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Editorial

Neglected issues related to the COVID-19 pandemic

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Since June 1, our country has reduced the disaster alert level from "serious" to "caution," after maintaining it for 3 years and 4 months. We have transitioned to a quarantine system that primarily relies on recommendations and voluntary compliance, except for the requirement to wear masks in medical institutions. The World Health Organization (WHO) declared the end of the Public Health Emergency International Concern (PHEIC) on May 5, prior to its 75th General Assembly. The United States also terminated its public Health Emergency declaration as of May 11. Japan has announced that it will manage the crisis level at the level of seasonal influenza. The easing of measures is attributed to the significant reduction in the fatality rate of coronavirus disease 2019 (COVID-19), which has reached an endemic level. The WHO's Strategic Advisory Group of Experts released a COVID-19 vaccination roadmap in March. Based on analyses of the effectiveness of vaccine administration, guidelines recommended prioritizing the elderly [1]. In accordance with this, recent discussions among Western Pacific countries took place in Manila, Philippines (June 19–23, 2023) to address their respective responses to these guideline changes and prepare alternatives for a potential resurgence in the coming autumn, along with the public health emergency caused by wild poliomyelitis virus and circulating vaccine-derived poliovirus (cVDPV). However, we are overlooking the fact that the PHEIC caused by poliomyelitis remains unresolved. China, which shares borders with Afghanistan and Pakistan, has already experienced an imported polio outbreak. Although we have been preparing effective measures to deal with imported cases of polio, we need to double-check our efforts. Countries that have switched to injectable vaccines from oral vaccines, such as the United Kingdom, Canada, Israel, and United States, have reported positive environmental samples of cVDPV2 and acute flaccid paralysis patient sample in cVDPV3. Therefore, careful attention should be given to procedures such as rapid confirmation tests, the diagnosis of acute flaccid paralysis, and environmental surveillance.

The discussion at hand primarily concerns the repercussions of vaccination and the compensation for vaccine-related injuries. The proposal for a special law in the National Assembly arises from the fact that the existing compensation program for vaccine injuries, which mainly focuses on children, differs in its logic and compensation approach when it comes to COVID-19, especially for adults. This issue relates to the government's responsibility for adverse events not present during the emergency use authorization, due to the indemnification granted to pharmaceutical companies for vaccine development in crisis management situations. The government actively promoted vaccination to achieve herd immunity. Booster doses were administered to prevent hospitalization, severe complications,

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and death among individuals aged 60 and above with underlying health conditions, rather than to prevent transmission. Consequently, it is suggested that the scope of compensation for adverse events should be approached differently compared to the existing national immunization program focused on children. As the mRNA vaccine platform is being used for the first time, it has sometimes been difficult to establish epidemiological and mechanistic causality with adverse reactions. If compensation for severe adverse events is applied based on the WHO criteria, most cases will exceed the compensation scope, leading to discussions on how to handle cases with insufficient evidence. Some countries have observed instances where compensation is provided, taking into account the attribution rate of underlying health conditions that are expected to have contributed to severe adverse events without establishing causality. Therefore, it is necessary to conduct in-depth research on this matter.

The need for active participation in reforming global health governance, which has inadequately addressed international health crises, is often overlooked. Major advanced countries must confront the global chaos resulting from their violations of the International Health Regulations due to state self-interest. The zero draft report, discussed at the recent fourth meeting of the intergovernmental body in Geneva, Switzerland, is aimed to be adopted at the WHO's General Assembly in May 2024. The draft contains numerous proposed improvements that have not been resolved by the traditional International Health Regulations, which have been in place for over 130 years. These unresolved issues include border closures, disruption of interpersonal exchanges, indiscriminate urban lockdowns, prolonged isolation, human rights and racial discrimination concerns, export-import controls of essential epidemic control supplies, sharing of pathogens, equitable access to vaccines and therapeutics among nations, intellectual property matters, each country's share of contributions, chronic budget shortages, and insufficient medical support in low-income countries. A fierce battle is underway between developing and developed countries to incorporate these unresolved issues into a new, legally binding treaty. Each provision carries significant implications, involving the assurance of global health security and the protection of the human right to health. In the midst of this, determining the origin of the virus is deemed crucial, and there are arguments in favor of implementing a One Health system to prevent laboratory accidents and the emergence of antimicrobial resistance [2].

Meanwhile, it has been noted that Republic of Korea's success in containing the spread of the virus through rapid tracing and isolation strategies, utilizing polymerase chain reaction testing in the early stages of the pandemic, serves as a crucial lesson [3]. However, critics of the current zero draft report perceive it as a step backward for human rights and accountability [4].

We must strive for both legitimacy and substantiveness in our efforts. Learning from the past, we must work towards forwards change the future of global public health for the health for all, moving beyond the G7 and towards a new G8 system. The epitaph of Dr. Lee Jong-wook, former Director-General of the WHO, underscores the importance for our nation to actively incorporate our experiences into the Pandemic Prevention Treaty and the revision of the International Health Regulations. These changes will ultimately reshape the tools of global health governance. As a country that has effectively responded to COVID-19, we should exhibit leadership in global health diplomacy.

Additionally, it is crucial to invest in international organizations that address these issues and promote the training of highly skilled personnel capable of effectively managing these organizations. Recently, an unprecedented event took place when the director of the Western Pacific Region (WPR) of the WHO was dismissed, leaving the position vacant. Intense diplomatic battles are currently unfolding on the global stage concerning the election of a new director for the WPR this November [5]. We must not overlook the importance of building our global health diplomacy capabilities to ensure that we are not left behind in these international trends.

Notes

Ethics Approval
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Conflicts of Interest
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