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JAPAN'S ODA TO FIGHT AGAINST COVID-19: ITS IMPLICATIONS FOR DEVELOPING COUNTRIES

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I. Introduction

In the wake of the COVID-19 pandemic, Japan has remained committed to providing assistance for infection control measures to developing countries through bilateral and multilateral channels. However, as with most other countries, Japan has also been facing its own challenges from COVID-19 infections. After the first cases were identified on 16 January 2020, the number of new cases increased steadily. Despite efforts to control further infections, then Prime Minister Abe ultimately declared a state of emergency on 7 April 2020.

In spite of the ongoing internal crisis and the state of emergency, Japan was quick to offer external assistance to combat the growing COVID-19 crisis in developing countries. As a first step, the Novel Coronavirus Response Headquarters, which was set up under the jurisdiction of the Cabinet on 30 January 2020, released a COVID-19 Emergency Response Package on 13 February 2020. The package included the provision of JPY1.8 billion (US$ 17 million[1]) to reinforce international cooperation. It specifically called for sharing of virus samples and data to help with the development of vaccines, along with the provision of medical equipment for robust health and testing systems (Novel Coronavirus Response Headquarters 2020a). As the second step, the Government launched the Second COVID-19 Emergency Response Package. While this package covered a wide range of assistance, mainly aimed at mitigating domestic difficulties, it also included funds for external assistance under the special allocation for contingencies. Thus, the Ministry of Foreign Affairs (MOFA) provided a JPY15.5 billion (US$ 147.6 million) contribution to international organizations (WHO, UNICEF, etc.) (Novel Coronavirus Response Headquarters 2020b; Nihon Keizai Shimbun, 20 March 2020a). The third step followed on 3 April, when the Diet approved a Supplemental Budget to provide MOFA and Japan International Cooperation Agency (JICA) with JPY84 billion (US $882.0 million) toward assistance for developing countries (MOFA 2020b; Nihon Keizai Shimbun, 3 April 2020b).

This paper considers the following questions: Firstly, in the midst of a domestic crisis of COVID-19, what assistance has Japan offered to developing countries to combat COVID-19? And, secondly, what are the implications for developing countries of Japan's participation in donor competition for COVID-19-related assistance?

2. Japan's Commitment to Assistance for COVID-19

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[1] Calculated at JPY 105 per US$ throughout this document unless indicated otherwise.

2.1. Objectives of Japan's Commitment

As already indicated, Japan's external aid support for COVID-19 commenced just when Japan itself was becoming seriously infected. This leads to the question of why Japan began providing such external assistance when it was itself in trouble. According to MOFA (2020a)[2]:

> The world-scale pandemic of COVID-19 is a tremendous threat to all countries' economies and societies today, a time of globalization. And it is the issue to which there should be *concerted and united efforts made by the international community*. […] In particular, the spread of infection in developing countries, where healthcare systems are fragile, should be controlled since *it may be directly linked to the health and security of the Japanese residents in foreign countries, and to prevent and alleviate spread of infection to Japan, which may ultimately affect the Japanese economy and society*.

This demonstrates that external assistance to combat COVID-19 was also necessary to prevent serious infection inside Japan as well, which is why Japan commenced its assistance despite also facing a difficult time.

2.2. Governance of Policy-Making on Assistance for COVID-19

Japan's aid system has become increasingly decentralized in recent years. In regard to the *policy implementation process* of assistance for COVID-19, MOFA, Ministry of Health, Labour and Welfare (MHLW), and JICA are major actors. However, the emergent *policy-making process* of COVD-19 seems to have instead highlighted the role of prominent leadership, which has been taken on by the Prime Minister's Office (*Kantei*). The Novel Coronavirus Response Headquarters was set up on 30 January 2020 under the jurisdiction of the Cabinet, headed by the Prime Minister, with the Chief Cabinet Secretary and Minister of Health, Labour and Welfare as Vice-Heads. It is noteworthy that MOFA, a responsible ministry for aid, has two members – the Director-General of the Asian and Oceanian Affairs Bureau and the Director-General of the Consular Affairs Bureau, but none of high-ranking government officials of MOFA in charge of international assistance are represented. No representatives from JICA were invited. In addition, the Headquarters is exclusively dominated by public sectors; it has no members from civil society although the Government's Response Package also includes JPY100 million (US$ 0.95 million) assistance allocated for international cooperation through NGOs.[3] In this sense, while the Headquarter is expected to provide coordination for COVID-19-related assistance on the inter-ministerial level and government-society level, this would likely place limitations on its ability to facilitate an effective international assistance. The current arrangement, therefore, contributes to the centralized coordination of COVID-19 assistance by Kantei.

