Part III Best practices and challenges

Chapter 9
Global health diplomacy

This chapter examines how Japan utilized its diplomatic relationship with actors in the international community as it responded to the infectious disease crisis at home and what interactions took place with domestic actors in the process. Japan's best practice found by this review was that the nation closely cooperated with the United States, China and other Asian countries, and contributed to upholding multilateralism at a time when cooperative relationships in the international community based on a "free and open international order" had encountered a crisis.

On the other hand, in addition to individual challenges such as the lack of dissemination of information by Japan toward the international audience, as well as poor coordination of jurisdiction among countries involved with the COVID-19 outbreak aboard a cruise ship, problems over global governance were exposed, such as insufficient preparedness of the international community for a pandemic, which in turn negatively affected Japan's response to the crisis. On the basis of these findings, we will make a recommendation on the diplomatic strategy Japan should take.

1. Japan's strategy in global health diplomacy in responding to the novel coronavirus

1.1. Japan's strategy in global health diplomacy before the COVID-19 outbreak

The history of Japan's global health diplomacy in recent years dates back to the 2000 Group of Eight Kyushu-Okinawa summit, in which Japan, serving as chair, took up the fight against infectious diseases as a major issue on the agenda and the participants confirmed the need for additional funding and international partnership. This served as the genesis of the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

Such efforts on global health diplomacy were strategically pursued under the second administration of Prime Minister Shinzo Abe. The strategic conference on overseas economic cooperation infrastructure[1] set up in 2013 adopted Japan's Strategy on Global Health[2] at its fourth meeting, deciding that Japan would push for universal health coverage (UHC) as its diplomatic strategy. In 2015, Japan said in the Basic Policy for Peace and Health based on the Official Development Assistance Charter[3] that it would

aim to realize UHC while keeping in mind improving responses to public health crises such as infectious diseases. On the same day, the government also adopted the basic policy on strengthening measures against infectious diseases posing a global menace, making it clear that Japan would push for bolstering both its international contribution and domestic crisis management system for such diseases.[5] At the time, the outbreak of Ebola hemorrhagic fever was still raging in western Africa, while popular approval ratings of the Park Geun-hye administration in South Korea declined by more than 10 points as the government came under criticism for its poor initial response to the MERS outbreak.[6] Under such circumstances, the Japanese government had a strong sense of threat and formulated its strategy for global health diplomacy focusing on crisis management to deal with infectious diseases, along with bolstering its domestic system to deal with such an emergency.

In the basic policy, the government called for consolidating, within five years from 2015, countermeasures for infectious diseases that pose an international menace.[7] In accordance with the principle of containing an infectious disease crisis at its source to prevent it from spreading worldwide, the policy said, "With regard to international cooperation to deal with infectious diseases posing an international menace, Japan will not stop at providing humanitarian assistance. Recognizing that such cooperation will help prevent the infection from reaching Japan, the Japanese government will push, in an integrated manner, various measures such as enhancing risk evaluation of infectious diseases overseas and nurturing human resources that can cope with infectious diseases not only in Japan but abroad by aligning them with steps to prevent infection at home that will be taken in case infection is detected in Japan."[8] In concrete terms, Japan would promote the following efforts in the international community: (1) Rebuilding global health governance so that the international community could promptly respond when a public health crisis occurred; (2) Containing specified infectious diseases overseas at an early stage of the outbreak; and (3) Strengthening universal health coverage in developing countries in normal times and responses to other serious infectious diseases.

The leaders' declaration adopted at the Ise-Shima Group of Seven summit held in 2016[9] also said:

"We commit to taking concrete actions for advancing global health as elaborated in the G7 Ise-Shima Vision for Global Health, highlighting that health is the foundation of economic prosperity and security. We commit to promoting universal health coverage as well as to endeavoring to take leadership in reinforcing response to public health emergencies and antimicrobial resistance (AMR), which could have serious impacts on our economies. We also emphasize promoting research and development and innovation in these and other health areas."

Here, public health emergencies are recognized as a matter of security and it is declared not only that global health architecture for responding to such emergencies will be strengthened, but also that each G7 member country – believing that universal health coverage (into which Japan has long put its energy) is part of the means to strengthen core

capacities for implementing International Health Regulation (IHR) – will undertake the task of strengthening the system.

But contrary to such a declaration by the government, there was much room for improvement when it came to domestic preparedness for pandemics linked with the international community. In 2018, Japan, like other countries, accepted non-mandatory Joint External Evaluation of the World Health Organization concerning its domestic implementation scheme for IHR, which is the foundation under international law for crisis management to deal with infectious diseases, and received concrete advice.[10] These points largely overlap the challenges pointed out in Part III, Chapter 1.

- External evaluation should be introduced with regard to quality control at research institutes.
- IT technologies for information gathering and analysis should be strengthened.
- Investment should be made for nurturing human resources to be engaged in risk communication at a time of a crisis.
- A permanent emergency operations center (EOC) should be established within the Health, Labor and Welfare Ministry.
- Joint training should be carried out to streamline a system for adjusting between different sectors and organizations.
- Strategy should be drawn up concerning human resources at the central and local government levels that will engage in public health crisis management.

None of these recommendations have been translated into full-scale action from 2018, and the COVID-19 crisis exposed Japan's vulnerabilities over these points.

