ADVANCING A GLOBAL HEALTH AGENDA IN THE SDG ERA

Enhancing Japan's Leadership Role in 2019–2020

October 2018

JCIE

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Acronyms and Abbreviations

CAS	Cabinet Secretariat
CCM	Country Coordinating Mechanism
CHW	community health worker
COP	community of practice
G20	Group of 20
GFF	Global Financing Facility
HIV	human immunodeficiency virus
IAG	International Advisory Group
JCIE	Japan Center for International Exchange
JICA	Japan International Cooperation Agency
MHLW	Japan Ministry of Health, Labour and Welfare
MOF	Japan Ministry of Finance
MOFA	Japan Ministry of Foreign Affairs
N4G	Nutrition for Growth Summit
NCGM	National Center for Global Health and Medicine
PHC	primary health care
SDG(s)	Sustainable Development Goal(s)
TB	tuberculosis
TICAD	Tokyo International Conference on African Development
UHC	universal health coverage
UNGA	United Nations General Assembly
WASH	water, sanitation, and hygiene
WHO	World Health Organization

1. Overview, Context, and Goals

Japan will have an unprecedented opportunity to advance global health as it leads a series of important international gatherings scheduled to take place in 2019 and 2020. Over the course of these two years, Japan will host the G20 Summit and related meetings, the 7th Tokyo International Conference on African Development (TICAD 7), and the Nutrition for Growth Summit (N4G), among others (see appendix 1).

In order to support the government of Japan's strategic use of these events to advance global health policy and practice, an ad hoc International Advisory Group on Global Health (IAG) was convened by the Japan Center for International Exchange (JCIE) in close collaboration with Japan's Cabinet Secretariat (CAS), the Ministry of Foreign Affairs (MOFA), the Ministry of Health, Labour and Welfare (MHLW), the Ministry of Finance (MOF), and the Japan International Cooperation Agency (JICA). The IAG was given a six-month mandate (between April and September 2018) to serve as an ad hoc consultative mechanism providing expert input to the ministries that are planning Japan's international leadership roles at the upcoming events.

The IAG was comprised of 15 members from 14 countries (see appendix 2). They included experts from the fields of medicine, public health, international law and advocacy, human rights, political science, and economics, and all served in a personal capacity.

The IAG process began with each member individually submitting written input on global health and related priorities that they believe Japan should consider as it builds its global health agenda. They then met three times via teleconference to review the wide range of ideas presented. Finally, in September 2018, the members of the IAG gathered in person for a roundtable in Tokyo, where they were joined by a number of additional Japanese experts, including representatives from government, academia, and civil society. The meeting was organized according to the Chatham House Rule of nonattribution.

This report begins by presenting three key proposals articulated during the IAG's September roundtable. It then offers a more complete list of the many ideas that were raised by IAG members during discussions but that were not discussed in detail or prioritized (due to time constraints). The report also provides short summaries of each session of the roundtable, offering a sense of the breadth and nuance of the IAG's discussions. Summaries of the teleconferences and IAG members' written inputs have been shared previously with the Japanese government.

Throughout their deliberations and discussions, the IAG members agreed generally on the importance of reinforcing existing multilateral collaboration, emphasizing the core role of the World Health Organization (WHO) and the integration of universal health coverage in the Sustainable Development Goals (SDGs). The IAG also acknowledged that national health systems should provide the full spectrum of health care and promotion services—including prevention, community-based primary health care (PHC) services, critical specialty health care, and resilient systems that can respond to natural and manmade emergencies and epidemics.

Finally, the IAG reiterated the importance of utilizing multistakeholder approaches—engaging with WASH (water, sanitation, and hygiene), nutrition, and urban development efforts, for example—in order to make progress on health and, especially, on health promotion.

2. Three Specific Proposals

During the IAG's discussions, the following three proposals emerged for consideration by the government of Japan. These proposals—which focus on next steps for UHC, an area in which Japan is already strongly committed—are suggested as "big ideas" that Japan could promote while chairing, hosting, or otherwise leading the upcoming international gatherings in 2019–2020, and especially the G20 meeting in 2019.

N.B. These proposals do not represent a consensus within the IAG. They were compiled based on the IAG's consultations with the JCIE Task Team, with guidance from the team's senior advisor, Professor Michael Reich.

PROPOSAL #1: Establish a platform to support health financing efforts by countries moving toward UHC

The IAG noted a critical gap in the existing global health architecture: there is insufficient support for low- and middle-income countries seeking to move toward UHC in order to help them plan for, generate, and manage the required financial resources. Therefore, the first specific suggestion is for the Japanese government to use the upcoming G20 meeting to create a multilateral platform that provides a mix of services to assist countries working to expand their national financing approach to UHC as part of national efforts to meet the SDGs. This multilateral platform could include national structures—like the country coordinating mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter, Global Fund) or the country platform of the Global Financing Facility (GFF)—in order to promote national leadership and ownership. Through this platform, the WHO, World Bank Group, and other international partners would offer coordinated technical support to countries seeking to analyze and plan how to mobilize and allocate financial resources for UHC. This support would cover areas such as the following:

- Designing effective taxation systems to mobilize domestic resources for health
- Assessing possible sources of financing for UHC through national fiscal space analyses
- Determining just and effective approaches to setting need-sensitive payment structures for premiums and service delivery
- Identifying how external donor funding can catalyze institutional development for efficient and effective use of domestic resources for the financing of UHC
- Designing the delivery systems needed to ensure UHC
- Investing in human capital by training and supporting a health workforce with sufficient capacity to deliver affordable and accessible quality health care
- Assessing how progress toward UHC impacts national economies
- Collaborating with the private sector (including with pharmaceutical and medical device companies) to ensure a health care supply chain with fair prices and incentivize private businesses to prioritize and invest in health promotion for employees

The UHC financing platform should include participatory governance mechanisms that ensure the engagement of civil society, experts, communities, and patients, in addition to government. The platform would thus serve as a global community of practice on financing UHC. It could also collect and distribute funds to support the implementation of national UHC expansion plans in low- and middle-income countries. The consultative processes that would be required to establish this platform could also serve as the foundation for the following two proposals.

PROPOSAL #2: Create a regular consultative process to support communication and collaboration between ministers of health and finance

The IAG noted that, in addition to having the political commitment of heads of government, effective communication and collaboration between countries' health and finance ministries is essential to enable those countries to raise and manage funding to implement UHC. The Japanese government is itself a leading model of interministerial coordination for UHC, and the Japanese Ministry of Finance has a unique history of working on UHC. Therefore, the second specific proposal is that Japan use the upcoming G20 meeting to create a regular consultative process that engages ministers of health and finance in jointly examining progress toward UHC. This process could be directly related to the platform for support suggested in Proposal #1.

G20 meetings have already begun moving in this direction. In Germany (2017) and Argentina (2018), ad hoc events brought together health and finance ministers. The G20 meeting in Japan provides an excellent opportunity to institutionalize and expand this forum into regular consultations on UHC among ministers of finance and health. Doing so would contribute to the following goals:

- Building a community of leaders committed to the advancement of knowledge, policy, and practice for UHC
- Facilitating effective relationships between the health and finance ministers in each country by providing a venue and structure for regular consultations with their peers
- Building leadership skills among heads of state and ministerial officials to engage in intersectoral action for UHC, including prioritizing health promotion
- Creating opportunities for leaders to engage with global representatives of community voices, such as via the UHC-2030 campaign

Bringing ministers of health and finance together on a regular basis will allow them to identify key common problems and share possible solutions related to the effective financing and implementation of UHC. It could also provide a focal point for implementing the third proposal for the government of Japan, as outlined below.

