RESEARCH PAPER

A Study of Pandemic Governance and Health Policy of Japan

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ABSTRACT
Health care policy of Japan is one of efficient public health in the world in terms of several health indicators. Covid-19 has put hug pressure on health care institutions, shortage of staffs, medicine, vaccines, testing centres to manage covid19 patients. Japan's government adopted various policies to contain covid19 but due its emergency nature gaps persisted. Further, some of Japan's good policy practices/models been successful. Further, emergency responses, use of technology, testing, tracing have helped pandemic governance to contain Covid19 successfully up to certain extent leaving some gaps. To study the trajectory of the covid19 cases, deaths, disease in Japan, primary and secondary data published between March 2020 and December 2025 were analysed and discussed, including laws of the state of emergency and COVID-19.Further health and emergency conditions, patient numbers published by the Japanese government and international organisations have been studied. The study applied both quantitative and qualitative research analysis while mixed method of research has also been utilised to capture not only the quantity of pandemic loss but also the social and political impact for better social and health care policy outcome. This article reviews the governance system of Japan from the perspective of the state emergency system and its application during the COVID-19 pandemic.

Keywords: Pandemic, Covid19, Public Health, Pandemic governance, Japan, public health policy, Emergency response.

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INTRODUCTION

Covid19 has impacted the world in multidimensional perspective. COVID-19 is an infectious disease caused by a virus called SARS-CoV-2. The World Health Organization (WHO) declared COVID-19 an international health emergency by March 2020. The virus was called" severe acute respiratory syndrome coronavirus 2" or "SARS-CoV-2.[1]" Though initially discovered in Wuhan, China, in late 2019. Japan announced its first case on January 16, a returnee from Wuhan, China, and marked its first death case on February 13 due to Coronavirus, a woman in her 80s. As of September 28, Japan has confirmed approximately 82 000 cases and 1545 deaths. A cursory view of the statistics may mean that Japan has had relatively moderate exposure to COVID-19 till 2020. (Sayeed UB et al, 2020).

Japan's state of emergency was unlike national lockdowns in Europe and in other Asian countries in that it had almost no penalties for citizens' noncompliance. The emergency Act only required citizens to make efforts to prevent the virus's spread and cooperate with the government response policies. People conformed, at least enough people stayed home to slow the spread of COVID-19.

Asia Centre's (2024) report on pandemic governance and civic freedoms: Best Practices from Japan outlines to contain COVID-19 pandemic, Japanese government executed three legal measures. First, Japan declared a unique state of emergency at both national and prefectural levels, allowing residents to continue their daily activity without infringement of rights. Second, Japan's National Diet, rapidly introduced amendments to existing rules and laws, categorising COVID-19 pandemic as a "new infectious disease" and enabling effective measures. Finally, specialised COVID-19 task forces applied a "cluster-based" approach to identify and coordinate concentrations of infected patients in specific localities, successfully containing the spread of the covid19 disease. Effective healthcare delivery depends on coordination among professionals from different disciplines, with interdisciplinary collaboration supporting the delivery of appropriate and integrated patient care (Kabra, 2025). Effective pandemic governance requires coordinated institutional responses, appropriate policy frameworks, and the integration of technological and managerial capabilities to support timely decision-making (Singh & Kaur, 2025). In addition, the integration of IoT-enabled wearable devices with machine learning techniques can support continuous cardiovascular health monitoring, facilitate early identification of disease risk, and enhance

[1]A pandemic is a disease outbreak that spreads across various countries or continents and affects a large population. Historical examples HIV, Spanish Flue (1918-1920) https://www.nm.org/healthbeat/medical-advances/new-therapies-and-drug-trials/covid-19-pandemic-timeline.

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data-driven healthcare decision-making (Perez, 2026). The governments' response to the pandemic has been wide-ranging fiscal measures aimed at safeguarding households, businesses and health systems. These measures reduced the immediate impact of the crisis but also added to the public debt levels. The post-pandemic era began with fragilities in fiscal outcomes and limited policy space for many countries, the IMF deliberated in its annual reports.

The problems were especially acute in the low-income countries. Debt risks were heightened by higher borrowing rates, sluggish growth and vulnerabilities. Over half of all low-income developing countries were at high risk of debt distress or already in debt distress, the IMF said. These fiscal constraints restricted governments' capacity to react to shocks in the future and to invest in long-term development priorities (IMF, World Economic Outlook, 2023).

The Japanese government declared a "state of emergency" during the pandemic. However, the health advisories and restrictions varied regionally, based on the severity of infection levels. "We discovered that despite regional variations in restrictive policies from April 2020, there were no clear regional differences in changes to hygiene behaviours, social activities, or risk perceptions," notes lead author of the study Mei Yamagata. "This suggests that there were significant spill over effects between the areas targeted for a state of emergency and elsewhere, whether through shared social and informational networks or simply through the media." Yamagata, M., et al. (2025)

LITERATURE AND DATA ANALYSIS

Further, Jiang Y et al. (2022) in the *Pandemic Risk, Response and resilience* states that "The emergence of COVID-19 pandemic has caused severe damage to many aspects of lives and its management has equally brought about different approach where many have witnessed lockdowns, state of emergencies, and travel restrictions. These measures in their own spectrum have achieved many results identified as successful or otherwise. Further, another explanation is that Japan's low mortality rate from COVID-19 compared to that in Western countries comes from its status as the country with the longest life expectancy in the world. (Watanabe, M, 2020).

