

Pandemic and Change of Japanese Local Administration

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Abstract

This paper sets two questions. (a) What changes has the pandemic engendered? (b) How should the government connect these changes to efficient administration?. Three changes can be delineated. (a) The Special Law established a prefecturalcentered management. (b) Substantial power was assigned to the governors. (c) The effectiveness of inter-prefectural cooperation is reflected. The governments face the challenges: (a) demand for strengthening public health administration, (b) difficult complex financial management, and (c) regional disparities. The governments are trying to overcome these challenges. This paper focuses on (a) the enrichment of medical welfare personnel and (b) living shift and local revitalization.

Keywords Pandemics · Efficient administration · Special Law · Ultra-wide administration · Financial management · Regional disparity · Policy conversion · Sustainability · Living shift

Introduction

Japan has three governmental tiers: the national govt, the prefecture controlled by a governor, and municipality controlled by a mayor.

Steiner $(1965)^1$ points out that local bodies, not being sovereign, are never fully independent from the national govt, but the degree and the type of national control may vary. And Macdougall $(2001)^2$ states that local governments in the post-warperiod have taken on increasing functions and importance in the industrial democracies as a result of the tremendous expansion of the role of the public sector. In this

¹ Kurt Steiner, "Local Government in Japan", Stanford, 1965, p.300.

² Terry Macdougall, 'Towards Political Inclusiveness: The Changing Role of Local Government' "Local Government Development in Post-war Japan", Oxford, 2001, p.35.

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way the local govts have been fulfilling functions while being controlled *to some extent* and the functions have been expanding in the current society.

On the other hand Hanson (2021)³ states that state and local governments share common goals and interests, including developing and advancing local economies and protecting the public during emergencies. The COVID-19 pandemic is a global issue which has transcended national boundaries and cannot be resolved by any one country acting alone. Each country has been planning and implementing countermeasure policies. From the standpoint of public policy, the contents of the policies and how those measures are implemented are significant. In this paper, the author focuses on the latter given the intergovernmental relationship, which best fits administrative demand.

At the same time, we need to consider how *the efficient administration* can be realized in times of the pandemic. On this point, Henry $(2018)^4$ currently defines *efficiency* as the full accomplishment of a job using the fewest resources possible. Then what is efficient administration? Frederickson $(2016)^5$ states the concept, as follows;

"The term was vaguely defined, though "efficient administration" clearly meant "good administration". When administration scholars operationalized the concept, they mainly seemed to be talking about input-output ratio, the most output for the least input being the implied objective."

Based on these discussions this paper sets two research questions as follows: (a) What changes has the pandemic bring about Japanese Local Administration? (b) How should the governmental sectors link those changes to the efficient administration? The purpose of this paper is to consider the future efficient inter-governmental relations based on the experience of the pandemic.

Methodology

To analyze the trend of COVID-19 and countermeasures, the author uses the data as follows:

(1) Trend of COVID-19;

'COVID-19 Information and Resources (COVID Information)' by the Cabinet office. COVID Information provides daily updated data such as cumulative number of cases, cases requiring hospitalization and cumulative Deaths.

³ Source; Russel L.Hanson, "Cooperation and conflict between State and Local Government", Rowman & littlefield, 2021, pp.10.

⁴ Source; Nicholas Henry, "Public Administration and Public Affairs (Thirteenth edition)", Routledge, 2018, pp.197.

⁵ H. George Frederickson, "The Public Administration Theory Primer", Routledge, 2016.

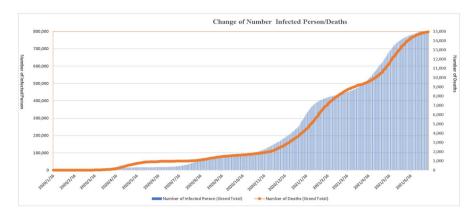


Fig. 1 Change of number; infected persons and deaths

(2) People's movement;

'Number of Inbound and Outbound Travelers' by Japan Tourism Agency. It provides the monthly data of domestic travelers.

(3) Local govt expenditure;

'Statistics on Local Government Financial Settlement in 2018' by the Ministry of Internal affairs and Communications.

This data shows the latest local govt's settlement.

The author analyses those data as legislative facts. Additionally, the author uses the operational commentaries about the Special Law by the Cabinet Office. This paper mainly discusses how to operate the legislation against COVID-19. Therefore, the method based on the objective data is suitable for discussion for evidence-based policy making.

Analysis of Results

Overview of the Japanese Pandemic

In this chapter, Japan's situation with the pandemic is discussed. Japan experienced the first wave of COVID-19 in April 2020, the second in July, the third in January 2021, the fourth in May, and the fifth in August. The number of infected people has amounted to approximately 800,000 and the number of deaths has amounted to 15,000 (see Fig. 1).

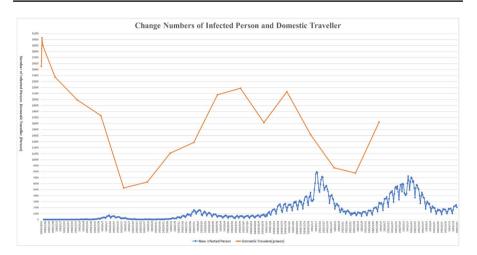


Fig. 2 Change of number; infected persons and domestic traveller

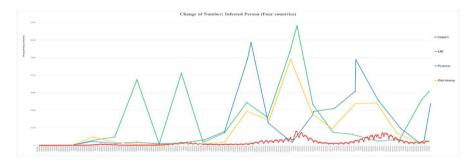


Fig. 3 Change of number; infected persons of four countries

When the second wave converged in the summer of 2020, the national govt promoted domestic travel⁶ to recover the service industry's business performances from July 2020 to January 2021. The policy was controversial, but the government made a significant economic recovery and implemented it. Consequently, the number of domestic travelers increased remarkably. Simultaneously, the third wave began in December2020 (see Fig. 2).

It is necessary to wait for future research on the epidemiologic factor. However, this shows how difficult it is to balance industrial promotion and infectious diseases.

Compared to the UK, France, and Germany, Japan has managed to keep the number of infected people low but has suffered five waves to date (see Fig. 3). Like other countries, the Japanese government is faced with the challenge of ending the spread of the infectious disease urgently.

⁶ The campaign was called "Go to travel"; the government promoted the domestic travel through setting up benefits to the fees of the domestic accommodations.