2.3. MOFA's Assistance for COVID-19 Crisis

Although assistance to combat COVID-19 was formulated in a rather centralized manner through the prominent initiatives of the Cabinet, data and information on the ongoing Japanese assistance programs and grants seem to have been too dispersed and fragmented across various ministries to provide a comprehensive picture of Japan's support in tackling COVID-19. This policy brief, therefore, focuses on the roles of the traditional major actors to *implement* the assistance programs and grants: MOFA (mostly for multilateral cooperation), JICA (mostly for bilateral cooperation) and MHLW.

Firstly, MOFA has been playing visible roles in grant aid and multilateral aid to address the COVID-19 situation. As shown in the quote above, MOFA's position demonstrates that Japan's assistance in this crisis does not neglect its commitment to multilateral efforts. In fact, through its multilateral aid, Japan has been reinforcing its coalition with the international

[2] Original in Japanese. Translation by the authors. Emphases added.

[3] While the policy-making process was dominated by the Cabinet and high-ranking officials, the first COVID-19 Emergency Response Package also includes JPY100 million assistance for an NGO, Japan Platform, which commenced emergent research on coronavirus-related local needs.

community. Japan has been providing (1) emergency assistance through technical cooperation, and (2) grant aid for medical experts and refugees in developing countries which are affected by COVID-19. This has been targeted at international organizations such as the UN Children's Fund (UNICEF), UN Development Programme (UNDP), International Monetary Fund (IMF), World Bank Group, Asian Development Bank (ADB) and World Health Organization (WHO). In addition, Japan released the Second COVID-19 Emergency Response Package on 10 March 2020, which includes JPY15.5 billion in contributions for emergency assistance to COVID-affected countries by international organizations such as WHO.

In addition to multilateral aid, Japan also provides several levels of support through bilateral aid. For example, from 3 April (until 18 October), emergency grants were provided to 77 countries, as follows:

- *Increasing cases of infection* (48 countries): Armenia, Bangladesh, Benin, Bolivia, Botswana, Cameroon, Chile, Comoros, Cuba, Djibouti, Dominican Republic, Democratic Republic of Congo, Ecuador, El Salvador, Eswatini, Ethiopia, Gabon, Guatemala, Guinea, Haiti, Honduras, India, Indonesia, Ivory Coast, Jamaica, Jordan, Kosovo, Kyrgyzstan, Liberia, Madagascar, Malawi, Maldives, Mauritania, Morocco, Mozambique, Namibia, Nepal, Nigeria, Panama, Peru, Rwanda, Sao Tome and Principe, Senegal, Serbia, Sierra Leone, Sri Lanka, Tajikistan and Uganda

- *Low reported cases of infection* (7 countries): Fiji, Lao PDR, Mongolia, Myanmar, Papua New Guinea, Uzbekistan and Viet Nam

- *No infections* (14 countries): Belau, Cook Islands, Georgia, Kiribati, Marshall Islands, Micronesia, Nauru, Niue, Samoa, Solomon Islands, Timor-Leste, Tonga, Tuvalu, Vanuatu

- *Unknown* (8 countries): Angola, Bhutan, Cambodia, Lesotho, Mauritius, Montenegro, Seychelles and Zambia

(Compiled from MOFA 2020c)

What should be noted is that grants are not only provided to seriously affected countries, but also countries of the Pacific islands without infections. These emergency grants have been used to provide recipient countries with medical equipment, as listed below:

> Automatic external defibrillators (AED), ambulance vehicles, blood gas apparatus, cardiography equipment, centrifugal separators**,** CT scanners, ICU beds, infant incubators, mobile clinical units/cars, monitors, mobile ultrasonic scanners, MRI systems, thermography, ultradeep freezers, ultrasonic cleaners, water tanks, ward beds, X-ray equipment, etc. (Compiled from MOFA 2020c).

As already mentioned, Japan has been offering support to countries with low or zero infection rates. So, we can see that Japan's emergency grants offer a similar set of items to diverse recipients regardless of the status of infection in the countries. This is slightly different from the traditional principles of Japan's aid. That is, Japan's ODA is request-based. Traditionally, Japan's ODA may *flexibly customize* targeted items according to the needs and demands of recipient countries. However, in the case of COVID-19, the emergency grant is rather *uniformly standardized*.