Okamoto et al. (2022) in the *State of emergency and human mobility during the COVID-19 pandemic in Japan* says that "although government responses to the pandemic may aid the controlling of human mobility outside the home, their effectiveness may decrease if these interventions are repeated and enforced for extended periods. A combination of these with other measures (i.e. risk-communication strategies) would enable even mild containment and closure policies to effectively curb the spread of the virus."

According to the Asian Development Bank (ADB), the pandemic has led to the first recession in developing Asia in almost six decades. The economic and social development has been significantly affected, with the tourism and transport sectors suffering the greatest impact, job prospects have also been damaged, and the question of how long and serious the health crisis will be remains uncertain. The pandemic has exposed the interdependence of contemporary economies; health crises can quickly escalate to economic, social and development crises (Asian Development Outlook 2020).

The COVID-19 pandemic became an unprecedented challenge to the economies, societies and development paths of Asia. For the time being, the region had the ability to contain the virus's transmission better than other parts of the world, and the impact on its economy and society was enormous and widespread. The World Bank reported that East Asia and the Pacific was simultaneously hit by health, economic and external shocks caused by the pandemic, such as disruptions to domestic activities, falling external demand, trade, and investment. Economic activity was also affected by containment measures taken by governments across the region in the interest of public health, but also to limit economic activity and slow the region's growth (World Bank, East Asia and Pacific report-October 2020).

Furthermore, S. Cato et al. (2023) while discussing *Infection control, subjective estimates, and the ethics of testing during the COVID-19 pandemic* states that majority people's subjective estimates of the number of infected individuals were substantially higher than the numbers provided by the government. This result is consistent with risk perceptions based on Bayesian updating, commonly understood in decision theory. Rational individuals update the beliefs from which they infer their subjective estimates on the basis of relevant information available to them. Further, this can also be construed from availability heuristic which is one of the major argument of behavioural economics designed by Amos Tversky and Daniel Kanheman. Information about the difficulty of getting tested was probably interpreted by many people as suggesting that the actual number of infections was higher than what the government reported. Second, some citizen overestimated the actual number of infections.

In Japan, deaths per 100,000 population were lower than in many other developed countries, including Australia, South Korea, and Canada. Japan's relatively homogeneous society, culture, and way of life played a significant role in shaping its social, political, and economic responses, which were reflected in the comparatively low numbers of casualties and infections.

Although political parties such as the Liberal Democratic Party (LDP), Democratic Party of Japan (DPJ), Komeito[2] and the Green Party differ on various social and healthcare issues, Japan's national culture exerts a strong and unifying influence across the political spectrum. Furthermore, the

[2]Komeito is a political party in Japan affiliated with Soka Gakkai religious movement generally considered centrist.

country's robust healthcare governance has been strengthened by the introduction of Universal Health Coverage (1961), the Long-Term Care Insurance Law for the elderly, the establishment of Hoken (Public Health) Centres through the decentralization of health services, and the adoption of digital governance. Together, these measures have contributed to the resilience and effectiveness of Japan's healthcare system.

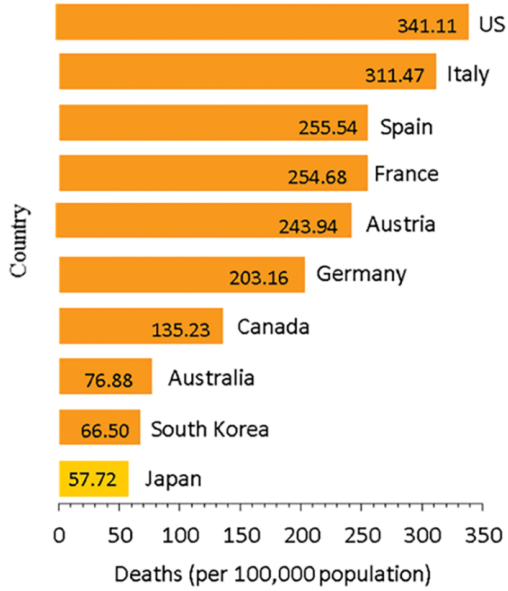


Figure 1:

Source: Adapted from "Factors Explaining Japan's Low COVID-19 Mortality: Comparison with Rich and Democratic Countries" (2025). *European Journal of Medical and Health Sciences*, *7*(1), 1-9. https://doi.org/10.24018/ejmed.2025.7.1.2245.

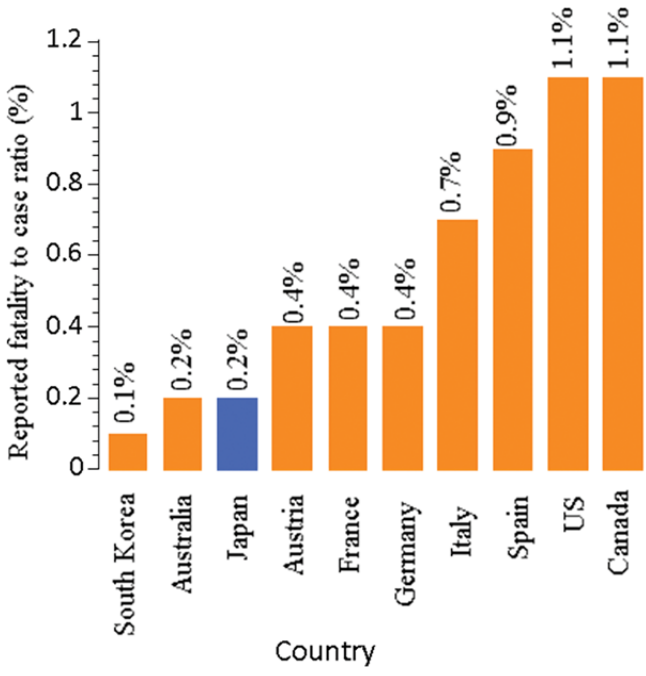


Figure 2:

Source: Adapted from "Factors Explaining Japan's Low COVID-19 Mortality: Comparison with Rich and Democratic Countries" (2025). *European Journal of Medical and Health Sciences*, *7*(1), 1-9. https://doi.org/10.24018/ejmed.2025.7.1.2245. WHO (2025).

Furthermore, per capita health care expenditures in Japan has increased in the last many years due to rise in the cost of medicines, health care equipment, infrastructural cost and dependency ratio. As discussed above non-productive workforce (old age, children) has definitely put not only fiscal pressure but also other co-related aspect social pressure, *karoshi* (overwork), dwindling exports among others.

Kodama S. (2023) states that Japan declared her first state of emergency in the month of April 2020.Further "the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response." Was invoked for the above declared emergency. Japan's parliament formulated the Act in the year 2012 in when the swine flu pandemic (A/H1N1 influenza) infested in the year 2009 and revised it further in the month March (2020) to include corona virus 19 as a new infectious ailment. This revised rules enabled the then-prime minister Shinzo Abe to declare a state of emergency[3].

Further as observed in South Asia ,China, Singapore, and some European countries that introduce mandatory "lockdown" policies, Japan's "emergency state" in metropolitan areas is not mandatory but is merely an appeal from the national government to local governments, which can flexibly adapt to the situation"(Jiang et al. 2022).

COVID-19 and its Impact on Asian Countries

The economic impact of COVID-19 was the largest in Asia in decades. The pandemic caused production to be disrupted, consumption to be lowered, investment to be diminished and trade flows to be interrupted all over the region. The Asian Development Outlook 2020 Update projected developing Asia would experience its first recession in nearly 60 years, with a contraction of 0.7% in 2020. If the emerging industrial economies are not included, regional GDP would fall 0.5% before rising slowly in 2021 (Asian Development Outlook 2020-Wellness in Worrying Times).

The World Bank also found that economic activity across East Asia and the Pacific was significantly affected by coronavirus travel or business restrictions. Generally rising global demand and interruptions in international trade added to the economic impact. Excessively export-oriented, tourism-based and foreign investment-reliant countries were especially affected by these external shocks .This time, COVID-19 had impacted both the supply and demand side of the economy. On demand side, lockdowns wrought havoc on production, limited labour mobility and interrupted transportation systems. On the supply side, households cut back on spending because of income loss, uncertainty, and mobility constraints. These pressures of all these have caused a very strong contraction in economic activity in most Asian economies.

The economic impact of COVID-19 was magnified due to Asia's close ties with the global economy and trade. Many Asian economies are inextricably tied up in global value chains with a special emphasis on the People's Republic of China, the ADB noted. Thus, disturbances from one economy quickly cascaded into regional and international production systems (The Economic Impact of the COVID-19 Outbreak on Developing Asia. The World Bank report also notes that these were compounded by the reduction in global demand. Whether production capacity was available or not, firms were hit with diminished export orders from key international markets. This combination of disruptions in supplies and falling demand in demand depressed trade volumes and diminished economic growth across the region (World Bank, East Asia and Pacific economic report, October 2020).

Tourism was one of the most hard-hit sectors because of the COVID-19. The travel bans, border closures, quarantine measures and health risks concerns caused unprecedented decline in tourism in Asia. Given its reliance on foreign travel and consumer sentiment, the ADB singled out tourism as one of the most fragile industries (The Economic Impact of the COVID-19 Outbreak on Developing Asia (ADB Brief No. 128, March 2020).

The immediate impact of COVID-19 has been felt within households and businesses, but the World Development Report 2022 highlights that these shocks have also placed significant financial risks on the wider economy. Households and firms experienced income losses, which led to a rise in the probability of loan default, lower tax revenues, and lower financial institution strength. These mutually reinforcing risks posed a threat to the recovery progress and deepened economic uncertainty. The report suggests that financial risks arose at the same time in households and firms, governments and banks. Companies that lost income had trouble paying their debts, and families that lost their jobs or their incomes had trouble paying their debts. These issues could have repercussions for banks and other financial institutions and limit the availability of credit and economic recovery (World Development Report 2022).

There were also growing fiscal pressures on government. Healthcare needs, economic stimulus measures and social protection measures spurred a significant rise in public spending. Meanwhile, there was a decline in economic activity, which also led to a decline in tax revenues. Increased borrowing was therefore used by many governments to cover pandemic response activities and this led to the rise in public debt .The World Bank in its reports laments that a combination of effective fiscal, monetary, and financial policies would be essential to a successful recovery, which would require addressing these interrelated risks and providing support for vulnerable families and enterprises.

