

## **Part III Best practices and challenges**

### **Chapter 5**

#### **The Expert Meeting on the Novel Coronavirus Disease Control**

In a report released on June 24 about “the nature of an expert advisory body in preparation for the next wave” of COVID-19 infections (which came to be known as the “graduation thesis” of the panel of experts), members of the government’s Expert Meeting on the Novel Coronavirus Disease Control acknowledged that the panel had become “forward leaning” in its posture and perhaps gave the wrong impression that it was making policy decisions to deal with the pandemic.

The expert panel fulfilled its duties by issuing recommendations on COVID-19 measures – such as those for dealing with infection clusters and avoiding the “Three Cs” – based on scientific grounds, laying the foundation for the government’s policy in coping with the novel coronavirus. As the experts themselves held news conferences to deliver their message directly to the public, they played the key role of disseminating accurate information about the disease and prompting people to change their behavior to fight the pandemic. At the same time, these efforts gradually led people to suspect that the panel was a body that effectively decided on government policy for COVID-19.

In this chapter, we first summarize the legal authority of the expert panel, the selection of its members, and its roles. We then divide their activities into three phases to review how members of the panel were involved in each stage of the government’s response to the first wave of COVID-19 infections, as well as the evolution over the period of their relationship with the Prime Minister’s Office and the Health, Labor and Welfare Ministry. Based on this review, we try to explore the causes and effects of the panel of experts becoming “forward leaning” in their posture, and examine what is required to build a system to make the best of expert opinion in political decision-making.

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### **1. Legal authority of the expert panel and its operation**

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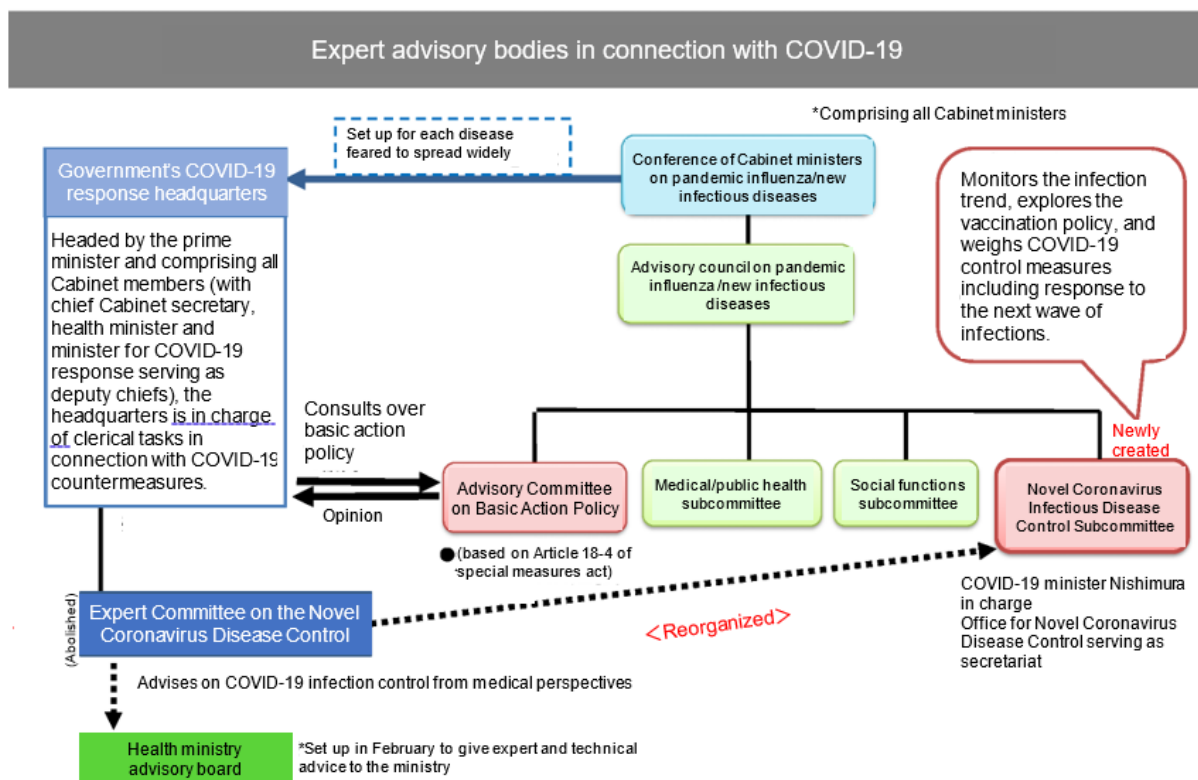
#### **1.1. When and how it was set up, and its members (also see Part II, Chapter 3)**

What were set up as expert advisory bodies for the government in its response to the first wave of COVID-19 infections were the advisory board at the health ministry, the expert panel, and the advisory committee on the government’s basic action policy toward the pandemic, the latter two under the Cabinet Secretariat. Among these bodies, the panel of experts held the largest number of meetings and played the central role in the

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epidemiological analysis of the disease and weighing measures to prevent the infection from spreading.

The advisory board at the health ministry – the predecessor of the expert panel – held its first meeting on February 7 and was then formed into the Expert Meeting on the Novel Coronavirus Disease Control under the Cabinet Secretariat. The expert panel held a total of 17 meetings – from the first session on February 16 until it was “abolished” (or dissolved in its formation into a new body, as the government put it) on June 24. When the government’s basic policy was amended, such as in declaring the state of emergency, the expert panel first discussed the matter primarily from an epidemiological viewpoint, and then the advisory committee held follow-up discussions to also reflect social and economic perspectives.