Numbers of LGs (as of 1st Jul,2019)	
 <u>Prefectures</u> 47 To 1 Tokyo Has different functions from other kinds of prefectures; Fire service, Water supply, Sewerage, etc. (Area of Special wards) Do 1 Hokkaido Has only minor differences from Fu and Ken. Fu 2 Kyoto, Osaka Have no differences in legal status from Ken. Ken 43 All others 	
• <u>Municipalities</u> 1,724	
City (Shi) 792 (Population of 50,000 or over etc.)	
Types of cities	
① Designated cities 20 (Population of 500,000 (practically 700,000) or over)	
② Core cities 58 (Population of 200,000 or over)	
③ (Remaining) Special Cities 27	
X Until March 2015, population requirement for "Core cities" was 300,000 or over, and at that time, there	
was another category of "Special cities" with a population of 200,000 or over. The lower limit of the Core Cities was pulled down in March 2015. Those cities designated as "Special cities" by that time may retain	
the special status with the delegated functions.	
(4) Other cities 687	
Town (Cho or Machi) 743	
Village (Son or Mura) 189	
(Town and Village are the same in their functions and authorities.)	

Fig. 4 Number of Japanese local govts

Layout of Japan's Local Governments

This chapter provides a layout of Japan's local govts.

Classification

In Japan, a local govt has a juridical entity under Article 2 of the Local Autonomy Law (LAL). Local govts are subject to the constitutional guarantee of autonomy and are broken into two tiers: prefectures and municipalities. The upper tier—the broader-based local govt—is the prefecture; its number is 47. The lower tier—the basic local govt—is the municipality; its number is 1,724 (see Fig. 4 and Table 7 below).

Affairs

Prefectures

a) Characteristics

Prefectures—To, Do, Fu, and Ken—are wide-area local govts that encompass municipalities. Currently, there are 47 prefectures in Japan. The Tokyo Metropolis, the capital of Japan, is the only prefecture designated as To. Hokkaido is also the only prefecture designated as Do. Kyoto and Osaka were designated as Fu, and all others were designated as Ken. Each prefecture is situated above the municipalities it comprises, but it cannot exercise hierarchical or authoritarian power over them. Prefectures and municipalities have different tasks, and both levels must cooperate on equal standing as local entities.

b) Affairs

The affairs dealt with by prefectures are as follows:

- (1) Wide-area affairs (e.g., maintenance of national roads, construction of prefectural roads, management of harbors, conservancy of forests and river, public health centers, vocational training, police)
- (2) Communication and coordination affairs relating to municipalities (e.g., advice, recommendation, guidance for rationalization of organization and operation of municipalities)
- (3) Supplementary affairs for municipalities (e.g., high schools, hospitals, public universities, museums)

Municipalities

a) Characteristics

Municipalities are the local govts involved in affairs that are closest to the lives of residents. There were 1,724 municipalities (792 cities, 743 towns, and 189 villages) in Japan as of July 1, 2019 (see Fig. 4 above).

Municipalities are primary-level local entities that take charge of all local administrations other than prefecture tasks. There are three categories of municipal appellations: Shi (cities), Cho (towns), and Son (villages). The following conditions must be met to be deemed Shi (Art. 8, LAL):

Steiner $(1965)^7$, describing the set-up of Japanese municipalities, said as follows:

"The inhabitants must, first of all, recognize the community as a unit that is meaningful to their lives. This recognition may spring from the closeness of a face-to-face group, in which case the feeling that the inhabitants belong together and that the local community is 'theirs' is likely to be endowed with emotional intensity. It may also spring from a perceived identity of certain needs shared by the inhabitants, and from common efforts to meet them." His point is valid even today.

b) Affairs

⁷ Source; Kurt Steiner, "Local Government in Japan" Stanford, 1965, pp.176.

The affairs dealt with by municipalities are as follows:

- (1) Affairs relating to residents' life (e.g., residents' registration, family register, residence indication)
- (2) Affairs relating to ensuring the safety and health of residents (e.g., garbage disposal, fire service, water supply, sewage)
- (3) Affairs relating to the welfare of residents (e.g., nursing insurance, national health insurance, public assistance)
- (4) Affairs relating to the urban development plan (e.g., urban design, city parks, municipality roads)
- (5) Affairs relating to the establishment and management of various facilities (e.g., elementary and junior high schools, libraries, daycare facilities, public halls, citizens' halls)

More specific divisions of duties among the three tiers of the government sectors are stipulated by individual administrative laws (see Table 1).

Japan introduced administrative systems from France and Prussia at the end of the 19th century, and Japan adopted generalism for local govt authority. The local govt's privileges are widespread, as shown in Tables 1, 2, 3, 4 and 5. Concerning public health, the community health service belongs to the "Welfare, Sanitation" group. The Community Health Law (CHL) defines the mechanism of community health; CHL sets the principle that municipalities have central roles in general sanitation, such as health preservation and local comprehensive medical care. The prefectures must endeavor to provide technical assistance to municipalities (see Tables 6 and 7 below).

However, the public health center plays a significant role; the CHL determines that the designated municipalities are in charge of urban areas and prefectures are in charge of the rural area.

In other words, prefectures and municipalities coexist in a superposed manner in the public health field. The prefecture plays a supplementary role, such as operating the health center in the rural area and, simultaneously, is in charge of the total prefectural adjustment.

Given the share of the governmental health administration expenditure in FY2018, the national budget (BUD) is 9%, the prefecture BUD is 23%, and the municipality BUD is 68%; approximately two-thirds of public services are conducted by municipalities. (see Fig. 5).

Moreover, the size and share of municipality BUDs have been growing recently (see Fig. 6). These facts show that the role of municipalities is becoming more significant.

Special Law

Background

The Special Law was promulgated on May 11, 2012, to protect the lives and health of the people and minimize the impact on their daily lives (Article 1) by strengthening the counter-measures through the implementation plans and emergency

Table 1 Principal affai	Table 1 Principal affairs of governmental sectors	IS					
Government	Basic, Safety	Education	Welfare, Sanitation	Medical Care	Environment	Social Infrastructure	Industry, Economy
Central Govt.	 Diplomacy Defence Judicature Criminal Punishment 	 Supervision of University Subsidy for Private School(Univ.) 	 Pension Social Insurance License for Doctor Apprival of Medicine 	• National Public Hospital	 Establishment of regulatory standards 	 Highway National Road (Designnated Section) First-class River (Designated Section) Airport 	 Currency Banking Regulation Customs Customs Regulation on Transportation Regulation on Telecommunication Economic Policy
Local Govt. Prefecture	• Police	 High School Salary/Personnel of elementary/junior high school Subsidy for private school (Other than Univ.) Sports Facility Cultural Facility 	 Livelihood Assistance (area of town/village) Child Welfare (Direct benefits or subsidy to municipality) Eldery Welfare (Direct benefits or subsidy to municipality) Eldery Welfare (Direct benefits or subsidy to municipality) Health Center (area of small city, town and village) 	 Supervision of hospitals in juris- diction Prefectural Public Hospital 	 Supervision of Industrial Waste Emission Regulation 	 National Road (Other Section) Prefecture Road First-class River (Other Section) Second-class River Port Pothic Housing Urban Planning 	 Vocational Training Support for small business
Municipality	ality • Fire Defence • Family Register • Resident Register	 Elementary/Junior high school Kindergarten Sports Facility Cultural Facility 	 Livelihood Assistance (City) Child Welfare Eldery Welfare Nursery Care Insurance National Health Insurance Health Center (Large City) Water Supply Sewerage 	• Municipal Public Hospital	Waste Disposal	 Municipal Road Small River Port Public Housing 	• Regulation on agri- cultural la

measures against the new influenza strain, which were defined based on the H1N1 subtype influenza pandemic in 2009^8 .