Further, looking into the overall pandemic condition of the Asian and others OECD countries which created panic

[3]COVID-19, Press Conference by the Prime Minister. Cabinet Public Affairs Office. [2023-01-10].

among nations and insecurity among population. The Japanese government declared a "state of emergency" during the pandemic. However, the health advisories and restrictions varied regionally, based on the severity of infection levels. "We discovered that despite regional variations in restrictive policies from April 2020, there were no clear regional differences in changes to hygiene behaviours, social activities, or risk perceptions," notes lead author of the study Mei Yamagata. "This suggests that there were significant spill over effects between the areas targeted for a state of emergency and elsewhere, whether through shared social and informational networks or simply through the media." (Yamagata, M., et al. (2025). [4]

Japan's state of emergency was unlike national lockdowns in Europe and in other Asian countries in that it had almost no penalties for citizens' noncompliance. The emergency Act only required citizens to make efforts to prevent the virus's spread and cooperate with the government response policies. Thus, under the state of emergency, people were requested, but not ordered, to stay home unless necessary to go out to buy food and other necessities. The local government also requested restaurants, cafes, and public spaces such as public libraries,, activity centres to close temporarily. Furthermore, the government encouraged workers to work from home where possible. People conformed, at least enough people stayed home to slow the spread of COVID-19.

Further, Japan's low mortality rate from COVID-19 compared to Western countries comes from its status as the country with the longest life expectancy in the world observed by Watanabe, M (2020).Further, life style like food habits was an important aspect for better longevity but after the high industrialisation period life style changed due to Western influence industrialisation, twenty four seven work culture. These changes led to life style related changes which caused non communicable diseases like cancer, diabetes, cardio vascular disease among others. A study by WHO has found these diseases one of major cause to deaths in Japan and the world. Though during high growth period of 1960's -70s causes diseases connected industrial pollution like Itai-Itai, minamata among others. Covid 19 containment in case of Japan has unique features due to certain reasons like rule confirming civil behaviour, following strict lock down rules, hygiene culture among others.

The survey conducted by Chiba A et al. (2024) concerning the insights on covid19 states that First, "when comparing perceived risks with actual risks, we found that the majority of respondents overestimated the infection and fatality risks, regardless of age. Second, we nevertheless found that a proportion of respondents underestimated such risks. Finally, there is heterogeneity in risk perceptions across individual characteristics, including age groups, socioeconomic status, health conditions, and history of COVID-19 infection. Finally, our findings highlight that it is important to understand the role of information sources in improving communication about public health policy between governments and the public. [5]

Further, Jiang Y et al. (2022) in the *Pandemic Risk, Response and resilience* states that "The emergence of COVID-19 pandemic has caused severe damage to many aspects of lives and its management has equally brought about different approach where many have witnessed lockdowns, state of emergencies, and travel restrictions. These measures in their own spectrum have achieved many results identified as successful or otherwise. To many, being liberal on the approach to managing the pandemic is key to ensuring continued flow of resources to promote economic sustainability. Others also have the view that, stringent measures ensure safety and healthy population which are essential to restarting economic structuring in post pandemic." However, adopting a flexible but principled approach may be important in the midst of many approaches. This work looks at the governance system of Japan from the perspective of the state emergency system and its application during the COVID-19 pandemic. It is discussed with some local context while placing it in other jurisdictional contexts to enhance the understanding of adaptive governance.

Further, Japanese case of mobility during pandemic spread is another challenge faced by the citizens and the governments as well. Okamoto et al. (2022) in the *State of emergency and human mobility during the COVID-19 pandemic in Japan* says that "although government responses to the pandemic may aid the controlling of human mobility outside the home, their effectiveness may decrease if these interventions are repeated and enforced for extended periods. A combination of these with other measures (i.e. risk-communication strategies) would enable even mild containment and closure policies to effectively curb the spread of the virus."

Japan's public health policy response to combat COVID-19

Japan focused on strategies of early detection, cluster-based interventions, voluntary public participation, targeted restrictions, and economic activity wherever possible, rather than on nationwide strict lockdowns. Multiple waves of infection and a mix of public health, emergency declaration, and economic measures and vaccination programmes evolved the response ((Karako et al., 2021; Machida and Wada, 2022)

[4]Effects of political treatments during the COVID-19 pandemic on infection-prevention behaviour and risk perception: a panel data analysis of Japan.

[5]This survey was titled "COVID-19 risk perceptions in Japan: a cross-sectional study. The study focus on perception and qualitative analysis of the risk involved regarding covid19 pandemic. Chiba, A., Nakata, T., Nguyen, T.L. et al. COVID-19 risk perceptions in Japan: a cross-sectional study. Sci Rep 14, 16862 (2024). https://doi.org/10.1038/s41598-024-67741-z.

In January 2020 when the first case of COVID-19 was confirmed, Japan took a cluster-based approach to prevent the large-scale spread of the virus in the community. Clusters of infections were traced, fire drills were encouraged, schools were closed, mass gatherings were discouraged, working from home was encouraged, and high-risk environments for transmission were attempted to be identified. The government's objective was to level out the peak of infections and to not overload the healthcare system (Tashiro and Shaw, 2020).