1.2. The Foreign Ministry and the Health, Labor and Welfare Ministry: the two wheels to promote global health diplomacy

At the health ministry, the International Affairs Division in the minister's secretariat plays a central role in dealing with international issues and planning and drafting policies in these areas. Specifically, it handles policies related to multilateral diplomacy in the health area involving the WHO, the G7 and the Group of 20, ASEAN, and health ministers' meeting by Japan, China and South Korea, as well as bilateral diplomacy in the health arena with many other countries.

At the Foreign Ministry, the Global Health Policy Division under its International Cooperation Bureau's global issues cooperation councilor has jurisdiction over global health diplomacy. The division cooperates with the health ministry's

International Affairs Division in the area of policies drafted by the latter and also has jurisdiction over multilateral diplomacy at international organizations such as the Global Fund[11] and the Gavi Vaccine Alliance.[12] Also the Permanent Mission of Japan to the International Organizations in Geneva, the world's center for international diplomacy on global health, plays an important role. The ministry's Foreign Policy Bureau gathers information coming from those sections, draws up the overall strategy and supports the foreign minister and the vice foreign minister.

From the viewpoint of helping the government carry out integrated diplomacy in global health, the health ministry's International Affairs Division and the Foreign Ministry's Global Health Policy Division have long conducted personnel exchanges. Officials on loan from the health ministry served as chief of the Global Health Policy Division, and when an infectious disease crisis broke out, the chief provided relevant information to ranking Foreign Ministry officials who did not have expert knowledge on infectious disease crisis management, by analyzing WHO announcements from an expert's point of view. A Foreign Ministry official said that in the response to COVID-19, cooperation between the two ministries went smoothly in analyzing the international situation and gathering information on the disease thanks to their system of personnel exchange.

1.3. Japan's diplomacy system for the COVID-19 crisis – individuals and organizations

Looking back, an official at the health ministry said that in addition to communication channels between rank-and-file officials, "a relationship of mutual trust built through frequent communication at the high level" was helpful in gathering information and adjusting policies with other countries in the response to the COVID-19 crisis.

In the relationship with the United States, in addition to a network built by liaison officials the health ministry has been continually dispatching to the U.S. Department of Health and Human Services as well as people sent to the Centers for Disease Control and Prevention (CDC) for the Infectious Disease Emergency Specialist Training Program (IDES), the personal relationship between Health, Labor and Welfare Minister Katsunobu Kato and U.S. Secretary of Health and Human Services Alex Azar proved useful. Kato, who was in his second tenure in the position, had met with Azar at various international conferences and meetings of Japanese and U.S. health ministers. The minister had also held meetings with his counterparts in China and South Korea several times at such occasions as a trilateral conference for health ministers, and instructed health ministry officials at an early stage of the COVID-19 outbreak to maintain steady communication with China and South Korea.

From when the health ministry launched its COVID-19 headquarters on January 28, it gathered staff who could speak English from among its workers as well as from other ministries to engage in foreign affairs-related functions in dealing with the crisis. These officials drafted policies vis-a-vis other countries and the WHO on the novel coronavirus and dealt with the embassies in Tokyo and members of the media from various countries. They played particularly active roles in the on-site response to the outbreak among passengers and crew aboard the Diamond Princess, which included a large number of foreigners.

Chief Medical and Global Health Officer Yasuhiro Suzuki took command of the core part of the health ministry's tasks in the international relations arena of the COVID-19 crisis response. "I saw the situation change before my eyes when Chief Medical and Global Health Officer Suzuki dealt with the WHO and the CDC with strong logic and passion," a health ministry official said as he lauded Suzuki for playing a commanding role in pushing important policies in the area of public health and medicine as well as coordinating domestic and foreign policies in dealing with the crisis.

2. Cooperation with actors from the international community in the domestic response to the infectious disease crisis

This section examines how Japan utilized diplomatic relationships with actors from the international community (other countries, international organizations and so on) to respond more efficiently to the domestic crisis caused by COVID-19.

2.1. Relationship with the WHO over its initial response

Since around February, some members of the Diet began to have negative views of the WHO and its Director-General Tedros Adhanom Ghebreyesus over the delay in the organization's pandemic declaration and his conciliatory posture toward China. But according to a health ministry official, that never affected the ministry's confidence in the WHO's expertise. As mentioned later, information and technical assistance from the WHO and its cooperation with Japan's response to the crisis proved useful in quite a few instances, including the dispatch of a worker from the WHO's Western Pacific Regional Office to help Japan cope with the outbreak aboard the Diamond Princess. Japan, for its part, kept the WHO informed about its response to the crisis.

On the other hand, the Foreign Ministry studied how Japan should respond to the crisis on the assumption that the WHO's crisis response capacity had its limits. For example, as of the end of January, the WHO maintained that there was no need to impose

travel restrictions. But the Foreign Ministry determined that Japan should make its decision on the matter by taking into account a worst-case scenario – and embarked on the operation to repatriate Japanese from Wuhan, China.

2.2. Repatriating Japanese from Wuhan on chartered flights

Japan was eventually able to fly a total of five chartered flights to Wuhan, where it had no consulate general. A high-ranking Foreign Ministry official called the operation a successful example of close cooperation between Japan and China and the fruit of the then prevailing good relationship between the two governments. At the time, 30 countries were trying to fly chartered aircraft out of the Chinese city and there existed a state of competition among them. Only Japan was able to fly chartered flights for three days in a row from January 29 to 31. At one point, China delayed its permission for the second flight and time was running short for the flight to take off – because of a rule that prohibited a pilot from flying an aircraft after being put on standby on the ground longer than a period set under pilots' labor conditions. The waiting period dragged on – until only five minutes were left to the limit – but Japan was eventually able to make it through, thanks to the positive bilateral relationship with China and personal connections between the two sides, the Foreign Ministry official said.

