



Health Policy Summit 2023

-Reconsidering Health Systems on a Planetary Scale-

医療政策サミット 2023

～地球規模で再考する保健医療システム～

- **Date & Time:** Saturday, February 18, 2023; 13:30 to 17:30 (with lunch networking from 11:30 to 13:00)
- **Venue:** Imperial Hotel Tokyo (Peacock Room)
- **Languages:** Japanese and English (with simultaneous interpretation)
- **Host by:** Health and Global Policy Institute (HGPI)
- **Sponsored by:** Gilead Sciences K.K., National Graduate Institute for Policy Studies (GRIPS) Global Health Innovation Policy Program (GHIPP)
- **Supported by:** Ministry of Health, Labour and Welfare (MHLW), Ministry of Education, Culture, Sports, Science and Technology (MEXT)



11:30-13:00 **Lunch Networking**

13:00-13:30 Recess

13:30-13:40 **Opening Remarks**
Kazuhiro Oshima (Vice Minister of Health, Labour and Welfare)

13:45-13:55 **Explanatory Introduction**
Ryoji Noritake (CEO, Board Member, HGPI)

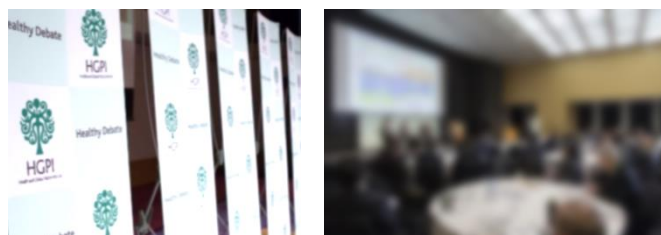
14:00-15:30 **Session 1: “Reconsidering Infectious Disease Control on a Planetary Scale”**

15:30-15:40 Recess

15:40-17:10 **Session 2: “Reconsidering Health Systems as Multi-Stakeholders”**

17:15-17:30 **Closing Remarks**
Kiyoshi Kurokawa (Chairman, HGPI)

The history of the Health Policy Summit



Health and Global Policy Institute (HGPI) has hosted Health Policy Summit as its flagship event almost every year since 2006. These events have brought together decision-makers and top leaders in health policy representing multi-stakeholders to discuss the key issues of each year. Under

the Chatham House Rule of not disclosing speakers' names in reference materials and other publications, each Health Policy Summit has generated active discussions in line with our vision of "Healthy Debate." We have leveraged our unique position as a non-profit, non-partisan, independent think-tank to ensure this event serves as a forum for Diet members of all parties and high-ranking administrative officials to freely exchange opinions with open minds. We have held opinion exchanges on many key issues including integrated tax and social security system reforms, Regional Medical Care Visions, chronic disease control, healthcare digitalization, and the roles of politics and science in efforts to combat COVID-19. Many global leaders have also participated in past Health Policy Summits, allowing these events to provide opportunities for us to refer to good examples from other countries in addition to those from Japan. In Japan, platforms for multi-stakeholder discussions that surpass individual positions are rare in the field of health policy, and Health Policy Summit is widely recognized among stakeholders as an invaluable legacy event.

Background

Session 1: "Reconsidering Infectious Disease Control on a Planetary Scale"

Session 2: "Reconsidering Health Systems as Multi-Stakeholders"

Examining public finance in Japan, we see that the general account budget for FY2021 was 102.658 trillion yen. That year, social security expenditures amounted to 35.8608 trillion yen or about 35% of the general account budget. Japan also experienced serious socioeconomic effects from the Coronavirus Disease 2019 (COVID-19) and how we should structure our health- and long-term care insurance systems has been a daily topic in the media. In the eyes of the public, issues related to social security and health policy have become primary concerns.

At the same time, among many of the issues facing Japan, only a few can be addressed by Japan alone. COVID-19 and other infectious diseases continue to be worldwide threats that require frameworks for international cooperation to overcome. In addition to COVID-19, Japan has made a number of global contributions in the field of infectious diseases for AIDS, tuberculosis, malaria, and neglected tropical diseases. However, to ensure health systems can obtain satisfactory results in the presence of financial limitations, expectations are high for progress in discussions on how to best assess the effects of global contributions in the field of infectious diseases on a planetary level, as well as how to best structure public-private partnerships in that area. International cooperative frameworks for disease control often include objectives for each participating country to achieve within its own borders, so in addition to providing funding, countries that make international commitments are also obligated to make progress in their domestic policies. Regarding efforts to maintain and improve the health of the public in real terms, evidence which suggests that preserving the Earth's environment will be essential for ensuring the health of humanity is also being gathered. The concept of planetary health has become well-established and discussions in line with that concept are now advancing. In this era of climate change, we must achieve steady progress in the implementation of domestic infectious disease control measures. Doing this requires us to adopt a global perspective to reconsider COVID-19 and all other infectious disease countermeasures as a part of health systems on a planetary scale (Session 1).

There are also striking changes occurring in the international environment with regards to efforts to generate and assess innovations for overcoming disorders and infectious diseases. As we saw during the deployment of COVID-19 vaccines, mechanisms based on global public-private partnerships are resulting in breakthrough innovations in pharmaceuticals and diagnostic technologies. The whole world is functioning as a market where decisions regarding prices and distribution cannot be made unilaterally by single countries. Furthermore, geopolitical threats mean securing basic antimicrobials and other basic pharmaceuticals is now becoming an economic and health security issue. Expectations are high for the creation of systems providing stable supplies of these medicines and for steps to rapidly introduce novel innovations that have been deemed safe. Steps must also be taken to maintain healthcare systems overall, starting with Universal Healthcare Coverage (UHC), as well as to ensure they are sustainable. Despite anticipation for discussions on pharmaceutical pricing in the national health care system, as well as on enhancing overall healthcare productivity and quality to achieve these objectives, consensus among multi-stakeholders has been hard to build. Expectations are high for opportunities to hold free and open-minded discussions on these topics (Session 2).

As issues that are characteristic of the Anthropocene era come into clear view, Health Policy Summit 2023 will be titled, “Reconsidering Health Systems on a Planetary Scale” and deepen discussion under two themes: Session 1, or “Reconsidering Infectious Disease Control on a Planetary Scale;” and Session 2, or “Reconsidering Health Systems as Multi-Stakeholders.” Each session will consist of pitch talks from industry, Government, academia, and civil society followed by roundtable discussions with participants.

To Host “Health Policy Summit 2023”: Greeting from HGPI Chairman

Thank you very much for joining us for Health Policy Summit 2023. Nineteen years have passed since the establishment of Health and Global Policy Institute (HGPI) in 2004, when we began working in our capacity as a non-profit, independent, nonpartisan think-tank toward our mission of “Achieving citizen-centered health policy by organizing discussions that involve a broad range of stakeholders to generate policy options for society.”

Emphasizing the key words of “Healthy Debate,” activities from HGPI have been undertaken with the firm belief that gathering broad stakeholders, openly discussing policy options, and making responsible decisions is an essential process for achieving the healthcare that the public truly needs. HGPI has held Health Policy Summit as one of our key events almost every year since our establishment. At these Summits, we have hosted leaders in the field of health policy for open-hearted discussions on the most important health policy topics of each year.

Over the past three decades, the GDP of Japan has not been growing in real terms. Starting in the 1990s, when the internet began to spread around the globe, the focus of the economy has been shifting from manufacturing to digital technology. Japan, which previously achieved great success in manufacturing, is now falling behind global trends. Japan’s position in the field of academics is no exception. Examining data presented by the Japan Science and Technology Agency (JST) on the international share of the top 10% most frequently-cited academic papers, we see that in 2000, Japan was in fourth place after the U.S., the U.K., and Germany. Japan’s position has gradually declined over the years to tenth place in 2018. Having a low number of researchers and insufficient investments in academic fields are often mentioned as factors that led to this decline. If we examine the number of researchers in each country, however, Germany has fewer researchers than Japan, but has only fallen by one position, to fourth place. As for investments in academic fields, the amounts Japan invests per researcher are comparable to the amounts invested in countries like Germany and France.

If the number of researchers and the amount invested in research are not reasons Japan is lagging behind in the academic field, why is its rank on the decline? I think one factor is the vertically-structured society being part of the culture at our universities. Such rigid environments make it difficult to foster the seeds of new research. Rather than being a problem for the Government to address, this may be an issue that must be addressed by universities, the researcher community, and specialists themselves. The aspect of Japanese culture in which people spend their entire careers within one organization was effective during the Meiji period or our period of rapid economic growth, but the world is undergoing great change driven by digital transformation and the advance of globalization. Not only must Japan change in accordance to global trends, but our health system must change, as well.

The two sessions featured at Health Policy Summit this year are titled “Reconsidering Infectious Disease Control on a Planetary Scale” and “Reconsidering Health Systems as Multi-Stakeholders,” and we have done our best to arrange them so both speakers and participants can engage in discussions in a unified manner. We will come together as multi-stakeholders representing industry, Government, academia, and civil society to intensify discussions in which we will highlight past achievements and identify challenges, share our visions looking one or two decades ahead, and examine solutions to pressing issues. It is my sincere hope that this Summit will provide each participant with opportunities to step beyond their individual position to engage in open discussions and take action.



Kiyoshi Kurokawa
Chairman, Health and Global Policy Institute

Opening Remarks by Kazuhiro Oshima (Vice Minister of Health, Labour and Welfare)

- **Expectations: Proposals and recommendations from diverse stakeholders to prepare for the future, considering three years of the COVID-19 pandemic.**
- **Key Focus: Further analysis of Japan's unique characteristics, such as having fewer fatalities compared to other countries.**



- It has been three years since the outbreak of COVID-19. This summit is timely and significant for considering Japan's health policies. With the reclassification of COVID-19 as a Class 5 infectious disease under the Infectious Diseases Control Act scheduled for May 8, this is a critical time for analyzing past experiences and formulating proposals and recommendations. I see two key points to address:

- Despite its aging population, Japan has experienced a COVID-19 mortality rate approximately one-fifth that of Western nations. It is essential to analyze the factors behind this outcome and derive lessons that can be

applied in the future.