Owing to the recent threat of the COVID-19 pandemic, some amendments were made to regard the virus as a new influenza strain for the time being. The revised Special Law took effect on March 14, 2020 (see Table 6 below).

Thus, it would have been possible to set measures with certain expected effects as the original regulations in March 2020. The establishment of "priority areas for spread prevention measures" formulated by the partial amendment of the Special Law(February 2021), shorter business hours, request/compensation for temporary closure and related actions, and measures concerning residents' trans-prefectural or more expansive movements are examples of such measures.

Characteristics

The characteristics of the Special Law are as follows:

- (1) The Special Law utilizes the framework of existing crisis management laws.
- (2) The Special Law gives substantive authority to prefectural governors.
- (3) The Special Law enhanced governors' ability to disseminate information.
- (4) The governor's administrative acts are mainly requests that formally ask citizens for compliance and cooperation without legally binding forces.
- (5) The Special Law triggers multi-prefectural initiatives for ultra-wide area administration, suitable zoning for public health, the policy of encouraging or discouraging domestic travel, and collaboration with the transportation and the tourism industries.

Emergency Declaration

One of the characteristics of the Special Law is the state of emergency declaration. Under this declaration, governors can implement measures of requesting to refrain from public outings, restricting the use of entertainment venues (see Fig. 7).

The Special Law gives the governors the substantial powers as follows:

(1) Measures to prevent the spread of the disease⁹:

Governors can request people to abstain from public outings, restrict the use of schools and entertainment venues, and cancel events.

⁸ The Act has never been applied since its enforcement in April 2013.

⁹ Globally, two major approaches are adopted. The first is controlling the movement of people (close borders, ban travel, quarantine), the second is controlling the movement of the virus (checkpoints, testing, tracing). Jan Nederveen Pieterse, "*COVID-19 and Governance Crisis Reveals*", Routledge, 2021, pp.1. Japan seems to have been focusing on the first measure.

Table 2 E	Table 2 Each country's leagal measure	
Countries	Countries Legal measures	Sanctions
U.S.(NY)	U.S.(NY) Request for refraining from non-essential outings and transport. The authority makes employers compulsory at employee's complete stay home work.	The employers are carried fines for the violation of law.
U.K.	Forbidding to go out except shopping and walking. Bannning meetings (more than two) at public spaces.	The violators are carried fines.
France	Forbidding to go out except shopping and hospital visit. No jogging in Paris.	The violators are carried fines. The punishment for persistent offenders with more than four times is about 440 thousand yen fine and six months imprisonment.
Germany Italy	 Germany Forbidding to go out and bannning meetings (more than three) in some States. Italy Forbidding to go out without written reasons. Halting most rails. Stopping business activities which are not directly related with daily life. 	The contents of penalties differ among the States. The punishment for going out without due reason is less than 350 thousand yen fine.
Spain Japan	Forbidding to go out except shopping food. Request for refraining from non-essential outings and transport. Request for cooperation (suspension or shorter business hours for restaurants and such). (Legal administrative advice) In case the employer does not respect the administrative advice, the governor can give her/him the administrative order.	The violators are carried fines. The sanction for not respecting the administrative order is less than 300 thou- sand yen administrative penalty; this is not the criminal punishment.
The table	The table is created by the Author	

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La	W	Act on S	Special Measures against	Influenza, etc.	Requests for coopera	tion not based on law	Ordinances formulated by municipalities
Sub	ject	Government headquarters head (Prime IV inister)	Prefectural headquarters head	(governor)			Nagano Prefecture: Asked to refrain from outings in areas and institutions specified by the governor to prevent the spread of the disease.
		Authority of	Authority of comprehensive co (1))	ordination in the area (Article 24			Tottori Prefecture and others: Restrictions on the use of facilities, obligation of facility installers to cooperate in epidemiological studies.
		comprehensive coordination (Article 20)	Public and private organization cooperation (Article 24 (9))	s and individuals; request for			Nasushiobara City and others: Established a consultation service on human rights protection, etc.
			Request to provide medical ca	re (Article 31)			Yamato City and others: O bligation to make efforts to wear masks.
			Request for staff dispatch (req agencies, etc. for assistance (Article 42)			
N 18			Request to refrain from going out (Article 45 (1))	Examples: (1) (For residents) Refrain from non-essential outings and transport, especially after 8 p.m.			
Normal time	the state of	State of Emergency Declaration (Article 32), etc.	Request for cooperation (Article 45 (1))	(2) (For erents): Within 50% capacity 2m or more spacing, etc. (3) (For restaurants): Shorter business hours until 8 p.m.	Request for cooperation	Example: (For facilities) Shortened business hours until 8 pm. Theaters, movie theaters, assembly halls, department stores (over 1,000m ²), hotels, sports facilities, pachniko parlors, game centers, etc.	
			Subject for cr	poperation fund	No coope	ration fund	
				Some do not comply even when disclosed			

 Table 3
 Combination of leagal measures

The table is created by the Author

Table 4 Average size of local govt	Items Average size			Number of Units
-		Population (person)	Area (km ²)	
	Prefecture	2,711,565	8,042	47
	Municipality	73,923	219	1,724
	Total	127,443,563	377,971	-

The table is created by the Author

Table 5 Governors' comments

Governors' prefectures	Comments
Aomori	Please monitor your health, such as by checking body temperature every day.
Akita	Visitors from other prefectures are asked to refrain from going out for about two weeks.
Yamagata	I understand that people would want to return home, but refraining from outings will eventually protect people in your hometown.
Gunma	We want people to stop seeking temporary refuge elsewhere.
Aichi, Gifu, Mie	Please refrain from unnecessary homecomings, business trips and visits.
Wakayama	Those who have returned or transferred to our prefecture are asked to stay home for two weeks and register on our dedicated contact line.
Shimane	Our prefecture does not wish to accept evacuees of corona.
Okinawa	Please refrain from traveling to Okinawa from other prefectures.

