

**Recommendations  
of the Global Health Governance Study Group**

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

Hideaki Shiroyama

Director, Institute for Future Initiatives, University of Tokyo  
Director, Global Health Governance Study Group

# Background

- Infectious diseases have become a national security issue for high-income countries
  - International power relations (vaccine diplomacy) brought into play in otherwise liberal global health governance, further accentuating the North-South divide
  - Risk of infectious disease outbreaks rising due to climate change, posing the possibility of furthering the securitization of infectious diseases
  - ➔ **How can we balance the reality of infectious diseases becoming a security issue with the need to ensure global solidarity?**
- High-income countries deemed to have strong International Health Regulation (IHR) core capacity were severely affected by COVID-19
  - ➔ **Pandemic has revealed weaknesses in the IHR system, the need to strengthen mechanisms to ensure its implementation, and importance of UHC**
- Border controls and port entry restrictions beyond those permitted under IHR have been imposed
  - ➔ **Need to balance the implementation of infectious diseases measures and the maintaining of open international traffic and trade**

# **Policy options to deal with specific issues**

## 1. Governance

- (1) A new framework led by the UN (e.g., Global Health Threats Council)
- (2) A new framework based on the G20 Joint Finance & Health Ministers' Meeting (e.g., Global Health Threats Board)
- (3) A new framework led by the WHO (Pandemic Treaty)
- (4) Strengthen the existing regional framework
- (5) Strengthen the existing WHO ((e.g., revising the IHR, strengthening the financial base)
- (6) Enhance the framework for coordination among existing international organizations ((e.g., Multilateral Leaders Task Force on COVID-19, ACT-A)

## 2. Financing

- (1) Provide financing to and strengthen coordination among existing frameworks and organizations
- (2) Each organization participates in its own initiative while strengthening coordination of funding, as is the case with ACT-A
- (3) Secure funds under a new multilateral framework, identify funding needs in targeted areas, and allocate funds to relevant organizations (G20 High Level Independent Panel Report, etc.)
- (4) Establish a new philosophy for creating global public goods and institutionalize it in relevant organizations and sectors (Global Public Investment, etc.)

### **3. Development, procurement, and allocation of medical resources**

- (1) Enhance production capacity through international collaboration (technology transfer, etc.)
- (2) Develop specific rules for intellectual property rights arising from R&D that has received public funding
- (3) Facilitate efficient and fair procurement through international collaboration by leveraging existing mechanisms such as ACT-A
- (4) Establish the principle of providing medical tools based on a humanitarian perspective

### **4. Sample sharing**

- (1) Revise the IHR or utilize the Pandemic Influenza Preparedness Framework (PIPF) at the WHO after coordinating with the provisions of the Nagoya Protocol to the Convention of Biodiversity (CBD)
- (2) Incorporate provisions into the Pandemic Treaty or take or take a gradual approach, starting with what is feasible (BioHub, etc.)

## 5. International traffic and trade: Response to cases of infectious diseases on foreign ships

- (1) Require flag states to ensure the implementation of measures against infectious diseases (develop standards for required measures, establish certified infectious disease control system)
- (2) Confirm port states as the priority authority for responding to cases on ships in port (incorporate provisions into the pandemic treaty, revise the IHR, establish a standard procedure of the IMO)
- (3) Ensure that port states do not impose excessive restrictions on international traffic (facilitate the provision of a scientific basis for measures impacting traffic, have WHO evaluate the effectiveness of each country's measures, build the disease response capacity of port authorities, introduce legal mandates)
- (4) Facilitate the replacement of ship crews (more strongly ensure implementation of obligations under the Maritime Labour Convention, revise the IHR)

## 6. Ensuring implementation

- (1) Ensure adequate core capacities (review existing monitoring systems such as the JEE or introduce new ones such as the UHPR and redefine the relevant core capacities; strengthen collaboration between the WHO Health Emergency Response Program and national health system enhancement programs, scaling up each program)
- (2) Establish a system for collecting information and secure relevant capabilities at the international level (strengthen the WHO's investigative authority; prohibit adverse treatment of informants; promote confidence building through information sharing and strengthening of surveillance mechanisms at the national, regional, and global levels)

## 7. Redefining IHR core capacities and reexamining UHC based on lessons from the COVID-19 experience

- (1) Identify areas that bridge UHC and health crisis response and strengthen these areas to promote synergy (equitable and equal access to and coverage of healthcare services, etc.; improvements to governance, leadership, management, risk communication, community)
- (2) Reexamine 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

**What course of action  
should Japan propose?**

# 1. Rebuilding global health governance: Promotion of multilayered efforts through ad hoc collaborative initiatives

**Improve existing frameworks** and **establish new bottom-up frameworks for collaboration** (regional, G7, G20, bilateral, or multilateral) **to promote confidence building** among likeminded countries with an eye to the eventual **establishment of a global high-level forum**

- Promote dialogue and collaboration at various levels and across sectors through the Quad, ASEAN, Japan-China, Japan-South Korea, and other frameworks
- Build confidence by sharing information on infectious disease measures in each country and through mutual reviews of their implementations
- Utilize the TICAD framework to hear the opinions of African countries

