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Unfinished business: Lessons for future G20 meetings on a more inclusive understanding of universal health coverage

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Abstract: The Group of 20 (G20) Osaka Summit in 2019 was a large step forward for global health diplomacy to build consensus on universal health coverage (UHC). To strengthen multi-stakeholder UHC partnership, Japan involved the research and policy advice network for G20 (Think 20: T20), civil society (Civil 20: C20), private initiatives of medical professional groups (H20), and the pharmaceutical sector. We attempted to identify UHC-related issues addressed and left unaddressed at the G20 Osaka, to bring lessons for future G20. We reviewed the G20 Osaka Leaders' Declaration, policy-related statements, and voices of the relevant G20 engagement groups and sectors. In July 2019, after the G20 Osaka Leaders' Summit, we organized an expert meeting convening Japan-based UHC-related key global health stakeholders. This review provides record of main findings presented in form of classifying the voices expressed in the meeting by UHC-related topics, and definitional ranges of UHC summarized. The T20, H20, and the pharmaceutical sector noted during our expert meeting that the ministerial-level health-finance collaboration was one of the key agendas suggested at the G20. T20 and C20 called for a recognition of health needs of refugees, migrants and other vulnerable groups in achieving UHC. Sexual and reproductive health and rights (SRHR) with a human rights-based approach through UHC was raised by the C20 as an issue unaddressed in G20 Osaka. Variation in operative purposes between global health stakeholders led to a definitional difference in the scope of UHC. The definitional difference could delay progress of UHC attainment. Addressing migrant and refugee health and SRHR within the context of UHC is further needed. Understanding perspectives of various stakeholders will become increasingly important to well-coordinate multi-actor cooperation with adequate social responsibility and transparency in UHC achievement and public-private partnership. In future G20, for UHC in the COVID-19 pandemic and post-pandemic worlds there is need of *i*) ensuring an integrated yet comprehensive multi-stakeholder approach towards UHC; *ii*) incorporating important dimensions such as the marginalized population and gender; and *iii*) ensuring adequate investments toward health information systems and governance to track health data for the vulnerable population and gender-responsive financing.

***Keywords*:** G20, universal health coverage, global health, health policy, United Nations high-level meeting, global health diplomacy

Introduction

The Group of 20 (G20) Osaka Summit in May 2019 was the last G20 meeting held before the coronavirus disease 2019 (COVID-19) pandemic and was a remarkable milestone for global health diplomacy to reach a consensus on promoting universal health coverage (UHC). Before then, UHC was only brought up slightly in other G20 meetings, along with the content on safeguarding against health crisis and strengthening health systems in 2017 (*1*), and no single paragraph existed for UHC in the Leaders' Declarations agreed by G20 countries in 2018 (*2*). During the 2019 G20 Summit, however, UHC was brought up clearly to recall its commitment for achievement according to national contexts and priorities, in the *G20 Osaka Leaders' Declaration* (*3*). Moreover, in recognizing the importance of sustainable financing for health, the *G20 Shared Understanding on the Importance of UHC Financing in Developing Countries* (*4*) was adopted

to reaffirm commitment for UHC among the Finance and Health Ministers at their Joint Session, which was simultaneously held during the G20 Osaka Summit (*5*).

Uniquely taking opportunity of the G20 presidency in 2019, Japan took a whole-of-society approach in order to strengthen partnerships and engage in policy dialogues with G20 Engagement Groups. The official G20 Engagement groups include research and policy advice network for the G20 (Think 20: T20) (*6,7*) and the civil society (Civil 20: C20) (*4*). The G20, T20, and C20 have each published their declaration in relations to G20 (*6-8*). In addition, private initiatives of medical professional groups from the Health Professional Meeting (H20) organized by the World Medical Association (WMA) and Japan Medical Association (JMA) presented their respective memorandum (*9*), and the pharmaceutical sector driven by the International Federation of Pharmaceutical Manufactures and Associations (IFPMA) including companies in Japan, the United States, and Europe published a statement (*10*) to Japan's Prime Minister Shinzo Abe in order to accelerate progress towards UHC among all United Nations (UN) member states. Following the G20, the first-ever UN High Level Meeting (UN-HLM) on UHC was held on September 23rd, 2019, where a political declaration on UHC was adopted by all UN member states. This marked a turning point in the history of global health diplomacy, placing UHC as a major issue not only in global health but for the entire global community.