The table is created by the Author based on Yomiuri news

Table 6 History of health laws		
Period	Framework of policies	Change of sanitary system
Development of Laws (1870's-1930's)	Establishment of Organization for policy against Infectious Disease	In 1873, the Bureau of Medical Affairs in the Ministry of Education was established.
	The national government started medical and sanitary affairs on a full-scale operation.	In 1874, Medical Law was enacted. In 1875, medical and sanitary affairs were relegated to the Ministry of Internal Affairs.
		In 1886, medical and sanitary affairs were relegated to the Bureau of Police in the Ministry because of administrative readjustment.
		In 1890, department of Interior and that of Police and such were established in the prefectures through amendment of Local Organization Law.
Previous Public health center Law (1937)	Sanitary affairs was positioned as one of main assignments of Internal Affairs.	In 1937, the national government started establishing public health centers as bases of sanitary affairs throuth Public Health Center Law.
		In1942, sanitary affairs were relegated to Internal depart- ment from Police dapartment in local government through amendment of Local Organizarion Law.
Local Autonomy Law (1947)		Seven departments including Civil Affairs Department in charge of sanitary service were designated in the Law.
New Public health center Law (1947)	The functions of Public health center were strengthed as the forefronts of public health; medical care, pharma- ceutical affair, food sanitation, environmental sanitation, health consultation and health guidance.	The goal is establishing one public health center per one hundred thousand people across the country.
Community Health Law (1994)	Division of roles between Prefectures and Municipalities	Public Health centers; designated municipalities are in charge of urban area and prefectures are in charge of the other area. Effective restructure is considered in each prefectural zone.
		General sanitation affairs; Municipalities have central roles: health preservation and local comprehensive medical care.

Table 6 (continued)		
Period	Framework of policies	Change of sanitary system
Decentralization Law (1995)	Municipalites have the central role in general sanitary affairs. Prefectures undertale the role of efficiency of public health centers operation.	In 1997, the affairs of Maternal anc child health and Nutri- tion improvement were devolved from prefecture to municipality.
New Influenza Special Measures Law (2012)	Law (2012) Legal framework against Covid 19 was established.	In 2012, the law was enacted.
		In 2020, the law was amended for the response against Covid 19.
		In 2021 the authority of governors were more strengthened.

The table is created by the Author

	Population	Area (km ²)	Prefecture capital	The number of local govern- ments
Hokkaido	5,304,413	83,424.31	Sapporo	179
Aomori-ken	1,292,709	9,645.59	Aomori	40
Iwate-ken	1,250,142	15,275.01	Morioka	33
Miyagi-ken	2,303,098	7,282.22	Sendai	35
Akita-ken	1,000,223	11,637.54	Akita	25
Yamagata-ken	1,095,383	9,323.15	Yamagata	35
Fukushima-ken	1,901,053	13,783.74	Fukushima	59
lbaraki-ken	2,936,184	6,097.06	Mito	44
Tochigi-ken	1,976,121	6,408.09	Utsunomiya	25
Gunma-ken	1,981,202	6,362.28	Maebashi	35
Saitama-ken	7,377,288	3,797.75	Saitama	63
Chiba-ken	6,311,190	5,157.65	Chiba	54
Tokyo-to	13,740,732	2,190.93	Tokyo	39
Kanagawa-ken	9,189,521	2,415.83	Yokohama	33
Niigata-ken	2,259,309	12,584.10	Niigata	30
Toyama-ken	1,063,293	4,247.61	Toyama	15
Ishikawa-ken	1,145,948	4,186.09	Kanazawa	19
Fukui-ken	786,503	4,190.49	Fukui	17
Yamanashi-ken	832,769	4,465.27	Kofu	27
Nagano-ken	2,101,891	13,561.56	Nagano	77
Gifu-ken	2,044,114	10,621.29	Gifu	42
Shizuoka-ken	3,726,537	7,777.42	Shizuoka	35
Aichi-ken	7,565,309	5,172.48	Nagoya	54
Mie-ken	1,824,637	5,774.40	Tsu	29
Shiga -ken	1,420,080	4,017.3 8	Otsu	19
Kyoto-fu	2,555,068	4,612.19	Kyoto	26
Osaka-fu	8,848,998	1,905.14	Osaka	43
Hyogo-ken	5,570,618	8,400.96	Kobe	41
Nara-ken	1,362,781	3,690.94	Nara	39
Wakayama-ken	964,598	4,724.69	Wakayama	30
Tottori-ken	566,052	3,507.05	Tottori	19
Shimane-ken	686,126	6,708.24	Matsue	19
Okayama-ken	1,911,722	7,114.50	Okayama	27
Hiroshima-ken	2,838,632	8,479.45	Hiroshima	23
Yamaguchi-ken	1,383,079	6,112.30	Yamaguchi	19
Tokush1ma-ken	750,519	4,146.65	Tokushima	24
Kagawa-ken	987,336	1,876.72	Takamatsu	17
Ehime-ken	1,381,761	5,676.11	Matsuyama	20
Kochi-ken	717,480	7,103.93	Kochi	34
Fukuoka-ken	5,131,305	4,986.40	Fukuoka	60
Saga-ken	828,781	2,440.68	Saga	20

Table 7	Outline of	prefectures
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Pandemic and Change of Japanese Local Administration

Table 7 (continued))			
	Population	Area (km ²)	Prefecture capital	The number of local govern- ments
Nagasaki-ken	1,365,391	4,132.09	Nagasaki	21
Kumamoto-ken	1,780,079.	7,409.35	Kumamoto	45
Oita-ken	1,160,218	6,340.71	Oita	18
Miyazaki-ken	1,103,755	7,735,31	Miyazaki	26
Kagoshima-ken	1,643,437	9,186.94	Kagoshima	43
Okinawa-ken	1,476,178	2,281.12	Naha	41
National total	127,443,563	377,970.71	_	1,718

Source; "Local Government in Japan 2016(2019 Revised Edition)", Council of Local Authorities for International Relations, 2019, pp.57

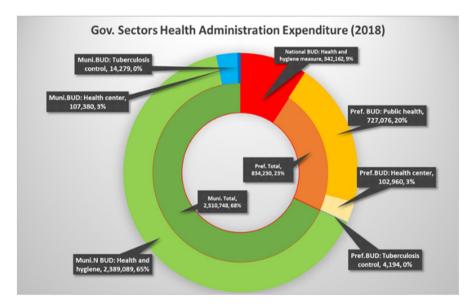


Fig. 5 Health administration expenditure

(2) Measures to secure medical services:

Governors can request medical personnel to provide medical services and sell medicines. The Ggovernors can expropriate land and buildings to open temporary medical facilities.