According to the official, Japan, with no consulate general in Wuhan, prepared for the operation using such communication tools as WeChat, phone calls and emails. WeChat proved particularly useful as the instant messenger app covered members of the Japanese commerce and industry association in the city. Also, a person who once studied in Japan and was now a Wuhan people's representative offered to help. An incident occurred in which the driver hired to transport passengers for the second and following flights disappeared together with the vehicle. But that person made every effort to resolve the problem and the incident did not turn into anything serious.

The Chinese government's consideration toward Japan was observed in various aspects of the operation. It was only Japan that was able to fly the first three of the five chartered flights every day. When the aircraft of Japan's ANA and Kalitta Air from the U.S. arrived at Wuhan airport at the same time, the ANA plane was able to land ahead of the Kalitta Air plane. This was thanks to consideration on the part of the Chinese government.

2.3. Response to the outbreak aboard the Diamond Princess

In responding to the outbreak aboard the cruise ship Diamond Princess, the health ministry cooperated with the WHO and had its Western Pacific Regional Office dispatch an official to Japan.[13] On February 7, the government said it would not include

the cases of 61 people found to be infected aboard the Diamond Princess among the nation's domestic COVID-19 infections[14] – because their infections did not take place in Japan in the first place. The government talked and agreed with the WHO about keeping their numbers separate from the nation's tally of domestic infections, and the WHO counted the Diamond Princess cases as "others" in its country-by-country statistics on COVID-19 infections.[15] A health ministry official said the WHO official dispatched from its Western Pacific Regional Office offered concrete cooperation such as technical advice in crisis response.

After the Diamond Princess problem was over, Japan urged the WHO to delve into the question of developing a legal system in the international community to deal with the outbreak of an infectious disease crisis aboard a cruise ship. The Diamond Princess was registered with Britain (the flag country) and operated by a U.S. company. While the ship was berthed in Japan, its passengers and crew came from 56 countries and regions.[16] In connection with the International Law of the Sea and the International Health Regulations, a high-ranking Foreign Ministry official explained: "While a variety of countries accept responsibility and jurisdiction, there were no rules as to what countries should shoulder what part of the responsibility." A senior health ministry said: "If Japan refused the ship's call at a Japanese port, there was a chance that Japanese would lose their lives aboard the ship. That was out of the question either as a Japanese or as Japan's policy."

The government voluntarily took the risk for the sake of the lives of the ship's passengers and crew who included Japanese. The ship's captain was cooperative, and another senior health ministry official said, "We respected the captain and it was because of the captain's presence that the operation was successful." Although cooperation offered by the ship's crew contributed to the government's operation aboard the Diamond Princess under difficult conditions, a Foreign Ministry official it was "not easy to carry out the task amid the legal risk." In May, the government appropriated ¥60 million out of the fiscal 2020 supplementary budget to launch a research study to clarify responsibilities in the case of a large-scale outbreak of an infectious disease aboard a cruise ship.[17] It plans to complete a report by March 2021 and call on international organizations such as the International Maritime Organization and the WHO as well as other countries to formulate relevant rules.[18] A high-ranking Foreign Ministry official said Japan would proactively take part in the making of such rules.

2.4. Securing vaccines

The government is making strenuous efforts to secure enough vaccines for all the people in Japan – for the sake of the national interest of protecting people's safety. The health ministry takes the lead in the policy for securing vaccines, while the Foreign Ministry lends its support. It is said that some aspects of the policy require diplomatic

efforts by the Foreign Ministry. Foreign Minister Toshimitsu Motegi visited Britain on August 5 and exchanged views with his British counterpart on COVID-19 vaccines by holding tete-a-tete talks.[19] Later, on August 7, health minister Kato announced[21] that the government had reached a basic agreement[20] with AstraZeneca, a major British pharmaceutical maker, that if the firm succeeded in developing a vaccine against the novel coronavirus, Japan would receive a sufficient supply of the vaccine for 120 million shots from the beginning of 2021. A high-ranking Foreign Ministry official said he believes Motegi's visit to Britain contributed to the agreement "by giving a final push."

While the government made efforts to secure COVID-19 vaccines through direct talks with pharmaceutical companies, it was also pushing for securing the vaccines through multilateral frameworks. In September, the government decided to take part in COVAX Facility,[22] a framework under which participating countries jointly purchase COVID-19 vaccines developed by businesses and universities in countries around the world and distribute the vaccines among themselves, contributing ¥17.2 billion to the scheme.[23] Under the framework, participating countries jointly contribute $20 billion dollars for the development of candidate vaccines, and can equitably, quickly and at low cost access the vaccines that have become usable. Principally three international organizations – the WHO, Gavi and CEPI[24] – are driving the framework.[25] At the end of August, more than 170 countries including Japan, European Union members and Canada expressed their intention to join. COVAX is approaching countries that have not yet expressed an intention to take part, and it is reported that China is positive about joining the framework.[26] The U.S has adhered to its policy of not being involved in a framework led by the WHO, but Gavi and other organizations concerned will reportedly continue to approach the U.S. government.[27]

The Japanese government had proactively been involved with vaccine-related international organizations like CEPI and Gavi from even before the COVID-19 outbreak. Japan is among the founding members of CEPI, which was established in 2017.[28] It is also a member of Gavi's administrative board and in August 2019 hosted the launch meeting in Yokohama for its third capital increase.[29]

The government is thus making utmost efforts to secure vaccines from abroad through two channels: direct bilateral negotiations between the government and pharmaceutical firms, and an indirect route that utilizes multilateral frameworks. It is impossible to predict at the moment which vaccine developed by which company will be effective. But it is all the more important to procure as many kinds of vaccines in as great a quantity as possible and secure a sufficient amount to inoculate all the people in Japan – given that competition to secure vaccines in what has come to be called "vaccine nationalism"[30] is becoming severe.

