Managing Global Health Risks in Asia: Lessons from Japan

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Introduction

- Security threats today—visible threats vs. invisible/unpredictable threats
- Accelerated globalization and plethora of disasters—different countries are at risk from impacts of disasters occurring anywhere.
- H1 N1 issue is just a one-time issue? Separate issue from other disaster risks/disasters?
- “Global problem requires global efforts.” Specifically what kinds of efforts?
- Today’s discussion—Japan pandemic influenza (as a case study) and implications for
Overview

1. What is “Global Health Risks”? How is “Management” Relevant?
2. Disaster Trends in Asia
3. Case Study: Pandemic Influenza /H1N1 (Swine Flu) Case in Japan
4. Discussions of Existing Institutions in Asia
5. Policy Implication for Better Health Disaster Management in Asia
Part 1.
What is “Global Health Risks”?
How is “Management” Relevant?
What is Global Health Risks?

• The H1N1 ("swine flu") case has appeared moderate so far, but this could change (about 430 deaths (total) at the beginning of July 2009, about 2200 deaths (total) at the end of August 2009, and more than 3200 deaths (total) as of September 11, 2009 in the world)

• Accelerated globalization-changed the nature of disaster risk management
• “Uncertainty” and “Complexity” (continue..)
What is Global Health Risks?

- Uncertainty/Complexity
  1) uncertain/invisible threats: ex) virus courses, severity, and behaviors (developed vs. developing countries)

  2) Social complex interdependencies: ex) urbanization, critical infrastructures, sectors, organizations, and people.
What is **Global Health Risks**?

- Social & Economic Impact?
  - Ex. SARS worldwide cost $40 Billion
  - What will happen as a consequence of pandemic influenza?
    - Disruption of critical infrastructures?
    - Some predict it could cost more than $330 billion with more than 1.4 million deaths all over the world.
How is “Management” relevant?

- We need to focus on *how* to respond to these unpredictable events.
- **WHO** does everything? No - *(see Asia Pacific Bulletin, No. 36).*
- Are we learning from past disasters? What can we learn from disasters in other countries? What can be done to prepare better for future disasters?
How is “Management” relevant?

- Requires cooperative actions and solutions beyond traditional realms of national & international policies-
  “(H)ealth problems, issues, and concerns that transcend national boundaries, may be influenced by circumstances or experiences in other countries, and are best addressed by cooperative actions and solutions.” (IOM, 1997)

- (Health) Disaster risk management is not just a matter of domestic policies (conflicts with national sovereignty?)
How is “Management” Relevant?

- National Security
- Foreign Policy
- Foreign Aid
- Public Health / Public Safety
Part 2.

Disaster Trends in Asia
Disaster Trends in Asia

- Disasters: “Serious Disruptions of the functioning of a Society Causing Widespread Human, Material, Economic, or Environmental Losses” (UN/ISDR)

- Recent Health Disasters in Asia: SARS (2002) - 7,782 cases and most of deaths (729) occurred in Asia; the outbreak of H5N1 avian influenza (2003), which originated especially in Asia, has led to more than 260 deaths worldwide over the past six years, mostly in Asia.
Natural Disasters in Asia (Number of Deaths)
Asia vs. Africa, 2001-2008

Increasing LP-HC Events in Asia

- The 2008 earthquake in China (As of August 21, 2008, the reported death toll is 69,226 with 17,923 people missing)
- The 2008 cyclone in Burma (as of June 24, 2008, the official death toll stood at 84,537 with 53,836 people still missing)
- The 2004 Indian Ocean earthquake tsunami (the death toll is not yet definitive, but took the lives of around 300,000 people)
- While we used to classify these events as low probability-high consequence (LP-HC) events, these events are now increasing...
Part 3.
Case Study: Pandemic Influenza / H1 N1 (Swine Flu) Case in Japan
Case Study: Pandemic Influenza/H1N1 Case in Japan

- Policy formation toward health disaster risk management?
- Taking “global" characteristics into considerations? International & national policy approaches?
- Although H1N1 casualties are small so far (13 deaths) in Japan, how could we learn from its policy process and event response to the health disaster risk?
# Case Study: Pandemic Influenza/H1N1 Case in Japan

