



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



Iechyd Rhyngwladol  
International Health

# International Horizon Scanning and Learning to Inform Wales' COVID-19 Public Health Response and Recovery

Report 31, 22/07/2021

Canolfan Gydwethredol Sefydliad  
Iechyd y Byd ar Fuddsoddi  
ar gyfer Iechyd a Llesiant



World Health Organization  
Collaborating Centre on Investment  
for Health and Well-being

## Overview




The International Horizon Scanning and Learning work stream was initiated as part of the COVID-19 public health response, to support response and recovery measures and planning in Wales.

The learning and intelligence is summarised in regular reports to inform decision-making. These may vary in focus and scope, depending on the evolving COVID-19 situation and public health/policy needs. The reports focus on COVID-19 international evidence, experience, measures, transition and recovery approaches. Evidence is provided to help understand and explore solutions for addressing the on-going and emerging health, wellbeing, social and economic impacts (potential harms and benefits) of COVID-19.

This work is aligned with and feeds into the Welsh Government Office for Science and into Public Health Wales Gold Command. It is part of a wider Public Health Wales' systematic approach to intelligence gathering to inform comprehensive, coherent, inclusive and evidence-informed policy action, which supports the Wellbeing of Future Generations (Wales) Act and the Prosperity for All national strategy towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

**Disclaimer:** The reports provide high-level summary of emerging evidence from country experience and epidemiology; research papers (peer-reviewed/not); and key organisations' guidance/reports, including sources of information to allow further exploration. The reports do not provide detailed or in-depth data/evidence analysis. Due to the novelty of COVID-19 virus and the dynamic epidemiological situation, studies, data and evidence can be conflicting, inconclusive or out-of-date very quickly depending on country/other context.

## In focus this week

-  **COVID-19 impact on employment security**
-  **Recognition of Long COVID**
-  **Country insight: Japan**

## Contents

<b>At a glance: summary of international learning on COVID-19 .....</b>	<b>3</b>
<b>COVID-19 impact on employment security .....</b>	<b>4</b>
<b>Recognition of Long COVID .....</b>	<b>8</b>
<b>Country insight: Japan .....</b>	<b>11</b>

## At a glance: summary of international learning on COVID-19

*“The crisis has uncovered the huge decent work deficits that still prevail in 2020 and shown how vulnerable millions of working people are when a crisis hits,”  
(Guy Ryder, Director-General, International Labour Organization)*

### COVID-19 impact on employment security

- ✚ The **workforce has experienced unprecedented disruption** due to COVID-19 however **this has not been felt equally by all workers**
- ✚ **Precarious employment circumstances** can propel the **onward transmission** of COVID-19 as there is less access to sick pay which is necessary for cases and contacts who are asked to stay away from the workplace
- ✚ Individuals in precarious employment have been **disproportionately affected** by the pandemic
- ✚ This **public health inequity needs to be recognised and addressed**
- ✚ There is mounting international evidence that **precarious employment has independently had an impact on mental health** during the COVID-19 pandemic

*More information is summarised on pp. 4-7*

### Recognition of Long COVID

- ✚ There is **no one officially recognised definition for Long COVID** which complicates diagnostic and support measures for affected individuals
- ✚ Long COVID is **still not legally recognised as an occupational illness** in a number of countries
- ✚ A number of **grass roots support groups have been established** throughout Europe in order to advocate on behalf of those experiencing Long COVID
- ✚ Further research into Long COVID is needed to understand the impact and support people

*More information is summarised on pp. 8-10*

### Country insight: Japan

- ✚ Some prefectures in Japan are now under a **‘State of Emergency’ to limit the spread** of the disease
- ✚ Japan initiated their vaccination programme several weeks after the UK and therefore fewer people are vaccinated in Japan than in the UK
- ✚ The Olympics and Paralympics attracts athletes and their support teams from across the world, **the public health risks of this mixing are being closely monitored and managed**