- Over the past three years, we have faced infectious diseases with diverse characteristics. There is a need to examine various aspects, such as the relationship between the spread of Alpha and Delta variants, mortality trends, and vaccine rollouts, as well as the role of hospital coordination and COVID-19-designated beds at the prefectural level.
- After May 8, COVID-19-related inpatient and outpatient care will, in principle, be treated similarly to seasonal influenza. This will make the establishment of a medical care system capable of accommodating a wide range of patients a major theme. While various countermeasures and procedures will be reviewed gradually, detailed plans are expected to be announced in early March. Efforts will be made to ensure a smooth transition by incorporating input from medical professionals and local governments and prioritizing the perspectives of patients and service users. In conclusion, I hope the outcomes of this summit will be fruitful and valuable.

Explanatory Remarks by Ryoji Noritake (CEO and Board Member, Health and Global Policy Institute)

- **HGPI emphasizes three steps in achieving citizen- and patient-centered health policies: agenda setting, agenda shaping, and agenda delivery.**
- **There is a need to formulate policies based on a longer-term perspective to ensure their effective realization.**
- **It is essential to create better health policies by incorporating diverse viewpoints and perspectives through active and open discussions.**



- Health and Global Policy Institute (HGPI) is a non-profit, independent, and non-partisan think tank specializing in health policy, established in 2004. Its mission is to achieve citizen- and patient-centered health policies.

- When formulating policy recommendations, we place great importance on three steps: agenda setting, which focuses on forward-looking policies; agenda shaping, which involves multi-stakeholder and global discussions; and agenda delivery, which ensures bipartisan implementation. We are committed to realizing these policies.

- I hope today's discussions will be open and vigorous, leading to meaningful exchanges of ideas.

Session 1: “Reconsidering Infectious Disease Control on a Planetary Scale”

Speakers (Titles omitted, listed in alphabetical order):

- **Hiroyasu Iso** (Director of Institute for Global Health and Medicine, Bureau of International Health Cooperation, National Center for Global Health and Medicine)
- **Mugen Ujiie** (Chief of Travel Clinic, Director of Immunization Support Center, Disease Control and Prevention Center (DCC), Center Hospital of the National Center for Global Health and Medicine (NCGM))
- **Satoshi Ezoe** (Director, Global Health Strategy Division, International Cooperation Bureau, Ministry of Foreign Affairs. Director, Office of Healthcare Policy, Cabinet Secretariat (Cross-appointment))
- **Norio Ohmagari** (Director, Disease Control and Prevention Center of National Center for Global Health and Medicine)
- **Haruo Ozaki** (Chairman, Tokyo Medical Association, Director, Ozaki Naika Junkankika Clinic, Adjunct Lecturer, Department of Cardiology, Graduate School of Medicine, Juntendo University)
- **Hajime Kamiya** (Infectious Disease Surveillance Center, National Institute of Infectious Diseases, Tokyo, Japan)
- **Motoyuki Sugai** (Director, Antimicrobial Resistance Research Center, National Institute of Infectious Diseases)
- **Keizo Takemi** (Member, House of Councilors)
- **Junko Tanuma** (Chief, Division of the AIDS Medical Information of AIDS Clinical Center (ACC), Emergency Medical Services Office of National Center for Global Health and Medicine (NCGM), Tokyo, Japan)
- **Shuhei Nomura** (Project Associate Professor, Department of Health Policy and Management, School of Medicine, Keio University/ Member of the Global Burden of Diseases Study (GBD) Scientific Council)
- **Masahiro Hashizume** (Professor, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo)
- **Naoko Yamamoto** (Professor, International University of Health and Welfare, former Assistant Director-General Division of UHC/Healthier Populations World Health Organization)

■ Key Points:

- **Proposals and recommendations from diverse stakeholders are expected to prepare for the future, taking into account three years of the COVID-19 pandemic.**
- **Further analysis is needed to understand Japan’s unique characteristics, such as having a lower mortality rate compared to other countries.**



■ Past Contributions: Japan's Efforts and Their Impact

"Development of Japan's Domestic Health and Medical Systems"

- **Non-Communicable Diseases (NCDs):**
Japan has established the Specific Health Checkups and Specific Health Guidance programs to address non-communicable diseases, including lifestyle-related illnesses. These programs provide health guidance to high-risk individuals and encourage them to seek medical attention when necessary. Various initiatives have also been implemented under the Act on Assurance of Medical Care for Elderly People (formerly the Health and Medical Services Act for the Aged), which aims to maintain the health of the elderly and ensure appropriate medical care. At the regional level, more than 50 years of focused measures on hypertension have halved the incidence of cardiovascular diseases, ultimately helping to curb the rise in healthcare costs.
- **Tuberculosis Countermeasures and Public Health:**
Tuberculosis measures have played a significant role in the development of Japan's public health strategies and medical systems. Many of the antibiotics, diagnostic devices, and methods now in everyday use have been introduced to the global market by Japanese companies. Sustaining and leveraging this leadership is crucial. Thanks to Japan's healthcare delivery systems and health policies, the 2009 H1N1 influenza pandemic was managed without significant disruption.
- **Varicella Vaccine Development:**
Japan developed the varicella (chickenpox) vaccine in 1974, and by 1985, the World Health Organization (WHO) had recognized it as the most effective and safest option available. Since then, it has become a routine immunization in many countries. However, in Japan, it was not incorporated into the routine immunization schedule until 2014. This raises the need for discussions on whether the current state of Japan's vaccination system is adequate.
- **Japan Nosocomial Infections Surveillance (JANIS):**
The Japan Nosocomial Infections Surveillance (JANIS) system is one of the largest surveillance systems in the world. Expanding JANIS to regions like Southeast Asia, where antimicrobial-resistant bacteria are prevalent, is a critical step forward.

"Infectious Disease Control and Contributions to Global Health"

- **Support for the Gavi Alliance:**
Since 2011, Japan has provided financial contributions to the Gavi Alliance. Gavi's activities include funding vaccination programs, supplying vaccines to partner countries, shaping vaccine markets, and strengthening healthcare systems that support immunization. Over nearly a decade of continuous contributions, Japan played a critical role as the secretariat of the COVAX Facility during the COVID-19 pandemic. This was the first global initiative aimed at equitable vaccine distribution amid global disruption caused by the pandemic.
- **Official Development Assistance (ODA) for Health:**
Before the COVID-19 pandemic, Japan provided over \$1 billion annually in health-related Official Development Assistance (ODA), ranking fourth among G7 countries after the United States, the United Kingdom, and Germany. Japan has also been a key donor during the pandemic, ranking first in 2020 and third in 2021 for pandemic response contributions.
- **Initiatives for the Three Major Infectious Diseases (HIV/AIDS, Tuberculosis, and Malaria):**
Japan played a pivotal role in establishing the Global Fund to Fight AIDS, Tuberculosis, and Malaria during the G8 Kyushu-Okinawa Summit in July 2000, to channel funds to the regions most in need. Japan has also collaborated with UNICEF, the World Health Organization (WHO), and the Gavi Alliance. Domestically, Japan established the Global Health Innovative Technology Fund (GHIT Fund) to foster global health technology advancements and has built comprehensive frameworks to address these issues. Bilateral cooperation, led by the Japan International Cooperation Agency (JICA), has also been promoted in areas such as water and sanitation, maternal and child health, nutrition, and other related fields.

"Political Commitment and Agenda Setting at G7 Summits"

- **Infectious Diseases at the Forefront:**
At the 2000 Kyushu-Okinawa Summit, infectious diseases were highlighted as a primary issue for the first time in G7 history. This initiative led to the establishment of the Global Fund, a public-private partnership fund for combating infectious diseases. At the 2008 Toyako Summit, the theme of "health system strengthening" was introduced, creating a significant global movement.
- **Leadership in Health System Approaches:**
At the 2008 Toyako Summit, Japan proposed a focus on the financial, human resource, and information system aspects of global health systems, playing a pivotal role in mainstreaming a systems-based approach to health. While the Millennium Development Goals (MDGs) emphasized maternal and child mortality and the three major infectious diseases (HIV/AIDS, malaria, and tuberculosis), Japan contributed significantly to building international consensus on advancing Universal Health Coverage (UHC). Under the Abe administration, Japan incorporated health system strengthening into the Sustainable Development Goals (SDGs). Subsequently, at the 2016 Ise-Shima Summit, UHC achievement, the establishment of crisis management systems, and addressing antimicrobial resistance (AMR) were identified as three pillars. A consensus was reached to treat preparedness and prevention for crises and the achievement of UHC as two essential and complementary efforts. This innovative approach helped design the global health governance system through discussions in political forums.
- **Focus on UHC and Global Health Architecture:**
The 2016 Ise-Shima Summit highlighted Universal Health Coverage (UHC), which ensures all people can access quality health services when needed without financial hardship. It also addressed the need to strengthen the *Global Health Architecture (GHA)* to improve international healthcare structures and functions for more effective and coordinated public health crisis responses, a focus prompted by the Ebola outbreak.
- **Japan's Diplomatic Leadership in Global Health:**
Japan has made significant contributions by making health issues a top agenda item in international politics and positioning global health as a central pillar of its diplomacy. Many leaders from low- and middle-income countries have committed to achieving UHC, ensuring that all people can access quality health services without financial difficulties when and where needed. The institutionalization of joint meetings between health ministers and finance ministers has been another major achievement, with Japan's leadership receiving international recognition for its role in these advancements.