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<tr>
<th>Essential Four Policy Formation Phases in Disaster Risk Management</th>
<th>Pandemic Flu Discussion Time Frame</th>
<th>Pandemic Flu/H1N1 Response in Japan</th>
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<tr>
<td>1. Pre-Event Preparedness Phase (while media and the public does not pay attention to the risk, policies need to be reviewed / policy alternatives should be considered)</td>
<td>Late 1990’s-2005</td>
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<tr>
<td>2. Early-Warning Phase (Specific policies and plans/operations should be considered)</td>
<td>2005 - (WHO requested nation states to make national action plans)</td>
<td>Pandemic Influenza Preparedness Action Plan (original “New Type “ or Novel Influenza National Action Plan) (November, 2005) responding to WHO formulated by the initiative of the Ministry of Health, Labor, and Welfare (MHLW).</td>
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<tr>
<td>3. Event Response Phase</td>
<td>2009 April- (WHO declarations)</td>
<td>☆</td>
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<td>4. Post-Event “Knowledge Integration” Phase (event experiences and lessons need to be integrated to prepare for any future disaster)</td>
<td></td>
<td>Prepared for Disasters?</td>
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</table>
Case Study: H1N1 Case in Japan (National Event Response Phase in 2009)

- Released the action plan targeted H5 N1 as a first action (Changed the action plan for H1N1 on June 19th).
- Focused on border related measures for a while.
- Vaccines: the Government made public final plan for vaccination priorities on September 4th.
  - Final plans will be made by the end of Sep.
  - Vaccination will start by the end of Oct.
  - While domestic production of vaccines was originally planned for 25 million, it may be possible for 13-17 million people (Japan population about 127 million).
  - Other vaccines will be imported.
- Stockpiles of Medicines: government (national/local) stockpiles of Tamiflu and Relenza-45 million (as of August 2009)
Case Study: H1N1 Case in Japan

- Planning and prioritizations
- Communications with local governments & media
- Organization
  - One ministry in charge-MHLW
  - Different ministries have different action plans
  - Separate ad-hoc offices
- Surveillance
  - allocated few financial resource, and online reporting systems did not work.
- Medical Preparedness (Integration of Data and Policies?)
  - Available beds, and necessary beds are unknown (some say 80% of beds are already occupied. Will there be enough?)
  - Medical Supplies/ Logistics
- Action Plans (Exercises & Training)
- Other Issues: changes of laws related to infectious diseases and pharmaceutical affairs/assistance for developing
Case Study: H1N1 Case in Japan (Local (Kobe) Case)

- Kobe (the sixth largest city in Japan, population-1.5 million, Kobe Earth Quake in 1995) - the first H1N1 domestic case in Japan was found in Kobe.

- Preparedness Phase- some voluntary knowledge accumulations about pandemic influenza, and simulations just before the event.

- Event Response Phase-needed to take immediate actions before specific national government policies are specified:
  - May 15th 11:40 PM doctors found the first case in Kobe (The first report aired on TV)
  - 16th 1 & 4 AM Media Briefs
  - 7 AM New type influenza headquarter conference-- open to the media
Case Study: H1N1 Case in Japan (Local (Kobe) Case)

- No time for internal planning meetings.
- All briefings and conferences open to the public, including mayor statements- Kobe city government staffs attend the conference to report to their seniors (outside > inside).
- Public Response- More than 1000 phone calls per day for first 10 days, 2700 calls on May 19th.

Challenges in Risk Communications
Case Study: Pandemic Influenza/H1N1 Case in Japan

• How could we learn from here for future disasters? (Experts are warning “don’t forget H5N1,” and ..)

• Case of H1N1 in Japan-- some improvements after the Kobe earthquake, but still plethora of challenges at both micro and macro levels.
Case Study: Pandemic Influenza/H1N1 (Swine Flue) in Japan (International Aid)

- Japan’s contribution to Asian countries (2006-):
  US $ 222 million (Stockpiling of 500 thousand courses of antiviral, Communication campaign in rural areas and enhancement of surveillance through international organizations, promotion of research etc.)
Lessons (Local/National) (Micro Level)

- Ad-hoc response is insufficient/better response planning/ management needed
- Needs to review the whole risk communication process
  - Governments & Media & Public
    - Late updates on statements and directions on MHLW website
    - No major one-stop pandemic influenza information web site
    - "Shin-gata," masks (false sense of security), social ostracism..
  - National & Local governments
  - Governments & Medical Facilities
  - First Responders & Medical Facilities & Governments
Lessons in Japan (Macro Level)