One of the key components of this approach was to promote the '3Cs' campaign, which asked people to '3Cs' or avoid:

A. Confined areas and inadequate ventilation.

B. Crowded places

C. Close-contact settings

This campaign was one of the best-known public health messaging campaigns in Japan and was said to have helped to curtail transmission in high-risk settings (Machida and Wada, 2022; Tashiro and Shaw, 2020)

Japan did not implement binding lockdowns, but instead, many emergency declarations and public cooperation were used. The government was given powers to declare a State of Emergency through an amendment to the Act on Special Measures for Novel Influenza. In the declarations, prefectural governors were authorized to require people to remain in their homes, the reduction of business operations, or temporary closing of businesses, restrictions on use of facilities, and setting up of temporary medical facilities (Machida and Wada, 2022)

On 7 April 2020, the first ever State of Emergency was declared nationally. Later in 2021, further emergency declarations took place. The mobility and social interaction restrictions in Japan were not as strict as other lockdown measures in many parts of the West but were still effective in controlling the spread of infection (Karako et al., 2021; Fujii and Nakata, 2021)

In 2021, Japan also implemented a Quasi-State of Emergency system to ensure disease control without compromising economic considerations. These measures enabled local authorities to impose partial closures (such as shortening the hours for restaurants) while avoiding blanket closures. Japan relied heavily on local Public Health Centres (PHCs). The function of these centres was to perform PCR testing, organise therapeutic measures for infected people, trace close contacts and undertake epidemiological investigations. Public health responses were informed by expert advisory panels and modified based on new evidence and the attributes of new variants (Machida and Wada, 2022).

In the first wave, Japan targeted identification of potentially infected persons, testing of suspected cases, isolation of patients and a lack of medical resources. The government set out consultation criteria for testing and focused on vulnerable elderly groups (Karako et al., 2021).

There was a dramatic contraction of the Japanese economy in the context of COVID-19. The Cabinet Office report found that the private sector slowed down sharply in the first few months of the pandemic, more so than in the 2008 global financial crisis. The Cabinet Office report said that the private sector fell off drastically in the early months of the pandemic compared with the global financial crisis. Diminished business activity and consumer spending were caused by voluntary restrictions and business closures (Annual Report on the Japanese Economy and Public Finance 2020).

The government then tried to find a balance between infection control and recovery of the economy. Measures taken comprised flexible working options, greater telework, digitalisation and supporting economic activity whilst maintaining infection prevention measures. The pandemic provided the government the impetus to speed up digitalisation in government and the private sector (Annual Report on the Japanese Economy and Public Finance 2020).

But there were some economic stimulus measures that were controversial. In subsequent waves, travel and eating campaigns were cited, as were reduced restrictions on immigration and increased social interactions, as possible reason for the uptick in infection (Karako et al., 2021).

Vaccination was pushed into the center of Japan's efforts in 2021. Vaccines were approved by regulatory authorities and vaccination programs started across the country. Studies incorporated into the uploaded papers emphasized how quicker vaccine rollout could lower down economic losses and mortality and concurrently assist a safer reopening of society (Machida and Wada, 2022, Fujii and Nakata, 2021).

Japan had a number of different COVID-19 waves. The first wave was subdued after the State of Emergency in April of this year. But infections started to recur with the restart of economic and social activities. Later waves were controlled by a mix of emergency declarations, public cooperation, scaling up testing, curbing mobility and vaccination programmes. In Japan, overall, there were no severe nationwide lockdowns as there were in some other countries despite the recurrence of various outbreaks (Machida and Wada, 2022; Karako et al., 2021).

Tashiro and Shaw (2020) pointed out that several interacting factors were responsible for the initial success in Japan in flattening the curve:

1. Cluster-based intervention strategy
2. Science-based decision making
3. The expert committees conduct scenario planning.
4. High use of preventive behaviours in the population
5. Excellent environmental cleanliness and hygiene

6. Existing healthcare capacity
7. Cultural norms that made for voluntary co-operation

Japan's health care model-A Case study of pandemic governance

Pandemic governance has introduced reforms concerning future disaster governance for better global governance. One important aspect of disaster management in Japan is that it is natural calamity prone nation like Tsunami, industrial pollution, earth quake among others. So health care management historically is vibrant due high investment in health care post world war II, Universal health care management among others. "Community engagement is a central issue in the Sendai Framework for Disaster Risk Reduction to prepare residents and mitigate risks during and after disasters" Kitazawa, K (2021).

Governance is the process to manage the affairs of an organisation, entity (state, corporate) to manage the affairs through a governing authority with different stake holders to achieve certain goals. Inoue H (2020) while discussing covid19 containment and less number of corona positive cases, deaths louds the vibrant health care policy. Further, Inoue says "Despite substantial inflow of infected cases at the early stage of the pandemic, as of the end of April, Japan manages the outbreak of COVID-19 without systematic breakdown of health care. This Japanese paradox - limited fatality despite loose restriction - may have multiple contributing factors, including general hygiene practice of the population, customs such as not shaking hands or hugging, lower prevalence of obesity and other risk factors".