(3) Measures to stabilize people's lives:

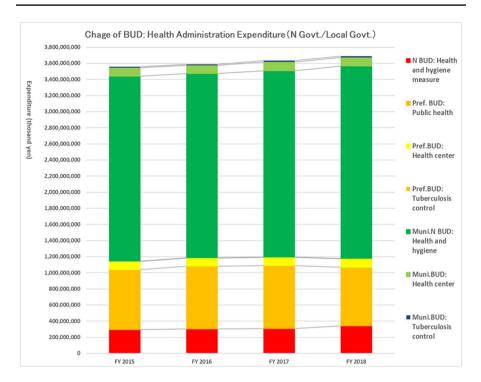


Fig. 6 Change of budget

Governors can instruct the transporting of emergency goods, such as vaccines; they can instruct the selling of specified goods. Given this substantial authority, the governors can exercise their discretion in front-line judgments.

This framework was introduced through another administrative field legislation crisis management. The measures are taken based on the Infectious Diseases Control Law in normal times, but the government adopted the Special Law crisis management legislation for the new influenza pandemic in 2012. COVID-19 was added to the subject of Special Law (see Table 6 below).

Hillyard (2000)¹⁰ describes the crises as follows: "Public crises occur in varied degrees and in diverse aspects of life. They are commonly identified by titles such as natural disaster, human conflict, or political upheaval." Furthermore, Hillyard¹¹ also mentions the crises and the systems as follows: "Since crises disrupt certainty and stability of everyday routines, they demand levels of preparation and treatment quite different from environments experienced in the stable processes of life, in the conduct of daily business, or in the maintenance of orderly systems."

¹⁰ Michael J.Hillyard,, "Public Crisis Management", iUniverse, 2000, pp.1.

¹¹ Op. cit., pp.3.

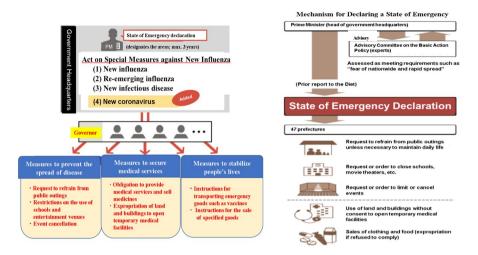


Fig. 7 Process of emergency declaration

These concepts are considered globally common to modern nations, and in Japan's case, several crises management-related legal systems have been systematically prepared.

This chapter takes a bird's-eye view of the crisis management legal system. Figure 8 shows the structure of crisis management-related legal systems.

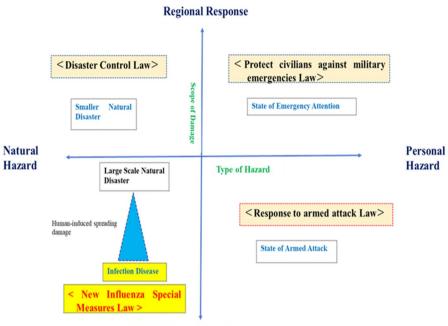
The vertical axis shows the scope of the damaged area: regional versus whole national land. The horizontal axis shows the nature of the hazard: natural hazard vs. personal hazard.¹² For each quadrant, the national law is enacted. In the personal hazard field, the Protect civilians against military emergencies law and the response to armed attack law are the principal legal systems. The disaster control law is the principal legal system; it covers the entire national land disaster from a small-scale regional disaster.

The Special Law is positioned as the system for the natural hazard and the whole national land response: the third quadrant. Notably, in this system, the damage will spread over time because the infected people's spatial movement causes spread infection. This is different from a simple natural disaster. Therefore, counter-measures to human-induced spreading damage are the key policies among these legal frameworks.

Legal Request

The feature of the Special Law is that the main governors' administrative acts are requests; they formally ask citizens for compliance and cooperation without legally binding forces. First, Governor requests suspension of business to a

¹² In the personal hazard field the Protect Civilians against Military Emergencies Law and the Response to Armed Attack Law are the principal legal systems.



Whole National Land Response

Fig. 8 Classification of crisis management laws

restaurant, and if the obedience is not sufficient, as the next step, Governor gives it the administrative order with binding force. Few countries have adopted lockdown legislation with legally binding forces and sanctions, and the Japanese request type is rare (see Table 2).

What is the most effective legislation for COVID-19? This is a fundamental question. In the Japanese case, the request type is controversial; the current framework seems to have been generally approved by the public. However, some people consider it to be in short of enforcement power. The legal effect depends on citizens' legal sentiments of each country, and there is room for future research.

Operation of Legal Frameworks

The current measures can be categorized into three types: (a) measures based on the Special Law; (b) requests for cooperation not based on the law (legal binding force), and (c) measures based on the ordinances of local govts. Some researchers have pointed out the lack of integrity as a policy tool (see Table 3).

Three Changes of Forms of Governmental Policy Activities

The forms of governmental policy activities regarding social issues have been changing; including the issue regarding the pandemic. The pandemic and the

government's response to infectious diseases have engendered new forms of governmental policy activities. Such new forms were triggered by the Special Law. This chapter focuses on three main issues of the Special Law.

Establishing a Prefectural-Centered System

What is the optimal size of government units for countermeasures against COVID-19? This is a significant question. Japan has a two-tier local administration system: the prefecture and the municipality. The affinities of both tiers are shown in Table 1 above. Both prefectures and municipalities oversee public health services. The average size of the prefecture's population is approximately 2,700,000, and that of the municipality is 73,000 (see Table 4). On average, there are 37 municipalities in one prefecture; one sample is Hyogo prefecture, which has 41 municipalities, as shown in Fig. 9 (see also Table 7).

The marked scale differences between prefectures and municipalities are population, area, financial scale, and impact on the business worlds, including the medical, transportation, and tourism industries.

Under those circumstances the Special Law has finally adopted a prefectural-centered system; it has given Governors additional power. As the governmental sectors gained experience with counter-measures against the pandemic, it is becoming clear that this is the best option for the following reasons:

(1) The measures to be taken under emergency declaration come into force by a broader local govt unit.

Measures such as sounding red alerts, regulating business establishments, and persuading citizens to refrain from various activities should be implemented quickly and fulfilled fairly in the region.