- Need to pay attention to all phases of policy formation in disaster risk management
- Daunting challenges in terms of *how to manage*:
  - national action plan does not work, unless it includes practical policies and operational plans.
  - institutionalize cooperative organizations and management among different stakeholders -- Ad-hoc committees & offices enough?
  - don’t limit to an issue-based approach
  - more links between data and policies
  - need to link national and international policies
  - focus more on management of resources/ prioritization

Reflected in challenges in Asia
Part 4.
Discussions of Existing Institutions in Asia
Existing Institutions in Asia

Health Area:

- 2003 Special ASEAN – China Leaders’ Meeting on SARS
- ASEAN +3 (ASEAN Plus Three Emerging Infectious Diseases Programme, Information Center on Emerging Infectious Diseases ..)
- ASEAN Technical Working Group on Pandemic Preparedness and Response (first meeting - July 2008, ASEAN work plan)
- EAST ASIA Summit
- China-ASEAN Public Health Fund
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<th>Disaster Risk Management (DRM) Organizations in Asia</th>
<th>Financial Source</th>
<th>Involved Actors</th>
<th>General Activities</th>
<th>Activities linked to Global Health Risks or Pandemic Influenza</th>
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<tr>
<td>Asian Disaster Preparedness Center (ADPC)</td>
<td>Different International Organizations/Donors</td>
<td>Donors to Member Countries</td>
<td>Providing Information Organizing Training courses and seminars</td>
<td>Providing Information</td>
</tr>
<tr>
<td>Asian Disaster Reduction Center (ADRC)</td>
<td>Japanese Government</td>
<td>Japanese Government to Member Countries</td>
<td>Exchange of Information Organize conference and workshops</td>
<td>N/A</td>
</tr>
<tr>
<td>Pacific Disaster Center (PDC)</td>
<td>The US Government/Private Sector (will become self-sufficient by 2010)</td>
<td>The US Government/Private Sector ToGovernment/Regions</td>
<td>Providing applied information, science and technology to help reduce disaster risks</td>
<td>Providing Data</td>
</tr>
<tr>
<td>ASEAN Committee on Disaster Management (ACDM)</td>
<td>International Organizations/Donors</td>
<td>Member Countries</td>
<td>Identifying disaster risk/Monitoring/Assessment/Early warning Systems</td>
<td>Indirectly linked</td>
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<tr>
<td>SAARC Disaster Management Centre</td>
<td>International Organizations/Donors</td>
<td>Member Countries</td>
<td>Identifying Priorities, Sharing Information and Best Practices and Monitoring</td>
<td>Workshops/Training</td>
</tr>
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</table>
Existing Institutions in (Health) Disaster Risk Management in Asia

- Lack of mechanisms to:
  - formulate disaster lessons in other countries comprehensively to prepare for future disasters
  - consistently analyze and evaluate knowledge and data for policy actions and operations
  - synthesize local and global spheres as well as developing and developed countries
Part 5.
Policy Implication for Better Health Disaster Management in Asia
• Global (health) disaster risk management is not a “developed vs. developing countries” issue.
• “Lessons learned” should be ongoing, and not limited by national boundaries.
• Disasters have many common features. Lessons leaned from H1N1 event may be useful in planning for health disaster risks such as H5 N1 as well as other types of disaster risks.
• Need to address common and overarching issues, such as financial resources, policy channels, and research capabilities for disaster risk management in Asia.
Policy Implication
(Recommendations: some possible steps for problem-solving approaches)

- For Nation States in Asia:
  - Review national action plans in details ahead of events
  - Review how plans can be operational at the time of emergency
  - Review risk communication plans comprehensively
  - Learn lessons from other disasters or event responses in other countries
  - Do exercises with practical simulations as much as possible
  - Integrate all knowledge taken from the above actions to update specific policies and actions focusing on risk management
Policy Implication
(Recommendations: some possible steps for problem-solving approaches)

- Existing regional organizations in Asia
  - Provide continuous venues for persons in charge of national disaster management to discuss national action plans.
  - Strengthen functions to analyze and evaluate different disasters or event responses in other countries comprehensively.
  - Institutionalize exercises with practical simulations cooperatively among different nations as much as possible.
  - Integrate knowledge taken from the above actions to apply for better disaster risk management in Asia.
Thank you!