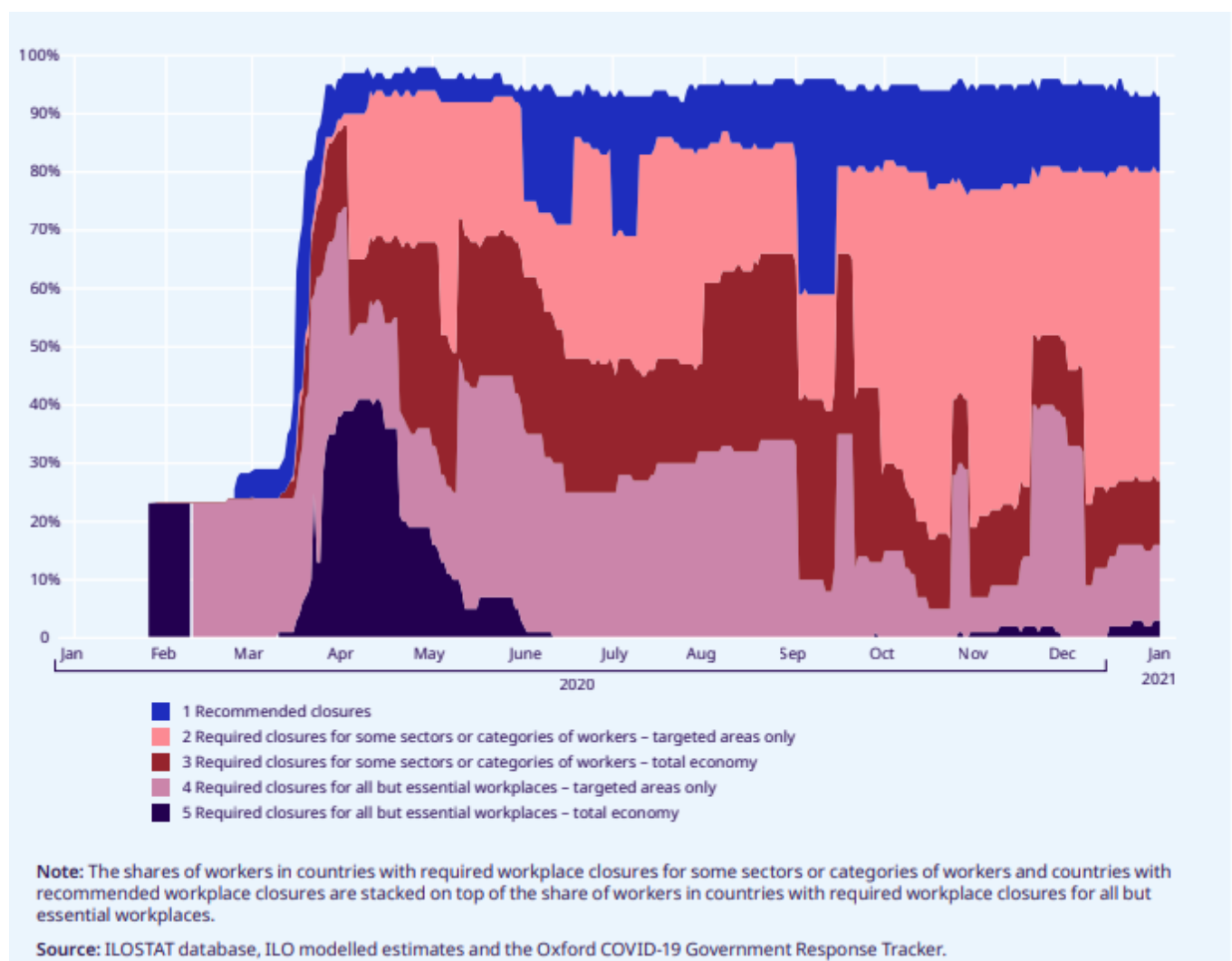
*More information is summarised on pp. 11-16*

## COVID-19 impact on employment security

### Overview: global disruption of the labour market

- The COVID-19 pandemic has had significant **economic consequences**, in addition to the clear health impacts<sup>1</sup>
- **Employment losses among temporary and part-time workers, including agency workers**, have been greater than among employees with regular contracts<sup>2</sup>
- Studies around past disease outbreaks have demonstrated **clear links between employment insecurity and mental health** in crisis situations<sup>3</sup>
- Latin America and the Caribbean, Southern Europe and Southern Asia experienced particularly high working-hour losses<sup>4</sup>
- **93 per cent of the world's workers** were within countries with **some form of workplace closure measure** in place **at the start of 2021** (figure 1)

Figure 1: Percentage of world's employed in countries with workplace closures, 2020 –2021<sup>5</sup>



<sup>1</sup> COVID-19 Pandemic in the World of Work: ILO Monitor: COVID-19 and the world of work. 7th edition