2.4. JICA's Assistance for COVID-19 Crisis

JICA has been providing technical cooperation and concessional loans for countries with COVID-19 infections, just as it would be within the ordinary mandates of JICA. Before the COVID-19 pandemic, JICA had been assisting recipient countries to increase their prevention capacity against infectious diseases. For example, JICA's projects assisted in reinforcing medical systems and developing human medical resources (infection control, medical checkups and medical treatment, etc.). Since the outbreak of COVID-19, JICA has introduced remote implementation of ongoing projects (e.g., in Egypt, Laos and Myanmar). On the other hand, it has introduced new aid projects for infectious disease-related human resource development. Since the human resource development in medical field requires the mid/long-term commitments, these *mid- and long-term commitments* contrast with *the immediate or short-term provision* of medical supplies, so-called 'mask diplomacy' employed by China[4] (Yomiuri Shimbun, 10 May 2020a). Further

[4] 'Mask diplomacy' refers to diplomacy to provide medical

assistance related to COVID-19 has also been provided to countries in the following areas (JICA 2020; Yomiuri Shimbun, 9 August 2020b):

- Provision of safe water (Kenya, Nepal, Palestine, South Sudan, Sudan, Tajikistan)
- Provision of personal protective equipment to medical staff (Mongolia)
- Assistance for local production of personal protective equipment for medical staff (Bangladesh)
- Development of artificial respirators (Kenya)
- Assistance for medical waste treatment (Morocco)
- Assistance for the Noguchi Medical Research Institute (Ghana)
- Provision of test reagents to the National Institute of Hygiene and Epidemiology (Viet Nam)
- Assistance for prevention of in-hospital infections (Brazil)
- Debriefing session on cases of COVID-19 (Brazil)
- Seminars on mental healthcare for children affected by COVID-19 (Mexico)
- Promotion of hand hygiene with a purpose-written 'Hand wash song' (Madagascar)
- Prevention of violence against women and children (Bhutan)
- Assistance for inspection systems (Lao PDR)
- Advisory activities on infectious disease prevention (Myanmar)
- Provision of ECMO[5] and PCR test kits and online training of medical staff (Viet Nam)

JICA has also provided concessional loans, or 'Emergency Support Loans' to strengthen the fiscal sustainability of developing countries affected by COVID-19. The maximum total volume of loans was put at JPY500 billion (US$ 4.8 billion). This loan scheme offers very favourable terms of reference: its interest rates are just 0.01%, with a maturity period of 15 years and a grace period of four years; plus, the loans are untied.[6] So far, this concessional loan scheme has been agreed with just seven countries: the Philippines, Indonesia, Bangladesh, Kenya, India, Maldives and Myanmar.

Loans to most recipients were intended to be used for the purpose of infection control and economic recovery, as well as contributing to sustainable development. This was the case for the Philippines (JPY 50 billion (US$476 million), co-financed by ADB), which received a loan on July 1, Indonesia (JPY 50 billion co-financed by ADB) on July 20, India (JPY 50 billion) on August 31, Myanmar (JPY 30 billion (US$286 million)) on September 1, and Maldives (JPY 50 billion co-financed by ADB) on September 28. For Kenya, the loan (JPY8 billion, August 27) was to be used for promoting universal health coverage and ultimately contributing to the control of COVID-19. The Bangladesh loan (JPY 35 billion (US$333 million)) was to be used for economic assistance and social welfare for vulnerable groups, as well as for mitigation of socio-economic impact on them (JICA 2020a; 2020b; 2020c; 2020d; 2020e; 2020f; 2020g).

2.5. Ministry of Health, Labour and Welfare's Assistance for COVID-19 Crisis

The Ministry of Health, Labour and Welfare (MHLW) mediated Japan's ODA through multilateral channels to fight against COVID-19. As Table 1 illustrates, MHLW made contributions of US$76 million to WHO (COVID-19 Strategic Preparedness and Response Plan), US$96 million to the Coalition for Epidemic Preparedness Innovation (CEPI), and US$300 million to Gavi, the Vaccine Alliance.

Table 1: MHLW Multilateral Assistance to Combat COVID-19

Recipient	Amount (Million US$)
WHO (COVID-19 Strategic Preparedness and Response Plan)	76
Coalition for Epidemic Preparedness Innovation (CEPI)	96
Gavi, the Vaccine Alliance	300

Source: Statement made by Mr. Katsunobu Kato, Minister of Health, Labour and Welfare, Japan at the Seventy-Third World

masks and equipment to countries under the pandemics in order to deepen diplomatic relationship with a donor country.

