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Global health systems research symposium in Nagasaki, Japan: Building momentum for health systems strengthening and commitment to core values of global health amid headwinds

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Abstract: Since 2025, in addition to financing, the core values of global health—including community engagement, equity, evidence-informed practices, and multilateral collaboration—have been challenged by powerful global leaders. The 8th Global Symposium on Health Systems Research (HSR2024), held in Nagasaki, Japan, in November 2024, generated momentum for health systems strengthening (HSS) not only at the national and subnational levels but also globally, despite growing headwinds. HSR2024 deepened the discussions on key contemporary HSS aspects, including community engagement, health systems resilience in the face of crises, equity, and evaluation of the impacts of HSS interventions from a cross-national perspective. Notably, the Symposium pursued people-centered and rights-based approaches to civic participation in health systems planning and policymaking, and emphasized the crucial interlinkage between health security, including climate resilience and pandemic preparedness, and HSS. By addressing these issues, HSR2024 effectively revitalized the global community's commitment to the core values of global health.

***Keywords*:** health systems strengthening (HSS), global symposium, planetary health, community engagement, health systems resilience

1. Introduction

Since 2025, global health has faced severe challenges. Abrupt cuts to development assistance for health (DAH) by the United States (U.S.) and European donor countries have created a financial shortfall that has been difficult to offset. Beyond the financial impact, there are scholarly critiques that administrative orders and directives issued by U.S. leaders have raised serious concerns about core values of global public health, including community engagement, equity, evidence-informed practices, and multilateral collaboration (*1*). These include the Presidential Executive Order (EO) 14169 (*2*), EO14151 (*3*), the memorandum to reinstate the Mexico City Policy (commonly called the Global Gag Rule or GGR) (*4*), EO14168 (*5*), the Center of Disease Control and Prevention (CDC) internal directives under EO14168 (*6*), and EO14155 (*7*).

The policy intent of EO14169 (*2*) is to freeze operations of the U.S. Agency for International Development (USAID), which has led to a sharp reduction in its operational capacity, thereby affecting the global development agenda, including global health (*1,8*). EO14151 (*3*) aims to terminate the application of diversity, equity, and inclusion (DEI) policies within the U.S. federal government. While many federal agencies dismantled DEI programs in response to EO14151, multiple federal lawsuits were filed challenging its legality (*9*). The presidential memorandum (*4*) intends to reinstate the GGR and to prohibit foreign non-governmental organizations (NGOs) receiving U.S. assistance from engaging in abortion-related activities as part of the promotion of sexual and reproductive health and rights (SRHR). It has been actively implemented and expanded beyond its traditional focus on abortion-related services to encompass programs associated with gender ideology and DEI (*8*). The downstream effects of EO14151 and the memorandum on global health—particularly with regard to engagement of marginalized populations and equity in access to healthcare—have

been the subject of scholarly critique and policy debate (*1,8*). Empirical evidence from reviews of meta-analyses and large-scale studies indicates that diversity in the health workforce improves healthcare performance and outcomes (*10*). In addition, a scoping review found that development and implementation of the GGR were consistently associated with adverse effects on health system functioning and outcomes (*11*).

EO14168 (*5*) and the related directives issued by the CDC (*6*) seek to restrict the use of DEI-related terminology in scientific communications and to rescind guidance employing terms including "gender", "transgender", "pregnant person", and "LGBT". These measures have been fully implemented and have been the subject of scholarly critique and policy debate concerning their implications for the scientific integrity of public health research and data reporting (*12*). Finally, EO 14155 (*7*) mandates withdrawal of the United States from the World Health Organization (WHO), a process completed in January 2026 (*13*). The WHO possesses a unique and central normative authority in global health, even though the implementation of its legally binding instruments—such as the International Health Regulations (IHR)—depends on adoption and compliance by its Member States. Accordingly, the United States' withdrawal from the WHO has been the subject of scholarly critique and policy debate, with concerns that it may negatively affect the Organization's critical capacity as well as broader global health governance (*1,8*).

Health systems strengthening (HSS) has long been a central priority in global health and is widely regarded as a linchpin of all health programs. It has also been a key agenda in global health diplomacy, promoted by entities such as the G7 and G20 (*14*). Conceptually, HSS is positioned as a concrete means of achieving the aspirational objectives of Universal Health Coverage (UHC) and health security (*15*). Today, health systems worldwide face numerous challenges, including an increasing frequency of public health emergencies such as pandemics; climate change and environmental degradation; growing inequalities within and between countries; geopolitical tensions and conflicts; human migration and displacement; and global population aging and urbanization. The COVID-19 pandemic exposed two major weaknesses in health systems: insufficient resilience and surge capacity in the face of crises, and persistent inequalities of access to healthcare and countermeasures, such as vaccines (*16*).