<sup>2</sup> [wcms\\_779118.pdf](https://www.ilo.org/wcmsp5/groups/public/-/americas/-/ro-lima/documents/publication/wcms_779118.pdf) (ilo.org)

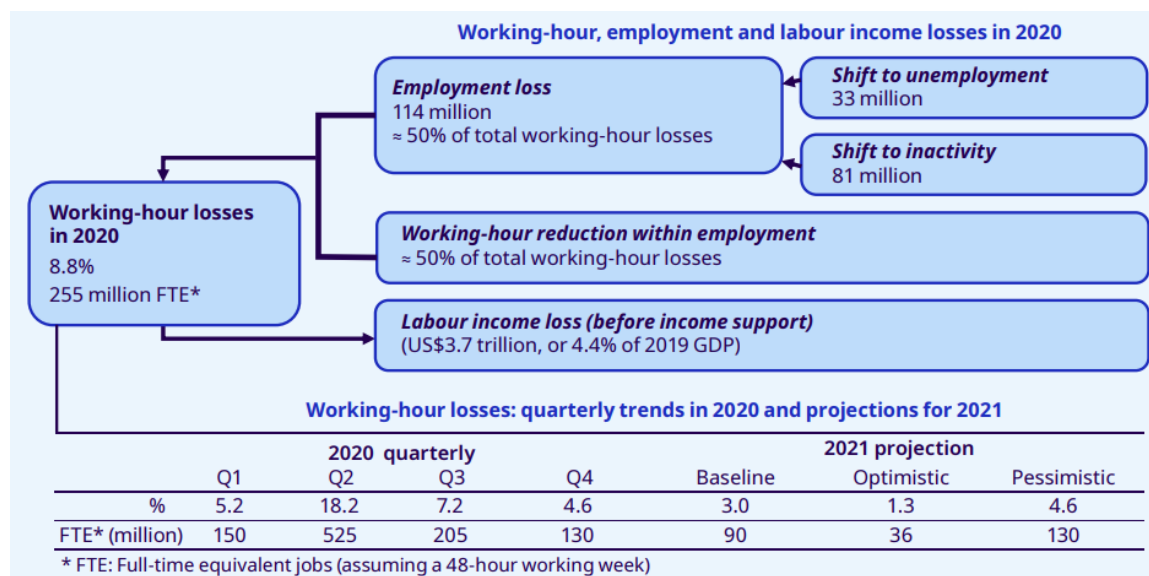
<sup>3</sup> Job Insecurity and Financial Concern During the COVID-19 Pan... : Journal of Occupational and Environmental Medicine (lww.com)

<sup>4</sup> [https://www.ilo.org/wcmsp5/groups/public/-/americas/-/ro-lima/documents/publication/wcms\\_779118.pdf](https://www.ilo.org/wcmsp5/groups/public/-/americas/-/ro-lima/documents/publication/wcms_779118.pdf)

<sup>5</sup> COVID-19 Pandemic in the World of Work: ILO Monitor: COVID-19 and the world of work. 7th edition

- Labour markets around the world have been disrupted in 2020 on an **unprecedented scale with losses to working hours approximately four times higher than during the 2008 global financial crisis** (figure 2)

**Figure 2: Global working-hour losses 2020-2021, estimates of the working hours, employment and labour income lost in 2020, and projection for 2021<sup>6</sup>**



## COVID-19 impact on the job market

- Approximately 47 million employers, some **54 percent of all employers worldwide**, operate businesses in the **hardest-hit sectors** of manufacturing, accommodation and food services, wholesale and retail trade and real estate and business activities<sup>7</sup>
- **Informal workers** are particularly vulnerable to non-pharmaceutical measures; their **earnings in the first month of the crisis are estimated to have declined by 60 percent** globally (around 80 percent in Africa and Latin America)<sup>7</sup>
- **Sectors that are dependent on human contact and interaction have been impacted the most in the European Union (EU)** during the pandemic, due to decreases in mobility and tourism:<sup>8</sup>
  - ✓ **'Non-essential' activities** such as leisure time and travel in particular were affected
  - ✓ **Consumers' economic insecurity** had a negative impact on 'luxury goods', textile and retail industries
- EU Manufacturing sectors were negatively affected by both supply and demand and as such the sector experienced falling levels of employment<sup>9</sup>

<sup>6</sup> COVID-19 Pandemic in the World of Work: ILO Monitor: COVID-19 and the world of work. 7th edition