**→ As the host country for the G7 in 2023, Japan should propose a global collaborative framework acceptable to diverse stakeholders.**

## 2. Rebuilding global health finance: Strategic enhancement of collaboration with multilateral frameworks

A policy shift is needed from the approach of providing development assistance as an obligation of a major advanced country to one in which **enhanced preparedness for yet unknown pandemics is regarded as investment in one's own national economy and security**

- Expand investment in global health based on gap analyses conducted from various perspectives
- Review the sectoral composition of ODA (45% or more for infrastructure/energy, 5.5% for health) to ensure that it is appropriate for a country that advocates for human security and defines global health as a key diplomatic challenge
- With more than half of its ODA for health provided to multilateral organizations, Japan is one of the largest contributors among the G7 nations; Japan must strategically utilize the strengths of multilateral frameworks, effectively engage in multilateral policymaking, and develop the personnel capable of such engagement
- Proactively position health systems strengthening in the measures against infectious diseases as a means of strengthening pandemic preparedness
- Enhance assistance to combat NCDs in consideration of the rising NCD burden and the relationship between preventable risks and infectious diseases

### 3. Enhancing systems to develop, procure, and provide medical resources as global primary goods

Design a system that facilitates R&D, based on the awareness that **medical resources**, such as vaccines, are **essential global primary goods**.

- Review the current vaccine supply plan, which is heavily reliant on specific countries (e.g., India), and promote the multi-polarization and multilayering of technologies and production capacities in collaboration with emerging economies.
- Facilitate the development of drugs for infectious diseases typically found in low-to-middle-income countries by improving their R&D capabilities with the help of pharmaceutical companies, strengthening the GHIT Fund, establishing domestic systems aligned to global-level strategies for drug development and production, etc.
- Develop rules on the scope of intellectual property rights claimable by private-sector companies to inventions resulting from R&D supported by public funds
- While utilizing ACT-A, build mechanisms (including incentives) for high-income countries to channel more financial resources to underfinanced areas
- Make effective use of existing frameworks for the procurement and supply of medical resources and equipment—such as joint purchasing schemes designed to make drugs and other medical supplies more accessible to resource-limited countries, vaccine administration management systems, and initiatives to enhance supply management systems—while keeping unit prices down

## 4. Balancing measures against infectious diseases and openness to international traffic and trade: Response to infectious diseases on foreign vessels

International marine transportation is vital to global supply chains and thus the international treaties that regulate marine transportation and the global health systems must seek to **balance the need to implement infectious diseases measures and the need to ensure economic openness**

- Ensure that flag states implement infectious diseases measures by revising the ISM Code to explicitly define such measures as a matter concerning the safety management of ships
- Confirm that port states have the priority authority to respond to infectious diseases on ships in port, based on Japan's experience with the Diamond Princess
- Port states must not impose stricter restrictions than what is permitted by the IHR on international traffic on the grounds of infectious diseases ← Evaluation of the effect of each country's measures by WHO and an international network of experts and feedback to those countries on their findings
- In revising the IHR, explicitly prescribe that measures must be taken to address public health risks concerning not only the coming and going of ships but also the replacement of crew members

## 5. Promoting resilient, flexible, and equitable UHC: Further contribution to capacity building (1)

Japan is capable of taking a leadership role in the area of UHC, and the international community is looking for it to do so. With firm determination to never allow another pandemic to occur, it should facilitate greater investment in UHC by demonstrating that the **promotion of UHC in ordinary times is an investment in the prevention of future pandemics.**

- Collaborate with international organizations to implement a pilot project for defining capabilities needed to bridge GHS and UHC (a) equitable and equal access to and coverage of health services; b) improvements in governance, leadership, management, risk communication, and community empowerment), redefine the IHR core capacities and enhance support for their implementation, and strengthen collaboration between and among projects in the area of health emergency management, UHC, and health system strengthening projects
- Confirm in the agenda for the G7 in 2023 that resilient, flexible, and equitable UHC is a common goal for high-income countries and low-to-middle-income countries
- Propose a reimagined UHC (resilient UHC/UHC for wellbeing) following the outbreak of COVID-19 in preparation for the High-Level Meeting on UHC in 2023

## 5. Promoting resilient, flexible, and equitable UHC : Further contribution to capacity building (2)

Future UHC strategy should focus on the following:

- **Comprehensive health system strengthening:** Enhance core capacities serving as a bridge between UHC and GHS; strengthen management systems and capabilities as a foundation for operations both in ordinary times and in times of emergency; introduce a perspective of resilience that continuously maintains the medical system in times of health emergencies, etc.
- **Enhancement of community-focused assistance:** Provide assistance designed to address inequalities with a focus on vulnerable people and communities by collaborating with community-based organizations and civil society organizations (CSO); provide technical cooperation in collaboration with multilateral organizations and support for community system enhancement through development loans
- **Enhancement of disease prevention and health promotion approaches including NCDs:** Mainstream further preventive healthcare, including the prevention of NCDs, in UHC (expanding the preventive fields in global UHC assessment); support people-centered health promotion; promote a system in which healthcare, disease prevention, and livelihood assistance are supported by the entire local community