PROPOSAL #3: Design an accountability framework for national commitments on UHC

The IAG noted that creating an accountability framework has contributed to the success of several vertical, disease-based initiatives by driving the monitoring of national commitments to funding and action. Examples include initiatives for HIV prevention and treatment, for malaria prevention and treatment and, especially, for the Millennium Development Goals (MDGs). The third proposal is that Japan use the 2019 G20 meetings to develop an accountability framework to monitor national commitments to UHC, including investments in both delivery systems and the development of human capital as well as the outcomes achieved. The framework could be created as a separate entity or, preferably, could become a component of an existing accountability mechanism (such as those already in place for SDG implementation and national voluntary reviews, or the forthcoming SDG Action Plan being spearheaded by the WHO in partnership with several agencies). In its discussions, the IAG articulated a vision for a UHC accountability framework that includes relative independence from any one nation or institution and that is oriented toward helping countries move forward on domestic commitments, rather than comparing progress across countries.

As each country works out its own national accountability framework and measurement approach, it will have to build effective mechanisms for continuous meaningful engagement involving nongovernmental actors (including civil society, think tanks, and academics) and communities (particularly disadvantaged and marginalized populations).

Preparing accountability reports for use during regular consultations among high-level national leaders (such as the proposed UHC meetings among health and finance ministers) would create pressure within countries to effectively expand UHC according to their stated goals. Establishing goals and indicators at the national level would in turn foster the establishment of goals and indicators—and by extension, the requisite mechanisms for data collection and analysis—at the regional and local levels as well. Over time, this process of gathering data and analyzing the impact of policies vis-à-vis stated national objectives would build capacity at all levels to use data to identify problems and develop context-specific policy corrections as needed.

3. Notable Suggestions from the IAG Roundtable

Throughout the roundtable and other discussions, IAG members offered a wide array of ideas and proposals for consideration by the government of Japan, which are listed here. Due to time constraints, many potentially valuable ideas were acknowledged but were not fully reviewed or discussed by the IAG. These are listed in sections a–e below. Those in sections f–h were subsequently incorporated into the three proposals outlined in section 2 above. (*N.B. Neither the order of the sections nor of items within the sections is intended to reflect prioritization.*)

a. Put PHC at the center of strategies to achieve UHC
- Create linkages with the 40th anniversary of the Alma-Ata Declaration on Primary Health Care
- Mobilize resources for UHC at all levels and promote the redistribution of resources for equity
- Cultivate "community health" as a unit of concern in global health
- Redefine the WHO health systems framework to include community engagement as the seventh building block
- Establish national awards recognizing committed health workers and give those working in PHC and underserved areas a platform to engage with leaders and researchers

b. Promote investments in human capital
- Invest more in human capital and health workforce development (e.g., promote innovations in practical and online training, and license health workers at all levels to take on more tasks)
- Ensure well-being in the new generation by focusing on human development from antenatal care through birth, infancy, early childhood, childhood, and into adolescence
- Expand access to safe basic surgeries by training and equipping more health workers (e.g., to conduct emergency C-sections or surgery for burst appendixes or bone fractures)
- Promote gender- and migration-sensitive approaches to human capital and health workforce development, including reciprocal transnational recognition/licensure
- Develop and disseminate mobile technology to support frontline health workers
- Use AI/technology to support or replace diagnosis and prescribing

c. Encourage multisectoral approaches to achieve better health
- Lead a "big push" on the integration of health goals and activities with the SDGs and activities from other connected sectors
- Integrate health sector activities at all levels with activities that support and improve agriculture, food security, nutrition, and WASH
- Involve multiple sectors in designing and implementing prevention and mitigation activities that address underlying determinants of health (in communicable and noncommunicable diseases, and in health security)

- Conduct multi-country coordinated research on optimal interventions for child survival and development (encompassing antenatal care, nutrition and food security, environmental status, psychosocial stimulation, and early childhood education)
- Ensure access to WASH at all health facilities
- Reinvigorate efforts to hold development partners accountable for adherence to the Paris Declaration and other international commitments on development aid

d. Engage the private sector to achieve better health
- Encourage governmental collaboration with the private sector to foster technology innovation for health
- Rationalize international policies on the pricing of pharmaceuticals and medical devices
- Incentivize private sector entities to prioritize health (e.g., healthy buildings, healthy cities, food security, employee wellness, adherence to regulations)
- Incentivize the innovation of low-cost, highly effective health-related products
- Integrate the health and infrastructure sectors to improve water/sanitation, living environments, and urban development

e. Support learning mechanisms and topics in global health
- Establish and support "communities of practice" (COPs) at all levels to enable learning and exchange among leadership, technical officials/bureaucrats, and communities on *implementing* and *financing* UHC
- Create a database (at the WHO, for example) of national and local experiences in implementing UHC that others can access when considering new approaches
- Suggested topics for global study, data collection, and analysis include the following (several of which overlap):
    —Articulating the continuum of health security, PHC, and UHC
    —Linkages between climate/environment and human health ("planetary health")
    —Best practices in UHC financing
    —Developing and utilizing new technologies for health care delivery to all
    —Linking human capital development with opportunities for the health workforce
    —Documenting the costs and impact of interventions to address pre-diabetic symptoms on subsequent prevalence and costs of noncommunicable diseases (NCDs)

f. Cultivate and support high-level leadership for UHC and other global health agendas
- Institutionalize regular meetings and encounters for health and finance ministers to foster working relationships within countries and strategic understanding of UHC financing options across countries
- Institutionalize regular opportunities for health ministers to engage with ministers from other related sectors, including agriculture, infrastructure, and education
- Coordinate strong and consistent messaging with the WHO director-general and other like-minded leaders at international events
- Engage heads of government in understanding and promoting UHC domestically and regionally (e.g., via the African Union and other regional bodies)

- Fund and encourage political and technical collaboration that demonstrates the benefit of transcending ministerial/sectoral boundaries (e.g., health, WASH, education, infrastructure, finance, etc.)
- Foster opportunities for political leaders to engage in dialogues with health workers (including in person and via publications in health journals such as the *Lancet*)

g. Increase and improve financial support to achieve UHC

- Create/support an agency or mechanism that provides technical support services to countries working on financing UHC (e.g., methods for assessing fiscal space and planning for sustainable UHC; strategic purchasing and efficiency in health systems; innovative approaches to promote enrollment in and mobilize resources for UHC)
- Establish/support a financing fund or a new multilateral agency dedicated to providing coordinated multilateral funding to countries for UHC/PHC
- Expand national budgets for UHC and international financing commitments from donors
- Reverse international tax competition to increase fiscal space for UHC
- Document and share examples of "strong ministries creating strong health systems"
- Support the Working for Health Multi-Partner Trust Fund
- Maintain and reformat national structures (such as the Global Fund CCMs) for UHC

h. Promote accountability for UHC commitments

- Create an accountability framework for national UHC commitments and a platform or mechanism for measuring and reporting on progress toward commitments, including recognizing and rewarding achievements and sanctioning or providing guidance on shortfalls (these should be constructed in such a way as to integrate with and complement, rather than duplicate, existing multilateral accountability mechanisms on health and human rights)
- Foster multisectoral local accountability mechanisms with civil society participation that feed into the national and international accountability mechanisms, including developing the capacity of civil society to catalyze and strengthen engagement on UHC (with UHC2030)
- Monitor accountability and aid effectiveness of donor countries' commitments to coordinated financing for UHC
- Create a scorecard for national health policy alignment with the SDGs
- Hone SDG indicators to better reflect multisectoral approaches to complex challenges (in particular, adding an SDG indicator on health promotion)
- Create accountability measures to ensure countries' adherence to WHO guidance on recruitment of health workers

4. IAG Roundtable Summary

On September 7, 2018, fourteen of the fifteen members of the IAG participated in a roundtable in Tokyo, Japan. The day's agenda included time for internal deliberations as well as for sharing the IAG's proceedings with representatives from Japanese government ministries, international organizations, academia, businesses, civil society organizations and international journals focused on health. The agenda and complete list of participants are included in appendix 3.

