views at the oral hearings, demonstrating the high level of interest within the international community ^[12] .

In response, in May 2026, the United Nations General Assembly adopted a resolution welcoming the advisory opinion. This series of developments advanced thanks to the initiative taken by the Pacific island nation of Vanuatu and to the advocacy of the youth-led organization Pacific Islands Students Fighting Climate Change (PISFCC), and it also stands as an example of youth action driving the formation of international norms ^[13, 14] .

In addition, with regard to health crisis management and the strengthening of healthcare systems, in May 2026 the Pan-European Commission on Climate and Health—an independent commission of the European Region of the World Health Organization (WHO)—called on WHO to formally declare climate change a Public Health Emergency of International Concern (PHEIC). The Commission positions climate change as a grave threat to health, security, and the economy, and calls for responses that include strengthening the climate resilience of healthcare systems, providing training on climate change and health for healthcare workers, and reducing greenhouse gas emissions in the healthcare sector ^[15] .

Such developments in the international community show that the response to the climate crisis is increasingly being positioned internationally not merely as environmental policy but as a policy agenda encompassing the guarantee of human rights, health crisis management, and the strengthening of healthcare systems.

■ The Perspective of the Next Generation and the Need for Implementation in Society

We are the generation that will bear, for the longest time, the impacts of extreme heat on learning, on opportunities for activity, and on health; at the same time, we are agents who will think for ourselves about the kind of society that can overcome this crisis and who will act accordingly.

As is evident from the introduction of a two-session format at the Summer Koshien National High School Baseball Tournament, extreme heat is already affecting the health of young people, their opportunities for growth, and everyday sports culture. In club activities and physical education classes, each individual takes precautions such as staying hydrated and avoiding direct sunlight, but we feel the limits of securing safety through individual effort alone in outdoor activities. Moreover, although guidelines for exercise based on the Wet Bulb Globe Temperature (WBGT) have been established, it is not easy for those on the ground alone to implement effective measures in club activity settings, such

as deciding to cancel or modify activities or securing alternative venues.

The impacts of climate change are projected to become still more severe. By the time our generation reaches 90 to 100 years of age, and the generation just born today reaches 70 to 80, Japan's average temperature is projected to have risen by approximately 1.4 to 4.5°C, with the number of extremely hot days and tropical nights increasing in many regions ^[16]. In addition, the population aged 65 and over is estimated to remain above 30 million even around 2060 to 2070. Furthermore, by 2050, people aged 65 and over are projected to account for more than 40% of the total population in many municipalities ^[17, 18].

To avoid such a future, it is necessary to advance, two sides of the same coin, adaptation measures that protect lives and health today from worsening heat, and mitigation measures that reduce greenhouse gas emissions and curb the further progression of climate change. The Intergovernmental Panel on Climate Change (IPCC) has pointed out that the further warming advances, the less effective adaptation measures become, and the greater the risk that people and ecosystems will reach the limits of adaptation. Accordingly, before future generations face a situation in which adaptation measures alone cannot protect their lives and health, the national government is required to act urgently to implement fundamental policies aimed at substantially reducing greenhouse gas emissions and transitioning to a decarbonized society.

Such action is also required from the perspective of protecting the rights of the child. The Convention on the Rights of the Child (CRC) guarantees, in addition to the right to health (Article 24), the rights to life, survival, and development (Article 6). In General Comment No. 26 (GC26), published in 2023, the UN Committee on the Rights of the Child set out the interpretation that States are "required to take into account, in present-day policy decisions, the foreseeable impacts that climate change may cause in the future, and to protect children's rights." It further states that, in order to fulfill their obligations under the CRC, States bear an individual responsibility to mitigate climate change.

We are not only in a position to continue being affected by the climate crisis; we are also those who will implement countermeasures in healthcare and welfare settings in the future. For us, the workplace is not merely a place to earn an income but also a place to live out our own values and contribute to society, and how an organization confronts social issues such as climate change is an important factor in choosing our career paths and workplaces. Healthcare, public health, and welfare settings that engage sincerely with climate change measures and planetary health will earn the empathy and participation of the next generation, and can also contribute to recruiting and retaining personnel. We believe that responding to the climate crisis does not impose a new burden on frontline settings, but is rather an opportunity to create, together with the next generation, workplaces that are more sustainable and more conducive to working.