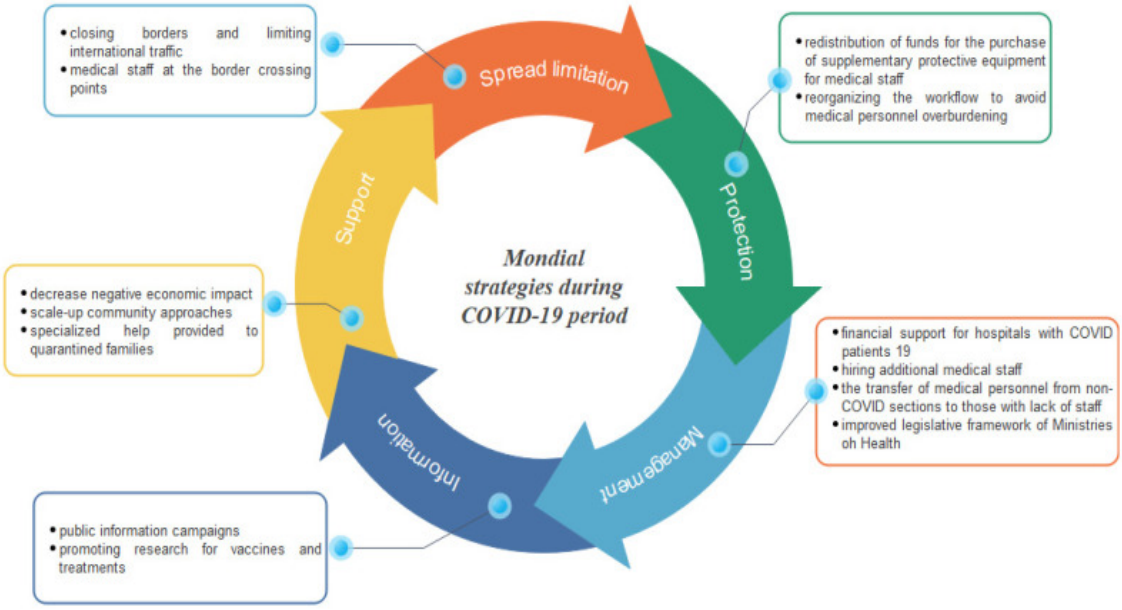


Figure 3:

Source: Filip et al. (2022). Global Challenges to Public Health Care Systems during the COVID-19 Pandemic: A Review of Pandemic Measures and Problems. *Journal of personalized medicine.*

Further, during the early stages of the Covid 19, looking into the geographical proximity to Wuhan (China) Japan contained the spread of virus effectively. According to the National Institute of Infectious Diseases (2020) "Total of more than 18,000 visitors arrived to Japan from Wuhan by air during 30 December 2019 to 22 January 2020 by 23 scheduled air flights per week. The prevalence of COVID-19 among Japanese evacuees from Wuhan, where 14 out of 826 tested cases were positive (1.7%), indicates that a considerable number of infections had already existed in Japan as early as January".[6]

Since the spread of the virus it was soon found out that COVID-19 is an illness that threatens the elderly majorly, and Japan has highest older adults per capita than any other country. The people of Japan are also thoroughly packed into metropolitan cities. Despite all these bottlenecks, Japan faced few casualties from the spread of

[6]This report named "Infectious Agents Surveillance Report". The report provided data on infections and incidence of the cases.

the covid19, along with only a 2.8% case fatality rate during the peak in April(2020) the case of the US, the case fatality rate was 14.5%, and in Italy, it was about 15% during the peak months .

Again, looking previous outcome of infectious disease while looking from policy perspective, Wu J (2020) states "Japan has limited political options for enforcement of lock down, which has not yet been implemented as of the end of April. In addition, as COVID-19 disproportionately affects senior populations." After going through literature pandemic containment in different countries of the world including USA, Europe, and India among others adopted strict containment rules and lockdown directives while *Japanese paradox* is that even after loose lockdown and containment measures deaths and spread was lesser in numbers.

There are certain features of Japanese pandemic governance which makes it a unique model. Inoue H (2020) while reflecting on this uniqueness of Japanese pandemic governance states that "practicing conventional and basic public health measures by the local health centre. By law, health centres - approximately there are 600 health centres nationwide, or one per 200,000 population in average - are responsible for identification, contact tracing, arrangement of health care and reporting of each case."[7]

Secondly, Muto K et al. (2020) while discussing on *the Japanese citizens' behavioural changes and preparedness against COVID-19: How effective is Japan's approach of self-restraint? Says "*a new terminology of "San-mitsu" - three concentration in terms of closed spaces, crowded places, and close-contact settings - was generated so as people to avoid it." This was very effective policy tool to trace, test and treatment. Finally, Guidance, allocation and coordination of the maximum use of hospital beds at community level is functioning through the joint effort coordinated by local officials. Further role of civil society was pertinent to generate awareness and support system.

Further, Japan's unique covid19, measures helped her to achieve comparatively major success in containing covid19 pandemic. Nishitani K et al.(2021) in the *Self-quarantine programme and pre-operative SARS-CoV-2 PCR screening for orthopaedic elective surgery: Experience from Japan* says that "The Japanese understood the importance of self-quarantine, the telemedicine services worked intensely, being useful to people who could be treated at home, the medical staff understood and respected the rules of protection."

RESULTS AND DISCUSSION

Asia Centre's (2024) report on pandemic *governance and civic freedoms: Best Practices from Japan* outlines to contain COVID-19 pandemic, Japanese government executed three legal measures. First, Japan declared a unique state of emergency at both national and prefectural levels, allowing residents to continue their daily activity without infringement of rights. Second, Japan's National Diet, rapidly introduced amendments to existing rules and laws, categorising COVID-19 pandemic as a "new infectious disease" and enabling effective measures. Finally, specialised COVID-19 task forces applied a "cluster-based" approach to identify and coordinate concentrations of infected patients in specific localities, successfully containing the spread of the covid19 disease.

