

## PM Abe's comment in *The Lancet* (December 12, 2015)

### Japan's vision for a peaceful and healthier world

Health is fundamentally a global issue. Recent outbreaks of Ebola virus disease and Middle East respiratory syndrome have reminded us that global health issues require collective action. The world must unite and countries must establish resilient and sustainable health systems, ensuring that each individual is secure and receives the highest attainable standard of health. Japan has been a longstanding advocate of human security and has taken concrete action on the ground in support of this principle. Human security protects the vital core of all human lives in a way that enhances freedom, fulfillment and equality, and underpins Japan's policy of Proactive Contribution to Peace. Japan regards health as an indispensable element of human security.<sup>1</sup>

In September 2015, the United Nations General Assembly adopted the 2030 agenda for sustainable development, which includes universal health coverage (UHC), to which Japan attached great importance during the negotiation process. Achieving UHC requires comprehensive changes to systems, human resources, and public awareness. To catalyse such changes, leaders must commit to leave no one behind in the drive for the best attainable health gains. The Sustainable Development Goals (SDGs) have created an opportunity to connect sectors and empower individuals, families, and communities. It is crucial that we agree on a monitoring and evaluation framework so that the impact of UHC against investment is measurable and thus attainable.

Japan will host the first G7 Summit after the adoption of the SDGs in May, 2016. Alongside the G7 Health Ministers' Meeting and the Tokyo International Conference on African Development, Japan will create an opportunity for countries and partners to discuss concrete steps towards achieving new goals, while sharing Japan's relevant experiences, so that we can move forward together with this new agenda.

Japan's global health priorities are to construct a global health architecture that can respond to public health crises and to build resilient and sustainable health systems. To realise these goals, Japan has endorsed two new global health strategies: the Basic Design for Peace and Health<sup>2</sup> and the Basic Guidelines for Strengthening Measures on Emerging Infectious Diseases.<sup>3</sup> I would like to underline the importance of these priorities and foster succinct and relevant discussions during our G7 presidency in 2016.

First, in preparation for the G7 Summit, we will discuss how to address the challenges of public health emergencies. The existing global health architecture must be restructured to ensure prompt and effective responses to public health emergencies. Public and private partners, government and civil society—at global, regional, country, and community levels—should reach agreement on their respective roles in advance of emergencies. Japan expects WHO to have the lead role in prompt detection and containment, especially in the early stages of a public health emergency, while acknowledging WHO's need for further reform and capacity strengthening. Japan is ready to support this reform process, including the launch of the Contingency Fund for Emergencies.<sup>4</sup> Japan also fully supports the efforts of the World Bank's Pandemic Emergency Facility, and calls for coordination between WHO and the World Bank to ensure the two mechanisms have complementary and complementary roles so that they increase efficiency and effectiveness in crisis responses.

Second, we will discuss strategies to build resilient, sustainable national health systems. In the past 70 years, Japan's life expectancy increased by more than 30 years and, since the early 1980s, health outcomes have consistently been top ranked.<sup>5</sup> These achievements are the result of the establishment of universal health insurance in 1961, favourable proximal determinants of health, such as healthy diet and access to clean water,



Japan's Prime Minister Shinzo Abe

- The existing global health architecture must be restructured.
- Actors should reach agreement on their respective roles in advance of emergencies.
- WHO should take the lead role in the early stages of a public health emergency
- WHO needs further reform and capacity strengthening.
- The G7 should discuss strategies to build resilient, sustainable national health systems.

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## Identifying challenges in global health security

		Actions (how to implement the goals)		
		Leadership & coordination	Accountability	Sustainable investment
Goals (what should be done)	Enhance preparedness and response towards threats to human security			
	Improve resilience and sustainability of health care systems			
	Promote research and development, and system innovations for global health security			

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## Proposals for the G7 agenda (1)

### ***A. Develop a global health architecture that enables effective preparedness and responses to health emergencies***

Building upon recommendations from a series of recent reports. G7 should:

- Support effective global preparedness and responses to health emergencies.
- Support WHO reform with independent oversight and a clear timeline.

Proposals:

1. Help build IHR and GHSA core capacities for emergency preparedness as core components of UHC.
2. Change the focus of health system monitoring and evaluation from globally-controlled to country-specific mechanisms.
3. Strengthen and integrate disease-specific vertical initiatives on HSS.
4. Mobilize resources and their effective use for emergency responses.