Bloom and colleagues of the T20 called on next steps to be taken for UHC in advance to the G20 Osaka Summit, highlighting that the G20 have made an effort to facilitate crucial actions for UHC (*6*). However, after the G20 Osaka Summit, issues remain awaited to be addressed in subsequent G20 meetings, requiring strengthened visibility for political momentum towards UHC and further understanding of perspectives or various global health stakeholders. There is also a lack of evidence regarding these remained issues in relations to the voices and statements of the G20 Osaka Summit Engagement Groups. Therefore, we attempt to identify UHC-related issues that were either addressed or left unaddressed at the G20 Osaka Summit. We also reflected upon outcomes of the first ever UN-HLM on UHC in September 2019, which followed after G20 Osaka Summit. Since then, much of the world's focus has shifted to pandemic preparedness and response with the emergence of COVID-19, but UHC remains to be a crucial issue to ensure health equity and prevent further health crises. Lessons learnt in this study were initially to be applied for at the G20 Riyadh Leaders' Summit in November 2020, yet they still remain as important lessons to be reflected in future G20, as many of the issues have been undealt with to date. We provide our review to substantially leverage effective UHC in its next miles of political history of global health diplomacy, including the G20 Rome taking place in October 2021 (*11*).

Identifying UHC related achievements and issues unaddressed

We reviewed the G20 Osaka Leaders' Declaration (*3*), and policy-related statements and voices of the relevant G20 engagement groups and sectors (the T20, C20, H20, and the pharmaceutical sector). In addition, an expert meeting was held by authors from the Institute for Global Health Policy Research (iGHP), National Center for Global Health and Medicine (NCGM) under the purpose of discussing the addressed and unaddressed issues at the G20 Osaka. This meeting was held on July 30th 2019, which was after the G20 Osaka and before the 2019 UN-HLM on UHC. The main speakers were Japan-based UHC-related key global health stakeholders from the G20, T20, C20, H20, and the pharmaceutical sector. Information obtained through this expert meeting were also fed into this paper by summarizing the voices from the discussion and answers to common questions (on what were "suggested and agreed by the 2019 G20", "issues not discussed enough at the 2019 G20", "issues to be discussed at the 2019 UN-HLM", and "issues to be discussed at the 2019 G20 Health Ministers Meeting").

We then classified the voices of the T20, C20, H20, and the pharmaceutical sector by UHC-related topics: health systems financing, service quality and delivery; inclusiveness; innovation; operational cooperation and partnership; and prioritization and sustainability, monitoring and evaluation. In addition, based on the stances taken by each of the stakeholders, we plotted the definitional ranges of UHC and perspectives in relations to the 2019 G20 Health Ministers' Meeting and the 2019 UN-HLM.

Varying understandings of UHC

Alongside the strengthened ministerial-level collaboration between health and finance sectors in the occasion of the G20 Osaka Leaders' Summit, diversified voices were heard among stakeholders, around issues related to monitoring and evaluation of progress towards UHC, actor cooperation between global health and medical entities, and partnership building. To take a further step into the discussion, stakeholders voiced the health needs of refugees, migrants and other vulnerable groups in achieving UHC, and the importance for realizing sexual and reproductive health and rights (SRHR) through UHC. Variation in operative purposes among global health stakeholders has resulted in varying scopes of key understanding behind UHC.

Diversified voices on UHC with health-finance collaboration agreed to be G20 Osaka's key agenda

While the G20 Osaka Leaders' Declaration called for greater collaboration between health and finance authorities, where its commitment was affirmed by the

G20 Finance and Health Ministers during their first-ever joint session at the G20 (*12*), diversified voices on UHC were heard among stakeholders. The T20, H20, and the pharmaceutical sector noted during our expert meeting that this health-finance collaboration was one of the key agendas suggested to the G20 (Table 1). However, according to the T20, the G20 failed to discuss enough on monitoring tools for prioritizing primary health care (PHC)-based health systems and a common mechanism to monitor UHC. The H20 brought up remaining challenges in cooperation among key global health actors, medical doctors, and medical associations (Table 2). The pharmaceutical sector emphasized the need to establish of a new public-private partnership (PPP) dialogue platform. In relations to partnerships, T20 emphasized the importance of effective coordination for sustainable UHC. C20 called for a comprehensive and effective review mechanism including independent evaluation of UHC by the civil society. Furthermore, the H20 raised further need in health-finance ministerial-level collaboration to promote UHC in developing nations, and the pharmaceutical sector requested to ensure commitment for progress towards UHC not only among G20 countries but among all UN member states.