This statement, from the standpoint of the young people who will carry the responsibility of next generation, calls for advancing the implementation of climate change and heat countermeasures in educational, workplace, and healthcare settings; for building mechanisms through which society as a whole provides support, rather than leaving the protection of lives and health from heat solely to

individual effort or to the discretion of frontline settings; and for promoting effective policies toward substantially reducing greenhouse gas emissions and transitioning to a decarbonized society, so that a society in which everyone can live with peace of mind may be realized for generations to come.

■ Recommendations

We call on the Japanese government to position its response to the climate crisis not as a medium- to long-term environmental protection measure but as the highest-priority social issue for protecting lives and health, learning, work, and the healthcare system. In the “Basic Policy on Economic and Fiscal Management and Reform 2026,” the government has set out “crisis management investment,” “building strong regional economies,” and “building an all-generation social security system.” For these policy goals to be effective and sustainable under climate change, it is essential to incorporate into each policy the recognition that the climate crisis is a cross-cutting risk that threatens the health of the population and the healthcare and welfare delivery systems of local communities. Moreover, adaptation to climate change, including heat countermeasures, prevents health damage such as heatstroke before it occurs and leads to reductions in severe cases, in emergency transports, and in the burden on the healthcare delivery system; it is therefore also important from the perspective of the “proactive preventive healthcare” set out in that same Basic Policy ⁽¹⁹⁾.

On that basis, we call for the integrated advancement of the following: making planetary health education substantive for the next generation of healthcare and public health professionals and linking it with practice settings; institutionalizing adaptation measures through which society as a whole protects lives; and substantially reducing greenhouse gas emissions while promoting a “Just Transition” that leaves no one behind. We accordingly make the recommendations set out below.

1. ***Making “Planetary Health Education” for the Next Generation of Medical and Public Health Professionals Substantive and Linked to the Field***

Responding to the climate crisis requires not only the development of systems and infrastructure but also, indispensably, the cultivation of the next generation of healthcare and public health professionals who will carry it out. We therefore call for education on climate change and health, One Health, and planetary health to be implemented in a form that can be put into practice in educational settings and in healthcare and welfare settings, rather than remaining merely a matter of formal statement within the system.

The FY2022 revised edition of the Model Core Curriculum for Medical Education, published in November 2022, explicitly sets out an understanding of the interrelationship between the environment, climate change, and health, and the same content has been incorporated into the respective Model Core Curricula for dentistry and pharmacy ^(20–22). Furthermore, the Model Core Curriculum for Nursing Education, published in March 2025, explicitly states, as a learning objective to be applied to students entering in FY2026 and thereafter, that students “understand the interrelationship between the global environment, the social environment, and human health—that is, the perspective of planetary health” ⁽²³⁾.

On the other hand, surveys by the Health and Global Policy Institute (HGPI) found that only 6.5% of

physicians as of 2023, and only 13.5% of nursing professionals as of 2024, had received education during their studies on the health impacts of climate change ^(24, 25) . While incorporation into the Model Core Curricula has progressed, the reality is that the educational structures for connecting that content to practical learning and to action in the field cannot be said to be sufficient. This challenge is shared not only by individual professionals but also at the level of organizations in the healthcare sector. A survey conducted in 2025 covering 152 healthcare-related academic societies, professional associations, and industry organizations found that, while almost all organizations shared the recognition that climate change is occurring and that it affects the health of patients and local residents, approximately 60% of organizations did not possess sufficient knowledge of specific adaptation and mitigation measures for climate change. Moreover, only 3.4% of academic societies responded that they “provide” continuing education opportunities to their members, with more than 90% of organizations either not providing such opportunities or not yet having considered doing so ⁽²⁶⁾ .

Thus, while awareness of the issue is increasingly shared, the opportunities and structures for learning the necessary knowledge and connecting it to practice are not sufficiently in place. It is required that this gap between awareness and practice be closed, and that education for the next generation be developed into learning that can be applied in the field, rather than remaining merely a matter of formal statement within the system.