(Source: Cabinet Secretariat Office for Novel Coronavirus Disease Control)

The health ministry’s advisory board was comprised of experts on infectious diseases led by Shigeru Omi, president of the Japan Community Health Care Organization, and Nobuhiko Okabe, director general of Kawasaki City Institute for Public Health, who both had experience in dealing with the novel influenza pandemic of 2009. The experts who took part in the advisory board unanimously said that the ministry just asked them to join the board without giving any particular explanation as to its purpose or tasks. The board was apparently set up by the ministry in haste as it was preoccupied

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with responding to the outbreak aboard the Diamond Princess.

Immediately after the advisory board held its first meeting, domestic infections were reported in quick succession in four prefectures that were geographically apart – in Saitama and Chiba on February 10 and in Tokyo, Kanagawa, Chiba and Wakayama on February 13. That was the moment, a member of the expert panel later said, when COVID-19 became a problem for the whole country, not just an isolated case aboard the Diamond Princess, in the eyes of the experts.<sup>1</sup>

The following day, the expert panel was launched under the Cabinet Secretariat, and held its first meeting on February 16. When the revised Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response took effect on March 14 to add the novel coronavirus disease among its targets, experts in social and economic issues were added to the members of the panel.

### **1.2. Features of the expert panel (Also see Part II, Chapter 3)**

The Expert Meeting on the Novel Coronavirus Disease Control was an organ set up under the government's COVID-19 headquarters. However, it did not have legal authority in its establishment, whereas the launch of its successor organ, the Novel Coronavirus Disease Control Subcommittee, in July was founded on the special measures act. The expert panel's lack of legal mandate had both advantages and disadvantages.

One of the advantages was the latitude in its operation. Aside from the total of 17 formal conferences of the panel, members of the expert panel held two to three informal "study sessions" each week, with some of them taking part in the discussion online. Also joined by health ministry officials, participants in these study sessions held discussions for several hours until late at night. The fruit of these informal discussions were put on the agenda of their formal meetings. Through further discussions at the formal sessions, the expert panel publicly released their conclusions on 10 occasions beginning on February 24, either in the form of a statement of opinion, or "situation analysis and recommendations."

New members could be added by way of appointment by the head of the panel. Hiroshi Nishiura, then a Hokkaido University Graduate School professor (now at the Kyoto University Graduate School of Medicine), who came to be known as "Uncle 80 percent," was one such member. The government could choose new members, while members of the panel occasionally named new candidates. That members of the expert panel held their own news conferences after each formal meeting beginning on February 24 was another sign of the latitude of its operation.

Meanwhile, on March 10 the government designated matters concerning the novel coronavirus disease as a "historic emergency situation" based on its guideline on the management of administrative documents and decided on the thorough control of public documents related to COVID-19. However, at this point, what had been publicly

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disclosed about discussions at the meetings of the expert panel were only summaries that did not identify the speakers and omitted details of the exchanges. In response to repeated calls for disclosure of the record of discussions, Takaji Wakita, director general of the National Institute of Infectious Diseases, who headed the panel, told a news conference after the May 29 meeting, “We try to release as much information as possible through our recommendations and news conferences, and it is the government’s job to decide on the record of discussions at the meetings.” He said he “personally did not care either way” about the need to make a record of discussions.<sup>2</sup>

Health minister Katsunobu Kato told a June 2 session of the Health, Labor and Welfare Committee of the Upper House that the government had explained to the panel’s members at its first meeting that it would only keep summarized records of the discussions that would not identify speakers – so as to allow the experts to freely give their candid views – and that the plan was endorsed by the members of the panel. As for the meetings of the subcommittee launched in July, the government kept a summarized record of discussions that identified speakers, while also making stenographic records that would be kept undisclosed for 10 years until they were transferred to the National Archives. It was good that such a rule was established for keeping the records of discussion, but if the records are to be kept undisclosed for 10 years, we may not be able to use the lessons from the latest pandemic in combating future outbreaks of new or resurgent infectious diseases.

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## **2. Changes in the roles of the expert panel at each phase of the crisis**

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The roles played by the expert panel in the government’s response to the first wave of COVID-19 infections, as well as their relationship with politicians, changed with the passage of time. Until the state of emergency was declared, the experts focused primarily on infection control, and the panel functioned relatively well. But after the state of emergency was declared and as reconciling COVID-19 measures with efforts to keep up social and economic activities became an important agenda of discussion, gaps began to surface between the experts and the political leaders.

### **2.1. Phase 1: From the initial response to the outbreak to the three-day weekend when public self-restraint loosened (early February to March 18)**

#### **2.1.1. Response to the outbreak aboard the Diamond Princess**

In their “graduation thesis,” members of the expert panel noted that when they served on the advisory board at the health ministry, they gave their views on each of the

subjects prepared by the ministry's secretariat – a form of discussion not much different from other advisory councils regularly set up in government organizations. The advisory board primarily discussed the response to the Diamond Princess situation, with the health ministry officials asking for the experts' opinions on the unprecedented task of quarantining some 3,700 passengers and crew of the cruise ship.