Inclusive UHC to address migrant health and sexual and reproductive health and rights

In response to the last G20, both C20 and T20 called for a recognition of refugees, migrants and other vulnerable groups in achieving UHC (*4,8*). Migration and migrants' wellbeing are critical issues of the twenty first century (*13*). The T20 further called for data and statistical management of migrant health to understand their needs better and to be able to provide evidence-based policy to address the health needs of migrants (*6*), but the G20 Osaka left this issue unaddressed. While the Finance and Health Ministers' meeting in G20 Osaka recognized the need for "high quality primary healthcare services, including immunization, as well as essential medicines, [made] accessible to everyone", the document did not specify whether this includes migrants, regardless of legal and documentation status. The last G20 meeting seemed to only address UHC as a narrower scope that concerned only its citizens. The G20 countries, instead, can approach UHC from a human security perspective. Having this perspective would be the first step to ensure primary healthcare at an affordable cost to all, including migrants independent of their migratory or legal status.

Realization of SRHR through UHC was another issue proposed by the C20 but left unaddressed at the G20 Osaka Summit. Post G20 Osaka, SRHR was brought up in the political declaration of the UN-HLM in 2019 (*14,15*), and its necessity was re-emphasized by the joint press statement developed by 59 government agencies in response to SRHR and COVID-19 (*16*). The statement raises the need for sexual health services with a priority on funding for SRHR and clearly indicates that it is crucial that leaders recognize the central role of UHC in health emergencies and the need for robust health systems to save lives (*16*). The governmental level statement highlights the need for essential health workers and resources to respond to maternal and child mortality, unmet needs for reproductive health commodities including contraception, sexually transmitted diseases, and unsafe abortion (*16,17*).

Variation in definition and scope of UHC among stakeholders

The purpose of the UN-HLM and the G20 Health Ministers' Meeting have dimensional differentials in terms of definitional range of UHC, as well as its perspective regarding aid allocation, here simplified by a binomial dimension on the y-axis: whether it is donor-driven or is based on the recipient countries' needs and perspectives (Figure 1). In addition to the country-specific definition of UHC with an absence of global standardization (*18*), variation in operative purposes between global health stakeholders led to a definitional difference in the scope of UHC. As plotted on the x-axis, the narrowest definition of UHC would be in line with the Sustainable Development Goal (SDGs) 3.8, referring to indicators of service coverage and financial risk protection, namely the gold standards in monitoring and evaluating UHC (*19,20*). On the other hand, some global health actors recognize UHC as a broader concept, i.e., inclusive approaches of health-related issues in the SDGs or sometimes beyond (*21*).

The UN-HLM aims to prioritize accountability over resource efficiency, a clear distinction in comparison to the G20 Health Ministers' Meeting that served as an opportunity to discuss more technical issues regarding health resource allocation. While the importance of health as an agenda remains a small part in comparison to other G20 agendas. The G20 holds an inclusive stance in pinning the UHC definition and does not restrict its meaning to the narrow definition in SDG 3.8. As G20 is composed of advanced economies, we see its perspective closer to donor driven on the y-axis. On the contrary, the C20 presented a less donor driven perspective, and emphasized a further need for UHC to meet the needs of the socially and politically marginalized population. H20 was relatively similar to C20 in terms of perspective but was more technically oriented to promote cooperation between ministries of finance and ministries of health in recipient countries. They had a particular focus on health system strengthening and capacity development of human resources. T20 had a narrower definitional range of UHC compared to other stakeholders, as they emphasized the need for multisector cooperation among government, and their voices were centered around operational cooperation, partnership, and innovation. Objectively, T20 had a more donor driven perspective

Table 1. Voices of the T20, C20, H20, and the pharmaceutical sector on achievement of the G20 and undiscussed issues