- **Making climate change education substantive:** We call for securing an educational environment in which students can sufficiently deepen their understanding of the learning objectives set out in the Model Core Curricula, such as “the environment, climate change, and health” in medical education and “the perspective of planetary health” in nursing education. Specifically, it is necessary to train faculty capable of teaching these subjects, to develop teaching materials, and to expand practical exercises based on case studies and fieldwork. In addition, the health impacts of climate change, including heatstroke, are inadequately understood not only among the general public, but also among healthcare and public health professionals. Cultivating the ability to communicate evidence-based knowledge to society in an accessible manner and to connect it to changes in people’s behavior must also be positioned within the curriculum as an important role required of the healthcare and public health professionals of the future.
- **Linking learning with practice settings:** So that students can make use of the knowledge they have learned in the field, we call for medical institutions and welfare facilities that serve as sites for clinical practice and training to advance, in parallel, efforts such as adaptation to climate change, the strengthening of disaster resilience, and the reduction of greenhouse gas (GHG) emissions. By linking educational settings with healthcare and welfare settings, it is necessary to build a next-generation healthcare system in which learning does not end with learning, but in which what has been learned can be put into practice in the field.
- **Systematic promotion of workforce development:** We call for the systematic cultivation, through undergraduate education, postgraduate training, specialty training, and continuing education, of professionals capable of responding to the health challenges that are becoming more complex under the climate crisis, such as heatstroke, infectious diseases, mental health,

the climate vulnerability of healthcare facilities, and the decarbonization of the healthcare sector. At the same time, it is necessary to systematically incorporate the perspective of planetary health into existing continuing education frameworks, such as the renewal of professional qualifications and Continuing Professional Development (CPD), and to put in place structures through which academic societies, professional associations, and other bodies can provide ongoing learning opportunities.

2. *Institutionalizing Adaptation Measures That Protect Lives Across Society as a Whole*

In 2025, the number of people transported by ambulance for heatstroke reached a record high of 100,510 ^[5], and the number of deaths due to heatstroke also reached a record high of 2,160 in 2024 ^[27]. In light of this situation, there are limits to leaving heatstroke countermeasures solely to the caution and effort of each individual. To protect lives and health from the heat, it is necessary to develop measures suited to the respective risks in schools and sports facilities, in workplaces, and in local communities, as mechanisms for society as a whole.

We call for the establishment, as formal systems, of environmental improvements and activity standards for facilities, early warning systems, occupational safety and health measures, and mechanisms for connecting people to community support, so that those at particularly high risk—such as children, older adults, people living with illness, and economically disadvantaged households—as well as the staff who sustain healthcare, can be reliably protected from the crisis of climate change. In addition, we call for securing stable financial resources so that these efforts can be carried out continuously and nationwide.

- **Ensuring safety at schools and sports facilities:** We call for accelerating the complete installation of air conditioning and insulation retrofits in school gymnasiums and indoor exercise facilities. According to a survey published by the Ministry of Education, Culture, Sports, Science and Technology on July 30, 2026, the rate of air conditioning installation in gymnasiums and similar facilities at public elementary and junior high schools stands at only 31.7% nationwide as of May 1, 2026 ^[28]. Installing air conditioning in gymnasiums—which serve as venues for physical education, club activities, and school events, and as evacuation shelters in times of disaster—is an urgent issue, and it is necessary to create an environment in which all students can safely engage in physical education and exercise. In addition, we call for activity standards based on the WBGT to be positioned as common standards for school education and sports activities, and for the establishment of mechanisms that do not leave decisions on cancelling or modifying activities, or on taking breaks, solely to the discretion of those on the ground ^[29, 30].
- **Strengthening early warning systems:** We call for institutionalizing climate and health vulnerability assessments for each region, and for strengthening nationwide early warning systems that integrate forecasting, information dissemination, and the responses of relevant organizations with respect to heatstroke and to infectious diseases affected by climate change. In addition, with regard to the current Heatstroke Special Alert, we call for enhancing concrete criteria and the provision of information so that, rather than judging activities uniformly on the

basis of prefecture-level announcements alone, municipalities, schools, and businesses can appropriately decide whether to cancel, postpone, or modify activities, taking into account local heat risks, the WBGT by time of day and by location, and the nature of the activity ⁽³¹⁾ .

