

HARUKA SAKAMOTO

Assistant Professor at the School of Medicine, Department of Health Policy and Management, Keio University

Thank you very much for this opportunity to speak today. Today, I am going to start by talking about my views on how global health governance has changed during Covid-19. I will follow that by talking about how the various actors make up global health governance, especially the platforms in which Japan is involved.

As I understand, the challenges of global health governance had been pointed out even before the Covid-19 pandemic, in particular since the Ebola outbreak in West Africa in 2014. The major problems that had been highlighted were the need for structural reform of the World Health Organization, coordination throughout the UN organization, the absence of leadership at global level. Also, as a result of those aforementioned governance problems, there was an inability to provide global public goods, such as vaccines and therapeutics, in an appropriate and timely manner. The inability of the international community to prevent the spread of infectious diseases was also seen as a problem.

After the Ebola outbreak and in response to such discussions, World Health Organization reforms and UN-wide coordination mechanisms were discussed and a significant effort was made to improve such organizational challenges. In addition, the World Bank's PEF and World Health Organization CFE, and several other financial mechanisms have been proposed and established as part of the discussions on how to handle finances during a crisis.

In this context, COVID-19 occurred, and my personal feeling is that the issues of global health governance discussed in the past have once again been exposed by Covid-19. These may include the structural problems of the World Health Organization and the relationship between the World Health Organization and national sovereignty, as well as giving the WHO various policy tools for pandemics, such as International Health Regulation or IHR, which are not legally binding like an IAEA. As these are already pointed out in the IPPPR report, everyone agrees that it is necessary to discuss a WHO reform including its structure and that of the United Nations as a whole, by reflecting on the failures and lessons we got from the Covid-19 pandemic this time around.

I would like to mention one point. There seems to have been a lot of criticism of the World Health Organization, but I do not think it necessarily means that it did not play a sufficient role this time. Of course, there are many challenges but, for example, looking at the WHO Western Pacific region of which Japan is a member, I feel that WHO has played a very significant role especially at country level. This Asian Western Pacific region has been confronted by various pandemics in the past, such as SARS and novel influenza. By using past experience to preparing for pandemics, the number of deaths in the region has been relatively low compared

to other regions. The WHO country and region offices, and the Ministers of Health in each country in the region have worked closely together from the early stages of the outbreak to share information. Then the regional office and country offices have provided technical assistance to countries as needed. Due to the strong relationship between the World Health Organization and the Ministry of Health in each country in normal times, I feel that the presence and importance of the World Health Organization, especially at country level, has been reconfirmed this time. There are certain roles that only the WHO can play, especially in relation to the Ministry of Health and I feel that these roles need to be properly evaluated when we are discussing WHO reform.

I would also like to personally commend the ACT accelerator and then the Covax framework, which were newly created this time. Of course, the provision of vaccines through Covax has not necessarily achieved equitable global vaccine distribution. Rather, as has already been pointed out, there is an overwhelming disparity in the vaccine supply between high- and low-income countries. However, if Covax had not been in place, the gap between them could have been even wider than it is now and in fact, some countries have benefitted from the vaccines via Covax. On the other hand, as has already been mentioned, there is the question of greater involvement of the donors in Covax and the issue of how its authority can be strengthened to secure the necessary funds and distribute vaccines fairly, remains to be addressed.

I would also like to mention the importance of bilateral cooperation. Global health governance should be considered not only from a multilateral perspective but also from that of the impact of bilateral cooperation. For example, in the case of vaccine provision, Japan has provided a huge number of vaccines through Covax. However, Japan has also been actively providing vaccines as part of bilateral cooperation, especially to countries strategically close, such as Taiwan and Vietnam. While cooperating in a multilateral framework, many major donors are actively providing support in the bilateral framework because they can provide supplies more quickly and then have a diplomatic advantage in terms of strengthening relationships with partner countries. China's influence is also noteworthy in terms of the impact of bilateral cooperation on global health governance. Many people are already aware of the fact that China is actively providing Chinese-made vaccines to other countries and in addition, it is also actively providing oxygen and healthcare staff. China's vaccine diplomacy has naturally stimulated many Western donors and it will be interesting to see how the world responds to this.

There was considerable discussion of global health governance after the Ebola epidemic in West Africa in 2014 but China's influence has become more pronounced since then. There are various moves to deal with China's influence on global health, one of which is the Quadrilateral Security Dialogue, also called the Quad, a framework previously proposed by the former Prime Minister, Shinzo Abe. It consists of four countries: India, the United States, Japan and Australia and it aims to promote peace and stability in the Pacific region. Just a few days ago, the first face-to-face meeting of the Quad was held where the leaders of the four countries met and agreed to further cooperate in terms of the Covid-19 response, including vaccination provision. The G20 is another possible platform that could involve China. Even before Covid-19, platforms such as the G7 and the G20, had been increasing their presence

in global health governance. For example, the 2014 Ebola epidemic led to the first summit discussion of health security at the G7 Elmau summit in Germany in 2015. The following year, 2016, the G7 Ise-Shima summit was held in Japan and at the time, Prime Minister Abe advocated the importance of health security as well as of the crisis-resilient health system and Universal Health Coverage. The G20 summit also recently discussed health security and the healthcare system, which is the way to prepare for future pandemics. There is no doubt that the G20 will be a platform for considering how to confront and cooperate with China.

Finally, we should also pay close attention to the fact that there are some past achievements that have been useful in the pandemic this time. One example is the Coalition for Epidemic Preparedness Innovation, the so-called CEPI. This initiative launched at the World Economic Forum in 2017, was jointly established by the Japanese government, several other governments, pharmaceutical companies and philanthropic organizations, such as the Bill Gates Foundation. It aims to rapidly research and develop drugs and vaccines for pandemics that are not required during normal times. Some of the vaccines widely available for Covid-19 today are provided through the CEPI framework.

To conclude, global health governance is often discussed in negative terms, such as the weakening of the World Health Organization, the absence of leadership and the structure of the US-China conflict being brought into global health. All of them are true, so the WHO still faces numerous challenges, and it is also true that global health governance has not functioned sufficiently well with Covid-19. China's presence is also increasing in global health, and how to confront it is also important. On the other hand, it should also be noted that the WHO is steadily cooperating with every member state, especially at country level and lessons learned from past pandemics have played a major role in Covid-19, such as CEPI. International solidarity frameworks, such as Covax, though incomplete, have been helpful. When we think about global health governance in the future, I think those lessons from the positive aspects should also be considered. Thank you very much.

Michel Kazatchkine, former Executive Director of the Global Fund to fight AIDS, tuberculosis and malaria, Senior Fellow at the Global Health Centre of the Graduate Institute for International and Development Studies, Geneva

Thank you very much, Professor Sakomoto. Thank you for somehow linking to the discussion we had at the conference earlier this morning.