"Antimicrobial Resistance (AMR), the Voices of Citizens and Patients, and International Collaboration"

- **Progress in AMR Measures:**
In 2016, Japan developed its *National Action Plan on Antimicrobial Resistance (AMR)*. Following this, the Antimicrobial Resistance Research Center was established, and the AMR Clinical Reference Center was set up at the National Center for Global Health and Medicine. The *Annual Report on AMR One Health Surveillance* is a notable achievement for Japan. However, one major issue with this report was the lack of genome data. With the introduction of sequencers and other tools across local governments nationwide as part of COVID-19 countermeasures, Japan has finally begun to catch up with Western countries. Genome analysis of viral genes is now possible, which is expected to contribute to future AMR strategies.
- **Shift in HIV Policies and the Role of Citizen Advocacy:**
With the abolition of the AIDS Prevention Act, the approach shifted to viewing individuals with HIV not as sources of infection but as recipients of services. Policies now prioritize the voices of those affected and the public. This shift did not occur naturally but was achieved through the determined efforts of citizens. The HIV-tainted blood lawsuit reached a formal settlement in 1996, leading to the establishment of ongoing forums for discussion between patient groups, the government, and healthcare institutions. This significantly improved blood product administration. In 2004, the *Pharmaceuticals and Medical Devices Agency (PMDA)* was established to monitor the safety of pharmaceuticals. Today, the PMDA is responsible for the approval, safety measures, and harm relief systems for pharmaceuticals, medical devices, and

regenerative medicine products. Before its establishment, these roles were divided among three separate organizations. The proactive efforts of citizens and those affected, in collaboration with experts, were a cornerstone of HIV countermeasures.

- **Japan's Contribution to Global Solidarity in HIV Efforts:**

Japan has fostered a spirit of international solidarity in addressing HIV. With the establishment of the Global Fund in 2003, it was agreed to apply the *Trade-Related Aspects of Intellectual Property Rights (TRIPS)* Agreement flexibly. This facilitated the widespread use of affordable generic drugs and accelerated the global distribution of antiretroviral drugs for HIV treatment.

- **Leadership in Non-Communicable Disease (NCD) Initiatives:**

Japan's leadership at the *Tokyo Nutrition for Growth Summit 2021* is noteworthy. The commitments from this summit registered nearly 900 targets from 84 countries worldwide—approximately double the number achieved at previous summits in London and Milan.

■ Current Issues: Challenges Requiring Action

"Responses to Infectious Diseases and Health Crises"

- **Global Vaccine Distribution:**

During the COVID-19 pandemic, initiatives led by Gavi, the Vaccine Alliance; the World Health Organization (WHO); and the Coalition for Epidemic Preparedness Innovations (CEPI), with support from UNICEF, sought to ensure the equitable global distribution of vaccines through the COVAX Facility. However, access to vaccines was prioritized for advanced countries, including Japan, creating disparities. Vaccines, intended to bridge health inequities, were not distributed equitably under a global and societal consensus. To prevent similar issues in future pandemics, it is essential to agree on measures in advance to ensure fairness.

- **Governance and Command Functions:**

Following past outbreaks of Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and the novel influenza virus, Taiwan and South Korea established centralized command functions. In contrast, Japan failed to implement similar governance reforms. As a result, the lack of a central command system for infectious disease countermeasures delayed Japan's COVID-19 response. It is necessary to examine these lessons and take corrective actions.

- **Surge Capacity in Major Cities:**

In large urban areas, the establishment of temporary medical facilities with a surge capacity of around 1,000 beds is crucial. These facilities should remain vacant during normal times and be used as training centers for disaster and infectious disease response to develop human resources. To integrate such surge capacity into Japan's healthcare system, discussions on policies like standard hospital bed allocation are needed.

- **Preparedness for Emerging Infectious Diseases:**

Measures are needed to ensure the healthcare delivery system can function at full capacity when new infectious diseases without available treatments emerge.

- **Routine Vaccinations and Policy Reform:**

In Japan, many diseases, such as varicella and COVID-19, can be prevented or mitigated through vaccination. Experts advocate for the routine inclusion of such vaccines. However, current mechanisms for aggregating accurate evidence in a fair and effective manner and translating it into policy are insufficient. Fundamental reforms of the Immunization Act and the Basic Immunization Plan are urgently needed to address these gaps.

"Strengthening Research and Development (R&D) and Healthcare DX"

- **Preparedness in R&D:**

In research and development, it is crucial to anticipate crises by identifying specific microorganisms and preparing for them in advance. For example, the United States made preparations following the Ebola Virus Disease (EVD) outbreak, and the United Kingdom did so after the influenza pandemic.

- **Japan's Contribution to Global Pharmaceutical Development:**
Strengthening Japan's capabilities to research and develop pharmaceuticals for global contributions is an important future priority. However, some have pointed out weaknesses in presenting evidence for the effectiveness of measures Japan adopted during the COVID-19 pandemic. For instance, the "Three Cs" strategy—avoiding *closed spaces* (poorly ventilated areas), *crowded places* (situations with many people in close proximity), and *close-contact settings* (close-range conversations or interactions)—was implemented, but evidence supporting its effectiveness as a countermeasure was not sufficiently communicated to the world. Japan has opportunities to conduct investigations, compile lessons, and contribute to global R&D by sharing best practices and learnings. Nevertheless, challenges remain in designing methods and systems for these efforts.
- **Advancing Healthcare DX (Digital Transformation):**
Globally, online testing systems utilizing highly anonymous digital tools have been widely adopted, considering factors such as privacy protection, removing barriers to psychological accessibility, enabling free expression, preventing criminal misuse, and supporting research purposes. These systems are particularly important for sensitive conditions such as HIV/AIDS. However, in Japan, institutional and legal constraints, such as those under the *Pharmaceuticals and Medical Devices Act*—which governs the quality, efficacy, and safety of pharmaceuticals and medical devices, as well as the prevention of health hazards—and the *Medical Care Act*, which ensures public health and safety through the regulation of medical facilities and management, have limited the adoption of such systems.

"Addressing Health Inequities and Achieving Universal Health Coverage (UHC)"

- **Health Inequities During the COVID-19 Pandemic:**
Globally, data from the COVID-19 pandemic has shown higher rates of severe cases and mortality among impoverished populations with limited access to healthcare. The economic disparity is clearly reflected in health indicators. It is essential for the Japanese government to engage in discussions with stakeholders from industry, government, academia, and civil society to determine how Japan can contribute to addressing these issues through data collection and analysis.
- **Political Commitment to UHC at the UN High-Level Meeting:**
The 2023 UN High-Level Meeting on Universal Health Coverage (UHC) will mark the second time, following 2016, that political commitments to UHC will be reaffirmed. This event will require countries to evaluate what has been implemented and achieved within their healthcare systems, identify what remains unaccomplished, and determine the next steps. As a country that has led these discussions, Japan is expected to provide leadership and propose actionable measures. In many low- and middle-income countries, private healthcare services, including access to medicines, have advanced primarily for wealthy populations, while public sector services, which mainly serve the poor and those in the informal sector, remain of lower quality. There is a need to address these structural issues of economic disparity and implement UHC that considers social divisions. Accumulating expertise through the Japan International Cooperation Agency (JICA) and non-governmental organizations (NGOs) will be vital in achieving this goal.
- **The Importance of Non-Communicable Disease (NCD) Prevention:**
Preventing and addressing non-communicable diseases (NCDs) has become a critical issue in responding to global health crises, including pandemics. Within the G7 Global Health Task Force, there is a growing consensus to prioritize NCD prevention as a core agenda item for strengthening UHC that can withstand health crises.

"Climate Change and Health"

- **Mitigation and Adaptation in Healthcare:**
In the healthcare sector, it is crucial to advance both mitigation measures (such as achieving carbon neutrality in medical materials, equipment, and pharmaceuticals) and adaptation measures (such as establishing resilient healthcare systems, including emergency medical response frameworks during disasters) as two complementary efforts.

- **Japan's Leadership in Global Challenges and Health:**

In addressing global challenges like climate change, environmental pollution, and biodiversity loss, Japan must engage in substantive discussions to define its leadership role in connecting these issues with health. This involves adopting approaches such as One Health, the Nexus Approach, and Planetary Health. Japan's next contribution should focus on utilizing limited resources effectively to address diverse challenges without creating trade-offs, while generating co-benefits across various sectors.

"Policy and International Cooperation"

- **Role of the Host Nation at the G7 Hiroshima Summit:**

At the G7 Hiroshima Summit, it is crucial for Japan, as the host nation, to play a key role in crafting concrete proposals for the rapid research, development, and distribution of vaccines, which are global public goods.

- **Global Health Systems and Stakeholder Collaboration:**

Efforts led by the Coalition for Epidemic Preparedness Innovations (CEPI) and the World Health Organization (WHO) in areas such as international clinical trials and regulatory approvals are essential. Additionally, there is a need to establish large-scale manufacturing systems, including in developing countries, improve logistics for the "last mile," and enhance vaccination efforts within community healthcare systems. A global financing mechanism must be developed to connect these stakeholders horizontally. Establishing a comprehensive *Global Health Architecture (GHA)* that integrates these efforts requires the construction of a soft *Global Health Governance (GHG)* framework, which has become a new shared challenge for the international community.

- **Citizen Engagement in the Global Fund and Challenges in Leadership Development:**

The Global Fund positions civil society as an important partner, ensuring active involvement in decision-making processes and project implementation. While the Japanese government supports international civil society initiatives by serving as a board member of such international organizations, there remains a challenge in establishing sufficient systems to sustainably cultivate leaders for civil society organizations.

"The Eco-Child Study and Epidemiological Data"

- Since 2011, the Ministry of the Environment has been conducting a large-scale epidemiological study titled the *Japan Environment and Children's Study (JECS)*, or *Eco-Child Study*, involving 100,000 children and their parents nationwide. Building databases from such life-course-based epidemiological research and utilizing them in policymaking is increasingly important. This effort helps to understand the medium- to long-term impacts of living environments on health, as seen in concepts like Planetary Health.

"Addressing Long-Term Challenges"

- **Chronic and Aging-Related Diseases:**

In Japan, conditions such as chronic kidney disease (CKD), heart failure, dementia, and frailty among the elderly are significant issues. Moving forward, there is a need for comprehensive measures that address both non-communicable diseases (NCDs) and aging-related diseases alongside infectious diseases.

