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I will now turn to Yoshi for a geopolitical and geoeconomic perspective.

Yoshiyuki Sagara

Thank you for that introduction. It is a huge privilege to participate in the World Policy Conference with such renowned panelists.

Prevention is always a difficult and challenging topic for policy-makers in terms of mobilizing political commitments as well as resources. This is not the first time the world has emphasized pandemic prevention, and my concern is that we may be repeating the cycle of panic and neglect. In 2014, after the Ebola pandemic, the US along with another 40 countries, and the WHO, launched the Global Health Security Agenda. In hindsight, 10 years ago there was a kind of assumption that pandemics would severely affect Africa, the Middle East or Asia but not the developed countries and, as we now know, that assumption was completely wrong. The Covid-19 pandemic proved catastrophic, causing national crises in lives and livelihoods across all countries and millions of lives were also lost in developed countries. During the Covid crisis what started as a global health security agenda transformed into a national health security agenda. Covid triggered a panic, and it prompted global health experts to discuss prevention, preparedness and international regulation and the Pandemic Treaty. We had some results and in June 2024, the World Health Assembly decided to amend the International Health Regulations and decided to strengthen national core capacities, which are needed to protect public health.

Despite these efforts, global leaders are gradually losing interest in pandemics, so the neglect phase has already begun. Now experts have to remind policy-makers that pandemic prevention is not only a global necessity but also a matter of national interests. I believe that to do that it is critical to operationalize the Pandemic Prevention Agenda, and I would like to highlight two key areas, surveillance and universal health coverage (UHC) and share some experiences from Japan. You may know that 30% of Japanese citizens are over 65-year-old, so it is a very ageing society but despite the world's highest senior population ratio, Japan's Covid death per million were amongst the lowest in the G7 countries and the second lowest in the OECD. I think that surveillance and the UHC played critical roles in such outcomes.

Starting with surveillance, effective surveillance mechanisms to detect pathogens are essential for future pandemic preparedness. For example, Japan detected its first Covid-19 case on

January 15, 2020, which was very early. Outside China, Japan was the second country affected after Thailand and one reason the first Japanese case was detected so early was the Olympics. The Tokyo Olympic Games were scheduled for 2020 and starting in 2019 Japan had invoked a surveillance mechanism for suspected infectious diseases. If doctors found any suspicious cases, they were advised to report them to local health centers and despite limited PCR testing capacity, potential cases were referred promptly because of CT scanners. Although Japan also lacked PCR testing capability, but luckily there was some preparation and because of the CT scanners there was a mechanism to refer to health centers if doctors found something, so I think it worked in Japan.

Second, there is universal health coverage, UHC, which ensures that everyone can have the health access they need at an affordable cost throughout their lives and includes essential health services, health promotion, medical treatment and rehabilitation. In short, easy access to medical services can prevent the spread of outbreaks and also save lives. I have reviewed joint statements from major summits this year, for example, the Apulia G7 Leaders' communique from Italy, the G20 Rio Leaders' declaration from Brazil, the BRICS Kazan declaration from Russia, and the Pact for the Future agreed at the Summit of the Future in New York during this year's UN General Assembly high-level Week. All these documents underscore the importance of promoting UHC, so there are some political commitments to promote universal health coverage and UHC is the foundation for national core capacity to save lives.

However, maintaining UHC requires significant investment because easy to access hospitals and affordable care demand a lot of investment from governments. For example, in the case of Japan its social security expenses account for almost 24% of its GDP and given the security situation, surrounded by Russia, North Korea and China, Japan's government is aiming to expand its defense expenditure. However, the target is around 2% of GDP so Japan spends around 12 times of defense spending than on social security than on its defense. It costs a lot, and this investment requires a lot of effort, but it worked during Covid. Japan is now sharing those experiences on UHC and, in collaboration with the World Bank and the WHO, Japan is now establishing a UHC knowledge hub in Tokyo. I am hoping that those Japanese experiences are going to help the world to have better knowledge and to learn some lessons, even from failures in some countries.

As UN Secretary-General Guterres said, no one is safe until everyone is safe. Global health is critical in order to protect our citizens and promote prosperity, and we have to remind policymakers of that again and again and make proposals much more relevant to them. Sharing best practices and lessons learned between nations to strengthen national prevention capacity is critical to prepare for future pandemics. I believe operationalizing the prevention agenda, especially through robust surveillance mechanisms and promoting UHC, are also critical.