

# PANDEMIC GOVERNANCE & CIVIC FREEDOMS:

Best Practices from Japan



# PANDEMIC GOVERNANCE & CIVIC FREEDOMS:

---

Best Practices from Japan



Published in January 2024

**Copyright © 2024 Asia Centre. All rights reserved.**

This policy paper is published under the Creative Commons License. Asia Centre, the International Center for Not-for-Profit Law (ICNL) and its partners may copy, distribute, display, and perform the work and make derivative works based on the original work only for non-commercial purposes.

Civil society organisations and educational institutions may use this report without requesting permission on the strict condition that such use is not for commercial purposes.

When using or quoting this report, every reasonable attempt must be made to identify the owners of the copyright.

Errors or omissions will be corrected in subsequent editions.

Requests for permission should include the following information:

- The title of the document for which permission to copy material is desired.
- A description of the material for which permission to copy is desired.
- The purpose for which the copied material will be used and the manner in which it will be used.
- Your name, title, company or organisation name, telephone number, e-mail address and mailing address.

**Please send all requests for permission to:**

Asia Centre  
65/168, Chamnan Phenjati Business Center  
Building 20th Floor, Rama 9 Road,  
Huai Kwang, Huai Kwang,  
Bangkok, 10310, Thailand  
[contact@asiacentre.org](mailto:contact@asiacentre.org)

# TABLE OF CONTENTS

---

ABBREVIATIONS	2
ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	4
1. INTRODUCTION	6
1.1 Methodology	6
1.2 Background	6
1.3 International Principles on the Derogation of Rights in the State of Emergency	8
2. JAPAN'S LEGAL FRAMEWORK	10
2.1 State of Emergency	10
2.2 Amendments to Existing Health Ordinances	12
2.3 COVID-19 Task Force	14
3. BEST PRACTICES	15
3.1 Transparency of Information	15
3.2 Collaboration Between Civil Society Organisations, International Organisations, and Prefectural Authorities	17
3.3 Decentralisation of Decision-Making Power and Swift Action Plan	19
CONCLUSION	22
BIBLIOGRAPHY	25

## Abbreviations

<b>3Cs</b>	Closed Spaces, Crowded Places, and Close Contact
<b>COVID-19</b>	Coronavirus Disease 2019
<b>CSO</b>	Civil Society Organisation
<b>ICCPR</b>	International Covenant on Civil and Political Rights
<b>IDA</b>	Infectious Diseases Act 1998
<b>MFA</b>	Ministry of Foreign Affairs
<b>MHLW</b>	Ministry of Health, Labour & Welfare
<b>NIA</b>	Novel Influenza Act 2012
<b>NIID</b>	National Institute of Infectious Diseases
<b>NGO</b>	Non-governmental Organisation
<b>PMO</b>	Prime Minister's Office
<b>SoE</b>	State of Emergency
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organisation

## Acknowledgements

Asia Centre's previous research on COVID-19 pandemic management across Asia revealed a concerning trend marked by an increase in laws and regulations curtailing civic freedoms.

However, amidst these challenges, a few Asian nations have garnered international recognition for effectively curbing the virus while generally safeguarding civic freedoms. Japan, the focus of this report, stands out for adeptly utilising its legal framework without compromising fundamental rights, earning acclaim for balanced pandemic management.

The Asia Centre team conducted comprehensive research, combining desk analysis and interviews with Japanese experts, including specialists in civic freedoms and law, to gain a nuanced understanding of Japan's strategy. This two-step approach allowed for a nuanced understanding of Japan's pandemic management. The research team expresses gratitude to these experts for their valuable insights.

Led by Dr Marc Piñol Rovira (Research Manager at Asia Centre) and Madhu Rao (Research Intern at Asia Centre), the research, drafting, and editing process was internally reviewed by Dr James Gomez, Asia Centre's Regional Director.

Gratitude is extended to Asia Centre's partner, the International Center for Not-for-Profit Law (ICNL), for its support.

Asia Centre hopes this report contributes to more effective emergency management by promoting robust cooperation among state and non-state actors, fostering the formulation and implementation of resilient public policies.

## Executive Summary

Globally, numerous countries responded to the challenges presented by the COVID-19 pandemic by adopting intrusive measures, such as the misuse of emergency powers, strict lockdowns, and limitations on freedom of assembly and movement.

In contrast, Japan consistently maintained a fair and balanced approach throughout the pandemic, placing a strong emphasis on safeguarding civic freedoms and political rights. Instead of imposing strict mandates, the country issued “suggestions” and “requests”, encouraging residents to adhere to guidelines from the Ministry of Health, Labour, and Welfare. Its commendable management of the COVID-19 pandemic, characterised by efficiency and a steadfast commitment to preserving pre-pandemic civic freedoms, made Japan an exemplary model of good practice in the public health emergency.

This report evaluates Japan’s performance balancing effective public health responses with securing people’s civil and political rights. It first examines the legal measures deployed to cope with the health emergency. Then, it delves into the best practices that resulted from implementation of these measures.

To combat COVID-19, Japan implemented three legal measures. First, it declared a unique state of emergency at both national and prefectural levels, allowing residents to continue their daily lives without rights infringement. Second, Japan’s legislature, the National Diet, swiftly introduced amendments to existing laws, classifying COVID-19 as a “new infectious disease” and enabling effective measures. Third, specialised COVID-19 task forces utilised a “cluster-based” approach to identify and manage concentrations of infected patients in specific areas, successfully containing the spread of the disease.

With the help of these measures, deployed sensibly and in a restrained manner, Japan attained one of the lowest fatality rates worldwide, while still respecting its people’s civic freedoms. In doing so, it employed four best practices.

First, the Japanese government prioritised transparent communication throughout pandemic management, ensuring res-



**Japan consistently maintained a fair and balanced approach throughout the pandemic, placing a strong emphasis on safeguarding civic freedoms and political rights.**

idents were well-informed of all implemented measures. Second, collaborative efforts between international organisations, civil society organisations and prefectural authorities focused on safeguarding the needs and civic freedoms of vulnerable groups during health emergencies. Third, healthcare experts took the lead in executing the COVID-19 plan, with decision-making responsibilities delegated to medical professionals instead of military or police officials. Fourth, Japan adopted a decentralised approach, delegating responsibility and implementation to regional and local municipalities who could better assess the needs of local populations.

While Japan managed to balance anti-COVID-19 measures with respect for civic freedoms, the report highlights areas for improvement. This involves optimising social media for interactive communication between state and non-state actors, encouraging (rather than limiting) independent media coverage and journalist access, fostering stronger collaboration between government agencies and grassroots civil society organisations for enhanced mitigation efforts, and refining evaluation mechanisms to ensure the efficacy of anti-COVID-19 measures. Crucially, enhancing links between authorities and CSOs is vital for implementing these improvements. Only through a critical assessment of both successes and areas for improvement in pandemic governance can governments develop more effective responses to future emergencies.

# 1. Introduction

The advent of the COVID-19 pandemic in 2020 sparked major challenges to civic freedoms as many countries worldwide failed to balance public health and civic freedoms – while also often failing to keep the spread of the virus at bay (ICNL, n.d.). While many countries in Asia resorted to the use of military and police in the implementation of measures to curb the spread of the contagious disease, Japan was one of the few countries in the region that employed measures that were both conducive to limiting the spread of the virus while also respecting people’s rights. This report sheds light on the best practices adopted by Japan in controlling the COVID-19 pandemic without compromising the civic freedoms of its citizens.