- (2) The spatial movement of infected people causes the infection to spread, as shown in Fig. 8 above. This is a feature of the infection. Therefore, a unified correspondence over a large area is effective. The average area of a prefecture is approximately 8,000 square kilometers, and it is considered an appropriate size as a unit. Moreover, the counter-measures are also effectively coordinated between the different prefectures.
- (3) The alignment between the transportation operators and the governmental sectors is important. In both the regulation of service and support for transportation, the prefecture is a suitable counterpart to the governmental sector.
- (4) Sometimes there is a need to mobilize large-scale healthcare workers, such as the large-scale inoculation of a vaccine.

As mentioned, municipalities have been given central roles in the public service for health basically (see Figs. 5 and 6). However, currently, the role of the prefecture's (as discussed in Chapter II) empowerment as a local govt unit is becoming

-		Averag	Number of	
1 2	Items	Population (person)	Area	Number of Units
3		(person)	(km²)	
4	Prefecture	2,711,565	8,042	47
5	Municipality	73,923	219	1,724
6 7	Total	127,443,563	377,971	

Fig. 9 Average size of local govt

particularly suitable as a counter-measure against the pandemic for the above reasons.

Governor's Power of Creating Information

The Special Law has given the Governors substantial powers, such as the following:

- (1) Request to refrain from public outings
- (2) Request or order to close schools, movie theaters, etc.
- (3) Request or order to limit or cancel events

Two specific changes have become prominent since the Governors' powers have been increased. First, the comments and suggestions by the Governors are widely covered by the media on a daily basis, and the comments have become considerably influential; it is shown in Case1 below. Second, the need for the Governor's opinion is increasing, as shown in Case2 and Case3 below.

Case1 Table 5 shows the governors' comments at the beginning of the summer vacation season in 2020 when Governors called for cautious action and requested travelers to return home. The comments have been widely reported.

Case2 Four governors jointly asked the national govt to extend the period of the state of emergency; it was widely covered by the media, and the national govt finally fulfilled the governors' demands (see Fig. 10). Such a demanding action against the government is one manifestation of Governors' increased influence.

Case3 The number of opinion cases by the governor's association with the national govt is growing (see Fig. 11). Collecting information and responding to the daily pandemic incidents in the front is a source of the political strength of Governors.

These phenomena illustrate Governor's growing power of creating information; it was brought about by the framework of the Special Law and the current tensioned situation.

The Ultra-Wide Administration

The ultra-wide administration—inter-prefectural cooperation—is effective in several public fields, and a super broader local govt administration has a beneficial effect on the cooperation of public health nurses, public transportation policy, tourism policy, etc.

Case1 Osaka prefecture and Kobe prefecture are both the centers of the Kansai economic zone and have strong socio-economic ties (see Table 7). In Osaka prefecture, approximately 350,000 people are commuting from Hyogo Prefecture, and conversely, about 100,000 people are commuting to Hyogo Prefecture every day (see Fig. 12).

Under the given situation, both governors thought they needed to suppress movement over a wide area: across prefectural borders. Therefore, they collaborated to request citizens to refrain from coming and going between both prefectures during consecutive holidays in March 2020.

Case2 The association of governors submitted its opinion following the Special Law on August 2, 2021, when the fifth wave was about to start in Japan. The first demand is the cancelation or postponement of travel/movement across prefectures.

Thus, the measure of ultra-wide administration, which means the policy for the extensive area spanning multiple prefectures, is urgently required against the pandemic; the control of movement is the representative policy. Such behavior is rare, except for recovery from natural disasters. It seems that the ultra-wide administration will be used more often in Japan's local administration, based on the pandemic experience.

Prefectures opinion to the national government;

1. Cancellation or postponement of travel / movement across prefectures in principle

The national government should urge the public to consider whether or not to carry out this year carefully movement such as homecoming and travel from the perspective of preventing the spread of infection in order to prevent it from spreading nationwide.

The Future of the Special Law

Based on experiences after implementing the Special Law in March 2020, the national govt and local govts must become familiar with the operation of this legal system. It implicates the following: ensuring the safety of people's lives vs. ensuring economic livelihood against long-term economic stagnation. However, the

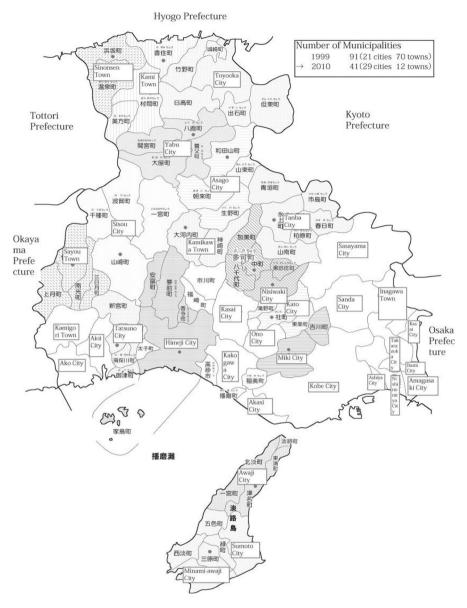


Fig. 10 Sample; Hyogo prefecture and municipalities

problem is that both agendas are at an unprecedented level in terms of the seriousness of the situation.

During these situations, the people watched the empowered governors facing many agendas, including the following: (a) restriction of regulation of the operating hours

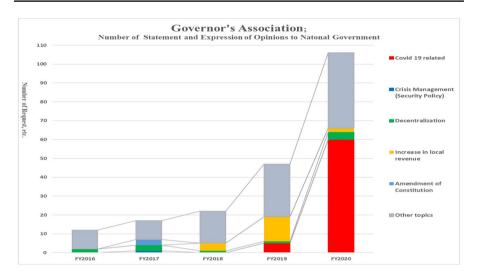


Fig. 11 Activities of governor's association

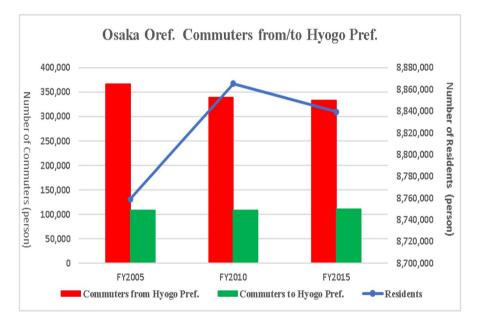


Fig. 12 Commuters between prefectures

of restaurants; (b) the necessity of compensation for regulated businesses; (c) timely selection of two contradictory measures (restricting/allowing movement and travel); and (d) enhancing ultra-wide regional administrations, especially the suitable zoning for public health, encouraging or discouraging traveling, and collaboration with the transportation and tourism industries. The Special Law poses agendas to governmental

sectors. Citizens' support for governmental policies depends on the persuasiveness of the government's responsive behaviors.

