
**Meeting of the States Parties to the Convention
on the Prohibition of the Development,
Production and Stockpiling of Bacteriological
(Biological) and Toxin Weapons and on Their
Destruction**

21 November 2018

English only

2018 Meeting

Geneva, 4–7 December 2018

Item 7 of the provisional agenda

**Consideration of the factual reports of the Meetings of Experts reflecting
their deliberations, including possible outcomes**

**Approach to Strengthening Measures for Emerging
Infectious Diseases based on Lessons Learned from the Ebola
Outbreak**

Submitted by Japan

I. Introduction

1. The 2014 Ebola outbreak in West Africa made it clear that the international community should enhance capacity not only to provide humanitarian assistance, but also to rapidly respond to infectious diseases to cope with the threat to the safety of the international community. Hence, at the 8th Review Conference of the Biological Weapons Convention (BWC) in 2016, States Parties acknowledged the importance of drawing lessons from the outbreak, including the need to address the lack of ready operational capacity, and stressed the value of strengthening international cooperation in infectious disease prevention and associated capacity building.

2. Under these circumstances, Japan identified lessons learned from the outbreak and in 2015 compiled “the Basic Guideline for Strengthening Measures on Emerging Infectious Diseases.” Various measures under the guideline have been effectively implemented through integrated efforts by related ministries and agencies.

3. This working paper summarizes lessons learned from the Ebola outbreak that began in 2014 and identifies measures to tackle each lesson. In addition, the paper introduces the “Japan Disaster Relief Infectious Diseases Response Team (JDR- Infectious Diseases Response Team),” which was established after the Ebola outbreak in 2014. The UK also acknowledged, as one of the key lessons, the need for rapid response units and introduced their team at the Meeting of Experts in 2018. Japan agrees that such teams implementing international assistance are important tools to respond against emerging infectious diseases. For States Parties which have such teams or are considering to establish them, the paper includes lessons and recommendations drawn from past experiences of the JDR-Infectious Diseases Response Team.



II. Lessons from the Ebola Outbreak in 2014 and Japan's International Cooperation

(a) The need for international cooperation that promotes the strengthening of vulnerable health systems in affected countries

4. In the Ebola in 2014 affected countries, there was delayed action from basic health and medical services. In addition, existing vulnerable health services failed to function properly, therefore, it became difficult to address not only infectious diseases but also other diseases. Given this situation, at a country level, it is important to support the building of a resilient health system from the medium to long-term perspective and to strengthen the prevention of infectious diseases through collaboration with international organizations. Specifically, cooperation is necessary while designing health systems and educating health workers at the country, region, and community levels.

5. To address these needs, Japan has taken the following measures:

- Strengthen health systems and promote Universal Health Coverage (UHC) in Africa and Asia by synergistically combining grant aid, government loans, and technical cooperation.
- Build capacities for diagnosis, surveillance and quarantine to implement WHO's International Health Regulations (IHR) in developing countries through capacity building and networking of research institutions and hub organizations.
- Promote assistance for strengthening health systems in developing countries through cooperation with The Global Fund, other international organizations and donors.

(b) Need of strengthening cooperation with related international organizations to enhance capacity in response to infectious diseases

6. Countries could not sufficiently coordinate with international organizations and NGOs, thus allowing the spread of the Ebola virus. Coordination makes a significant difference in slowing the epidemic. In addition, the capacity of international organizations and NGOs should be enhanced to provide effective and efficient action in the event of a future outbreak of the infectious diseases.

7. To address this need, Japan has taken the following measures:

- Promote a new framework of global health governance through discussions at international conferences to enhance coordination among assisting stakeholders.
- Provide support for international initiatives, such as the Global Health Innovative Technology Fund (GHIT), Gavi, the Vaccine Alliance.
- Support regional seminars to enhance coordination with stakeholders in case of the use of biological weapons.