According to Foreign Ministry and health ministry officials, the two ministries decide on the core of the strategy to secure vaccines by consulting each other, and submitted their decisions to the Prime Minister's Office. However, there is no body in the Prime Minister's Office (or the Cabinet Secretariat), including the National Security

Secretariat, that serves as a command post to oversee national strategy on the whole vaccine-related negotiations from a broad viewpoint, the officials said. Part of the reason for the lack of such a function, they said, was that it is impossible for officials at the Prime Minister's Office to have a firm grasp of the issues related to pharmaceuticals. Since securing vaccines constitutes the core of Japan's national interests in its response to the COVID-19 crisis, the government needs to have a command post to take charge of the matter, the Foreign Ministry and health ministry officials said.

Another issue is that different countries have different screening systems for vaccines and medicines, which can possibly hamper prompt screening and approval of the vaccines and drugs for COVID-19. The International Coalition of Medicines Regulatory Authorities (ICMRA)[31] started discussions[32] in March on promoting the harmonization of regulations concerning vaccines and drugs for the novel coronavirus. The health ministry, which serves as vice chair of ICMRA, and the Pharmaceuticals and Medical Devices Agency (PMDA) are serving as co-chairs of a workshop on medicine, contributing to the efforts to align regulations across countries.[33]

Japan has not made sufficient efforts to develop its own vaccine industry, where motivations and development/production systems are fragile. A Foreign Ministry official said that since Japan's major vaccine makers are all small- or medium-sized businesses and produce vaccines on a small scale – only just enough to meet domestic demand – they have lagged behind "by three and a half laps" in the competition for research and development on COVID-19 vaccines. The official cited two reasons behind this situation: 1) the health ministry being a regulatory organization and having little idea of developing and promoting an industry under its jurisdiction; and 2) the ministry's experience with the HPV vaccine problem.[34]

2.5. Dissemination of information to an international audience

One of the problems identified in Japan's response to COVID-19 was its weakness in disseminating information overseas. The International Affairs Division of the health minister's secretariat and the office of the press secretary in the foreign minister's secretariat, in cooperation with the International Public Relations Office of the Prime Minister's Office and members of the Expert Meeting on the Novel Coronavirus Disease Control, dealt with embassies in Tokyo and the foreign media. There were three cases that exposed Japan's weakness in disseminating information to an international audience.

The first case was the government's response to the outbreak aboard the Diamond Princess in February. On February 18, Dr. Kentaro Iwata, a professor at Kobe University, uploaded video footage on YouTube, in which he warned: "There can be no telling which areas (of the ship) are safe and which areas are not" and "the conditions

inside the ship are miserable." The video triggered both international and domestic criticism, raising questions about the adequacy of the government measures to isolate infected passengers from others on the ship. The U.S. government sent two chartered flights and flew more than 300 American passengers and others back home. Similar moves by Canada, Hong Kong, Italy, Taiwan, South Korea and some other countries followed.[35]

Health minister Kato responded to Iwata's criticism by saying, "Zoning inside the ship is adequately carried out." Although the health ministry on February 20 explained that the measures to control infection inside the ship were appropriate, it failed to give a concrete account of the situation on board the cruise ship, such as presenting photos showing the inside of the ship. The government's rebuttal was not convincing enough for the foreign media.

The second instance was the speech Kato delivered at an online general convention of the WHO in May, which as a venue of discussion on the infectious disease raging all over the world received a great deal of attention from the standpoint of international politics. Leaders in France, South Korea, China and other countries delivered their speeches in a regal fashion, conscious of the effect of diplomatic performance and hoisting in a visually effective manner their national flags. But the speech delivered by Japan's health minister was in a stark contrast. A Forbes JAPAN article reported on Kato's speech that "the Rising Sun flag hung dispiritedly" by the health minister "like a dropped curtain" and that "even though the WHO master of ceremony called out, 'Now, Japan, please!', the screen did not readily come up." The report went on to say, "When the screen eventually showed up, its compositional arrangement was in the wrong angle and the camera shook unintentionally, cutting off the upper half of minister Kato's face for a certain period of time during [his speech]. He raised his eyes upward and his eyes were unsteady. He asked, 'May I speak?' many times." The article also said that the content of his speech "deserved strong praise" but that "poor presentation techniques" caught the eye of viewers. It referred to a comment by someone within the government who said, "It was beneath Japan's dignity. Couldn't they manage it any better?"[36]

According to a health ministry official, the ministry at first asked the WHO to schedule Kato's speech to be given during work hours in Japan. But because the proceedings went faster than expected, the schedule was moved up and he had to give his speech around 3 a.m. Japan time. The Japanese side was forced to hastily deal with the schedule change. The personal computer at the health ministry could not run the software designated by the WHO for the convention. So, the private PC of a ministry worker and wireless Wi-Fi were used, but the PC was not smoothly connected due to a technical problem. There were many lessons to be learned from the poor performance, including the use of a professional technician and using a video-recorded speech at the next such occasion.

