



Restructuring Global Health Governance through Global Solidarity

Japan's Role Beyond the COVID-19 Pandemic

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Recommendations of the
Global Health Governance Study Group

Global Health Governance Study Group Recommendations
Restructuring Global Health Governance through Global Solidarity: Japan's Role Beyond the
COVID-19 Pandemic

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Recommendations

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Summary

The global spread of the novel coronavirus infection (COVID-19) has made infectious disease outbreaks a “securitized issue” for high-income countries, and highlighted the reemergence of the North-South divide, symbolized by the “vaccine divide,” and inequity within countries. In that context, the question is how to strike a balance between the “securitization” of infectious disease and promoting international solidarity.

To enable a cross-sectoral response at the global level, there is a need for high-level mechanisms like the UN. However, given the difficulties in reaching global agreement, it is important to improve existing frameworks and to form multilayered and multifaceted frameworks for cooperation by promoting bilateral and multilateral collaboration, with involvement of various stakeholders such as the private sector, civil society organizations, and academia.

While promoting a shift in recognition that strengthening pandemic preparedness is also an investment in their country’s own economy and security, mechanism must be built to enable a quick mobilization of necessary funds in the event of a pandemic, and to expand investment during normal times in UHC and in strengthening the ability to prepare and respond to health crises. In order to ensure quick mobilization of funds with autonomy and flexibility, it is also important to establish mechanisms for mobilizing domestic funding in each country, including from the private sector, based on gap analysis, and to strengthen governance systems to ensure accountability for the funds provided.

Recognizing that medical resources such as vaccines should be considered as essential global primary goods, it is necessary to accelerate multipolarity and multilayering of R&D and production capacity in low and middle-income countries to realize equitable access at the global level. At the same time, rules should be established in advance regarding the scope of intellectual property rights that can be claimed by private companies that develop and manufacture such products (the scope that can be controlled publicly). At the same time, there is an urgent need to ensure incentives for high-income countries to expand their in-kind and financial resources to underfunded areas while taking advantage of the ACT-A mechanism and existing frameworks.

Another important issue is how to balance infectious disease control measures and open international traffic and trade. It is necessary to have flag states of ships ensure the implementation of infectious disease control measures by incorporating infectious disease control measures into existing conventions, such as the International Safety Management Code of the International Convention for the Safety of Life at Sea (SOLAS) while confirming that priority is given to the authority of port states by revising the IHR. Evaluation of the effectiveness of national measures on international traffic by WHO and an international network of experts and feedback of the results to each country is also necessary to harmonize the decentralized risk assessment and measures taken by individual countries. Explicitly stipulating measures to be taken to address public health risks is required not only in the traffic of ships but also in crew changes.

The severe impact of COVID-19 even in high-income countries deemed to have strong International Health Regulation (IHR) core capacity revealed that the existing international framework of IHR is inadequate and that there is a need to strengthen mechanisms to ensure its implementation. Japan, which has been taking leadership in promoting UHC, is called upon to redefine IHR core capacities, reexamine the UHC indicators, and strengthen comprehensive health systems by identifying areas that bridge UHC and health crisis response. Japan also should enhance its support to help reduce inequalities, focusing on vulnerable populations through collaboration with community organizations and civil society organizations, and strengthen prevention (including NCDs) and health promotion approaches with consideration to the inter-relation between measures against infectious diseases and NCDs.

Global Health Governance Study Group Recommendations¹

Restructuring Global Health Governance through Global Solidarity Japan's Role Beyond the COVID-19 Pandemic

1. Background

- The right to health is “one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”² To guarantee this right, a liberal international order has been established that generally aims to achieve international solidarity through global cooperation, especially in responding to infectious disease outbreaks that develop across national borders.
- The advance of globalization has dramatically increased the speed of infectious disease transmission, and it is now widely recognized that health crises are not simply medical issues, but they can also lead to global crises that impact multiple fields, including economic and social functions. As a result, the issue of infectious disease has shifted from being viewed solely as an area of public health to a broader context that includes economic and security issues. The global spread of the novel coronavirus (COVID-19) has made infectious disease outbreaks a “homeland crisis” and a “securitized issue” for high-income countries, and the liberal international order alone has been unable to cope with the disease, leading to the introduction of global power relations and confrontational structures, as seen in “vaccine diplomacy.”³ The North-South divide, symbolized by the “vaccine divide,” has also become more apparent, and there are concerns that, relatively speaking, interest in international solidarity to assist developing countries is waning. It has been pointed out that climate change is resulting in an expanded distribution of vermin, and an increase in the number of disease vectors may further increase the risk of outbreaks of infectious diseases worldwide in the future.⁴ As described in the United Nations Development Programme (UNDP) report on human security released earlier this year, *New Threats to Human Security in the*

¹ These recommendations are the result of a study group on “The International Order and Japan’s Role in the COVID and Post-COVID-19 Era,” which was jointly conducted by the Japan Center for International Exchange (JCIE) and the Institute for Future Initiatives (IFI) of the University of Tokyo under a Ministry of Foreign Affairs FY2021 Research and Study Grant for Diplomacy and Security (Comprehensive Projects). This report was compiled by JCIE and IFI based on policy briefs and input from the study group and from external experts who joined the project meetings, as listed in appendix, and reflecting input from an international dialogue held to discuss these recommendations.

² Constitution of the World Health Organization, <https://www.who.int/about/governance/constitution>.

³ For more on the changes in global health governance in response to the COVID-19 pandemic and points of debate, see: Kazuto Suzuki, “International Politics and Japan During the COVID Pandemic and Beyond—Redefining Solidarity,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 1; Kayo Takuma, “COVID-19 as a National Crisis: How Can We Prepare for Future Multiple, Simultaneous Outbreaks?” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 4.

⁴ Rachel E. Baker, et al., “Infectious Disease in an Era of Global Change,” *Nature Reviews Microbiology* 13 (October 2021)

Anthropocene: Demanding Greater Solidarity, health risks tied to infectious disease and climate change risks are interlinked with each other and with the risks that are associated with increasing digitalization.⁵ In that context, the question is how to strike a balance between the securitization of infectious disease and ensuring international solidarity.

- The World Health Organization (WHO) and the International Health Regulations (IHR) have played a central role in the existing international order for global health, but the current crisis has brought a renewed awareness of their inadequacy. COVID-19 has been spreading at an unprecedented rate, causing cases of infections and deaths to soar even in high-income countries with strong core capacity as defined by the IHR, and it is still mutating and raging. To face such a pandemic, it has become clear that the existing international framework of the IHR is inadequate and that mechanisms to ensure implementation of these regulations must be further strengthened.
- With regard to the global provision of medical tools, the Access to COVID-19 Tools Accelerator (a framework for accelerating access to medical tools related to COVID-19 infections), or ACT-A, was launched by the WHO, with other health-related international organizations, the European Union (EU), France, Japan, private foundations, and others joining as founding members and donors. While the framework has enabled record-breaking speed in the development and supply of medical tools such as vaccines, testing equipment, and treatments, and to some extent has mobilized funding and reduced disparities, there remain inequities in access and shortage of funding (particularly in areas other than vaccine of ACT-A's work).⁶
- In addition, the IHR allows restrictions on international traffic and trade as infectious disease control only as deemed necessary based on the degree of risk. The regulations also require that the dignity, human rights, and freedom of travelers be guaranteed. In the responses to the COVID-19 pandemic, some states implemented border restrictions that went beyond the scope of what the IHR stipulates, including port call restrictions and denial of entry to foreign vessels. As a result, there have been disruptions in international logistics. In addition, as Japan experienced with the Diamond Princess cruise ship, a number of issues became evident regarding the response after foreign ships arrive at a port, such as the handling of passengers and crews, and the confusion in the allocation of authority between the port state and the flag state.⁷
- People often talk about a trade-off between infectious disease control and the economy, but as long as infections continue to spread, you cannot turn the economy around without having controls in place. Medical expenses have traditionally been regarded as a “cost,” but we must reappraise that now and regard infectious disease–related medical care and public health

⁵ United Nations Development Programme (UNDP), *Special Report on Human Security: New Threats to Human Security in the Anthropocene Demanding Greater Solidarity* (New York: UNDP 2022).

