

Japan's Global Health Strategy in the Post-Covid-19 Era

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Ensuring Fulfillment of Obligations in International Infectious Disease Responses—Institutional Options and Considerations

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Pandemic response is an area that transcends national boundaries, making international cooperation critically significant. On the other hand, as made clear by the threat of the novel coronavirus (COVID-19), there are aspects of setting and fulfilling international obligations that are challenging, particularly given the lack of enforcement authorities at the international level. This point is being raised as one that requires the utmost attention in the discussions that are presently proceeding on a pandemic treaty—a potential new instrument to govern this issue—and on revisions to the International Health Regulations (IHR), and it needs to be further elaborated in future debates. This paper presents an overview of methods for ensuring fulfillment of obligations and examines hypothetical options for the future.

The “Obligation” to Respond to Infectious Diseases in the International Community¹

While there are many diverse considerations with regard to international obligations for outbreak response, two main points should be highlighted: (1) the need to appropriately share information concerning the status of outbreaks in a timely manner, and (2) the need to ensure core post-infection responses sufficient to prevent the international spread of the disease.

With regard to the first point, the IHR mandates that parties provide notification within 24 hours of detecting any event that may constitute a Public Health Emergency of International

Concern. This obligation was clarified in 2005 amid the growing awareness of the risk of emerging and re-emerging infectious diseases—in part due to the severe acute respiratory syndrome (SARS) outbreak of 2003—and of the international network that was formed as a result. Nevertheless, as made clear by the example of COVID-19, there are still many issues with the swift international sharing of information, and a number of proposals for improvements have been presented.

A typical proposal is to strengthen the system for dispatching WHO and other international expert investigation teams, and discussions are underway on immediately dispatching such teams once an outbreak occurs and strengthening the relevant authority of the WHO. These proposed improvements are based on the expectations that the international community will intervene and cooperate at the initial stages to ensure direct information sharing, and that ex-post investigative capabilities should be strengthened to avoid intentional delays in information sharing. The WHO announced the establishment of a new Scientific Advisory Group for the Origins of Novel Pathogens (SAGO) and named the 26 experts who will serve as its members² on October 13, 2021, but discussions regarding the positioning of this team are still ongoing. There is a persistent and ongoing discussion regarding the authority and rights of the international investigation team in order to further clarify their actual role and the exact scope of their mission.

Additionally, there is a clear awareness of the need to introduce and establish a surveillance mechanism to facilitate the international sharing of information at an early stage. This has been noted in the various types of international reviews in response to COVID-19, including the review of the IHR Review Committee and the report from the Independent Panel for Pandemic Preparedness & Response (IPPPR). Efforts also have been made to raise awareness of this issue among countries at the G7 and other forums. Undoubtedly, frameworks for strengthening regional surveillance capacities and for sharing information are also critical, as reflected in the efforts among ASEAN countries, in which Japan is also actively engaged.

In order to ensure the fulfilment of all international obligations, including timely information sharing, it is considered essential to first strengthen “core capacities” that can ensure the appropriate level of surveillance itself. In fact, in the case of the COVID-19 pandemic, there were a number of cases—not limited to developing countries—where it was difficult to grasp the overall situation because of limited testing capacity, especially in the initial stages of the spread of infection. From that perspective, points (1) and (2) above are closely interrelated.

With regard to point (2), basic and fundamental post-infection responses to prevent the international spread of infectious diseases, there is a need to take a broader perspective on “securing core capacity,” which enables countries to undertake those basic responses. In other words, even when just considering a purely infectious disease-focused response, it has become clear that it is important not only to have the ability to “respond” to infectious disease in the narrow sense but also to develop health systems and other non-emergency systems.

Furthermore, as clearly demonstrated by the COVID-19 threats, large-scale outbreaks of infectious diseases have huge social and economic impacts. It is now evident that there is a clear and urgent need to establish pandemic-response systems across all sectors, including the political and financial sectors.

International Monitoring Mechanisms to Ensure Capacity—Options and Considerations

In terms of ensuring the key response capacity described in point (2), what sort of issues must we consider if we need to strengthen or introduce international monitoring mechanisms to confirm that capacity?

The first possibility is to reexamine the Joint External Evaluation (JEE). The JEE is an effort whereby the governments of each country work together with a WHO external evaluation team to jointly assess capacities to implement the IHR and identify areas for improvement that should be given the highest priority. The JEE assesses 19 areas using a five-point scale for each, and the results are compiled by the WHO as external evaluation reports.³

The JEE is a large-scale evaluation that has been implemented in at least 113 countries to date.⁴ This has contributed to effective assistance and improvement of policies by providing important information for donor countries and international organizations, and for policymaking by the governments of each country, and these efforts and their results have been highly praised. However, it has been noted that there is room for further improvement. For example, while the JEE fundamentally focuses on the capacity to respond to infectious diseases, there is room to introduce a broader perspective and examine such areas as treatment and patient management, as well as sustainability and surge capacity during health crises.⁵ Also, generally speaking, because the JEE focuses on outbreak responses and primarily uses evaluation indices that can be judged somewhat objectively, they do not sufficiently cover broader facets such as healthcare systems and compliance.

The COVID-19 threat has confirmed that inequities in healthcare access (including inequities among regions) and healthcare system management issues have a decisive impact on the extent of damage incurred, and that has made clear that building resilient systems is essential. Even when limiting the discussion to infectious disease response, it is important to introduce a broader perspective, such as incorporating the perspective of universal health care, and so the indices should be reexamined from that perspective and linked with other indices.