- **Antibiotic Shortages and Health Security:**

The shortages of antibiotics like cefazolin and meropenem, caused by a combination of factors such as environmental regulations in raw material-producing countries leading to production halts, procurement issues, and vulnerabilities in the global supply chain, represent a critical health security challenge. Japan's leadership in addressing these issues is highly anticipated.

- **HIV/AIDS Policy and Research:**

While the Ministry of Health, Labour and Welfare conducts research through dedicated teams on specific issues related to AIDS, there is a lack of forums for researchers to engage in open and robust discussions. There is a pressing need for more transparent and diverse platforms for dialogue and collaboration.

■ Future and Action Steps: Policy Development and Institutional Frameworks

"Balancing Infectious Disease Control and Chronic Disease Management"

- In the context of a declining birthrate, aging society, and shrinking population, healthcare priorities have increasingly shifted toward chronic diseases to reflect changes in the disease landscape during normal times. However, it is now necessary to reconsider investments in infectious disease prevention and establish systems that address both areas effectively.

"The Importance of Risk Understanding and Education" and "Public Health Messaging to Prevent Bias"

- **The Importance of Risk Understanding and Education:**
To help citizens understand the concept of risk, education at the elementary, junior high, and high school levels is essential. For example, while society faces various risks, there is a tendency to focus solely on avoiding risks, with insufficient understanding of accepting or managing them. Additionally, preparations should begin now to ensure that academia can effectively contribute to policies in a direct and functional manner.
- **Public Health Messaging to Prevent Stigma:**
Public health messages often focus on "how not to get infected" from the perspective of those who are uninfected. This approach can inadvertently contribute to stigma and discrimination, as it fosters fear of infection and may frame those who become infected as perpetrators or sources of harm. Consideration must be given to how these messages affect those who are infected. Public health communications should also include messages that convey the pain and experiences of those infected. The newly proposed Japan CDC should include a dedicated division responsible for disseminating health-related information to the public. This division should prioritize listening to the voices of those affected and ensure that health risks are communicated in a way that is understandable even to non-experts.

"Utilization of Data During Emergencies and Legal Frameworks" and "Healthcare DX and Global Governance"

- **Utilization of Data During Emergencies and Legal Frameworks:**
To enable rapid decision-making and resource allocation during emergencies, the proactive use of primary data is essential. For academia and companies to effectively utilize such data, legal frameworks must address issues such as clarifying data ownership and enabling the use of anonymized data. For instance, while Japan's population statistics are available online, it currently takes two months for preliminary data to be released. In comparison, the U.S. CDC releases data within one week, suggesting there is room for improvement. Moreover, it is critical to establish a system that allows healthcare institutions and academia to access vital primary data during emergencies. However, revisions to the Infectious Disease Control Law alone may not suffice, highlighting the need for discussions on enacting new legislation.
- **Healthcare DX and Global Governance:**
Strengthening governance to manage future pandemics will require advancing healthcare DX (digital transformation) through initiatives such as data standardization, interoperability, sharing, and linkage to individual records. Rapid and open access to pathogen genetic data is particularly crucial. For example, thorough registration and publication of data on platforms like GISAID (Global Initiative on Sharing Avian Influenza Data), established in 2008 to share genomic data for all viruses including influenza, must be prioritized. Additionally, the cooperation of countries like China and Russia is critical for effective global infectious disease governance. Japan should pursue diplomatic measures to facilitate the swift sharing of information from China. In October 2022, the Healthcare DX Promotion Headquarters was established under the Cabinet Secretariat to ensure effective coordination among relevant ministries and agencies. The Ministry of Health, Labour and Welfare has also established a task force dedicated to promoting healthcare DX, with plans to present a concrete framework within a few months.

"The G7 Health Track and International Agendas" and "Essential Infrastructure for UHC and Sharing Japan's Experience"

- **The G7 Health Track for 2023:**

The 2023 G7 health track includes the following key agenda items: 1. Building and Strengthening Global Health Architecture for Public Health Crisis Response: Discussions focus on lessons learned from responses to COVID-19, aiming to both conclude the current crisis and establish a robust global health architecture for Preparedness, Prevention, and Response (PPR) to future public health crises. 2. Contributing to the Achievement of Stronger, Fairer, and More Sustainable Universal Health Coverage (UHC) through Health System Strengthening: This involves strengthening national health systems that benefit both emergency and routine health needs, as a core contribution to achieving UHC in the post-COVID era. 3. Promoting Health Innovation to Address Various Health Challenges: Health innovation is deemed essential to support the strengthening of Global Health Architecture (GHA) and the achievement of UHC. Discussions will cover fostering research and development (R&D) for health innovations, including Medical Countermeasures (MCMs) for pandemic and current health challenges such as antimicrobial resistance (AMR).

- **Essential Infrastructure for UHC and Sharing Japan's Experience:**

It is necessary to continue highlighting safe and healthy water and sanitation, food and nutrition security, basic housing, and working environments as essential infrastructure for UHC. As the Asia-Pacific region undergoes rapid aging, Japan's experience as a super-aged society should be shared. This includes evidence-based data on long-term care, social infrastructure, and community support systems, which are critical for addressing the challenges of aging populations.

"Human Resource Development and the Establishment of a Japanese CDC"

- **Urgent Need for Advisory Committees and System Development:**

In the United States, organizations like the Advisory Committee for Immunization Practices (ACIP) bring together experts and stakeholders to advise on immunization practices. Establishing similar advisory bodies is an urgent task for Japan. The creation of a Japanese version of the Centers for Disease Control and Prevention (CDC) is expected to be a catalyst for such developments. However, it is not enough to establish systems; cultivating the human resources to sustain these frameworks is equally crucial. Without measurable outcomes, it will be challenging to secure sustainable funding for human resource development and employment, which in turn hampers talent cultivation. Furthermore, there is concern over the outflow of talented professionals to other countries, a situation that must be addressed.

- **Scope of the Japanese CDC and Comprehensive Discussions Needed:**

It is essential to clarify whether the so-called Japanese CDC will solely handle infectious diseases or also address broader health issues such as non-communicable diseases (NCDs). In the U.S., the CDC's scope includes infectious disease control, health problem investigations, policy advocacy, support for health initiatives, and crisis management. For Japan's CDC to be effective, it must be supported by appropriate legal frameworks, sufficient financial and material resources, and a clear definition of its role as a service provider. Additionally, without strong coordination between national and local governments, even well-designed systems will fail to achieve widespread adoption.

"Collaboration on Environmental Issues and Health Impacts" and "Transdisciplinary Collaboration and Governance Enhancement"

- **Global Initiatives Addressing Environmental Issues:**

As global initiatives tackle issues such as climate change, environmental pollution, and biodiversity loss, Japan's academic, governmental, and private sectors must actively participate in these existing frameworks, contribute ideas, and share insights with the world.

- **Balancing Adaptation and Mitigation Strategies for Heatstroke Prevention:**

Air conditioners are an effective measure for controlling indoor temperature and humidity to prevent heatstroke. However, while they are crucial as an adaptation measure to climate change, they also raise concerns from a mitigation perspective. Issues such as the source of electricity powering air conditioners

and the heat emissions from outdoor units contributing to urban heat island effects must be considered. Collaborations that enable short- and long-term assessments of such trade-offs are essential.

- **Heatstroke Alert Systems and Evidence-Based Measures:**

Japan's Ministry of the Environment has developed systems like Heatstroke Prevention Alerts. It is important to build evidence, clarify effective countermeasures, and promote interdepartmental collaboration to overcome bureaucratic silos.

- **Policy Implementation Through Coordinated Efforts:**

To ensure that research and project outcomes are reflected in policies and benefit the public, close coordination between the Ministry of Health, Labour and Welfare and the Cabinet Secretariat is indispensable. While Japan has independently advanced AMR (Antimicrobial Resistance) initiatives, the newly envisioned Japanese CDC is expected to integrate the functions of the National Center for Global Health and Medicine (NCGM) and the National Institute of Infectious Diseases (NIID). This integration aims to implement policies effectively and expand both domestically and internationally.

- **Incorporating Environmental Considerations in AMR Action Plans:**

The United Nations Environment Programme (UNEP) has called for national action plans on AMR to include environmental considerations alongside those for humans and livestock. The health of people, animals, and the environment is interconnected, aligning with the One Health approach. The Japanese government should actively collaborate with organizations like the World Health Organization (WHO) and the World Organisation for Animal Health (OIE) to promote this initiative.

- **Promoting Transdisciplinary Collaboration:**

Addressing zoonotic diseases, climate change, and their direct and indirect health impacts requires collaboration not only within the healthcare sector but also across other public sectors such as government agencies, local governments, and educational institutions. Private sectors including corporations, media, NGOs, and NPOs, as well as academic institutions like universities and research organizations, must work together. Strengthening transdisciplinary collaboration is increasingly critical.

- **Governance for Cross-Organizational Solutions:**

To implement the solutions derived from such collaborations, it is not enough to create new organizations. Discussions on governance structures that enable cross-organizational responses are becoming ever more important.

Session 2: "Reevaluating Healthcare Systems Through Multi-Stakeholder Collaboration"

Speakers (in alphabetical order, titles omitted):

- **Shinsuke Amano** (Executive Director, Japan Federation of Cancer Patient Groups)
- **Nobuki Ando** (Chairman, Japan Health Insurance Association)
- **Ataru Igarashi** (Fellow, Health and Global Policy Institute, Associate Professor, Yokohama City; University School of Medicine, Unit of Public Health and Preventive Medicine, Visiting Associate Professor, Graduate School of Pharmaceutical Sciences, The University of Tokyo)
- **Soichiro Imaeda** (Member, House of Representatives)
- **Kazuhiro Ihara** (Director-General, Health Insurance Bureau, Ministry of Health, Labour and Welfare)
- **Kazumasa Oguro** (Professor, Faculty of Economics, Hosei University)
- **Teruyuki Katori** (Professor, Faculty of Human Sciences, Sophia University)
- **Yoshikazu Kenjo** (Professor of Applied Economics at the Faculty of Business and Commerce, Keio University)
- **Hiroshi Mitsubayashi** (Member, House of Representatives, Chair, Standing Committee on Health, Labour and Welfare)
- **Kazuto Ihara** (Director-General, Health Insurance Bureau, Ministry of Health, Labour and Welfare)

Key Points:

- **Shared Vision for Sustainability:** There is a need to develop policies based on a medium- to long-term vision that shares the value of a sustainable healthcare system with the general public, including fostering understanding about increased financial contributions from citizens.
- **Healthcare Innovation and Economic Growth:** Recognizing that stable social security systems form the foundation for economic growth, political leadership is essential. Proper evaluation of innovations in the healthcare sector should be prioritized to create a virtuous cycle where Japan can contribute to and generate further innovations.