The IAG's roundtable focused on how the Japanese government could effectively lead and influence the nations of the world to promote progress in two key areas of global health:

- National and subnational efforts aimed at achieving sustainable UHC implementation, with particular consideration of the intersections of UHC with PHC and health security at the community level
- Intersectoral and multistakeholder efforts aimed at promoting health and healthy lifestyles, preventing disease, and supporting holistic approaches to human and planetary health

Each of the four sessions of the roundtable began with brief presentations, followed by moderated discussion. The goal of the roundtable—and, indeed, of the entire consultative process with the IAG—was to explore various possible strategic directions for the government of Japan to consider pursuing. Neither the roundtable nor the overall process was intended to compile policy proposals or to reach consensus on recommendations from all participants.

The IAG roundtable was co-organized by the Japan Center for International Exchange (JCIE); Top Global University Global Asia Research Center, Waseda University; and the Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM). Additional support was generously provided by the Bill & Melinda Gates Foundation and the Tokyo Club.

SESSION SUMMARIES

Opening remarks and recap of the IAG's work

The roundtable opened with welcoming remarks from the hosting organizations. In light of the major natural disasters which occurred in Japan during the week before the roundtable—a typhoon and earthquake—speakers acknowledged the resilient nature of the Japanese health system and the importance of health as a foundation of human security and human fulfillment. Successful health interventions must be both vertical (focused on specific areas) and horizontal (addressing holistic approaches and systems) in order to be successful and have sustained impact. UHC is seen as a way to protect the horizontal foundations even as the vertical challenges are tackled.

It was acknowledged that the Japanese government is highly committed to the SDGs and in particular to promoting UHC, which is a component of SDG 3. With support from JCIE and other partners, the government has been actively engaged for the past decade in putting global health high on the international diplomatic agenda. Notably, global health was addressed during the G7/G8 meetings hosted in Japan in 2008 and 2016, the latter of which produced the Ise-Shima Vision for Global Health. In 2019 and 2020, Japan will have further opportunities to continue pushing for global health among wider audiences, beginning with the G20, as well as during thematic meetings such as TICAD and Nutrition for Growth.

"Because we are poor, we cannot afford not to have UHC (based on PHC)."
—a quote from the Thai minister of health that was cited during the roundtable

The IAG was charged with providing ideas and suggestions for how the Japanese government could most effectively utilize these opportunities to make health a central theme of the G20 and TICAD7. Previously, Japan was a leader in promoting UHC; now that UHC is securely on the global diplomatic and health agenda there is room to promote another initiative. Several global health challenges could be considered in this regard, including efficient allocation of resources among different aspects of the health sector; intersectoral engagement in areas that represent a nexus of health and other related areas, particularly water, sanitation and nutrition; strengthening and leveraging involvement with the private sector; and how common global challenges—such as the aging of the population—can be tackled collaboratively.

Ultimately, the Japanese government wants to use its leadership opportunities to show the world how to respond to challenges using both best practices and innovative approaches and technologies, to ensure that in the end "no one left behind" is not just a goal but an achievement of the SDG agenda.

A brief overview was then provided of the IAG's activities leading up to the roundtable, as described above. It was explained that the IAG had focused on two questions:

- *How can the government of Japan support and promote the advancement of UHC?*
- *How can the government of Japan support health promotion and build societies that enable healthy lifestyles?*

During preliminary discussions of these questions, the IAG identified a need to articulate goals for UHC-related learning, accountability, meaningful bottom-up participation, human capital development, and financing. Members agreed that each country eventually must provide its own resources, but the path to that will necessarily require global institutions to play a role as well. The IAG also noted that promoting health and healthy lifestyles requires the involvement of health systems as well as many other external organizations and initiatives, holistic approaches, intersectoral collaboration (between the public and private sectors as well as among different areas, such as health, infrastructure, and finance) and interagency collaboration. Promoting health also involves grappling with areas of the private sector that are based on unhealthy habits, such as consumption of sugar, alcohol, tobacco, and in some cases, pharmaceuticals. Thus this approach engenders questions about how to change the habits of individuals and the behavior of institutions.

Session 1: What needs to be added to global efforts to advance UHC, with particular consideration of intersections with PHC and health security at the community level?

The first session was focused on how to make the most of opportunities to continue promoting UHC, and to frame it as part and parcel of a comprehensive health sector that can effectively respond to the constant need for both PHC and health security.

Three preliminary presentations were offered that covered a wide range of topics. Several comments focused on the challenges and necessity of combining universal coverage, PHC, and health security approaches. Delivering UHC requires a strong health system staffed by committed health workers. It also requires strengthening the health system functions of governance and coordination at the community and country levels—this is especially critical for laying the foundations of systems that can respond to health security threats and "build back better" after crises. The idea that countries must be wealthy in order to introduce UHC and strengthen its health system was strongly refuted; instead, UHC was repeatedly shown to be a driver of economic growth through general human capital development as well as health sector expansion.

It was suggested that the Japanese government could focus its efforts on helping countries strengthen their political commitments to provide resources, engage with civil society, and coordinate support for "one sustainable health system" in that country. Initiatives were highlighted that support countries' efforts to base their UHC approaches on local resources while using donor funds strategically to catalyze change. Another point raised was the necessity of cultivating champions for UHC from "all walks of life," not just the health sector, in order to address the political dimensions of introducing change. Support was expressed for social entrepreneurs in health, many of whom are working in low-income countries and generating innovations that could be relevant throughout the world. It was pointed out that engaging all people in innovating and implementing equitable health systems, driven by education and investment in human capital, not only improves health but can also catalyze social movements.

Several areas where more learning and exchange are required were pointed out, including building the health workforce, strengthening collaboration between health and finance ministries, using technology effectively to improve health, coordinating with the private sector, and strengthening global networks in support of capacity building on practical health system design.

Following the presentations, the discussions were opened to all participants. Key points that were repeatedly raised during the ensuing conversation included the following:

- Two questions are being asked in all countries committed to UHC: "How do we pay for this?" and "How can we provide high-quality health care with the available resources?" To address these questions requires attention to resource mobilization, improved efficiency in the use of resources, and agreement on how to measure progress toward goals and commitments.
- Politics and politicians can be made to respond to social movements, and social movements can promote health, including UHC. This requires creating accountability to the citizenry, which is done through elections and other democratic processes, and to other governments and the international community, which can be achieved

through accountability frameworks and through mechanisms and processes for monitoring and reporting. Civil society and philanthropic donors can use their resources and positions as leverage.

- Promoting the strength of the health sector by introducing UHC is an effort that must engage stakeholders at all levels—from community members through heads of state—in learning about their own situations and learning from other communities' and countries' experiences. During the session, the term "community of practice" (or COP) was used to describe how to engage stakeholders in learning and sharing about both successes and failures. It was noted that the G20 is itself a kind of COP for heads of state.

- For shared learning to take place, evidence (data) must be both generated and used. A lot of room remains to improve the sharing of existing data (such as through COPs) and to generate new data on key topics.

During the wide-ranging discussion, a number of additional challenges were raised, which are summarized below.

