

Part III Best practices and challenges

Chapter 6

Crisis communication

The most effective message to encourage “self-restraint” and response to public anxiety, discontent and criticism

The “analysis and recommendations” released April 1 by the government’s Expert Meeting on the Novel Coronavirus Disease Control cited a change in citizens’ behavior as a key component of the “Japan model” to combat the COVID-19 pandemic. A key to the efforts to fight the novel coronavirus were the messages released by the government to prompt people at large to change their behavior to reduce the infection risk, such as voluntary restraint on nonurgent outings and avoiding the “Three Cs” (closed spaces, crowded places and close-contact settings). What also became important was for the government, in order to prevent confusion among citizens and seek their cooperation with countermeasures for the disease, to explain the situation to address public anxiety, discontent and criticism, such as by accounting for the poor access to PCR tests for the virus, and to send out messages for resolving the problems. In this chapter, we define these two as “crisis communication.”

Several research and data indicate that the messages sent out via the government’s news conferences and other channels contributed to a change in citizens’ behavior, thus reducing the effective reproduction number of novel coronavirus infections, but that public evaluation of the government’s news conferences and messages was not necessarily positive.

Based on such an analysis, this chapter tries to explore the messages that contributed to people’s behavioral change (best practice) and the factors that lowered public evaluation of the government’s news conferences and messages (challenges).

1. Change in citizens’ behavior

1.1. The trigger that prompted change in people’s behavior

1.1.1. The period when the first-wave infections began to decline

The “analysis and recommendations” released by the expert panel on May 29 said that the number of new infections (calculated by the date on which the carrier became infected) hit a peak around April 1. By around that date, the effective reproduction

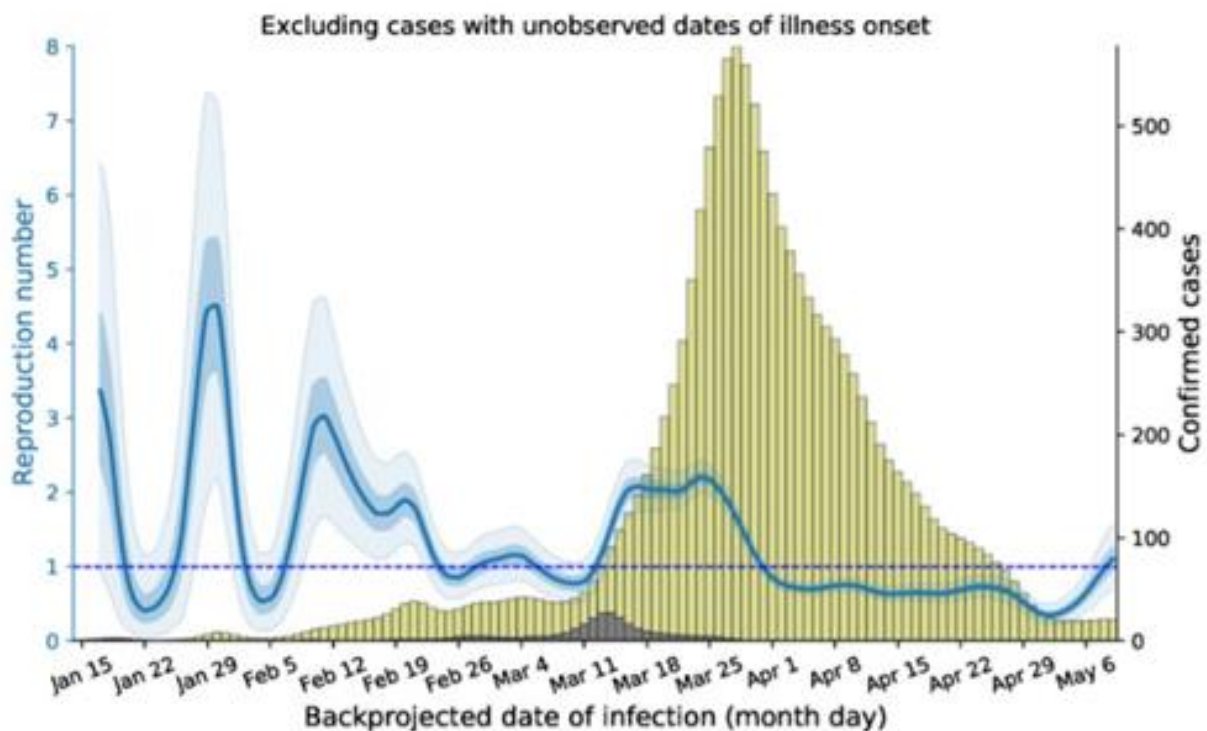
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number (the average number of people who become infected by an infected person) had fallen below 1, and the experts cited as a probable reason for the trend the early implementation of infection countermeasures such as requests for closing shops and changes in people's behavior, which helped prevent the outbreak of infection clusters. The panel also noted that in a data analysis by the Tokyo Metropolitan Government, the effective reproduction number of COVID-19 infections in the capital began to decline after the April 7 declaration of a state of emergency.

