

Part IV Conclusion and recommendations

Was the “Japan model” successful? – A responsibility to learn how to learn

The “makeshift” response “turned out to be all right”

The outcome is all that matters in crisis management.

Nations worldwide responded to the unknown virus that hit throughout the globe with thorough testing and isolation measures. China and many other countries mainly in Europe and North America tried to contain the novel coronavirus by locking down their cities and temporarily halting economic activities. Meanwhile, Japan's response to the first wave of COVID-19 infections – which sought to contain the infection with only limited testing and calls for voluntary restraint in people's behavior without enforced measures to restrict their activities (“soft lockdowns”) – appeared to deviate from such international norms. Many questioned whether Japan could really forestall an explosive increase in infections through such steps.

Despite the pessimistic forecasts from some quarters, however, the “Japan model” has had its effects. Japan managed to contain deaths from COVID-19 to 8 per 1 million population. That was the third highest among 25 nations in East Asia-Pacific regions, but below the median among 173 countries around the world, and the lowest among the Group of Seven countries. It was also the fourth lowest among the Group of 20 members – after China, Australia and South Korea.¹ In light of its population structure – the most aging country in the world – it would not be appropriate to say Japan failed in its response to the novel coronavirus.

Japan also fared relatively well in its efforts to minimize the economic damage. Instead of the forceful means adopted by many Western countries to curb economic activities, such as lockdowns and broad orders for businesses to close, the Japanese government asked for the voluntary cooperation of its citizens through “soft lockdowns” including requests for changes in people's behavior, self-restraint with large-scale events and shortening business hours. As a consequence, Japan's gross domestic product in the April-June period of 2020 shrank by 7.9 % from the previous quarter – the smallest margin of decline among G7 members. The unemployment rate inched up to 2.9 % in July, but the impact on the labor market was limited compared to other advanced economies both in terms of the jobless rate and the increase from pre-pandemic levels.

Such a performance seems to make the “Japan model” worthy of applaud. However, popular support of the government's measures taken against COVID-19 was sluggish, and the international community remained skeptical about the effects of the Japanese measures. In the first place, questions linger whether the government's response to the crisis can really be called a “model.” In taking steps against the pandemic, did the government adopt a policy framework truly based on scientific grounds and policy

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objectives? Were the measures based on the intention of the government administration – or its “strategy”?

Japan did not anticipate the onslaught of a full-scale pandemic such as COVID-19 – and was therefore not sufficiently prepared for such a crisis. From the beginning, Japanese laws defining the government's response to infectious diseases were not designed to take measures to combat infections over an extended period. They lacked provisions that enabled it to restrict private rights by force – such as suspending business activities or restricting people's movement. According to staff at the Prime Minister's Office, introduction of new legislation that would enable Western-style lockdowns was never put on the agenda of policy discussions under the tight schedule of Diet deliberations.²

When the state of emergency was declared on April 7, the first time ever under the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response, the government did not have a clear idea as to how long the state of emergency would continue or under what conditions it could be lifted. Initially, after declaring the state of emergency, the government planned to tighten its request for people's voluntary restraint on their activities step by step. But that scenario was derailed when governors of several prefectures, led by Tokyo Governor Yuriko Koike, sought to issue business suspension requests for designated sectors.

The government had certain simulations regarding future patterns of the spread of COVID-19 infections, but no signs were confirmed in our investigation that the government weighed concrete policy steps to deal with each of those scenarios. The process of formulating the so-called Japan model – as made clear by testimonies of the people involved – was not based on an elaborate policy package, but an accumulation of makeshift judgments by officials in charge of each aspect of the government's COVID-19 response, who racked their brains to desperately cope with the situation under various constraints and limited resources.

In announcing his resignation on August 28, Prime Minister Shinzo Abe said looking back on his administration's response to the novel coronavirus, “in the absence of established knowledge [about the virus], I believe we did the best we could, by making use of what we knew at each stage” of the crisis. One of the key officials in the Prime Minister's Office bluntly summed up the confusion of the government response by noting, “What we all did were makeshift measures, but they turned out to be all right in the end.”³

Being able to make things turn out all right in the end is a kind of political power, and politicians are not to be blamed for that. Due to the inherent nature of a crisis, it is not rare that plans or preparations made in advance are invalidated as events develop in ways that defy forecasts. However, random judgements are always precarious because you cannot guarantee being able to replicate the same performance. In fact, a close look from behind the scenes at Japan's response to the first wave of the pandemic revealed the way the government acted was so insecure and riddled with challenges.

The expert team who led the fight to control the infection: their contribution and distress

In the fight against the unknown virus, it was the expert team comprising scholars and researchers of infectious diseases who took charge of the key aspects of drafting measures to combat the pandemic.

As of early February, Japan had the capacity to conduct PCR tests and analyze the results on only about 300 cases a day. Among experts in infectious diseases summoned to the Health, Labor and Welfare Ministry as members of an advisory board, it was already known that there was a certain risk people infected with the virus but showing no symptoms would infect others. Unless you significantly restricted the coverage of the PCR tests, however, it was clear that you could not possibly process everybody who wished to be tested. In order to make the best use of scarce testing resources, the health ministry recommended that PCR tests should be limited to people with a high risk of developing serious symptoms.

Triage is the assessment you have to make to assign degrees of urgency for patients when you are faced with quantitative constraints on emergency rescue resources. It is deemed one of the most difficult decisions to make in a crisis situation that will lead to choosing who ultimately lives and dies. The first problem that confronted the team of experts called up by the health ministry was a critical deficiency in preparedness for a pandemic – a shortage of PCR testing capacity. The key question was how to strategically allocate scarce testing resources just as infections were spreading rapidly. While urging the government to boost testing capacity, the experts also endorsed a bold strategy to narrow down the coverage of PCR tests – to concentrate on patients with a high risk of serious symptoms by setting testing standards fairly severely and restricting tests on people with either mild or no symptoms. This policy proved effective in preventing a collapse of the medical care system in the initial phase of the pandemic.

The expert team would go on to play a key role in formulating the government's strategy for containing the COVID-19 infections. By analyzing the test results of passengers and crew aboard the Diamond Princess cruise ship and relatively small samples of a little more than 100 cases of domestically confirmed infections, they beat the rest of the world in coming up with a concrete hypothesis as to the environmental factors that spread the infection. This hypothesis – which later became known as the “Three Cs” theory – showed that it was possible to prevent a rapid spread of infection without resorting to large-scale lockdowns or halting social and economic activities, by forestalling the conditions that breed infection clusters. It provided a theoretical foundation for the “soft lockdown” approach taken by the Japanese government.