⁶ For more on issues related to ACT-A, see Yoshitaka Nishino, “Can the ACT Accelerator Achieve Truly Fair and Equitable Access to COVID-19 ‘Medical Tools’?” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 12.

⁷ Kentaro Nishimoto, “Global Health Administration and Maritime Transport: Port State Authority and the Issue of Crew Change for Vessels in Port,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 8.

expenditures as an investment, not just from the medical perspective but from the economic and national defense perspectives as well.⁸

- Since 1998, Japan has promoted “human security” as a pillar of its diplomacy, and in that context, it has been actively involved in the field of global health. In particular, since the 2000 G8 Kyushu-Okinawa Summit, when it became the first G8 country to raise the issue of infectious diseases in low- and middle-income countries (LMICs) as a major agenda item, Japan has continuously raised the issue of global health at the G8/G7 and G20 summits. From the 2008 G8 Hokkaido Toyako Summit on, Japan made health system strengthening a mainstream item on the global health agenda. In 2013, global health itself became a priority issue for Japanese foreign policy, with universal health coverage (UHC) positioned as a top-level goal. At the 2015 UN General Assembly, the country pushed to include UHC as part of the Sustainable Development Goals (SDGs). At the 2016 G7 Ise-Shima Summit, where the state of the global health architecture was discussed in light of the response to the Ebola epidemic, a G7 Ise-Shima Vision for Global Health was laid out with three pillars—(1) enforcing the global health architecture, (2) achieving UHC as a way to contribute to health crises, and (3) addressing drug resistance—thereby positioning the achievement of UHC and the creation of an infectious disease crisis management system as two complementary objectives. And finally, at the 2019 G20 meeting in Japan, a joint meeting of G20 finance and health ministers was held for the first time, boosting collaboration between finance and health authorities on health issues.⁹
- While the COVID-19 pandemic reaffirmed the importance of strengthening health care delivery systems, the fact that large numbers of COVID-related deaths occurred not just in LMICs, but in high-income countries with well-developed health care systems as well, suggests that building a healthy society with pandemic resilience cannot be achieved only by accomplishing UHC in a narrow sense through health system strengthening.¹⁰ The case of the Diamond Princess cruise ship also raised the need for Japan, a maritime nation, to re-examine its obligations and authority in ensuring the health of passengers and crew members as a port state in the event of an infectious disease outbreak.
- In light of the COVID-19 pandemic, discussions are currently underway on reforms of the international legal and financial framework. The following recommendations examine the policy vision and roles that Japan should adopt in view of its role as host of the 2023 G7 Summit.

⁸ For the discussion on the relationship between infectious disease control and economy, see: Yusuke Tsugawa, “Did the Economy Stagnate Due to COVID-19 Countermeasures?” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 2.

⁹ “G20 Shared Understanding on the Importance of UHC Financing in Developing Countries—Towards Sustainable and Inclusive Growth” (June 6, 2019), Ministry of Foreign Affairs of Japan website, https://www.mofa.go.jp/policy/economy/g20_summit/osaka19/pdf/documents/en/annex_05.pdf.

¹⁰ Sayako Kanamori, “Issues of UHC Strategy During and After the COVID-19 Era,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 3.

2. Specific Issues and Policy Options

(Options are not necessarily exclusive or comprehensive.)

Governance

Issue: The response to COVID-19 has required cross-sectoral responses that consider not only health and medical aspects, but also the security, economic development, and social aspects. A mechanism that allows cross-sectoral responses will be necessary for responses to future outbreaks of infectious disease as well. On the other hand, reaching a global consensus is becoming increasingly difficult as infectious disease becomes a “security issue.”

Options¹¹: Possible governance options include (1) a new framework led by the UN (e.g., Global Health Threats Council); (2) a new framework based on the G20 Finance and Health Ministers Meeting (e.g., Global Health Threats Board); (3) a new framework led by the WHO (Pandemic Treaty), (4) the strengthening of regional frameworks; (5) a strengthening of the WHO (e.g., revision of IHR, strengthening of financial base); (6) coordinated frameworks among existing international organizations—e.g., the Multilateral Leaders Task Force on COVID-19 that includes the WHO, World Bank, IMF, and World Trade Organization (WTO); the ACT-A, involving Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance (Gavi), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and the Gates Foundation; etc.

Points to note: It is also important to ensure the participation of civil society,¹² the private sector,¹³ and low-income countries. Given the difficulties in reaching a global agreement and the differences in conditions in each region, it is important to have a multilayered framework at the bilateral, regional, and global levels. In addition, it is necessary to further expand the field and establish a coordination framework that covers a wide range of fields, such as the “One Health” concept, which includes animal health, and “Planetary Health,” which includes responses to climate change.

Financing¹⁴

Issue: The current health crisis has revealed multiple problems in financing responses to global public health crises. Specific issues include the lack of funding to meet needs and the difficulty of coordinating among an increasingly diverse array of organizations. Better

¹¹ For discussions on options (1), (2), (3), and (5), see Hideaki Shiroyama, “Scope and Limitations of Pandemic Treaties—From the Perspective of the Division of Labor among the IHR, WHO Treaty, and Other Multilateral Treaties and Systems,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 5.

¹² The role of civil society organizations may include a monitoring function to convey information from the frontlines and support global health equity, while they may also mitigate the influence of political motivations of high-income countries.

¹³ For more on effective multistakeholder global health collaboration in the post-COVID era, see Motoko Seko, “The Significance and Challenges of Public-Private Partnership in Global Health Collaboration,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 13.

¹⁴ Ayako Takemi, “Global Health Financing and Governance—Status and Challenges,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 17.

methods are needed to fund areas that contribute to the global public good.¹⁵

Options: Options to be examined include (1) provide financing and strengthen coordination among existing frameworks and organizations (national governments, multilateral organizations, and private organizations); (2) strengthen coordination of funding responses, as is being done via ACT-A, while each organization participates independently; (3) as proposed in the G20 High Level Independent Panel Report,¹⁶ secure a certain amount of funds under a new multilateral framework, identify demand for targets, and allocate the funds to each organization for implementation, etc.; and (4) establish a new philosophy for creating international public goods and institutionalize it in each organization and sector (e.g., Global Public Investment¹⁷).

Points to note: First, gap analysis is necessary to understand the status of each country's finances, the bilateral and multilateral assistance it currently receives, and the scale and target of its funding needs. A balance is needed between ensuring the autonomy required for an appropriate response and the ability to respond flexibly to the donor's intentions.¹⁸ It is also essential that responses to long-term issues related to institution building and implementation coordination be carried out in parallel with rapid responses to urgent issues. Equally important is to establish mechanisms for mobilizing domestic funding in each country, including from the private sector, and to strengthen governance systems to ensure accountability for the funds provided.