### **2.1.2. The meaning of the February 24 news conference and the experts' statement that Japan was “at a critical juncture in the next one to two weeks” as to whether the infections would rapidly expand or be contained**

The cumulative number of domestic infections topped 100 on February 21, with an increasing number of patients infected with the novel coronavirus through untraceable routes. As the sense of crisis grew among members of the expert panel over a further spread in COVID-19 infections, an idea surfaced for the experts to compile and publicly release the “opinion” of the panel. That was around February 22. Looking back on the first-wave response, a member of the expert panel said this was the most critical phase in the experts' task. “Members of the expert panel shared a sense of crisis that the lack of a timely release of relevant information to the public could delay the efforts to contain the infection. The news conferences held by the health ministry merely gave information about infected patients and explanations about their occupation. The expert panel wanted to send out accurate information in epidemiological and clinical terms,” he noted.<sup>3</sup>

But health ministry officials resisted the idea – “either because the ministry did not take the situation seriously or did not want to make a big deal out of the idea” or “the bureaucrats wanted to keep (the experts) under control” (as the member of the panel put it).<sup>4</sup> The ministry urged the panel to release their opinion as that of “experts” – not the “panel of experts.” When the panel showed a draft of their statement to the ministry in advance, officials made corrections in red ink all over the document. At one point, both parties concurred that the statement would be released as the opinion of “experts.” But on February 24, the very day it was to be released, health minister Kato called Wakita, head of the panel, to his office and eventually gave the go-ahead for publicly releasing the statement in the name of the Expert Meeting on the Novel Coronavirus Disease Control.

Along with the release of the “opinion” statement, the expert panel held the first news conference of its own. Omi, the vice-chair of the panel, told reporters that Japan was at a “critical juncture in the next one to two weeks” as to whether the COVID-19 infections would rapidly expand or be contained, calling on the public to change their behavior in order to fight the pandemic. This “critical juncture” remark was widely taken up in media reports and had a substantial impact on society.

“Normally, those experts do not hold a news conference on their own. It is the routine for government officials to announce the policies, and the experts give

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supplementary explanations on technical matters,” said a health ministry official. But the official also noted, “It was quite extraordinary that the experts gave a risk assessment (of the disease) at the time and made remarks like ‘critical juncture.’ But that news conference itself was held with the approval of the health ministry. In fact, the health ministry officials knew that they needed to make that kind of remark, but they could not say it themselves, so they let the experts say it.”<sup>5</sup> As a result, the expert panel effectively took on the role of public communication for COVID-19 – a task that should have belonged to the government, including the health ministry.

The February 24 news conference likely had both positive and negative effects. A member of the expert panel said, “It was good that the experts’ sense of crisis was shared by the Prime Minister’s Office. At the same time, I’m afraid the Prime Minister’s Office became tempted to do something different from what we said.”<sup>6</sup>

Speaking at the government’s COVID-19 headquarters, Prime Minister Shinzo Abe on February 26 requested that large-scale public events be either canceled, postponed or scaled down, and on the following day asked for the nationwide closure of schools. In particular, the closure of schools across the country was a large decision that triggered changes in people’s public behavior, such as self-restraint in going out. These two decisions of the government, however, were not among the recommendations made by the expert panel in its February 24 news conference. That news conference also had the risk of instigating public fears, said a senior official of the health ministry. “I think there was criticism about the choice of the words ‘critical juncture,’ since it had the negative image that we were cornered onto the brink and we would be in big trouble if we made wrong choices at that point,” the official said.<sup>7</sup>

### **2.1.3. The “Three Cs” message (March 9)**

The message urging people to avoid the “Three Cs” (closed spaces, crowded places, close-contact settings) was adopted by the expert panel in its “opinion” released on March 9 (see Part II, Chapter 3). The World Health Organization posted a message to “Avoid the Three Cs” on Facebook on July 18. It was the expert panel that created and publicized the concept of avoiding the Three Cs to contain novel coronavirus infections – which has since been accepted and used worldwide.

### **2.2. Phase 2: From the “relaxed long weekend” to the eve of Golden Week (March 19 to late April)**

### 2.2.1. Through the end of March

According to a health ministry official, things changed rapidly over the period from March 19, when the expert panel issued another statement, to around April 7. “Beginning around this time, the panel of experts received public criticism each time it made recommendations on measures for social distancing. The health ministry was aware that the expert panel bore the brunt of all that criticism. In the first place, those statements should have been made by the government, and the experts should have accompanied the government officials when they were announced,” the official said as he looked back on that period.<sup>9</sup>

Starting with the 8th meeting of the expert panel on March 19, the title of the public statement made by the panel was changed from “opinion” to “situation analysis and recommendations” intended to make a broader appeal to the government and the public. Initially, members of the expert panel often held discussions at their own expense, but now the health ministry served as the secretariat for the panel. A member of the panel said that the tone of the statements released by the panel clearly changed and became more bureaucratic – although the statements still reflected many of the experts’ opinions. “We had a debate over whether to include the opinions of the experts or the government (in the statements). There was an instance in which the government wanted us to change the expression in one part of a statement, and we changed it once, but eventually had it changed back to the original,” the member said as he recalled how the text of the statements was the subject of debate between members of the panel and with the health ministry or the Prime Minister’s Office.<sup>10</sup>

March 19 was the day before a long weekend starting with the Vernal Equinox – later known as the long weekend when public self-restraint relaxed. Defying earlier forecasts of a serious spread of infection, Hokkaido, which had declared its own state of emergency on February 28, managed to contain an increase in new COVID-19 cases, and the tone of the “situation analysis and recommendations” released by the expert panel was moderated slightly. “It was true that Hokkaido’s efforts produced a certain result. Professor (Hiroshi) Nishiura warned that infections would grow, but that opinion was not necessarily endorsed by all members of the panel. How we should assess the situation was a difficult question. We were aware that people might not follow us if we only gave severe opinions. We still thought that we gave a rather severe assessment (of the situation). But people came out in large numbers in the end – maybe because of the way our message was taken by the media or because the weather was so nice over the long weekend,” a member of the panel said.<sup>11</sup>

Following the long weekend, Nishiura released his individual opinion<sup>12</sup> that he was “very concerned” that the public atmosphere for lifting the self-restraint on people’s activities would become widespread. It is believed that he issued his own statement because he realized there was a gap in the degree of the sense of crisis over the spread of

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COVID-19 infections even among members of the expert panel.