These indicate that changes in people's behavior that led to putting the first-wave infections under control owed a lot to various measures introduced before the declaration of a state of emergency, and that in Tokyo, which had the largest number of infections in Japan, the declaration of a state of emergency led to a decline in the effective reproduction number of novel coronavirus infections.

Estimated effective reproduction number nationwide (as of May 28)

Source: Expert Meeting on the Novel Coronavirus Disease Control "Situation analysis and recommendations" (May 29, 2020)



1.1.2. Analysis of people's movement

As noted in Part I, Chapter 1, according to the mobility data made available by Google, the movement of people at transfer train stations began to decline in mid-February, and dropped sharply from around February 27 when the government requested the nationwide closure of schools beginning March 2. The volume of people's traffic continued to decline until it bottomed out during the Golden Week holidays in early May and then began to gradually increase. Therefore, it is to be surmised that the various measures taken in the early stages of the COVID-19 outbreak in February and March influenced a change in people's behavior.

According to data on the ups-and-downs of people's traffic at major stations and shopping streets across the country, the movement of people around Tokyo Station began to decline significantly around the time the state of emergency was declared on April 7 – and a similar trend was observed in most other major train stations in the capital. This suggests that in Tokyo, the declaration of a state of emergency had a major impact in reducing the traffic of people.¹

1.1.3. Studies on change in people's behavior

There is no research available that comprehensively examined changes in people's behavior from January 15, 2020, when the first domestic infection was confirmed, to May 25, when the state of emergency was lifted for all prefectures. However, there are several studies that provide some clues to behavioral changes.

A study by a team led by Hiroshima University professor Junyi Zhang on changes in people's behavior and activities through the end of March, covering 1,052 residents of Japan aged 15 to 69, showed that the respondents exercised self-restraint in visiting crowded places (75 percent of respondents), movement in daily life (69 percent), dining out (53 percent), face-to-face conversation with friends (47 percent) and shopping at stores (40 percent).² The survey shows that the ratio of people who refrained from such activities significantly increased from February 29 to March 1. It was on February 29 that Prime Minister Shinzo Abe held his first news conference on COVID-19 and requested the nationwide closure of schools (the decision to call for the closure of schools had been made two days earlier). Zhang and his team wrote that the greatest factor that triggered changes in people's behavior covered in their survey was the government's request for closing all schools across the country. They rated five factors – 1) self-understanding; 2) request from the government; 3) request from employers/schools; 4) recommendation by family members; 5) recommendation by colleagues and friends – by the degree that they triggered change in behavior, with “request from the government” having the largest influence on their behavioral change.

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In a survey held from March 26 to 28 by the team of Professor Kaori Muto of the University of Tokyo's Institute of Medical Science on men and women aged 20 to 64, the factor that had the greatest influence in changing their behavior was the outbreak of infections aboard the Diamond Princess (23.2 percent), the quarantine of which was begun on February 3. That was followed by the World Health Organization's declaration of a COVID-19 pandemic (on March 11, 22.0 percent), Prime Minister Abe's decision to request a nationwide closure of schools (decision made on February 27 and announced at a February 29 news conference, 13.9 percent), Abe's request for voluntary restraint on large-scale gatherings (February 26, 7.8 percent), declaration of the "state of emergency" by the governor of Hokkaido (February 28, 7.4 percent), and the expert panel's alert that Japan was at a "critical juncture" (February 24, 5.6 percent).³ Muto said that in particular, infections among the passenger and crew aboard the Diamond Princess reported after the ship arrived at the Yokohama port – when there were still few domestic cases of infection – triggered changes in people's behavior earlier than in Europe or the United States.

These survey results indicate that the various initial-phase measures taken in February and March had a certain influence encouraging people to change their behavior.

This report focuses on examining the government's response to COVID-19 and does not cover information released by the media. But it should be noted that the infection and deaths of celebrity figures were also said to have prompted people to change their behavior. In particular, the March 29 death of popular comedian Ken Shimura due to COVID-19 at the age of 70 was widely reported by the media.

1.2. Citizens' sources of information

According to the survey by the Internal Affairs and Communications on the circulation of information concerning COVID-19 (held May 13 and 14 on 2,000 people aged 15 to 69), more than 95 percent of respondents read or watched news and information about the novel coronavirus at least once a day, while 20 percent were exposed to such news and information more than 10 times a day.⁴ Also, 96.8 percent replied that they began to take steps to prevent infection recommended in those news reports and information.

This survey mainly covered the frequency of people's access to mass media reports, which naturally included information about the government's policy for changing people's behavior, the declaration of the state of emergency and other measures, as well as messages disseminated in news conferences. Therefore, it can be assumed that most people had a chance to read, watch or hear about the government's measures and messages.

2. The government's public communication and its evaluation

As observed in the previous section, most people had access to information about the government's measures on COVID-19 through the mass media and other channels, which prompted them to change their behavior such as in voluntarily staying home, and that contributed to preventing the spread of the infection (in reducing the effective reproduction number) to a certain extent.