While the JEE is one of the most representative monitoring mechanisms for outbreak response capacity, the introduction of a new review mechanism is being proposed as an option, based on analyses that go beyond just the “health security” field or the health sector related to infectious disease responses in the narrow sense of the term.

For example, taking a cue from the Human Rights Council’s peer-review mechanism, the Universal Periodic Review (UPR), the IHR Review Committee proposed a “Universal Health

Periodic Review” (UHPR) as a mechanism to ensure the implementation of the IHR, and a pilot study has been launched. Under the UPR, reviews are conducted based on reports prepared by the concerned countries and by experts from the Office of the United Nations High Commissioner for Human Rights, and comments are received from stakeholders including NGOs. A similar system could be established if the UHPR is adopted. At present, the precise contents of UHPR and whether it will actually be introduced remain unclear, but such a qualitative review and monitoring mechanism that enables a more detailed institutional and comparative institutional approach would be beneficial. That is because there may be limits to the use of quantitative indices using the same standards worldwide, particularly when reviewing systems that include those of the industrialized nations. One of the most notable characteristics of the COVID-19 experience has been that industrialized nations that were previously considered to have the capacity to respond to infectious disease and had high ratings based on many health-related quantitative indices were actually challenged by this threat. While consistency and objectivity are certainly important in monitoring and reviews, given the limits of evaluation capacity and the properties and diversity of infectious diseases, it is necessary to consider more flexible evaluation methods, such as those derived from the institutional characteristics of each country.

Also, the IPPPR and the G20 High Level Independent Panel (HLIP) have proposed the use of International Monetary Fund (IMF) Article IV consultations, especially regarding the economic capacity to respond to pandemics. The HLIP has also proposed the Health Security Assessment Program, which is a new program for health system review that is expected to be reflected in the Article IV reports. In recent years, the IMF has also been going beyond pure macroeconomics and is actively implementing comprehensive surveillance in areas such as climate change, and there is substantial merit to linking macroeconomic indices with the health sector from such perspectives as ensuring financial flexibility, mobilization capacity, and incentives. However, there is also an awareness that this approach faces a number of challenges, such as the fact that the health sector is not as directly linked to macroeconomics as climate change is, the many uncertainties surrounding the impact and characteristics of infectious diseases, and the potential for Article IV consultations to become excessively burdensome.

While concrete deliberations are on hold for the time being, the options for handling monitoring and intervention toward building more robust health systems are being discussed in the context of a pandemic treaty.

Toward the Future

Regardless of the contents, ensuring the fulfillment of international obligations is often not a straightforward matter as it is generally considered to be an issue that falls within the scope of state sovereignty. Moreover, because of such concerns, consensus building itself often

becomes challenging, and even if an agreement appears to have been reached, there are many cases where it becomes difficult to actually perform the monitoring functions needed to ensure the mandate of that agreement is fulfilled.

In the field of outbreak response, there is presently international awareness of the need to strengthen monitoring and review mechanisms, but it may take time for the contents to take shape given the political sensitivity and the difficulty of the reviews themselves. In particular, the issue of infectious disease response in developed nations battered by COVID-19 and the issue regarding the challenges of early notification fall into a sensitive area, and it has been noted that it is critical to provide incentives to ensure information sharing. As the pandemic stretches on, the scope of relevant international actors is expanding, and consideration should be given to what methods are appropriate to be used by which bodies to ensure the fulfilment of obligations, reflecting such perspectives as the potential for agreement, incentives, sustainability, and effectiveness. Based on that, rather than adhering to implementation by a single international organization, it may be necessary to select systems strategically, confirming that obligations are met through domestic and international coordination, and in a way that covers the elements necessary for the implementation of monitoring in particular.

※This is the English translation of the original Japanese version published on January 20, 2022:
<https://www.jcie.or.jp/japan/report/activity-report-14658/>.

¹ Includes prevention, preparedness, and response; not limited to response as narrowly defined.

² World Health Organization, “WHO Announces Proposed Members of its Scientific Advisory Group for the Origins of Novel Pathogens (SAGO),” 13 October 2021, [https://www.who.int/news/item/13-10-2021-who-announces-proposed-members-of-its-scientific-advisory-group-for-the-origins-of-novel-pathogens-\(sago\)](https://www.who.int/news/item/13-10-2021-who-announces-proposed-members-of-its-scientific-advisory-group-for-the-origins-of-novel-pathogens-(sago)).

³ World Health Organization, Joint External Evaluation Tool (2016), https://apps.who.int/iris/bitstream/handle/10665/204368/9789241510172_eng.pdf?sequence=1; the Ministry of Health and Welfare of Japan (2018), regarding the release of the JEE (IHR joint external evaluation) external evaluation report, https://www.mhlw.go.jp/stf/newpage_01449.html.

⁴ As of November 2, 2021. World Health Organization JEE tracking tool, <https://extranet.who.int/sph/jee>.

⁵ Erondu, N. A., Martin, J., Marten, R., Ooms, G., Yates, R., & Heymann, D. L., “Building the Case for Embedding Global Health Security into Universal Health Coverage: A Proposal for a Unified Health System that Includes Public Health,” *Lancet* 392(10156): 1482–6.

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