■ How Should Value Be Placed on Healthcare Systems, and How Should Innovations and Value in Pharmaceuticals and Diagnostic Technologies Be Evaluated?

- **Transformative Advances in Medical Technology:**

The third wave of medical innovation, which applies cutting-edge technologies such as molecular biology, biotechnology, and the digital revolution to the healthcare field, is not only dramatically improving the quality of medical care but also fundamentally transforming its nature. Ongoing advancements in medical technologies, such as real-time biometric data acquisition via wearable devices, progress in genomic diagnostic technology, and AI-driven diagnostics, generate significant added value, not only within the healthcare sector but also for society, the economy, and people's quality of life (QOL). It is essential to fairly evaluate these innovative medical technologies and their societal benefits, establish an ecosystem for research and development, and implement these advancements in society to ensure they reach all patients and citizens in need.
- **Lagging Behind in Medical Innovation:**

As seen with the development of COVID-19 vaccines, Japan has fallen behind in the global race to develop new medical technologies and groundbreaking pharmaceuticals. There is also the problem of drugs developed abroad not being launched in Japan, highlighting a new drug lag issue in the 21st century. Meanwhile, the supply of generic drugs has been disrupted domestically, resulting in shortages of nearly 4,000 products. Amidst slowing economic growth and increasing financial constraints on healthcare costs, drug prices are being reduced annually under the current unpredictable pricing system. There is a pressing need to reassess whether pharmaceuticals, medical devices, and the healthcare sector's contributions to society and the economy are being fairly valued and compensated.
- **Pharmaceuticals as More Than Products:**

Pharmaceuticals are not merely commodities; they represent the very advancement of healthcare through the creation of innovative therapies and diversification of modalities. Recognizing this, it is crucial to fairly evaluate their value, implement them in society, sustain the ecosystem, and expand research and development efforts.
- **Enhancing Public Awareness of Healthcare Value:**

Under the current system, the value of healthcare is not sufficiently visible to the general public. This is particularly evident in cancer care, where numerous advancements remain uncommunicated to citizens and patients. To enhance visibility, it is important to acknowledge that the values perceived by medical professionals may differ from those perceived by patients and the public. Patient and Public Involvement (PPI) is essential for bridging this gap. Additionally, recognizing the differing needs of patients with diseases and the general public is crucial. Without public understanding, new treatments with significant value (such as high-cost drugs) may struggle to gain insurance coverage, potentially jeopardizing the sustainability of healthcare.
- **Addressing the Drug Lag:**

The drug lag remains a major challenge, and many stakeholders express concern over the sustainability of the current pricing system. The fact that essential treatments are unavailable in Japan while existing elsewhere is problematic. Mechanisms that facilitate the smooth introduction of innovative drugs into Japan are necessary. For example, the macroeconomic slide method mentioned in a May 2021 fiscal council report should be discussed to develop a better system.
- **Approaches to Value Assessment:**

Value assessment requires consideration from three perspectives: how to visualize it, how to measure it, and how not to measure it. While there is no single optimal solution, the misconception that unmeasurable elements should not be included in value is flawed. Current drug pricing systems already quantify immeasurable value through mechanisms such as utility premiums. Recently, there has been an increasing effort to measure family QOL impacts from deteriorating conditions like dementia or infectious diseases. While measurement is important, incorporating unmeasured unmet needs into the system is equally critical. Sustaining both the healthcare system and innovation is key moving forward.

- **Innovation in Healthcare Systems:**
Discussions are needed about how innovation is perceived in healthcare systems. If the purpose of innovation is to ensure access for all citizens, it must be affordable. Determining the extent of this affordability and achieving public consensus are critical. With the growing prevalence of drugs with high prescription volumes or extended treatment durations, there is a greater need to make evaluations visible and explainable.
- **Economic Growth and Drug Accessibility:**
Although new drug creation premiums exist, low economic growth makes Japan a less attractive market for overseas pharmaceutical companies. Economic growth must be prioritized, and the potential for economic advancement through industries including healthcare, welfare, and pharmaceuticals cannot be overlooked.
- **Outcome Over Output:**
Extending healthy life expectancy should be a key focus for evaluations. Healthcare systems should shift from measuring output to emphasizing outcomes, with health longevity being the ultimate outcome in Japan's healthcare and social security systems.
- **Leveraging Emerging Technologies:**
The use of regenerative medicine, Software as a Medical Device (SaMD), AI, and personalized medicine can reduce long-term costs, such as eliminating the need for dialysis. It is crucial to understand that the current financial "mountain" of medical expenses is temporary and to promote innovation with this perspective.
- **Hearing Patient Voices in Policy Discussions:**
Despite the Ministry of Health, Labour and Welfare's expert panels discussing Japan's drug lag and drug loss issues, patient perspectives are rarely considered in evaluating innovative pharmaceuticals and medical devices. Policymakers must actively seek input from patients and stakeholders to ensure alignment with the purpose of the healthcare system.
- **Unapproved Drugs in Japan:**
As of December 2020, 149 of 265 unapproved drugs in Japan lacked domestic development information, including some critical medications. While financial constraints are a given, Japan must incorporate innovative treatments while reforming its overall healthcare and drug pricing systems.
- **Reforming Drug Pricing Rules:**
Japan's drug pricing system, which has seen consecutive price cuts since 2018, hinders innovation. Unlike other countries, Japan lowers drug prices during patent periods, which should be protected. After patents expire, prices should be adjusted, with long-term listed drugs re-evaluated and generic manufacturers restructured. The balance between innovation and drug pricing should be a focus of the Central Social Insurance Medical Council's discussions.
- **Addressing Resource Distribution:**
Japan's scattered healthcare resources should be consolidated under regional medical plans, reducing unnecessary long-term hospitalizations and polypharmacy. For example, the number of infertility treatment facilities covered by insurance in Japan is double that of the U.S., highlighting challenges in ensuring quality.
- **Policy Formation as a Power Dynamic:**
Policy is something created by "power." Policies are formed at the point where the power vectors of stakeholders, each indicating their desired direction, are synthesized. According to Newhouse's endogenous theory of medical systems, the level of medical expenditures is determined by GDP, and systems are adjusted to fit within the range dictated by GDP. In other words, Japan's current medical expenditures face a difficult situation due to the slowing of economic growth. Distribution policies, such as healthcare and social security, have aspects akin to "water disputes," which have occurred throughout history worldwide. Evaluating innovation means that the portion of resources allocated to innovation reduces what is available elsewhere. Naturally, there are stakeholders whose power vectors are in direct opposition. The task of reconciling these conflicts falls to politicians and bureaucrats.

- **Pension Model for Healthcare Funding:**
Adopting a pension-style approach to healthcare funding may provide a long-term perspective, enabling adjustments without disrupting current benefits.
- **Refining the Policy Process:**
Addressing disparities in regional representation and demographic composition among policymakers is essential for refining the policy-making process and achieving better outcomes.

Questions and Comments from the Audience

- **The evaluation of innovation is not limited to technological advancements.** It involves assessing how much new value is created and how it impacts society. This requires considering social rationality, national rationality, medical rationality, economic rationality, and ultimately political rationality as a whole. This comprehensive approach is the essence of regulatory science.
- **Regarding the projected ¥43 trillion increase in defense spending over the next five years,** it appears that the public is willing to accept this. Social security underpins the foundation of citizens' lives, while national security prepares for emergency risks. Both are crucial, but if social security, which supports the base, becomes insufficient, the nation cannot sustain itself, and Japan's economic growth will not be achievable. A proactive discussion on increasing public contributions to social security is also anticipated.
- **Pensions incorporate both the pay-as-you-go system and a partially funded approach.** Medical insurance relies solely on the pay-as-you-go system, but it is time to consider applying a partially funded system while striving to prevent widening health disparities. Discussions should also begin on partially lifting restrictions on mixed billing.
- **In a country like Japan, where the birthrate continues to decline,** production of goods and services will inevitably decrease along with the shrinking productive population, leading to price adjustments. This means that whether a pay-as-you-go system or a funded system is used, the outcome may not differ. This aligns with the notion that "output is central."
- **Regarding mixed billing,** some argue that it can still be addressed under the current Cost Sharing Benefit System for Uninsured Services. Politicians must weigh the loss of votes incurred when suggesting differences in healthcare access based on income against the loss of votes when proposing higher insurance premiums for citizens. In Japan, the former—accepting tiered consumption—seems to have limited public tolerance. Therefore, it is essential to thoroughly explain the existing Cost Sharing Benefit System for Uninsured Services, which serves as an intermediary framework, to the public.

The Financial Foundations of the Healthcare System

- **If overall medical resources are divided between private and public healthcare services,** the pricing authority shifts to the private sector. This would increase total medical expenses and lead to a concentration of resources in the private sector, as seen in examples from other countries. The Ministry of Finance's reluctance to promote mixed billing stems from this concern. However, if mixed billing is partially allowed, a political decision will be required to determine whether it applies to advanced medical treatments or common diseases.
- **In all social security systems, micro and macro perspectives do not align.** Each individual has different priorities and perceptions regarding social security. For healthy individuals, it may feel like a burden, but its importance rises sharply when one falls ill. In this sense, building consensus among multiple stakeholders is inherently a political challenge.
- **As medical technology advances and the population ages,** the proportion of healthcare costs to GDP gradually increases. Efforts to keep it within GDP limits create tensions. Currently, in Japan, these tensions manifest in the area of drug pricing. Given that healthcare costs will inevitably rise to some extent, it is essential to discuss the future allocation of financial burdens and reach a national consensus.
- **If universal health coverage (UHC) is no longer maintained,** cancer patients, among others, would struggle to bear the costs of new and existing treatments introduced over the past five years. Maintaining

UHC is crucial. At the same time, however, it is worth noting that some individuals, bound by UHC, are unable to access unapproved drugs even if they are willing to pay for them out of pocket.