Development, procurement, and distribution of medical resources¹⁹

Issue: The experiment of ACT-A has enabled the development and mobilization of medical resources through international coordination and intensive financial investment. With regard to development and production systems, however, the production systems were shown to be unstable as the supply of vaccines and other tools were dependent on specific countries, and in addition, voluntary licensing by the pharmaceutical companies that own intellectual property rights did not progress to a point where supply could keep up with the global demand. Moreover, “vaccine nationalism” emerged in high-income countries, which prevented LMICs from receiving sufficient levels of medical resources, and in some cases, conditions have been attached to the provision of vaccines. This “vaccine diplomacy” has been pointed out as a concern. Due to the uneven mobilization of funds, there are also issues in terms of shortages of medical tools other than vaccines (e.g., personal protective equipment, medical oxygen, test kits) and problems with national-level delivery.

¹⁵ Agnès Soucat & Ilona Kickbusch, “Global Common Goods for Health: Towards a New Framework for Global Financing,” *Global Policy* 11, no. 5 (2020): 628–35.

¹⁶ The High-Level Independent Panel, *Report of the G20 High Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response* (2021), <https://pandemic-financing.org/report/foreword/>.

¹⁷ Global Public Investment website, <https://globalpublicinvestment.org/>.

¹⁸ For further details see Haruka Sakamoto, “Financial Mechanism for Health Security—Challenges and Lessons for the Future,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 15.

¹⁹ M. Eccleston-Turner & H. Upton, “International Collaboration to Ensure Equitable Access to Vaccines for COVID-19: The ACT—Accelerator and the COVAX Facility,” *Milbank Quarterly* 99, no. 2 (2021): 426–49.

Options:²⁰

- (1) Utilize existing frameworks to increase production capacity through international collaboration. With regard to vaccines and other medical tools, while encouraging voluntary licensing by pharmaceutical companies and others, work together with emerging countries to promote technology transfer aimed at improving R&D and production capacity and to ensure quality.
- (2) Promote the creation of specific rules on intellectual property rights for R&D that has received public funding. For future public investments in R&D, consider creating new rules that maintain incentives for R&D but that stipulate in advance that recipients of such funds have an obligation to share intellectual property rights and technologies using patent pools, etc., in the case of a crisis. Have a constructive discussion to allow temporary exemptions from obligations to protect intellectual property rights, and strengthen efforts to promote prompt and effective technology transfer.
- (3) Facilitate efficient and equitable procurement through international collaboration while leveraging existing organizational structures. In the case of COVID-19, provide financial resources to focus on particularly underfunded areas of ACT-A, and ensure incentives for high-income countries to provide in-kind and financial resources to achieve equitable distribution of medical tools. For future pandemics, strengthen existing mechanisms such as the mechanisms to control unit costs through joint purchasing, to allow efficient distribution through strengthened supply chains, and to allow an equitable supply of vaccines.
- (4) Establish the principle of providing medical tools based on a humanitarian perspective. Position vaccines and other medical tools that affect human survival as Basic Human Needs and clearly stipulate in an international agreement (possibly to include a treaty) the principle that such medical tools should not be used as a bargaining chip for diplomatic deals.

Sample sharing²¹

Issue: There is an urgent need to establish a mechanism for rapid international sharing of information on pathogens and their genetic sequence data (GSD).

Options:

- (1) An option based on the improvement of existing international frameworks would include implementing the revision of the WHO IHR, or the use of the “Pandemic Influenza Preparedness Framework (PIP Framework)” after coordinating it with the relevant

²⁰ For more on issues for achieving fair access to essential medicines worldwide, see Yasushi Katsuma, “Essential Medical Products during a Public Health Emergency of International Concern (PHEIC): Public Support for Research & Development and Internationally Equitable Access to Research Results, *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 14.

²¹ For discussions on sample sharing, see Makiko Matsuo, “A Review of Challenges and Options for International Sharing of Pathogens and Related Information in Pandemic Response,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 6.

provisions²² of the Nagoya Protocol to the Convention on Biological Diversity (CBD).

- (2) If addressed through a new framework, it could be dealt with in the context of the “pandemic treaty” or take a gradual approach, starting with what is feasible (e.g., BioHub), etc., but coordination with existing frameworks is still essential.

Points to note: Pathogens need to be managed from the perspective of human health and wellbeing and require special consideration that differs from other biomaterials. Although pathogens and GSDs are both important and closely related, they have different characteristics, and the terminology, scope, and treatment of GSDs are still under discussion by international organizations. Therefore, it is best to consider them separately rather than as a set. Consideration must also be given to whether the distribution of medical resources that have been developed can be used as an incentive to encourage sample sharing.

International transportation: Response to cases of infectious disease on foreign vessels²³

Issue: International shipping is the foundation of the global supply chain, and the relevant conventions and international health systems that govern shipping are based on an open economy. However, the spread of the COVID-19 pandemic led to shipping being temporarily stalled. Some states refused foreign ships’ entry into port. The handling of cruise ships, which carry a large number of passengers, became particularly difficult. There was ambiguity regarding the allocation of authority between the flag state and the port state regarding a foreign ship in port. In addition, the inadequacy of the existing international frameworks became apparent once again on the issue of crew replacements.

Options:

- (1) Flag states of ships, including cruise ships, should ensure the implementation of infectious disease control measures. To this end, options would be to (i) establish standards for the infectious disease control measures that ship operators must take, and (ii) require the establishment of a certified infectious disease control system. In addition, through the International Maritime Organization (IMO), these measures could be mandated for flag states by incorporating them into existing conventions, such as the International Safety Management Code of the International Convention for the Safety of Life at Sea (SOLAS).
- (2) Confirmation is needed that priority is given to the authority of port states when responding to infectious diseases on ships in port, and that relevant parties, such as ship captains and operating companies, must also follow the measures put in place by the port

²² The Nagoya Protocol includes a provision that states, “Where a specialized international access and benefit-sharing instrument applies that is consistent with, and does not run counter to the objectives of the Convention and this Protocol, this Protocol does not apply for the Party or Parties ...” (Nagoya Protocol Article 4-4), and a provision on special considerations on public health (Nagoya Protocol Article 8 (b)).

²³ For discussions on international health administration and shipping, see Kentaro Nishimoto, “Global Health Administration and Maritime Transportation: Port Nation Authority and the Issue of Crew Changes for Vessels in Port,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 8; and Yurika Ishii, “Global Health Administration and Maritime Transportation: The Significance and Limitations of the World Health Organization System,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 9.

- state. To this end, options would be to (i) stipulate relevant provisions in the pandemic treaty, (ii) revise the IHR, or (iii) formulate standard procedures at the IMO.
- (3) Port states must not restrict international traffic on the grounds of an infectious disease beyond what is permissible under the IHR. To this end, it is necessary to (i) develop a mechanism to encourage member states to provide the WHO with information on infectious diseases and the scientific basis for international traffic measures, (ii) have the WHO and an international network of experts evaluate the effectiveness of each country's international transport measures and provide feedback to those countries, (iii) build port capacity to respond to infectious diseases, and (iv) support capacity building for developing countries. (v) Options for new legal mandates include the addition of relevant provisions in the pandemic treaty or revisions to the IHR.
 - (4) Even in a pandemic, the replacement of crews must be carried out smoothly. Measures to achieve this would be to (i) more strongly ensure implementation of obligations under the Maritime Labour Convention (MLC) at the International Labour Organization (ILO), and (ii) revise the IHR to explicitly stipulate that measures must be taken to address public health risks during crew replacement.