Satoshi Kamayachi, an executive board member of the Japan Medical Association and a member of the expert panel, told a news conference at the medical association on March 30 that he personally believed the government should declare a state of emergency in light of the current situation of COVID-19 infections. The remark triggered public speculation that a state of emergency might be declared as early as on April 1.

The April 1 meeting of the expert panel was held as public attention focused on what the experts would say. “As far as I remember, the mode quickly changed. The announcements made at the meeting of the expert panel mentioned doubling time – Nishiura said that while it took two to three days for infections in Europe to double, causing a collapse in the medical care system there, it took 2.5 days for infections in Tokyo to double over the period between March 21 and 30,” a senior health ministry official recalled. “The experts didn’t say that a state of emergency should be declared immediately, but after the meeting was over, they held active discussions as to when a state of emergency should be declared. Minister (Yasutoshi) Nishimura (in charge of the COVID-19 response) held talks every day with Omi, Wakita and Nishiura.”<sup>13</sup>

### **2.2.2. Professor Nishiura’s data calling for “80 percent reduction”**

Two days later, on April 3, Nishiura released his data that called for an 80 percent reduction in people’s contact with others to contain COVID-19 infections. That target had not been on the agenda of discussions at the formal meetings of the expert panel, but it had been discussed among the experts since late March – that the state of emergency could be lifted in about a month if people managed to cut their contacts with others by 80 percent.

The revision to the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response empowered the government to issue a state of emergency for COVID-19. But as the government had no legal means to enforce a lockdown imposed on many cities in Europe and North America, it needed some kind of benchmark to curb social and economic activities to contain the infections. Then came the “80 percent reduction” target.

But there were objections within the government – that the 80 percent reduction was too severe, that it was meaningless to set regulations on sheer contact between people, or that such regulations should focus on close contacts. The opposition was also strong against the very act of setting a numerical target. The government ultimately settled on a target of reducing people’s contact with others “by at least 70 percent and as close as possible to 80 percent.” That was a symbolic moment in the efforts by the scientists and politicians to reconcile their differences – through direct talks between Prime Minister



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Abe and Omi that settled the heated discussions.

“We held marathon discussions as to whether an 80 percent reduction was really necessary, or whether we could ask the public to do it. That discussion alone took two to three days. Eventually, the prime minister made the decision to ask people to reduce their contact with others by ‘as close as possible to 80 percent,’” Nishimura said as he looked back on the discussion at the time.<sup>14</sup>

Omi also recalled how he struggled to mediate between the experts and the politicians. “We told the government that calculations based on mathematical assumptions gave us that forecast, and we were told that that was understood, but that, very clearly, it was unacceptable to mention the ‘80 percent’ alone. ... We explained the differences as to what would happen (if people’s contacts were reduced by) 80 percent or 70 percent, and we built a consensus among the experts. The ultimate decision rested with the judgment of the top leader. ... We all mulled over such phrases as ‘as much as possible’ or ‘at least,’” Omi said in an interview for this report.<sup>15</sup>

Prime Minister Abe backed up the comments of Nishimura and Omi as he looked back on the discussion over the target. “Mr. Omi had a sense of balance, and that’s how he managed to wrap up the discussions. I was positive about reducing (people’s contacts) by 80 percent, but was also worried as to whether that could really be achieved, and what would happen if we missed the target by far, since no matter how high we set the target, the government had no power to enforce it. We had to make sure that the measure would not end in failure. We had that kind of exchange. Finally, I suggested that we should settle by adequately using both numbers. The phrase ‘at least 70 percent and as close as possible to 80 percent’ was crafted by my aides, including (executive secretary to the prime minister Takaya) Imai,” Abe told an interview for this report.<sup>16</sup>

The phrase calling for reducing people’s contacts with each other by “at least 70 percent and as close as possible to 80 percent,” born from such a process, was not only used by the experts panel but was repeatedly taken up in media reports as a message urging people to change their behavior to combat COVID-19 infections.

### **2.2.3. Declaration of the state of emergency**

Nishimura, minister in charge of the COVID-19 response, recalled the tense situation around the time the state of emergency was declared. “The state of emergency was declared on April 7, but on the day before, on April 6, the prime minister said he would ‘prepare’ to issue the declaration, and before that Omi and I went to the office of the prime minister to make our reports. As of the weekend before that, it was clear that the state of emergency finally had to be declared. In fact, I got a call from the prime minister the previous week, around March 28 or 29, and he told me that there was an atmosphere that called for an early declaration of a state of emergency, and I told him that

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I thought he had better issue the declaration rather early. Around that point, the experts also began discussing the timing of issuing the declaration,” he said.<sup>17</sup>

Calls were indeed growing among prefectural government leaders for the national government to declare a state of emergency. Still, there was caution within the government out of concern over damage to the economy. Also, since Tokyo Governor Yuriko Koike referred to the possibility of a “lockdown” in her news conference at the end of March, the government needed time to make sure the public would understand that a state of emergency in Japan would be different from the lockdowns enforced in other countries. Eventually, the government had to wait until the “last possible timing” (as Nishimura put it) of April 7 to declare the state of emergency.

In the news conference after declaring the state of emergency on April 7, Prime Minister Abe urged people to change their behaviors to contain the infection, saying, “Estimates by the experts show that if we all endeavor to reduce people-to-people contacts by at least 70 percent and as close as possible to 80 percent, the increase in infections will peak out in two weeks and begin to decline.” The process leading up to the declaration indicates that Omi and other experts gave advice to the prime minister as necessary to provide theoretical grounds for the government’s measures.