What supported the activities of the expert team was a strong relationship of trust based on their experience of working with the government in dealing with difficult issues in the past. The advisory board was created on February 7 at the initiative of Tokuaki

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Shobayashi (now director-general of the health ministry's Health Service Bureau), who as deputy chief of the secretariat of the ministry's headquarters on COVID-19 was in charge of running its response to the novel coronavirus. The key members of the expert team, including Shigeru Omi, Nobuhiko Okabe, Hitoshi Oshitani and Akihiko Kawana, had previously served on a panel advising the government on measures to combat the spread of new-type influenza in 2009, in which Shobayashi was deeply involved.

The experts did not keep themselves to a ceremonial role of merely endorsing and authorizing the proposals made by the bureaucracy, but gradually came to be involved in the substance of drafting policy measures by contributing their expert knowledge. After their status was upgraded from the health ministry's advisory board to the Expert Meeting on the Novel Coronavirus Disease Control under the government's COVID-19 headquarters at the urging of Komeito, a junior partner in the governing coalition, the members continued to hold informal meetings in between the formal conferences, gathering nightly in university labs at their own expense to deepen discussions on how to combat the COVID-19 infection, and making a series of policy recommendations.

The health ministry did not leave everything in the hands of the experts, either. It was not unusual for a draft paper written up by the experts to be covered in comments red inked by ministry officials. The experts and ministry officials exchanged email comments often right up until just before the recommendations were publicly announced. It was not an easy job for ministry officials to ensure consistency with overall government policy and feasibility of policy implementation while respecting the opinions of the experts. But the coordination between the two parties was made smooth by the long years of trust gained by working with the experts in 2009. A senior health ministry official referred to the experts as "comrades" and indicated his deep trust in the experts, saying, "There is quite a big difference between the people who have gone through that kind of experience and those who haven't in matters like the speed in making decisions or the capacity to foretell what might possibly take place."⁴

But the honeymoon between the government and the expert team gradually changed as the presence and influence of the experts increased. The statement that Shigeru Omi, deputy chief of the expert panel, made at a news conference on Feb. 24 that the nation was at a critical juncture in the effort to put the infection under control was highlighted in media reports and boosted the public sense of crisis over the novel coronavirus.

Sensing the change in public sentiments, the Prime Minister's Office quickly altered its plans and made a series of announcements – calling for self-restraint in organizing large-scale public events on February 26 and requesting schools nationwide to close on the following day. On March 17, the expert panel, impatient that the government would not resort to full-scale border control measures to prevent infections, filed an appeal with the health ministry calling for prompt action. In response, the government launched large-scale measures beginning on March 21 to tighten the quarantine for people entering Japan from most of Europe. When a formal Twitter

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account was opened on April 3 in the name of the experts dealing with COVID-19 infection clusters, they gained nearly 140,000 followers in one day – a sign of strong public attention to what the experts said. The recommendations made by the expert panel exerted so much influence that the government could not ignore them in its policy judgements.

The presence and influence of the expert team, which grew even beyond their own imagination, would eventually lead to criticism of and pressure on the experts. When scholars led by Hokkaido University professor Hiroshi Nishiura, a member of the team, unveiled an estimate that the death toll in Japan from COVID-19 could possibly reach 420,000 in a worst-case scenario assuming that no action was taken to reduce people-to-people contacts, the shocking figure triggered a heated debate over the model of the calculation and assumptions.

Osaka Governor Hirofumi Yoshimura lashed out against the estimate, telling a news conference on June 12 that it's "wrong to rush forward solely on the basis of the Nishiura model." Yoshimura's remarks were an example of objections to the warnings made by the expert team that intensified as people's sense of burden from the restrictions in their daily lives and economies activities grew. Public dissatisfaction with government measures that imposed economic pain and inconvenience, such as the requests for people to stay home and shops to suspend their business, was directed toward the expert team, instead of the government. In weighing the timing of lifting the state of emergency in May, the Prime Minister's Office also became concerned that it could end up waiting too long in ending the measure if it followed the conservative criteria set by the expert team. Talks behind the scenes between the Prime Minister's Office, which called for easing the conditions for lifting the state of emergency, and the experts would not easily move forward, and a gap began to widen between the two parties. An official at the Prime Minister's Office admitted that there were times when the presence of the expert panel felt like "too much of a good thing."⁵

At some point, the expert team, which started out as a group of advisers to support the government, came to be viewed by the public effectively as a policy-making organ. The experts became exhausted as they came under media criticism and their differences with the government came to the surface. They were benumbed in shock and began to question the reason for their presence and their roles.

On June 24, the expert panel announced a set of recommendations that assessed their own roles and issues in the nature of an expert body advising the government in an emergency situation. They said they became "forward-leaning" as their roles transitioned from passively responding to government requests to proactively engaging in policy proposals. On the other hand, they complained about the government's risk communication that forced them to become forward-leaning in their stance. They said their role was that of an advisory body, and urged the government to make clear that it was responsible for making and executing policy decisions.

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In the end, the government failed to shield the experts – who were driven by their social sense of mission to contribute more than had been anticipated in the fight against COVID-19 – from public criticism. Just as the key members of the expert panel were explaining their recommendations at a news conference on June 24, Yasutoshi Nishimura, economy revitalization minister who was in charge of COVID-19 response, abruptly announced that the expert panel had been “abolished.” That was quite a bitter ending to the experts’ mission.

Recommendation: the government should sum up and review the nature of an expert advisory body in an emergency situation.

The expert panel publicly released a report on June 24 reviewing their involvement in government policy on the response to the first-wave of COVID-19 infections, including issues they realized in the nature of their engagement with the process. However, the government has not yet made known how it acknowledges the issues highlighted in the report, nor has it conducted its own review of the engagement with the experts. As it prepares for the next emergency situation, the government needs to do its own overview and review in order to explore better ways of collaboration with experts.

Collision between “safety” and “sense of security”

In the key stages of the government’s response to the first wave of COVID-19 infections, the scientific knowledge and opinions of experts and technical officers at the health ministry were not always respected.

Initially, the health ministry said that uniform isolation of all the people repatriated on chartered flights from Wuhan, China or PCR tests on those who disembarked from the Diamond Princess was not necessary. However, the Prime Minister’s Office, fearing that allowing these people to circulate freely would fuel public concern over the novel coronavirus, reversed the ministry’s plan and decided on their isolation and PCR tests.

As of late February, the experts were of the view that a nationwide closure of all schools would be meaningless in the effort to put the infection under control. But Prime Minister Abe, sensing the change in popular sentiment⁶ following the February 24 “critical juncture” remark by Shigeru Omi, deputy chief of the expert panel, abruptly issued a request for schools across the country to close. In early May, the experts team advocated that the state of emergency should be lifted when the cumulative number of new infections in the most recent two weeks fell below 0.5 per 100,000 population. Concerned that a protracted state of emergency would exacerbate damage to the economy, however, the Prime Minister’s Office urged the experts to rethink and ease the criteria. As a result, the criteria for lifting the state of emergency was effectively relaxed as the

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period for observing the number of new infections was shortened from two weeks to one week.⁷

The gap in the ways of thinking between the two parties was due chiefly to the differences in their underlying policy objectives. A series of recommendations made by the health ministry and the expert team put the utmost priority on ensuring people's "safety" – or containing the spread of infection – and they based their judgments on whether they could explain the decisions on scientific grounds. On the other hand, officials at the Prime Minister's Office pursued people's "sense of security" along with their "safety." They were sensitive to people's sense of insecurity as reflected in opinion surveys and the tone of media reports. They hesitated to take steps that could possibly fuel people's anxieties – even if the measures seemed to be founded on rational scientific judgments. On the other hand, they strongly pushed for policies that were deemed to ease people's anxieties even when the anticipated effects of the policies were not fully backed up by scientific grounds.