<sup>7</sup> policy-brief-the-world-of-work-and-covid-19.pdf (un.org)

<sup>8</sup> Impacts of the COVID-19 pandemic on EU industries (europa.eu)

<sup>9</sup> https://www.europarl.europa.eu/RegData/etudes/STUD/2021/662903/IPOL\_STU(2021)662903\_EN.pdf

## Precarious employment – impact of the COVID-19 pandemic<sup>10</sup>

‘Precarious employment’ is often defined as jobs with ‘unfavourable’ features of employment including, but not limited to, contractual temporariness, underemployment, job insecurity and limited rights and protection<sup>1112</sup>

- Workers in “**precarious employment**” (formal and informal), are among those **most affected by the COVID-19 pandemic**<sup>1314</sup>
- The rise of unemployment following the COVID-19 pandemic is expected to be followed by an **increase in precarious employment**, a phenomenon also observed in the 2008 financial crisis<sup>14</sup>
- Workers in employment that was already precarious before the pandemic risk becoming even more precarious. Due to their reduced bargaining power, they will be more **vulnerable to unfair treatment, abuse, and exploitation**<sup>14</sup>
- Workers in precarious employment **may face unemployment without being officially laid off**—for example, by not having contracts renewed or seeing a reduction in working hours to zero—and thus many will not be eligible for unemployment benefits<sup>14</sup>
- Precarious employment might be a factor in deterring the control of or in generating new COVID-19 outbreaks. Because **workers in precarious employment often lack access to paid sick leave**, they may need to work while sick to avoid losing income or a job, further accelerating the unequal spread of COVID-19<sup>15</sup>

## Precarious employment – impact on vulnerable groups

- **Precarious employment** is an important social determinant of health, associated with a multitude of **poor health outcomes** including mental and physical ill-health, increased risk of work related injuries as well as health-related behaviours such as higher levels of smoking and lower access to healthcare.<sup>1617</sup> In contrast, secure employment is associated with positive mental health<sup>18</sup>
- Those in **vulnerable and disadvantaged groups** are more likely to find themselves in precarious employment.<sup>14</sup> This causes **significant health inequalities** due in part to the limited access to social and health protections for precarious workers
- Globally, only 45% of the population are covered by at least 1 social protection benefit, which means that 55% are unprotected<sup>19</sup>
- Growth of “gig economy” applications and platforms provides additional opportunities for non-standard or precarious work<sup>20</sup>

## Country insights

- **United States** - After accounting for demographic characteristics, health status, other COVID-19 experiences, and anxiety symptoms, **greater job insecurity due to COVID-19 was related to greater depressive symptoms**<sup>21</sup>
- **Germany** - the **hospitalization rate among temporary employees** was 55.7% almost **three times as high** as the average of all employed insured persons of a large German health insurance company in the age group 15 to 65 years<sup>22</sup>
- **Japan** - Unemployment was found to worsen mental health of workers, and **non-permanent workers were more likely to face unemployment** as a result of COVID-19<sup>23</sup>

<sup>10</sup> [Job Insecurity and Financial Concern During the COVID-19 Pan... : Journal of Occupational and Environmental Medicine \(Iww.com\)](#)

<sup>11</sup> [untitled \(nih.gov\)](#)

<sup>12</sup> [Precarious Work, Women, and the New Economy: The Challenge to Legal Norms \(Oriati International Series in Law and Society\): Judy Fudge: Hart Publishing \(bloomsburyprofessional.com\)](#)

<sup>13</sup> [policy-brief-the world of work and covid-19.pdf \(un.org\)](#)

<sup>14</sup> [untitled \(nih.gov\)](#)

<sup>15</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7270465/>

<sup>16</sup> <https://repositori.upf.edu/handle/10230/45184>

<sup>17</sup> <https://www.tandfonline.com/doi/abs/10.1080/09669582.2018.1538230>

<sup>18</sup> <https://www.mdpi.com/1660-4601/18/11/5630/html>

<sup>19</sup> [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---soc\\_sec/documents/publication/wcms\\_758705.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_758705.pdf)