The third case was the paucity of articles contributed by Japanese researchers

and officials to foreign medical journals and major overseas mass media outlets. According to an official of the health ministry, there was an opinion within the ministry that scientific papers should be written on epidemic curves as soon as possible and be made public. But since many of the health ministry officials and staff at the National Institute of Infectious Diseases were away dealing with the Diamond Princess situation or dispatched out of Tokyo, writing scientific papers was too heavy a workload, the official said.

Around May, Japan's response to the novel coronavirus crisis was reported[38,39] under such titles as "The mystery of Japan's COVID success" in overseas mass media,[37] and Japan's failure to effectively disseminate information on its response to the crisis came to be reflected in the tone of overseas media reports. A health ministry official called for improvements, citing such problems as government workers' poor English communication skills, the lack of speed in communication with an international audience, and a shortage of personnel capable of doing such work.

On the other hand, the public message used in Japan to urge people to avoid infection with the novel coronavirus – the "Three Cs" that people must avoid: closed space with poor ventilation, crowded places and close-contact settings – came to be adopted by the WHO. That the WHO started issuing a call for avoiding "Three Cs" in July was a rare successful example of Japan's efforts to disseminate information overseas, and the health ministry official attributed that to the close communication maintained with the WHO in normal times. As frustration built up that the Japanese government's measures to combat COVID-19 were not well understood by the rest of the world, officials of the health ministry kept up close communication with Takeshi Kasai, head of the WHO's Western Pacific Regional Office, and other staffers of his office to explain Japan's response to the crisis and factors behind its success, which contributed to the WHO's better understanding of the steps taken by Japan, the official said.

3. Diplomacy on medical and economic issues related to COVID-19

3.1 The United States

3.1.1. Cooperation on Americans in Japan and masks

In the COVID-19 outbreak aboard Diamond Princess, the United States called on Japan to take steps to enable 428 Americans on board to quickly return home. According to a health ministry official, health minister Kato was already in close communication with the U.S. Health and Human Services Secretary Alex Azar at the time, and the government used this channel to provide explanations to the U.S. side. The

government also explained its response to the Diamond Princess situation when a five-member group from the U.S. Centers for Disease Control and Prevention visited Japan for two weeks from February to March – and went to Yokohama to see the cruise ship.

But later on, the U.S. Embassy in Tokyo, alarmed by the spreading infection and the paucity of PCR tests in Japan, put an alert on its website on April 3 that "the Japanese government's decision to not test broadly makes it difficult to accurately assess the COVID-19 prevalence rate" and that U.S. citizens temporarily in Japan "should arrange for immediate return to the United States, unless they are prepared to remain abroad." It also sounded a note of caution that it was "difficult to predict how the system [Japan's health care system] will function in the coming weeks."[40]

According to the health ministry official, the Japanese government, in consideration of the U.S. reaction, called attention to the following: that since Japan's health care system ensures free access to medical services unlike the U.S., an infection explosion, if it had occurred, would have logically led to an increase in the number of pneumonia patients at medical institutions, but that such an increase was not happening. It explained further that the small number of tests did not mean an explosive increase in infections, and called on the U.S. to respond in a scientific manner.

The Foreign Ministry and the health ministry divided roles, the official said. The chief of the Foreign Ministry's First North America Division was responsible for contacting U.S. officials in charge of diplomacy in the State Department and other government organizations, while the chief of the health ministry's International Affairs Division gave scientific explanations to the U.S. Department of Health and Human Services, the CDC and other organizations. Chief Medical and Global Health Officer Yasuhiro Suzuki communicated with CDC Director Robert Redfield, and Kato kept in touch with Azar over the phone. The exchanges between Japan and the U.S. over the COVID-19 crisis were noteworthy in that the Japanese government held diplomatic talks based on science – on the foundation of regular communication and personal ties between diplomats and public health officials of the two countries – and achieved a certain degree of success. On the domestic front, Prime Minister Abe announced on April 6 that the government would increase the number of PCR tests to 20,000 per day.

Close cooperation between Japan and the U.S. bore fruit in many areas. For example, wearing masks became a topic at high-level talks between the two governments at some point, according to the health ministry official. At the time, wide-ranging information on the situation in Japan was conveyed to the U.S. side through the Kato-Azar channel, and this helped the CDC to admit that wearing masks was useful, the official said. While the direct influence of such exchanges with Japan was unclear, the CDC on April 3 recommended that citizens wear non-surgical cloth facemasks as one means to prevent COVID-19 infections. Up until then, the CDC had recommended wearing masks only for people who had developed symptoms of COVID-19. But it changed its policy and issued a statement recommending that people, including those who did not have any health problem, should wear masks.[41]

"In response to the CDC's move, the WHO also changed its guidelines in ways that endorsed what Japan had been doing," the health ministry official said adding, "That was a result obtained through hard adjustment efforts." On June 5, in view of a study showing that infected people with no subjective symptoms were spreading the novel coronavirus, the WHO revised its guideline on the use of facemasks as a countermeasure for the virus and recommended wearing masks when it was difficult to keep a physical distance from others in areas where community-associated infection was spreading.[42] Cooperation with Japan also helped the U.S. when it had to cope with COVID-19 outbreaks aboard cruise ships since the U.S. government was able to learn from Japan's experience, the official said.

Japan also kept closely in touch with other developed countries. According to the health ministry official, G7 health ministers held teleconferences once a week after the start of the COVID-19 outbreak and discussed such matters as guidelines on wearing masks and reform of the WHO.