- **Protection of healthcare and welfare workers:** In light of the occupational safety and health risks under climate change identified by the International Labour Organization (ILO), we call for the institutional strengthening of working-hour management under heat stress, breaks, hydration, the securing of cooling environments, and health management. It is necessary to explicitly include staff working in healthcare and welfare settings within the scope of such measures, and to establish mechanisms through which those whose role is to protect patients are themselves protected. At the same time, for such systems to be effective in the field, understanding on the part of those who receive healthcare and welfare services is also indispensable. For example, there are situations in which it becomes necessary to obtain the understanding of patients and service users regarding staff taking hydration or rest breaks while on duty. We call for fostering understanding, across society as a whole, that rest and heat countermeasures for staff are both a right of those staff and a legitimate practice that supports safe, high-quality care ⁽³²⁾ .
- **Introducing climate-adaptive “social prescribing”:** The risk of heatstroke is not something that can be avoided through one’s own effort and caution alone; it is greatly influenced by factors that are difficult for individuals to change, such as housing conditions and economic circumstances. In order to connect those at particularly high risk—such as people who have no choice but to refrain from using air conditioning, and older adults who are less able to perceive heat—with appropriate support, we call for the use of “social prescribing,” in which healthcare and welfare institutions introduce and broker local resources as a framework for climate adaptation. For example, one conceivable approach would be to build mechanisms that link healthcare and welfare institutions with local resources, such as the cooling shelters being developed under the amended Climate Change Adaptation Act, as well as community activities, so that those in need are reliably connected to appropriate support. Furthermore, by designing cooling shelters not as mere places of refuge but as “places people want to go,” connected with local events and interaction with others, they can be expected to contribute not only to preventing heatstroke but also to relieving isolation among older adults and to building local communities. In order to advance such efforts effectively, it is necessary to put in place structures for cross-sectoral collaboration among healthcare, long-term care, and welfare ^(33–35) .

3. ***Substantially Reducing Greenhouse Gas Emissions and Transitioning to a Decarbonized Society That Leaves No One Behind***

In order to curb the further worsening of the climate crisis and to protect people's lives, health, and the foundations of their daily lives into the future, it is essential to reduce greenhouse gas emissions substantially and swiftly, and to advance the transition to a decarbonized society. In the healthcare and welfare fields as well, it is necessary to set out the reduction of energy consumption and greenhouse gas emissions as a clear goal, and to advance these efforts in a manner that simultaneously enhances the health of patients and staff, the quality of care and working environments, and the continuity of

medical care in times of disaster.

At the same time, if the costs and operational burdens required for decarbonization fall disproportionately on small and medium-sized medical institutions and welfare facilities in rural areas, as well as on the staff who work there, a sustainable transition cannot be achieved. So that all healthcare and welfare facilities, including those with limited specialist personnel and funding, can undertake decarbonization, we call for the provision of financial and technical support suited to the circumstances of each facility, and for building mechanisms that do not widen disparities between regions or between facilities.

- **Decarbonizing the healthcare and welfare system toward net zero:** The carbon footprint of Japan's healthcare services is estimated to have reached 72.0 MtCO₂e in 2015, accounting for 5.2% of the country's total greenhouse gas emissions ^[36]. As demand for medical and long-term care is expected to increase with population aging, it is necessary to advance emissions reductions systematically while maintaining the quality of, and access to, necessary services. We call on the national government to continuously ascertain the carbon footprint of the healthcare and welfare system as a whole and to set out concrete reduction targets, a roadmap, and common methods of calculation and evaluation toward net zero (effectively zero greenhouse gas emissions). The scope of emissions measurement and reduction should cover not only direct emissions from facilities and emissions associated with energy use but also the entire supply chain—including the procurement, logistics, and disposal of pharmaceuticals, medical devices, and other items—and reductions should be advanced systematically, beginning with the areas of greatest emissions.
- **Reconciling the decarbonization of medical institutions with climate resilience and the delivery of high-quality care:** In decarbonizing medical institutions, we call for energy conservation and the use of renewable energy to be advanced in an integrated manner together with securing safe, high-quality care and working environments for patients and staff, and with developing systems that enable the continued delivery of medical care even in times of disaster. Ashikaga Red Cross Hospital (Tochigi Prefecture) makes use of groundwater heat, solar power, and wind power, combining a reduced environmental burden with strengthened functions as a disaster base hospital. Odawara Municipal Medical Center (Kanagawa Prefecture) has reduced primary energy consumption by 57% while also advancing the introduction of a seismic isolation structure and groundwater treatment facilities and improving the patient room environment. Furthermore, the Hakuho Group has begun using renewable energy through corporate power purchase agreements (PPAs) at its medical and long-term care facilities, and is expanding this to multiple facilities. We call for building mechanisms to organize and share the effects of, and the implementation challenges faced by, such leading examples, and to disseminate them as models and guidelines that can be applied according to region and facility size ^[37–39].
- **Support for development and renovation to advance the decarbonization of healthcare and welfare facilities equitably:** Environmental standards intended to promote the decarbonization of facilities, or the cost burdens required to meet them, must not widen disparities between regions and between facilities, nor leave behind rural and small and medium-sized medical

