

Japan's Priorities on the WHO Review/Reform (Version2.0)

Background

- The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states. (WHO Constitution)
- The spread of COVID-19 threatens health, the economy, and society, and poses multi-dimensional threats to human security, affecting the lives, livelihoods and dignity of people around the world. It also undermines progress toward the Sustainable Development Goals.
- At the G7 Ise-Shima Summit in 2016, Japan proposed the “G7 Ise-Shima Vision for Global Health” composed of the following three pillars:
 - (1) Reinforcing the Global Health Architecture to strengthen responses to public health emergencies
 - (2) Attaining Universal Health Coverage (UHC) with strong health systems and better preparedness for public health emergencies
 - (3) Strengthening the response to Antimicrobial Resistance (AMR), including the “One Health Approach”
- At the G20 Osaka Summit in 2019, the G20 Finance Ministers and Health Ministers held their first ever joint session. They shared the importance of UHC Financing toward achieving UHC.
- In the same year, the UN High-Level Meeting on Universal Health Coverage adopted the political declaration, and UHC was clarified as a concept fundamental for achieving the Sustainable Development Goals, including for better preparedness and response regarding public health emergencies.

Basic Objectives

- It is essential to make further progress toward achieving UHC under the principle of “leaving no one’s health behind”, learning from the global COVID-19 response, including that of Japan. It is necessary to advancing international cooperation to rebuild the Global Health Architecture for health emergencies, which contribute to the achievement of UHC with better preparedness for, and prevention of, future health emergencies.
- We, the Member States, should pursue the following three points through strengthening international cooperation:
 - (1) Strengthen the capacity of health services provision, including for prevention, diagnosis, and treatment for overcoming the current COVID-19 crisis
 - (2) Strengthen the quality, resilient and inclusive health systems to prepare for future health crises
 - (3) Enhance health security through actions in broader sectors, including primary health care such as nutrition and WASH (water, sanitation and hygiene) and promote the One Health Approach.
- We should commit to contributing to the review processes that were initiated based on WHA 73.1 toward WHA 74 in May 2021, with a view to improving capacity for global pandemic prevention, preparedness, and response (including through strengthening WHO).

Core issues for rebuilding the Global Health Architecture, including WHO

- The following major functions are required in the Global Health Architecture in responding to the future health emergencies:
 1. Leading and coordinating role
 2. Norm setting
 3. Technical advice
 4. Operation
 5. Resource mobilization
 6. Research and Development.
- In the event of public health emergencies, recognizing that WHO should play a key role, and take swift action, how should we review and strengthen WHO's roles in relation to other relevant partners?
- While WHO should play a key role in 1, 2 and 3 in global public health emergencies, it is worth reviewing and clarifying WHO's role in the other functions in order to strengthen and clarify coordination arrangements among WHO, the UN, and other relevant partners.
- How to build a global partnerships with clear division of labor, among with organizations such as the UN organizations(e.g. UNICEF), Multilateral Development Banks (e.g. the World Bank and Asian Development Bank), international financing and partnership organizations (e.g. the Global Fund to Fight AIDS, Tuberculosis and Malaria), private foundations (e.g. the Bill & Melinda Gates Foundation), NGOs (e.g. MSF), and private companies (e.g. pharmaceutical companies), especially in regard to issues 4, 5 and 6, in which strengthened coordination and division of labor among WHO and other relevant partners is needed.

MSF: Médecins Sans Frontières

Japan's Priorities toward the WHO Review/Reform

Areas for short term actions

The next pandemic may come tomorrow. Even before the review process by various bodies is completed, we must take swift action to make an “early harvest” of what we can apply to our efforts.

◆ **Strengthening the PHEIC declaration process**

The process and recommendations of the Public Health Emergencies of International Concern (PHEIC) declaration caused some confusion among the States Parties. It is important to consider how to clarify the specific actions to be taken by the State Parties at each level of alert together with the possible introduction of the “amber light” system for matters of global public health concern.

◆ **Expediting the initial response to public health incidents**

The current assessment process stipulated in the International Health Regulations (IHR) would require a certain amount of time to assess any incidents that arise. Therefore, this process should be more effective, and the Member States should be encouraged to notify WHO of significant information including samples of pathogens in the early stages of an outbreak.

◆ **Introduction of more objective evaluation system related to the preparedness and response capacity of the Member States leading to UHC**

Given the discrepancy between the Joint External Evaluation (JEE) scores and the actual COVID-19 pandemic response experience, we should create a more consistent evaluative system which can accurately assess national capacities to implement the IHR, including relevant health systems capacities such as testing and surveillance systems. To this end, it is necessary to review the definition of core capacity, streamline existing evaluation systems (e.g. IHR evaluation system, JEE mechanism), or possible introduction of the Universal Health Preparedness Review of IHR Compliance) to assess and improve the overall preparedness, with a view to achieving Universal Health Coverage (UHC).

1. Clarifying and strengthening WHO's role

- ◆ It is necessary to clarify the role of WHO in the event of public health emergencies. On outbreaks and emergencies, WHO should play a key leading and coordinating role among the UN and other partners. WHO should also play a crucial role in swift norm setting, providing technical advice and supporting countries in infectious disease emergency preparedness, response and recovery and helping build resilient health systems. Depending on the acute phase of infectious disease emergency, WHO's role includes operational missions.
- ◆ It is necessary to clarify and improve coordination between WHO and relevant organizations in pandemic preparedness and response (e.g. Humanitarian assistance: OCHA and MSF; Research and Development: GHIT, CEPI and GARDP; Health Financing: International Development Association such as the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and GAVI, among other partners).