<sup>20</sup> <https://osf.io/preprints/socarxiv/4quqa/>

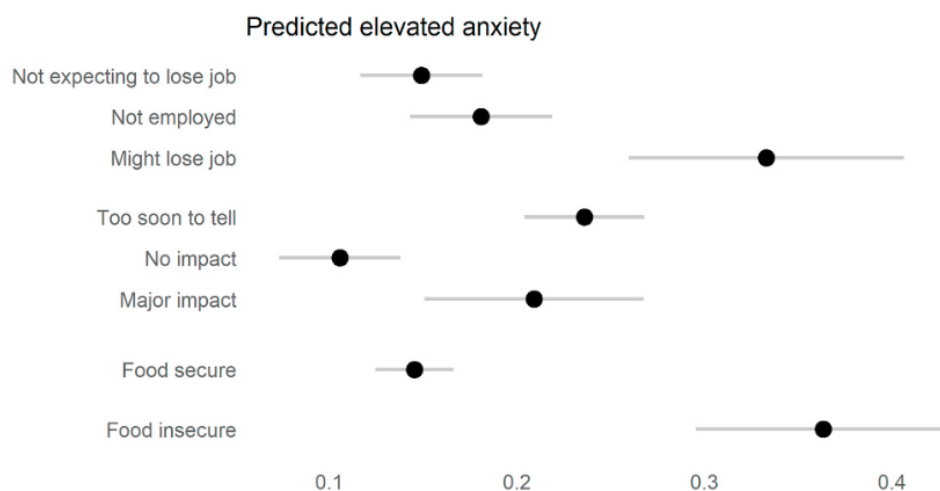
<sup>21</sup> [Job Insecurity and Financial Concern During the COVID-19 Pandemic Are Associated With Worse Mental Health - PubMed \(nih.gov\)](#)

<sup>22</sup> [Ausgabe A \(nih.gov\)](#)

<sup>23</sup> <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-021-10401-y>

- **South Africa** - workers who became **unemployed or who were put on a furlough** scheme during the pandemic **were more likely to report vulnerability to depression** than those who retained employment throughout<sup>24</sup>
- **Spain** - Enforced periods of lockdown had a greater **negative effect on self-perceived wellbeing amongst the unemployed** and those placed on furlough when compared with those in employment<sup>25</sup>
- **Canada** - the counterfactual adjusted predicted probabilities of **elevated anxiety in adults increased substantially** following job insecurity in the month May 2020 (figure 3)

**Figure 3: Predicted adjusted probabilities of elevated anxiety in Canada (May 2020)<sup>26</sup>**



## Recommendations: COVID-19 and precarious employment

There are a number of policy considerations proposed in the literature to reduce the impact of COVID-19 on those in precarious employment including:

- Systematic change to create a more adaptable workforce, including the extension of social security measures so that they can be extended between jobs<sup>27</sup>
- A new social contract, where the work of **all workers is recognised and protected with adequate job contracts, employment security, and social protection** in a new economy, both during and after the COVID-19 crisis<sup>28,29</sup>
- Efforts should be stepped up to establish, strengthen and progressively expand **social protection systems** including social protection floors<sup>30,31</sup>
- **Avoid increasing vulnerabilities** through gender-responsive, inclusive, accessible and targeted measures, based on social dialogue<sup>32</sup>

<sup>24</sup> [Job loss and mental health during the COVID-19 lockdown: Evidence from South Africa \(nih.gov\)](#)

<sup>25</sup> [Furloughs, Teleworking and Other Work Situations during the COVID-19 Lockdown: Impact on Mental Well-Being \(nih.gov\)](#)

<sup>26</sup> [Mental health and economic concerns from March to May during the COVID-19 pandemic in Canada: Insights from an analysis of repeated cross-sectional surveys - ScienceDirect](#)

<sup>27</sup> <https://osf.io/preprints/socarxiv/4quqa/>

<sup>28</sup> [COVID-19: remaking the social contract - The Lancet](#)

<sup>29</sup> [Is a new COVID-19 social contract appropriate? - The Lancet Public Health](#)

<sup>30</sup> [Social Protection and COVID-19 \(Coronavirus\) \(worldbank.org\)](#)

<sup>31</sup> [Adapting social protection in the wake of Covid-19 - Institute of Development Studies \(ids.ac.uk\)](#)

<sup>32</sup> [Gender-responsive-social-protection-during-covid-19-ENG.pdf \(unicef.org\)](#)