Challenge

Current Challenges

The author set the second question as follows: "How should the governmental sectors link those changes to good modern effective governance?" Regarding this question, the following points need to be noted:

Through the Special Law, the prefecture is empowered and plays a central role in counter-measures against pandemics. However, the national and local govts are faced with the challenges listed below:

Demand of Strengthening the Public Health Administration The share of sanitation expenditure per Gross Domestic Product (GDP) in Japan is 0.7%. The average share of the 28 EU countries is 1.5%. The share in the Japanese case is less than half that of the EU average (see Fig. 13).

The public sanitation share of local govt expenditure in Japan was 4.0%. Many European countries have more than a 20% share (see Fig. 14).

The health center is the core organization in the local govt public health administration system; however, local govts have promoted organizational integration as part of local administrative reform. In particular, prefectures and designated cities have promoted the consolidation and abolition of health centers in earnest (see Fig. 15).

Difficult Complex Financial Management The COVID-19 pandemic directly affected the financial situation of local govts and the national govt. The prefectural initial 2021 budget revealed that local tax revenue plummeted, and local loans rapidly increased. In particular, the growth rate of the local deficit-financed bonds (issued only when the local govt's financial resource shortage is substantial) amounted to about 80.2%. This fact shows that the local govts currently depend on debt (see Fig. 16).

However, as related to spending, Schwab (2020)¹³ states the role of governmental sectors in the pandemic as follows: "Already and almost overnight the coronavirus succeeded in altering perceptions about the complex and delicate balance between the private and public realms in favor of the latter. It has revealed that social insurance is efficient and that offloading an ever-greater deal of responsibilities (like health and education) to individuals and the markets may not be in the best interest of society." As Schwab states, the prefectures, under

¹³ Klaus Schwab, "COVID-19: The great Reset", World Economic Forum, 2020, pp.91.

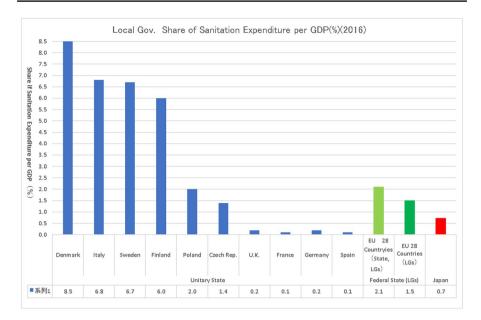


Fig. 13 Share of sanitation expenditures

spending pressure, expanded social assistance expenditures in 2021 initial budgets. There are disparities in size and an increase or decrease rate between the prefectures; the highest rate (28.4%) is in Kagawa prefecture (see Fig. 17).

Under severe revenue, the prefectures are facing urgent demand for social assistance public services.Nevertheless, there are much more disparities in the increase or decrease rate between prefectures.

There are also disparities in size and an increase or decrease rate of investment expenditure between the prefectures; the highest rate (33.8%) is in Oita prefecture and the lowest rate (-64.4%) is Iwate prefecture (see Fig. 18).

This situation shows that some prefectures such as Iwate have to reduce investment expenditures because of severe fiscal circumstance. If this situation continues in the future, the intergenerational inequity in the benefits of public services is brought about.

Regional Disparities Japan has a two-tier system of local govts: the prefecture—the broader unit—and the municipality—the basic unit. Even prefectures have a disparity problem. There are significant differences in the population and areas of the 47 bodies; the population of Tokyo is significantly larger than other prefectures, while Hokkaido's area is much larger (see Fig. 19).

Such size disparities bring about differences in administrative capacities, such as the financial capacity, volume of public facilities, and the number of human resources.

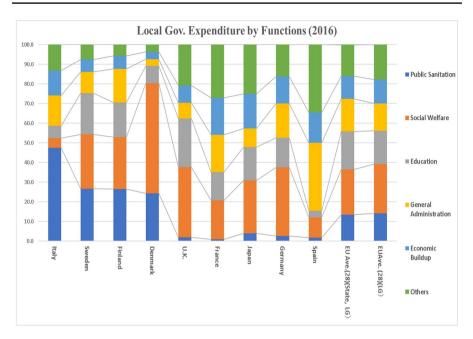


Fig. 14 Local govt. expenditure by functions

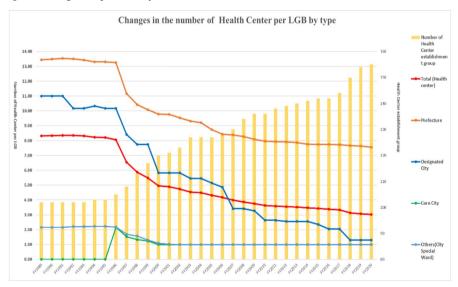
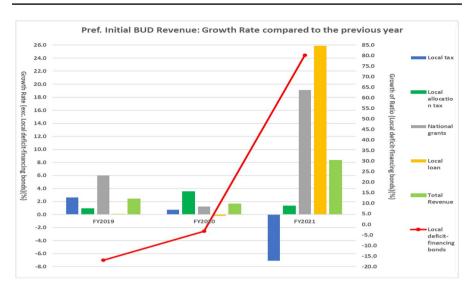


Fig. 15 Change of number; Health center

Looking at the relationship between the number of severe cases and secured hospital bed occupancy rate by prefecture, the prefectures in the red circle have fewer severe cases. However, their bed occupancy rates are high because they do





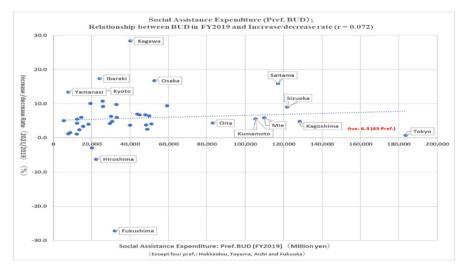


Fig. 17 Social assistance expenditure

not have many beds. This is why the pandemic is a problem not only for urban areas with many infected people but also for rural areas with fragile emergency systems (see Fig. 20).

The other issue is that disparities in administrative services can always widen because of the differences in the financial capacities of the prefectures. For example, the New Influenza Special Measures Law was enacted in FY 2012, and the health

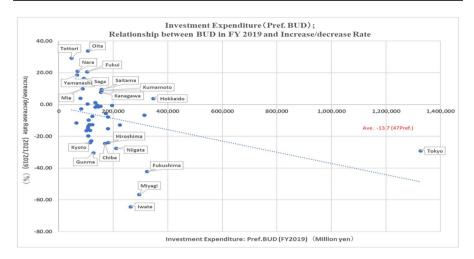


Fig. 18 Investment expenditure

center cost by prefectures changed from a decreasing trend until then to an increasing trend. However, the standard deviation increased.