[5] ECMO stands for extracorporeal membrane oxygenation (ECMO).

[6] The TOR of loans for Kenya include an interest rate of 0.95% with a maturity period of 30 years and a grace period of 10 years, while the TOR of the loans for Myanmar are an interest rate of 0.01%, a maturity period of 40 years, and a grace period of 10 years.

Health Assembly, 18-19 May 2020, and the Statement of Prime Minister Shinzo Abe at the "Global Vaccine Summit 2020" on 5 June 2020.

In addition, MHLW also has been supplying a Japanese therapeutic drug through a multilateral channel. Avigan (favipiravir), developed by a Japanese pharmaceutical company group Fujifilm in 2014, was originally approved as an anti-flu drug and later considered effective against Ebola in West Africa. The Government of Japan believed that Avigan could provide a symbol of Japan's international cooperation in line with its goals of supporting universal health coverage and public-private partnerships (PPP)[7]. While it has been used on trial basis against COVID-19, MHLW supplied Avigan to 'promote its use in a clinical trial' through the United Nations Office for Project Services (UNOPS). Around 80 countries have requested a supply of Avigan for 20-100 patients each, and one million US$ has been set aside for the clinical trials.

3. Supply of Vaccines to Developing Countries

This section summarizes the policies and efforts of vaccine supplying countries to develop and deliver new vaccines for COVID-19 (when they become available) to developing countries. Amid continuing outbreaks of the disease, competition to develop effective and safe vaccines has intensified among developed countries and China since the first half of 2020. These countries have promised that, once they succeed in developing a vaccine, they will supply it to developing countries as well.

[77] An official document of the G7 Ise-Shima Summit, "G7 Ise-Shima Vision for Global Health", emphasized the importance of countermeasures for outbreaks of the Ebola virus (MOFA 2016). In July 2017 the Government of Japan decided that it would offer medicines which were approved for a certain disease to foreign countries even at the stage that the particular medicine has not been approved for a newly emerging disease (Nikkei Sangyo Shimbun 2017). This decision was made with a presumption that Avigan would be one of the applicable medicines. When the Ebola virus outbroke in West Africa in 2014 the Government of Japan hesitated to supply Avigan because it was approved as a medicine for influenza even though it was approved and used for the Ebola virus in France and Germany then (Wall Street Journal 2014).

The vaccine developing countries adopted one of two approaches to the development and supply of vaccines: A **single-country independent-supply approach** and a **multilateral supply approach**. The former approach has been taken by China and Russia, with both countries considered to be 'superpowers' in global politics (Kondoh 2015). They are capable of developing new vaccines independently to meet large domestic demand for vaccines, as well as supplying export markets. Thus, to a large extent, they are autonomous in terms of the demand and supply of vaccines. As of August 2020, three Chinese vaccine candidates are at the phase III (final) stage of a clinical trial. The trials are being conducted in Argentina, Bahrain, Brazil, China, Indonesia, Morocco, Peru, Russia and the United Arab Emirates. In August 2020, a Chinese government advisor revealed that the government had started using a Chinese vaccine for "emergency use" on 22 July (Yan 2020). According to the statement, some medical staff and border inspection officers were vaccinated even before the phase III clinical trial has been completed.

Russia moved even earlier than China, approving a vaccine in mid-August (Foy and Cookson 2020). It was quite unusual that the approval preceded the completion of phase III trials. However, some countries, such as Brazil, the Philippines, Saudi Arabia and the United Arab Emirates, are supportive of Russia and allowed implementation of the phase III trial inside their countries (Gonzales 2020).

By contrast, 'middle powers', which are intermediate-sized developed countries, have tended to take a **multilateral supply approach**. The populations of middle-power countries are smaller than the superpower countries, lacking the large domestic markets necessary to support the development of homegrown vaccines. The middle-power countries therefore form coalitions to take collective action. One example of a representative and worldwide coalition to develop and distribute COVID-19 vaccines is the COVID-19 Global Vaccine Access Facility, also known as the COVAX Facility.