The gap between the two parties was the most visible in their differences over expanding PCR and other tests for the virus. At the initial phase of the outbreak, the health ministry and the expert team limited tests to people with a high risk of developing serious symptoms, and as a result, tests were not made available to many people even when their doctors said they needed to be tested. The ministry and the experts insisted the policy of limiting tests was legitimate, citing the shortage of testing capacity and emphasizing the risk of infection clusters emerging as a result of people wishing to be tested rushing to hospitals in large numbers.

But the Prime Minister's Office became increasingly jittery as popular discontent and anxiety grew that people could not receive PCR tests as they wished. At the government's liaison meetings and on other occasions, Prime Minister Abe, seemingly irritated, urged the health ministry repeatedly to conduct more PCR tests. The health ministry gradually eased the criteria for taking PCR tests and on March 6 extended public health insurance coverage to such tests. But the number of PCR tests failed to increase quickly, reaching only about 1,700 a day (on a weekly average) at the end of March.

As of February, the health ministry and the experts were aware of the risk that asymptomatic carriers of the virus could infect other people. But it was clear that it would be impossible to test all the people who wished to be tested if PCR tests were made more widely available. Concerned with a possible panic, the health ministry hesitated to officially confirm that asymptomatic patients could infect other people – at one point calling on the expert panel to delete a reference to that risk in their official statements. It was only on April 20 that the National Institute of Infectious Diseases revised its definition of the "close contacts" of infected patients as someone who was in contact with a patient from two days before the latter developed symptoms – instead of the patient's onset date – thereby reflecting the risk of infected people infecting others before the onset of COVID-19 symptoms in the testing procedures. The minutes of the advisory board's February 10 discussions that mentioned the risk of asymptomatic patients infecting others

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were not disclosed until May.

Prime Minister Abe could not hide his irritation and displeasure that the PCR testing system was not quickly expanded, telling a news conference on May 4, “I have said time and again where [the testing system] is clogged.” The expert panel, in a conference held the same day, admitted the number of PCR tests held in Japan remained small compared with other countries, but still defended their testing policy, saying that given the low rate of people testing positive for the virus, the limited testing did not necessarily mean Japan was failing to detect large numbers of potentially infected patients. Even after Abe complained the testing system was “clogged,” the health ministry was trying to calm down calls for expanding PCR tests, distributing papers among lawmakers and bureaucrats that rebutted the arguments for making the tests widely available for those wishing to be tested and explaining the risks of conducting the tests more broadly.

The Prime Minister's Office and the health ministry were in a consensus over the grand objective of conducting “necessary” tests. But they differed in their interpretation as to what tests were “necessary.” The Prime Minister's Office broadly defined “necessary tests” so as to allay popular concern over having to wait to be tested, and called for increasing the number of PCR tests as quickly as possible. The health ministry would not easily relax its strict testing criteria, based on its relatively narrow definition of “necessary” tests from a public health viewpoint. The ministry would ease the testing criteria only as far as testing capacity was expanded – so as to avert the risk of generating infection clusters at hospitals and forestall causing panic or anger among people who met the testing criteria but were frustrated that they could not be tested. That was a difficult decision for the health ministry, which was forced to wage a “two-front” campaign of struggling to increase testing capacity at public health centers and commissioned hospitals, while at the same time seeking to quell public opinion demanding a prompt expansion of the testing system. However, the underlying gap in policy objectives deepened the mistrust between the Prime Minister's Office and the health ministry.

In normal times, policy decisions based on scientific evidence are generally considered as right, and policy steps taken without such evidence to cater to public opinion are rebuked as populism. In a crisis, however, not only pursuing the “safety” of people from scientific viewpoints, but also seeking to build a “sense of security” among the people to remove their anxiety and prevent a panic can be important and legitimate policy objectives. Especially in combating an unknown virus, scientific evidence may not be absolute and can be updated and overwritten every day. A technical officer at the ministry recalled, “There were many instances when, in afterthought, the intuition of the layman proved right.”⁸ In a crisis situation where you have to tread uncharted territory, it is always politics that take the ultimate responsibility for balancing “safety” (or scientific rationality) and a “sense of security” (or social solidarity).

Forced to mobilize all resources

In dealing with a national-level crisis like a pandemic, all resources not just of the government but the private sector must be mobilized. In many instances, however, resistance toward sharing information between different government organizations or inconsistent decision-making due to the vertical division within the bureaucracy hamper the creation of an effective crisis response system. Unlike the response to natural disasters for which the government can rely to a certain extent on established know-how, in dealing with a new virus whose infectivity and other characteristics were unknown, the Prime Minister's Office explored the desired function of command post through trial and error. "We had no choice but to mobilize all the resources available," Chief Cabinet Secretary Yoshihide Suga said as he recounted the sense of crisis on the part of the government.

In the initial response to the COVID-19 outbreak, an informal meeting involving the prime minister known as the prime minister's liaison meetings served effectively as the venue for weighing policies and making decisions. Such a meeting was held almost every day from immediately after the lockdown of Wuhan on January 23. Dozens of senior officials from various ministries involved were packed inside the prime minister's workroom to share day-to-day developments and discuss a grand policy to deal with the situation. By simplifying the layers of information flow, this meeting expedited the gathering of information and decision making. At the same time, the process, in its initial phase, had the risk of presenting to the prime minister half-baked ideas and information whose accuracy had not been ascertained.

In the operation to repatriate Japanese from Wuhan on chartered flights in late January, the office of assistant chief Cabinet secretary in charge of situation response and crisis management – called the "situation office" – under the command of the office of the prime minister was chiefly responsible for clerical functions, working with the health ministry, the Foreign Ministry, the Land, Infrastructure, Transport and Tourism Ministry and others, while building up a system of public-private sector cooperation, requesting the help of airline companies and hotels that could accommodate the returnees. Since it had to be established without adequate preparation, the operation revealed some logistical problems, especially the heavy burden on the staff at the office as they had to deal with the people isolated after being brought back from Wuhan just as social unease grew over the unknown infectious disease.