Thematic area	Suggested and agreed by the G20 2019					Issues not enough discussed at the G20 2019				
	Voices	T20	C20	H20	P[*1]	Voices	T20	C20	H20	P[*1]
Health systems financing, service quality and delivery	Emphasizing health system strengthening while focusing on the quality of services				X	Health financing to achieve UHC		X		
	Strong PHC systems that can harness increased ageing and NCD related issues (integrated nursing and medicine with a community-based, life-course approach)	X				Domestic financing for health that reach the 5% GDP target or 15% of national budget, and elimination or minimalization of out of pocket payment		X		
	Strengthening human resource capacity for health and policy makers			X		Due to emergence of large multinational IT platform companies *etc*., financial redistributions among nations are decreasing, by factors such as the globalization of profit structure, or base erosion and profit shifting (BEPS). The fact that the *G20 Shared Understanding mentions* "financial capacity" and "progressivity" can be evaluated positively to some extent, but doubts remain on its effectiveness.		X		
	Strengthening of health systems with a focus on quality both by public and private sectors			X						
Inclusiveness	Countries with heavy disease burdens as well as political economic crises should not be left out of achievement of UHC		X			PHC for all people, especially for the marginalized population	X			
	UHC should be grounded on human rights-based approach, prioritizing PHC, ensuring SRHR, responding to gender-based violence, and adopting a holistic approach to health including nutrition and WASH		X			Documentation of migrants including health workforce mobility. Health protection for migrants.	X			
	Ensure UHC that leaves no one behind, including the most vulnerable and marginalized populations such as migrants and refugees, sexual minorities, MSM, sex workers, *etc*.		X			UHC that leaves no one behind, including socially and politically marginalized and vulnerable populations		X		
						Human rights and human security as a basis for UHC		X		
Innovation	Promotion of innovation through public private partnership/ cost effective and appropriate digital health	X								
Operational cooperation and partnership	Cooperation between health and finance ministers	X		X	X	Role of physicians and their associations to advocate and ensure UHC			X	
	Call for an effective partnership, Effective coordination for sustainable UHC	X		X		Establishment of new platform for public and private (and academia) partnership				X
	Recommending multilaterals and stakeholders to coordinate effectively				X					
Prioritization and sustainability, monitoring and evaluation	Recognizing the need for sustainable health financing		X	X		Monitoring tools for PHC-based health system	X			
	Each country should achieve 5% GDP for spending on heath, donor countries should achieve 7% ODA target and prioritize health. Ensure sustainability of GF, GAVI and other multilaterals through sufficient replenishment		X			Support for UHC indicator calculation. Common UHC monitoring mechanisms	X			
	Commitment to ensure UHC in accordance with each country situation				X					

[*1] P: Pharmaceutical sector. Abbreviations: UHC: universal health coverage; PHC: primary health care; SRHR: sexual reproductive health rights; WASH: water, sanitation and hygiene; MSM: men who have sex with men; GDP: gross domestic product; ODA: official development assistance; GF: Global Fund; GAVI: Gavi, The Vaccine Alliance.

Table 2. Voices of the T20, C20, H20, and the pharmaceutical sector on remaining challenges for the UN High-level Meeting and G20 Health Ministers' Meeting, 2019

Thematic area	Issues to be discussed at the UN High-level Meeting 2019					Issues to be discussed at the G20 Health Ministers Meeting 2019				
	Voices	T20	C20	H20	P[*1]	Voices	T20	C20	H20	P[*1]
Health systems financing, service quality and delivery	Financing for UHC, particularly on securing domestic financing and achieving 5% GDP target		X			Health financing, (Each country should achieve 5% GDP for spending on heath, donor countries should achieve 7% ODA for health, and prioritize health in their ODA policy)		X		
	Recognizing the importance of equitable system for revenue collecting		X			Access to essential medicines in developing countries, lower price setting and securing of new incentives		X		
	Ensuring access to medicine, by ensuring low or no out of pocket payment		X			Development of a process which minimizes the negative impact for middle income countries transitioning from donor funding to domestic funding for health finance resources to ensure UHC		X		
	Capacity development of health human resources as well as of policymakers			X		Securing sustainable health financing to ensure UHC			X	
	Strengthening of health systems with a focus on quality			X		Talent development for human resources for health to ensure UHC			X	
	Recognition for the importance and implementation of sustainable health finance			X						
Inclusiveness	Basis for UHC (human rights and human security), as well as achieving UHC that leaves no one behind		X			PHC for all people, especially for the marginalized population	X			
						Documentation of migrants including health workforce mobility, health protection for migrants	X			
Operational cooperation and partnership	Effective coordination for sustainable UHC	X				Partnership between physicians and their associations and governments as well as with WHO to ensure UHC			X	
	Recognition of civil society involvement in achieving UHC		X			Establishment of new platform for public and private (and academia) partnership				X
	Further coordination between health and finance ministries to ensure UHC in developing countries			X						
	Commitment to achieve UHC by all UN member states, not just G20 countries				X					
	Further coordination between health and finance ministries				X					
	Establishment of the Global Action by G20				X					
Prioritization and sustainability, monitoring and evaluation	Holistic review mechanism of UHC that includes an independent evaluation by CSOs		X			Monitoring tools for PHC based health system	X			