Restructuring the health workforce to meet the demand for health care delivery

Some of the challenges mentioned during the discussions would require national-level legislative change and policy action to smooth the path to UHC. The members felt that this process would have to begin with defining PHC and UHC, recognizing that the answers may vary a bit in each context. Defining what is included in primary care necessitates also determining who is legally permitted to provide which PHC services, including prescribing and dispensing controlled drugs. Most countries continue to have doctor-centered health systems, although there are too few doctors and uneven distribution of doctors across and within regions.

This introduced a topic that was frequently returned to throughout the day: how to create global mechanisms that will generate and deploy a health workforce that can efficiently deliver health care. One aspect of this discussion was how health care providers other than physicians can be empowered—and recognized—to handle more health care delivery. The "Nursing Now" movement was mentioned as an emerging force promoting the interests and capacities of nurses in all aspects of the health sector (including prescribing medications in hospital settings, in the community, and in health sector institutions).

The challenges related to changing how the health sector values and uses non-physicians may entail changing laws and regulations in many contexts (and it was pointed out that donor countries such as Japan could leverage the resources they provide to promote better national policies that enable a range of practitioners to deliver primary care). It will definitely entail social and cultural changes regarding "who's in charge" and how health institutions are led and organized. Gender norms are one of several areas where change is required to move health systems away from the dominance of leadership by male physicians.

Several aspects of Japan's experience were presented as examples of how alternative approaches benefit health. One example was the achievements of public health nurses in the postwar period as Japan was scaling up UHC. More recently, addressing the challenges of aging in Japanese society has required engaging non-physicians to provide

fundamental health services in community locations. As the population changes, and as the population of doctors ages along with the larger population, task-shifting and task-sharing have become necessary to maintain UHC in Japan. It was noted that these kinds of challenges affect all countries, regardless of level of wealth or development: Japan is even now trying to address "work style" reforms for doctors.

The importance of the health sector as a source of employment extends to all levels, and more attention should be paid to creating opportunities for women, giving them opportunities to generate income and thereby become family leaders and decision-makers. The example was provided of a private-sector Indian medical network, Narayana Health, in which a majority of the employees are women.

Toward the end of the first session and again in the second session, the World Bank's current focus on human capital development was highlighted. It was noted that a major report on the topic would be coming out later in 2018; the news was welcomed by the group as the lack of data on this topic makes it difficult to assess and plan health workforce needs accurately. Taking a "human capital development" perspective enables wider understanding of how health and health care affect society overall and how the health sector is integrated in economies. It provides justification for training and supporting health promotion and prevention and, at the same time, it also highlights the linkages among gender discrimination, women's empowerment, community health, education, and the development of economies locally and nationally.

An example was provided of the SEWA model in India, where women were brought together in small groups to pool insurance and undergo community health worker (CHW) training. Through these interventions and the community built as women came and worked together, women had more opportunities and support to go out into the community. They also were able to have their own income, which many used to invest in their families' well-being, for example by sending their children to school.

The human capital development framework recognizes these generational elements: health enables one generation to access training opportunities, jobs, and income, and those people can then work for the benefit of their families, improving the circumstances for the next generation.

The "Western-type" academic approach to training health sector workers was questioned as an appropriate model for low-income countries. It was recommended that alternate types of training be explored, particularly approaches that focus on building practical skills and *in situ* training. Migration of health workers to wealthier countries was brought up as a challenge that is cross-cutting for countries of all levels of development—it was noted that there would be an upcoming meeting at the WHO on the international mobility of health workers. Other concerns were raised that also require collaborative global thinking, such as how to incentivize health workers to agree to work in remote or otherwise disadvantaged areas, and how they could be better supported via technology for connection and communication.

Fostering social movements for health

Other comments addressed the challenge of more effectively engaging "the people" and "the community" in building stronger health systems. Most current approaches to health system strengthening focus on dealing with supply-side functions (e.g., workforce, infrastructure, financing). The group encouraged the Japanese government to continue

leading the nations of the world to examine challenges on the demand side. In particular, more attention (and investment) must be devoted to the capacity of local communities to engage in developing and overseeing effective and responsive health systems. It was also pointed out that "local ownership" and engagement should not be optional, as people have a duty and a right to influence their health and health care. Several comments addressed how important it is to identify and disseminate successful strategies to enable meaningful engagement of people and communities in all aspects of the health system, including advocating for and shaping UHC policy, health promotion, disease prevention, and health security, and building client satisfaction to drive improvements in the quality of care.

A distinction was noted between social movements driven by the people and COPs that seek to identify best practices in engagement of the people. In terms of the G20, the question was raised: what can governments (including those of donor countries) do to catalyze, rather than drive, social movements for UHC?

The strategies used to create social change can come from "the bottom" or "the top"—if they are effective strategies, members noted, then the social movement will rally to support them. An example was given of the National Patriotic Hygiene movement in China in the 1950s, which led to a 20-year increase in life expectancy by the 1970s, despite the fact that the country was economically poor. It promoted strategies by which the population could participate in initiatives to improve the environment and combat infectious diseases. More recently, the emphasis in China has been focused on building healthier cities.

It was briefly posited that as a country becomes wealthier, it becomes harder to unify the citizens to work on specific common challenges. This, however, leaves a wide scope for poorer countries to engage the people in promoting critically important efforts such as UHC.

Learning and exchanging through communities of practice

As previously mentioned, the group repeatedly returned to a discussion of strategic learning and sharing about best practices across health systems and countries, and in particular the need for more COPs focusing on UHC financing and related topics. While there were strong calls for the generation of new data on a range of UHC-related topics, it was also pointed out that many countries have already introduced successful programs for which there is available data. More targeted global discussions are required, however, to extract relevant learning from local experiences. A Japanese example was mentioned in this context: a community study of nursing care for the elderly had been conducted to identify effective practices to prevent falls and reduce the onset of dementia. The study's data were reviewed by municipal authorities, who then adopted the recommended approaches in various ways during the city planning process. In addition to creating multilateral COPs, it was recommended that a registry or database of studies and programs—perhaps housed at a multilateral agency such as the WHO—could allow national and local governments to more easily identify helpful experiences and initiate bilateral communications. COPs can be extended beyond just policymakers or health care providers—they can also be effective for people sharing experiences of building social movements.

Holding governments and sectors accountable

Another central topic of the discussion was how Japan could promote efforts to hold governments and health systems accountable for meeting their stated commitments to UHC. Accountability mechanisms that are working for other sectors, such as the WASH and nutrition sectors, were described during this session as well as later in the day, with the thought that their methods could potentially work for the health sector as well. In general terms, the approach involves engaging each participating government to define a limited number of priorities or commitments for itself. These are used as the benchmarks for monitoring progress, which is reported on during periodic global meetings (such as World Bank sectoral meetings).

Regular progress reviews create accountability at the global level; this has successfully fostered accountability at the local and national level as well in both the WASH and nutrition sectors. A key lesson mentioned is the importance of ensuring that the commitments go beyond merely listing resources to actually defining actions, and that goals should be well defined and "SMART." Furthermore, the tracking processes must be transparent.