## Recognition of Long COVID

### Overview

- 'Long COVID' (also called 'Post-COVID Syndrome' or 'Post-acute COVID') is a long lasting condition following an infection with SARS-Cov-2.<sup>33</sup> The condition is not yet well understood, but it has been suggested that it can be **severely disabling**<sup>34</sup>
- Long COVID causes persistent ill-health with a wide range of long lasting symptoms<sup>35</sup> (figure 4)

**Figure 4: Symptoms associated with a COVID-19 infection**<sup>36</sup>



More information on the epidemiology, symptoms, characteristics and current treatment options of Long COVID can be found in our previous report published in May 2021 here: <https://phwwhocc.co.uk/resources/international-horizon-scanning-and-learning-to-inform-wales-covid-19-public-health-response-and-recovery-13-may-2021/>

### Recognition of Long COVID

- Currently, there is **no consensus on an officially recognised definition** for Long COVID<sup>37</sup>
- The **World Health Organization (WHO)** called on countries to **prioritise rehabilitation of Long COVID patients** and to gather information on the condition in a more systematic manner, in February 2021<sup>38,39</sup>
- The UK All Parliamentary Group demanded the recognition of Long COVID as an **occupational disease**, in early 2021.<sup>40</sup> This **recognition would enable to protect and compensate individuals** who contracted COVID-19 at the workplace (such as NHS frontline workers) who suffer from long-term consequences

<sup>33</sup> <https://www.nice.org.uk/guidance/NG188>

<sup>34</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7832375/>

<sup>35</sup> [https://www.thelancet.com/article/S2213-2600\(21\)00031-X/fulltext](https://www.thelancet.com/article/S2213-2600(21)00031-X/fulltext)

<sup>36</sup> <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2021/2/new-policy-brief-calls-on-decision-makers-to-support-patients-as-1-in-10-report-symptoms-of-long-covid>

<sup>37</sup> [The tragedy of long COVID - Harvard Health](https://www.bmj.com/content/372/bmj.n405)

<sup>38</sup> <https://www.bmj.com/content/372/bmj.n405>

<sup>39</sup> [COVID-19: from an acute to chronic disease? Potential long-term health consequences - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/372/bmj.n405/)

<sup>40</sup> <https://www.bmj.com/content/372/bmj.n503>



- Support groups have been established to understand and support individuals with Long COVID in many countries (table 1)

**Table 1: Long COVID response among selected countries**

Country	Organisation/ goals	Government response
<b>Belgium (Flanders)</b>	<p>Ook dit is Covid:<sup>41</sup></p> <ul style="list-style-type: none"> <li>- Advocates for awareness, recognition and further research</li> </ul> <p>Post-Covid Gemeenschap<sup>42</sup>:</p> <ul style="list-style-type: none"> <li>- Recognition of Long COVID as a syndrome</li> <li>- Acknowledgment of the economic impacts to the individual as a result of Long COVID</li> <li>- More research funding and better cooperation between care providers, both in primary care and with hospitals</li> </ul>	<p>Belgian Federal Parliament adopted a resolution<sup>43</sup> regarding the acknowledgement and the need for appropriate care of people with Long COVID<sup>44</sup> (06/05/21)</p>
<b>France</b>	<p>#ApresJ20<sup>45</sup>:</p> <ul style="list-style-type: none"> <li>- To recognise Long Covid as a major, long-term health condition (affection longue durée, ALD)</li> <li>- To recognise Long Covid based on a systematic diagnosis of symptoms, instead of only on test results</li> <li>- Provision of multidisciplinary care nationwide</li> <li>- Effective communication from physicians to the general public</li> <li>- Conducting of research into conditions</li> </ul>	<p>There is no legal recognition, specific care modalities or benefit package for people with Long COVID. The health authority (HAS) has issued (12/02/21) the first recommendations, focused on patient-centred care and rehabilitation, to help physicians take care of patients. MPs have filed a legal resolution for the official recognition of Long COVID as a disease and for planning its care<sup>46</sup></p>
<b>Germany</b>	<ul style="list-style-type: none"> <li>- The Robert Koch Institute (federal government agency and research institute responsible for disease control and prevention) offers detailed information on the characteristics, epidemiology and current research progress on Long COVID<sup>47</sup></li> <li>- There are number of support groups across Germany where affected individuals can share experiences and find support (such as on social media) and information on the most recent research developments in terms of treatment and rehabilitation<sup>48,49</sup></li> <li>- The Charité University hospital (Berlin) has, as part of its Fatigue Centrum, established a resource hub for Long COVID<sup>50,51</sup></li> </ul>	<p>The federal government has started a research programme on the long-term effects of COVID-19 (with 5 million euros available) – agreeing a clear definition of Long COVID is one of the central tasks of the new program<sup>52</sup></p>
<b>Netherlands</b>	<p>Coronaplein:<sup>53</sup></p> <ul style="list-style-type: none"> <li>- Joint project between Long Fonds (Dutch Lung Foundation) and Long Alliantie Nederland (association for chronic lung diseases)</li> <li>- Provides information, advice and a point of contact for fellow patients</li> <li>- Gathers information via collating experiences and symptoms of patients</li> </ul>	<p>Recovery care is reimbursed for six months from the basic health insurance package. Requires reference from medical specialist or GP - note that it is obligatory for all residents in the Netherlands to have a basic health insurance and hence the recovery care should be available to all.<sup>54</sup> The Dutch Government has set up “C-Support” for patients and health professionals, to provide direct patient support in terms of seeking best treatment options and general advice and offer healthcare professionals the latest evidence based information<sup>55</sup></p>