### **2.2.4. After the declaration of the state of emergency on April 7**

Around this point, the relationship between the Prime Minister’s Office and the experts panel began to change. One example was seen over the issue of requesting businesses to close. As the emergency was declared in Tokyo and six other prefectures on April 7, Nishimura called on the seven prefectures to put on hold making such requests to businesses for two weeks. Under the special measures act, the businesses were only “requested” to close, and the talks between the national government and the Tokyo Metropolitan Government hit a snag over the question of compensating business operators as well as the latter’s call for promptly issuing requests for businesses to close.

Then, during a TV news program on April 9, political commentator Shiro Tazaki criticized that the idea to delay business suspension requests for two weeks had been broached by Professor Nishiura of the expert panel. Nishiura promptly denied on Twitter that he had made any such proposal, saying that he could hardly believe his ears when he heard the news, adding that there’s a “dangerous structure” that if left uncorrected, anything could be attributed to the experts.

A situation had emerged where people might falsely believe that members of the expert panel decided on the government’s policy on economic measures – which had never been discussed by the panel. Some members of the panel had earlier expressed caution that they might be forced to “take the blame” for the government’s COVID-19 policy, and that was a moment when that concern nearly became a reality.<sup>18</sup>

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On April 15, Nishiura held a news conference at the health ministry and released his estimate that the total COVID-19 death toll in Japan might ultimately reach 420,000 if no action had been taken to restrict people's activities and behaviors such as by calling for self-restraint on nonurgent outings. A health ministry official noted that the ministry had allowed Nishiura to give the news conference knowing that he would release that estimate. "Various complicated interests were at work. Top officials may have wanted to stop it, but rank-and-file officials wanted him to say that," the official said.<sup>19</sup>

However, at a news conference the following day, Chief Cabinet Secretary Yoshihide Suga indicated that the government had nothing to do with Nishiura's statements. When a reporter asked him what was the government's take on the announcement, including the public reaction (which the reporter said was rather positive in that it clarified the scientific grounds for the calls for social distancing), Suga said, "I understand that (Nishiura) gave his explanation as an individual expert and that his statements did not reflect the official position of the health ministry."

The declaration of a state of emergency imposed substantial curbs on people's activities and behavior – even on a "request" basis – and explanation about the measure would not be persuasive enough unless it was accompanied by estimates on how that would contain damage from COVID-19. Damage estimates such as the data announced by Nishiura should have been released by the government in the first place.

### **2.3. Phase 3: From lifting the state of emergency to "abolition" of the panel (early May to June 24)**

#### **2.3.1. Lifting the state of emergency**

The experts panel held concrete discussions over lifting the state of emergency at its May 1, May 4 and May 14 sessions. Some members were cautious about lifting the emergency, while others put priority on stimulating social and economic activities by ending it. There were differences among members of the panel, and between the experts and the Prime Minister's Office.

The "situation analysis and recommendations" released by the expert panel on May 4 noted that the latest situation of infections should be assessed "in a week or two" and necessary proposals should be made to the government based on the result of that assessment – thus leaving some room as to when the panel would make its next judgment. But Prime Minister Abe, in a news conference the same day, identified the date when the government would make such an assessment, saying that it would "consider moving up lifting" the state of emergency based on an assessment to be made by May 14.

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Minister Nishimura in charge of COVID-19 said that there was opposition within the expert panel to setting numerical criteria for lifting the state of emergency – out of concern that such numbers could “take on a life of their own” – while there were calls from among the public and prefectural governors that such criteria should be set for ending the step. According to a senior health ministry official, Nishimura held discussions with expert panel members Omi, Nishiura and Hitoshi Oshitani at his office almost every day, through which questions over numerical criteria were gradually sorted out.<sup>20</sup>

Eventually, the expert panel on May 14 settled on the criteria for lifting the state of emergency when the cumulative number of new infections over the latest week fell below 0.5 per 100,000 population. On the same day, the state of emergency was lifted in 39 prefectures. No meeting of the expert panel was held when the emergency was subsequently lifted on the remaining prefectures on May 21 and 25.

### **2.3.2. Nishimura declares the panel “abolished” on June 24**

“Did the minister make that announcement?” Omi, looking surprised and bewildered, asked in response to a reporter’s question at a news conference on June 24 at the Japan National Press Club. The reporter asked a question about an announcement made by Nishimura in a separate news conference held almost at the same time that the expert panel had been “abolished.” The wording stirred up a controversy, and was later corrected to say that the panel was “changed” into a new body.

Health minister Kato later said, “The primary purposes (of the government’s COVID-19 response) were to contain the number of new infections, patients falling into serious conditions and dying, and to minimize the damage to economic activities. [Omi] said from an early stage that the members of the expert panel wanted economic experts added to it because they lacked such a perspective.” At a July 1 session of the Lower House Health, Labor and Welfare Committee, Omi himself said that he was fully aware that the expert panel would be changed into a new body – an indication that Omi and other members of the panel had agreed to the transition into the subcommittee. “What I meant when I said I was ‘surprised’ at the news conference was about the fact that the minister (Nishimura) held a news conference nearly at the same time to announce that the panel had been abolished,” he said.

