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Sustainable implementation of international health cooperation projects while Japanese technical experts cannot go to low- and middle-income countries because of the COVID-19 pandemic travel restrictions

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Abstract: Due to the COVID-19 pandemic, Japanese technical experts who have been supporting health in low- and middle- income countries (LMICs) are facing unprecedented travel restrictions. As of 11 April 2020, of 195 countries Japan has diplomatic relationship with, 181 countries have entry restrictions and 69 countries have post-entry movement restrictions (self-quarantine) for Japanese nationals or travellers from Japan. In order for technical experts to assist LMICs technically from Japan to meet the increased demand and needs in the health sector due to COVID-19, it is important to prioritize and reorganize the project activities in accordance with the local situation in particular to address three challenges *i*) to communicate from Japan; *ii*) to prioritize activities to match to the increased COVID-19 related tasks; and *iii*) to advocate health workers' rights and working environment.

***Keywords*:** COVID-19, international cooperation, international health cooperation, travel restrictions, low- and middle-income countries

Since 1979, the National Center for Global Health and Medicine (NCGM) has been supporting capacity development of the health sector in low- and middle-income countries (LMICs) with 4,800 Japanese experts dispatched to 140 countries (*1*). As Dr. Kokudo, the president of NCGM, expresses in the Editorial (*2*), "Viruses know no borders, races, or ideologies. International cooperation and coordination are essential to tackling this pandemic". The issue is how to do so in this global crisis.

In January 2020, before the World Health Organization (WHO) announced the Public Health Emergency of International Concern, twelve NCGM staff members were abroad on long-term assignments (over one year) in the following countries; Cambodia, Democratic Republic of the Congo, Lao People's Democratic Republic, Mongolia, Myanmar, the Philippines, and Senegal through Japan International Cooperation Agency or the WHO. After the WHO COVID-19 pandemic announcement on 11 March 2020, most of them were required to repatriate or evacuate to Japan for the following reasons: risk of COVID-19 infection and/or social instability; lock-down measures in those or transit countries; and few or no commercial flights between those countries and Japan Consequently, as of 15 April 2020, only two NCGM staff members are still abroad. Furthermore, all planned short-term assignments in April and May 2020 to LMICs from NCGM were cancelled or postponed, for the first time in over three decades of the NCGM's international cooperation.

Due to the COVID-19 pandemic, international travellers face unprecedented restrictions and difficulties worldwide. According to the Ministry of Foreign Affairs (MOFA) Japan, as shown in the Figure 1, of 195 countries Japan has diplomatic relationship with, 181 countries have entry restrictions and 69 countries have post-entry movement restrictions (self-quarantine) for Japanese nationals or travellers from Japan (*3*) as of 11 April 2020. Also, according to the Overseas Travel Safety Information (*4*) and the Warning on Infectious Diseases of MOFA Japan (*5*), 49 countries are categorized as Level 3 (Avoid all travel), and all other countries in the world are categorized as Level 2 (Avoid non-essential travel) for Japanese nationals as of 31 March 2020.

It may be difficult to identify precise projections of how long COVID-19 transmission will continue in LMICs (*6*). In the given situation with rising confirmed cases both in Japan and LMICs, it is likely that Japanese technical experts may not be able to go to LMICs for technical support at all for a number of months.

There are three challenges which repatriated Japanese technical experts have been facing and trying to address

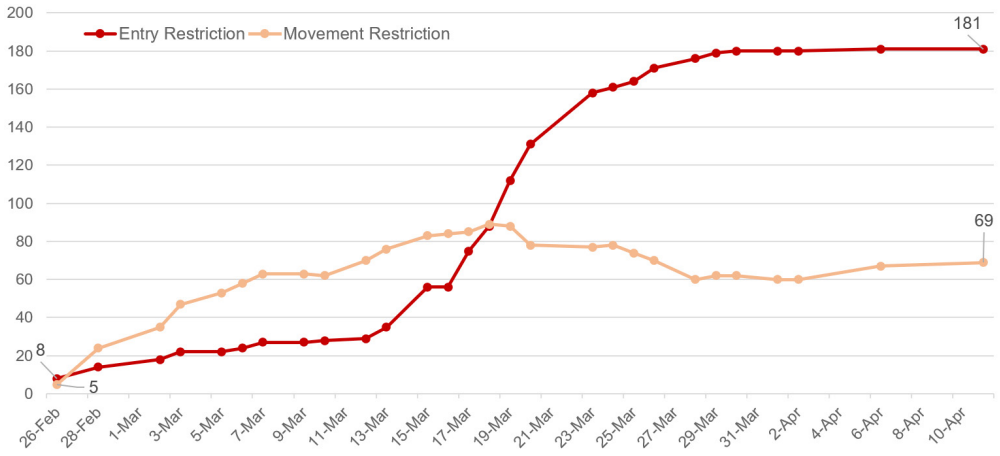

Figure 1. Number of countries (red line) entry restriction and (yellow line) post-entry movement restriction (self-quarantine) for Japanese nationals/travelers from Japan (from 26 February to 11 April 2020) of those 195 countries which Japan have diplomatic relationship (Data Source: Ministry of Foreign Affairs, Japan. *https://www.anzen.mofa.go.jp/covid19/pdfhistory_world.html*).

while implementing health projects by prioritizing and reorganizing the activities.