The COVAX Facility has two functions; (1) to supply funding for vaccine development projects, and (2) to finance purchase of vaccines for participating

countries. The COVAX Facility is being jointly undertaken by the following three organizations: (i) WHO, (ii) Coalition for Epidemic Preparedness Innovation (CEPI), which is a public-private partnership to manage the fund for the vaccine development, and (iii) Gavi, the Vaccine Alliance, which has the know-how to manage the Advance Market Commitment (AMC). The AMC is a mechanism to incentivize the development of vaccines for tropical countries. The first AMC was applied to pneumococcal bacteria in 2007, which led to the successful innovation of two vaccines and delivery to sixty developing countries (Gavi 2019). Notably, Japan and Republic of Korea participate in the COVAX Facility. Japan has supported WHO, CEPI and Gavi since the outbreak of COVID-19 (Yamagata 2020). The COVAX Facility planned to supply effective and safe vaccines to 20 percent of populations of countries which participate in this facility if two billion US$ had been pledged by the end of August 2020.[8] It is committed to ensuring that vaccines are supplied to low- and lower-middle-income countries at the cost of US$3.00 per dose.

4. Implications for Developing Countries

There are two implications resulting from the competition among superpowers and middle-power coalitions in vaccine development for developing countries.

First, this fierce competition among vaccine suppliers can be of benefit to recipient countries, because they may be able to choose the best vaccine from multiple candidates. The recipient countries may keep various vaccines at their disposal, supplied by a number of sourcing countries. It is important to note that this is not a 'winner-take-all' style of competition. Multiple vaccines produced by different pharmaceutical companies may be supplied to markets at the same time. As in the case of seasonal influenza infection, people may have to be vaccinated every year. Recipient countries will be able to choose the best vaccine to suit their needs each year. Thus, as the number of vaccine products increases, recipient countries will have a greater degree of freedom in their choice of vaccines.

Second, vaccine developers compete in four respects, namely (1) efficacy, (2) safety, (3) speed and (4) price. Again, it is the recipient countries that may be able to determine which aspects they will prioritize. Some countries may be impatient about waiting until the most effective and safest vaccine is developed and choose instead to begin distributing vaccines of which the safety has not yet been confirmed. Other countries may prioritize the safety and efficacy of a vaccine, and only after these conditions have been confirmed will these countries decide to purchase it. Thus, it is up to each recipient country which aspects of a vaccine product will be considered important. In addition, the general public within the recipient countries will need to be well informed about the safety, efficacy and price of a vaccine, because it is they who will pay for it, while receiving the benefits and incurring the risks resulting from the vaccination.

It is important to recognize that, even though there may be some vaccine supplying countries which offer a limited amount of vaccines free of charge, the free distribution of vaccines will not last forever. Many private pharmaceutical companies have invested heavily in R&D for vaccines, and they will expect very substantial profits once a vaccine is developed. Even if some heads of states have promised that vaccines will be provided free of charge, the costs of R&D and manufacturing of the vaccines will have to be borne by someone. Vaccine suppliers are in competition with each other to secure markets. Fierce competition in the development of vaccines reflects the scale of potential profits that the developers are hoping to obtain. Therefore, recipient countries should deliberately choose vaccines that fit the needs of their nationals.

5. Final Remarks

Japan's decision-making functions became more concentrated in the Office of the Prime Minister (*Kantei*) during the seven-year administration of the previous Prime Minister Shinzo Abe. Taking over from him in September 2020, the new Prime Minister

[8] On 9 October 2020 China expressed its decision to join the COVAX facility. Therefore, it is not clear-cut any more to classify vaccine supplying countries into ones taking the single country independent supply approach and the others taking the multilateral supply approach.

Yoshihide Suga, who was the chief cabinet secretary of the Abe administration, stated that he would continue to follow Abe's path by strengthening central control of various ministries and agencies. Implementation of COVID-19-related assistance is also in line with this tendency of central control by the Prime Minister and *Kantei*. By contrast, there is little room for civil society to play a meaningful role. This is partially because travels of experts and officers for ODA were prevented due to the high risk of infection. Even delegates from the civil society in Japan face travel restrictions beyond national borders. Instead, Emergency Support Loans are provided to mobilize fiscal resources.

The world has realized that this encounter with COVID-19 will be a long battle. The development of vaccines is not a 'once for all' process. Even after a new vaccine is developed and distributed, better vaccines may be released later. Improvements will continue as long as the number of infections remains substantial and a high demand for vaccines is sustained globally. Every year, recipient countries will be able to choose from among the best vaccines available at that time. Recipient countries should be careful and strategic in determining which ones will be the best fit out of those which have been developed and are available at a given time.

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