institutions and welfare facilities with limited specialist personnel and funding. The government's "Strategy for the Future of Regions," which gives concrete form to the "building of strong regional economies" initiative set out in the "Basic Policy on Economic and Fiscal Management and Reform 2026," sets as its goal a society in which people can live safely, receive the healthcare, welfare, and high-quality education they need, and have a place to work, no matter which of the 47 prefectures they live in ^[40]. In order to achieve this goal as well, a perspective that advances decarbonization equitably, without undermining regional healthcare and welfare delivery systems, is indispensable. Specifically, within the national subsidy schemes for facility development, we call for the phased introduction of environmental requirements such as ZEB standards as subsidy conditions or as criteria for priority selection in the case of new construction, rebuilding, and large-scale renovation. For renovations of other existing facilities, on the other hand, uniform levels should not be required; instead, it is necessary to set phased energy-saving and emissions-reduction standards according to the size, age, function, and renovation potential of each facility. In doing so, we call for the provision of subsidies and loans for the additional costs required, and of technical support by specialists, so that rural and small and medium-sized facilities can also meet these standards, and for mechanisms that prevent costs and operational burdens from being excessively concentrated on rural and small and medium-sized facilities.

■ Founding Organizations and Secretariat

Founding Organizations:

- Asian Medical Students' Association Japan (AMSA Japan)
- International Federation of Medical Students' Associations, Japan (IFMSA-Japan)
- Japan Association for Global Health, Students Section (jagh-s)

Secretariat:

- Health and Global Policy Institute (HGPI)

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About the Founding Organizations

- **Asian Medical Students' Association Japan (AMSA Japan)**



Asian Medical Students' Association Japan (AMSA Japan), founded in 1980 by Shigeru Suganami, is a student organization that aims to build a human network for the improvement of medicine in Asia. Under the slogan "Let's connect now for the future", AMSA Japan works to build connections among medical students through a variety of experiences. Domestic activities include organizing workshops and medical training camps to connect medical students in Japan, writing articles and publishing a Japanese-English newsletter 'eNewsletter'. International activities include short-term exchange

programmes with Asian countries, participation in biannual international conferences, and organizing collaborative events with the countries to which they belong.

- **International Federation of Medical Students' Associations, Japan (IFMSA-Japan)**



IFMSA-Japan is a student organization that operates under the philosophy of "developing healthcare professionals with a broad perspective through social contribution and connections with the international community, and aiming for a better society." The Standing Committee on Public Health (SCOPH), which was responsible for this project, operates under the philosophy of "contributing to local communities through public health and aiming to become healthcare professionals with a broad perspective." With the belief that a better world can be achieved when people become healthier, it aims to improve people's health

from various perspectives through awareness-raising activities, health education, and more.

- **Japan Association for Global Health, Students Section (jagh-s)**



Japan Association for Global Health, Students Section (jagh-s) is a student organization established in 2005. Its mission is to contribute to Japan and the international community by providing information and opportunities to students interested in global health in various fields nationwide without regional disparities, and by fostering human resources who can play an active role in the world. The organization plans and conducts study sessions on global health, participates in academic conferences of the Japan Association for International Health, and manages a new project, "Global Health Online Book."

The OBOG is actively working with a wide range of research institutes, government agencies, international organizations, and non-governmental organizations, including the Japan International Cooperation Agency (JICA) and the Japan Overseas Cooperation Volunteer.

- **Health and Global Policy Institute (HGPI)**



Health 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.

- Organizations that have expressed their endorsement of this statement. (as of August 7, 2026)

- Friends of WHO Japan
- Japan Environmental Lawyers for Future (JELF)
- Youth Climate Case Japan
- FUJINOMORI Inc.
- Youth Environmental NGO Climate Youth Japan