[*1] P:Pharmaceutical sector. Abbreviations: UHC: universal health coverage; PHC: primary health care; GDP: gross domestic product; ODA: official development assistance; WHO: World Health Organization; CSO: chief sustainability officer.

than C20 and H20, as the T20 suggested a strong PHC system to harness issues such as ageing and non-communicable disease, and public-private partnership.

Based on policy-related documents and voices from multi-stakeholders (Tables 1 and 2), we identified a narrower definition of UHC among T20 and H20, compared to G20 and C20, having a focus on monitoring UHC rather than evaluation for accountability. The T20 and H20 had a higher motivation to seek for further efficient resource allocation, through improvement of UHC indicators and partnerships. Issues on health information systems, especially for migrant health and their social security, were brought up by T20 as an issue undiscussed at G20. The C20 took an inclusive approach both in terms of UHC definition and donor-recipient perspective with attention on expanding the quality and

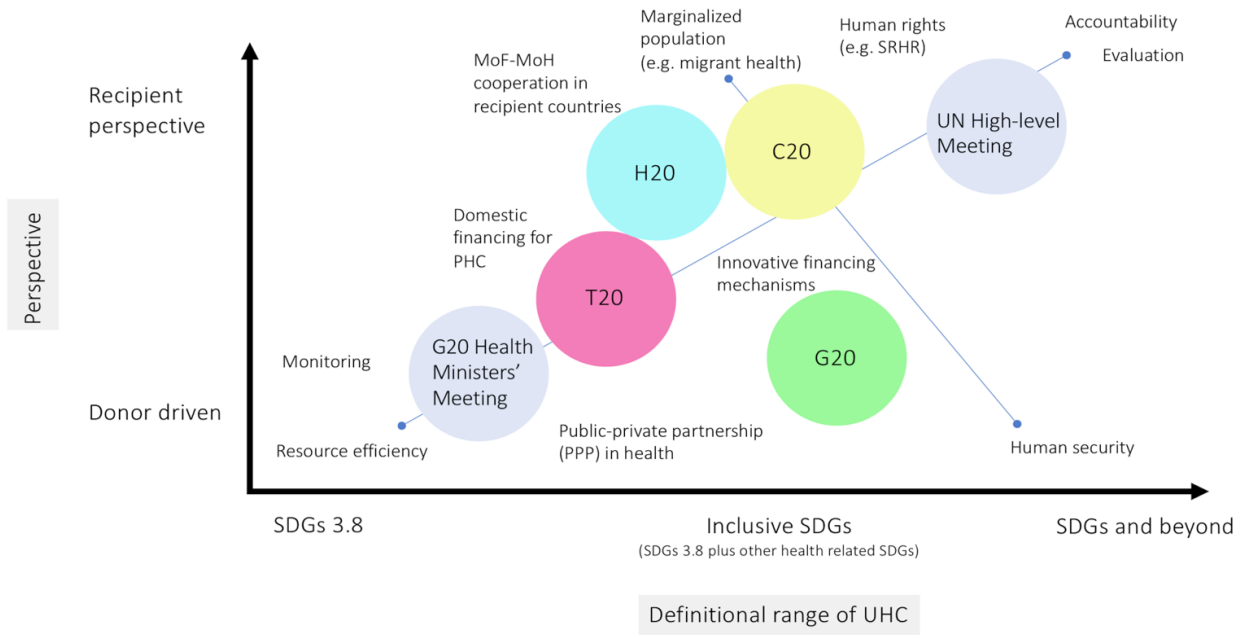

Figure 1. Definitional range of UHC and perspectives by key actors in relation to positions of high-level meetings. *Abbreviations*: UHC: universal health coverage; SDGs: Sustainable Development Goals; UN: United Nations; PHC: primary health care; SRHR: sexual and reproductive health rights; MoF: Ministry of Finance; MoH: Ministry of Health.

quantity of financing development assistance for health to reach the vulnerable and marginalized population such as migrants.