## 1.1 METHODOLOGY

Research for this report consisted of three stages. In the first stage, the research team conducted desk research to narrow down the report’s theme, set its scope, and identify the knowledge gaps. For this purpose, primary and secondary data published between March 2020 and September 2023 were reviewed, including laws about the enforcement of the state of emergency and COVID-19, statements issued by the Japanese government, and constitutional sources. Documents issued by international organisations along with global democracy indexes by Freedom House and the Economist Intelligence Unit were also analysed. The second stage was primary data collection. This was done by conducting seven online and offline interviews with experts from Japan between September and November 2023. The experts were representatives of Non-Governmental Organisations (NGOs) and academics working on civic freedoms. The insights from the interviews supplemented the desk research and helped strengthen the report findings. The final stage involved the Asia Centre research team and ICNL internally reviewing the data collection process.

## 1.2 BACKGROUND

Japan outshined its contemporaries in handling the COVID-19 pandemic while generally respecting the civic freedoms of its people. In light of the urgency of the circumstances and the rapid spread of the disease, many governments worldwide implemented restrictive measures, such as declaring a state of emergency, to minimise the number of new infections and fatalities. According to ICNL (n.d.), at least 112 countries across the world declared a state of emergency, 62 countries took measures that directly violated people’s freedoms, e.g. freedom of expression, and 62 countries took measures that were invasive to people’s privacy.

Some Asian countries, notably China and Cambodia, implemented stringent measures in response to the COVID-19 pandemic, with varying impacts on civic freedoms. In China, the government adopted a zero-COVID approach, aiming to prevent new cases and restore normal economic and social activities. As part of this strategy, citizens were re-

quired to wear wristbands to monitor their movements, a measure criticised for severely restricting freedom of association (Llupia et al., 2020; Kelter, 2022). Another prime example is Cambodia. Its COVID-19 regulations faced criticism for restricting individual liberties. Emergency powers granted to the government allowed oversight of communications and monitoring of rights advocates, leading to arrests for alleged breaches of regulations, and raising concerns about balancing public health measures with civil liberties (Phorn, 2021; Prak, 2020). As a result of measures to control the spread of COVID-19, civic spaces in these countries shrunk severely (V-Dem, 2023; EIU, 2020; 2021; 2022; 2023).

Unlike other countries in Asia, Japan did not implement harsh restrictive measures to contain the spread of the virus. Instead, it “requested” its citizens to adhere to guidelines issued by the Ministry of Health, Labour & Welfare (MHLW). Japan registered its first COVID-19 case on 16 January 2020 (WHO, n.d) and by the end of February, the country had confirmed 107 cases of infections throughout various prefectures (Amengual & Atsumi, 2020). In Japan, the spread of COVID-19 was particularly challenging due to the country being an “old-aged” society where 28.7% of its population is over 65 or older (D’Ambrogio, 2020), thus more vulnerable to the effects of COVID-19. Additionally, most of the Japanese population is concentrated in densely populated urban hubs like Tokyo and Osaka (World Bank, n.d.), putting many citizens at risk of being infected due to the large number of people living in these cities (WHO, 2021).

The Japanese COVID-19 strategy centred on implementing measures designed to preclude the emergence of localised disease “clusters”, while eschewing the imposition of strict lockdowns. Japan’s approach prioritised forestalling the escalation of such clusters rather than increasing its efforts to tackle isolated cases, thereby averting the dissemination of the virus by potential super-spreaders (MHLW, Japan, n.d; Sakamoto, 2021). Additionally, the government consistently emphasised the importance of steering clear of situations characterised by the “three Cs”: closed spaces, crowded places, and close-contact settings (Ibid.).



**The Japanese COVID-19 strategy centred on implementing measures designed to preclude the emergence of localised disease “clusters”, while eschewing the imposition of strict lockdowns.**

The measures implemented by the Japanese government, which this report will elaborate on in chapters 2 and 3 – proved to be efficient in curbing the spread of the pandemic and Japan succeeded in keeping its fatality rate low. During the first peak of the pandemic in April 2020, the fatality rate was 2.8%. In other countries where COVID-19 measures were more restrictive with citizens facing fines and jail time for breaking quarantine regulations, such as Italy (Tondo, 2020), the fatality rate was 15% (Urme & Ahmed, 2020). As of November 2023, Japan recorded over 33 million COVID-19 cases, constituting around 25% of its population, with approximately 74,000 reported deaths (0.02%) (Worldometer, 2023). Although Japan exhibits three times the infection rate compared to the global average, its fatality rate is only two-thirds of the world average. Therefore, Japan’s infection-to-death rate, in comparison to the global average, is approximately 80% lower. Furthermore, throughout the pandemic, civic freedoms indexes did not decline in Japan as observed in the table below<sup>1</sup>:

**Table 1: Pre- and Post-Pandemic Civil Liberties Indexes in Japan**

INDEXES	2019	2020	2021	2022
V-Dem (2023)	0.94/1	0.93/1	0.93/1	0.93/1
Democracy Index (EIU) (2020; 2021; 2022; 2023)	7.99/10	8.13/10	8.15/10	8.33/10
Freedom in the World (Freedom House) (2019; 2020; 2021; 2022)	56/60	56/60	56/60	56/60

Japan’s strategy not only resulted in high, stable scores in civic freedoms indices; it also resulted in high compliance with international human rights law in an emergency. The following section sheds light on how Japan complied with international principles concerning the declaration of a state of emergency.

### 1.3. INTERNATIONAL PRINCIPLES ON THE DEROGATION OF RIGHTS IN THE STATE OF EMERGENCY

The Universal Declaration of Human Rights (1948) states that people’s rights and liberties must be ensured. For example, Article 13 addresses freedom of movement and Article 19 focuses on freedom of expression stating that “everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers”. In Article 20, people’s right to freedom of association and assembly is addressed.

<sup>1</sup> For context, in other countries in the region that implemented more stringent anti-COVID measures, there was a notable decrease in civic freedoms. According to the EIU (2020; 2021; 2022; 2023), China experienced a drop in civic freedoms from 1.18 (with 0 being the lowest and 10 the highest) in 2019 to 0.59 in 2022. Similarly, in Cambodia during the same period, civic freedoms declined from 3.24 to 2.06.

Japan has signed and ratified subsequent international human rights treaties that built upon the Declaration's provisions, such as the International Covenant on Civil and Political Rights (ICCPR) (1996) – which Japan signed and ratified on 21 June 1979. In the context of the COVID-19 pandemic, the ICCPR is relevant since it has specific provisions addressing the derogation of rights in exceptional circumstances. Article 4 of ICCPR specifically deals with the state of emergency:

In time of public emergency which threatens the life of the nation and the existence of which is officially proclaimed, the States Parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the ground of race, colour, sex, language, religion or social origin.

Therefore, there are specific provisions in the ICCPR contemplating the derogation of certain rights in situations of emergency – like a pandemic – that require emergency powers for the effective and efficient management of threats. However, it must be noted that not all rights can be derogated from, even under Article 4, thus protecting members of underrepresented groups like gender, ethnic, and religious minorities from being targeted in the context of emergencies.