## Proposals for the G7 agenda (2)

### ***B. Develop platforms to share best practices and harness shared learning on the resilience and sustainability of health systems***

The G7 should recommend actions for developing countries to share knowledge and collaborate to assess new strategies in five key areas related to health systems.

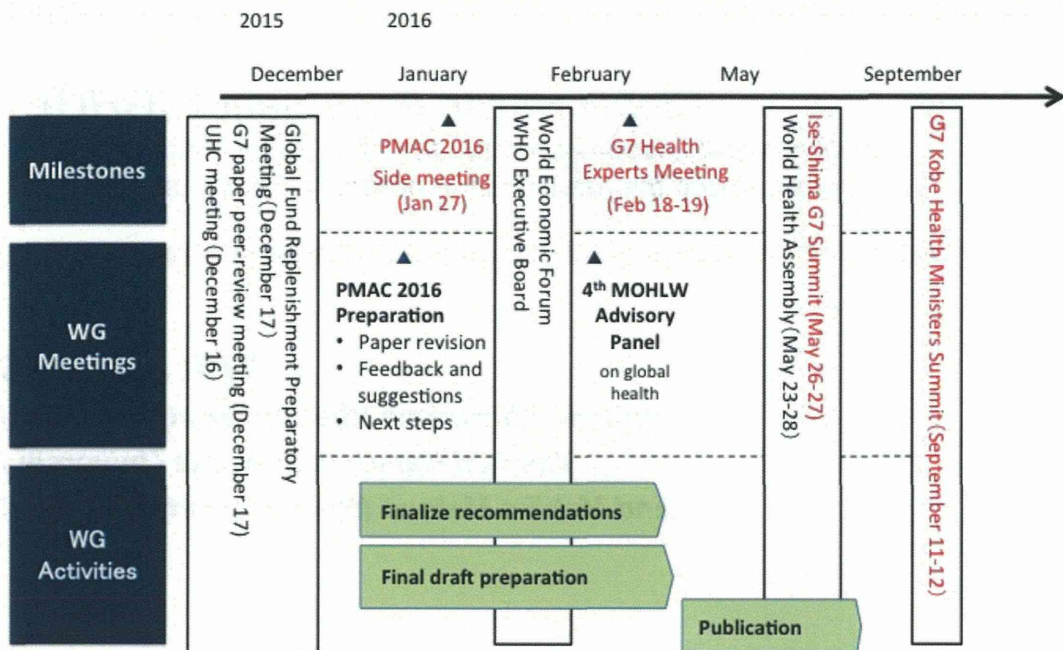
1. Mobilize domestic funding for health system sustainability
2. Develop expertise and institutional capacity for health systems analysis.

### ***C. Strengthen coordination for R&D and system innovations for global health security***

The G7 countries should strengthen their support for global health R&D, especially on NTDs and AMR. It should support both upstream research (e.g., design of pre-clinical and clinical studies, negotiation with regulatory authorities on regulatory pathways, and coordination of clinical trials) and downstream research (e.g., regulatory approval, recommendations in guidelines, and market-shaping activities).

1. Clarify priority diseases and projects.
2. Double investment on global health R&D research and innovation.

# Timeline



**Global Health Governance (GHG):**  
*Analysis and Lessons Learned from the Ebola Virus Disease  
Outbreak and the Identification of Future Response Options*




**27th Jan. 2016**

**Hideaki Shiroyama (the University of Tokyo)**  
**Yasushi Katsuma (Waseda University)**  
**and Makiko Matsuo (the University of Tokyo)**

## Global Health Governance is a security issue

1. GHG is a National Security Issue
  - terrorism, refugee crisis, climate change, etc
2. GHG is a Human Security Issue
  - threats to people's vulnerability
3. GHG is indispensable for achieving SDGs

### SUSTAINABLE DEVELOPMENT GOALS

	<b>3</b> Ensure healthy lives and promote well-being for all at all ages
	<b>16</b> Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
	<b>17</b> Strengthen the means of implementation and revitalize the global partnership for sustainable development