A Cabinet decision on January 30 formally set up the government's headquarters dealing with COVID-19 at the Cabinet Secretariat, and a meeting of its key members became the base for policy coordination among the related ministries to formulate a basic policy. The deputy chief Cabinet secretary for crisis management chaired the headquarters, and the three assistant chief Cabinet secretaries, plus the chief medical and global health officer from the health ministry served as vice-chair. Its secretariat was chiefly staffed by officials from the offices of the Cabinet Secretariat in charge of dealing with pandemic influenza and emerging infectious diseases.

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In mid-February, the expert team, which had started as an advisory organ for the health ministry, was effectively transferred to the command of the headquarters. On March 6, economy revitalization minister Yasutoshi Nishimura was tapped to take charge of the government's response to COVID-19. When the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response was revised to deal with the novel coronavirus, the headquarters were officially mandated as a body under the law, and its secretariat functions were taken over by a newly-created Office for Novel Coronavirus Disease Control. Several task forces that cut across ministerial lines were set up under the command of Hiroto Izumi, special adviser to the prime minister, to give detailed instructions on important tasks such as securing hospital beds and medical supplies.

Aside from the operation of the formal headquarters organization, the Prime Minister's Office was proactively involved in decisions on important matters through informal channels. When the Diamond Princess arrived off Yokohama port on February 3, health minister Katsunobu Kato, upon being informed of the initial tests of its passengers and crew that suggested the spread of infection aboard the cruise ship, immediately requested Chief Cabinet Secretary Suga for help. After that, Suga held meetings every night at a Tokyo hotel with senior officials from the defense, transport and other relevant ministries to grasp the situation aboard the Diamond Princess and weigh the government's response.

"We needed to make a response that cut across ministerial divisions, since the health ministry was responsible for quarantine, the transport ministry for port matters, the Internal Affairs and Communications Ministry and the Defense Ministry for dealing with local governments, and the Foreign Ministry for matters concerning the cruise ship," health minister Kato said as he recalled how he asked for support from the Prime Minister's Office.

During a crisis, personnel assignments must be more flexible than at normal times. As domestic COVID-19 infections widened and the workload of the Cabinet Secretariat to coordinate the government's response sharply increased in both qualitative and quantitative terms, top-class personnel from each of the ministries, including Hideki Tarumi, former director-general of the health ministry's Pharmaceutical Safety and Environmental Health Bureau tapped to head the new coronavirus office at the Cabinet Secretariat, were hastily mobilized. A senior official in the Cabinet Secretariat emphasized the importance of flexible personnel assignments in times of crisis, saying, "You can't always keep top-class personnel, so you have to gather them when a major crisis takes place."⁹ A senior government official recalled how the process of building a command post for the COVID-19 response operations was a series of trial and error to deal with the unanticipated situation of having to deal with a new virus of unknown infectivity – which needed an entirely different approach to responding to a military emergency.

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On the other hand, there were not a few instances in which the top-down decisions made by the Prime Minister's Office either could not be enforced as intended or implemented on schedule, due to the gap in perception with the officials who actually carried out those measures or a weakness in policy-execution infrastructure. From around March, Prime Minister Abe promised to several countries a supply of Avigan, originally developed as an influenza drug but seen as a potential treatment for COVID-19. Abe gave repeated instructions at the prime minister's liaison meetings for the health ministry to work toward prompt approval of Avigan as a drug for the novel coronavirus – even telling a news conference in May the government was seeking to win its approval by the end of that month. However, it was reported on July 10 that the tentative analysis of results from its clinical trials showed the effect of the drug failed to reach statistical significance, meaning the process for its approval would take more time.

The uniform ¥100,000 cash handout to each individual was distributed to only 76 percent of the population two months after the extra budget to pay for the measure cleared the Diet. In Germany, such payouts made via electronic application reached the people within days after the relevant legislation was enacted. It took so long for Japan to execute a similar program because the nation's My Number personal identification numbers were not linked to the bank accounts to which the payment for each individual would be made, thereby requiring cumbersome clerical work at municipal offices to distribute the payouts to local residents.

The fragility in the system for surveillance of infections and patient information – the starting point of efforts to contain an infectious disease – also hampered the government's response to COVID-19. Initially, the notice that a patient had been infected – handwritten by each medical institution – was faxed to the regional public health center, whose staff in turn had to manually input the data into the system. Such a scheme dating back to the analog age left the staff at public health centers exhausted and made it difficult for the government to grasp the nationwide situation on infections on a real-time basis. For more efficient and speedy sharing of relevant information, the health ministry hastily launched the development of online information-sharing systems HER-SYS on patient information and G-MIS to grasp the staffing situation and stock of supplies at medical institutions. However, it was only in May or even later that the systems were introduced and put into full operation.

Looking back on how the government struggled to execute its COVID-19 policy, health minister Kato lamented that the greatest problem was “the delay in digital transformation.”¹⁰ In a crisis response, the prompt and appropriate execution of policy decisions made is as important as – or even more important than – decision making and an equally challenging task. Such an execution risk can be so serious as to determine the fate of the policy decision itself, particularly when there are multiple organizational layers between the decision-making and its execution. Problems in Japan's policy execution capabilities exposed by the COVID-19 crisis, such as the lagging digitalization of public services and rigid procurement rules, need to be promptly addressed.

Recommendation: The digital infrastructure of administrative services should be fundamentally strengthened under the leadership of a command post function that cuts across ministerial divisions.

An organization equipped with the function of a command post across ministerial lines and development ownership should be established to push forward digitalization of the government in the following three aspects; 1) Building the infrastructure for sharing and using data between national government ministries and prefectural/municipal governments; 2) Introducing flexible and phased budgeting and procurement schemes that enable collaboration with the private sector from the planning stages; 3) Securing in-house IT engineers to the tune of several hundreds.

Economic measures to “protect and sustain”

Since the novel coronavirus spreads through human-to-human infection, economic activities such as production, consumption and people's movements themselves can spread the infection. This feature of the COVID-19 pandemic – which is essentially different from economic crises of the past – posed a serious dilemma to the government over the trade-off between containing the infection and maintaining economic activities. In order to overcome this trade-off dilemma, the government, introduced emergency relief measures to households and businesses through economic, fiscal and monetary policies along with efforts to change people's behavior through soft lockdowns.

In the emergency economic package adopted by the Cabinet on April 7, the government cited “protecting employment and keeping business viable” as its core objectives. Specifically, the subsidy rate in the employment adjustment subsidy program to help employers keep their workers on payroll was raised up to 90 percent, so as to ease the employers' burden of employee wages and help them maintain jobs. To support the financing of businesses, the package also featured measures such as direct payouts, along with financial help, to aid small and medium-size companies that suffered revenue losses. On the other hand, compensation for lost corporate profits was not included in the package. The basic idea behind the package, a Finance Ministry official noted, was that under the capitalist economy, the focus should be on sustaining the business operation of the firms, instead of making up for their lost profits.