Other topics

- It was pointed out that **health workers** working in well-governed and well-coordinated health systems are more likely to be—and to feel that their work is—effective and valuable. This will contribute to addressing some health workforce challenges.
- **Artificial intelligence and other emerging technologies** hold great potential to offer alternative or interim solutions to empowering health workers. This could include using technology to devise and deploy algorithms for diagnosis, prescribing, and other health system functions. Technology also allows for better networking and information sharing.
- The importance of **civil society** was noted in promoting UHC, strengthening health care delivery, and holding governments accountable. Civil society is a key component of the global health architecture and politics in most countries. Civil society can "look both ways," creating and supporting social movements in communities and engaging with governments to get their support and action. One challenge that civil society efforts are facing is that in recent years, vertical approaches to global health have resulted in siloed civil society efforts. The government of Japan should continue to protect and create space for civil society in dialogues about how to work toward UHC and improved health. The UHC2030's civil society engagement mechanism was mentioned as a structure that deserves additional attention and support, particularly in light of the weakening or disbanding of the Global Fund's Country Coordinating Mechanisms (CCMs), as the fund transitions its support away from certain countries over time. The CCMs served as national platforms for civil society and government to engage with each other, and while they started out focused on HIV, malaria, and tuberculosis, they became important for a much wider range of health policy strategy, planning, and accountability.
- Special attention and support are required to **support fragile and low-income countries,** and to support **marginalized groups** of people within countries.

- **Health ministers** should create and make use of opportunities to build links and collaborate with other sectors.
- **Incentivizing health promotion** should be further explored, such as finding ways to ensure that young children receive health care before the time that they are enrolled in and can be tracked by school systems. What incentives would work to get parents to bring healthy babies and toddlers to health centers?
- How can **health movements** be people-centered, and engage people in such a way that they understand the relationships between taxation, redistribution, jobs, and health?

The session ended with brief comments about the importance of politics in building health systems, achieving UHC, and supporting sustainability. Ultimately, the group identified that "all of this is politics" and agreed that health leaders need to do more to understand politics and develop the capacity to mobilize political movements for health.

Session 2: How can coordination and sustainability of domestic and external funding for UHC and health security be enhanced through efforts at the global and national levels?

The general subject of the second session was how the government of Japan should support global structures to assist with national planning, coordination, and management of funding for UHC and health security. Three more focused questions were presented as guides for the discussion:

- How and by how much should the "fiscal space" for health be expanded? This requires figuring out how much is needed in addition to finding sources.
- What is the right way for countries to balance the use of domestic resources and external funding? This question is derived from the "transition" processes many countries are undergoing as their economies develop and global/bilateral donors seek to limit their aid.
- What is "sustainability" when it comes to funding? It requires an understanding of how much money is needed, where it can and should come from, and how to maintain the right balance of sources. An appropriate definition of, and approach to, sustainability must be constantly revisited and revised.

It was recognized that the IAG and roundtable discussions aligned well with the interests of the World Bank and other multilateral agencies, which would undoubtedly be enthusiastic to work together with Japan on financing for UHC. Governments and global institutions increasingly agree about how to transition from emergency-style targeted funding to long-term, domestically driven funding. A global estimate is that between US$125–US$150 per capita is required to provide UHC. However, many gaps in knowledge remain, including how to set funding aside to respond efficiently in crises or pandemics; the significance of out-of-pocket spending on health by individuals and households in low-income countries (estimated at half a trillion dollars per year); how to promote solidarity as the basis for financing social insurance; and how best to integrate

new technologies and the opportunities and risks of the "fourth industrial revolution" in financing mechanisms.

The group also considered four lessons from Japan, which has worked over many years to foster sustainability in its domestic funding for UHC:

- It is important for countries to start building income transfer systems **as early as possible** in order to take advantage of the demographic dividends of development while young and productive segments of the population are relatively large compared to older segments, the latter being more likely to need to use health insurance.
- It is important for UHC to be **as inclusive as possible** and to expand health coverage over a defined period of time; this can be fostered through mandatory enrollment, subsidized premiums, and uniformity across plans.
- The **governance** is as important as the money—administering UHC requires technical and political skills at all levels, with leadership from the center.
- **Collaboration** between the health and finance ministers is key.

The importance of creating institutional capacity to administer UHC (including adapting to each country's specific context) was highlighted. Not only is it preferable to have capacity at the national level, but it is likely that national experts could more readily provide context-specific expertise on the political economy of health financing policy.

Other emerging themes echoed those from the previous session: continuing to foster high-level political commitments (such as through monitoring reports, inclusion of health investments in countries' credit ratings, etc.); strengthening intersectoral and interagency collaboration to ensure that the health financing strategies are aligned and integrated with other public finance strategies and reform efforts; fostering stewardship and leadership by creating health financing literacy for both health and financing officers; and avoiding "making perfect the enemy of good" while establishing a learning and innovation agenda specifically for new approaches to financing for health.

The group discussion covered and revisited various related points, beginning with a general agreement that even with all the available data, many questions persist about how much funding is actually needed to achieve UHC in each country and how the available funding should be managed. The global community lacks dedicated institutions to provide either technical guidance or necessary resources to countries seeking to plan their path to UHC. This gap will become increasingly apparent and problematic as more countries work toward UHC and look to each other for promising approaches.

Learning and COPs on financing

One key lesson that countries can learn from those that have gone forward with UHC is that spending on health should be considered an investment, not an expense. A study on UHC financing in Thailand found a 20 percent return on investment in terms of economic growth. It was pointed out that Indonesia's current efforts to roll out UHC would provide another good opportunity to study what savings can result from investing in prevention and promotion, particularly as the country begins to invest strategically in the prevention of noncommunicable diseases. Another example given was that of a challenge currently

being addressed in Indonesia that could benefit from the experience of Mexico's Seguro Popular. In Indonesia, there is an emerging problem of "missing middle-income" groups that are not paying the requisite premiums. Mexico's program elected to skip means testing, allowing people to self-report on the premiums they must pay. Although many people enrolled in the program without paying premiums by understating their incomes, the indefinite leniency enabled the program to enroll large swaths of the population.

It was also noted that not every lesson will be applicable. Although Japan has been successful in creating UHC, it was clear that other countries may follow different paths. Indeed, Japan's UHC system may be becoming outdated, needing updates to better address the challenges of the aging society and to make better use of new technologies. Thus, learning and sharing should be multidirectional to ensure that innovations can be integrated into existing approaches to improve effectiveness and efficiency.

Articulating the linkages between financing and health workforce challenges

It was pointed out that funding alone is not enough to guarantee delivery—in Hong Kong, for example, per capita spending on health is more than US$2,500, but the region still lacks enough providers to deliver the necessary services. Concerns about the health workforce echoed throughout this session as well, as participants described why financing needs to be discussed in parallel and jointly with the workforce agenda. The health workforce is a major cost center requiring health financing; it is also a critical component for utilizing financing to effectively and efficiently deliver health services.

Building organizational/institutional capacity to utilize funds

Governance is required to effectively generate and use domestic financing. However, what good governance entails is both a technical and a political question. On the technical side, major gaps exist in the global health and global financing arenas when it comes to evidence-based technical support to build the requisite institutional capacities to manage health financing.

The global community could have a major impact on improving governance by fostering stronger working relationships among health and finance ministers in countries. The WASH sector's experience in bringing health and finance ministers together regularly provided a hopeful picture of the positive impact of strengthening the relationships—and thus generating greater interest in collaboration—among sectoral leaders. These benefits accrue from both formal and informal interactions. Furthermore, health ministers should be brought into other sectoral discussions to promote attention to the health impacts of various activities.

The degree to which purchasing health services is strategic and efficient can be highly influenced by the payment mechanisms chosen. However, some participants warned that health workers may not like terminology that portrays them as providing services that must be "purchased." In some contexts, this approach risks undercutting health workers' moral commitments to delivering health care and may

> "When local communities come together to talk about health, they talk about the person, not the disease. They also talk more about prevention, including WASH and nutrition."
> *–Roundtable participant*

either drive people away from the health sector or instigate increases in the prices of services.