However, people's evaluation of the government's public communication and COVID-19 measures was not necessarily positive. For example, in the above-mentioned internal affairs ministry survey, a total of 34.5 percent of respondents said they did not think the government was taking appropriate steps to deliver accurate information to the public, outnumbering the 22.8 percent who thought the government was taking such steps by 11.7 points. Meanwhile, opinion surveys by NHK showed that people were divided in their evaluation of the government's COVID-19 response. Respondents who appreciated the government's response to the novel coronavirus outnumbered those who did not in the surveys taken in February and March, but that outcome was reversed in polls taken in April and May.

A survey by Kat Devlin of the Pew Research Center in the United States from June 10 to August 3 also showed that Japanese people's evaluation of their government's COVID-19 response was not so high as compared with other advanced countries. Among 14 major industrialized countries covered in the survey, the median ratio of respondents who appreciated their respective government's response to the pandemic was 73 percent – far above the 55 percent in Japan, which was the fourth-lowest after Britain, the U.S. and Spain.⁵

What, then, sorts of information and messages led to changes in people's behavior? And why did the effects on people's behavioral change not lead to their positive evaluation of the government's COVID-19 response? We will review the government's crisis communication from these two perspectives.

2.1. Information and messages that led to change in people's behavior

2.1.1. Prime Minister Abe's request for nationwide closure of schools and self-restraint on large-scale gatherings

At the beginning of February, novel coronavirus "hotspots" around the globe were limited to Wuhan, China and the cruise ship Diamond Princess. Still, people's sense of crisis over COVID-19 was growing due to daily coverage in the news.

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By mid-February, domestic infections were reported in growing numbers. The government's COVID-19 headquarters decided to request the postponement or scaling back of large-scale events on February 26, and the closure of schools across the country the following day. Whereas the measures taken previously were mainly border control steps, the government now began to introduce a series of measures that would have major effects on people's daily life. And just as public anxieties were growing over the novel coronavirus, Prime Minister Abe gave his first news conference related to COVID-19 on February 29.

At the outset of the news conference, the prime minister quoted the "critical juncture" statement in the "opinion" compiled by the expert panel on February 24. He said Japan in the next week or two was at a "critical juncture" of either facing a rapid expansion of COVID-19 cases or containing the infections, and then requested closing schools across the country and voluntary restraint on large-scale events. Given that, as noted earlier, the infection countermeasures taken in the initial phase of February and March had major effects in changing people's behavior, Abe's requests at the news conference for steps that greatly affect people's daily life are believed to have led to a certain degree to changes in public behavior.

2.1.2. Information/messages sent out by Nishimura in charge of COVID-19 response

The government's COVID-19 response headquarters was headed by Prime Minister Abe, with Chief Cabinet Secretary Yoshihide Suga, Health, Labor and Welfare Minister Katsunobu Kato and Yasutoshi Nishimura, minister in charge of the COVID-19 response, serving as his deputies. Kato held news conferences related to the novel coronavirus in February, but beginning in March, Nishimura, who took charge of measures under the revised special measures act to deal with COVID-19, talked to the media giving frequent and concrete explanations on combating the pandemic.

Health minister Kato held a total of 21 news conferences in February – nearly every day beginning on February 13 – mainly to give briefings on the response to the outbreak aboard the Diamond Princess and the constantly evolving situation of domestic infections. In March, however, the number of his news conference fell to 10, even though infections continued to spread. Aside from the regular briefings to the media after the biweekly (Tuesday and Friday) Cabinet meetings, the only news conference he gave was on March 1, when all of the remaining passengers and crew disembarked from the Diamond Princess.

Nishimura began to hold more news conference as he took over Kato's role. He held a total of 15 news conferences (including those given in his capacity as minister for economic and fiscal policy). Initially, he discussed COVID-19 issues mainly from economic perspectives, but beginning on March 27, he spoke more on the situation of

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infections and prompting change in people's behavior, including calls for avoiding the "Three Cs." He held a total of 17 news conferences in April, serving as a spokesman for the government's COVID-19 measures following the declaration of the state of emergency. After the state of emergency was extended to all of the nation's prefectures on April 16, he spoke to the media nearly every day. His daily news conferences – including informal on-the-spot responses to questions from the media – continued for 104 days from April 27 to August 8.

In addition to the sheer frequency of news conferences, he used more visuals in his presentation to the media, showing slides to explain details of the situation for infections or the drop in people movements, and repeatedly called on people to wash their hands and wear masks, avoid the "Three Cs" and reduce contact with others.

In addition to news conferences, Nishimura used social media like Twitter and Facebook to proactively deliver the government's messages on COVID-19. While tweeting calls urging people to change their behavior, he occasionally posted messages to correct what he believed were incorrect media reports.