2. Improvement of WHO's capacities for health security

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- ◆ Expediting the initial response to public health incidents
The current assessment process stipulated in the International Health Regulations (IHR) would require a certain amount of time to assess any incidents that arise. Therefore, this process should be more effective, and the Member States should be encouraged to notify the WHO of significant information including samples of pathogens in the early stages of an outbreak.
- ◆ The transparency of the IHR Emergency Committee (EC) on its frequency, its timing, and its agreement process should be reinforced by enhancing the engagement of the Member States with the Committee. Swiftly providing records of the discussions in all EC meetings will also help strengthen transparency.
- ◆ The capacities of WHO in preparation for and response to infectious diseases of potential pandemic should be enhanced. This includes WHO's capacity to: set norms in pandemic preparedness and response; provide technical guidance to its Member States on effective public health and economic measures for health emergencies by leveraging a multidisciplinary approach that includes social science alongside health and natural sciences, even in the absence of definitive evidence; and provide support to crisis management centers at country and regional level through strengthening collaboration.

3. Strengthening Member States' capacities to enhance the implementation of IHR and enhancing health systems for better preparedness in achieving UHC

- ◆ Introduction of more objective evaluation system related to the preparedness and response capacity of the Member States leading to UHC
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- ◆ Strengthen the resilience of health systems which contribute to enhancing the IHR core capacities.
- ◆ Continue providing and strengthen essential health services, including immunization, chronic infectious diseases, non-communicable diseases (NCDs), maternal and child health, as well as long-term care services, while in response to public health emergencies.

- ◆ Provide inclusive health services especially to vulnerable populations, including pregnant mothers, children, persons with disabilities, and older persons, based on a life course approach.
- ◆ Strengthen collaboration among all sectors including between ministries of health and finance in UHC financing.
- ◆ Improve access to effective and safe medicine including through regulatory harmonization.
- ◆ Promote digitalization (e.g. digitalization of public health and promotion of digital health)

4. Improvement of IHR implementation and operations

- ◆ We need to ensure and strengthen the role and functioning of the Independent Oversight and Advisory Committee (IOAC) as a legitimate oversight body for the WHO Health Emergencies Programme (WHE), as referred to in the WHA resolution in May 2020.
- ◆ The process of detection, internal assessment, notification, consultation and verification should be further elaborated, especially for “significant” risks that also need to be further defined, especially regarding whether and how WHO will engage in consultation and collaboration with the Member State(s) concerned. The elaboration process should be conducted on scientific grounds free from political interference. It is worth considering strengthening networking and early reporting mechanisms during crisis-free times to enable swift initial response.
- ◆ It is necessary to clarify requirements of the Member States under the present IHR. As to the obligation for notification, the following two actions should be taken as soon as possible, even during the assessment phase: (i) promptly reporting to WHO once the Member State(s) obtain information, especially of an unknown virus or suspicious cases, and (ii) sharing important information, including samples of pathogens, with WHO.
- ◆ It is important to strengthen surveillance capacities during crisis-free times (e.g. collaboration with regional crisis management centers).

5. Promotion of international cooperation to ensure IHR implementation

- ◆ It is necessary to clarify specific cooperation items and standard forms for coordination among the Member States and relevant organizations. It is also vital to involve relevant international organizations, such as (i) the International Civil Aviation Organization (ICAO), the International Air Transport Association (IATA), and the International Maritime Organization (IMO) in international traffic; (ii) the Secretariat of the Convention on Biological Diversity (CBD Secretariat), the Food and Agricultural Organization (FAO), and the World Organization for Animal Health (OIE) in the One Health Approach through collaboration with WHO.
- ◆ Drawing on the lessons learnt from the experience of addressing the spread of infectious diseases on cruise vessels, we should focus our discussion on the vulnerable situations that may occur in the context of cross-border movements, especially by ships and airplanes. To this end, the Member States should review how emergency response to infectious diseases can be effective through careful consideration to the division of roles among relevant states that are, in case of ships,

flag states, states where the operator is registered, and coastal states where the ship is docked. Creating guidelines or revising existing guidelines by the relevant international organizations would be a productive way forward.

6. Improvement of WHO's governance

- ◆ We need to activate and strengthen the functioning of the Executive Board (EB). It would also be worth exploring the idea of placing a flexible sub-group in public health emergencies under the EB.
- ◆ It is important to improve the three-layer structure (WHO headquarters, regional offices, and country offices), through means such as strengthening tailor-made support systems for the member states by the regional offices and country offices as well as human resource development through analysis of responses by the WHO headquarters, regional offices, and country offices on COVID-19.
- ◆ More emphasis should be placed on improving diversity in WHO (e.g. taking account of geographical balance).

7. Improvement of funding mechanisms for WHO

- ◆ It is critical to strengthen the effectiveness, transparency and accountability of WHO funding mechanisms. (e.g. Strategic Preparedness and Response Plan (SPRP), WHO Solidarity Response Fund, WHO Foundation).
- ◆ Based on reviewed and renewed WHO's function and identification of funding needs, we need further discussions with the Member States around sustainable financing for WHO and review the function of the Contingency Fund for Emergencies (CFE) during the COVID-19 crisis.

It is important to review the relevant funding mechanisms, including the World Bank's Pandemic Emergency Financing Facility (PEF), which supports a surge response by governments, multilateral agencies, and NGOs, and the Central Emergency Response Fund (CERF), which supports humanitarian partners responding to the COVID-19 crisis.

(End)