3.1.2. Adjustment with U.S. Forces in Japan

In the early stage of the COVID-19 crisis, the government accepted the entry of U.S. military personnel as a special case under the Japan-U.S. Status of Forces Agreement (SOFA) and no PCR tests were administered when they directly arrived at U.S. bases in Japan.[43] The Japan-U.S. Joint Committee has a quarantine division.[44] Members of the U.S. forces were exempted from all the procedure for entry into Japan[45] under Article 9, Section 2 of SOFA, which says, "Members of the United States armed forces shall be exempt from Japanese passport and visa laws and regulations." Since the U.S., citing a security-related reason, asked each country at the end of March not to disclose information on the number of infected cases in the U.S. forces, the Okinawa Prefectural Government initially did not make the number public.[46]

But the situation changed as the number of infected cases in the U.S. forces in Japan increased. On March 26, a soldier belonging to the U.S. forces' Yokosuka base was infected with the novel coronavirus – the first case among members of the U.S. military in Japan.[47] The headquarters of the U.S. Forces, Japan (USFJ) declared on April 6 a "public health emergency " for the Kanto region to strengthen health protection measures at U.S. bases in the region, and base commanders became able to enforce necessary measures to prevent the spread of infection at their discretion.[48] Still, at this point, quarantine tests for members of the U.S. forces directly flying from the U.S. to their bases in Japan were limited to those who had such symptoms as fever and coughing, since Japan's related laws could not be applied due to the SOFA provisions.[49]

In contrast, members of U.S. forces members entering Japan through private-sector airports such as Haneda were all subject to PCR tests in accordance with Japan's

quarantine rules and had to go through 14-day self-isolation irrespective of the results of their tests. In July, however, it came to light that three people working for the U.S. military's Iwakuni base boarded a private-sector aircraft before the results of PCR test administered to them upon their entry into Japan were known. Calling this a "serious situation," Defense Minister Taro Kono called on the U.S. side to take a strict disciplinary measure.[50]

As the number of infections among members of the U.S. forces in Okinawa increased, Okinawa Governor Denny Tamaki on July 15 met with Defense Minister Kono and called for making all the U.S. forces members entering Japan undergo PCR tests and prompt disclosure of the records of movement of infected U.S. forces members outside the bases. Later the Japanese and U.S. governments discussed the matter and it was decided that all U.S. forces members who entered Japan by directly arriving at U.S. bases in the country would be given PCR tests.[51] On July 20, the USFJ headquarters started making public the base-by-base number of cases of COVID-19 infections on its website.[52] This represented an instance where the U.S. forces changed their response thanks to Japan's tenacious approach.

3.1.3. U.S. moves to withdraw from the WHO and crisis in the free and open world order

The confrontation between the United States and China over COVID-19 intensified on the stage of the WHO. In April, U.S. President Donald Trump accused China of initially hiding the emergence of the novel coronavirus[53] and announced that the U.S. would stop its funding to the WHO, charging that the WHO failed to fulfill its fundamental duty and that it was "China-centric." At the end of May, after the WHO general convention, Trump declared that the U.S. would terminate its relationship with the WHO, saying that it failed to carry out the reform demanded by his administration. In early July, the U.S formally notified the United Nations of its withdrawal from the WHO.[54]

Chinese State Councilor and Foreign Minister Wang Yi, on his part, said that China brought the novel coronavirus outbreak under control through arduous efforts and that some figures were politicizing the outbreak and defaming the WHO. This way Wang rebutted the charges made by President Trump and implicitly pointed his finger at the U.S.[55] As confrontation in international politics deepened over COVID-19, Australia, based on a strong suspicion that China artificially spread the novel coronavirus, called in April for an investigation of the origins of the virus.[56] The situation moved in a direction opposite to the "global solidarity" which the WHO repeatedly called for. Under these circumstances, G7 countries held discussions from April for reform of the WHO. In early August, however, the talks between European countries, including France, Germany and Italy, and the U.S. broke off because the U.S., which announced its withdrawal from the

WHO and was conscious of the G7 summit it was scheduled to host in the autumn, was eager to drive negotiations for WHO reform – and because the U.S. proposal for WHO reform was too critical of the organization and disrespectful to it.[57]

With regard to the U.S. withdrawal from the WHO, a high-ranking Foreign Ministry official said Japan approached the U.S. many times at the working level and explored ways for the U.S. to remain in the organization by closely listening to its views. The official added that as he negotiated with the U.S. in order to keep it in the sphere of global health "by using all the means available," he "wondered if speeding up a review [of WHO operations] would serve as a catalyst for the U.S. deciding to remain [in the WHO]."

3.2. Meetings of health ministers from Japan, China and South Korea

Since 2007, the health ministers of Japan, China and South Korea have held three-way meetings every year except 2012, when the relationship between Japan and China deteriorated over the Senkaku Islands dispute.[58] The last annual meeting before the COVID-19 outbreak was held in Seoul in December 2019. According to a health ministry official, the meeting was held in a good atmosphere and proceeded in an amicable manner. As mentioned earlier, health minister Kato placed great importance on the relationship among the three countries and tried to enhance trilateral cooperation as the three countries responded to the COVID-19 crisis.