Moreover, the Siracusa Principles (1985)<sup>2</sup>, a document developed by NGOs and adopted by the United Nations Economic and Social Council (ECOSOC) in 1984, expanded the provisions under Article 4 (Asia Centre, 2023a). The Siracusa Principles state that any constraint on human rights under the ICCPR must meet standards of legality and evidence-based prerequisites. Limitations on the rights must be “strictly necessary”, where strictly necessary is defined as ‘pressing public or social need’. Additionally, only the least restrictive means required for achieving the purpose of limitation must be put in place.

Japan, like virtually every other country worldwide, was not exempt from the impacts of COVID-19 and, as a result, decided to adopt legal measures to derogate certain rights to contain the spread of the pandemic and protect its population. What set Japan apart from other countries was its prioritisation of people's rights when balancing them with restrictive public health measures. The next chapter outlines the legal measures that the Japanese government adopted to confront the pandemic, which will serve as a foundation for showing the effect of pandemic management on the people of Japan.

---

<sup>2</sup> Siracusa Principles on the Limitation and Derogation Provisions in the ICCPR.

## 2. Japan's Legal Framework

Japan used different laws and executive regulations to contain the spread of COVID-19, curb the number of new infections, and control the death toll. This chapter outlines three of these legal mechanisms: the declaration of a state of emergency (SoE); the amendments made to existing health ordinances, and the formation of COVID-19 task forces at the national and prefectural levels. With these strategies, Japan mitigated the spread of the pandemic while generally managing to protect the basic civic freedoms of its residents.

### 2.1 STATE OF EMERGENCY

In times of national threat, governments can declare an SoE to wield enhanced political powers, as outlined in their constitutions. While the concept is universal, the specific steps vary by country ([Asia Centre, 2023b](#)). Despite the exceptional circumstances, international frameworks, such as Article 4 of the ICCPR, ensure the protection of fundamental rights even during a SoE, as noted in Section 1c of this report.

Although Japan's constitution does not include any provision for SoE ([Hafetz, 2022](#)), it has other legal provisions to deal with emergencies. For example, Article 71 of the Police Act ([1950](#)) specifies that the prime minister can declare a state of emergency for an area in the event of a large-scale disaster or emergency to maintain public order. It is important to note that Japan's approach to emergency declarations differs markedly from conventional SoEs worldwide. In contrast to states of emergency that impose severe restrictions on rights, Japan's declaration doesn't restrict movement. Instead, it empowers governors to "request" residents' cooperation in preventing the pandemic's spread, though these requests are not legally binding. Expert interviews underscored that the Japanese government's "requests" and "suggestions" rely on voluntary compliance by residents during the SoE.

Japan implemented multiple states of emergency throughout the COVID-19 pandemic, each characterised by specific details. The initial period spanned approximately one year, but it was later extended by another 6 months, bringing the total duration to 1.5 years. This timeframe can be divided into four distinct phases.

The first state of emergency, lasting from April 2020 to May 2020, encompassed Tokyo and several prefectures in response to a surge in cases and strain on healthcare resources. While not a strict lockdown, non-essential businesses closed, restaurants operated with reduced hours, gatherings were limited, and telework was encouraged.

The second state of emergency, occurring from January 2021 to February 2021, focused on Tokyo and neighbouring prefectures due to a renewed spike in cases. Restrictions mirrored those of the first phase, with additional closures for department stores and amusement parks.

The third state of emergency, spanning from April 2021 to May 2021, expanded to include Tokyo, Osaka, Kyoto, and Hyogo, primarily due to a continued rise in cases leading up to the re-scheduled 2020 Summer Olympics. Rules resembled those of previous emergencies but featured stricter regulations for establishments offering alcohol or karaoke.

The fourth state of emergency, taking place from July 2021 to August 2021 (then extended to September), focused on Tokyo and Okinawa amid concerns about a resurgence during the Olympics and the Bon holiday season. Similar restrictions were applied, along with additional measures such as event capacity limits and school closure requests during the Olympics (Saito, 2021; ICNL, n.d.; Otake, 2022; Lies & Leussink, 2021).

Other emergency provisions – Article 105 and Article 106 of the Disaster Countermeasures Basic Act (1961) – state that the Prime Minister can declare a state of emergency when deemed particularly necessary in times of an extraordinary disaster whose repercussions on the national economy and public welfare are serious (Ejima, 2019).

Given the far-reaching adverse impact of the pandemic, the Japanese government amended the existing Novel Influenza Act (Act on Special Measures Concerning Pandemic Influenza and New Infectious Diseases Preparedness and Response) (2012) to temporarily include COVID-19 as a “New Influenza and Other Diseases” under the law. The amendment allowed the Prime Minister to issue an SoE if the disease posed a significant threat to people’s lives and Japan’s economy. However, the SoE is a temporary measure that cannot exceed two years. Only under extreme circumstances is a one-year extension allowed.

Incorporating sunset clauses – an automatic expiration clause – is a crucial mechanism to guarantee that the restrictions imposed to curb the virus do not impinge on civic freedoms. In contrast, some countries in the region, like China, lacked such clauses in their emergency policies and laws, raising human rights concerns as governments implemented stringent measures with limited transparency and no specified end date.

Individuals in Japan were advised to remain home during the duration of the pandemic and event organisers were advised



**Incorporating sunset clauses – an automatic expiration clause – is a crucial mechanism to guarantee that the restrictions imposed to curb the virus do not impinge on civic freedoms. In contrast, some countries in the region, like China, lacked such clauses in their emergency policies and laws.**

to cancel events. Big festivals that were bound to attract huge crowds, for instance, the Kyoto Gion Festival, Aomori Nebuta Festival, and Sumida Fireworks, were cancelled following the government's request to follow the 3Cs: avoiding "closed spaces", "crowded places", and "close contact" (Furutani, 2020). Nevertheless, people in Japan reportedly could continue with their daily activities without major disruptions. Moreover, citizens who did not comply with the government's requests to adhere to the 3Cs were not subject to any penalty. Only businesses could be fined up to JPY 300,000 (USD 2,780) upon binding orders of the prefectural governors after the amendment of the "Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases" (1998) in February 2020 (Yamaguchi, 2021).

Chapter 3 of this report will show that the specificities of the declaration of a state of emergency in Japan were key in providing a balance between people's rights and protecting them from the pandemic. The next section of this Chapter outlines the amendments made to existing laws to tackle the pandemic.

## 2.2 AMENDMENTS TO EXISTING HEALTH ORDINANCES

One of the main strategies adopted by the Japanese government in dealing with the COVID-19 pandemic was amending existing health ordinances to take swift action in implementing required measures against the pandemic, rather than enacting new laws. The National Diet of Japan (the legislature) introduced key amendments to three existing laws about public health: The Novel Influenza Act (2012), the Infectious Diseases Act (1998), and the Quarantine Act (1951).

### 2.2.1 Novel Influenza Act

The Novel Influenza Act (NIA) is the primary legislation dealing with novel or emerging strains of influenza in the country and aims to protect the lives and health of people while ensuring minimal negative impact on the lifestyle of citizens and the economy of Japan.

NIA stipulates the formation of a national countermeasures headquarters. Article 20 of the NIA states that the prime minister of Japan acts as the head of government countermeasures headquarters for the new influenza to declare an SoE. The Act also specifies the period and areas in which emergency measures should be taken (Ejima, 2020). Article 45 expands upon the measures to be taken by officials to curb the spread of infection. The prefectural governors can request residents not to leave their homes and request managers to restrict the usage of facilities. However, NIA does not foresee any penalty in case of non-compliance.