It was undeniable that the announcement came all too suddenly. “Our intention was to transform the panel into the subcommittee and include experts in risk communication and the economy, so that they could discuss policies from a more comprehensive perspective. But the way I made the announcement was a bit problematic, and caused a misunderstanding,” Nishimura said as he reflected on the move.<sup>22</sup>

### **3. Why did the experts panel become – or appeared to be – “forward leaning”?**

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#### **3.1. Experts directly addressing the public/Experts accompanying Prime Minister Abe in news conferences**

Expert panel members Shigeru Omi and Nobuhiko Okabe had earlier made the following comments about the lessons learned from their experience of serving on the government's expert advisory committee dealing with the novel influenza pandemic of 2009: 1) instead of just responding to inquiries from the media, the experts should have proactively contacted members of the media to state their opinions when necessary; 2) the experts held frequent discussions with members of the government secretariat (officials from the Cabinet Secretariat and the health ministry), but there was no opportunity to directly give their opinions to politicians. Next time, the experts should proactively try to get in touch with politicians, along with officials of the secretariat, to offer their expert opinion.<sup>23</sup> The experts apparently put these lessons into action when they were tapped to advise the government on its response to the COVID-19 crisis.

There are two distinct features of the news conferences held by the expert panel from February 24. First, the members of the panel held the news conferences on their own – in the health ministry's news conference room. The news conference lasted up to nearly two hours, and the members responded to questions from reporters until they had almost nothing else to ask. Health ministry officials watched on but did not interfere with what the experts said. Omi, who had the experience of serving as a World Health Organization regional director for the Western Pacific region, mainly led the news conferences.

Second, the entire process of the news conferences, including the questions and answers with reporters, was broadcast live on internet media. That provided an opportunity for people at large to listen directly to what the experts said – not just their formal “opinion” or “situation analysis and recommendations.” The easy-to-understand explanations given by the experts, who repeatedly stressed the importance of measures to control infections, helped build people's sense of crisis over the pandemic and thus contributed significantly to preventing the spread of COVID-19.

Furthermore, Omi accompanied Prime Minister Shinzo Abe in his news conferences related to COVID-19 (in his capacity as chair of the advisory committee) for a total of five times over the period from the April 7 declaration of the state of emergency and the lifting of the emergency across Japan on May 25. Such a form of news conference – in which the government leader gave explanations to the public while seeking the opinions of an expert – indicated that the experts were functioning as an advisory organ to the government. At the same time, it also gave the impression that the government was letting the experts give their opinions on issues over which the government itself should

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be responsible for communicating with the public – and thus allowing the experts to effectively make decisions on government policy.

### 3.2. Reaction of the politicians

Prime Minister Abe acknowledged that Professor Nishiura's estimate of "420,000 deaths" came "all of a sudden." "In addition to members of the expert panel, we were listening to the opinions of immunology experts. Some of the immunology experts were telling us that the Japanese may have acquired a certain degree of immunity," Abe said.<sup>24</sup> Commenting on the remark by the experts that they had become "forward leaning" in their posture, health minister Kato said, "There was some misunderstanding that the experts panel was making decisions on government policy, and then the panel was reorganized. ... I believed there was a division of roles – that basically we, while listening to the experts, took responsibility for our own decisions, and government officials would explain what the government had decided, while the experts spoke about their analysis as experts. Still, there will be doubts about that from the standpoint of people listening to our explanations, and I think that remark was made in response to those doubts."<sup>25</sup>

As far as their remarks indicate, the political leaders recognized that there was a certain division of roles, in which the politicians listened to the opinions of not just the expert panel but other experts and ultimately handed down their own political judgments. However, that was not sufficiently communicated to the public, which gave the impression that the expert panel had taken charge of policy decision-making.

"In fact, I think the government, including the health ministry, did not have to make much effort when the experts took control. If the subject were an ordinary policy issue, there would have been heated debate all over," said a senior official of the Cabinet Secretariat.<sup>26</sup>

As the nation was confronted with a crisis over an unknown infectious disease, especially when infections were rapidly expanding, the experts being "forward leaning" appears to have eventually functioned well. The critical situation of the pandemic in Italy in early March, and in New York beginning in mid-March, was widely reported in Japan, adding to the public sense of crisis over COVID-19 in this country. The interests of the expert panel and the government were in alignment when the top priority was containing infections, and gaps did not surface between the two parties. As the crisis entered a new phase immediately after the declaration of the state of emergency on April 7, however, it became increasingly difficult to adjust the differences between the experts, who placed greater emphasis on controlling infections, and the government, which also needed to maintain social and economic activities.

## **4. Summary: Best practices and challenges**

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### **4.1. Benefits of the expert panel being “forward leaning”**

#### **4.1.1. Proactive discussions and public communication**

Confronted with the outbreak of COVID-19 – an infectious disease about which much was unknown and for which vaccines or medicines had yet to be developed – and in the absence of a legal system to enforce a lockdown even under a state of emergency – the panel of experts primarily focused on changing people’s behaviors to combat the pandemic. The expert panel came up with the idea of prompting people to change their behavior – such as avoiding the “Three Cs” and reducing their contact with each other by 80 percent – based on scientific grounds. Many of those ideas came out of their spontaneous discussions – holding two to three informal “study sessions” every week, along with the formal meetings of the panel, to discuss ideas that were not on the agenda prepared by the government. Furthermore, they held news conferences on their own after each of their formal meetings from February 24, sending out strong messages calling on people to change their behavior, which made up for the weakness in the government’s public communication over COVID-19. In their “graduation thesis,” members of the panel acknowledged that they were being “forward leaning,” but they were not the first to characterize the panel as such. The media and other parties had used those words to criticize the panel. But despite such public criticism on their stance, the experts went ahead with proactive discussions and communication with the public.<sup>27</sup>

“We learned from the expert panel how scientists should be involved with policies,” a senior official of the Cabinet Secretariat said as he looked back on the response to the first wave of COVID-19 infections. “They gave us recommendations with more content, details and frequency than we had anticipated. The question is how the government should make use of those recommendations. But it was good that we were able to experience making policy judgments with a certain sense of distance,” the official said as he expressed appreciation of the role played by the expert panel. The government let the expert panel function as no other advisory body had done before, and that was because the government respected the role of experts in the face of an unprecedented crisis.