- **The proportion of GDP allocated to healthcare spending increased by 2.3% from 2000 to 2015.** It is projected to rise by another 1.3%–1.4% between 2015 and 2040. If the public increasingly demands innovative medical care, additional funding will be necessary. Discussions about securing this macro-level funding are urgently needed.
- **A robust Japanese economy, paired with public understanding and support,** is fundamental to securing social security funding. With the emergence of new biologics, Japan is falling significantly behind other countries. While reforms, including to the drug pricing system, are necessary, determining who bears the financial burden is a complex issue.
- **The recent increase in defense spending was not decided smoothly.** While tax hikes have been proposed as a funding source, the timing of their implementation remains uncertain. Meanwhile, Japan faces a severe security environment. If a conflict were to occur in the Taiwan Strait, it could upend Japanese society. Thus, the plan to increase defense spending by ¥43 trillion over the next five years must be addressed.
- **Healthcare costs are expected to peak between 2040 and 2050,** when Japan’s aging rate is at its highest. It is essential to first determine the level of public burden that can be sustained during this period. Based on this foundation, general discussions about healthcare costs should be conducted with a medium- to long-term perspective.
- **Through social security and national security,** we can achieve societal stability, fairness, and a reduction in disparities, all of which underpin economic growth. Establishing sufficient systems is essential, but this requires explaining the need for certain cost burdens and obtaining public understanding and agreement. Social security is a particularly challenging field for consensus-building, and in the end, political will is required. While various stakeholders present their interests and perspectives, it is ultimately up to politics to navigate and finalize decisions.

Closing Remarks by Kiyoshi Kurokawa (Chairman, Health and Global Policy Institute)

- It is essential to recognize the approximately 30 years of stagnation in the Japanese economy and academia, draw lessons from this, and take on new challenges.
- A global perspective is required to communicate and collaborate on an international level.



- Over the past 30 years, while the GDPs of the U.S. and the U.K. have doubled, Japan's GDP has remained flat. Why is that? For example, consider university entrance exams in Japan. Harvard and Cambridge do not have entrance exams like those in Japan, but once admitted, students must study rigorously. That is the responsibility of an elite. Looking at citation rates of academic papers, China ranked first in 2021, followed by the U.S., with the U.K., Germany, and France trailing behind. Japan ranked 10th.
- In the 1980s, Japan's economy was praised as "Japan as No.1." Why has it stagnated over the last 30 years? Understanding this framework is crucial to rethinking healthcare. Perhaps such a perspective is lacking in Japanese higher education. It is easy to recognize our strengths, but much harder to acknowledge our weaknesses.
- Healthcare is essential to the nation as a whole. Why has it been successful until now? What challenges lie ahead? Sharing this understanding and shaping policies accordingly are responsibilities that politicians must take seriously. Within this framework, it is the responsibility of universities and experts to offer various proposals.
- Health and Global Policy Institute (HGPI) has been ranked second globally in the "Domestic Health Policy" category and third in the "Global Health Policy" category in the University of Pennsylvania's Global Go To Think Tank Index Report. I would like to express my heartfelt gratitude to today's participants and supporters. Moving forward, we are committed to promoting high-quality initiatives and sharing them with the world.

■ Bios of the Speakers: (Titles omitted, in no particular order)

Hiroyasu Iso (Director of Institute for Global Health and Medicine, Bureau of International Health Cooperation, National Center for Global Health and Medicine)



Graduated from Faculty of Medicine, the University of Tsukuba in 1982, obtained PhD in the Graduate School of Medicine, and Master of Public Health (MPH) from the University of Minnesota in 1990 (Fulbright Scholar). After returning to Japan, worked as a physician at Osaka Prefectural Center for Adult Diseases, a Lecturer, an Assistant Professor, and Professor at the University of Tsukuba in 2002, Professor at Osaka University Graduate School of Medicine in 2005, and then the current position. Vice Dean of Osaka University (2013-2014). Visiting Associate Professor at Harvard Medical School (1996-1997). Director of Osaka unit center for Japan Environment and Children's Study (2011-2021). Research leader of Strategic Research, Ministry of Health, Labour and Welfare (2013-2016). Implementation director of the JSPS Inter-university Exchange Project (2016-2021). Member of Science Council of Japan, Vice President of Japanese Medical Science Federation, and Professor Emeritus of Osaka University.

Mugen Ujiie (Chief of Travel Clinic, Director of Immunization Support Center, Disease Control and Prevention Center (DCC), Center Hospital of the National Center for Global Health and Medicine (NCGM))



Dr. Mugen Ujiie graduated from Showa University in 2004 and received his Master of Tropical Medicine from Nagasaki University in 2006. After working at Nagasaki University until 2009, he joined the Disease Control and Prevention Center (DCC) at the Center Hospital of the National Center for Global Health and Medicine (NCGM) in 2010. Then, he served at the Tuberculosis and Infectious Diseases Control Division of the Ministry of Health, Labour and Welfare (MHLW) from 2013. After working at Gavi, the Vaccine Alliance in 2016. Since 2017, he has been engaged in clinical works at the NCGM, focusing on overseas travelers.

Satoshi Ezoe (Director, Global Health Strategy Division, International Cooperation Bureau, Ministry of Foreign Affairs, Director, Office of Healthcare Policy, Cabinet Secretariat (Cross-appointment))



Dr. Satoshi Ezoe has worked in Japan's public health and global health arena over decades. Currently, he serves as Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs (MOFA), since August 2020, where he is responsible for global health diplomacy and cooperation including on global health initiatives such as Gavi and Global Fund as well as around G7 and G20, including on health agendas for the G7 Hiroshima Summit in 2023. Also as Director at the Cabinet Secretariat, Dr. Ezoe has been coordinating Japan's Global Health Strategy launched in 2022. Prior to joining MOFA, he was engaged in health care and public health policy in the Ministry of Health, Labour and Welfare of Japan, including in the areas of global health, universal health insurance system, non-communicable diseases including mental health and cancer control. He was seconded to UNAIDS Headquarters in Geneva (2009-2012). He was the first appointed Senior Coordinator for Global Health (2015- 2017), where he was involved in the WHO emergency reform, coordinating health agendas for the G7 Ise-Shima Summit in 2016. He was most recently Counsellor of the Permanent Mission of Japan to the United Nations (2017-2020), where he was instrumental in facilitating UN General Assembly High-Level Meetings on tuberculosis (2018) and universal health coverage (2019). He is a medical doctor with PhD, and completed two masters of public health and public administration from the Harvard University.

Norio Ohmagari (Director, Disease Control and Prevention Center (DCC) of National Center for Global Health and Medicine (NCGM); Director and Chief, International Center for Infectious Diseases; Chief Medical Officer, Department of Infectious Diseases, Disease Control and Prevention Center of NCGM)



Dr. Ohmagari has completed his clinical fellowship in Infectious Diseases at University of Texas-Houston. After serving as chief of the Division of Infectious Diseases at the Shizuoka Cancer Center, in 2011 Dr. Ohmagari moved to National Center for Global Health and Medicine (NCGM) which is one of six national medical centers in Japan with infectious diseases as main objective. At NCGM, Dr. Ohmagari has been acting as Director of the Disease Control and Prevention Center since 2012. He also serves as the director of AMR Clinical Reference Center, which is commissioned by Ministry of Health, Labor and Welfare, Japan. Dr.

Ohmagari is engaged in the care, prevention and research of infectious diseases from a global perspective. As a physician, Dr. Ohmagari is directly involved in the clinical management of patients with infectious diseases. Dr. Ohmagari is also actively working on activities with controlling antimicrobial resistance in Japan. At the same time, Dr. Ohmagari is working on the on-site response in infectious disease crisis management in Japan.

Haruo Ozaki (Chairman, Tokyo Medical Association; Director, Ozaki Naika Junkankika Clinic; Adjunct Lecturer, Department of Cardiology, Graduate School of Medicine, Juntendo University)



Dr. Haruo Ozaki graduated from the Juntendo University Graduate School of Medicine in 1977 to later join the Department of Cardiovascular Biology and Medicine at that same university in 1979. After serving as Lecturer in that department until 1987, he established the Ozaki Naika Junkankika Clinic in 1990. After serving as Chairman of the Higashikurume Medical Association (from 2002 to March 2008) and Vice-chair of the Tokyo Medical Association (from 2011 to June 2015), he was appointed to his current role of Chairman of the Tokyo Medical Association in June 2015. He has also served on the Board of Directors of the Japan Medical

Association since June 2016.