In Japan's experience, local governments often moved faster than national policy. As health insurance coverage became a national priority, local municipalities quickly began creating their own insurance systems. These became testing grounds and models for different approaches to UHC and had a major influence on Japan's national strategies.

Setting priorities and allocating funds

Data and evidence are critical in discussions of finance, just as they are in policy and monitoring. It was noted that in many spheres, finance is the area where accountability is the tightest and most highly developed. With financing, performance data and evidence about needs are required to support well-thought-out decisions about how to prioritize certain services in the face of limited resources. In some instances, a health system with increasingly available financial resources ends up still failing to meet its health goals because it is not spending efficiently. Thus, financing requires priority-setting processes and measures of efficiency. A study in Japan was cited that suggested that investments in interventions to delay the onset of dementia among older people by five years can save US$4.4 billion dollars during that time.

Nutrition was described by former UN Secretary-General Ban Ki-Moon as "a maker and a marker of development."

Managing "transitions" responsibly

Frequent mentions were made of the efforts of the Global Fund and other multilateral and bilateral donors to "transition" middle-income countries away from reliance on donor funding for health. Significant lessons for UHC financing are likely to emerge from these processes. The participants also warned that there must be communication and collaboration among the funding institutions. If they all promote transitioning countries to domestic funding at the same time, there is the possibility that it may create new conflicts and problems.

Finally, the cross-cutting issue of "politics" was again acknowledged as a critical component for financing. Political agreement at the global level that all nations and stakeholders have a responsibility to support UHC internationally must be constantly reinforced. Without this orientation, the financing of vertical programs only is likely to continue, as each donor and nation makes its own decisions about what to support. For example, in order to make more funding available, the World Bank made a political decision to expand the definition of "infrastructure" to include health and emergency response systems.

The global health agenda should seek to "keep healthy people healthy."
—Roundtable participant

Session 3: What mechanisms at the national and global levels effectively promote multisectoral and multistakeholder approaches to advancing health promotion and supporting healthy lifestyles?

The third session focused on how the government of Japan could promote collaboration among different sectors and stakeholders to protect health. Three areas for intersectoral collaboration were highlighted: WASH, urban development, and nutrition.

WASH is an action area in which Japan has a strong track record of domestic success that it could share. It is also the world's leading donor to projects in the WASH sector. However, Japan must be more explicit about linking WASH with health. As a nexus point between global health and quality infrastructure agendas, WASH interventions are a natural area where the Japanese government could begin building effective intersectoral collaboration among health and other programs.

The "Healthy Cities" initiative was cited as a model for its success in bringing health experts into urban planning processes, helping to build collaboration among health and other sectors. The Healthy Cities initiative has a strong network for international collaboration and diplomacy—230 cities in the Asia-Pacific region are already participating. It intersects with the SDG agenda, using the SDGs both as a tool for analyzing how cities are functioning and as a topic for communication with residents.

On the topic of nutrition, there was wide agreement that the evidence is clear: nutrition is instrumental in creating health and contributing to economic growth. Nutrition is also a concern for all countries regardless of location and level of development—in some places, the concerns relate to overnutrition and obesity, while other communities face undernutrition. Increasingly, many places are facing both problems in different segments of the same society. If the health sector would engage with the agricultural and food production systems to promote a "food system approach" to healthy nutrition, it could have a major positive impact.

The SDGs, however, do not link nutrition goals directly to health goals. This means that while much is known about how to intervene to improve nutrition to affect health, commitments made via the SDGs lack direct accountability mechanisms.

Other terms were mentioned during the discussions that tried to capture the intersectoral nature of development, such as "eco-civilization" and "planetary health." Intersectoral approaches were cited as topics that could generate fruitful COP exchanges.

Several additional points were made related to the interlinkages among nutrition, WASH, and health. Activities in both the nutrition and WASH sectors are, in fact, dealing with the root causes of many problems the health system faces. Other areas were also mentioned that require similar intersectoral action, including sexual and reproductive health. In fact, several areas for intersectoral action with health were noted to have direct correlations with women's autonomy and authority. Another intersectoral problem with major implications for health is environmental change, including its impact on behaviors and food systems. And one example of the benefits of intersectoral collaboration that was mentioned was the efficiency produced when multiple sectors share infrastructure, which could in turn open up additional fiscal space for health.

Intersectoral action necessitates strong governance at all levels—national and regional governments must be able to bring together stakeholders to develop appropriate policy and legislation, while local governments and communities must be supported to

implement them. It was highlighted that health promotion, nutrition, and other inter-sectoral challenges are frequently tied to cultural issues and so there must be room for local leadership and ownership.

The importance of engaging political leaders was pointed out again, particularly as sectors involved in intersectoral collaboration include different branches of government, civil society, and, particularly, the private sector. Given the private sector's involvement in driving innovation, the government of Japan could, for example, create opportunities for G20 leaders to discuss how economic policies stimulate and sustain innovation. Engaging with the private sector is particularly necessary in nutrition and health, as much of the food system is privately owned. Companies have to be involved to change and shape the choices people have. It has been shown that value-driven businesses are more profitable in the long term. Japan has valuable experience in public-private collaboration for health, particularly with regard to research and development for health. This also opens up important and as yet under-studied questions regarding private-sector regulation. Transnational companies often avoid adhering to regulations that protect health when operating in low-income or fragile states, but the governments of the world could collaborate to better coordinate fragmented policies on regulation.

Several possible actions and proposals were briefly mentioned by participants. One first step in creating accountability on the health aspects of intersectoral activities could be "cutting" the data collected for SDG monitoring in some way to create better indicators on nutrition. Another suggestion focused on how to incentivize health promotion in development goals by measuring the dividends of prevention (such as babies born at a healthy weight) rather than focusing on negative indicators (such as low birthweight babies). Incentives and subsidies offered to food production systems could be restructured to mainstream health and sustainability rather than profit. Finally, there is significant room for the health sector to focus more on integrating nutritionists and health maintenance into health institutions, hospitals, and clinics.

Session 4: What steps should be taken by the government of Japan at the G20 meetings in 2019?

This session began with a reminder to the IAG that in addition to guidance on policy, the government of Japan was looking for concrete "big ideas" that it could promote in order to make an impact in global health. A strong foundation already exists within the Japanese government for the continued engagement of the MOF, MHLW, MOFA, and other government agencies to promote UHC. A flagship event focused on health financing at the 2018 IMF–World Bank Annual Spring Meetings, which was attended by the Japanese Minister of Finance, was noted to have had a significant impact.

The group considered how the G20 works, including what it can and cannot do. Getting health issues onto the wider agenda requires beginning with the preparatory meetings. Up to 100 meetings may take place to prepare for each G20 gathering; these typically bring together ministers and policymakers in silos. The G20 has two tracks: a Finance Track and a Sherpa Track, the latter of which is intersectoral. If Japan wants to truly mainstream health at the G20, then the agenda—whether it is UHC or something else—needs to be discussed in as many of the meetings as possible. Many international

organizations participate in the G20 processes, including the WHO; thus opportunities exist to align with and support their agendas.

Germany's experience with putting global health firmly on the agenda when hosting the G20 in 2017 was briefly discussed. No matter which issues Japan decides to promote, it must address them in a strategic way to have an impact in such a complex enterprise. Saudi Arabia will host the 2020 G20; one strategic approach would be to consider which global health issues would resonate there as well, in order to create continuity from year to year.

The G20 is neither a funding nor an implementing agency. It is a venue for shaping mindsets, creating political interest, mobilizing resources, and encouraging national actions—in a way it is already a community of practice. Global health governance, government accountability, and strategies for achieving goals such as UHC are more appropriate topics than specific interventions.