## 3 Elements in GHG

- ① **Decision Making for Situation-based Responses**
  - Grading of the situation (as opposed to binary classification)
  - Information System (that enables grading)
  - Who decides? Who takes responsibility for making informed decisions (WHO-DG, UNSG, or other)
  - Ways for institutional reform (need to amend IHR or Appendix/ Guidelines?)
- ② **Coordination (between different sectors) and oversight; Switch function**
  - Scope of coordination (health security + humanitarian + system - preparedness/ UHC)
  - oversight mechanism (composition, function within organization)
- ③ **IHR Monitoring and implementation**
  - Need for independent external assessment, peer-monitoring
  - Means of implementation: creating positive/negative incentives, naming and shaming, dispute settlement



■ can lead to system-wide enhancement of effectiveness, efficiency, transparency, and accountability

## GHG review

**WHO**

**S:** Report of the Ebola Interim Assessment Panel

**IHR Review Committee for Ebola (to be published 2016 March)**

**N:** reform of WHO's work in outbreaks and emergencies with health and humanitarian consequences

**HL:** the Harvard-LSHTM Independent Panel on the Global Response to Ebola

**High-Level Panel on Global Response to Health Crises (COMING SOON!)**

Report of the Ebola Interim Assessment Panel

World Health Organization

Health Policy

Do change the game? Ten essential reforms before the next Ebola. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola

Executive Summary

1. WHO's Ebola response was hampered by the Organization's limited capacity to coordinate, monitor, and evaluate the response. WHO's limited resources, and the lack of a clear system of accountability, led to a fragmented and uncoordinated response. The evidence in the lead-up to WHO's response...

2. To meet its mandate and expectations, WHO has been required to expand its capacity to coordinate, monitor, and evaluate the response. This requires a fundamental shift in WHO's approach to health and humanitarian crises. It is not a matter of simply adding more staff or resources. It is a matter of reorganizing WHO's structure and processes to ensure that it is able to respond to health and humanitarian crises in a timely and effective manner. This requires a fundamental shift in WHO's approach to health and humanitarian crises. It is not a matter of simply adding more staff or resources. It is a matter of reorganizing WHO's structure and processes to ensure that it is able to respond to health and humanitarian crises in a timely and effective manner.

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## Issues and Recommendations for WHO and GH System

	WHO	Global Health System
<b>Situation-based Response</b>	current issue...	current issue...
	recommendation....	recommendation....
<b>Coordination</b>	current issue...	current issue...
	recommendation....	recommendation....
<b>Monitoring</b>	current issue...	
	recommendation....	

HL : the Harvard-LSHTM Independent Panel on the Global Response to Ebola

S : Stocking report, Report of the Ebola Interim Assessment Panel (Chair: Dame Barbara Stocking)

N : Nabarro report, Second Report of the Advisory Group on Reform of WHO's Work in Outbreak and Emergencies (Chair: D. Nabarro)

SKM : Shiroyama • Katsuma • Matsuo

### 1. Decision making for situation-based response by WHO

- **Current Issues**
  - PHEIC is binary, but has no clear trigger
  - PHEIC/trigger for initiation (IHR committee) is at the sole discretion of the DG
- **Recommendations**
  - ① grading of situation, criteria for each stage needed (S, N, HL and SKM)
  - ② build information system to obtain broad range of info (including info not necessarily directly leading to PHIEC) and improve risk assessment/management ability: collaboration with NGOs and other IOs, coordination with other mechanisms (GOARN, incident management)
  - ③ DG should take the responsibility to decide situation/response (in health sector): should build strong pipeline with (i) RC and WHO representatives at country level/on-site, (ii) DG and UNSG (hotline to share info and collaboration with all UN agencies)

## 2. Coordination at WHO and its oversight

### ■ Current Issues

- ① health security and humanitarian response are institutionally/culturally/functionally separated, hindering collaboration between the two communities
- ② no independent oversight, no line of authority through 3 levels (country/region/Geneva)
- ③ no mechanism to avoid excessive restrictions on trade
- ④ lack of R&D mechanism for emerging diseases.