The first is to provide technical support to their counterparts from Japan. Using web-meetings, messenger services and email, it is possible to maintain communication with their counterparts, national staff, and development partners. Thanks to better IT infrastructure in LMICs, IT skills and smart-phone use by their counterparts, web-based communication is much easier compared to one or two decades ago. As long as the time-difference is not large, web-based meetings or training could be organized. These special circumstances could be used to develop innovative approaches or to reconsider methods of technical support to strengthen further ownership by the counterparts.

The second is their counterparts in the health sector are managing increased responsibilities in relation to COVID-19 and/or are affected by lock-down measures. This may require reprioritization and reorganization of activities planned. For example, non-urgent activities and assessments targeting health facilities or households are to be postponed because of local social distancing measures. This allows valuable health staff to prioritize COVID-19 related tasks. At the same time, Japanese repatriated experts could support the increased COVID-19 related tasks technically as a priority in line with the scope of the original project.

The third challenge is to ensure their counterparts' health workers' rights and environment. Currently, even in high income countries, it is extremely difficult to ensure goods and commodities for infection control including personal protective equipment, because of increased global demand. This could be an underlying cause of intra-hospital infection. Obviously, the issue should be solved at global, national, sub-national, and facility levels in LMICs in collaboration with the respective authorities with development partners. At the same time, as long as it is justifiable, project funds could be used to support protecting health care workers. Repatriated Japanese technical experts could advocate health workers' rights (*7*) to ensure their working environment in LMICs.

"We stand on the side of people in need" (*1*), says Dr. Kokudo. People in need include vulnerable people and health workers (*8*) in LMICs, a point emphasised by global leaders (*9,10*). While Japanese technical experts are not able to go to LMICs because of the COVID-19 pandemic travel restrictions, it is therefore imperative to implement international health cooperation projects in a sustainable manner by prioritizing and reorganizing the project activities in accordance with the local situation.

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References

1. World Health Organization. There is no stopping our progress to advance health for all: Japanese laureate

institution brings better health to the people of the world. *https://www.who.int/news-room/feature-stories/detail/there-is-no-stopping-our-progress-to-advance-health-for-all* (accessed April 11, 2020)
2. Kokudo N, Sugiyama. H. Call for international cooperation and collaboration to effectively tackle the COVID-19 pandemic. Global Health & Medicine. 2020; https://doi.org/10.35772/ghm.2020.01019
3. Ministry of Foreign Affairs of Japan. Entry restriction and Post-entry movement Restriction for Japanese Nationals/Travellers from Japan due to novel corona virus (in Japanese). *https://www.anzen.mofa.go.jp/covid19/pdfhistory_world.html* (accessed April 11, 2020). (in Japanese)
4. Ministry of Foreign Affairs of Japan. MOFA's Overseas Travel Safety Information (Definition of Level 1,2,3,4) *https://www.anzen.mofa.go.jp/masters/explanation.pdf* (accessed April 11, 2020)
5. Ministry of Foreign Affairs of Japan. the Warning on Infectious Diseases in the MOFA's Overseas Travel Safety Information issued 31 March 2020, Effective as of 15 April 2020. *https://www.anzen.mofa.go.jp/info/pchazardspecificinfo_2020T084.html#ad-image-0* (accessed April 11, 2020). (in Japanese)
6. The Institute for Health Metrics and Evaluation (IHME). COVID-19 Projections. *https://covid19.healthdata.org/united-states-of-america* (accessed April 11, 2020)
7. World Health Organization. Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health, World Health Organization, Interim guidance 19 March 2020. *https://www.who.int/publications-detail/coronavirus-disease-(covid-19)-outbreak-rights-roles-and-responsibilities-of-health-workers-including-key-considerations-for-occupational-safety-and-health* (accessed April 11, 2020)
8. World Health Organization. Coronavirus disease 2019 (COVID-19) Situation Report – 82 Data as received by WHO from national authorities by 10:00 CET, 11 April 2020. *https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200411-sitrep-82-covid-19.pdf?sfvrsn=74a5d15_2* (accessed April 11, 2020)
9. Ministry of Foreign Affairs of Japan. Joint Statement of the Special ASEAN Plus Three Summit on Coronavirus Disease 2019 (COVID-19) (14 April 2020). *https://www.mofa.go.jp/mofaj/files/100044724.pdf* (accessed April 15, 2020)
10. Gates B. Responding to Covid-19 – A Once-in-a-Century Pandemic? N Engl J Med. 2020; doi: 10.1056/NEJMp2003762.

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