Commenting on Nishimura's frequent exposure in the media, a senior official in the Cabinet Secretariat said, "He said it was his style to hold as many news conferences as possible. In short, he meant to make the maximum effort to disclose relevant information and make it known as widely as possible among the public. He had a strong awareness of that."⁶

About the division of roles with Nishimura, health minister Kato said that he left the COVID-19 measures under the revised special measures act entirely to Nishimura now that he was in charge. "I made announcements at regular conferences as required. Since [the COVID-19 duties] were now concentrated on [Nishimura], giving out piecemeal information would not deliver an integrated message to the public. [What Nishimura was saying at his news conferences] was basically based on what we had all discussed."⁷

Public approval of government's COVID-19 response (NHK poll, %)

Answer	Feb.	March	April	May	June
1) Highly approve	10	6	8	5	6
2) Approve to a degree	54	43	38	39	45
1)+2)	64	49	46	44	51
3) Do not approve much	26	34	36	37	37
4) Do not approve at all	5	13	14	16	10
3)+4)	31	47	50	53	47
5) Do not know	5	4	4	3	2

Prime Minister Abe's February 29 news conference served as a trigger to prompt people to change their behavior, and subsequent information and messages delivered by Nishimura helped keep up and sustain the changes during and after the state of emergency.

2.1.3. Information and messages delivered by prefectural governors

The earlier-mentioned research by Professor Kaori Muto of the University of Tokyo's Institute of Medical Science cited the "state of emergency" declared by Hokkaido Governor Naomichi Suzuki on February 28 as one of the factors that prompted people to change their behavior to combat COVID-19 infections. In the face of a surge in infections in the prefecture, Suzuki declared its own state of emergency from February 28 to March 19, calling on people to stay home over the weekends. It was the first time that a measure called a "state of emergency" was declared for COVID-19 in Japan, and the news was widely reported across the country, even though the step only covered the nation's northernmost prefecture.

Due to the timing that it was given, the survey did not cover remarks and actions taken by governors of other prefectures in March and thereafter. But the information and messages sent out by other governors are also believed to have influenced changes in people's behavior.

For example, Osaka Governor Hirofumi Yoshimura, speaking to reporters on March 19 ahead of the long weekend starting the following day, urged local residents to refrain from nonurgent travel between Osaka and the neighboring Hyogo Prefecture during the holidays. Hyogo Governor Toshizo Ido responded by also requesting self-restraint on travel between the two prefectures. These exchanges were also widely taken up on TV reports and the internet, likely alerting people of the need to change their behavior.

Tokyo Governor Yuriko Koike began to hold frequent news conferences beginning in late March (see also Part II, Chapter 4). In addition to a regular news conference every Friday, Koike spoke to the media accompanied by members of the metropolitan government's panel of experts when there were big developments in the COVID-19 outbreak. Those news conferences were broadcast live on internet media.

Koike's news conference started to draw attention when she used terms like "overshoot" and "lockdown" on March 23, right after the long weekend when self-restraint on public behavior was said to have relaxed. The governor warned of the risk of an "overshoot, or an explosive increase in infections" in the event that a chain of infection clusters or a large-scale mega-cluster broke out, and said that depending on future developments in the situation, there was a chance that a powerful measure such as a lockdown might become inevitable.

An official in the metropolitan government recalled that the term "lockdown" was originally not in the script prepared for that news conference. "It's not something the bureaucracy would propose, and legally you can't enforce [a lockdown]. The governor had a sense of crisis that more than a dozen people were testing positive for the virus each day [in Tokyo], and that sense of crisis likely led her to mention" lockdown, the official said.⁸

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In the next news conference on March 25, Koike noted that concern over “an overshoot, or explosive increase in infections” was growing further. She held up a panel showing the letters “grave juncture” of an explosive growth in infections to drive home the sense of crisis, and used a panel with the message “No!! Three Cs” to call for change in people’s behavior.

Koike, a news caster-turned-politician, advocated “strategic public relations” and used video content, not just news conferences, to deliver information and messages. The metropolitan government’s public relations section explored what tools should be used to deliver what content to address each segment of its audience by gender or generation, and the bureaucracy prepared scripts and discussed the flow of news conferences with the governor. Use of panels like the ones used in the March 25 news conference was put on the agenda of these discussions. “Either the governor or the bureaucracy proposed using the panels. Initially, the panels were mostly created upon the instruction of the governor, and then the officials gradually came to predict when and how the governor would want to use panels, and began to make their own proposals,” said the metropolitan government official.

2.1.4. Public communication by experts on infectious diseases

As examined in Part III, Chapter 5, the government’s Expert Meeting on the Novel Coronavirus Disease Control played a proactive role in not only discussing measures for COVID-19 but also in communicating with the public. Their first news conference, held after the panel’s February 24 meeting, drew particularly strong attention.

In the news conference held in the health ministry’s news conference room, Shigeru Omi, president of the Japan Community Health Care Organization and deputy chair of the expert panel, explained the “opinion” compiled by the experts at the day’s meeting, and said Japan was at a critical juncture in the next week or two of either witnessing a rapid spread of COVID-19 or containment of the infection. “Dr. Omi was strongly aware that he had to accurately explain what was happening,” said a health ministry official, looking back on the explanation given by the experts.⁹

The expert panel continued to hold its own news conferences. Its chair Takaji Wakita, director-general of the National Institute of Infectious Diseases, and deputy chair Omi were joined by other members of the panel depending on the topic of the day. Omi first gave his briefing on what had been discussed at the day’s meeting by the panel, and then fielded questions from the media. The news conference lasted up to nearly two hours, and the experts responded to as many questions from the reporters as possible. Since the news conference was also broadcast live on the internet, it provided an opportunity for people at large to obtain and understand information about the novel coronavirus disease.