### ■ Recommendations

- ① Scope of collaboration: health security and humanitarian + preparedness (S, N, HL) + system (SKM)
- ② establish subsidiary body (may include experts) for oversight of the work of WHO in health emergencies under Executive Board that meets on regular basis?
- ③ to avoid unnecessary negative effects on trade etc, (i) strengthen IHR dispute settlement mechanism? (ii) consider use of WTO (S, HL)
- ④ A separate PPP mechanism to bridge upstream R&D and distribution of vaccines (cf. GFATM, GAVI, GHIT fund)

## 3. Monitoring and implementation at WHO

### ■ Current Issues

- ① No objective assessment (self-assessment) of IHR implementation
- ② Insufficient implementation of IHR commitments, no incentive mechanism to build IHR core capacities

### ■ Recommendations

- ① External/independent assessment of IHR implementation needed: GHSA/IHP+, PEF can supplement (HL)
- ② Promote implementation by (i) negative incentives (naming and shaming), (ii) positive incentives (conditioning implementation, IDA, and PEF)

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### 1. Decision Making for Situation-based Response for GH System

#### ■ Current Issues

- WHO's low presence at field level (health sector/cluster) does not allow situation-based response/decision making
- At the UN Development Group, information on infectious diseases may not be widely shared among its members
- At OCHA humanitarian coordination, information on infectious diseases may not be widely shared among its members

#### ■ Recommendation

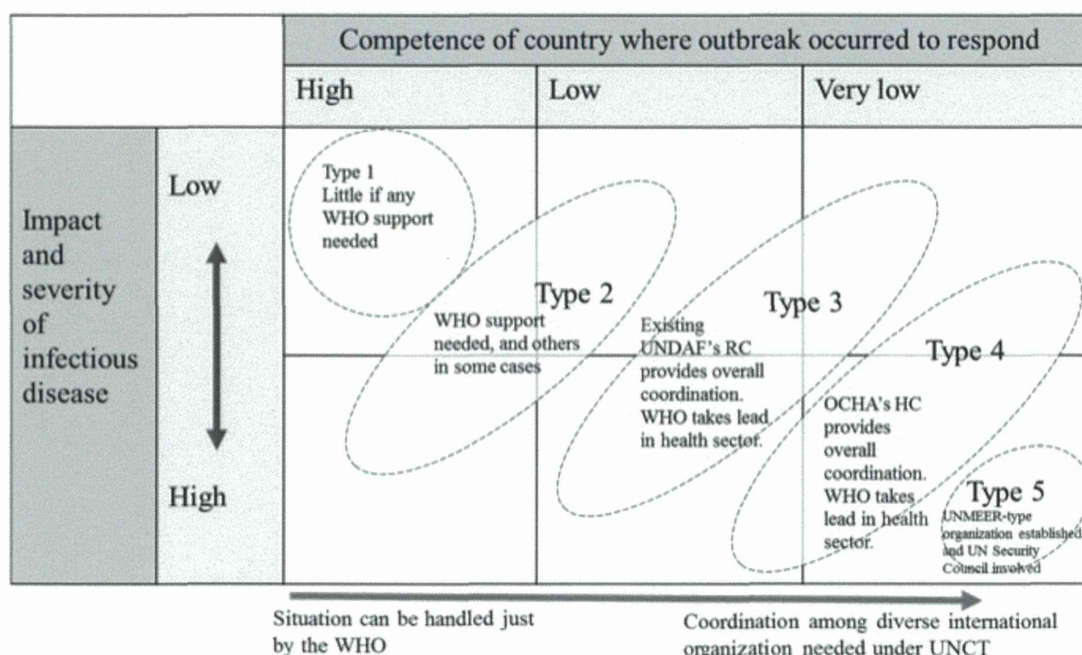
- At field level, UN agencies (such as UNICEF) and NGOs should work closely with WHO for informed decision-making
- At global level, information on infectious diseases should be shared widely among UN agencies and NGOs.
- WHO-DG and UNSG should formalize a communication mechanism.



## 2. Coordination (between different sectors) and its oversight, Switch function for GH System

- Current Issues
  - At the UN Development Group, IHR core capacities and UHC are not prioritized
  - At OCHA humanitarian cluster mechanism, coordination beyond the health sector isn't working effectively
  - Health security is not considered as a vital component of National security agenda.
- Recommendation
  - HL suggested establishment of Accountability Commission by UNSG and Global Health Committee under UN Security Council
  - SKM proposes the following
  - for preparedness, IHR core capacity building and UHC should be prioritized within the UNDG
  - for response, health security beyond the health cluster should be coordinated by IASC and OCHA cluster mechanism
  - For implementing all-hazard approach, ad-hoc forum should be convened by UNSG for discussing wider issues (ex. bio terrorism, nuclear accident) by various means (including military logistics)
  - situation-based response typology. Switching function for system-wide coordination should reside with UNSG (in consultation with WHO-DG, security council)

### Diverse Emergency Scenarios and Coordinating Actor Patterns





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■ For comments

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