(c) The need for a rapid international response against the outbreak of infectious diseases

8. The key lesson from the Ebola outbreak in 2014 is that a rapid international response is necessary to slow the speed of the outbreak. The construction of an international response framework that enables the international community to immediately address public health emergencies is essential to contain infectious diseases in the early stages.

9. Japan has taken the following measures to address this need:
- Provide financial support to the Contingency Fund for Emergencies (CFE) of WHO and the Pandemic Emergency Facility (PEF) of the World Bank;
 - Established the “Japan Disaster Relief Infectious Diseases Response Team (JDR-Infectious Diseases Response Team).”

III. Japan Disaster Relief Infectious Diseases Response Team (JDR-Infectious Diseases Response Team)

(a) Outline of JDR-Infectious Diseases Response Team

10. Based on Law concerning Dispatch of the Japan Disaster Relief Team (JDR Law) entered into force on 1987, the Government of Japan dispatches Japan Disaster Relief (JDR) teams in response to requests from the governments of affected countries or international agencies based on the decision of the Minister of Foreign Affairs. Since 1987 and up until November 2018, 148 JDR teams have been dispatched. JDR consists of five types of teams, search and rescue, medical, expert, infectious disease response and Self-defense force unit. Self-defense force unit can be dispatched, if Minister for Foreign Affairs finds it particularly necessary.

11. The Infectious Disease Response Team (JDR-Infectious Diseases Response Team), established in October 2015, is dispatched under JDR Law to support affected country’s response effort and to minimize the spread of the naturally caused disease. The five specialist functions consist of epidemiology, laboratory diagnosis, medical treatment, infection control, public health response. In addition, logistic measures are put in place to secure self-sufficiency in the above activities. The formation of the team will be decided based on the type of the disease, status of the outbreak, requests for assistance by the government of affected country, etc.

12. In July 2016, JDR-Infectious Diseases Response Team was dispatched for the first time to the Democratic Republic of the Congo (DRC) to assist DRC’s response against a yellow fever outbreak. In cooperation with the government of the DRC, assisting countries and international organizations, the team carried out three main types of work: advising the Ministry of Health, supporting the diagnosis of yellow fever, and providing technical assistance for preparations of vaccination campaigns. In June 2018, the team was dispatched for the second time to the DRC, in response to the request of its government, concerning the Ebola outbreak. The team assisted local efforts in tackling the Ebola outbreak and conducted various assistances to strengthen surveillance systems and laboratory confirmation capabilities.

(b) Lessons from the past JDR-Infectious Diseases Response Team activities

13. International emergency assistant teams help combat the outbreak of infectious diseases, and can serve as a resource in a public health emergency. It is important for States Parties which have already established or are considering to establish a rapid response team including international emergency response team to share lessons and best practices to increase effectiveness. Lessons from past JDR-Infectious Diseases Response Team activities can be summarized as follows:

- Japan has assisted the DRC in the field of public health for a long time, which results in a cooperative relationship with national ministries and agencies such as the Ministry of Health. It is important to establish a relationship prior to an outbreak so appropriate organizations are involved to provide timely and effective assistance.

- Prior to JDR-Infectious Diseases Response Team deployment, an assessment team was dispatched to the DRC to investigate the needs of the affected areas and coordinate the possibility of further assistance based on discussions with the Government of the DRC and international organizations. Due to the result of this advanced activity, the JDR-Infectious Diseases Response Team was able to provide effective assistance which met the actual needs of the affected country and avoided a duplication of work of other international responders. For example, the team could assist resume the operation of the Institut National de Recherche Biomédicale laboratory, which was suspended in the middle of June 2016 due to a lack of reagents for detecting the antibodies.
- In order to promote the establishment of a public health system in a recipient country, it would be effective to assist the government's own efforts to contain the infectious disease. For example, in 2018 in the DRC, the JDR-Infectious Diseases Response Team facilitated a point of entry at a quarantine, and afterwards the government made use of this acquired knowledge to respond to the following Ebola outbreak in the eastern part of the country.