Prefectures with wealthy financial bases could expand health center expenses, but those with poor ones could not (see Fig. 21).

Such regional disparity problem is more prominent in municipalities. For example, municipalities are in charge of vaccine inoculation services. Looking at the ratio between the number of people aged over 65 years and the inoculation ratio of municipal average of the prefecture, there is a large scatter. Municipalities are in charge of essential public services, and the governmental sector has to overcome those regional disparities (see Fig. 22).

Coping Measures

The national government and local govts are trying to overcome such challenges. This study focused on two coping measures.

Enrichment of Medical Welfare Personnel in the Community Facing the pandemic, local govts are enriching personnel and rebuilding organizations. Further, the national government supported the prefectures and established the plan. The national government is taking necessary local fiscal measures to strengthen the permanent staff of public health nurses engaged in infectious disease responses to enable smooth operation when contagious diseases are spread. Approximately 900 public health nurses will be assigned to health centers over the next two years for infectious disease control (an increase of 1.5 times the current number) to provide more training and exercises (see Fig. 23).

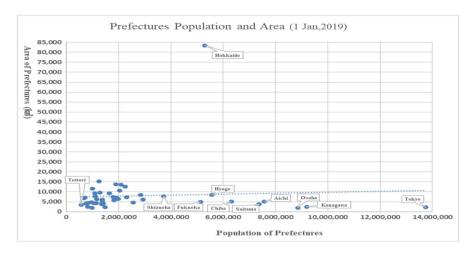


Fig. 19 Differences of sizes among prefectures

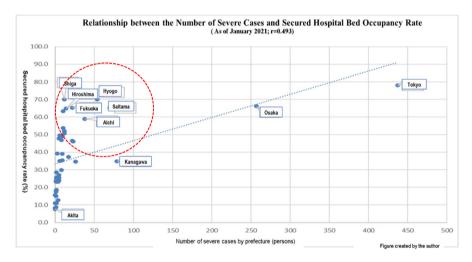


Fig. 20 Relationship between number of severe cases and secured hospital beds

Living Shift and Local Revitalization The national government, specifically, the Cabinet Office, has been supporting local govts through the Local Revitalization National Grant, which amounted to five trillion yen in the 2020 national budget. The office considers the *Living Shift*, which refers to changes in life and work style: telework, remote conferencing, flexibly selecting a place of working and housing, and so on. The national government is trying to overcome regional disparities based on the concept of *the Living Shift* (see Fig. 24).

Although the policy evaluation of these coping measures depends on future performance, the governments are aiming at a sustainable society through these measures.

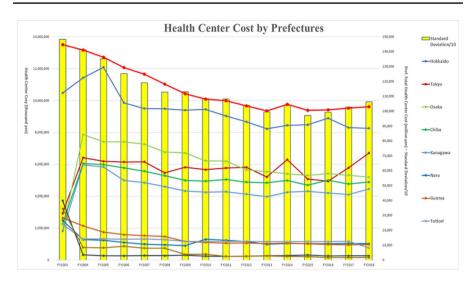


Fig. 21 Health center cost

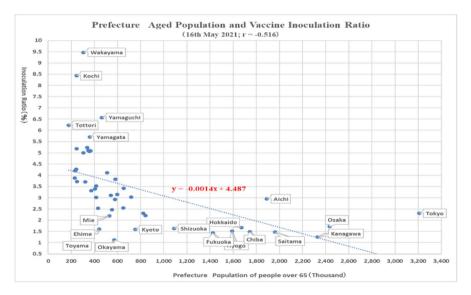


Fig. 22 Aged population and vaccine innoculation ratio

Conclusion

The author set the first question as follows: "What changes has the pandemic engendered in Japanese Local Administration?" The answer to this question is as follows: The pandemic and the government's response to infectious diseases have prompted new forms of governmental policy activities. Such new forms were triggered by the Special Law. The following three changes can be identified as follows:

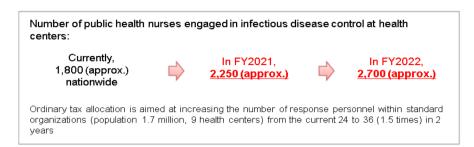


Fig. 23 Number of public health nurses

- (a) The Special Law established a prefectural-centered management system. Prefectures were empowered and played a central role in counter-measuring the pandemic, which was positioned as crisis management legislation. The public realized the significance of the efficiency of prefectural administration in addressing the pandemic.
- (b) Substantial power was assigned to the governors, including the power of information creation.
- (c) The effectiveness of widespread administration through inter-prefectural cooperation, as reflected in public fields such as nursing, transportation, and tourism.

The author set the second question as follows: "How should the governmental sectors connect those changes to good effective governance?" The answer is that

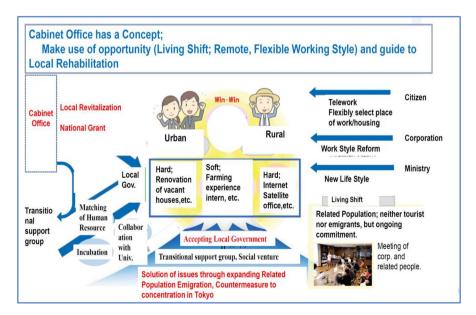


Fig. 24 Living shift

overcoming the current challenges substantially connects the changes to good effective governance in Japan. The author has listed three challenges: demand for strengthening public health administration, difficult complex financial management, and regional disparities. All of these are long-standing issues.

The key to formulating effective measures is thought to lie in the following two points. First, determining the most appropriate timing for policy conversion. The fact that there are limits to financial resources, including government bonds, and that there will be ceilings of demands for policies to strengthen public health administration and to provide funding should be considered. Therefore, when the time has come to reduce measures, the governments should change them promptly. Therefore, evidence- based policy making is especially important.

Second, the significance of sustainability should be reevaluated. In general, Ssustainability has been a key concept as a prescription for global environmental problems, population decline, and local revitalization (Tokyo concentration) problems. However, in the context of the pandemic, sustainability can be defined as the capacity to maintain or improve the state and availability of desirable materials or conditions over the long term. When we carry out the regional management we should consider not only promoting the immediate industries but also ensuring citizen's long-term healthy life. Additionally, sustainability is a necessary approach to a living shift; a new community should be harmonized with the change of lifestyle described above. Local revitalization policies, such as local settlements, should be promoted gradually but steadily.

Declarations

Ethical Approval None.

Informed Consent None.

Conflict of Interest None.

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