#### **4.1.2. Appropriate response balancing the ideal and the reality**

Infection control is a part of public health policy. The work involves the process of reconciling the theoretical foundation with social and economic activities. If the ideal you pursue cannot be achieved in reality, you need to explore a compromise and take the necessary steps. The expert panel gave appropriate advice to the government from this

perspective. Its proposal over the PCR testing regime and the request for the “80 percent reduction” in contacts between people were among the examples.

Omi cited the example of the PCR testing system to discuss the difficulty of infection control. “You always have to take both the ideal and the reality into account in carrying out public health and infection control measures. You can’t just insist on the theory, but you have to think what to do under the given conditions of the real world. At the same time, you also have to try to change the conditions. You use your left eye to see how you adapt and adjust to the real conditions, and your right eye to see how you can change the conditions – such as by gradually changing the capacity (for PCR tests). People didn’t understand why the capacity wouldn’t increase,” he said.

## **4.2. Issues to be resolved in the nature of expert advisory bodies**

### **4.2.1. Ambiguities over the division of roles between the government and the experts and who is responsible**

The government’s June 2010 report summing up its measures in response to the novel influenza (A/H1N1) pandemic highlighted the need to clarify the decision-making process of the national government and who was responsible for what. It also called for establishing a system to make prompt and rational decisions based on an accurate grasp of the on-site situation at frontline bodies like medical institutions and local governments as well as expert opinion. In responding to COVID-19, the government put the lesson for listening to experts into action. However, much remained to be done in terms of clarifying which parties were responsible for what. The “graduation thesis” of the experts panel also called for identifying the role of an expert advisory body and what should be the relationship between the government and such a body.

To clarify which party is responsible, a clear division of roles must be set. In dealing with the novel coronavirus, that means separating the analysis and assessment of the risk of the disease, such as infectivity of the virus and the fatality rate, from the risk management (or the infection control measures) based on that analysis/assessment.

In the COVID-19 response, the expert panel as well as the health ministry’s cluster taskforce played the roles of risk analysis and assessment. Measures for behavioral change, such as calling on people to avoid the “Three Cs,” belong to risk management, but since they were based on the risk analysis/assessment by the expert panel, it was appropriate that the panel took charge of presenting the measures. However, it was the government’s role to adopt the measures, to make the assessment process transparent, to call out to the public to follow the measures (and explain the reasons), and to take the responsibility.



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How to secure transparency of discussion and keep a record of discussion – so that the decision-making process and results can be reviewed in the future – is another challenge. “Especially from late March to early April, the expert panel was effectively driving the government’s COVID-19 response in some aspects. That brought about some positive results, but it also gave the impression that the experts were making policy decisions. And in some respects, the Prime Minister’s Office used them to make it look like that. It is the role of the government to communicate to the public what measures would be chosen and implemented. Such a division of roles was not understood by the public,” a health ministry official said.<sup>29</sup> The government should have taken steps to get people to understand the role of the expert panel, but failed to do so.

Due to the ambiguities in the division of roles and responsibility, members of the expert panel ended up bearing the brunt of public criticism. Professor Nishiura made the following statement in his dialogue with Shinya Yamanaka, director of the Kyoto University Center for iPS Cell Research and Application, at the 84th annual scientific meeting of the Japan Circulation Society held in July:

“Many overseas experts in infectious diseases and the mathematical model that I have studied are becoming the targets of criticism, but in Japan, discussions have proceeded in a fairly extreme manner that left it unclear where the responsibilities lie. Scientific facts are taken as if they were policy decisions. If things are left as they are, I’m afraid it’s going to become difficult to tackle infection control with sheer courage alone. ... I received various threatening phone calls and an enormous number of letters. In fact, members of the expert panel prodded themselves to keep going with courage as long as physical harm does not reach them.”

### **4.2.2. Delay in the training of expert human resources**

A senior official of the Cabinet Secretariat said the process of combating COVID-19 reminded him that Japan has few scholars of infectious diseases. “No scholar came forward to take objection to what Dr. (Shigeru) Omi, (Takaji) Wakita, (Hiroshi) Nishiura and (Hitoshi) Oshitani were saying. Since the issue concerned an unknown virus and the conflict between economic activities and infection control, there must have been a great deal to discuss. But whatever Omi said alongside the prime minister immediately takes on legitimacy,” the official said.<sup>30</sup> While the government benefited from being able to tap into the expertise of people like Omi, who had experienced the response to the 2009 novel influenza pandemic, the crisis also exposed the reality that a decade on, Japan still has not been able to produce many new experts who can take charge of infectious disease control.

Doctors in Japan can be categorized into the three fields of clinical medicine, basic medicine and social medicine, and social medicine trails behind the two others in

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terms of numbers. There are 82 universities in Japan that have medical schools, but there are only five universities with a school of public health, and only 14 universities have programs to offer master's degree in public health (one university each in the latter two groups does not have a medical school). In 2016, related academic societies jointly launched a new system of a doctorate of public health and social medicine, but that category is not included among the 19 basic fields of the new system of training and certifying specialist doctors begun in 2018.

The health ministry launched the Field Epidemiology Training Program (FETP) in 1999 and, following the outbreak of the Ebola virus disease in western Africa in 2014, the Infectious Disease Emergency Specialist Training Program (IDES) to develop personnel with expertise in dealing with infectious diseases. A total of 45 people who completed the FETP program took part in the response to COVID-19 (from February 25 to May 20) playing a core role in the ministry's cluster taskforce, including those deployed to local governments as liaisons to bridge national and local governments in the efforts to combat the disease. Ministry officials who had completed the IDES program were deployed to the frontline efforts including the quarantine aboard the chartered flights to repatriate Japanese from Wuhan, China, and were put in charge of preparing data for discussion at the expert panel. The problem is that the number of personnel who have gone through the FETP and IDES programs is still small, and how they can be deployed to local governments and public health centers across the country to combat future infectious diseases remains an open question.