Challenges and solutions for a holistic understanding of UHC

Definitional differences in the scope of UHC among stakeholders were identified in our study. These differences pose challenge in attaining harmonization between aid agencies as well as alignment between donors and recipients and could further delay the achievement of UHC and the movement towards fulfillment of the SDGs. Addressing marginalized issues, such as migrant and refugee health and SRHR, within the context of UHC is needed. Nevertheless, they were unfortunately not brought up clearly as part of the official declarations in the event of the G20 Osaka Summit. In the future, understanding perspectives of the G20, T20, C20, H20, and the pharmaceutical sector will become increasingly important to well-coordinate multi-actor cooperation with adequate social responsibility and transparency in UHC achievement, to build a stronger PPP.

Migrant health and sexual and reproductive health and rights as a key issue for comprehensive commitment towards UHC

Amid the increase in multi-stakeholder platforms and partnerships, addressing vulnerable populations and issues such as migrant health and SRHR through an integrated definition that harmonize the vision and philosophy of UHC between stakeholders, may be a key issue for comprehensive commitment towards UHC. Given our results, all actors need to ensure the ownership of both donor and recipient countries among multi-stakeholders as well as a clearer UHC definition.

Despite the varying dependence and acceptance of migrants and refugees among the G20 countries, they recognized the growing migration trend as noted in the leader's declaration (*3*). With about one seventh of the world's population currently living in a country outside of where they were born (*22*), international effort is needed to explicitly address the health needs of migrants and refugees and to include them in the individual national health policies and plans in advancing "health for all" for UHC. In particular, healthy inequity that arise from economic, administrative, cultural and language barriers to healthcare that migrants face regardless of the legal or migratory status (*23,24*), should be addressed. The World Health Organization (WHO) also recognized that the SDG 3.8 on UHC cannot be achieved unless the health needs of migrants and refugees are met and health inequity is reduced (*25*). Yet, migrants' health still remain as a challenging issue as border control and health protection policies often have differing goals (*26*). Despite two World Health Assembly resolutions dedicated to the health of migrants in 2008 and 2017 (*27,28*), *the United Nations General Assembly High Level Meeting on Large Movements of Migrants and Refugees* in 2016, and the *Global Compacts on Refugees and Safe, Orderly and Regular Migration* adopted in 2018, many countries, including some of the G20 countries, do not

share a shared understanding on migrants' rights and do not recognize global frameworks for safe migration that protects migrants' welfare, including migrants' health. As for the *Global Compact for Safe, Orderly and Regular Migration*, which explicitly stated that health needs of migrants and refugees should be incorporated in national and local healthcare policies and plans, it was also not signed by several countries including the United States under the Trump administration (*29*), primarily due to economic and national security issues. Public health emergencies like COVID-19 may pose an opportunity for countries to re-examine the importance of extending access to healthcare to migrants and refugees to curve health inequity and combat health crises. For example, the United States and many other nations offered COVID-19 vaccines for free to all individuals residing in the country regardless of the immigration status (*30*). Such an understanding on the impact of the health protection of the vulnerable population should extend to the coverage of other essential health services to drive forward UHC.

The lack of international consensus on the definition of SRHR as well as family planning driven from its sensitiveness, makes its realization *via* a concept like UHC difficult. Reproductive health and rights were defined and agreed during the International Conference on Population and Development (ICPD) in 1994 among 179 states. However, ICPD neither defined sexual health nor explicitly referred to sexual rights while the conference assumed that reproductive health embraces sexual health. There have been several attempts to define sexual rights by some organizations, *e.g*. WHO (*31*) and the World Association for Sexual Health, but no definition has yet to reach an international consensus. The lack of international consensus regarding SRHR also lied in the family planning approach, principally in the right to safe abortion. Different beliefs have existed among the G20 member states where some members hold negative stances against for abortion. For example, the United States during the Trump administration decided to withdraw its support for federal funding for overseas family planning and reproductive health organizations that provide abortion services or counselling (*32*). The key for reaching an agreement on SRHR is to highlight several components of SRHR in association to a more widely recognized human rights that have definitional alignments of SRHR and family planning. It remains a challenge to standardize the definition in relation to diverse interpretation of safe abortion. However, given that there are also many components that the member states have already admitted, *e.g*. women and girls' rights and health care for women before and after pregnancy and childbirth, shedding more light on these areas would serve as the first step for member states to realize at least some of the components of SRHR through UHC.