In addition to this framework involving health ministers of the three countries, Foreign Minister Motegi had a videoconference in March with Chinese Foreign Minister Wang Yi and his South Korean counterpart Kang Kyung-wha. They confirmed enhancing trilateral cooperation in dealing with the novel coronavirus disease.[59] Addressing his counterparts, Motegi said, "In order to prevent the infection from spreading globally, appropriate border control measures must be taken for a certain period of time. Since sharing information by the countries concerned is important, I would like to deepen communication [with the partner countries]." He explained anew the appropriateness of Japan's measures to restrict entry of people coming from China and South Korea. The three foreign ministers confirmed that their countries would make efforts toward 1) sharing information on the development of medicines and vaccines; 2) ensuring the smooth export and import of medical supplies and equipment as well as cooperation to flexibly deliver such supplies and equipment to partner countries during an emergency; and 3) cooperation in global measures to promote public health.

The foreign ministers agreed that their governments would support an early opening of a three-way meeting by their health ministers.[60] Based on this agreement, a special meeting of the health ministers from the three countries was held on May 15. The health ministers adopted a "joint statement of a special meeting of the health ministers of

Japan, China and South Korea on COVID-19," which referred to the need to strengthen the WHO's function to coordinate global response to a pandemic and timely sharing of information, data and knowledge in a free and transparent manner, and to promote further exchanges and cooperation between their technical and specialized institutions. It thus stressed the importance of sharing information and experience among the three countries to prevent the spread of and contain COVID-19.[61]

However, cooperation with China and South Korea has not made much progress since. According to the health ministry official, health minister Kato asked Ma Xiaowei, director of China's National Health Commission, several times to have a telephone discussion but it did not materialize because Ma was busy with on-site response to the COVID-19 situation in Wuhan.

3.3. Other Asian countries

Active cooperation was seen between Japan and the Association of Southeast Asian Nations over their response to COVID-19. On April 7, a special videoconference was held between health ministers of the ASEAN Plus Three countries to share information over their response to the novel coronavirus and exchange views to promote cooperation with ASEAN's efforts to bolster their measures against the pandemic. At the videoconference, health minister Kato explained Japan's response including measures to contain infection clusters, securing the medical care system and implementing a public awareness campaign to change citizens' behavior such as the call for avoiding the "Three Cs." He said Japan was determined to continue to work together with ASEAN members to promote the fight against infectious diseases. The ASEAN countries shared their situation and issues, and expressed hopes for support from Japan, China and South Korea. A joint statement called for free, open, transparent and timely sharing of information on the novel coronavirus and promoting cooperation in research and development on COVID-19 medicine and vaccines.[63]

"There were active discussions over each country's response. The conference represented a very useful opportunity for an international exchange of information on their [COVID-19] policies. That Japan was able to obtain information on each country's response through the ASEAN Plus Three framework was significant [in that they could be utilized for Japan's response to its own crisis]," the health ministry official said as he expressed appreciation of the communication channel with Asian countries, many of which succeeded in containing the novel coronavirus crisis.

On April 14, a special summit of ASEAN Plus Three leaders on COVID-19 was held.[64] Prime Minister Abe called for solidarity among the countries concerned by saying, "Information and knowledge owned by each country should be shared with each other in a free, transparent and prompt manner." He emphasized the importance of smooth

international trade on medical supplies and equipment – with an eye on personal protective equipment used by medical staff dealing with COVID-19 patients, which Japan imports from ASEAN members – on the basis of World Trade Organization rules. The participants adopted a joint statement that called for close cooperation toward putting the novel coronavirus infection under control.[65]

At the summit, Abe also announced the idea of establishing an ASEAN center for infectious diseases countermeasures by utilizing the Japan-ASEAN Integration Fund for support to ASEAN. The proposed institute, which would carry out trend surveys and analysis when an infectious disease broke out and would provide training to medical staff,[66] was aimed at enhancing the level of medical services in ASEAN countries and helping Japanese businesses advance into the ASEAN market.[67] In announcing the initiative, Japan was conscious of China's "mask diplomacy," said a senior Foreign Ministry official, who explained that Japan needed to establish a reputation that "Japan is a reliable partner." At a conference of Japanese and ASEAN foreign ministers held on September 9, Foreign Minister Motegi declared that Japan would give all-out support to the establishment of an ASEAN center for infectious diseases countermeasures "as the flagship of Japan-ASEAN cooperation," and would work together with the ASEAN countries to establish the center as the hub of efforts to protect people of the region from the threat of infectious diseases. He also said Japan would provide support and cooperation for launching an ASEAN COVID-19 crisis response support fund to help procure medical supplies and equipment and develop vaccines, adding that it had decided on a contribution of $1 million to the fund.[68]

Japan can expect that strengthening its relationship with other Asian countries will serve as a foundation to promote crisis management against infectious diseases in the region in the long run under the principles of the "Free and Open Indo-Pacific" concept. In fact, Motegi told the conference with his ASEAN counterparts, "The ASEAN Outlook on the Indo-Pacific (AOIP) has a lot in common with Japan's Free and Open Indo-Pacific concept and Japan would like to make the cooperation between Japan and ASEAN concerning AOIP take on a concrete shape by working together with ASEAN." While China promised to preferentially supply COVID-19 vaccines to Southeast Asian countries in an apparent bid to get them to tolerate its behavior in the South China Sea in return, maintaining and strengthening multilateralism can have the effect of keeping China's moves in check.

4. Summary: Best practices and challenges

4.1. Best Practice

Japan's best practice in the global health diplomacy over COVID-19 consisted

of three pillars. The first was close cooperation with the United States. Health minister Kato established personal trust with U.S. Health and Human Services Secretary Alex Azar, and Chief Medical and Global Health Officer Yasuhiro Suzuki also developed such a relationship with CDC Director Robert Redfield. Japan explained its response to the infection aboard the Diamond Princess as well as the situation in Japan in detail to the U.S. and sought the latter's understanding. It also had smooth communication and worked closely with the U.S. government over various issues such as measures for Americans living in Japan and handling of members of the U.S. forces in Japan. Japan's steadfast approach to the U.S. produced results such as the implementation of PCR test on members of the U.S. forces and the public announcement of the number of infections inside U.S. bases.