A member of the expert panel said the message for avoiding the “Three Cs” was effectively delivered to the public – widely shared across generations including small

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children. However, the government's overall risk communication left much to be desired, the member added.

"I would give the government about 30 points out of 100 for its risk communication [except for the "Three Cs" message]. Members of the expert panel may have spoken too much, but they did so because the government did not give accurate explanations. So one reason that the experts acted forward-leaning, as Omi put it, was that the government had failed to explain what it should have explained," the member said.¹⁰

While disseminating detailed information about the novel coronavirus and answering questions from the media, the news conference given by the expert panel, held at the health ministry, incurred the issue of the experts' statements being mixed up with the government's views. A senior official in the Cabinet Secretariat said the government "was not in a position to stop the experts" from speaking to the media.

Aside from the news conferences given by the expert panel, experts on infectious diseases continued proactive efforts to deliver COVID-19 information and messages through other channels. The Public Advisory Group of Experts on COVID-19 – a voluntary group launched mainly by members of the expert panel – opened a blog site "note" and a Twitter account in April, while the cluster team at the health ministry posted messages on Twitter about the novel coronavirus.

2.1.5. Publicizing phrases like "Avoid the Three Cs"

One of the features of Japan's response to the first wave of COVID-19 infections was that the government and the expert panel created catchphrases to encourage people to change their behavior.

The term "Three Cs" was frequently used in news conferences given by the national and local governments on COVID-19 to urge people to avoid "closed spaces, crowded places and close-contact settings." Large numbers of posters and leaflets were also prepared with a message to "Avoid the three Cs."

A variety of tools were used to urge people to adopt "new lifestyles" – along with telling them to "keep a social distance," "wear masks," "wash your hands and follow etiquette in coughing." Repeatedly used in daily media reports and shown on street posters, these phrases came to be widely accepted in public. These catchphrases were useful in providing an easy-to-follow guide on what people should do to defend themselves against the new infectious disease.

2.2. Why COVID-19 efforts did not lead to trust in government

2.2.1. Lack of crisis communication system

The report on “the nature of expert advisory bodies in preparation for the next wave” of infections, compiled by the expert panel on June 24 (also known as the panel’s “graduation thesis”), called on the government to promptly review its system of risk communication in times of crisis response as it braced for the next big wave of COVID-19 infection.

When the government repatriated Japanese from Wuhan on chartered flights, responded to the outbreak aboard the Diamond Princess, dealt with growing domestic infections, and revised the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response, the health ministry mainly took charge of crisis communication. Looking back on those days, a senior official of the ministry said that instead of taking the measures based on a clear plan, the government had to respond to each challenge as it emerged. “Now came the Diamond Princess, then we had to rescue the Japanese stranded in Wuhan, then we had to explore declaring a state of emergency because the number of patients gradually increased. ... The novel coronavirus was new to us, and we had to grope our way through a world where nobody could imagine what would lie ahead. In that kind of a situation, it would have been impossible in the first place to do nice things like ‘strategic public relations,’ ” the official noted.¹³

Another high-ranking official at the ministry said, “Of course we did not necessarily make light of risk communication, since members of the expert panel included a specialist in risk communication. However, what was more important at the time was how to deliver consistent, easy-to-understand messages to the public and workers through news conferences and other channels.”¹⁴

These remarks indicate that the health ministry was kept too busy responding to each of the new developments in the COVID-19 outbreak to build a system of public communication, and was therefore unable to disseminate information and messages in ways that followed crisis communication theory. “You are required to have ‘one voice’ in crisis communication. This does not mean that one single person has to say everything, but that everybody has to deliver the same message. I didn’t think there were particular problems in that respect. But we didn’t do a very good job of planning who delivers what message and when, or how we collected and made use of the information. The whole government should have made those kind of plans,” a ministry official said of the shortcomings in the crisis communication system.¹⁵

The Japanese government as a whole lacks a position that exclusively deals with crisis communication. In Britain, for example, the Chief Medical Officer (CMO) has the power to make decisions on medical care policy and, as a direct adviser to the prime minister, serves as a bridge between science and the government. Its long tenure lasting

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10 to 15 years makes it easier for the person in the position to build up experience and trust. The current CMO Chris Whitty accompanied Prime Minister Boris Johnson in the latter's daily news conferences.

The equivalent of the CMO in Japan is the chief medical and global health officer, a new vice minister-class position created in 2017. Under the law that established the health ministry, the chief medical and global health officer is to administer technical acts required to perform the duties under the ministry's jurisdiction that require the use of medical knowledge. Yasuhiro Suzuki, the first person tapped to the position in 2017, served as a bridge between the health ministry and the Prime Minister's Office until he was relieved of the post in August 2020. But he never took on any public relations role.