As the massive economic package on an unprecedented scale was put together, the ruling coalition parties, the business community and experts engaged in a “fierce competition” (as recalled by a senior official at the Ministry of Economy, Trade and Industry) to present policy ideas to the government. METI took charge of collecting information about details on economic measures taken by other countries, which served as a benchmark in considering and narrowing down specific items in the government's

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package. As it remained unclear when or how the infection would subside and it was uncertain what effects the planned policies would exactly have, the government had to explore each step of the way in crafting each of the economic measures. Some of the measures exposed loose ends or confusion in their implementation, such as the much-criticized idea to distribute the “Abenomask” to each household. However, a senior METI official said the government had to take the steps in order.

Japan managed to avert sharp increases in corporate bankruptcies and unemployment – at least in responding to the first wave of COVID-19 infection – partially due to such external factors as the record level of internal reserves (retained earnings) that Japanese companies had accumulated, and the chronic manpower shortage in the labor market. As prolonged economic stagnation is forecast worldwide, however, it is not sustainable to keep supporting the business of all companies and jobs with massive fiscal measures like the latest economic package.

International competition in anticipation of the post-pandemic era has already begun. Advocating a “green recovery” since the early phase of the crisis, some of the key European nations have embarked on efforts to transform their industrial structure through radical environmental and climate change measures to win the international competition after the end of the COVID-19 pandemic. China has proposed building a “Health Silk Road” to not only provide masks and other medical supplies to other countries, but promote the export of public health infrastructures, such as remote medical services, and technical aid.

A series of economic measures taken by the government in response to COVID-19 was designed primarily to control the damage from the unprecedented economic shock from the pandemic. The measures barely included a road map to regaining lost economic ground through subsequent steps to spur consumption. But the government was unable to come up with a plan to turn the crisis around as an opportunity for structural transformation of Japan's economy to compete in the post-pandemic world. True, the government's latest annual outline of economic and fiscal reforms advocate promoting digital transformation aimed at the post-pandemic “new normal.” However, we cannot possibly face intensifying global competition by merely fixing the social vulnerabilities exposed in the response to COVID-19. It is time to embark on fundamental reforms as a strategy for growth, so that the government, businesses and households will treat data as public goods and make full use of digital technology as public infrastructure. What is needed now is to use limited fiscal resources wisely and strategically, so that the cost of a “sense of security” will simultaneously turn into investment for “growth” in the post-crisis future.

Recommendation: The focus of economic measures should shift from “keeping business viable” to “strengthening businesses.” Support for companies’ business operations should be tied to their efforts in structural reforms.

As the Japanese economy is forecast to suffer from protracted damage from COVID-19, it is likely that fiscal measures on a significant scale will continue to be needed to underpin the economy for some time to come. In order to ensure that precious fiscal resources lead to investment in future growth, the government needs to end unconditional and uniform financial support to businesses, and tie various support measures to efforts on the part of the companies along such specific policy goals as digitalization and de-carbonization. The nation should turn its latest loss in the digitalization campaign into a chance to reform its industrial structure and establish data and digital infrastructure.

Success of risk communication and failure of crisis communication

In its response to the first wave of the pandemic, Japan managed to keep its COVID-19 deaths in proportion to the population significantly lower than in Western countries. By using easy-to-understand catchphrases and releasing relevant information through multiple channels such as social media, the government was able to build public understanding of the risks and characteristics of the unknown virus to a certain extent. However, such efforts, whose outcome deserves to be widely applauded, did not necessarily lead to positive appraisal of the government's response to the novel coronavirus.

The campaign to avoid the “Three Cs” advocated by the expert panel was one of the most successful examples of risk communication in the first wave response, in that it summed up the infection risk from the unknown virus in an easily understandable way to urge people to change their daily behaviors. In late February, the experts noted that novel coronavirus infections tended to take place in 1) closed spaces; 2) crowded places and 3) close-contact settings. Subsequent discussions at the office of the prime minister created the catchphrase that urged people to avoid those three conditions, which came to be widely recognized. The government went on to come up with other easy-to-understand slogans calling for public behavioral change, such as the “new lifestyles” and urging people to reduce contact with others by “at least 70 percent and as close as possible to 80 percent.” These catchphrases came to be popularly accepted through repeated use by national and local governments as well as in mass media reports.

What also contributed to people's understanding of the novel coronavirus were the government's efforts to disseminate various policy messages through multiple channels. Immediately after he was put in charge of the COVID-19 response, economy revitalization minister Nishimura emphasized the importance of information disclosure – and made good on his words that he would hold a news conference every day. The expert panel also held their own briefings to the press, giving explanations from scientific

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standpoints on the background to their recommendations and related data. Cabinet ministers as well as members of the expert panel also engaged in two-way communication through social media tools such as Twitter and Facebook to ease public anxiety over the virus and enhance their understanding of the policy steps taken. After the state of emergency was declared in April, Shigeru Omi, deputy chief of the expert panel, began to accompany Prime Minister Abe in his news conferences, in an attempt to minimize contradictions and gaps in the messages delivered by the government and the experts.

Despite these efforts, people continued to hold a negative view of the government's COVID-19 response. According to opinion surveys by NHK, the ratio of respondents saying they approved of the government's response to the novel coronavirus kept falling from February to May – and those who disapproved of the government's measures outnumbered those who gave positive appraisals in the polls taken in April and May.¹¹ In line with the public's severe evaluation of the government over the pandemic, popular approval ratings for Abe's Cabinet kept falling from February.

During this period, Prime Minister Abe held a total of eight news conferences until he finally lifted the state of emergency in May, each time explaining the government's policy in dealing with COVID-19. In the first news conference held on February 29, he gave his account of his political decision requesting the nationwide closure of schools. At that point, his judgment on the issue was supported by a large section of the public as “inevitable.” But when he declared the state of emergency on April 7, the decision did not seem to have won sufficient public support as a majority of people felt that the action came “too late.” On the timing of lifting the state of emergency, for which Abe gave his explanations in the May 14 and 25 news conferences, people who felt it was “too early” to lift the state of emergency outnumbered those who thought the timing was “appropriate.” An international survey also showed that people in Japan were far more unhappy about the government's support for businesses and more worried about losing their jobs than their European and North American counterparts.¹² These suggest that the government was not sufficiently successful in its efforts to win public understanding and support of its measures to either contain the infection or shore up the economy.

The government did an even poorer job in gaining international understanding of its COVID-19 actions. When Dr. Kentaro Iwata, professor at Kobe University, posted a video on YouTube on February 18 expressing caution against the infection control measures taken aboard the Diamond Princess – citing the “miserable” environment inside the cruise ship that he observed when he briefly got aboard and charging that “no distinction is made between ‘safe’ and ‘unsafe’ areas” – the overseas media quickly lashed out against Japan's response. Health minister Kato rebutted the following day that zoning aboard the cruise ship was adequate, and the health ministry also said on February 20 that infection control measures were appropriately taken on the ship. However, no explanation was given as to the concrete situation aboard the ship, such as by showing photos inside the ship, and the government did not make a detailed rebuttal in ways that could win the understanding of the overseas media. Also, as the World Health

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Organization urged nations to enforce thorough tests against the virus and the isolation of the patients, Japan's policy of narrowing down the coverage of PCR tests due to the constraints of limited resources was not well understood overseas. In early April, the embassy of the United States in Tokyo went so far as to urge Americans visiting Japan to escape, noting that the real picture of infections in the country was unclear because not enough people were taking PCR tests.

