



# Interview: Grand challenges posed to humanity by a viral disease

**Omi Shigeru, Vice Chair, Novel Coronavirus Expert Meeting at the Prime Minister's Office, interviewed by Takase Fumihito, editor, *Gaiko* (Diplomacy)**

— Since the COVID-19 outbreak was first confirmed in China toward the end of January 2020, the disease has been confirmed in many regions across the world. COVID-19 is significantly affecting not only people's health but also the world economy.

**Dr. Omi Shigeru:** Health matters were dealt with by highly specialized government offices worldwide, for example, the Ministry of Health, Labour and Welfare (MHLW) in Japan. Since the SARS outbreak, however, health matters have become an important subject that requires the involvement of offices outside that specialized field, including the Foreign Minister, the Prime Minister and the United Nations Secretary-General.

— Dr. Omi served as Regional Director of the Western Pacific Regional Office for the World Health Organization (WHO) for ten years from 1998.

**Dr. Omi:** Headquartered in Geneva, the WHO is a specialized agency of the United Nations with the objective of attaining the highest possible level of health for all people. The WHO divides the world into six regions. Japan and China are under the jurisdiction of the Western Pacific Regional Office in Manila.

The relationship between the Headquarters and the Regional Office is like that of the Prime Minister and a prefectural governor in Japan. At the WHO, the Director-General and Regional Directors are elected and some independence of the WHO is assured. The Headquarters is responsible for setting global criteria and disseminating information to the world. The regional office identifies the situation in its member states, taking advantage of its proximity to them.



Dr. Omi Shigeru  
Photo: Takase Fumihito / *Gaiko*

It is closely connected to heads of state and health ministers by telephone. The regional office communicates with these leaders to confront COVID-19.

### **Conflict over travel advice during the SARS outbreak**

—— You took the lead when the WHO issued [SARS-related] travel advisory regarding Guangdong Province and Hong Kong during the SARS outbreak.

**Dr. Omi:** Hong Kong was the center of the SARS outbreak. There was a consensus that the Headquarters and the Western Pacific Regional Office should not be inconsistent in their actions to develop major policies. We had internal brainstorming sessions and held teleconferences with the Headquarters almost every day.

We paid particular attention to how we should convey our message. We absolutely needed to avoid sending incorrect or inconsistent messages. In addition, there was no point in sending messages if they were not disseminated widely to the public. Everywhere in the world, information is distributed more widely through media reports than through government announcements. We adopted a strategy of actively engaging newspapers and news agencies to gain the support of the media.

Tension peaked when airborne infection began in Hong Kong. I dithered over whether the WHO should issue travel advisory regarding Guangdong Province and Hong Kong. I thought that stopping people from moving would obviously damage the economy, but if we left the situation untouched, the infection might spill over the world.

I contacted Dr. Gro Harlem Brundtland, the Director-General of the WHO at that time, and a former Prime Minister of Norway. “We should definitely issue travel advice,” said I resolutely. “We are not the IMF or the World Bank. We should fulfill the mission of the WHO.”

In the negotiations with the Chinese government, China showed strong resistance to the travel advisory. However, on March 27, 2003, the WHO issued a travel advisory regarding Guangdong Province and Hong Kong as a last resort. Beijing said nothing about that.

Margaret Chan, who was then in charge of the SARS outbreak in Hong Kong and subsequently joined the WHO to become its Director-General in 2007, said, “I respect your decision, but I will send you the latest data and would like you to make a final decision based on the data.” She sent me the data that the Hong Kong government updated through the night. The situation did not change significantly.

—— She clung to her hopes and gave you the most up-to-date data. I understand how politically important the decision was.