Such shortcomings in the crisis communication system are also reflected in the way the government's news conferences are run. For example, Prime Minister Abe's news conferences on COVID-19 drew public criticism because not enough time was set aside for fielding and answering questions from reporters.

Abe held a total of eight news conferences over the period from January 15, when the first domestic infection was confirmed, to May 25, when the state of emergency was lifted across the country. The first one on February 29 ended in just 36 minutes, and criticism focused on the way the reporters' questions were cut short. Many reporters were passed over as they raised their hands to ask questions, and even as some demanded extending the news conference, Eiichi Hasegawa, the Cabinet public relations secretary, declared it over saying the scheduled time had passed. The second one lasted longer – 52 minutes, and subsequent news conferences were held for 50 minutes to around an hour (the eighth one was the longest at 70 minutes). Still, the way Abe's news conferences were run was in stark contrast to those given by members of the expert panel, who tried to answer as many questions from the media as possible as the session often lasted for more than two hours.

A member of staff at the Prime Minister's Office said the office was being “too stingy” in organizing Abe's news conferences. “Earlier, most news conferences by the prime minister offered some ‘gifts’ for the media, such as a new economic package. Reporters tend to think that there will be some new policy announcements when they hear that the prime minister will give a news conference, and when there's no such announcement, they will write there was ‘nothing new’ in the news conference. Maybe previously it was overdone, but a bit more effort should have been made to narrow the distance with the public (over COVID-19),” he said.¹⁶ Meanwhile, an official at the health ministry said he realized the importance of the public communication power of top political leaders, such as the prime minister or prefectural governor, to deliver a message that can impress the public, “and I felt that such power alone affects people's trust in government and their cooperation with the government's measures.”¹⁷ In coping with the novel coronavirus crisis, the government should have changed its mindset of normal times and made it clearer that it was seeking people's understanding of its COVID-19 policy.

2.2.2. Dependence on the expert panel

The “graduation thesis” of the expert panel said the government should be taking the initiative in risk communication, with its expert advisory body cooperating with such efforts.

Behind this recommendation was likely the fact that the expert panel gave its own news conference after each of its meetings, and that its vice-chair Omi began to accompany Prime Minister Abe in his news conference after the state of emergency was declared on April 7. A member of staff at the Prime Minister's Office said that since Omi was “very flexible” and always gave easy-to-understand explanations, Abe wanted Omi sitting next to him at important news conferences.¹⁸ “That was meant to make the government more trustworthy. When we received questions about the background to a policy judgment or what was the government's assessment of the situation for the infection, we wanted (Omi) to answer from his standpoint as an expert,” said a senior official in the Cabinet Secretariat.¹⁹

Still, Prime Minister Abe referred to “Dr. Omi” eight times during the one-hour news conference on April 7. “I would like Dr. Omi to give his explanation as an expert as to why the regions other than the seven prefectures (over which the state of emergency was declared) were not covered by the measure,” Abe said as he asked Omi to speak. Abe also urged Omi to answer questions on a number of occasions during his May 6 news conference. When he prompted Omi to answer a question as to the government's action guideline for children with developmental disorders, the reporter who asked the question intervened to say he wanted Abe to answer the question as well.

Dealing with the novel coronavirus requires expert knowledge in epidemiology and medical science, and it is not unusual to seek expert opinion. Omi's presence at the prime minister's news conference helped the government give easy-to-understand explanations on COVID-19 to the public. But it is undeniable that the prime minister repeatedly asking Omi to answer questions from the media had the effect of blurring the division of roles and responsibility between Prime Minister Abe, the top government leader, and the experts in terms of crisis communication following the declaration of an unprecedented state of emergency.

2.2.3. Failure to present the foundations for policy measures and long-term outlook

Another likely reason behind weak public support for the government's COVID-19 response, despite all the efforts in delivering information and messages to the public, was that it lacked the perspective of presenting to the public a grand picture of Japan's measures against the pandemic, the foundation for its policy measures, and a long-term outlook.

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Hitoshi Oshitani, a member of the expert panel, said at the 94th academic meeting of the Japanese Epidemiological Association that while the World Health Organization and many other countries initially tried to contain COVID-19, Japan took a different approach not only because it lacked the power to enforce lockdowns under the special measures act, but also because it was clear from epidemiological studies that 80 percent of the people infected with the virus did not infect anyone else, and that it was the “Three Cs” environment that spreads the virus to large numbers of people.²⁰

However, the government itself hardly explained such theories behind its strategy in combating the pandemic.

In his April 7 news conference, Prime Minister Abe, in explaining why the state of emergency was being declared, gave the latest numbers of infections – that the cumulative number of COVID-19 cases in Tokyo topped 1,000, that the pace of increase in the numbers was picking up – doubling in just five days – and the infections would top 10,000 in two weeks and 80,000 within a month if they continued to grow at the current pace. However, no numerical criteria for declaring the state of emergency had been explained in advance. The prime minister also said the state of emergency would last a month until May 6, including the period for assessing the effects of the measure, and asked people's cooperation by staying at home to reduce contacts with other people by 70 to 80 percent. But the government never specified any concrete criteria for lifting the state of emergency until May 14.