Ensuring implementation²⁴

Issue: The current crisis has led to greater recognition of the importance of collecting information in a timely manner and sharing it with the international community, and of ensuring that systems are in place that permit basic measures to be implemented before an infection spreads. On the other hand, we have witnessed a number of difficulties in ensuring the implementation of these “obligations,” including the difficulty of securing incentives.

Options:

- (1) It is necessary to ensure the core capacity to understand the situation within the country and implement basic responses. Options for this purpose include (i) to review the existing monitoring systems at the national level (e.g. Joint External Evaluation (JEE)), introduce new monitoring systems (e.g. Universal Health Periodic Review), and redefine the core capacity necessary for basic response to infectious diseases to these ends; and (ii) to strengthen the linkages between the health crisis response programs and the health system strengthening programs of international organizations (including WHO, World Bank, and Global Fund), nations, NGOs, etc., and expand the scale of each program.
- (2) There is a need to ensure information gathering systems and capabilities (including reporting incentives) at the international level. Possible measures include to (i) strengthen the WHO's investigative authority (including rapid intervention and the option to conduct investigations without the consent of the state involved); (ii) introduce provisions or systems that prohibit adverse treatment of informants (individuals and countries); (iii) introduce and strengthen surveillance mechanisms at the global level; (iv) promote

²⁴ Ayako Takemi, “Ensuring Fulfillment of Obligations in International Infectious Disease Responses—Institutional Options and Considerations,” *Policy Brief: Japan's Global Health Strategy in the Post COVID-19 Era*, vol. 7.

confidence building through mutual information sharing on policies between countries/regions and among allies, strengthen surveillance mechanisms, and enhance cooperation regionally and among like-minded countries on such mechanisms; and (v) explore and strengthen scientific detection methods (e.g., use of AI and big data).

Points to note: There are various options available in terms of implementing these measures, including improving and strengthening the operations of existing assistance programs, strengthening international frameworks (revision of the IHR and conclusion of a pandemic treaty), and strengthening cooperation at the regional level and among like-minded countries. It may require the use of multiple systems rather than limiting it to a single system.

Redefining IHR core capacities and reexamining UHC based on lessons from the COVID-19 experience²⁵

Issue: During the COVID-19 crisis, there has been a recognition that not only inequitable access to adequate testing and medical care, but also broader economic and social inequalities have a significant impact on the response to health crises. In the case of infectious diseases where the number of new infections increases exponentially, it has become clear that we need to not only prevent infectious disease but also improve the systems for providing medical care to patients who have acquired the disease. In doing so, several critical factors have been indicated: greater focus on vulnerable groups with inadequate access to health care services (equity), due consideration of public health perspectives (including primary healthcare), greater attention to the resiliency of the healthcare system (surge capacity, flexibility, and responsiveness) to continue offering services for other diseases while responding a new infectious disease, and increased confidence in public health guidelines and trust in government.²⁶ It was also discovered that preventable risks (e.g., high BMI and smoking) are associated with mortality in COVID-19.

Options:²⁷

- (1) Identify areas that bridge UHC and health crisis response, and strengthen these areas to increase synergy. To do so, (i) identify and define two factors—(a) UHC-related areas observed to be directly related to health crisis response, such as equitable access to and coverage of health services, and (b) areas and elements that cut across both health crisis response and UHC and that are needed to strengthen both, such as improvements in governance, leadership, management, risk communication, and community empowerment—and (ii) provide support, based on (i), for areas such as redefining and

²⁵ Arush Lal, et al., “Fragmented Health Systems in COVID-19: Rectifying the Misalignment between Global Health Security and Universal Health Coverage,” *Lancet* 397, no. 10268 (2021): 61–67.; and Stéphane Verguet et al., “Toward Universal Health Coverage in the Post-COVID-19 Era,” *Nature Medicine* 27, no. 3(2021), 380–87.

²⁶ COVID-19 National Preparedness Collaborators (including Shuhei Nomura), “Pandemic Preparedness and COVID-19: An Exploratory Analysis of Infection and Fatality Rates, and Contextual Factors Associated with Preparedness in 177 Countries, January 1, 2020, to September 30, 2021,” *Lancet* (February 1, 2022), [https://doi.org/10.1016/S0140-6736\(22\)00172-6](https://doi.org/10.1016/S0140-6736(22)00172-6).

²⁷ For more on areas that bridge UHC and health crisis response, see Ayako Takemi, “Synergies between Universal Health Coverage and Health Crises—How to Bridge the Two,” *Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era*, vol. 16.

strengthening implementation of IHR core capacities, and strengthening the linkage between initiatives in the health security field and those designed to strengthen UHC and health systems.

- (2) Re-examine UHC from a broader perspective, considering the areas bridging UHC and health crisis response identified above and the relationship between preventable risks and infectious diseases. In doing so, verify existing UHC, especially from the perspective of ensuring resilient health systems, and use this as the basis for a new UHC.

Points to note: When reexamining UHC, consider a broader and more flexible framework that includes developed countries in its scope. Also, give greater consideration to factors such as health promotion for preventable non-communicable disease (NCD) risks, which have a significant impact on health crisis response and need to be addressed in normal times.

3. The Course of Action Japan Should Take

Recommendation 1: Restructuring global health governance by promoting multilayered efforts through ad hoc collaborative initiatives

- In terms of governance, even though global health can no longer be addressed by the liberal international order alone, we should continue working to realize the right to health through international solidarity. As a global and regional framework, the role of the WHO and its regional offices remains significant in terms of setting norms and standards and presenting policy options based on scientific evidence. As shown by the cooperative system of ACT-A, however, responses by the WHO alone are insufficient, particularly in a time of health crisis. While working to strengthen the WHO's functions through reforms, those organizations that have local offices, such as the WHO, the World Bank, and UN agencies, should work to assess the situation in each country; funding agencies such as the Global Fund and Gavi, should work together; and they should cooperate with national governments, various regional organizations, and local civil society organizations (CSOs) in order to be able to respond to new threats while avoiding disruptions in the provision of existing health services in each country.
- As responses to health crises require coordination with issues outside of the health field as well, the commitment of top leaders is required. Creating a mechanism for that purpose does not necessarily require a new organization. However, high-level UN consultative bodies have a major role to play in discussing the connections to a broad range of risks outside the field of health, such as climate change, and thus there would be great significance in having the UN serve as the mechanism for handling these types of diverse issues. At the same time, it is important to address areas that can be handled by improvements to existing frameworks. It is also important and realistic to build bottom-up frameworks for cooperation among member states of regional organizations (e.g., ASEAN) or groups of countries that share the same objectives (e.g., G7 and G20), as well as for bilateral and multilateral cooperation, while gradually building trust and improving coordination among national responses. The participation of diverse actors is also effective and essential for trust building among nations,

and thus the involvement of private sector and civil society organizations, including academia, should be promoted. Such multilayered and multifaceted cooperative frameworks should be combined into a global framework, which will enable rapid and quality-assured sharing of data samples, strengthening of the production capacity of medical tools, ensuring equitable access to pharmaceuticals and medical devices, realizing resilient and open international transportation, improving capabilities and adding incentives to ensure implementation of IHR core capacities, and redefining and strengthening UHC.