When confronted with a national-level crisis, the country's top leader is expected to identify the significance of the crisis by explaining the situation in ways understandable to the public and presenting a road map to resolving the problems at hand. In responding to the COVID-19 pandemic, however, the government did not start out with a strategic scenario toward containing first-wave infections. Its "Japan model" of seeking to contain infections and keep up economic activities at the same time was a process of trial and error, and it was not easy to clearly explain what the foundations of the "model" were.

In a crisis situation, the space of political discourse is always competitive. If the leader fails or struggles to identify the significance of the crisis, other political players or the mass media will quickly try to take control. Prime Minister Abe's administration became jittery and irritated that its relative success in containing COVID-19 infections compared with other countries did not lead to support of the administration – and that in turn ate up the administration's power and resources. Commenting on the negative public appraisal of the government's COVID-19 measures, economy revitalization minister Nishimura said that "ultimately history will hand down its judgment,"¹³ but also indicated his frustration that the steps taken by the government were not being appreciated by the people.

Prefectural governors playing proactive roles – confusion over governance between national and local governments

As people took a critical view of the national government's measures on COVID-19, the heads of some local governments played active roles in dealing with the pandemic in their own unique ways. That occasionally led to political friction with the central government – another major feature of the nation's response to the first wave of novel coronavirus infections.

Under Japan's legal framework on dealing with infectious diseases, prefectures and municipalities are supposed to take on the frontline role. While the national government sets the basic policy in dealing with the infectious disease and provides necessary technical and fiscal support, the prefectural governors – to whose jurisdiction the regional public health centers belong – are given broad discretion in such matters as requesting or instructing businesses to close, restricting the movements of infected patients and the provision of medical services. This time, prefectural governors across the country were suddenly confronted with a common challenge of dealing with an unknown infectious disease. In a situation of extraordinary political tension – in which the

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governors would inevitably be compared with others in coping better or worse with the pandemic – some prefectures acted creatively to take various ingenious steps to combat the infection, while not a few others followed the measures taken elsewhere.

For example, Kanagawa Prefecture – which became the first among the nation's 47 prefectures to face the COVID-19 challenges in early February when the Diamond Princess arrived in Yokohama – worked with the local DMAT (disaster medical assistance team) to divide people infected aboard the ship into four categories according to their symptoms, and concentrate on treating patients with medium-to-serious conditions requiring heavy medical attention in the area's key hospitals. From an early phase of the outbreak, the prefecture took the initiative for a more efficient surveillance of the infection using information and communications technology, such as holding questionnaires of local residents in collaboration with Line Corp. Some of these ideas were later followed by other prefectural governments.

In Wakayama Prefecture, where a cluster of infections was detected in February, the governor took the lead in conducting thorough tests of people who had been in close contact with the infected patients, by defining people subject to epidemiological survey by public health centers more broadly than under the health ministry guidance. With help from other prefectures, Wakayama managed to conduct PCR tests on more than 800 people and issued a “safety declaration” within three weeks. A similar broad approach to testing for the virus was followed by some other prefectures including Shimane.

Hokkaido Governor Naomichi Suzuki issued a state of emergency for the prefecture on February 28 without legal grounds to send a strong alert over growing infections among local residents, urging people to stay home and private-sector firms such as department stores to voluntarily close over the weekend. Three weeks later, the national government's expert panel said such a response by the prefectural government had a certain effect in containing infections in Hokkaido. A similar “state of emergency” not based on legal provisions was also declared by Aichi, Gifu and Mie prefectures in April.

Meanwhile, ambiguities in the division of powers and responsibility between the national government and prefectures under the revised act on special measures against pandemic influenza and new infectious diseases led to occasional confusion in terms of governance.

When Tokyo Governor Yuriko Koike suddenly referred the possibility of a “lockdown” in her March 23 news conference, public tension increased sharply as some people rushed to retail stores to buy up foodstuffs and other daily necessities. A false perception spread that the government would enforce city lockdowns as seen in European and North American countries when it declared a state of emergency, and the government had to dispel such a misunderstanding. COVID-19 minister Nishimura said the government's declaration of a state of emergency was delayed partly due to Koike's “lockdown” remark.

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Before and after the state of emergency was declared on April 7, the national government and the Tokyo Metropolitan Government engaged in a heated row over whether to urge business proprietors to close their shops and what sectors would be covered. In a state of national-level emergency arising from an infectious disease, prefectural governors are given broad powers under the special measures act to take steps to prevent the spread of infection and secure the medical service system. On the other hand, the national government is empowered (under Article 20, Clause 1 of the act) to call for adjustments on measures taken by local governments in accordance with its basic response policy, and if the suggested steps are not taken, the state can issue “necessary instructions” to the local governments (Article 33, Clause 1).

On April 6, the metropolitan government, without any prior coordination with the national government, compiled a list of sectors that would be subject to a request to close their business once the state of emergency was declared. The national government, which had planned to take a step-by-step approach to gradually tightening calls for self-restraint in people's behavior as needed, did not assume that the metropolitan government would issue its own request from the outset for businesses to close across broad sectors. On April 7, the government revised its basic policy for the COVID-19 response to emphasize that it would not enforce any measures such as a lockdown, and to require local governments to consult with the central government beforehand when they introduced a powerful step under the special measures act.

As the gap between the two sides could not be bridged, the national government was unable to draw up a clear scenario as to what to do if the talks with the metropolitan government broke down. Therefore, the Prime Minister's Office had to explore a compromise with the metropolitan government so that such a problem would not emerge. Governor Koike expressed her displeasure when she had to scale back the metropolitan government's initial plans, saying, “I had thought I was the CEO [in her capacity as governor], but then I heard various ‘voices from on high’ and felt as if I were a middle manager.” Looking back on the spat with the metropolitan government, Nishimura noted that neither the national or local governments had a clear idea as to how far they could go.

Ambiguities in legal powers lead to ambiguities in legal responsibility. When each of the local governments issued their requests for business proprietors to temporarily close under the state of emergency, calls grew among proprietors to demand compensation. As a result, some prefectures with abundant fiscal resources announced plans for offering their own compensation to business owners, while governors of prefectures that could not afford to provide sufficient compensation came under fire from local residents. It looked as if both the national and local governments were trying to put the onus on each other for extending support to the businesses urged to close shop, and some prefectural governors blamed the national government for a lack of leadership. Looking back on such criticism, an official at the Prime Minister's Office said it was unreasonable for the governors to pass the buck on to the national government only when they were confronted with difficult questions.¹⁴

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It is the regional public health centers and public health institutes that are on the frontline of dealing with infectious diseases. Therefore, it makes sense that governors of prefectures, to whose jurisdiction these public health facilities belong, are given broad discretion over concrete steps to be taken against the diseases. On the other hand, transmission of viruses does not stop at prefectural borders. In trying to contain a serious situation of nationwide infection, unnecessary confusion and frictions arising from gaps in measures taken across local governments must be avoided.