The government's failure to present an overall picture or strategy of its fight against COVID-19 was not limited to the state of emergency. For example, in his February 29 news conference, when asked by a reporter why the government did not give a detailed explanation immediately after Abe made the sudden announcement on February 27 that he would request a nationwide closure of schools, Abe said, “It's true that sufficient explanations were not given, including to the ruling parties. Still, I would like you to understand that I had to make a judgment in my position of responsibility.” But he never gave an explanation as to why all schools needed to be closed across the country.

2.2.4. Insufficient response to public anxieties, discontent and criticism

Since COVID-19 was a new infectious disease about which a great deal was unknown, it was an important part of crisis communication to address the anxieties, discontent and criticism of the public.

One example was the response to the shortage of PCR testing capacity (See Part II, Chapter 7). Behind public confusion over the PCR tests for the novel coronavirus was not only the absolute shortage of testing capacity, but the government's failure to clarify the purpose of the tests and who should be tested, or to explain the outlook for the measures taken to increase testing capacity.

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On April 6, the day he declared the state of emergency, Prime Minister Abe announced the target of increasing daily testing capacity to 20,000 cases. In a news conference on May 4, however, he said the PCR testing system was “clogged.”

Basic policy and strategy on the testing system was presented during the second meeting of the government's Novel Coronavirus Disease Control Subcommittee (the successor to the expert panel) on July 16. It categorized the targets of the tests into three groups – 1) people showing COVID-19 symptoms; 2-a) people showing no symptoms but having a high risk or pre-test probability of infection and 2-b) people with no symptoms and low risk or pre-test probability of infection – and said that the estimated testing needs for groups 1) and 2-a) nationwide in case of a spread in infections would be promptly disclosed to the public. It was the first time such a policy was presented by the government, although it had repeatedly been discussed by experts in media reports.

There is much room for improvement in the response to the issue of prejudice and discrimination against the disease and the privacy of the infected. From the initial stages of the outbreak, discrimination and prejudice toward people infected with the virus, their close contacts, as well as medical and nursing care professionals was a serious problem, as illustrated by nursery schools refusing to accept the children of medical staff who dealt with COVID-19. The expert panel sounded an alarm over this issue in its “analysis and recommendations” dated March 19. Its report on April 22, May 1, May 4 and May 14 also called on the government to take action to deal with such prejudice and discrimination.

However, it was only on September 1 that the government set up and held the first session of a working group on “prejudice/discrimination and privacy” under its COVID-19 response subcommittee. At the meeting, various examples of prejudice and discrimination were reported – including the large number of harassment emails sent to the employer of a man who on July 29 became the first person to be infected in Iwate Prefecture, which had previously had no COVID-19 case, as well as phone calls made to a private high school in Shimane Prefecture to criticize the school and its students for the outbreak of an infection cluster involving some 100 members of its soccer club in August. But many similar problems had surfaced months ago, from the very early stages of the COVID-19 outbreak.

Mie Governor Eikei Suzuki, a member of the working group, told the session about his prefecture's efforts to reinforce its patrol of the internet against abusive messages and its plan to enact a local ordinance by the end of the year to prohibit discrimination and slandering. Similar ordinances have already been launched in Tokyo, Nagano, Gifu, Tottori and Okinawa prefectures. The education ministry on May 27 issued a notification calling on relevant authorities to address the problem of discrimination and prejudice toward schoolchildren, but the national government's response to this issue remains slow as compared to the actions taken by those prefectures.

3. Summary: Best practices and challenges

3.1. Best practices

3.1.1. Information and messages delivered by prefectural governors and the expert panel, in addition to the government

As mentioned above, measures taken in the initial phase of the COVID-19 outbreak as well as the declaration of the state of emergency influenced changes in people's behavior to combat the novel coronavirus, resulting in a decline in the effective reproduction number of the infection in Japan as a whole. The call for people to change their behavior – though made in the form of requests for their “voluntary restraint” – proved effective as each of the parties involved delivered messages in their respective capacity through multiple channels.

What triggered changes in people's behavior, in particular, was Prime Minister Abe's February 29 news conference in which he requested the closure of schools across the country. Meanwhile, prefectural governors also delivered their own messages in ways that were easy to understand for the public at large – such as Hokkaido Governor Naomichi Suzuki's declaration of “the state of emergency” in the prefecture, Osaka Governor Hirofumi Yoshimura urging people to refrain from travel between Osaka and Hyogo prefectures, and Tokyo Governor Yuriko Koike's alert on a “critical juncture” to avoid an explosive increase in infections. After the prime minister declared the state of emergency in early April, Yasutoshi Nishimura, who served as the government's spokesman in its COVID-19 response, repeatedly urged people to change their behavior in his daily news conferences, as well as through two-way communication with the public on social media. Members of the government's expert panel – although they acknowledged that they might have acted “forward-leaning” – tried to fulfill their duties as experts on infectious diseases by holding news conferences into late at night after each of their meetings and delivering their explanations and messages through multiple channels.