Initially, the NIA could not be applied to COVID-19 since it applied only to novel influenza, reemerging influenza, and new influenza in addition to other infectious diseases. In this context, the Diet amended the NIA in March 2020, to "temporarily" include COVID-19 in the "new influenza and other infectious disease" category (Kadomat-

su, 2022). With this amendment, the Japanese government could establish a national countermeasures headquarters, further helping tackle the pandemic. COVID-19 task forces were also established under the NIA; these task forces tracked down infected persons and helped in the treatment and recovery of patients.

Article 21 of NIA mentions that once the disease is “clearly equal or less severe than seasonal influenza”, the countermeasures headquarters will be abolished. The Prime Minister is required to announce the abolishment of countermeasures headquarters to the public thereafter. In May 2023, the Japanese government relegated the status of coronavirus from Category 2 – “very dangerous” to Category 5 – “diseases for which outbreaks and spread should be prevented” – (MHLW, 2023) which led to the immediate abolishment of the government countermeasures headquarters.

## 2.2.2 Infectious Diseases Act

The “Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases” (1998), hereafter referred to as the Infectious Diseases Act (IDA), is a comprehensive legal framework designed to manage and control a wide range of infectious diseases. It outlines measures related to prevention, surveillance, reporting, and management of infectious diseases. It also provides necessary mechanisms regarding the prevention of contagious diseases as well as medical care for patients to curb the spread of infectious diseases and prevent outbreaks, thereby improving and promoting public health.

As soon as cases of COVID-19 started emerging in Japan, in February 2020, COVID-19 was designated as an “infectious disease” under the IDA by a cabinet order. This amendment provided a system of prompt initial responses and a set of comprehensive countermeasures such as area-focused intensive measures for the prevention of the spread of infection, and measures under the state of emergency (Kitahara et al., 2023). With the help of this new amendment, the Japanese government was able to swiftly adopt new countermeasures.

## 2.2.3 Quarantine Act

The Quarantine Act (1951) stipulates measures to be undertaken to prevent non-endemic infectious disease pathogens from entering the country via vessels or aircraft, as well as to take other necessary measures concerning vessels or aircraft to prevent infectious diseases. In February 2020, a cabinet order designated coronavirus as a ‘quarantine infectious disease’ and it became the subject of the Quarantine Act.

The “items covered” section in Article 2 of the Quarantine Act was expanded to include “severe acute respiratory system (SARS)” – limited to those with SARS coronavirus as a pathogen. This served as a legal foundation for border control against infectious diseases (MFA, 2021). Under this Act, Japanese and foreign nationals with residence in Japan returning to the country were requested upon arrival to pledge to refrain from using

public transportation for 14 days, quarantine at home and other designated areas for 14 days, and retain the location data. Anyone who violated these rules could be subject to detention under the Quarantine Act. For foreign nationals with residence permits, their status of residence could be revoked, resulting in deportation under the Immigration Control and Refugee Recognition Law (Ibid.).

With the help of this amendment, on 5 February 2020, passengers aboard the Diamond Princess cruise ship, which had been anchored at Yokohama port, were subjected to a 15-day quarantine period. Out of the total 2,666 passengers on board, 712 individuals had contracted the coronavirus. The Japanese government effectively used the Quarantine Act to prevent the infected individuals from further transmitting the virus (Nakazawa et al., 2020).

### 2.3 COVID-19 TASK FORCE

One of the key strategies implemented by the Japanese government to control the spread of the pandemic was the formation of COVID-19 task forces, including a national task force against COVID-19 headed by Japan's Prime Minister. Prefectural COVID-19 task forces under the leadership of the respective governors were also created to ensure better implementation of the agreed measures, allocating greater decision-making power to the regional level.

The COVID-19 task force was responsible for identifying clusters of COVID-19 cases. Individuals infected with the virus were also treated and taken care of by members of the task forces. The advisory board of the Japanese government facilitated the tasks of the COVID-19 task force by disseminating information and making citizens more aware of the developments of COVID-19.

Under NIA, Article 24, the responsibilities of the head of the COVID-19 prefectural task force, i.e., the governor, are as follows: the head may "request" the police and boards of education to take necessary countermeasures to curb the spread of coronavirus. The head of the task force may also "request" individuals and public and private corporations to comply with the guidelines issued by the MHLW. These requests however are not legally binding.

In the context of the pandemic, this setup in Japan reflects a commitment to protecting civic freedoms. The COVID-19 task force, responsible for identifying clusters of cases, not only focused on containment but also ensured the treatment and care of infected individuals. Moreover, the advisory board's role in disseminating information and raising awareness among citizens underscores a commitment to transparency and empowering the public with knowledge. By involving citizens and keeping them informed, Japan's approach aimed at safeguarding civic freedoms even in the face of pandemic challenges.

## 3. Best Practices

Internationally recognised for its COVID-19 response that balanced public health concerns and civic freedoms (Smith, 2022), Japan implemented a “soft approach” outlined in Section 2a. Aligned with Article 5 of the National Infection Act, this strategy preserved residents’ civic freedoms – to a large extent – even during the various rounds of SoE, safeguarding their fundamental human rights. A rights-respecting approach also facilitated efficient pandemic management, resulting in one of the world’s lowest fatality rates and minimal impact on civic freedoms. This section highlights three key practices contributing to Japan’s success: maintaining information transparency, fostering collaboration between civil society organisations and local governments, and decentralising decision-making power.

### 3.1 TRANSPARENCY OF INFORMATION

Transparency between the Japanese government and its citizens was a key factor in effectively disseminating information as part of the broader governmental strategy to control the spread of COVID-19. The national authority’s approach centred on raising public awareness by providing information in straightforward terms, aiming to curb the spread of COVID-19 while simultaneously minimising restrictions on civic freedoms, such as freedom of movement and expression among residents (Urme & Ahmed, 2020).

Japanese residents were aware of most developments regarding the pandemic and the countermeasures taken by the government. The efforts of the government were well-advertised, and residents generally knew what was occurring. Guidelines about COVID-19 were shared across Japan in simple language (MHLW, 2023). The residents were encouraged to avoid the 3Cs – “closed spaces”, “crowded places”, and “close contact” settings. To facilitate a broad understanding of COVID-19 among residents, complex information was broken down into simple graphs and pictures. These messages were disseminated to the public through a range of channels, including news, radio, government communications, and websites, in addition to a call centre to address all the queries of residents related to the COVID-19 epidemic (Arab News Japan, 2020).

Some official government websites offered multilingual information services – up to 11 languages – for foreign residents to understand the key COVID-19 guidelines (Cabinet Secretariat Japan, 2023). Nonetheless, it is also worth noting that in several instances, the circulation of information in languages other than Japanese was not efficient. This was primarily due to the fact that some of the latest updates were not translated and disseminated promptly, if at all, proving to be an obstacle for foreign residents.

Nevertheless, in general Japan’s successful management of the COVID-19 pandemic can be attributed to its transparent and well-communicated approach. By prioritising clear communication and providing information in straightforward terms, the gov-

ernment facilitated widespread understanding and adherence to guidelines. Crucially, there was no perceived decline in civic freedoms, as citizens willingly followed government recommendations without the need for punitive measures. The establishment of a call centre addressed residents' queries promptly. This stands in contrast to approaches in some other countries (ICNL, 2023), where punitive measures and forceful tactics were employed, often with limited impact on public health and negative repercussions on civic freedoms. Japan's model, emphasising transparency and respect for citizens, not only effectively controlled the virus but also fostered a cooperative and community-oriented response.