### **4.2.3. Delay in digitalization of various data/Lagging data maintenance**

In their "graduation thesis," the expert panel also urged the government to develop a system for the prompt sharing of data. Due to the delay in digitalization of data, the collection of information essential to grasping the trend of infections, such as the number of PCR tests held and people who tested positive, proved inefficient, slow and inaccurate.

At a lecture organized by the Japanese Association of Science and Technology Journalists on May 12, Nishiura said that data are not always readily available in abundance. "We are not given special access to data because we're experts. We mobilize young researchers to collect open information on local government websites and other sources to build the data ourselves and analyze them," he said.<sup>32</sup> For greater efficiency in sharing information on the novel coronavirus, trial use of the Health Center Real-time Information-sharing System on COVID-19 (HER-SYS) began on May 15, and the system was put into nationwide operation on May 29. But the use of the system did not quickly spread since the state of emergency had already been lifted by the time it was in full operation, and various problems emerged, such as the time it took to fill out so many items, and the health ministry had to set up a working team in July to review the system.

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To prepare for a future pandemic, we need an open-source database that is easy to use for the staff at medical institutions and other frontline bodies, that can be accessed by the government for its policy planning, and that can be used by researchers for analysis of the infection situation and policy assessment.

### **The expert panel as recounted by Yasutoshi Nishimura, minister in charge of COVID-19 response**

“I was staring at the numbers along with Dr. Omi, Dr. Oshitani and Dr. Nishiura for about an hour every day to analyze how many people were being infected in each region, how many were dying, and what clusters of infection were emerging. So I have understood all along what the experts were thinking and feeling. It seemed to me that Dr. Omi and other members of the panel, except for a few of them, were constantly asking themselves what the role of the experts was.

“I knew all along that the experts were feeling that they might be acting ‘forward leaning.’ After each meeting of the panel, they held a news conference for 90 minutes to two hours. It was good that the experts gave careful explanations to the public, and I believe that deepened public understanding of the situation. But still, it seemed that the experts were feeling they acted ‘forward leaning’ and gave the wrong impression that they were making decisions on everything.

“The division of roles must be made clearer – the experts make recommendations to the government, and the government makes a decision on what to do with those recommendations, either carry them out 100 percent or adapt some of them that cannot be implemented. I was also aware that the experts themselves were feeling that way. The experts seemed to be thinking all along that their role – experts make recommendations and the government makes the final decision – should be clearly separated.

“Recently, [the government subcommittee that took over from the expert panel] sometimes holds a separate news conference. We may talk to the press together [with Omi] or separately. There will be occasions when it’s better for us to talk to the media together, but I’m also getting advice that we should hold separate news conferences when we differ in our opinions, so as to make it clear that the government made the decision under its responsibility. I realize that we must be careful about that.”

### **Notes**

1. Interview with a member of the Expert Meeting on the Novel Coronavirus Disease Control
2. M3.com Iryo Ishin, “Effects of Japan’s unique ‘retrospective investigation’ emphasized: Containment is ‘nearly impossible’ “ (May 30, 2020)  
<https://www.m3.com/news/iryoishin/780064>

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3. Interview with a member of the expert panel
4. Interview with a member of the expert panel
5. Interview with a Health, Labor and Welfare Ministry official
6. Interview with a member of the expert panel
7. Interview with a senior health ministry official
8. WHO Facebook <https://www.facebook.com/WHO>
9. Interview with a health ministry official
10. Interview with a member of the expert panel
11. Interview with a member of the expert panel
12. M3.com Iryo Ishin, “Hokkaido University professor Hiroshi Nishiura seriously concerned about the public atmosphere for lifting the self-restraint spreading” (March 23)  
<https://www.m3.com/news/iryoshin/743174>
13. Interview with a senior health ministry official
14. Special interview with Yasutoshi Nishimura, minister in charge of COVID-19 response (September 15, 2020)
15. Special interview with Shigeru Omi (September 17, 2020)
16. Interview with Prime Minister Shinzo Abe (September 23, 2020)
17. Special interview with minister Nishimura (September 15, 2020)
18. Interview with a member of the expert panel
19. Interview with a health ministry official
20. Interview with a senior health ministry official
21. Interview with Health, Labor and Welfare Minister Katsunobu Kato (September 8, 2020)
22. Special interview with minister Nishimura (September 15, 2020)
23. The Journal of Public Health Practice vol.74, No.8 (August 2010)
24. Interview with Prime Minister Abe (September 11, 2020)
25. Interview with health minister Kato (September 8, 2020)
26. Interview with a senior Cabinet Secretariat official
27. Professor Izuru Makihara of the University of Tokyo's Research Center for Advanced Science and Technology contributed an article headlined “Abe administration's immature response to COVID-19 exposed by the forward-leaning ‘expert team’ ” to Ronza dated May 2, 2020.
28. Interview with a senior Cabinet Secretariat official
29. Interview with a health ministry official
30. Interview with a senior Cabinet Secretariat official
31. National Institute of Infectious Diseases website  
<https://www.niid.go.jp/niid/ja/jissekijpn/9744-fetp.html>
32. Japanese Association of Science and Technology Journalists, Online lecture, “Ask ‘Uncle 80 percent’ Professor Nishiura: All about the effective reproduction number of the novel coronavirus” (May 12, 2020) <https://live2.nicovideo.jp/watch/lv325833316>