Such efforts at risk communication proved effective in urging people to change their behaviors and contributed a great deal to containing first-wave infections in Japan. They should be applauded as one of the best practices.

3.1.2. Crafting easy-to-follow catchphrases like “Three Cs” and “80 percent reduction”

Catchphrases such as “Avoid the three Cs” – which were borne out of the epidemiological analysis of the novel coronavirus – was repeatedly used by national and local governments as well as in media reports. As they were widely shared in public, many people came to have a basic understanding of the infectious disease and recognize how they should behave in order to reduce the risk of infection. As a consequence, the use of those phrases contributed to changing people’s behavior and putting the infection under control.

It was significant that such catchphrases gave people easy-to-understand clues as to how they should behave in the face of the new infectious disease. That should be hailed as yet another best practice in crisis communication.

3.2. challenges

3.2.1. Lack of an established system for crisis communication

The government’s June 2010 report summing up its response to the novel influenza (A/H1N1) pandemic of 2009 recommended creation of a new body with sufficient manpower dedicated to public relations and risk communication with the public. And in launching such a system, the report called for clarifying who was responsible for public communication and unifying the information and messages delivered by the government. These recommendations, however, do not appear to have been put into practice before the government was confronted with the COVID-19 crisis.

The success of the policy and delivery of information/messages urging people to change their behaviors did not result in the people’s positive evaluation of the government’s COVID-19 response because the system for crisis communication was not fully established either at the Prime Minister’s Office, the Cabinet Secretariat nor the health ministry. It is undeniable that the lack of such a system led to criticism about the way the prime minister’s news conferences were run, as well as ambiguities in the division of roles between the government and the infectious disease experts and their accountability.

3.2.2. Lack of a clear overall strategy

Yet another major issue in crisis communication for the first wave of COVID-19 infections was the government's failure to present an overall strategy in combating the pandemic. In the first place, the government lacked either an overall vision or a medium- to long-term outlook in its fight against the novel coronavirus. Therefore, it was unable to disseminate a persuasive message to the public, thus failing to win sufficient public understanding.

A typical example was the declaration of the state of emergency on April 7. In announcing the grave decision of asking people to stay home, Prime Minister Abe said the state of emergency would last "a month" and urged people to reduce contact with others by "at least 70 percent and as close as possible to 80 percent," but he was unable to specify under what circumstance the measure could be lifted.

3.2.3. Insufficient response to public anxieties, discontent and criticism

The government also lagged behind in its efforts to monitor, respond to or deliver messages to address public anxieties, discontent and criticism about COVID-19, including the shortage of PCR test capacity, as well as the issue of slandering and discrimination/prejudice toward infected patients. Those were all major issues that directly affected people's lives, and poor crisis communication in explaining the situation and how the government planned to address the issue is believed to have been one of the reasons that led to the decline in public evaluation of the government.

Particularly problematic throughout the first wave of infection was the system for holding PCR tests for the novel coronavirus. In the first place, the government failed to explain who were going to be tested based on what policy. Prime Minister Abe on April 7 declared his intention to double testing capacity, but on May 4 admitted that the testing system was "clogged." The numerical target for increasing capacity must have been given in order to reassure the people, but the "clogged" remark fueled people's anxieties instead.

3.3. Summary

The "graduation thesis" released by the expert panel on June 24 cited "building a system for communication with citizens in times of crisis response" as the first of the urgent challenges for the government to take on as it prepares for the next large wave of COVID-19 infections. The experts said that to propose measures to respond to each stage

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of the pandemic that reflect the latest knowledge and information and the situation of the infection, the government needs to widely listen to the people and carefully communicate with them about the potential effects or damage to citizens' lives. To achieve that, and in anticipation of the next large wave of infections, the government needs to promptly review its ways and system of risk communication in times of crisis response.

People become anxious if the outlook is not clear. In the response to first-wave infections, people are believed to have voluntarily changed their behavior, such as avoiding the “Three Cs” all the more for their anxieties in the face of an unknown virus. However, it is difficult for people to sustain such change in their behavior unless they are sufficiently convinced – and are presented with a medium- to long-term outlook for the effort – no matter how much the scientific evidence shows they should.

The fight against the novel coronavirus looks set to become a prolonged battle. Until effective vaccines for COVID-19 are developed, changes in people's behavior will hold the key to putting the infection under control. The government needs to explore ways of crisis communication that keep people convinced of the need to sustain behavioral change. Also required will be measures to avoid confusion over COVID-19. A major source of concern beginning this fall is the “twindemic,” or a double epidemic of novel coronavirus and influenza. To minimize the risk of such an epidemic, flu vaccinations for the season began in October. High-risk people are scheduled to be given priority for vaccinations. The immediate challenge is to avoid any confusion as people rush to get the shots out of concern over a shortage of the vaccine.

Notes

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