Civil society mechanisms exist that relate to the G20, but more could be engaged in promoting the global health agenda. Another sector that can have a critical impact on the global health agenda is the business sector (in fact, a point was made previously that the "commercial determinants" of health are critical to consider). Japan's experience in health has included fostering close collaboration between the private sector, government, and civil society to innovate and promote health agendas. Various examples of public-private collaboration were mentioned, including the Global Fund, the Global Health Innovative Technology (GHIT) Fund, Access Accelerated, and the Union for International Cancer Control initiatives. These specific examples could be promoted to G20 countries for additional support and could serve as models for additional collaboration in support of UHC or other health challenges.

The session closed with an acknowledgement that while UHC can deliver on the promise of healthy sustainable societies, there remain many unanswered questions, including what is meant by UHC, how to move beyond talking just about access and start talking more about quality, and what other interventions must take place in parallel with UHC to improve health. UHC should not be treated as a destination; instead, it is "a permanent political struggle." The roundtable then concluded with remarks by Japanese government representatives, who thanked the organizers and participants for their contributions and expressed their intent to consider the day's discussions as they begin planning for the upcoming multinational meetings.

Appendix 1: International Events Taking Place in Japan, 2019–2020

G20 Summit (Osaka, Japan): the June 2019 meeting of heads of state, ministers, and other policymakers from 19 nations and the European Union will be the first G20 meeting to be held in Japan. It will be preceded and followed by a series of preparatory and sectoral meetings, including a Finance Ministers' Meeting in June and a Health Ministers' Meeting in October.

TICAD 7 (Yokohama, Japan): The 7th Tokyo International Conference on African Development will be held in August 2019. It will be preceded by a ministerial meeting in October 2018.

Nutrition for Growth Summit (Japan): The 7th summit, which follows national commitments to improve childhood nutrition, will take place in Japan in 2020.

Olympic and Paralympic Games Tokyo 2020: The Summer Olympics and Paralympic Games will be hosted by Japan. As a major world event that draws attention to athletic achievement, it offers a chance for Japan to share its approaches to improving health with the global community.

Other selected international events that offer opportunities for Japan to promote global health:

September 2019   UN General Assembly high-level meeting on UHC

2020   2nd UHC Forum

…and regular meetings of the World Bank, World Health Assembly, etc.

Appendix 2: JCIE International Advisory Group on Global Health

Members

Rina Agustina, Chair, Human Nutrition Research Center, Faculty of Medicine, University of Indonesia

Catarina de Albuquerque, CEO, Sanitation and Water for All (SWA) Global Partnership [Portugal]

Mark Dybul, Co-director, Center for Global Health and Quality; Professor, Department of Medicine, Georgetown University Medical Center [USA]

Githinji Gitahi, Group CEO, Amref Health Africa [Kenya]

Peng Gong, Professor and Chair, Center for Earth System Science, Tsinghua University [China]

Lawrence Haddad, Executive Director, Global Alliance for Improved Nutrition (GAIN) [UK]

Minah Kang-kim, Professor, Department of Public Administration, Ewha Womans University [Korea]

Ilona Kickbusch, Director, Global Health Centre, Graduate Institute of International and Development Studies in Geneva [Germany]

Gabriel Leung, Dean, Li Ka Shing Faculty of Medicine, Hong Kong University [China]

Francis Omaswa, Chairperson, African Center for Global Health and Social Transformation (ACHEST) [Uganda]

Gorik Ooms, Professor of Global Health Law and Governance, London School of Hygiene & Tropical Medicine [Belgium]

Andrés Pichon-Riviere, Professor of Public Health, University of Buenos Aires; Director of the Health Economics Department, Institute for Clinical Effectiveness and Health Policy (IECS) [Argentina]

Michael Reich, Taro Takemi Research Professor of International Health Policy, Department of Global Health and Population, Harvard T.H. Chan School of Public Health; Senior Advisor, IAG task team [USA]

Devi Shetty, Chairman, Narayana Health [India]

Winnie Yip, Professor of the Practice of International Health Policy and Economics, Department of Global Health and Population; Director, China Health Partnership, Harvard T.H. Chan School of Public Health [Hong Kong, China]

Collaborating Government Offices

Office for Pandemic Influenza and New Infectious Diseases Preparedness and Response, Coordination Office of Measures on Emerging Infectious Diseases, Cabinet Secretariat (CAS)

Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs (MOFA)

Development Policy Division, International Bureau, Ministry of Finance (MOF)

International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare (MHLW)

Human Development Department, Japan International Cooperation Agency (JICA)

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Mihoko Kashiwakura, Head of Japan, Bill & Melinda Gates Foundation (Gates Foundation)

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Robert Marten, Consultant, Gates Foundation

Akio Okawara, President & CEO, Japan Center for International Exchange (JCIE)

Keizo Takemi, Senior Fellow and Chair, Program on Global Health and Human Security, JCIE; Member, House of Councillors, Japan

JCIE Task Team

Satoko Itoh, Managing Director and Chief Program Officer, JCIE

Tomoko Suzuki, Chief Program Officer, JCIE

Yuki Maehira, Research Associate, JCIE

Shiori Nagatani, Program Associate, JCIE

Anya Levy Guyer, Consultant/Rapporteur

Appendix 3-A: Roundtable Meeting Agenda (September 7, 2018)

Opening Remarks	Akio Okawara, President and CEO, Japan Center for International Exchange (JCIE) [OVERALL MODERATOR]
	Yasushi Katsuma, Professor, International Studies Program, Graduate School of Asia-Pacific Studies (GSAPS); Head of Global Health Affairs & Governance Group, Institute for Global Health Policy (iGHP), the National Center for Global Health & Medicine (NCGM)
	Hideo Suzuki, Assistant Minister, Director-General for Global Issues, Ministry of Foreign Affairs (MOFA)
Recap of Previous IAG Discussions	Michael R. Reich, Taro Takemi Research Professor of International Health Policy, Department of Global Health and Population, Harvard T.H. Chan School of Public Health, USA.; Senior Advisor, IAG Task Team
Session 1	**What needs to be added to global efforts to advance UHC, with particular consideration of intersections with PHC and health security at the community level?**
	MODERATOR:
	Mark Dybul, Co-Director, Center for Global Health and Quality; Professor, Department of Medicine, Georgetown University Medical Center, USA
	DISCUSSANTS:
	Naoko Yamamoto, Assistant Director-General, WHO
	Suwit Wibulpolprasert, Vice Chair, International Health Policy Program Foundation (IHPF), Health Intervention and Technology Assessment Foundation (HITAF), Thailand
	Tomohiko Sugishita, Professor and Chair of Department of International Affairs and Tropical Medicine, Tokyo Women's Medical University
Session 2	**How can coordination and sustainability of domestic and external funding for UHC and health security be enhanced by efforts at the global and national level?**
	MODERATOR:
	Michael R. Reich
	DISCUSSANTS:
	Christoph Kurowski, Global Lead Health Financing, World Bank Group
	Takashi Oshio, Professor, Institute of Economic Research, Hitotsubashi University, Japan