HSS also faces a long-standing funding gap, as the share of DAH allocated to HSS has remained limited. Of the US$925.9 billion DAH cumulatively disbursed between 2000 and 2020, only US$128.09 billion (13.8%) was directed toward HSS, compared with US$396.51 billion (42.8%) for infectious disease control and US$248.77 billion (26.9%) for maternal and child health (Figure 1) (*17*). The global health crisis since 2025 has further exacerbated uncertainty surrounding global financing and political commitment for HSS (*1,18*), while a new initiative calling for more ownership of low- and middle-income countries (LMICs) in global health and development financing is emerging (*19*).

Against this backdrop, the 8th Global Symposium on Health Systems Research (HSR2024), held in Nagasaki, Japan, in November 2024, generated the momentum for HSS not only at the national and subnational levels but also globally, despite growing headwinds. The Symposium aimed to revitalize global commitments to health equity and health for all, evidence-informed practices (*20*), and multilateral collaboration, to realize

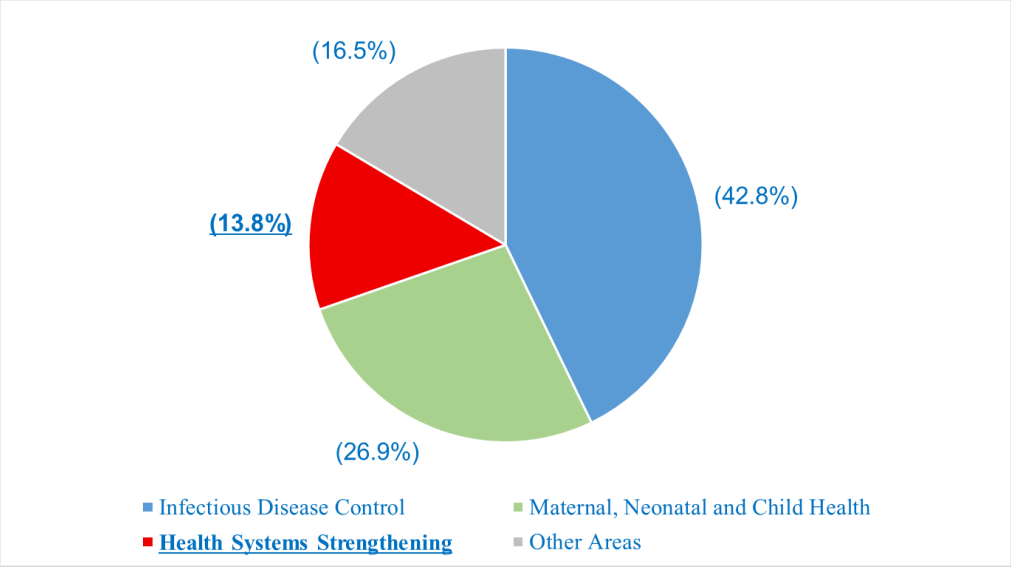

Figure 1. Development assistance for health (DAH) cumulatively disbursed to different health programmes from 2000 to 2020. *Data Data Source*: Institute for Health Metrics and Evaluation (IHME) Financing Global Health, 2025. *https://www.healthdata.org/research-analysis/library/financing-global-health-2025-cuts-aid-and-future-outlook*

sustainable health systems. In this Correspondence, we present the major findings of the Symposium in relation to contemporary debates on HSS in recent literature.

2. Outline of the 8th Global Symposium on Health Systems Research (HSR2024)

HSR2024 was organized by Health Systems Global (HSG) and co-hosted by Nagasaki University and Japan International Cooperation Agency (JICA) under the main theme, "*Building Just and Sustainable Health Systems: Centering People and Protecting the Planet*". Four sub-themes encompassed: *i*) planetary health; *ii*) justice, inclusion, and belonging; *iii*) governance, policy, and institutional frameworks; and *iv*) knowledge for just health systems (*20*). In total, 1,646 participants attended from 110 countries, with 47% from high-income countries (HICs) and 53% from LMICs. Participants from educational and research institutions accounted for 52%, followed by those from international NGOs (13%), government agencies (11%), and multilateral development agencies and private corporations (8% each).