Hajime Kamiya (Senior Researcher and Medical Officer, Center for Surveillance, Immunization, and Epidemiologic Research (CSIER), National Institute of Infectious Diseases (NIID); Field Epidemiology Training Program (FETP) Facilitator, Center for Field Epidemic Intelligence, Research and Professional Development (CFEIR), NIID)



Dr. Hajime Kamiya graduated from the Mie University Graduate School/Faculty of Medicine in March 1999, earned his medical license, and undertook his residency at the Pediatric Department of St. Luke's International Hospital. From September 2004, he continued his training and began serving at the Immunization Branch of the County of San Diego Health and Human Services Agency. In May 2008, he earned a Master's Degree in Public Health from Rollins School of Public Health at Emory University in Atlanta, Georgia, USA. He has served as a researcher at the National Institute of Infectious Diseases (NIID) Center for Surveillance, Immunization, and Epidemiologic Research (CSIER) since August 2008. In March 2012, he earned a doctorate in rotavirus epidemiology from the Department of Virology and Parasitology at Fujita Health University and trained the Center for Diseases Control and Prevention (CDC) Epidemiology Intelligence Service (EIS). At NIID, he was appointed Senior Researcher at CSIER in August 2014 and at the Center for Field Epidemic Intelligence, Research and Professional Development (CFEIR) April 2021. He assumed his current position in April 2022. His areas of expertise include infectious disease epidemiology, immunization, infectious disease surveillance, and pediatrics. In addition to his current position, his other roles include Member, Committee on Vaccination and Infectious Disease Control, Japan Pediatric Society; Board Member, Japanese Society for Vaccinology; and Member, Committee on Vaccination, Society of Ambulatory and General Pediatrics of Japan. He also serves as a pediatrician and specialist and instructor in social medicine.

Motoyuki Sugai (Director, Antimicrobial Resistance Research Center, National Institute of Infectious Diseases)



In 2000, Professor Motoyuki Sugai was appointed Professor of the Department of Bacteriology at the Hiroshima University Graduate School of Biomedical and Health Sciences, where he served until 2017. At that same university, he was appointed Vice-Dean of the Graduate School of Integrated Research in 2004 and Dean of the School of Dentistry in 2012. Since its establishment in 2006, he served concurrently as Director of the Hiroshima University Project Research Center for Nosocomial Infectious Diseases, a role he also served in until 2017. He assumed the role of Director of the Antimicrobial Resistance Research

Center at the National Institute of Infectious Diseases in January 2018. That same month, he was also appointed Visiting Professor of the Department of Antimicrobial Resistance at the Hiroshima University Graduate School of Biomedical and Health Sciences.

Keizo Takemi (Member, House of Councilors)



Mr. Keizo Takemi currently serves as Chairman of the Special Committee on Global Health Strategy of the Policy Research Council in LDP. He has been involved in various global initiatives, including the Commission on Information and Accountability for Women's and Children's Health, the Global Health Workforce Alliance, the World Health Organization (WHO) Expert Working Group on Research & Development (R&D) Financing, and the International Organizing Committee of the Prince Mahidol Award Conference. He has also served as the Chair of the Parliamentary Caucus for the Stop TB Partnership since March 2013,

and the Chair of the Asian Forum of Parliamentarians on Population and Development (AFPPD) since October 2013. In March 2016, he was appointed as the only Japanese member of the UN High Level Commission on Health Employment and Economic Growth. In October 2018, he was appointed as a member of the UHC Financing Advisory Committee for the G20 that will be hosted by Japan in 2019. He has been a senior fellow with the Japan Center for International Exchange (JCIE) since 2007, where he is the chair of the Executive Committee of the Global Health and Human Security Program.

Junko Tanuma (Chief, Division of the AIDS Medical Information, and Director, Office of Emergency Medicine, AIDS Clinical Center (ACC), National Center for Global Health and Medicine (NCGM))



Dr. Junko Tanuma graduated from Tohoku University School of Medicine. After completing her residency in internal medicine at the National Center for Global Health and Medicine (NCGM), she joined the AIDS Clinical Center (ACC) at that same institution. She earned a doctorate from the Tohoku University Graduate School of Medicine in 2011 and participated in the Takemi Program in International Health at Harvard T.H. Chan School of Public Health from 2014 to 2016. She currently serves as Member, AIDS and Sexually Transmitted Diseases Subcommittee, Ministry of Health, Labour and Welfare (MHLW); Member, Committee on

AIDS Surveillance, MHLW; Member, International Health Review Committee, Japan Medical Association; and Chair, International Collaboration Committee, Japanese Society for AIDS. Dr. Tanuma is involved efforts to support people with drug-induced AIDS; in liaison, collaboration, and exchange initiatives involving the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization, and health facilities in Europe and the Asia-Pacific region; and in providing training and information on sexual health.

Shuhei Nomura (Project Associate Professor, Department of Health Policy and Management, School of Medicine, Keio University/ Member of the Global Burden of Diseases Study (GBD) Scientific Council)



Dr. Shuhei Nomura is an Associate Professor of Health Policy and Management at Keio University School of Medicine and an Assistant Professor of Global Health Policy at The University of Tokyo Graduate School of Medicine. Dr. Nomura is currently engaged in the Global Burden of Diseases Study (GBD), acting as the Japanese focal point, and has been appointed to the GBD Scientific Council since November 2022. In 2021, he was also appointed to the Global Nutrition Report (GNR)'s Independent Expert Group. Dr. Nomura has been a consultant for the Japan Office of the Bill & Melinda Gates Foundation since 2018, and a consultant for SEEK Development (a strategic and organizational consulting group based in Berlin). Dr. Nomura also serves as a research advisor to the World Health Organization Centre for Health Development since 2021. In 2022, Dr. Nomura was appointed as a member of the G7 Global Health Task Force to propose the global health agenda for the 2023 G7 Hiroshima Summit, which Japan will host as chair.

Masahiro Hashizume (Professor, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo)



Professor Masahiro Hashizume is a physician and an environmental epidemiologist with research interests in climate change and human health, especially in current impacts, future projections, adaptation strategies, and health co-benefits of mitigation policies. He had his residency training in pediatrics in Tokyo, then received MSc in Environmental Health and Policy from the London School of Hygiene and Tropical Medicine (LSHTM) and a Ph.D. from the Univ. of London (LSHTM). Prof. Hashizume is currently a lead author of the IPCC Sixth Assessment Report and serves as a member of the WHO Technical Advisory Groups on Global Air Pollution and Health and Climate Change and Environment.

Naoko Yamamoto (Professor, International University of Health and Welfare / former Assistant Director-General Division of UHC/Healthier Populations World Health Organization)



Dr. Naoko Yamamoto holds a medical degree, a Ph.D. in epidemiology, and a Master's degree in Public Health. After joining the Ministry of Health, Labour and Welfare, she served in numerous health-related positions within the government of Japan, including as Director General of the Hokkaido Regional Bureau of Health and Welfare, Director of the Health and Medical Division at the Ministry of Defense, and Counsellor to the Permanent Mission of Japan to the United Nations. She served as Senior Assistant Minister for Global Health in Japan's Ministry of Health, Labour and Welfare. In this capacity, she was heavily involved in Japan's global health leadership by hosting and organizing the International Conference on Universal Health Coverage (UHC) in 2015, and supporting the compilation of the G7 Ise-Shima Vision for Global Health and Kobe Communique of the G7 Health Ministers' Meeting in 2016. Both of which highlighted the importance of promoting UHC. she served as the Assistant Director-General of Division of UHC/Health Systems (in 2017) and Division of UHC/Healthier Populations (2018-2022) in the World Health Organization (WHO). She is the Chair of UN Nutrition since 2021. She retired from the WHO at the end of November 2022 and has held her current position since December 2022.

Joji Sugawara (Senior Manager, Health and Global Policy Institute)



Mr. Joji Sugawara completed a Bachelor of Policy Studies at Chuo University, Japan in 2014. During his time as an undergraduate, he studied political science, international studies, and environmental studies; conducted public health-related field research in Timor-Leste and Myanmar; and engaged in Japan Association for International Health – Student Section (jaihs). Through his role as intern at the office of Japanese House of Councillors member Keizo Takami, his research on the quality of healthcare at the NPO Society, and his time as a member of the secretariat at the Asian Population and Development Association (APDA), he realized the importance of discussing policies on a global level and developed an interest in the policy decision-making process. He joined HGPI in October 2016 after completing the Global Health Entrepreneurship Program (GHE Program) at the University of Tokyo, Department of Global Health Policy in 2015. Currently, he is working on planning and conducting global expert meetings in areas including Access to Medicine, Health Technology Assessment (HTA), and Antimicrobial Resistance (AMR). He is also responsible for health policy human resource development programs such as the Global Health Education Program (G-HEP) and Health Policy Academy.

Shinsuke Amano (Executive Director, Japan Federation of Cancer Patient Groups)



Mr. Shinsuke Amano was born in 1973, in Tokyo. He graduated from Keio University Faculty of Commerce. He was diagnosed as a Malignant Lymphoma in 2000 and experienced recurrence twice and underwent chemotherapy, radiotherapy, and Autologous Peripheral Blood Stem Cell Transplantation (PBSCT). Since 2009, he served as a member of the Council for Promotion of Countermeasures for cancer of the Ministry of Health, Labour and Welfare (MHLW) for two terms (4 years). Currently, he serves as a President for the Group Nexus Japan and Japan Federation of Cancer Patient Groups; Committee member for the Cancer Registration Council and the Cancer Diagnostic Services Investigation Council in MHLW.

Nobuki Ando (Chairman, Japan Health Insurance Association)



Mr. Nobuki Ando is a graduate of the Faculty of Economics at Ryutsu Keizai University. He joined Nippon Express Co. Ltd. in 1978. He became Manager of Nippon Express USA, Inc. Seattle Branch in 2002, Manager of Nippon Express USA, Inc. Los Angeles Branch Air Service Division in 2004, and Manager of the Nippon Express Co., Ltd. Sales Planning Division in 2008. In 2011, he was appointed Executive Officer, a role in which he was responsible for the Sales Planning Division, the Third Sales Division, and the Customer Service Center. He was then appointed Managing Executive Officer in 2014, a position in which he led the Sales Planning Division, Global Logistics Solution Division, and Customer Service Center. Starting in 2015, he assumed concurrent roles as Chairman, NX Group Kenpo; Executive Director and Chairman, Public Relations Committee of the National Federation of Health Insurance Societies; and Member, National Federation of Health Insurance Societies Tokyo Branch. He assumed his current position of Chairman of the Japan Health Insurance Association in October 2017. His other roles include Temporary Member, Social Security Council (from October 2017); Member, Healthcare Subcommittee (from October 2017); Member, Long-Term Care Insurance Subcommittee (October 2017 to June 2021); Member, Subcommittee on Long-Term Care Benefits (October 2017 to June 2021); and Member, Central Social Insurance Medical Council (from April 2021).