The transparency of information played a crucial role in fostering compliance, as people adhered to the respectful requests and followed the guidelines provided by the Japanese government. An academic based in Osaka emphasised the effectiveness of a robust and transparent communication strategy in encouraging people to stay home and prevent the spread of the virus. Reflecting on the impact, they noted, "it was in January or the beginning of February when I went to the central station of Osaka city and nobody was there; it was so quiet, all shops and departments were closed".

While the government's measures were generally effective, there are areas that require improvement to enhance pandemic governance. One notable example pertains to freedom of expression and access to information. Even after the SoE was lifted in May 2021, Japan continued to impose restrictions on journalists attending press conferences, reducing the number of reporters from the usual hundred to 29. Reporters Without Borders (2020) criticised this approach, underscoring the importance of public access to information. Furthermore, the government implemented question limits, denied follow-ups, and requested advance submissions, raising concerns about transparency.

Some informants also underscored the importance of maximising the use of social media platforms like Facebook and Instagram to disseminate more information, which could have been improved throughout Japan's response. Most importantly, the use of social media should have extended beyond information



**While the government's measures were generally effective, there are areas that require improvement. For example, even after the state of emergency was lifted in May 2021, Japan continued to impose restrictions on journalists attending press conferences, reducing the number of reporters from the usual hundred to 29.**

sharing and served as a platform to listen to the concerns and anxieties of the public, fostering open communication. This could have been an effective strategy to give voice and prioritise members of certain underrepresented groups, such as women, migrant workers, or sex workers, who faced disproportionate struggles during the pandemic.

Additionally, in terms of inclusivity, some respondents emphasised the necessity, given the complex nature of the health crisis, to simplify all information disseminated by the government to the public. This includes making recommendations from healthcare experts more easily understandable for all residents. Furthermore, emergency counter-measure information should be communicated in multiple languages to address the diverse linguistic needs of non-Japanese speakers and facilitate broader dissemination.

### 3.2 COLLABORATION BETWEEN CIVIL SOCIETY ORGANISATIONS, INTERNATIONAL ORGANISATIONS, AND PREFECTURAL AUTHORITIES

The pivotal role played by non-state actors, such as Civil Society Organisations (CSOs) and international organisations, was crucial in Japan's effective pandemic management and safeguarding the well-being of its citizens amid the health crisis. Engaging these actors, especially in emergencies, is of utmost importance as they serve as a mechanism to amplify the voices of a diverse range of citizens through grassroots leaders (FHI360, 2023). This, in turn, enhances freedom of expression and ensures that a broad spectrum of perspectives is considered in decision-making processes.

CSOs operating in Japan during the pandemic delivered essential services to vulnerable social groups and advocated on their behalf. Of CSOs operating in Japan during COVID-19, food banks and children's cafeterias known as *kodomo shokudou* were particularly active. While some of these CSOs temporarily suspended operations to minimise the potential spread of the virus, many continued to operate, collecting and distributing food to those in need. In another example, the nonprofit Katariba issued a press release the day after school closures to state that they would provide tablets and Wi-Fi devices for students in need, create an online space for children to get together, and provide counselling services to parents (Katariba, 2020).

In certain cases, local authorities collaborated closely with CSOs to enhance their ability to support individuals most impacted by the pandemic. An instance of this collaboration occurred in Saitama prefecture, where the government partnered with the Saitama IT Coordinator CSO to facilitate the adoption of remote work practices within businesses. Similarly, in Shizuoka prefecture, the prefectural government entered into a contract with the nonprofit organisation All Shizuoka Best Community. This CSO served as an intermediary between farmers facing a shortage of labourers and welfare centres that employed individuals with disabilities (Cai, et al., 2021).

Along with some collaboration with CSOs in Japan working towards the safety of vulnerable populations, the Japanese government also collaborated with international organisations like UN agencies for the betterment of these vulnerable populations. For instance, the Japanese government launched the Leave No One Behind project in collaboration with the United Nations Populations Fund (UNFPA) to protect vulnerable groups including low-income families, single-parent households, pregnant women, domestic violence survivors, etc. in Indonesia during COVID-19 pandemic. Through the project, the partnership ensured that essential services were accessible to vulnerable populations despite the pandemic. (UNFPA, 2021). The Japanese government also collaborated with the United Nations Development Programme (UNDP) to fund the 'COVID-19 Social & Economic Response and Recovery' project in Thailand by providing one million US dollars to 24 non-governmental organisations based in Thailand (UNDP, 2021).

Although many CSOs were successful in undertaking independent initiatives, underscoring their resilience and adaptability to respond swiftly to emerging needs within their communities, questions were raised about the optimal utilisation of resources and the potential synergies that could be achieved through a more integrated and collaborative approach.

Some respondents highlighted that, despite the mentioned positive examples, there is substantial room for improvement in the collaboration between CSOs and the Japanese government. They pointed out a general lack of cooperation between the two entities, emphasising that many CSOs had to take independent initiative to assist vulnerable groups during the COVID-19 pandemic in Japan (Cai, et al., 2021). Although the nature of the COVID-19 crisis, marked by urgency and unpredictability, may have posed challenges in establishing coordinated responses, some participants noted that stronger cooperation between the government and CSOs would have strengthened Japan's pandemic governance and resilience, implying that this issue extended beyond isolated cases.

A comprehensive analysis of the collaboration dynamics between CSOs and the Japanese government during the COVID-19 pandemic reveals an opportunity for a more nuanced understanding of their respective roles and responsibilities. Effective collaboration between these sectors holds the potential not only to optimise resource allocation but also to improve the overall effectiveness of responses to global health crises like the ongoing pandemic. Addressing the identified lack of cooperation necessitates a multifaceted strategy. This includes establishing clearer communication channels, creating formalised frameworks for collaboration, and fostering a shared understanding of priorities and goals. Delving deeper into the reasons behind this observed gap and proactively working towards stronger ties could significantly enhance Japan's societal resilience and responsiveness to future crises.

### 3.3 DECENTRALISATION OF DECISION-MAKING POWER AND SWIFT ACTION PLAN

During the COVID-19 epidemic in Japan, the government delegated COVID-19 response and responsibility to healthcare experts (Incerti & Yamagishi, 2022). This approach was in contrast with approaches adopted by other countries where police and military officials were at the forefront of enforcing stringent measures against COVID-19 (Lucenio & Rinoza, 2021). In the case of Japan, police and military forces were not asked to enforce measures. Due to new amendments to the Novel Influenza Act mentioned in section 2bi, medical officials were part of the decision-making strategy of the COVID-19 action plan. For instance, in February 2020, Shigeru Omi was appointed as vice chair of the government panel of experts on the COVID-19 pandemic in Japan (Wade & Yamaguchi, 2021). Omi has a career at the World Health Organisation (WHO). Article 7 of the NIA (2012) specifies that “prefectural governors must hear the opinions of persons with specialised knowledge of infectious diseases and other academic experts before formulating prefectural action plans”.

Many countries around the world used the COVID-19 pandemic as an opportunity to consolidate power and impose stringent restrictions on their citizens, leading to a decline in civic freedoms (Asia Centre, 2020). However, Japan took a different approach. In Japan, decision-making authority around the pandemic was distributed at national and prefectural levels. Article 16 of NIA mandates the establishment of local countermeasures headquarters under the government’s national countermeasures headquarters. With no consolidation of power at the centre, the governors at prefectures had the necessary authority to make decisions at the grassroots level and work accordingly. As a result of this decentralisation, prefectural governors could assess the situation of COVID-19 in their areas and implement measures which focused on the areas which required the most attention in the region. The distribution of authority and responsibilities keeps a check against abuse of power as well.