Strengthening the national evidence-based monitoring and evaluation system

The UHC monitoring framework indicators, composed of service coverage (*19*) and financial risk protection (*20*) suggested by the WHO and the World Bank (WB) in 2013 (*33*), emphasizes the need to implement national evidence-based monitoring and evaluation systems that aim to attain country-comparability and national data representativeness (*34*). At the G20 Osaka Summit, this was reemphasized by countries of strong economy agreeing that investing in health at an early stage of development was important for sustainable and inclusive growth, thus encouraging developing countries to mobilize their domestic resources for UHC (*4*). At the same time, the digitalization of health data to track UHC indicators is needed, especially for developing nations that do not have a sufficient amount of quality data (*18,34*). Multi-stakeholder platforms and partnerships took a step to the next level where international coordination became more important, especially for aid recipient countries. International coordination is a crucial challenge in investment for global health due to the increasing role of the private financial sector actors (*35*). Financial outcomes of long-term funding among government institutions and multilateral agencies could lead to risk sharing among health infrastructure projects, for example, with better credit ratings and lower cost of capital (*36*).

Building further multi-stakeholder platforms and partnerships for UHC

In order to follow a global action plan for healthy lives and well-being for all, all relevant stakeholders need to collaboratively make effort for UHC through multi-stakeholder platforms and partnerships to support the efforts of member states, not only to achieve UHC but other health-related SDG targets. Multiple perspectives of the G20, T20, C20, H20, and the pharmaceutical sector need to be understood in order to well-coordinate its cooperation for higher participation and transparency in UHC achievement.

Furthermore, despite the countries' growing motivation towards UHC at the national level, there is an essential need for multi-stakeholder platforms and partnerships that ensure all donor and recipient countries to have ownership to further enhance UHC. The UHC 2030 serves as a knowledge hub to deliver experience-based or evidence-based resources bridging between the WHO and the WB. Through the UHC 2030, WHO and WB have the fundamental aim to further work together to share their strong networks with health ministers and finance ministers, as well as to exchange knowledge on health expertise and financial operations that are unique to their institutions.

In addition, finances need to be well coordinated, with synergy of traditional and innovative financing

mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Gavi, the Vaccine Alliance (GAVI), Global Financing Facility for Women, Children, and Adolescents (GFF), and the UN Trust for Human Security. Also, international platforms with innovative financing mechanisms *via* public-private partnerships, such as the Global Health Innovation and Technology Fund (GHIT), the Coalition for Epidemic Preparedness Innovation (CEPI), and the recently developed Access to COVID-19 Tool (ACT) Accelerator, should facilitate and propel the research and development of vaccines, pharmaceuticals and other essential medical commodities. In addition, these platforms should help with the knowledge sharing of resource mobilization to implementation through the lens of UHC in order to expand the service delivery of these essential commodities.

With limited public funding in health development assistance, the need for strengthening the partnerships among government institutions, the private sector, academia, and the civil society require enhanced emphasis on achieving UHC through traditional and innovative financing mechanisms. The coordination between the Secretary-General of the UN and the Member States to achieve synergistically UHC and all health-related targets of the SDGs would be a way forward in ensuring political momentum to achieve UHC by 2030, and to capture UHC-related targets outside SDG 3.8. including migrant health and SRHR.

Way Forward

At the time of writing, no G20 meetings have yet to thoroughly address the definitional differences identified in our study, including the G20 Riyadh Summit in 2020 and the Global Health Summit, which had taken place in Rome on 21 May 2021 as a pre-event of the G20 Health Ministers' Meeting 2021 and the G20 Rome Summit 2021. In midst of responding to the surging pandemic, the Leader's Declaration of G20 Riyadh Summit in 2020 noted that "well-functioning, value-based, inclusive, and resilient health systems are critical to move towards UHC achievement", and emphasized "the importance of UHC financing in developing countries" (*37*). The Rome Declaration, which was published as an output of the Global Health Summit in May 2021, underlined the need of "sustained investments in global health, towards achieving UHC with primary healthcare at its centre," amongst others, and listed principles as voluntary orientation for current and future action for global health including guiding commitments for UHC in its relations with the current pandemic and future potential public health emergencies (*38,39*). In conclusion, we raise the following three major points to be addressed through future G20 meetings, including the upcoming Rome Summit in October 2021.

First, there is need of ensuring an integrated yet comprehensive multi-stakeholder approach towards UHC, which could in some cases require efficient specialization between actors to overcome its definitional difference. Second, incorporating important dimensions such as the marginalized population and gender, in order for the progress of UHC to respond to structural inequity and leave no one behind, is important. Third, investments toward health information systems and governance to track health data for the vulnerable population and gender-responsive financing are effective, as demonstrated during the global spread of COVID-19.