Ataru Igarashi (Associate Professor, Yokohama City University School of Medicine, Unit of Public Health and Preventive Medicine, Visiting Associate Professor, Graduate School of Pharmaceutical Sciences, The University of Tokyo)



Ataru IGARASHI, Ph.D., is an associate professor at Yokohama City University School of Medicine, Unit of Public Health and Preventive Medicine. In 2002, he graduated from the Faculty of Pharmaceutical Sciences, The University of Tokyo. He started his career at The University of Tokyo as an assistant professor, just after he received his Ph.D. degree in 2008. His areas of expertise are health economics and pharmacoeconomics. His research on vaccination policy, anti-smoking policy and pharmacoeconomics have been used in the governmental decision-making process.

Soichiro Imaeda (Member, House of Representatives)



Dr. Soichiro Imaeda graduated from Nagoya University Graduate School of Medicine and served as a physician before being elected to the House of Representatives in the 2012 general election, when he became Japan's youngest Diet member at the time. He is currently serving his fourth term. In 2017, he became the youngest person in history to be appointed Parliamentary Vice-Minister of Finance. His roles within the Liberal Democratic Party of Japan include Chief Secretary, Headquarters for Novel Coronavirus Measures; Director, Youth Division; and Acting Director, Economy, Trade and Industry Division. He also serves as Chief

Secretary, Medical Care Committee and as Chief Secretary of the Parliamentary Association for Fostering Startups. Dr. Imaeda is a native of Aichi Prefecture and is currently 38 years old.

Kazuhiro Ihara (Director-General, Health Insurance Bureau, Ministry of Health, Labour and Welfare)



Mr. Kazuhiro Ihara graduated from the University of Tokyo Faculty of Law in 1987. He joined the former Ministry of Health and Welfare that same year, where he built experience at every department. His past responsibilities include establishing the Long-Term Care Insurance System, health insurance reform, countermeasures for Japan's declining birthrate, establishing the new system of welfare for people with disabilities, addressing issues with pension records, and formulating the Act on Medical Care for Patients with Intractable Diseases. Outside of his roles at the Ministry of Health, Labor and Welfare, he has also served

at Itami City Hall, JETRO New York, the Prime Minister's official residence, and the Japan Pension Service. After serving as Director-General for Policy Planning and Coordination and Director-General of the Health Policy Bureau, he assumed his current position in June 2022.

Kazumasa Oguro (Professor, Hosei University Faculty of Economics)



Professor Kazumasa Oguro was born in 1974 and graduated from the Faculty of Science at Kyoto University. He then attended the Graduate School of Economics at Hitotsubashi University, where he earned his Doctorate of Economics. After joining the Ministry of the Treasury (current the Ministry of Finance) in 1997, he served as Assistant Legal Examiner at the Minister's Secretariat Documentation Division; Deputy Director-General of the Monitoring Division at the Bureau of Customs; Senior Researcher at the Ministry of Finance Policy Research Institute; and Associate Professor at Hitotsubashi University's Institute of

Economic Research. He assumed his current position in April 2015. He recently served as Counselor to the Ministry of Health, Labour and Welfare for The Japan Vision: Health Care 2035; and Member of the Cabinet

Teruyuki Katori (Professor, Faculty of Human Sciences, Sophia University; Chairman, Future Institute Wolong)



After graduating from the University of Tokyo Faculty of Law in 1980, Professor Teruyuki Katori joined the Ministry of Health and Welfare (now the Ministry of Health, Labour and Welfare (MHLW)) that same year. There, his roles included Researcher, OECD Secretariat in France; Counsellor, Cabinet Secretariat, Prime Minister's Official Residence; Director-General for Policy Planning; Director-General of the Pension Bureau; and Director-General, Equal Employment, Children and Families Bureau. During that period, he led efforts to establish or reform many laws and systems including the Long-Term Care Insurance Act, the Act on Child and Childcare Support, and the Government Pension Investment Fund (GPIF). He also coordinated efforts for the Comprehensive Reform of Social Security and Tax as Deputy Director-General of the Cabinet Secretariat. After retiring from the MHLW in 2016, he was appointed Ambassador Extraordinary and Plenipotentiary of Japan to the Republic of Azerbaijan in 2017. He assumed his current positions of Professor at Sophia University in April 2020 and Chairman of Future Institute Wolong in August 2020. Starting in April 2022, he has served as Visiting Professor, Department of Business Administration, Graduate School of Social Sciences, University of Hyogo. His main published works include Social Security as Education and Social Security for Democracy. His other positions include Secretary, the Pension Academy of Japan; Councilor, the Regional Inclusion Care Society of Japan; Director, the Japan-North America Medical Exchange Foundation; Member, Committee for the Establishment of a Social Security System Oriented to All Generations (from November 2021); and Member, Expert Committee on Comprehensive Measures to Ensure Rapid and Stable Supplies of Pharmaceutical, MHLW (from August 2022).

Yoshikazu Kenjoh (Professor, Faculty of Business and Commerce, Keio University)



Professor Yoshikazu Kenjoh graduated from the Keio University Faculty of Business and Commerce in March 1987. After earning his M.A. and Ph.D. from the Keio University Graduate School of Business and Commerce, he served there as Lecturer and Associate Professor before assuming his current position in April 2002. His main fields of research are social security, health economics, and economic policy. He served as Visiting Scholar at the University of Cambridge Faculty of Economics from 1996 to 1998 and at Downing College at the University of Cambridge in 2005.

Hiromi Mitsubayashi (Member, House of Representatives; Chair, Standing Committee on Health, Labour and Welfare, House of Representatives)



Professor Hiromi Mitsubayashi is a graduate of the Nihon University School of Medicine. He obtained his M.D. in 1992 and was appointed Professor at the Nippon Dental University School of Life Dentistry in April 2011. During the December 2012 general election, he was elected to the House of Representatives for the first time and has been reelected in primary elections to serve four consecutive terms. He has served as Parliamentary Vice-Minister of Health, Labour and Welfare since October 2015. He began serving as Visiting Professor at Nihon University School of Medicine in April 2019. In September 2019, he became Chief Deputy Secretary-General of the Liberal Democratic Party of Japan (LDP). From September 2020, he was appointed State Minister of Cabinet Office, a role in which he was responsible for efforts related to various topics like abductions of Japanese citizens, regional development, measures for Japan's declining birthrate, support for children and child-rearing, policies on innovation in science and technology, measures to address loneliness and isolation, and health and medical care strategy. In October 2022, he was appointed Chair of the Standing Committee on Health, Labour and Welfare of the House of Representatives. His other roles include Visiting Professor, Nihon University; Professor, School of Life Dentistry, Nihon Dental University; and Vice President, Nippon Dental University Hospital.

Ryoji Noritake (CEO, Board Member, Health and Global Policy Institute)



Mr. Ryoji Noritake is the CEO, Board Member of Health and Global Policy Institute (HGPI), a Tokyo-based independent and non-profit health policy think tank established in 2004. He is a graduate of Keio University's Faculty of Policy Management, holds a MSc in Medical Anthropology from the University of Amsterdam, the Netherlands. He served as a Visiting Scholar at the National Graduate Institute for Policy Studies (2016-2020) and a member of Tokyo Metropolitan Government's Policy Discussion Roundtable for Super Ageing Society (2018). He is currently serving as a member of Salzburg Global Seminar's Advisory Council and various health related committees in Japan and the world.

Kiyoshi Kurokawa (Chairman, Health and Global Policy Institute)



Dr. Kiyoshi Kurokawa is a graduate of the University of Tokyo Faculty of Medicine. From 1969 to 1984, he lived in the United States where he served as Professor of Internal Medicine at the University of California, Los Angeles (UCLA) School of Medicine. His other positions have included Professor of Internal Medicine, University of Tokyo; Dean, School of Medicine, Tokai University; President, Science Council of Japan (2003-2006); Member, Council for Science and Technology Policy, Cabinet Office (2003-2006); Special Advisor, Cabinet Office (2006-2008); and Commissioner, World Health Organization (WHO) (2005-2009). He also served as Chairman of the National Diet of Japan's Fukushima Nuclear Accident Independent Investigation Commission (December 2011-July 2012), Chair and Representative Director of the Global Health Innovative Technology Fund (GHIT Fund) (January 2013-June 2018), and as Special Advisor on Health and Medical Strategy at the Cabinet Secretariat Headquarters for Healthcare and Medical Strategy Promotion (2013-2019). Dr. Kurokawa's current positions include Vice Chair and Committee Member of the World Dementia Council (WDC) and Chairman of the Investigative Committee on AI Simulation for Coronavirus Disease 2019 Countermeasures. He has been named professor emeritus at the National Graduate Institute for Policy Studies (GRIPS) and the University of Tokyo and as a Distinguished Professor of Tokai University. (His website: <http://www.kiyoshikurokawa.com/en>)

Haruka Sakamoto (Senior Manager, Health and Global Policy Institute)



After Professor Haruka Sakamoto, MD MPH, PhD graduated from Sapporo Medical University School of Medicine and served as an internist at St. Luke's International Hospital, she worked at the International Affairs and the Maternal and Child Health Divisions of the Ministry of Health, Labour and Welfare (MHLW). She has represented Japan at various international conferences including the United Nations General Assembly and the World Health Organization (WHO) General Assembly. She also participated in organizing the G7 Ise-Shima Summit and the G7 Kobe Health Ministers' Meeting in 2016. She attended the Harvard T.H Chan School of Public Health with a scholarship from the World Bank and received a Master of Public Health degree in 2014. In 2021, she received a Doctor of Public Health degree from the University of Tokyo. Her current roles include Associate Professor, Department of International Affairs and Tropical Medicine, Tokyo Women's Medical University; Project Researcher, Department of Global Health Policy, the University of Tokyo; Consultant, WHO Western Pacific Regional Office; and Senior Fellow, the Tokyo Foundation Institute for Policy Research.

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