Along with this, Japan’s swift action plan against the spread of COVID-19 played a significant role in its overall success. As mentioned in section 2c, Japan established a national anti-COVID-19 task force on 30 January 2020 (PMO, 2020) to oversee the government’s response to the pandemic, much earlier than the USA and Europe. Because of its proactive approach to case investigations and subsequent COVID-19 testing, the task force could reveal the origin of infections or clusters in more than 60% of confirmed COVID-19 cases (Tokumoto et al., 2021). Japan’s healthcare practices also proved to be effective in curbing the spread of COVID-19. Japan has had a universal healthcare system since 1961 which focuses on preventative measures.

Continuous evaluation of countermeasures is crucial for adapting strategies in real-time, ensuring their effectiveness, and considering their impact on health outcomes. As demonstrated in this section, Japan’s strategy was largely effective in design-

ing and implementing health measures. However, the scope of continuous evaluation measures was limited, particularly in engaging with civil society to safeguard civic freedoms – as noted in section 3a of this report. Some respondents highlighted that although Japan collected data on the effectiveness of COVID-19 measures, a more comprehensive approach was hindered by the lack of a robust relationship between government agencies and CSOs. This relationship is essential for assessing the impact of public policies on all social groups, especially underrepresented ones. The absence of this connection impeded the ability to identify specific strengths and weaknesses associated with different approaches.

To address this limitation, it is imperative to establish an ongoing monitoring system in collaboration with civil society. This partnership will enable a thorough assessment of the efficacy of legal measures and their impact on public health and the economy. By fostering collaboration and maintaining a vigilant monitoring system, Japan can enhance its ability to make informed decisions, optimise its response to emergencies, and strike a balance between safeguarding public health and supporting overall well-being.

This easy availability of healthcare also played a significant role during the pandemic, as it allowed people to seek medical attention whenever they needed it without thinking much about the costs (Sakamoto, 2021). During the spread of the pandemic in 2020, there were 469 public health centres spread across Japan (Japan Health of Public Health Center Directors, 2023). Over 28,000 healthcare officials were stationed in these centres and actively participated in a wide array of activities such as monitoring patients, case investigation, monitoring the health of individuals in close contact with confirmed COVID-19 cases, overseeing COVID-19 testing at public health institutions, and managing the admission of identified cases to hospitals.

All these efforts significantly contributed to the local government's response in handling the pandemic (Imamura et al., 2021). In the initial phase of the pandemic, COVID-19 testing was exclusively conducted at the National Institute of Infectious Diseases (NIID), border quarantine stations, and public



**This easy availability of healthcare also played a significant role during the pandemic, as it allowed people to seek medical attention whenever they needed it without thinking much about the costs.**

health institutes. However, the scope of testing facilities was broadened to encompass private laboratories, universities, and medical facilities after March 2020, following the application of national health insurance to cover COVID-19 testing expenses. Public health centres expanded their capabilities by reallocating personnel from prefectural administrative offices and rehiring former officers (Tokumoto et al., 2021).

Under this proactive approach, the division of responsibilities at national and local levels along with healthcare officials working at the forefront was key to good management of an emergency crisis without infringement of individual rights of residents. In many ways, Japan employed the opposite approach of authoritarian countries, who typically centralised power around the executive and elevated security (e.g. military and law enforcement) actors in their pandemic response. The latter approach often led to significant human rights violations, including increased surveillance, crackdowns on gatherings, arrests, limitations on free expression, and other significant violations of civic freedoms. Conversely, Japan’s approach resulted in one of the most peaceful examples of pandemic governance that effectively improved health outcomes while protecting basic rights.

## 4. Conclusion

The global havoc caused by the unexpected arrival of the COVID-19 pandemic prompted many countries to implement stringent coercive measures. These measures, including citizen surveillance, utilisation of police and military for lockdown enforcement, and increased consolidation of power by national authorities, had significant repercussions: notably, the erosion of individual rights and democratic principles on a global scale.

Only a few countries managed to effectively navigate the pandemic while, for the most part, safeguarding civic freedoms (with a few exceptions). Despite early exposure to the pandemic and demographic challenges, Japan successfully contained COVID-19 by implementing targeted laws and localised emergency declarations. As a result, citizens were able to maintain their daily lives with minimal restrictions, preserving their rights amid the crisis. This success positions Japan as one of the few examples of best practices in managing the pandemic.

The effectiveness of emergency management and the success of adopted measures are, to a certain extent, contingent on specific circumstances. Yet, analysing the Japanese case as an exemplar of pandemic management best practices is valuable because it offers numerous instances of successful strategies in handling emergencies, such as the COVID-19 pandemic. Simultaneously, it is also a valuable case as it unveils certain shortcomings that warrant consideration for enhancing emergency response protocols.

The success of Japan during the health crisis can be attributed to a fundamental factor: the country largely relied on existing democratic laws, making necessary amendments when required, like the Novel Influenza Act, and applying these laws non-coercively, distinguishing Japan's approach from that of many other nations globally. In Japan's unique state of emergency, citizens were "requested" and "suggested" to stay at home to prevent virus spread, rather than compelled. Remarkably, widespread compliance ensued, facilitated by continual transparency and communication of public health considerations by government actors to the public.

Regarding the use of the law, two more considerations merit attention. Firstly, the decentralised use of legal measures was facilitated by prefectures or administrative divisions, enabling the application of specific laws tailored to each region's needs, thus decreasing the need to implement measures nationwide that could have been seen as unnecessary and repressive. Secondly, the implementation of specific timeframes, or sunset clauses, for law enforcement was crucial. This strategic approach ensured that COVID-19 measures remained in effect for a defined period, thereby minimising the risk of prolonged impact.

Expanding on the theme of decentralisation, Japan successfully distributed power among healthcare experts, police, and government agencies. The management of COVID-19 was spearheaded by healthcare experts who crafted public health strategies and treatment protocols customised for various regions. Notably, the roles of the police and government agencies in Japan diverged significantly from those in many other nations. Rather than imposing stringent measures, their focus was on fostering cooperation and community engagement, deliberately steering clear of excessive reliance on law enforcement. This approach not only ensured public safety but also conveyed a sense of assurance.

The Japanese case study underscores the critical importance of collaborations between local authorities and CSOs in addressing challenges arising from emergencies. Non-state actors, including CSOs and international organisations, played a pivotal role in managing the pandemic and ensuring citizen well-being. The Japanese government also collaborated with international organisations such as UNDP and UNFPA to improve its response to the health crisis.

CSOs also played a crucial role in delivering essential services to vulnerable groups. While the government did engage with some CSOs, a notable deficiency in engagement with grassroots CSOs hindered the development of more integrated initiatives. This represents a key shortcoming in Japan's pandemic governance. The lack of broader collaboration with grassroots CSOs suggests a missed opportunity for a more comprehensive and coordinated response, revealing an area for improvement in Japan's approach to crisis management. Efforts to enhance engagement with a wider spectrum of CSOs could lead to more effective and inclusive initiatives in future emergency situations.