In dealing with COVID-19, confusion in terms of governance emerged both between the national and prefectural governments and between prefectures. Steps must be taken to forestall a confusion due to inconsistencies in the responses of national and local governments, and between local governments, by reviewing the procedures for the state to execute its powers to adjust measures taken by local authorities. The agenda should include exploring ways for better communication between national and local governments to avoid disparity in their responses, and weighing a scheme for introducing measures to be taken across neighboring prefectures.

The poor preparedness that limited policy choices

Japan was not at all sufficiently prepared for the onslaught of a pandemic like the COVID-19 crisis. And this poor preparedness narrowed the scope of response and policy choices that the nation could take in dealing with the latest crisis.

The government's report that summed up its response to the new-type influenza pandemic (A/H1N1) in 2009 called for strengthening its system for managing a crisis over infectious diseases. It advocated substantially bolstering the organization and manpower of the National Institute of Infectious Diseases, the regional public health centers and public health institutes. From the viewpoint of enhancing the surveillance of infection diseases, the report emphasized the need for strengthening the PCR testing system at public health institutes and urged the government to clarify the legal authority of these institutes.

However, these proposals were since shelved without being converted into action. In the initial phase of the COVID-19 outbreak, Japan had the capacity to conduct only about 300 PCR tests a day, and the health ministry had to make a negative choice of strictly restricting the coverage of PCR tests. The number of public health centers and public health institutes, which take on a central role in the public health response to an infectious disease crisis, had been reduced and their manpower slashed year by year – instead of being increased as called for in the report on the 2009 pandemic. And that manpower shortage proved to be a major bottleneck that impeded the efforts to increase testing capacity and hold active epidemiological surveys in response to COVID-19. As for the operation of the infectious disease surveillance, the obsolete and time-consuming system in which medical institutions faxed their handwritten sheets to public health centers, whose staff then manually input the data for a once-a-week tally, made it

extremely difficult and inefficient for the government to grasp the real-time situation of the infection.

As to why the proposals based on the lessons of past experience were not sufficiently heeded, a health ministry official conceded that the lessons were forgotten when the danger was gone.¹⁵ The threat of infectious disease has continued to come and go in recent years, including the avian influenza in 2013, the Ebola virus in 2014, and MERS in 2015, but fortunately there has been no major outbreaks in Japan. As the sense of alarm over a pandemic gradually faded away, the budget for measures to prepare against an infectious disease crisis was reduced under the pressure of administrative reforms to cut government manpower. The personnel of even the National Institute of Infectious Diseases, which is to provide technical support to the efforts to manage such a crisis, faced cuts year by year after being increased in 2009 and 2010. The manpower at public health centers across the country, which take on the frontline role in the response to an infectious disease, has been reduced – as if, according to a senior official at the Prime Minister's Office, the personnel expenses at these facilities were a pool that the government could easily tap into to cut its overall manpower costs.¹⁶

As each of the government ministries face tough pressure to cut their budget every year, priority in the budget-making process tends to be given to expenses on departments that have “loud” stakeholders that get themselves heard under their jurisdiction, such as related industries, while sections in charge of issues like infectious diseases have little ammunition to resist the pressure for budget cuts in the name of administrative reform. However, it is inappropriate to leave preparedness for tail risk – which, like an infectious disease, may not happen frequently but can potentially cause a national-level crisis if it does – to bureaucratic adjustments driven by dynamics within the health ministry. A senior health ministry official noted, with a tone of self-reflection, that the government needs to consider how much resources it needs to maintain as a core capacity to deal with a crisis that can happen only once in a decade – and in what form to keep surge capacity that can be mobilized when a crisis hits – with an eye on balancing efficiency with speed.¹⁷

Recommendation: The government should set aside a budget on measures to prepare for “tail risk” crises, such as a pandemic, in a framework separate from the routine expenses of each ministry.

In preparing for an infectious disease crisis, the government needs to set numerical targets on the capacity to conduct and process PCR tests across the country as well as the inventory of masks and other medical supplies, so as to flesh out details of the capacity that would be needed to cope with an emergency. The national government must continuously monitor whether sufficient allocations are being made on these items in the budget formulation of the health ministry as well as local governments.

Recommendation: Create a reserve duty system to secure sufficient emergency manpower in national and local governments in case an infectious disease crisis takes place.

Since an infectious disease crisis requires a large-scale crisis management operation to deal with its broad impact across the country, a reserve duty system should be established to mobilize doctors and researchers in public health and social medicine, as well as former doctors, nurses, public health nurses and other people in private sectors with the relevant expertise and skills, to join the government's crisis management manpower in the case of such a crisis. The creation of such a system would secure surge capacity in national and local governments, public health centers and public health institutes, and medical institutions in times of an emergency.

The limitations of crisis management reliant on citizens' voluntary cooperation

Measures specified under the revised Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response only “request” or “instruct” people to stay home or businesses to refrain from using designated facilities. There are no provisions to punish individuals or companies that refuse to comply. Still, the “Japan model” has had an impact in dealing with the first wave of novel coronavirus infections. Japan managed to keep its COVID-19 deaths in proportion to its population at levels well below many Western countries, which enforced lockdowns with penalties for non-compliance. In this country, the lack of legal enforcement powers was not a major obstacle to executing measures to contain the infection. Behind the nation's success in containing COVID-19 infections was Japan's higher “cultural standards,” said Finance Minister Taro Aso. The government “only made a request, and everybody agreed to that and everybody made an effort,”¹⁸ Aso said as he praised people at large for their cooperation with the measures to contain the infections.

As further waves of COVID-19 infections are anticipated, however, there is no guarantee that crisis management that depends on citizens' goodwill and sensible behavior will continue to work in the future. In the first place, analysis of the data of people's behavioral change (detailed in Part I) indicates that the change in public behavior in Japan, though never small, was still limited compared with other Group of Seven members that enforced lockdowns. Therefore, it is premature to attribute Japan's relatively low rate of deaths from COVID-19 solely to the high degree of people's cooperation with the government's request for change in their behavior. It remains to be seen whether, when confronted with a future crisis situation that requires more extensive and long-term behavioral change, the citizens would still voluntarily comply with government requests and instructions.