<sup>41</sup> <https://www.ookditiscovid.be/>

<sup>42</sup> <https://post-covid.be/>

<sup>43</sup> <https://post-covid.be/wp-content/uploads/2021/04/Voorstel-tot-resolutie-van-de-meerderheid.pdf>

<sup>44</sup> <https://www.tijd.be/politiek-economie/belgie/federaal/kamer-vraagt-regering-patienten-met-lang-covid-te-erkennen/10304310.html>

<sup>45</sup> <https://www.apresj20.fr/qui-sommes-nous>

<sup>46</sup> <https://www.covid19healthsystem.org/countries/france/livinghit.aspx?Section=3.2%20Managing%20cases&Type=Section>

<sup>47</sup> [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/SARS-CoV-2/Gesundheitliche\\_Langzeitfolgen.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/SARS-CoV-2/Gesundheitliche_Langzeitfolgen.html) (Stand: 20.5.2021)

<sup>48</sup> [NAKOS Übersicht: Corona-Selbsthilfegruppen in Deutschland](https://www.nakos.de/aktuelles/aktuelles-aktuelles-aktuelles)

<sup>49</sup> [Aktuelles – Long COVID Deutschland](https://www.charite.de/aktuelles/aktuelles-aktuelles-aktuelles)

<sup>50</sup> [Post-Corona-Fatigue: Charité Fatigue Centrum - Charité – Universitätsmedizin Berlin \(charite.de\)](https://www.charite.de/aktuelles/aktuelles-aktuelles-aktuelles)

<sup>51</sup> [Karliczek: Spätfolgen von Covid-19 entschlüsseln, um Betroffene bestmöglich behandeln zu können - BMBF](https://www.bmf.de/SharedDocs/Pressemitteilungen/DE/2021/05/karliczek-sp%C3%A4tfolgen-von-covid-19-entschl%C3%BCsseln-um-betroffene-bestm%C3%B6glich-behandeln-zu-k%C3%B6nnen-bmbf.html)

<sup>52</sup> [Forschungsprogramm zu Corona-Spätfolgen: Long-Covid auf der Spur \(bundesregierung.de\)](https://www.bundesregierung.de/breg-de/themen/coronavirus/forschungsprogramm-zu-corona-sp%C3%A4tfolgen)

<sup>53</sup> <https://coronaplein.nu/over-ons>

<sup>54</sup> <https://coronaplein.nu/ondersteuning/herstel-na-corona/herstelzorg-corona-welke-zorgverlener-doet-wat>

<sup>55</sup> <https://www.c-support.nu/>

## World Health Organization (WHO) recommendations on Long COVID

The WHO recommends the following policy actions to address Long COVID<sup>56</sup>:

- Taking **multidisciplinary, multispecialty approaches** to assessment and management;
- Developing **new care pathways** and contextually appropriate guidelines with patients and their families, so that primary care in particular can tailor case management to the manifestations of disease;
- **Creating appropriate services**, including rehabilitation and online support tools;
- Tackling the wider consequences of post-COVID conditions, including **by addressing employment rights, sick pay policies, and access to disability benefits**;
- **Involving patients** to foster self-care and self-help, and to shape awareness of post-COVID conditions and their implications for services and research; and
- Implementing **patient registers** and other **surveillance systems** and following up with patients to support the research that is so critical to understanding and treating post-COVID conditions.