- As for cooperation at the regional level, the EU and African nations are making concrete progress in their efforts for intraregional cooperation, but reflecting the growing tension in Japan-ROK relations and the US-China rivalry, Asia remains far from developing comprehensive regional cooperation and has seen only piecemeal movement on this front. However, through the Quad framework, Japan is strengthening cooperation in the Indo-Pacific region in such areas as ensuring equitable access to vaccines with guaranteed safety, efficacy, and quality. In terms of ASEAN, Japan should enhance its cooperation with ASEAN on infectious disease control at various levels through the planned ASEAN Center for Infectious Diseases, preparations for which are now underway, while at the same time working to strengthen intergovernmental-level cooperation. As for Japan-ROK and Japan-China relations, while the goal should be to continue and strengthen various government-level dialogues such as the Tripartite Health Ministers' Meeting, in the meantime it would be useful to build up informal cooperation among researchers at the infectious disease research institutes in each country (e.g., National Institute of Infectious Diseases, Chinese Center for Disease Control and Prevention, Korea Disease Control and Prevention Agency) to create a comprehensive regional framework.²⁸
- Given the fact that COVID-19 infections are spreading even in high-income countries and that infectious disease response is considered to be a dimension of security, it is necessary to build confidence in each other's infectious disease countermeasures by sharing and mutually reviewing a wide range of information on infectious disease countermeasures in each country. Such information sharing and review mechanisms need to be established not only on a global basis, but also on a multilayered basis at the bilateral and various regional levels. Such multilayered mechanisms are also a condition for avoiding excessive restrictions on transportation and movement and for keeping the borders as open as possible. Strengthening the functions of the ASEAN Center for Infectious Diseases and carrying out various forms of bilateral cooperation can also be positioned as part of such confidence-building efforts.
- This point is important from the perspective of ensuring early detection and reporting, as strengthening the authority to investigate the causes of and initial responses to incidents at the global level may be difficult or problematic in terms of effectiveness.
- While such bilateral and regional responses are the foundation, there is also a need for mechanisms that enable a cross-sectoral response at the global level, including not only health and medical aspects but also economic development, security, and social aspects. In addition

²⁸ For more on the need to reposition infectious diseases as a multi-level security issue for institutionalization, see Kayo Takuma, "COVID-19 as a National Crisis."

to UN initiatives, the G20 Summit is also expected to be an opportunity for cross-sectoral discussions. The G20 Joint Finance and Health Ministers' Meeting is a framework that was first held on a trial basis at the 2019 Osaka G20 Summit, and the Health Financing Task Force that was set up under the auspices of that joint ministers' meeting for the time being could serve as the basis for ensuring the effectiveness of such cross-sectoral efforts through mobilization of funds.

- It is also necessary to address issues of human and animal infectious disease in an integrated manner under the One Health framework, as well as issues of infectious disease and climate change. It is also important to ensure collaboration among a wide range of countries at the UN level for such efforts.
- As described above, when creating a global system, it is also necessary to build ad hoc collaborations from the bottom up and ensure transparency in order to identify missing or redundant parts as a whole. It is important to start where we can, especially in times of change.
- In 2023, Japan will chair the G7 Summit. By strengthening cooperative frameworks—US-Japan, the Quad, ASEAN, Japan-ROK, Japan-China, and public-private partnerships—and getting input from African countries on global health governance in the framework of TICAD, which will be held this year, Japan is expected to produce a global cooperative framework that can be accepted by various stakeholders.

Recommendation 2: Rebuilding global health financing: Strategic enhancement of collaboration with multilateral frameworks

- With regard to financing, major industrialized nations have traditionally considered it their obligation and have primarily taken a development assistance approach to help low-income countries solve their health problems. But to strengthen preparedness for yet-unknown pandemics will require a policy shift to view such assistance as also being an investment in their country's own economy and security. While the Japanese government has been discussing "new capitalism," they need to conceptualize global health as one of the pillars of that new capitalism, to encourage industry to contribute to global health, and to incorporate within Japan the benefits of global economic growth through investments in health. It is also important for each country, including LMICs, to take the initiative and utilize domestic resources.
- In order to enhance preparedness for future pandemics as an investment in the economy and security of one's own country, a gap analysis should be carried out from the perspective of existing funding and measures at the national, regional, and global levels. Based on that, a mechanism must be built to enable the quick mobilization of necessary funds in the event of a pandemic, and to prevent a pandemic, an expanded investment must be made during normal times in UHC and in strengthening the ability to respond to health crises. Investment can take a variety of forms, including not only investment in new multilateral frameworks but also investment in existing multilateral and bilateral frameworks. Conversely, in addition to the multilateral frameworks including ACT-A, the flood of assistance in diverse forms from multilateral development banks and bilateral agencies has made it difficult to grasp the overall

picture and perform gap analyses. In particular, countries implementing official development assistance (ODA) need to increase the transparency of information on the bilateral framework and improve efforts to share it promptly.

- Japan's ODA for health overall has been on an upward trend. However, as a percentage of total ODA, its contribution to the health sector has not changed considerably, staying at around 5.5 percent for the last five years.²⁹ Infrastructure and energy account for the largest share of ODA at 45 percent of the total amount, with health ranked sixth. Japan's development assistance for health (5.5 percent) ranks second-lowest in the G7 after Germany. Looking at the allocation of ODA contributions, most major G7 countries place priority on health and humanitarian assistance.³⁰ Japan's ODA allocation needs to be re-examined to determine whether it is appropriate for a country that advocates human security and has positioned global health as a major diplomatic issue.
- Looking at development assistance for health, the allocation to multilateral organizations accounts for more than half. Health seems to be an area that requires more strategic investment in multilateral organizations than other sectors (e.g., infrastructure, energy). In addition, when comparing the ratio and amount of investment into multilateral aid programs, Japan ranks high among the G7 members. Since investment in multilateral organizations has a certain scale, Japan should make more strategic use of multilateral organizations' expertise, efficiency, scale, diversity of implementing groups, development goal orientation, and ability to cope with global public goods and risks that spread beyond national borders.³¹ For this purpose, it is important to promote effective involvement in multilateral policymaking, including public-private partnerships. Also, it is important to develop human resources that can be involved in multilateral policymaking not only at the government level but also in various sectors such as the private sector, academia, and NGOs.
- Japan currently invests mostly in multilateral development banks and the Global Fund. When examining how to finance global health, the effective use of these two types of organizations should be taken into consideration. In the future, however, Japan should also reconsider the proportion of its involvement in various multilateral frameworks in order to enhance its effectiveness.
- When expanding bilateral assistance for health, or when providing assistance to countries where the deployment of bilateral assistance is difficult, complementarities and synergies with such multilateral assistance should be taken into account.
- Looking at development assistance for health, expenditures on infectious diseases and maternal and child health accounts for about 60 percent, while assistance to sector-wide (not limited to certain areas) health systems strengthening accounts for about 30 percent, and

²⁹ Shuhei Nomura, et al., "Tracking Sectoral Allocation of Official Development Assistance: A Comparative Study of the 29 Development Assistance Committee Countries, 2011–2018," *Global Health Action* 14, no. 1 (2021): 1903222.