Among the 58 organized sessions and 25 capacity-strengthening sessions—the most structured components of the Symposium's program—the most frequently addressed aspects were community engagement (13 organized and 7 capacity-strengthening sessions), health systems resilience in the face of crises (13 and 5, respectively), equity (9 and 2, respectively), and the evaluation of the impacts of HSS interventions (2 and 7, respectively). Below, we provide a concise summary of the debates that took place in HSR2024 under each common aspect, along with the corresponding recent literature. Table 1 summarizes these four common aspects and the content of the debates.

3. Community engagement

This aspect was primarily framed in the context of promoting equity and social justice in health service provision, grounded in people-centered and rights-based approaches to civic participation in health systems planning and policymaking. Three organized sessions focused on vulnerable populations, including migrants, refugees, and individuals with physical or mental disabilities. The systematic elaboration of local knowledge, encompassing civil society knowledge and indigenous knowledge, and its integration into planning and policymaking were examined in two organized sessions.

Capacity-strengthening sessions introduced a wide range of practical tools to facilitate community engagement, including co-production workshops, Science Shops (facilities that provide participatory research support in response to concerns raised by civil society), designathons (collaborative events where community participants develop innovative design solutions for specific health challenges, similar to hackathons), participatory economic evaluations, art-based participatory methods, and decolonial feminist futuring (a radical approach to envisioning and constructing futures that dismantle intersecting systems of oppression such as colonialism, patriarchy, and racism). Civil society organizations, the second largest participant category, were the primary organizers of these sessions, reflecting the broader interest of this segment in justice, inclusion, and belonging within health systems.

Existing literature addresses community participation in the context of trust-building (*21*), engagement in health system governance and accountability assurance (*22*), and community health cadres as an essential

Table 1. Main aspects of health systems strengthening (HSS) addressed and debated in the 8th Global Symposium on Health Systems Research (HSR2024)

Main aspects addressed and debated	Contents of debates
Community engagement	● People-centered and rights-based approaches to civic participation in health systems planning and policymaking. ● Systematic integration of local knowledge in planning and policymaking. ● Inclusion of vulnerable populations, *e.g*., migrants, refugees, and individuals with disabilities. ● Practical tools to facilitate community engagement.
Health systems resilience in the face of crises	● Planetary health encompassing both health system adaptation to climate change impacts and mitigation through healthcare decarbonization. ● Responsiveness to conflict and humanitarian emergencies, limited statehood, and migration. ● Integrating resilience dimensions into the Health System Performance Assessment (HSPA). ● Frameworks for assessing and strengthening health system resilience. ● Interlinkage between health security and HSS
Equity	● Integration of equity perspectives into health policy and systems research (HPSR), particularly through tools promoting fairness and equity in conducting HPSR. ● Equity in relation to health taxation (distributional equity), corruption, access to digital technologies, private sector engagement, and gender responsiveness of health systems.
Evaluation of HSS interventions	● Development of mathematical modelling to quantify the impacts of HSS interventions. ● Effective use of qualitative data in HSS evaluation.

component of community health systems (*23*). However, conceptualizations of this aspect in health system planning and policymaking, as well as practical tools to ensure it, remain scarce, highlighting the novel contribution of HSR2024 in emphasizing this aspect as an essential component of contemporary HSS.

4. Health systems resilience in the face of crisis

This aspect was primarily framed within the context of planetary health, with seven sessions focusing on the climate crisis. Notably, two sessions addressed not only health system adaptation to climate change impacts but also mitigation through healthcare decarbonization. Other crises discussed included conflict and humanitarian emergencies, limited statehood, and migration. One session examined how to integrate resilience dimensions into the Health System Performance Assessment (HSPA) framework. Several frameworks for assessing and strengthening health system resilience were presented, commonly encompassing key elements such as routine and emergency planning, availability of material and financial resources, human resource capacity, dedicated leadership, and community capabilities.

Notably, the National Center for Global Health and Medicine (NCGM) and the National Institute of Infectious Diseases (NIID) of Japan jointly organized a satellite session to launch the Japan Institute for Health Security (JIHS) internationally, which was formed through the merger of these two organizations in April 2025 (*24*). The session explored the crucial interlinkages between health security and HSS, highlighting that functional and resilient health systems are vital for effective health security measures, such as pandemic prevention, preparedness, and response (PPPR). Community engagement was emphasized as a crucial component of health systems resilience amid crises. The session also identified opportunities to leverage pandemics to strengthen health systems.