Last but not least, Japan's successful management of the COVID-19 pandemic is largely attributed to its transparent communication strategy, emphasising clear and widely disseminated information. The effectiveness of this strategy underscores the importance of leveraging communication channels to keep the public informed and curb the virus's spread. In this regard, enhancing communication involves maximising



**The Japanese case study underscores the critical importance of collaborations between local authorities and CSOs in addressing challenges arising from emergencies. Non-state actors, including CSOs and international organisations, played a pivotal role in managing the pandemic and ensuring citizen well-being.**

all available channels for interactive engagement between civil society and authorities, such as through social media platforms, and by facilitating (rather than limiting) independent media actors and journalists. This approach is crucial for inclusivity, especially for underrepresented groups, ensuring that expert recommendations are simplified and can be responded to. By transforming communication into a two-way interaction, these platforms become a vital space for addressing public concerns and fostering a more engaged and informed community.

Japan's distinctive approach during the pandemic provides a number of strategies other governments can consider in order to uphold civic freedoms while safeguarding the health of their populations. As countries strive to enhance their pandemic governance, the Japanese case provides a valuable blueprint for fostering resilience, inclusivity, and effective emergency responses on a global scale.

## Bibliography

Amengual, Olga and Tatsuya Atsumi (2021) 'Covid-19 Pandemic in Japan', *Rheumatology International* 41(1): 1-5, DOI:10.1007/s00296-020-04744-9.

Asia Centre (2023a) *Moving Beyond COVID-19 Restrictions in Southeast Asia: Pushing Back Against Authoritarian Pandemic Governance*, Bangkok: Asia Centre.

Asia Centre (2023b) "Covid-19 and the Implications for Freedom of Expression in Southeast Asia", Submission to the Thematic Report of the Special Rapporteur on Freedom of Opinion and Expression to the UN Human Rights Council: "Freedom of Opinion and Expression and Sustainable Development – Why Voice Matters", at: <https://www.ohchr.org/sites/default/files/documents/issues/expression/cfis/sustainable-development/subm-sustainable-development-freedom-of-expression-csos-asia-centre-11.pdf>.

Asia Centre (2020) *COVID-19 and Democracy in Southeast Asia: Building Resilience Fighting Authoritarianism*, Bangkok, Asia Centre.

Arab News Japan (2020) 'Tokyo government establishes call centers for foreign residents amid COVID-19', at: [https://www.arabnews.jp/en/japan/article\\_15653](https://www.arabnews.jp/en/japan/article_15653).

Cabinet Secretariat Japan (2023) 'COVID-19 information and resources', at: <https://corona.go.jp/en>.

Cai, Qihai, et al. (2021) 'Civil Society Responses to the COVID-19 Pandemic', *China Review* 21(1): 107-138, DOI:10.2307/27005557.

D'Ambrogio, Enrico (2020) 'Japan's ageing society, Think Tank: European Parliament, at: [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2020\)659419](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2020)659419).

EIU (2020) *Democracy Index 2019: A Year of Democratic Setbacks and Popular Protest*, at: [https://www.eiu.com/public/topical\\_report.aspx?campaignid=democracyindex2019](https://www.eiu.com/public/topical_report.aspx?campaignid=democracyindex2019).

EIU (2021) *Democracy Index 2020: In Sickness and in Health?*, at: <https://www.eiu.com/n/campaigns/democracy-index-2020>.

EIU (2022) *Democracy Index 2021: The China Challenge*, at: <https://www.eiu.com/n/campaigns/democracy-index-2021>.

EIU (2023) *Democracy Index 2022: Frontline Democracy and the Battle for Ukraine*, at: <https://www.eiu.com/n/campaigns/democracy-index-2022>.

Ejima, Akiko (2020) 'Japan's soft state of emergency: Social pressure instead of legal penalty', Verfassungsblog, at: <https://verfassungsblog.de/japans-soft-state-of-emergency-social-pressure-instead-of-legal-penalty>.

FHI360 (2023) '2021 Civil Society Organization Sustainability Index: For Central And Eastern Europe and Eurasia 25th Edition – January 2023', FHI360, at: <https://www.fhi360.org/sites/default/files/media/documents/csosi-europe-eurasia-2021-report.pdf>.

Freedom House (2020) 'Freedom in the world 2019' , at: <https://freedomhouse.org/country/japan/freedom-world/2019>.

Freedom House (2021) 'Freedom in the world 2020', at: <https://freedomhouse.org/country/japan/freedom-world/2020>.

Freedom House (2022) 'Freedom in the world 2021', at: <https://freedomhouse.org/country/japan/freedom-world/2021>.

Freedom House (2023) 'Freedom in the world 2022', at: <https://freedomhouse.org/country/japan/freedom-world/2022>.

Furutani, Kasey (2020) 'These festivals and events in Japan have been cancelled due to Coronavirus', Time Out Tokyo, at: <https://www.timeout.com/tokyo/things-to-do/these-festivals-and-events-in-japan-have-been-cancelled-due-to-coronavirus>.

Hafetz, Jonathan (2022) 'Japan's Constitution does not need an emergency clause', Nikkei Asia, at: <https://asia.nikkei.com/Opinion/Japan-s-constitution-does-not-need-an-emergency-clause>.

ICNL (n.d) 'Covid-19 Civic Freedom Tracker', at: <https://www.icnl.org/covid19tracker>.

ICNL (2023) 'Government Responses to COVID-19 in Asia and the Pacific', ICNL, at: <https://www.icnl.org/post/analysis/government-responses-to-covid-19-in-asia-and-the-pacific>.

Imamura, Tadatsugu, Tomoya Saito, and Hitoshi Oshitani (2021) 'Roles of Public Health Centers and Cluster-Based Approach for COVID-19 Response in Japan', Health Security, 19(2): 229–231, DOI:10.1089/hs.2020.0159.

Incerti, Trevor and Jikaru Yamagishi (2022) 'How Japan got the pandemic right – and wrong', The Diplomat, at: <https://thediplomat.com/2022/10/how-japan-got-the-pandemic-right-and-wrong>.

Japan Association of Public Health Center Directors (2023) '全国保健所長会|保健所 | [Number of Health Centers established and trends]', at: <http://www.phcd.jp/03/HCsui>.

Kadomatsu, Narufumi (2022) 'Legal Countermeasures Against COVID-19 in Japan: Effectiveness and Limits of Non-coercive Measures', *China-EU Law Journal* 8: 11-32, DOI:10.1007/s12689-022-00093-x.

Katariba (2020) 'PressRelease/NPOカタリバは新型コロナウイルス感染症拡大に伴い、自宅で過ごす子どもたち向けのオンライン支援策の提供と、保護者の相談窓口設置の準備を始めました | NPOカタリバからのお知らせ | 認定NPO法人カタリバ [PressRelease/NPO Katariba has begun providing online support measures for children staying at home and preparing to set up a consultation desk for parents due to the spread of the new coronavirus infection]', at: <https://www.katariba.or.jp/news/2020/02/28/20908>.

Kelter, Frederik (2022) 'As China doubles down on 'zero-covid', some have had enough', *Al Jazeera*, at: <https://www.aljazeera.com/news/2022/10/13/in-zero-covid-china-people-have-had-enough>.

Kitahara, Kanako et al. (2023) 'An Overview of the Reclassification of COVID-19 of the Infectious Diseases Control Law in Japan', *Global Health & Medicine*, 5(2) : 70–74 , DOI: <https://doi.org/10.35772/ghm.2023.01023>.