³⁰ Ibid.

³¹ Pierre E. Biscaye, et al., "Relative Effectiveness of Bilateral and Multilateral Aid on Development Outcomes. Review of Development Economics," 21, no. 4: 1425–47; Marco Schäferhoff, et al., "How Much Donor Financing for Health Is Channeled to Global Versus Country-Specific Aid Functions?" *Lancet* 386, no. 10011 (Dec. 12, 2015): 2436–41.

assistance for NCDs control accounts only 2 percent.³² In addition, less than 10 percent of the support for sector-wide health systems strengthening is intended for pandemic preparedness.³³ More than 20 percent of the funds intended for infectious disease control initiatives such as the Global Fund and Gavi are used for health systems strengthening that contributes to infectious disease control.³⁴ Moving forward, health systems strengthening carried out as part of infectious disease control should be positively positioned as measures that contribute to pandemic preparedness. Assistance to address NCDs should also be strengthened as the relative disease burden posed by NCDs has risen for low-income and lower-middle income countries, at 33.9 percent and 55.2 percent respectively (2019; DALYs).³⁵ Moreover, NCDs have been cited as a risk factor for developing severe COVID-19 cases, and it has also been pointed out that viral mutations are more likely to occur in the body of people with immunodeficiency disorders such as HIV/AIDS. Building a society that is resilient against pandemics will require continuous support for existing measures to control infectious diseases and strengthening of support to address NCDs.³⁶

Recommendation 3: Enhancing systems to develop, procure, and provide medical resources as global primary goods

- With regard to the development, procurement, and provision of medical resources, in addition to the fact that “No one is safe until everyone in the world is safe,” the international community should share the recognition that medical resources such as vaccines should be considered as essential global primary goods or as responses to basic human needs for people to live with human dignity, and as such, a situation in which medical resources cannot be obtained, where that fundamental capability is impeded, cannot be justified under any circumstances. It is of course unacceptable to use the provision of medical resources as a condition for diplomatic dealings. At the same time, systems are required that encourage R&D with the basic recognition that the protection of intellectual property rights and a lack of supply capacity or technology capacity cannot be the basis for justifying the infringement of entitlements.
- We must urgently address the issue of over-reliance on India for planning the supply of vaccines for COVID-19 Vaccines Advance Market Commitment (COVAX AMC)—eligible countries and the difficulty in making alternative plans. Meanwhile, the WHO is proceeding with its plans to establish a hub for transferring mRNA vaccine technology to a middle-

³² Shuhei Nomura, et al., “Japan’s Development Assistance for Health: Historical Trends and Prospects for a New Era,” *Lancet Regional Health—Western Pacific* 2022; 22: 100403, <https://doi.org/10.1016/j.lanwpc.2022.100403>.

³³ Ibid.

³⁴ Global Burden of Disease 2020 Health Financing Collaborator Network (including Shuhei Nomura), “Tracking Development Assistance for Health and for COVID-19: A Review of Development Assistance, Government, Out-of-Pocket, and Other Private Spending on Health for 204 Countries and Territories, 1990-2050,” *Lancet* 398, no. 10308 (2021): 1317-43.

³⁵ GBD 2019 Diseases and Injuries Collaborators (including Shuhei Nomura), “Global Burden of 369 Diseases and Injuries in 204 Countries and Territories, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019,” *Lancet* 396, no. 10258 (2020): 1204–22.

³⁶ Shuhei Nomura, et al., “Japan’s Development Assistance for Health.”

income country.³⁷ In the context of this trend, Japan should provide substantive support to accelerate multipolarity and multilayering of technology and production capacity for vaccines and other medical tools, working with emerging countries that have already achieved a certain level of technological capacity.

- Discussions on securing and developing medical countermeasures (MCMs) for infectious disease crises have also begun. To encourage the development of vaccines against new infectious diseases, where there is an untapped market, it is also important to strengthen both public support and public-private partnerships such as CEPI. This will enable the world, including Japan, to secure the necessary vaccines, and the ability to get the latest information on vaccines, medicines, and R&D is also meaningful for Japan's health security. It is also hoped that Japanese companies and research institutes will utilize CEPI and other frameworks.
- In addition, if R&D capacity in LMICs is improved with the cooperation of pharmaceutical companies, it can be applied to the development of medicines for existing infectious diseases typically found in LMICs, including neglected tropical diseases (NTDs). It has been pointed out that there has been a lack of pull incentives in the Japanese market for the development of drugs for NTDs, and that Japan's participation in this area has been insufficient. In addition to strengthening the Global Health Innovative Technology Fund (GHIT Fund), which provides grants for much-needed R&D in LMICs, the systems should also be established to bring institutions of Japan into harmony with pharmaceutical development and production strategies at the global level, and to enhance regulatory harmonization further at the regional and global levels.
- When public funds are invested in the development of next-generation vaccines and therapeutics, including those for COVID-19 and other infectious diseases, it is essential to establish rules in advance regarding the scope of intellectual property rights that can be claimed by private companies that develop and manufacture such products (the scope that can be controlled publicly). To take COVID-19 as an example, when public funds above a certain level are invested, the international community should cooperate and discuss the conditions, such as requiring that the recipient of such funds share intellectual property rights and technologies as well as assign its share of ownership through the COVID-19 Technology Access Pool (C-TAP).³⁸ There is a strong trend in the WTO that many countries, including the United States, France, and Italy, support the temporary waiver of intellectual property rights,³⁹ due in part to urgent pleas from LMICs. Pharmaceutical companies in Europe and the United States have been taking the lead in the development of COVID-19 vaccines and therapeutics to date, but given that Japan is about to enter this phase, it needs to take the lead in global discussions to establish a system that enables both fair and equitable distribution of

³⁷ The mRNA Vaccine Technology Transfer Hub, WHO website, <https://www.who.int/initiatives/the-mrna-vaccine-technology-transfer-hub>.

³⁸ The COVID-19 Technology Access Pool (C-TAP), WHO website, <https://www.who.int/initiatives/covid-19-technology-access-pool>.

³⁹ "As Time Runs Out to Break 'TRIPS Waiver' Stalemate, Protesters at US and EU Embassies in South Africa Warn, 'The Whole World Is Watching You,'" ReliefWeb website, <https://reliefweb.int/report/world/time-runs-out-break-trips-waiver-stalemate-protesters-us-and-eu-embassies-south-africa>.

medical tools and incentives for pharmaceutical companies to conduct R&D.

- While taking advantage of the ACT-A mechanism, which is a collaboration of existing organizations, a mechanism should also be created through which high-income countries provide more financial resources, especially focusing on areas where funding is insufficient. Although COVAX did not function as ideally as it should have due to the emergence of so-called “vaccine nationalism,” the in-kind provision of vaccines by high-income countries through COVAX and bilateral aid programs has played a *de facto* complementary role. Japan should respect the joint statement on in-kind donations by the African Vaccine Acquisition Trust (AVAT), the Africa CDC, and COVAX⁴⁰ and make efforts to strengthen mechanisms through which high-income countries provide in-kind resources (e.g., vaccines, therapeutics) as well as financial resources.
- In doing so, it is essential to effectively utilize the existing frameworks related to the procurement and supply of medical equipment. Such frameworks include the mechanism for joint purchasing that makes it easier for countries with limited resources to purchase pharmaceuticals, etc., by aggregating order volumes to negotiate unit costs and delivery conditions through the Global Fund’s Wambo and other programs;⁴¹ the Effective Vaccine Management (EVM) system,⁴² which has already been used in the management of vaccines for existing infectious diseases; the efficient and equitable supply and distribution of vaccines through the strengthening of supply management systems tailored to the actual conditions of each region (data management, anti-corruption, etc.) that have been conducted by Gavi, the Global Fund, and other organizations; and Gavi’s COVAX AMC,⁴³ among others, that mainly equitably supply vaccines for existing infectious diseases to low-income countries.