Further Japan's pandemic governance utilised mixed methods of governance model. "The Japanese government has developed a combination of vertical and horizontal emergency management systems because of its experience in dealing with disasters. Vertically, both the national and local governments have disaster prevention conferences, which play a role in planning and coordination in the event of a crisis. Horizontally, different ministries and agencies related to the characteristics of a disaster have formed a common disaster response" (House of Representatives, 2020).

Historically the health care governance system in japan was efficient compare to the developing/least developed countries which has established emergency health care facilities, healthcare staffs, and emergency response system only after the pandemic outbreak. The major reason for this is that Japan historically faced natural calamities like tsunami, earth quakes, Tokyo metro gas outbreak by radical groups among others. There is an always interest raises as to why Japan has such low numbers of confirmed infected cases of the COVID-19 disease, caused by the SARS-CoV-2 virus despite her high population density (over 6,100 persons/ Sq km in Tokyo, 2.4 times higher than New York City) and large percentage of high-risk individuals over 65 years of age (about 26%, compared with 15% in the USA). Iwasaki, A., & Grubaugh, N. D. (2020) in the analysis *why does Japan have so few cases of COVID-19?*.

Since the first case of infection found in China, an emergency governance system was immediately established by the Japanese government to respond promptly to all the issues of public safety. From the start of the emergency management system to the declaration of state of emergencies, the Japanese government introduced corresponding emergency measures in regard to the different phases of the outbreak. This series of successive epidemic prevention measures defines the governance process of the Japanese government's emergency management.

"Japan's health emergency governance system has the Prime Minister as the highest commander and the Cabinet Office is in charge of the overall coordination, supervision and other decision-making organisations like the Security Council, and Central Disaster Prevention Council (responsible for formulating crisis response plans) among others. This is a comprehensive organizational system in

[7]Katsuda N et al. (2011) have surveyed the status of health centres in Japan. The ratio of people to medical centre is high (200,000 person per health centre).

which various departments such as the Department of Security, Coast Guard, and the Fire Department coordinate and cooperate according to the type of situation or crisis "(Editorial Committee of Standardized Management Practices of Sanitation, 2006, p. 261)

The Japanese government has developed a combination of vertical and horizontal emergency management systems because of its experience in dealing with disasters. Vertically, both the national and local governments have disaster prevention conferences, which play a role in planning and coordination in the event of a crisis. Horizontally, different ministries and agencies related to the characteristics of a disaster have formed a common disaster response network and are working together under the guidance of the "Extraordinary Disaster Countermeasures Headquarters" or "Emergency Disaster Countermeasures Headquarters" established by the Cabinet. Since the "Peace Constitution" established by the United States after the world war, Japan provides for a high degree of local autonomy" (House of Representatives, Japan 2020) .

Further as observed in South Asia ,China, Singapore, and some European countries that introduce mandatory "lockdown" policies, Japan's "emergency state" in metropolitan areas is not mandatory but is merely an appeal from the national government to local governments, which can flexibly adapt to the situation"(Jiang et al. 2022).

Again, Japan pandemic management and causalities was under control compared to the other countries. "We are flooded every day with figures measuring how the pandemic is evolving differently in countries around the world. The shape of the pandemic in the US differs dramatically from that in Japan. Two measures highlight the distinct paths for pandemic in these two countries. First, the number of new daily confirmed cases, using 7-day average cases per million population: 194 in the US versus 6.3 in Japan. Second, the number of deaths per 100,000 population: 49.5 in the US versus 0.78 in Japan (on July 20)"(Reich, M. R. (2020)[8].

Historically the health care governance system in japan is efficient compare to the developing countries which has established emergency health care facilities, healthcare staffs, and emergency response system only after the pandemic outbreak. The major reason for this is that Japan historically faced natural calamities like tsunami, earth quakes, Tokyo metro gas outbreak by radical groups among others. Further, industrial pollution in the high industrialisation period has also pushed preparation and establishment for the health care emergency system in the country. As discussed earlier Universal health coverage and Insurance system policies including old age care laws provision to set up infrastructure, doctors recruitment among others. Health care organisation of Japan is also been discussed in this text to understand the decentralised health care organisation to cover the citizens during pandemic.

Further, it is always interesting to know all the aspects of Japanese life ,work culture, policy ecosystem which has unique models like disaster management, tsunami early warning system .There is always interest raises as to why Japan has such low numbers of confirmed infected cases of the COVID-19 disease, caused by the SARS-CoV-2 virus despite her high population density (over 6,100 persons/ Sq km in Tokyo, 2.4 times higher than New York City) and large percentage of high-risk individuals over 65 years of age (about 26%, compared with 15% in the USA). Iwasaki, A., & Grubaugh, N. D. (2020) in the analysis *why does Japan have so few cases of COVID-19?* lauded the Japanese cultural and social life which says *"*In Singapore and Hong Kong, rapid and strict quarantine rules and contact tracing have helped to "flatten the curve".