**Dr. Omi:** The SARS outbreak was a public health crisis faced by the international community at the beginning of the 21st century. After the outbreak was stopped in July 2003, the WHO

Regional Committee and Headquarters in Geneva held discussions from morning through evening to identify the lessons learned, including errors, and build an international consensus for future actions. Following these discussions, the WHO revised the International Health Regulations in 2005. The revision reflects a policy change toward containing the spread of diseases whose pathogens are unknown, in addition to yellow fever, cholera and plague, at an early stage by alerting the international community quickly so that countries around the world can cooperate. The international community's belief is that health is an important issue and it is common knowledge that viruses know no borders, were stated in the regulations. Of course, we handle COVID-19 in accordance with the International Health Regulations.

### **Characteristics of COVID-19 that lead to confusion**

— There is criticism of the early-stage handling of the COVID-19 outbreak.

**Dr. Omi:** COVID-19 became a global issue much more quickly than SARS. The SARS death toll was around 800. The COVID-19 death toll (7,007 worldwide at 2:00 a.m. JST, March 17) has already exceeded that number. The WHO's initial response to COVID-19 lacked in ensuring neutrality and was not sufficient. The WHO staff under the Director-General, Dr. Tedros Adhanom Ghebreyesus, has since gradually been doing a good job, but the experiences gained from past infections, including SARS, cannot be applied to COVID-19 due to certain characteristics of the disease. That is a major cause of difficulty in dealing with the disease.

SARS had an obvious villain's face. It had characteristics similar to other infections before SARS. If the infection develops, it becomes severe. Infection is not spread during the incubation period. Infected persons are quarantined. In contrast, COVID-19 wears sheep's clothing. Many infected people have only minor symptoms or are asymptomatic. However, their condition may suddenly worsen, and asymptomatic people may transmit the virus. We cannot predict when symptoms will appear. For those reasons, our fight with COVID-19 is naturally very difficult.

— Some point out that the initial response was late in China.

**Dr. Omi:** The Chinese government put Wuhan on lockdown on January 23. I guess that, up to that time, the situation changed rapidly before the government knew what was going on. The number of infected people increased at a time when the government was not prepared, materially or mentally. To stop an infection completely in that situation, the government locked down cities, which stopped social and economic activity.

That is the best action if you consider only stopping the infection. If you stop the movement of people completely, you can stop new infections completely. China adopted a 19th century tactic—blocking contact between people—and it is succeeding in curbing infections.

We can certainly say that the Chinese political system has enabled the government to quickly perform this most radical approach in a centralized way. China contained and stopped the SARS outbreak in the same way.

### **Fundamental questions raised about Japanese society**

— Economic activities in Japan have been affected significantly. Schools have been closed since March 2. Events that involve the gathering of many people have been cancelled.

**Dr. Omi:** We, the Expert Meeting, have been calling for the cancellation of events that may lead to infections, such as buffet parties and live performances. However, in Japanese society, a wide variety of people have been conducting many different activities for a long time, and it is very difficult to stop those activities.

Many different opinions were expressed as to whether the Declaration of a State of Emergency, which limits private rights, should be included in the Revision of the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response (enacted on March 13). The question whether to take a very strong, radical approach, which restricts the movement of people, or to take an evidence-based approach, looking at developments in the situation in relation to the country's values and the people's shared psychology. It is impossible to ignore them in the pursuit of policy.

— That is the point where medicine and politics clash with each other.

**Dr. Omi:** I think that politics is a culture. In the handling of COVID-19, things that we have not noticed have gradually come to be discussed. They include questions related to cultural anthropology and history that Japanese society has not discussed. I could say that the relationships between the country's values, expert opinions, and the Prime Minister's judgment, regarding what governance should be and the values of each member of society are being tested. On reflection, some may say that Japanese society should change.

### **Discussions from a wide range of perspectives are required for future crisis response**

— On March 11, Director-General Tedros declared COVID-19 a pandemic. The fight against COVID-19 will continue. What should our mindset about the infection be like?

**Dr. Omi:** When infections settle down to some extent, we will evaluate and reflect on our response. At that time, we should be aware that this is a crisis.