Recommendation 4: Balancing measures against infectious diseases and open international traffic and trade: Response to infectious diseases on foreign vessels⁴⁴

- With regard to international transportation, international shipping is the foundation of the global supply chain, and in the relevant conventions and international health systems that govern shipping, it is necessary to strike a balance between taking infectious disease countermeasures and ensuring economic openness.
- The implementation of infectious disease control measures by the flag states of ships, including cruise ships, should be ensured. To this end, it is necessary to formulate and

⁴⁰ “Joint Statement on Dose Donations of COVID-19 Vaccines to African Countries,” WHO website, <https://www.who.int/news/item/29-11-2021-joint-statement-on-dose-donations-of-covid-19-vaccines-to-african-countries>.

⁴¹ Procurement Tools, The Global Fund website, <https://www.theglobalfund.org/en/sourcing-management/procurement-tools/>.

⁴² Effective Vaccine Management, WHO website, <https://extranet.who.int/evm2/web/Public>.

⁴³ For more on the pneumococcal AMC, see the Gavi website, <https://www.gavi.org/investing-gavi/innovative-financing/pneumococcal-amc/about-pneumococcal-amc>.

⁴⁴ Kentaro Nishimoto, “Global Health Administration and Maritime Transportation: Port Nation Authority and the Issue of Crew Changes for Vessels in Port,” Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era, vol. 8; Yurika Ishii, “Global Health Administration and Maritime Transportation: The Significance and Limitations of the World Health Organization System,” Policy Brief: Japan’s Global Health Strategy in the Post COVID-19 Era, vol. 9.

implement specific standards for infectious disease control measures to be implemented by flag states. For example, a mandatory certified infectious disease control system could be established, using the infectious disease control measures taken for the Diamond Princess cruise ship in Japan as a model. For this purpose, the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) could be amended to specify infectious disease countermeasures as an issue for vessel safety management.

- Based on Japan's experience with the case of the Diamond Princess, it is necessary to confirm that priority is given to the port state regarding the authority to respond to infectious diseases on ships in port, and that relevant parties, such as ship captains and operating companies of the vessels, must adhere to the measures implemented by the port state. Possible measures to achieve this include (1) the inclusion of relevant provisions in the pandemic treaty, (2) a revision of the IHR, and (3) the formulation of standard procedures by the IMO. Among these, option (2) should be examined, as taking this as an issue for the IHR, which stipulates health measures for ships, is most consistent.
- Port states must not restrict international traffic beyond what is permissible by the IHR on the grounds of infectious diseases. To this end, it is necessary to develop a mechanism (i.e., provide incentives) to encourage WHO member states to provide the organization with information on infectious diseases, as well as information on scientific evidence for measures they take concerning international traffic. It is also necessary to have the WHO and an international network of experts evaluate the effect of each country's international transportation measures and provide feedback to those countries on their findings in order to align the decentralized risk assessments and measures of individual countries. Furthermore, port capacities to respond to infectious diseases must be developed, and support must be provided to developing countries for their capacity building.
- Smooth crew changes should be ensured in case of infection. Possible options to achieve this include (1) to more strongly ensure the implementation of the obligations under the Maritime Labour Convention of the International Labour Organization and (2) to amend the IHR to explicitly stipulate that measures should be taken to deal with public health risks not only in the traffic of ships but also in crew changes. However, option (1) may present an opportunity to discuss labor issues at sea, rather than limiting the discussion to infectious disease control, and therefore option (2) should be examined.

Recommendation 5: Promoting resilient, flexible, and equitable UHC: Further contribution to capacity building

- The COVID-19 crisis revealed that infectious diseases require not just a short-term response but rather robust, flexible, and equitable health systems strengthening that takes a long-term perspective in all phases of prevention, preparedness, and response. It has revealed the need to redefine IHR core capacities and re-examine the concept of UHC.
- Many examples worldwide show that inequitable access to health care, of course at the global level but even within high-income countries, has made a difference in the health and socioeconomic impact of COVID-19, which in turn can be a major factor in delaying the end

of COVID-19. In addition, structural inequalities in health systems have an extremely large impact on the access to treatment, while they also cause delays in response due to lack of availability of test kits and increase the rate of infection and degree of severity due to difficulties in vaccine supply and distribution. Moreover, while statistics from 2015–2017, prior to the COVID-19 pandemic, showed improved access to health services, at the same time there was an increasing number of people paying more than 10 percent of their household budget on medical expenses.⁴⁵ In low-income countries and Sub-Saharan Africa, where the number of people living in poverty is predicted to increase due to COVID-19,⁴⁶ there is concern that even more people will fall into poverty due to medical payments.

- The presence of underlying diseases, such as diabetes and other chronic diseases, is one of the risk factors for COVID-19 severity. This indicates that even in infectious disease control, it is important to strengthen the prevention and reduce the severity of NCDs. This point becomes even more important with the increased rate of NCDs in LMICs.
- As mentioned above, health systems strengthening and the concept of UHC, which encompasses health systems strengthening as well the concept of equity and financial risk protection, should be further recognized for its importance in the wake of the response for the current COVID-19 pandemic, including the global health security (GHS) aspects. To date, UHC, at least in terms of indicators, has often been observed to focus on the abilities to respond to diseases specific to LMICs.
- Japan has been providing continuous support through bilateral and multilateral assistance in the field of UHC, and it therefore has the capacity to take leadership in this field and has been called upon by the international community to do so. Based on its various experiences, ongoing assistance, and perspectives, and with a determination not to repeat pandemics of this type ever again, Japan must further contribute to capacity building and the development of systems for the prevention of pandemics even in ordinary times. To this end, it is necessary to demonstrate that the promotion of UHC during normal times is an investment that will prevent future pandemics, and to encourage increased investment in UHC. As was indicated as well in the abovementioned UNDP special report on human security, when measuring progress on UHC (Healthcare Universalism Index: HUI),⁴⁷ it will be necessary to take into consideration public investment in health, such as the ratio of government expenditures for health to GDP and the individual burden as a percent of total health spending.
- Specifically, based on a more comprehensive analysis of the issues related to the ACT-A Health Systems and Response Connector (including bilateral assistance and collaboration with sources of assistance outside of ACT-A), and also based on further retrospective examination of the COVID-19 response, such as clarifying the continuity between the assistance required for delivery in times of emergency and health systems strengthening during ordinary times to achieve UHC, Japan should work with international organizations to

⁴⁵ WHO and World Bank, *Tracking Universal Health Coverage: 2021 Global Monitoring Report*, <https://www.who.int/publications/i/item/9789240040618>.

⁴⁶ Christoph Lakner et al., PovcalNet, *Global Economic Prospects (2020)* (updated).