The second was close cooperation with China. Helped by the close bilateral cooperation and the favorable ties prevailing between the two countries at the time, Japan was eventually able to fly a total of five chartered flights out of Wuhan. Although Japan had no consulate general in the city, the cooperative operation was arranged by using such communication tools as WeChat, phone calls and email. While confrontation between the U.S. and China was becoming serious over the response to COVID-19, Japan communicated well with both the U.S. and China and successfully repatriated the Japanese stranded in the Chinese city.

The third was active cooperation with other Asian countries and contribution to maintaining multilateralism. As confrontation between the U.S. and China intensified and the U.S. notified the United Nations of its withdrawal from the WHO, multilateralism was in danger. Even under such circumstances, Japan contributed to actively endorsing multilateralism through its cooperation with Asian and European countries.

Especially with regard to its relationship with Asian countries, Japan utilized the ASEAN Plus Three framework for cooperation on information, experience and medical supplies and equipment. It made clear its readiness to provide support to and deepen cooperation with Asian countries through efforts to establish an ASEAN center for infectious diseases countermeasures and an ASEAN COVID-19 crisis response support fund. It is hoped that these moves will not only build part of a concrete institutional framework to prepare for pandemics in Asia, but also help protect multinationalism and keep China's moves in check when China is trying to expand its influence over Southeast Asian countries through the preferential supply of facemasks and vaccines.

4.2. Challenges

The first issue is the paucity of information disseminated to the international audience. Compared with other countries, dissemination of information by Japan as a whole, including not only the government but also academia, is small in quantity. As a

result, as seen from abroad, Japan's situation was hard to understand, and not enough attention was paid to or evaluation made of Japan's response to the COVID-19 crisis that it deserved. This situation is alarming. Japan met with international criticism for its response to the crisis aboard the Diamond Princes. Japan's presence in the WHO general convention was weak. Its success in dealing with its domestic crisis was not well communicated overseas. All these issues should be blamed not only on the inadequacy of foreign language ability of Japanese officials and others, but also on the lack of strategy for public diplomacy on the part of the government to efficiently disseminate information overseas. An official at the health ministry said that there is an enormous difference, for example, between Japan and China in the amount of money each spends on disseminating information overseas.

The second problem is ambiguity concerning national jurisdiction for a large-scale outbreak of an infectious disease aboard a cruise ship. An outbreak as the one that happened aboard the Diamond Princess can happen in any country. It serves as a lesson not only for Japan but also for countries all over the world. The Japanese government is scheduled to compile a report on its experience with the Diamond Princess case and call on the International Maritime Organization, the WHO, and other international organizations and countries to create relevant rules. Efforts in this direction will be further needed.

The third problem is inadequacy in the international community's preparedness for a pandemic, which can negatively influence Japan's response to a domestic infectious disease crisis. As cooperative relationships in the international community based on a free and open international order are facing a crisis, Japan, which enjoys a unique position in international politics by maintaining good relations with both the U.S. and China, should cooperate with neighboring Asian countries, which are said to have been successful in their response to COVID-19, and play a leading role in establishing a new international order from the viewpoint of enhancing countermeasures against a pandemic. Such efforts by Japan should be aimed at promoting international cooperation to solve the two issues that emerged as countries responded to the current crisis: 1) sharing information on a pandemic (a prompt report on the outbreak, sharing information on the pathogen and investigation of the source of the infectious disease), and 2) bilateral or multilateral measures for a pandemic (restrictions on travel and regulations on vaccines and drugs).

Therefore, the Japanese government should uphold the principle of strengthening global health security under the idea of a free and open international order as represented by Japan's concept of a "free and open Indo-Pacific," and aim to establish collective health security in Asia under that principle. This represents a new global governance characterized by mutual cooperation and a management system for coping with a pandemic, and an endeavor to build an international order in the wake of what each country calls the War on COVID-19.[71,72]

In view of the frequent outbreak in Asia of infectious disease crises of a pathogen with pandemic potential, ASEAN Plus Six (Japan, China, South Korea, Australia, New

Zealand and India) should take part in collective health security, which would be supported by two policy frameworks: 1) a pandemic information alliance (early information sharing when an infectious disease crisis happens and collective evaluation and investigation, etc.); and 2) an international regime to manage measures against a pandemic (restrictions on travel and harmonization of regulations on pharmaceuticals). The former would go beyond the regulation area covered by the International Health Regulation and promote information sharing for the sake of managing an infectious disease crisis in both peacetime and a time of crisis (information on governments' various countermeasures, digitalized genetic information and information on pathogens' strains) to enhance the Asian region's capability to manage infectious disease crises. The latter would not only secure freedom in international traffic in the region through managing and controlling non-pharmaceutical intervention based on certain rules, but also ensure safety in the region through the establishment of a system geared to international cooperation for the sake of pharmaceutical intervention at the time of a pandemic – which would cover joint research and development of vaccines, medicines, etc. (international joint clinical trial tests), joint approval thereof (harmonization of pharmaceutical regulations), and the sharing of necessary medical supplies and equipment (international cooperation including offering such materials to other countries in the region after domestic demand is met).

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