Suggestions for future G20 Leaders' Summit beyond Riyadh from experiences of G20 Osaka

In order to take better action for UHC through future G20 summits, there is a need for ensuring an integrated yet comprehensive multi-stakeholder approach towards UHC. This could in some cases require efficient specialization between actors to overcome its definitional differences. Definitional alignment among various stakeholders is needed to reach international consensus on further promotion of UHC, as well as to address marginalized issues that have not been addressed at the G20 Osaka Summit. While between-country dialogue is crucial to effectively achieve UHC, dialogue on UHC between multi-stakeholders may also be a key in understanding how countries could together bring UHC to its next step.

Second, incorporating important dimensions such as the marginalized population and gender, in order to respond to structural inequity and leave no one behind, is important. In doing so, we need further commitment towards migrant and refugee health based on what has been agreed at the UN-HLM 2019, and towards SRHR stemming further upon the joint press statement on SRHR and COVID-19 agreed by government agencies of 59 countries calling for gender-responsiveness and multilateral efforts to respond well to COVID-19 (*16*).

Further ways of coordination for leadership towards digitalization of health data and optimal resource allocation

Third, investments toward health information systems and governance to track health data for the vulnerable population and gender-responsive financing are effective, especially with the global spread of COVID-19. Investments toward better health information systems and governance to track health data are solutions for better migrant and refugee health (*40*). Whilst COVID-19 is pushing forward investments in health for all amongst many countries (*41*), there is a need for well-coordinated health governance and policies with the social protection systems to protect the poorest and the vulnerable population groups that are facing further financial hardships due to the pandemic (*42*). For

example, with the COVID-19 pandemic, continuation of current lockdowns has increased gender-based violence and unintended pregnancies that require carefully thought-out preventive policies and actions to meet the SRHR needs (*43-45*).

Leadership towards digitalization of health records or infectious disease tracking mechanisms could be driven further by the technologically advanced countries and actors with a well-established PPP (*46*). For instance, rapid efforts to harmonize and digitalize personal health records for COVID-19 vaccine and negative PCR test results certification has been led separately by WHO, the European Union, and the World Economic Forum and the Commons Project in the past year (*47-49*).

Japan, being the host country of the G20 in 2019, is in place to take these lessons on unaddressed issues, to alert the international community and apply them to ensure effective UHC among the marginalized and vulnerable population. Given the circumstance of low priority on women and children in UHC strategies (*50*), G20 counties like Japan with a comparative advantage in information technology face a great amount of opportunity to collaboratively create new platforms and business models for digital health locally, regionally, and globally. This would lead to Japan and other G20 countries taking a further leadership role for UHC, in order to make sure that the UHC concept is adapted to every population and secures human rights for health. The enhanced leadership could be enforced by different key actors mentioned in this paper as well as by working with the private sector.

Leadership towards digitalization of disease comprehensive health records and its tracking mechanisms *via* data linkage of individual health records should be driven further not only by health authorities, but also among coordination with humanitarian and non-health authorities, including agencies such as United Nations High Commissioner for Refugees (UNHCR), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), or the International Organization for Migration (IOM). Health systems governance and financing require collaboration among multi-stakeholders that quickly respond to health emergencies and allow optimal allocation of existing budgets simultaneously, which could be facilitated by PPP, yet a good balance of input among other supporting actors. From the G20 Osaka, the UN-HLM on UHC (September 2019), and G20 Health Ministers' Meeting in Okayama (October 2019), and the 2nd UHC Forum in Bangkok (January – February 2020), among others, UHC has continued to be acknowledged and highlighted as a key health issue globally. Along with future G20 summits, forthcoming milestones beyond G20 Riyadh Leaders' Summit are nearing, including the G20 Rome Leaders' Summit in October 2021, along with consecutive large events planned in Tokyo during 2021 and beyond. For better global health governance, Japan's experiences in leading the 2019 G20 shows challenges and future opportunities to align the definitional disparities between various stakeholders to accelerate inclusive political momentum for UHC, and to ensure sustainable commitment towards UHC from both developed and developing nations. These lessons should be applied in the future G20 meetings, as the world leaders convene in Rome in October 2021 to discuss the health of the global community in the COVID-19 pandemic and post-pandemic worlds.

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