⁴⁷ UNDP, *Special Report on Human Security*.

implement pilot projects to define the capacity to bridge GHS and UHC. Moreover, it is necessary to redefine the IHR core capacities and strengthen support for their implementation, and to strengthen the linkage between projects in the field of health security and projects aimed at UHC and health systems strengthening. On the policy front, in addition to promoting measures to encourage LMICs to proactively increase their public investment in health, UHC should be re-examined based on the implementation of pilot projects, and the need for resilient and flexible UHC should be confirmed as a common challenge for high-income countries as well as LMICs in the agenda of the G7 Summit in 2023. Furthermore, looking ahead to the UN High-Level Meeting on UHC at the General Assembly in 2023, it is expected that a reimagined UHC (resilient UHC/UHC for Wellbeing) will be launched that contributes to the realization of health systems and societies that will be resilient in the face of the next pandemic.

- The focus of these efforts should be placed on the following measures:
 - **Comprehensive health systems strengthening:** In light of the recent crisis, GHS core capacities should be redefined, including from the perspective of health systems strengthening, and measures to support and enforce them on an ongoing basis should be reinforced. Specific measures include integration of core capacities and creation of synergy in the health systems strengthening programs implemented by various organizations, such as the WHO, World Bank, Global Financing Facility (GFF), Global Fund, and Gavi; revision of the JEE as a monitoring mechanism; and introduction of a new review mechanism that includes a more qualitative perspective. In addition, Japan could actively support the strengthening of core capacities that bridge UHC and GHS as part of the human resource development and system building being done through Japan's existing technical cooperation programs. Also, enhancing the local administrative capacities and supporting the capacity improvement of medical facilities, which are needed to implement the systems, could be important options. To achieve these objectives, it is essential to strengthen the management systems and capacities that form the basis both during normal time and in "emergencies," and to introduce the perspective of resilience to maintain health systems in the event of a health crisis.
 - **Strengthening community-focused support:** In the response to the COVID-19 pandemic, the significant impact of community-based responses was often observed. Returning to a human security perspective that focuses on the protection and empowerment of marginalized populations, Japan should enhance its implementation of assistance that helps reduce inequalities, with a focus on people and communities in vulnerable environments that can also become hotspots for the spread of infectious diseases. In this process, it will become even more important to collaborate with diverse actors, including community organizations and CSOs, and to strengthen the administrative capacity and governance of the local governments that provide a base for their activities. Continuous support for people in vulnerable environments in LMICs and more developed countries that are about to graduate from foreign assistance is a particularly critical issue. Support for strengthening community systems through

technical cooperation and development policy loans should be examined with regard to these countries in particular. In doing so, Japan would be expected to promote coordination with the methods of the Global Fund and Gavi, where implementing countries and donor countries jointly invest funds, and to encourage collaboration in assistance for the strengthening of community systems with due consideration for vulnerable populations.

- **Strengthening prevention (including NCDs) and health promotion approaches:**
The COVID-19 pandemic has shown that measures against infectious diseases and measures against NCDs are interrelated. Therefore, it is important to further mainstream the prevention of diseases in UHC, for example by expanding the preventive fields, including NCDs, in global UHC assessments. Necessary measures throughout the lifecycle, from infancy to old age, should be promoted appropriately according to age, gender, and other social attributes, and healthy lifestyles should be established from childhood. In addition to the prevention of infectious diseases, the development of healthy lifestyles, increased awareness and knowledge of health, and proactive health promotion by individuals will lead to increased resilience against health crises, including pandemics. The community-based integrated care system Japan promotes (a system that integrates prevention, medical care, long-term care, and other lifestyle support for the elderly throughout the community) is a system that supports health promotion by individuals, including proactive disease prevention and long-term care prevention. It is an example of an approach that will become even more important in the context of increasingly aged populations around the world.

[APPENDIX]

Study Group Members

(alphabetical order)

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(As of March 2022)

Project Activities

JCIE and IFI held a series of study group meetings with the participation of government officials and external experts, and based on those discussions, study group members were responsible for drafting policy briefs to raise issues pertaining to each topic. The final recommendations were drafted by JCIE and IFI based on the input of the study group members and meeting participants.

- 1st Research Committee Meeting (April 22, 2021)
- 1st Study Group Meeting “International political and social policy issues raised by COVID-19 pandemic” (July 7)
- Brainstorming with government officials (July 16)
- 2nd Study Group Meeting “UHC Strategy based on the experiences with COVID-19- Part 1” (Aug. 31)
- 3rd Study Group Meeting “Issues related to R&D, IP, and vaccine diplomacy” (Sept. 7)
- Hearing with Dr. Naoko Ishii, Member, G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (Sept. 8)
- 4th Study Group Meeting “Pandemic Treaty” (Oct. 19)
- 5th Study Group Meeting “Added values of public-private partnerships” (Nov. 9)
- 6th Study Group Meeting “International cooperation for the cases of infectious diseases on foreign vessels” (Nov. 29)
- 7th Study Group Meeting “UHC Strategy based on the experiences with COVID-19- Part 2” (Dec. 23)
- 8th Study Group Meeting “Global health financing” (Jan. 11, 2022)
- 2nd Research Committee Meeting (Jan. 17)
- Share the draft recommendations at the 39th Executive Committee on Global Health and Human Security (Feb. 17)
- International Dialogue (March 7–8)

Policy Briefs

1. Kazuto Suzuki, "International Politics and Japan During the COVID Pandemic and Beyond—Redefining Solidarity"
2. Yusuke Tsugawa, "Did the Economy Stagnate Due to COVID-19 Countermeasures?"
3. Sayako Kanamori, "Issues of UHC Strategy During and After the COVID-19 Era"
4. Kayo Takuma, "COVID-19 as a National Crisis: How Can We Prepare for Future Multiple, Simultaneous Outbreaks?"
5. Hideaki Shiroyama, "Scope and Limitations of Pandemic Treaties—From the Perspective of the Division of Labor among the IHR, WHO Treaty, and Other Multilateral Treaties and Systems"
6. Makiko Matsuo, "A Review of Challenges and Options for International Sharing of Pathogens and Related Information in Pandemic Response"
7. Ayako Takemi, "Ensuring Fulfillment of Obligations in International Infectious Disease Responses—Institutional Options and Considerations"
8. Kentaro Nishimoto, "Global Health Administration and Maritime Transport: Port State Authority and the Issue of Crew Change for Vessels in Port"
9. Yurika Ishii, "Global Health Administration and Maritime Transport: The Significance and Limitations of the World Health Organization System"
10. Haruka Sakamoto, "Synergies between Universal Health Coverage (UHC) and Health Security"
11. Shuhei Nomura, "Japan's Development Assistance for Global Health: Historical Trends and Prospects for a New Era"
12. Yoshitaka Nishino, "Can the ACT Accelerator Achieve Truly Fair and Equitable Access to COVID-19 'Medical Tools'?"
13. Motoko Seko, "The Significance and Challenges of Public-Private Partnership in Global Health Collaboration"
14. Yasushi Katsuma, "Essential Medical Products during a Public Health Emergency of International Concern (PHEIC): Public Support for Research & Development and Internationally Equitable Access to Research Results,"
15. Haruka Sakamoto, "Financial Mechanism for Health Security—Challenges and Lessons for the Future"
16. Ayako Takemi, "Synergies between Universal Health Coverage and Health Crises—How to Bridge the Two"
17. Ayako Takemi, "Global Health Financing and Governance—Status and Challenges"

