Speech at the UK-Japan 21st Century Group

39th Annual Conference Programme, Session 2

"Global Health – Lessons Learned from the Pandemic"

Yasuhisa Shiozaki

January 13th, 2023, Norwich, UK

Thank you for your kind introduction.

It is my great honour to have this opportunity to share with you our lessons learned from the COVID-19 pandemic in Japan.

Professor Dame Sally Davies kicked off this important session with her excellent reflections on the UK's responses. I recall the time when I was Minister of Health, and Sally and I worked together to revamp the global health architecture and highlight AMR at the G7 Ise-Shima Sumit in 2016.

Japan will host the G7 Hiroshima Summit this May and I do hope that the lessons we share today will contribute to the concrete actions to be discussed at the Summit.

(Slide 1)

Japan's overall performance in terms of the reported number of cases and deaths from COVID-19 looks somewhat better than other high-income countries.

I strongly believe that this is primarily driven by non-pharmaceutical interventions by the general public, including mask-wearing, and vaccines. On this, I would like to praise our people.

On the other hand, we observe a large number of people who did not have access to testing and necessary care on time. Hundreds of patients died at home without any care. In my opinion, this is a national tragedy in a country where universal health coverage is the core of our health system.

Seemingly good performance requires proper scientific, economic, and political scrutiny to draw key lessons, as we now need to prepare for future pandemics.

(Four major governance challenges)

Here, I would like to focus on the fundamental governance challenges, which limited the Japan's policy responses during the pandemic.

The first challenge is the governance structure of our public health system itself. This structure is defined by the Infectious Disease Law, and has remained basically unchanged for the past 125 years since the Meiji era.

At the time of disease outbreaks, the prefectural governors, not the central government, should be primarily responsible for containing transmission.

This decentralized system has worked well in times of stability, but obviously it

proved to be ineffective during national emergencies and disasters, notably during the COVID-19 pandemic.

The lack of a centralized chain-of-command resulted in divergent and inadequate responses, without centralized data collection, analysis and sharing.

(Slide 2)

The second governance challenge is that this Law also restricts service provision, including testing and hospital beds.

Some people may wonder why Japan, a country with a very large number of hospital beds per population, is facing a collapse of its health systems.

The major reasons for this also stem from the health service provision defined by the Infectious Disease Law.

As opposed to the situation in the UK, the majority of hospital beds is privately owned and used for chronic care of the elderly.

But more fundamentally, as indicated in the first governance challenge, there is no control tower with the legal authority to oblige hospitals, including university hospitals, to accept COVID-19 patients, to establish temporary medical facilities, and to coordinate patients' transfer across prefectures.

Essentially the Law creates a disruption between Japanese public health and clinical medical services, which is quite different from the UK system.

(Slide 3)

The third major governance challenge is the lack of appropriate use of scientific evidence.

Examples include the restricted use of PCR testing and delayed roll-out of COVID-19 vaccination; Japan implemented vaccination approximately 5 months after the UK had started mass vaccination in December 2020.

In addition, Japan has not yet been able to develop its own COVID-19 vaccine so far.

The Japanese vaccine industry has long been heavily subsidized and seriously uncompetitive. When I was Health Minister, I tried to revamp vaccine R&D capacity and modernize the industry in Japan, as vaccination is not only a public health, but a national security matter.

Investing strategically and effectively in vaccine R&D capacity, globally through CEPI and domestically through Japan's newly created SCARDA, continues to be critically essential.

(Slide 4)

The final governance challenge is about data governance. The COVID-19 pandemic highlights the relevance of digital transformation in public health, basic sciences, clinical medicine and even social and political sciences. "The RECOVERY trials" in the UK clearly show the power of digitalized systems.

(Slide 5)

The major factor which, I think, limits the use of scientific evidence is the lack of appropriate data sharing and transparency. This may be reflected by a shockingly small number of publications in peer-reviewed journals from Japan.

(Slide 4) <Repeat>

I have been facilitating the efforts on digital health in Japan, but I realize that digital transformation is not just about the technology, but also about people and our mindset of sticking to the status quo.

One of the important steps to fix these governance failures is the major revision of the Infectious Disease Law.

Last month, our Japanese National Diet (Parliament) finally did revise the Law; but I regret that it did not tackle the fundamental issues, which I addressed just now, and lacks the sense of urgency and effectiveness for future pandemics.

(Global Challenges and Opportunities)

Japan will host the G7 Hiroshima Summit this May and we are working to develop concrete actionable items in collaboration with the global health community.

The UK and Japan have been working together on many global health agenda items, including UHC, AMR, R&D investment, and WHO reform, which definitely continue to be strengthened.

But given the recent Ukraine crisis, North Korean aggression, and the US-China confrontation, some people may think that we may need to go back to focus more on national and territorial security rather than health and human security.

Is it too naïve to argue that health and human security are still big priorities? In my opinion, it is indeed a big awakening that there are limitations to what the UN could do and what simple diplomacy could do.

Why didn't the usual coordination mechanism alone solve the problem? Why didn't the COVAX and ACT-Accelerator work well as expected this time?

I believe that there are three important elements that are missing: trust, incentives, and new actors. (New actors include, for example, private sector, civil society, and the media). The COVID-19 pandemic clearly shows this.

Along this line, I would like to conclude my talk with a few proposals.

First, in parallel with national security policies, the UK and Japan should consider a new mechanism for health and human security, on the basis of trust and incentives in collaboration with new actors.

We may call it a "strategic collective security system" in collaboration with like-minded countries, agencies, and institutions, which would include regions like Taiwan.

(Slide 6)

Second, we must succeed in the “100 Days Mission” initiated by the UK government.

In order to do so, we must harness a new global ecosystem, led mainly by the private sector with effective support from international organizations and governments. The new ecosystem can not only develop new vaccines in 100 days but deliver them to those who are in need in the least developed regions.

When I was Health Minister in 2016, I decided to invest in CEPI. I believe that this is one of the best mechanisms to support the vaccine R&D globally.

And as a Global Goodwill Ambassador for CEPI, I will continue to support Japan’s investment in vaccine R&D both domestically and globally.

Third, we need to enhance the digital transformation in global health. This requires appropriate data governance and sharing.

(Slide 7)

Fourth, we need to pave the way for comprehensive and effective policy measures against AMR through the “One Health” approach.

They should include, for instance, pull incentives for novel antimicrobials in the G7 agenda. As Sally clearly warned in her 2013 book, with no doubt, AMR, the “slow pandemic” continues and will continue unless we act now.

Finally, all of them require new sources of funding, but not just traditional ODA funding, but from venture capital, private sector, and civil society organizations.

I believe that the UK and Japan are in a really good position to work together to promote an open, transparent, and trust-based network of new ecosystems for R&D, digital technologies, and financing.

I will continue to make every effort to support the global health agenda in tackling challenges that transcend national interests. I am confident that, together, we can make a difference in overcoming these challenges.

Thank you.