The handling of a crisis and responses in normal times are different. In normal times, the

public and private sectors play their respective roles. Society is vertically divided into sectors. In a crisis, however, we need to keep the objective—no expansion of infection—in mind and form an All Japan team.

To that end, public-private-academia partnerships, or cooperation between bureaucracies, politicians, medical societies and private entities is important. Most of the medical institutions in Japan are private. They are involved in Polymerase Chain Reaction (PCR) testing, which has prompted debate. We need to expect that the national budget will have to be reduced due to the declining birthrate and aging population. To fully use its strengths, the public sector needs to use the strengths of the private sector and divide up responsibilities. The public sector, the private sector and academia need to cooperate with each other to be prepared and take steps to deal with infections. In some phases, politicians should take the lead.

Academia, the world of experts, has been divided by specialty. However, they need to consider creating a unified organization and chain of command for dynamic and efficient operations to handle infections.

It is useful to study how foreign countries handle infections. Japan cannot take a heavy-handed approach like China. It may learn from Singapore. The disclosure system there is like that in the West. Decisions are made promptly and are executed in a very short time in a typical authoritarian way in Asia. Hong Kong is different. Disclosure is good, but action is slow as in the West. That may be because Hong Kong was governed by the UK for a long time.

## **The WHO's dissemination of information and Japan**

— What kind of relationships should Japan build with other countries and the WHO for dealing with infections?

**Dr. Omi:** International treaties related to infections have already been established, and there is no need to establish additional treaties.

It was a pity that the WHO appeared to technically fail to maintain neutrality in its response to China at the very early stage. Of course, after that, the WHO and China strove to handle infections. Japan has a lot of lessons to learn from China.

Looking at it from another perspective, Japan was able to add to its experience by dealing with infections from the charter flights and the cruise ship. Japan now has data to elucidate pathological conditions that other countries do not have. Japan should consider future actions in cooperation with China and the WHO.

Public opinion is harshly criticizing what appears to be the messy handling of the situation. There are no perfect operations. The Japanese government's handling of the cruise ship was not perfect. Please understand that trial and error is the only way.

The WHO is not a perfect organization. As I mentioned earlier, the WHO is not a place for international politics or for members to argue with each other about the correctness of their

positions like the United Nations. I believe that the WHO will and should continue to be a place where facts and medical perspectives are emphasized and are always the starting point.

Let me add, as I described in the beginning, the WHO covers the entire world, but it puts more emphasis on developing countries that are high-risk for infections, and focuses on watching those countries even with the limited resources. The WHO sends out its messages with those countries in mind. Information that is considered not to be necessary any more in Japan may be information that people involved in healthcare and public health in developing countries have anxiously awaited. Please understand that. Japan does not need to faithfully follow everything that the WHO says and can make its own decisions. However, we should understand what the issues the WHO is raising are and what the WHO is saying.

*Translated from “Kanto intabyu: Kansensho ga tou Jinrui-shi teki kadai (Cover story interview: Grand challenges posed to humanity by a viral disease),” Gaiko (Diplomacy), Vol. 60 Mar./Aug. 2020 pp. 6-11. (Courtesy of Toshi Shuppan) [May 2020]*

**Note:** The original version of this article has been partially revised by the interviewee.

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## **Dr. OMI Shigeru**

Born in 1949. Engaged in local health care after graduating from Jichi Medical University. Joined the WHO Western Pacific Regional Office in 1990. Credited with the eradication of polio in the Western Pacific Region. Became Regional Director in 1998 and took the lead in dealing with SARS and avian influenza. Became a professor at Jichi Medical University in 2009 and then became a Member of the WHO Executive Board. At present, President of Japan Community Health care Organization (JCHO), which operates the Association of National Social Insurance Society and hospitals, including the Employees’ Pension Welfare Corporation. Chairperson of the Expert Meeting on Control of the Novel Coronavirus Disease Control from 2009 to 2010.

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