In South Korea, mass testing and quarantine measures appear to have reduced the rate of new cases. However, Japan has not engaged in expansive testing, contact tracing, or strict quarantine measures and yet is reporting a slow growth rate of infected persons and a death rate that is currently just $1/10^{th}$ of world average. It is difficult to make direct comparison of infection rates, because the number of tests per capita varies dramatically between countries. However, this low death rate cannot be simply explained by lack of testing or reporting, as no surge in death from respiratory syndromes has been reported either.

Japanese culture is inherently suited for social distancing, and face mask use prevents viral spread. Historically the Japanese customs do not involve handshaking, hugging, or kissing when greeting. Again, many Japanese wear cloth or paper face masks (not the N95 respirators required for exclusion of aerosol viral particles) in the winter to avoid transmission of respiratory infections. "People use the mask to avoid spreading the infection and also in an attempt to prevent exposure to infection. However, we are unconvinced that this is the main or only reason why COVID-19 is so well contained in Japan. There is no social distancing in rush hour trains and buses, or when walking in crowded streets to school or to work. The use of face mask is also practiced in other Asian countries that witnessed higher rates of infection. A hint to whether this is a valid hypothesis comes from looking at other pandemic viral respiratory diseases. The community R_0 rate for the 2009 pandemic flu for Japan was 1.28 while USA was 1.7–2.0" (Boelle *et al*, 2011).

[8]John Hopkins University Coronavirus Resource Centre analysed mortality and casualty's pattern to understand the trend and tendency of the spread the disease.

Japanese containment of the corona virus disease in Japan has successful case studies to explore for the research purpose for future pandemic policy governance. The guardian (2020) reports on *from near disaster to success story: how Japan has tackled coronavirus* [9] *says "*Japan has skirted a coronavirus surge with room to spare, after new cases lowered markedly when the ex- Prime Minister Shinzo Abe, who does not have the legal powers to declare a European-style lockdown, called on people to beat the virus by avoiding the "three Cs": confined and crowded spaces, and close human contact. This was emphatic policy decision which provided positive results to contain and treat the patients. The Abe administration has gained few political dividends for its response; instead, most plaudits have gone to the quiet determination shown by the public, armed with virus-challenging habits formed long before the pandemic."

Hadfield *et al*, (2018) argues that "While possible, there is no current evidence that milder strains of SARS-CoV-2 exist. Nor do we know what sort of antibody response would develop as a result of exposure to such a hypothetical variant. Phylogenetic analysis of SARS-CoV-2 of more than 3,500 SARS-CoV-2 genomes from around the world, including 29 from Japan, suggests that the outbreak in Japan was sparked by several independent virus introductions primarily from China".

Considering the per capita deaths and fatality-to-case ratio, also known as the case fatality ratio (CFR), Japan was among the least affected countries. The CFR of Japan was compared with nine other democratic and wealthy countries: the US, Italy, Spain, France, Austria, Germany, Canada, Australia, and South Korea. Japan's CFR was the second lowest at 0.2%, only behind South Korea with 0.1%. The highest rates were recorded by the US and Canada, each at 1.1%. The per capita (per 100,000 people) fatality rate of Japan was 57.72 deaths. Watanabe et al (2025)

Mortality trends in Japan among other developed economies of the world shows that Japanese bolstered health care governance has positive impact on the CFR, reduced infection, early detection and vaccination. The Covid-19 death rate in the US was almost six times that of Japan. Japan also recorded one of the lowest fatality rates among the developed countries of the world which includes Australia, South Korea, France and Italy among others.

CONCLUSION

In conclusion, pandemic governance in Japan reflects the importance of balancing public health protection, institutional communication and coordination, scientific rigor, and individual rights during infectious disease exigencies. Japan's historical context with the past pandemic outbreaks, particularly COVID-19, has reflected both the capability and limitations of the public health system. The policy on public cooperation (community life), health awareness programs, contact tracing, testing and isolation, and coordination between central and prefectural government, local (*Hokenjo, Hoken centre*) has contributed to its pandemic governance. Although, challenges such as fragmented institutional responsibilities, multi- level governance, communication gaps due to emergency, and the need to balance voluntary compliance with effective public health measures(regulation) have reflected that preparedness requires more than emergency policy interventions. Effective pandemic governance depends on clear communication, decision-making on time, leadership and the capacity to adapt policies to evolving epidemiological conditions.

Furthermore, Japan's pandemic governance should have focused on strengthening preparedness, improving communication and coordination across government institutions at multilevel government, and ensuring that healthcare systems can respond rapidly and efficiently to emerging infectious diseases. Investment in public health infrastructure (Hospital scare centres), surveillance and record systems, research and development, and vaccine development will be important for identifying, managing outbreaks early. Equally important are role of civil society, international cooperation (WHO, UNICEF), and policies that protect vulnerable populations (old age, children, sick and women). As pandemic diseases increasingly cross national borders through various channels in the age of rapid globalisation, Japan's experience reflects that pandemic governance should be comprehended as an ongoing process of experience, learning, institutional reforms, and collaboration rather than a temporary emergency response. Therefore, addressing gaps in the health care policy and further building institutional and societal strengths through reforms in pandemic governance, Japan can strengthen its resilience to future pandemics and calamities. Finally, there is urgent need on pandemic governance and policy reforms, filling the nursing staffs, care staffs gaps like shortage of care staff, technology augmentation, and coordination on multilevel governance, information management system, and development of vaccination and research will augment value to the existing public health policy system in Japan.

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