Existing literature on health systems resilience has mostly focused on the reviews of health systems performance during the COVID-19 pandemic. A comparative analysis of 28 countries highlights multi-sectoral responses, adaptation of health systems to meet evolving community needs, preserving functions and resources to maintain routine care, and reducing health and socioeconomic vulnerability as success factors of high-performing countries (*25*). A scoping review identified the importance of improved governance and financing, empowered mid-level leadership, enhanced surveillance systems, and strengthened human resources as key components of resilience (*26*). More broadly, Blanchet *et al.* proposes a framework for resilience governance, encompassing the capacity to manage resilience (use knowledge, anticipate and cope with uncertainties, manage interdependence, and build legitimate institutions that are trusted by populations) and capacity of health systems to change (absorb shocks, adapt to lower resource situations, and transform itself to respond to changing environment) (*27*).

5. Equity

This aspect was primarily discussed in the context of integrating equity perspectives into health policy and systems research (HPSR), particularly through tools such as EquiPar, which are designed to support equitable partnerships in research projects and thereby promote fairness and equity in the conduct of HPSR. Equity was also discussed in relation to health taxation (distributional equity of costs and benefits), corruption, access to digital technologies, private sector engagement, and gender responsiveness of health systems.

Existing literature on HSS and equity mainly focuses on synergies between HSS and UHC (*28*), particularly in relation to the concept of health equity, which refers to a commitment of achieving the highest attainable standard of health as a fundamental human right and to the principle of "health for all" (*29*). Notably, the latter article emphasizes that the HSS has centered on improving health service delivery, while paying insufficient attention to the political and socioeconomic dimensions that shape global health inequities (*29*). The HSR2024's focus on justice, inclusion, and belonging within health systems may be viewed as responses by HSS stakeholders to this potential limitation.

6. Evaluation of the impacts of HSS interventions

Lastly, this aspect was discussed in two distinct directions at HSR2024. First, the Alliance for Health Policy and Systems Research, together with HSG, presented development of modelling approaches and techniques to measure impacts of HSS interventions. This initiative responds to the persistent challenge that quantifying the impact of HSS investments remains elusive. Compared to major disease-specific programs, such as immunization and control of human immunodeficiency virus (HIV) infection, tuberculosis, and malaria, which are effective in presenting health benefits, value for money, and even economic benefits in monetary terms, HSS remains uncompetitive. Second, recognizing that health systems are complex and the pathways linking HSS interventions to health outcomes are nonlinear, two sessions focused on incorporating not only quantitative but also qualitative information into HSS evaluation. Practical tools such as contribution analysis and outcome harvesting were introduced as part of complexity-aware approaches to HSS evaluation.

Existing literature highlights a divided perspective among key global health stakeholders regarding evaluation of HSS impact. Some argue that their limited investment in HSS stems from a lack of evidence, viewing HSS as an unproven and potentially risky investment, driven more by philosophy than by empirical data. Others perceive

HSS as a cross-cutting principle guiding global health investment decisions and contend that the type of evidence sought by certain funders is both unattainable and unnecessary (*30*). Meanwhile, mathematical modelling, particularly system dynamics models (SDMs) and agent-based models (ABMs), has been applied to the evaluation of HSS interventions primarily in HICs (*31*). Despite methodological challenges, its extension to LMICs has also been piloted (*32*).

7. Conclusions

In conclusion, HSR2024 deepened the discussions on key contemporary HSS topics, including community engagement, health system resilience in the face of crises, equity, and the evaluation of HSS interventions from a cross-national perspective. By addressing these issues, the Symposium effectively revitalized commitment of the global community to the core values of global health, namely community engagement, equity, evidence-informed practices, and multilateral collaboration. These major outcomes, together with the subsequent Symposium in Dubai in 2026, are expected to contribute positively to reinvigorating political momentum and financing for global HSS, despite prevailing headwinds and challenges in global health. Solid evidence on HSS will also provide a foundation for greater global health ownership by LMICs.

The symposium also served as a pivotal moment for institutional innovation in Japan, providing a platform for the international launch of JIHS and the initiation of the Japan Health Policy and Systems Research (HPSR) Forum. JIHS was established to address increasingly complex global challenges related to health security. The Forum aims to foster collaboration among national and international researchers from Japan-based institutions and disseminate scientific evidence and insights from Japan's high-performing yet often underrecognized health system, credited with the world's longest life expectancy.

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