The accumulated burden on businesses and households also cannot be ignored. Many small and medium-size companies in restaurant, tourism and other sectors that suffered enormous losses when people were urged to stay home are already in an

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extremely severe management situation, having tapped into their retained earnings and credit lines to survive the economic damage from the first-wave response. Business owners who complied with the request to close their shops have called for compensation from national and local governments, and a growing number of restaurants and bars in Tokyo – when urged by the metropolitan government to shorten their business hours for the second time as the number of infections again began to increase – defied such administrative requests. A senior official of the Cabinet Secretariat said the government's "soft lockdown" approach would no longer work when businesses are faced with a more desperate situation.¹⁹

In fact, the question of penalties for non-compliance or compensation for businesses complying with requests to close were discussed when the original act on special measures on pandemic influenza and new infectious diseases was deliberated on during the 2012 regular Diet session. At the time, the government was led by the Democratic Party of Japan. Asked why there were no provisions for proprietors that refused to follow the government requests, Masaharu Nakagawa, then minister on special assignment to the Cabinet Office, indicated that the law basically did not assume that people would not comply with government requests or instructions, saying, "The basic way of thinking [in the law] is that a public announcement of the measures would ensure that people would act in a rational manner."²⁰ In response to a question whether compensation was necessary for proprietors whose business was restricted by government requests/instructions, Nakagawa said no official compensation was being considered since those restrictions were deemed to be among the "social constraints inherent in business activities."²¹

In its response to COVID-19, the government repeatedly emphasized that restriction of private rights would be limited to the minimum necessary degree – especially as opposition parties as well as the Japan Federation of Bar Associations had expressed strong caution against any attempt under Prime Minister Abe's administration to give the government broad discretion to restrict private rights under emergency situations.

However, it must be noted that when the special measures act was originally enacted, it was assumed that restrictions on business activities would only be temporary – lasting one or two weeks.²² As far as the Diet deliberations at the time show, the act was not designed to take into account a situation in which, like the novel coronavirus pandemic, the nation would be under a state of emergency over an extended period and hit by repeated waves of infections.

In the interview for this report, Prime Minister Shinzo Abe said the most difficult aspect of his government's response to the first-wave infection was the declaration of the state of emergency. Acknowledging the precariousness of introducing such a measure without the power to enforce it, Abe said:

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“It would be good if [people's contacts with others] could be reduced by 80 percent, but could it actually be done? Even if we set an ambitious target, the government did not have the means to enforce it. What would happen if we fell far short [of the target]? That was a source of concern.”²³

“Under that law, [efforts to contain the infection] would be useless if we failed to gain the cooperation of all the people. To make sure the measure would prove effective, we needed to synchronize efforts with the sentiments of the people. That was the difficult part,” the prime minister said.²⁴

As long as there is no end in sight to the COVID-19 pandemic, a crisis management regime that relies on people's voluntary cooperation with government requests and instructions is gravely fragile. For business operators already in severe conditions, further calls for voluntary restraint on their business or curbs on economic activities cannot be dismissed as “social constraints inherent in business activities.”

In a national crisis, policy judgments made from the viewpoint of public interest often collide with the rights of each individual. Concrete efforts to adjust conflicting interests are always accompanied by difficulties and sacrifices, and it is impossible to prepare all kinds of scenarios in advance. From the viewpoint of the nation's crisis management, however, we need to prepare sufficient responses and policy choices to deal with all possible situations. This requires legislative action.

Recommendation: Amend the laws on infectious disease crises to provide for penalties and compensation.

The legal system defining the response to an infectious disease crisis, mainly the revised Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response, should be promptly amended. Penalties for non-compliance should be introduced to enforce restrictions on economic activities, while financial compensation should be readied for businesses and individuals who pay the economic price for the sake of public health.

Was the “Japan model” a success?

The Japanese government's response to the first wave of COVID-19 infection has had decent results as compared to other countries – both in terms of preventing the spread of infection and containing damage to the economy. However, it is hard to evaluate the measures taken by the government. It is not fair to dismiss them as a failure, but it is not appropriate either to readily applaud them as a success.

It is difficult to prove – although we may make a guess – whether the results we have witnessed are attributable to government policy or some other external factors. In the first place, the government's response to COVID-19 was made up of a series of trial

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and error, comprising many best practices as well as many failures and challenges to be resolved. There is no guarantee that some of the steps that were deemed best practices can be replicated.

From that perspective, we do not find it appropriate – at least at this point – to focus our review primarily on conceptualizing and universalizing the government's various COVID-19 measures integrated as a “Japan model.” A facile summing up can breed easy precedentism, which may endanger the nation's response to the next crisis. Many of the steps taken by the government to deal with COVID-19 were answers given by the people involved racking their brains to cope with the crisis under various constraints. We believe that the meaning of this review lies in carefully examining the steps one by one, including the setting under which the measures were taken, evaluating them and assessing their reach, and using the lessons we have learned to address the next crisis we face.

We have to learn from this severe experience. But we also have to be reminded that the lessons learned from our response to COVID-19 were in fact already pointed out a decade ago – in the government's June 2010 report that wrapped up Japan's response to the new-type influenza (A/H1N1) pandemic. The whole nation has indeed forgotten the lessons once the danger passed.

We realize once again how difficult it is to learn. How can we start to learn in a better way? We need to learn more about how to learn. For that, we need to keep reviewing and examining what we have done.

The same crisis never occurs twice. But a crisis will no doubt come back in a different form. We have a responsibility to learn how to learn.

Notes

1. Both as of July 17, 2020
2. Interview with a Cabinet Secretariat official
3. Interview with a staff member in the Prime Minister's Office
4. Interview with a senior Health, Labor and Welfare Ministry official
5. Interview with a senior official in the Cabinet Secretariat
6. Interview with a staff member in the Prime Minister's Office
7. Interview with a staff member in the Prime Minister's Office
8. Interview with a health ministry official
9. Interview with a senior official in the Cabinet Secretariat
10. Interview with Health, Labor and Welfare Minister Katsunobu Kato, September 8, 2020
11. NHK public opinion survey
12. “Japan amidst COVID-19: Newest findings from an international tracking survey by Kekst CNC” (June 17, 2020)
https://www.kekstcnc.com/media/2739/tokyo-webinar_covid-19-tracker-3rd-edition_20200617_final.pdf
13. Special interview with Yasutoshi Nishimura, minister in charge of COVID-19 response, on September 15, 2020
14. Interview with a senior official of the Cabinet Secretariat

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15. Interview with a health ministry official
16. Interview with a senior official of the Cabinet Secretariat
17. Interview with a senior health ministry official
18. June 9, 2020 session of the Lower House Committee on Financial Affairs
19. Interview with a senior official of the Cabinet Secretariat
20. March 23, 2012 session of the Lower House Cabinet Committee
21. March 23, 2012 session of the Lower House Cabinet Committee
22. Minister Masaharu Nakagawa at the April 10, 2012 session of the Upper House Cabinet Committee
23. Interview with Prime Minister Shinzo Abe on September 23, 2020
24. Interview with Prime Minister Abe on September 11, 2020