Lies, Elaine and Daniel Leussink (2021), 'Japan to extend COVID-19 state of emergency lockdown to Sept. 12 – NHK', *Reuters*, at: <https://www.reuters.com/world/asia-pacific/japan-extend-state-emergency-lockdown-through-mid-sept-report-2021-08-16>.

Llupià, Anna et al. (2020) 'What Is a ZeroCOVID Strategy and How Can It Help Us Minimise the Impact of the Pandemic?' *ISGlobal*.

MHLW (nd.) 'Response to covid 19 (novel coronavirus) after the Classification Change', MHLW, at: [https://www.mhlw.go.jp/stf/covid-19/kenkou-iryousoudan\\_000006.html](https://www.mhlw.go.jp/stf/covid-19/kenkou-iryousoudan_000006.html).

MHLW (2023) 'Novel coronavirus (COVID-19)', at: [https://www.mhlw.go.jp/stf/sei-sakunitsuite/bunya/0000164708\\_00079.html](https://www.mhlw.go.jp/stf/sei-sakunitsuite/bunya/0000164708_00079.html).

MFA (2021) 'New measures for border enforcement', at: <https://www.mofa.go.jp/files/100136889.pdf>.

Nakazawa, Eisuke, Hiroyasu Ino and Akira Akabayashi (2020) 'Chronology of COVID-19 Cases on the Diamond Princess Cruise Ship and Ethical Considerations: A Report from Japan', *Disaster Medicine and Public Health Preparedness*, 14(4): 506–513, DOI: 10.1017/dmp.2020.50.

Otake, Tomoko (2022) 'Japan to allow prefectures to declare medical state of emergency if covid cases hit records', The Japan Times, at: <https://www.japan-times.co.jp/news/2022/11/11/national/covid-measures-japan-infections>.

Phorn Bopha (2021) 'Cambodia 'bleeding' as space for civil society shrinks', Al Jazeera, at: <https://www.aljazeera.com/news/2021/11/3/cambodia-bleeding-as-space-for-civil-society-shrinks>.

Prak Chan Thul (2020) 'Cambodia adopts law to allow for emergency powers to tackle coronavirus', Reuters, at: <https://www.reuters.com/article/us-health-coronavirus-cambodia-idUSKCN21S0IW>.

PMO (2020) 'COVID-19 Japan's Cluster-Based Approach', at: [https://japan.kantei.go.jp/ongoingtopics/\\_00030.html](https://japan.kantei.go.jp/ongoingtopics/_00030.html).

Reporters Without Borders (2020) 'Covid-19: RSF urges Japan government to lift restrictions on access to press conferences', Reporters Without Borders, at: <https://rsf.org/en/covid-19-rsf-urges-japan-government-lift-restrictions-access-press-conferences>.

Lucenio, Marielle and Jojo Riñoza (2021) 'Philippine President Orders Police, Military to Help Hospitals Reeling from COVID-19', Benar News, at: <https://www.benarnews.org/english/news/philippine/philippines-duterte-covid-09232021130440.html>.

Saito, Tomoya. et al. (2021), ' Proactive Engagement of the Expert Meeting in Managing the Early Phase of the COVID-19 Epidemic, Japan, February–June 2020', Emerging Infectious Diseases Journal 27(10), at: [https://wwwnc.cdc.gov/eid/article/27/10/20-4685\\_article](https://wwwnc.cdc.gov/eid/article/27/10/20-4685_article).

Sakamoto, Haruka (2021) 'Japan's covid-19 strategy', Social Science Research Council, at: <https://items.ssrc.org/covid-19-and-the-social-sciences/covid-19-in-east-asia/japans-covid-19-strategy/>.

Urme binte Sayeed and Ahmad Hossain (2020) 'How Japan Managed to Curb the Pandemic Early On: Lessons Learned From the First Eight Months of COVID-19', Journal of Global Health, 10(2), DOI: 10.7189/jogh.10.020390.

Smith, Sheila A. (2022) 'Japan has weathered COVID-19 better than many, but problems persist', Council on Foreign Relations, at: <https://www.cfr.org/in-brief/japan-covid-19-pandemic-response-restrictions-two-years>.

Tokumoto, Atsuna et al., (2021) COVID-19 Health System Response Monitor, Japan: Asia Pacific Observatory on Health Systems and Policies.

Tondo, Lorenzo (2020) 'Coronavirus Italy: PM extends lockdown to entire country', The Guardian at: <https://www.theguardian.com/world/2020/mar/09/coronavirus-italy-prime-minister-country-lockdown>.

UNDP (2021) 'UNDP and Japan partner to contribute to the COVID-19 Response and Recovery in Thailand' at: <https://www.undp.org/thailand/press-releases/undp-and-japan-partner-contribute-covid-19-response-and-recovery-thailand>.

UNFPA (2021) 'UNFPA and Japan commit to "Leaving no one behind" in COVID-19 response' at: <https://indonesia.unfpa.org/en/news/unfpa-and-japan-commit-%E2%80%9Cleaving-no-one-behind%E2%80%9D-covid-19-response>.

V-Dem (2023) 'Country Graph', at: [https://www.v-dem.net/data\\_analysis/Country-Graph](https://www.v-dem.net/data_analysis/Country-Graph).

Wade, Stephen and Mari Yamaguchi (2021) 'Top medical adviser says "no fans" safest for Tokyo Olympics', CBC/Radio-Canada, at: <https://www.cbc.ca/sports/olympics/olympics-tokyo-fans-no-fans-seiko-hashimoto-1.6070730>.

WHO (nd.) 'Japan: WHO Coronavirus disease (covid-19) dashboard with vaccination data', at: <https://covid19.who.int/region/wpro/country/jp>.

WHO (2021) 'Coronavirus disease (covid-19): How is it transmitted?', at: <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-how-is-it-transmitted>.

World Bank (nd.) 'Urban population (% of total population)', at: <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS>.

Worldometer (2023) 'Japan COVID', at: <https://www.worldometers.info/coronavirus/country/japan>.

Yamaguchi, Mari (2021) 'Explainer: What does Japan's virus state of emergency mean', AP News, at: <https://apnews.com/article/pandemics-tokyo-coronavirus-pandemic-asia-japan-8049258656473799e491604fefe44e79>.

"Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases" (1998), E-Gov 法令検索 [E-Gov Law Search], at: <https://elaws.e-gov.go.jp/document?lawid=410AC0000000114>.

"Act on Special Measures concerning Pandemic Influenza and New Infectious Diseases Preparedness and Response" (2012), E-Gov 法令検索 [E-Gov Law Search], at: <https://elaws.e-gov.go.jp/document?lawid=424AC0000000031>.

“Disaster Countermeasures Basic Act” (1997), Asia Disaster Reduction Center, at: <https://www.adrc.asia/documents/law/DisasterCountermeasuresBasicAct.pdf>.

“International Covenant on Civil and Political Rights” (1966), OHCHR, at: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>.

“Police Act” (1950), E-Gov 法令検索 [E-Gov Law Search], at: <https://elaws.e-gov.go.jp/document?lawid=329AC0000000162>.

“Universal Declaration of Human Rights” (1948), at: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>.

“Quarantine Act” (1951), Japanese Law Translation, at: <https://www.japaneselawtranslation.go.jp/en/laws/view/2783/en>.

“Siracusa Principles” (1985), International Commission of Jurists, at: <https://www.icj.org/wp-content/uploads/1984/07/Siracusa-principles-ICCPR-legal-submission-1985-eng.pdf>.



ICNL