Session 3	What mechanisms, at national and global levels, effectively promote multi-sectoral and multi-stakeholder approaches to advancing health promotion and supporting healthy lifestyles?
	MODERATOR:
	Yasushi Katsuma
	DISCUSSANTS:
	Kiyoshi Kodera, Chair of the Board, Water Aid Japan; Senior Research Associate, Overseas Development Institute
	Keiko Nakamura, Professor, Department of Global Health Entrepreneurship, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University (TMDU); Head of Secretariat, Alliance for Healthy Cities
	Kyoko Okamura, Specialist, International Health and Nutrition (MHS), Global Link Management (Glm), Japan
Session 4	What steps should be taken by the government of Japan at the G20 meetings in 2019?
	MODERATOR:
	Michael R. Reich
	DISCUSSANTS:
	Ilona Kickbusch, Director, Global Health Centre, Graduate Institute of International and Development Studies in Geneva
	Masaki Inaba, Program Director for Global Health, Africa Japan Forum; Executive Director, Japan Civil Society Network on SDGs (SDGs Japan)
	Haruhiko Hirate, Chair, International Affairs Committee, Japan Pharmaceutical Manufacturers Association (JPMA)
	Richard Horton, Editor-in-chief, Lancet, UK
Closing Remarks	Chieko Ikeda, Senior Assistant Minister for Global Health Minister's Secretariat, Ministry of Health, Labour and Welfare (MHLW)
	Eiji Hinoshita, Director General, Bureau of International Health Cooperation, NCGM
Final IAG Discussion	MODERATOR:
	Michael R. Reich

Appendix 3-B: Roundtable Meeting Participants
(names of IAG members are in bold)

Kamran Abbasi	Executive Editor, *The BMJ*, UK
Rina Agustina	Chair, Human Nutrition Research Center, Faculty of Medicine, University of Indonesia
Masaomi Akana	Deputy Chair, International Affairs Committee, Japan Pharmaceutical Manufacturers Association (JPMA); Corporate Officer; Vice President, Corporate Affairs, Eisai Co., Ltd., Japan
Hidechika Akashi	Director, Department of Health Planning and Management, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM)
Guitelle Baghdadi-Sabeti	G7 and G20 Focal Point, World Health Organization (WHO)
Tobias Bergner	Coordinator for the Foreign Policy Dimension of Global Health Issues, Federal Foreign Office, Germany
Catarina de Albuquerque	Executive Chair, Sanitation and Water for All (SWA)
Mark Dybul	Co-Director, Center for Global Health and Quality; Professor, Department of Medicine, Georgetown University Medical Center, USA
Masami Fujita	Director, Division of Global Networking, Department of Global Network and Partnership, Bureau of International Health Cooperation, NCGM
Tomoko Fukuda	Chief, Advocacy Group, Japanese Organization for International Cooperation in Family Planning (JOICFP), Member, Advisory Group Member, Civil Society Engagement Mechanism (CSEM) for UHC2030
Githinji Gitahi	Group CEO, Amref Health Africa, Kenya
Peng Gong	Professor and Chair, Center for Earth System Science, Tsinghua University, China
Lawrence Haddad	Executive Director, Global Alliance for Improved Nutrition (GAIN), UK
Eiji Hinoshita	Director-General, Bureau of International Health Cooperation, NCGM
Haruhiko Hirate	Chair, International Affairs Committee, Japan Pharmaceutical Manufacturers Association (JPMA); Corporate Officer, Corporate Communications & Public Affairs (CCPA) Department, Takeda Pharmaceutical Company Ltd., Japan
Ayako Honda	Associate Professor, Department of Economics, Sophia University, Japan
Richard Horton	Editor-in-chief, *Lancet*, UK
Chieko Ikeda	Senior Assistant Minister for Global Health Minister's Secretariat, MHLW

Masaki Inaba	Program Director for Global Health, Africa Japan Forum; Executive Director, Japan Civil Society Network on SDGs (SDGs Japan)
Satoko Itoh	Managing Director, Japan Center for International Exchange (JCIE)
Minah Kang-kim	Professor, Department of Public Administration, Ewha Womans University, Korea
Mihoko Kashiwakura	Head of Japan, Bill & Melinda Gates Foundation (Gates Foundation)
Yasushi Katsuma	Professor, International Studies Program, Graduate School of Asia-Pacific Studies (GSAPS); Head of Global Health Affairs & Governance Group, Institute for Global Health Policy (iGHP), NCGM
Ilona Kickbusch	Director, Global Health Centre, Graduate Institute of International and Development Studies in Geneva
Yasumasa Kimura	Director, United Nations Children's Fund (UNICEF) Tokyo Office
Masahiko Kiya	Deputy Director-General / Deputy Assistant Minister, International Cooperation Bureau, Ministry of Foreign Affairs (MOFA)
Kiyoshi Kodera	Chair of the Board, Water Aid Japan; Senior Research Associate, Overseas Development Institute
Christoph Kurowski	Global Lead Health Financing, World Bank Group
Gabriel Leung	Dean, Li Ka Shing Faculty of Medicine, Hong Kong University, China
Takashi Miyahara	Deputy Director-General, International Bureau, Ministry of Finance (MOF)
Toshiyuki Miyoshi	Director, Development Policy Division, International Bureau, MOF
Keiko Nakamura	Professor, Department of Global Health Entrepreneurship, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University (TMDU)
Hiroki Nakatani	Project Professor, Senior Researcher, Keio Global Research Institute (KGRI), Keio University; Chair of the Board, Global Health Innovative Technology (GHIT) Fund, Japan; Executive Board member, WHO
Kyoko Okamura	Specialist, International Health and Nutrition (MHS), Global Link Management (Glm), Japan
Takashi Oshio	Professor, Institute of Economic Research, Hitotsubashi University, Japan
Akio Okawara	President & CEO, JCIE
Francis Omaswa	Chairperson, African Center for Global Health and Social Transformation (ACHEST)
Gorik Ooms	Professor of Global Health Law and Governance, London School of Hygiene & Tropical Medicine
Andrés Pichon-Riviere	Professor of Public Health, University of Buenos Aires; Director of the Health Economics Department, Institute for Clinical Effectiveness and Health Policy (IECS)

Michael R. Reich	Taro Takemi Research Professor of International Health Policy, Department of Global Health and Population, Harvard T.H. Chan School of Public Health, USA; Senior Advisor, IAG task team
Devi Shetty	Chairman, Narayana Health, India
Mariko Sato	Director, United Nations Population Fund (UNFPA) Tokyo Office
Yasuhisa Shiozaki	Member, House of Representatives; former Minister of Health, Labour and Welfare
Tomohiko Sugishita	Professor and Chair of Department of International Affairs and Tropical Medicine, Tokyo Women's Medical University
Hideo Suzuki	Assistant Minister/Director-General for Global Issues, MOFA
Keizo Takemi	Member, House of Councillors, Japan; Senior Fellow, JCIE
Ikuo Takizawa	Deputy Director General, Health Group 1, Human Development Department, Japan International Cooperation Agency (JICA)
Suwit Wibulpolprasert	Vice Chair, International Health Policy Program Foundation (IHPF), Health Intervention and Technology Assessment Foundation (HITAF), Thailand
Naoko Yamamoto	Assistant Director-General, WHO
Harald Zimmer	Member, Board of the German Network against Neglected Tropical Diseases (DNTDs); Senior Manager, German association of research-based pharmaceutical manufacturers

Partner Organization Representatives

Tsunenori Aoki	Senior Deputy Director, Health Group 1, Human Development Department, JICA
Manabu Hasegawa	Counsellor, Office for Pandemic Influenza and New Infectious Diseases Preparedness and Response, Coordination Office of Measures on Emerging Infectious Diseases, Cabinet Secretariat (CAS)
Mitsushiro Hirai	Program Assistant, Gates Foundation
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Kenichi Ito	Senior Director, Health Group 1, Human Development Department, JICA
Masako Kikuchi	Research Officer, JICA Research Institute (T20)
Saeda Makimoto	Senior Executive Research Fellow, JICA Research Institute (T20)

Robert Marten	Consultant, Gates Foundation
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