---

<sup>56</sup> [WHO/Europe | Coronavirus disease \(COVID-19\) outbreak - New policy brief calls on decision-makers to support patients as 1 in 10 report symptoms of "long COVID"](#)

## Country insight: Japan

### Current situation<sup>57</sup>

Japan utilises COVID-19 alert levels to indicate which areas of the country are most affected by the virus. Different prefectures in Japan are under different, local guidelines (table 2).

**Table 2: COVID-19 official update in Japan (last updated 12<sup>th</sup> July 2021)<sup>58</sup>**

### Declaration of State of Emergency

Duration of State of Emergency	Areas Under State of Emergency
May 23th, 2021 - Aug 22nd, 2021	Okinawa
July 12th, 2021 - Aug 22nd, 2021	Tokyo

### Priority Preventative Measures

Duration of Priority Preventative Measures	Areas Under Priority Preventative Measures
April 20th, 2021 - Aug 22nd, 2021	Saitama, Chiba, Kanagawa
June 21st, 2021 - Aug 22nd, 2021	Osaka

These declarations all remain in place until 22 August 2021 when they will be reviewed.

### Restrictions in 'State of Emergency' and 'Priority Prevention Measures' areas<sup>59</sup>

- **Travel restrictions** still apply:
  - ✓ Unnecessary travel to be avoided, especially from priority prevention areas into emergency areas and after 8pm in emergency areas
  - ✓ Where travel is necessary, travellers are recommended have a check-up before departure to limit the spread of the infection
- Changes in **Hospitality**:
  - ✓ Business hours shortened, with restaurants to close by 8pm
  - ✓ Alcohol is only to be served in priority prevention areas until 7pm
  - ✓ Karaoke facilities asked to close
- Changes in the **Workplace**:
  - ✓ Businesses to promote 70% teleworking
  - ✓ Staggered work hours and lunch breaks where possible
  - ✓ Commuting by bicycle encouraged
  - ✓ Staggered working hours recommended
  - ✓ CO<sub>2</sub> monitoring devices to be installed to assess ventilation quality
  - ✓ Different prefectural governments can implement their own request including the use of masks, social distancing and dividers
- Measures are relaxed in stages when moving from 'State of Emergency' to 'Priority Prevention Measures' with infection control able to be promptly implemented if cases surge

<sup>57</sup> [COVID-19 Information and Resources \(corona.go.jp\)](https://corona.go.jp)

<sup>58</sup> [COVID-19 Information and Resources \(corona.go.jp\)](https://corona.go.jp)

<sup>59</sup> [COVID-19 Information and Resources \(corona.go.jp\)](https://corona.go.jp)

## Japan's COVID-19 strategy

Requests to **remain vigilant** against the spread of COVID-19 and a re-iteration of precautions was made in a statement from Prime Minister Suga on 18 March 2021.<sup>60</sup> This included being aware of the **'five situations that increase risk'**:<sup>61</sup>

1. Social gatherings when drinking alcohol
2. Long feasts in large groups
3. Conversations without a mask
4. Living together in small, limited space
5. Switching locations (e.g. taking a break at work)

And also avoiding the **'three C's'**

1. Closed spaces
2. Crowded places
3. Close contact settings

Initially a **'three-pronged' strategy** was introduced<sup>62</sup> consisting of:

1. Early detection and early response to clusters (clusters are defined as 'more than five infected from one place')
  2. Early patient diagnosis
  3. Behaviour modification of citizens
    - ✓ Enhanced hand hygiene and mask use have been encouraged in addition to avoiding the 'three C's' and 'five situations'
    - ✓ This was later extended to 'three C's plus' including avoiding behaviours such as loud talking and singing
- Measures have been less strict than in other countries, emphasis is placed on **unenforceable self-restraint** rather than distinct lockdowns<sup>63</sup>
  - Japan's strategy is focused upon mitigation and seeking a way of living with the virus, compared to other Asian countries, such as China, Singapore and South Korea, whose focus has been on containment<sup>64</sup>
  - **Rates of testing** have been significantly lower than in other countries<sup>65</sup>
    - ✓ Testing has been focused upon identifying and isolating the source of clusters, with little general testing being utilised
    - ✓ However, rates of testing have increased, in August 2020 there were up to 6,000 tests daily compared to just 2,000 daily in June 2020
  - Local governments have the ability to enforce their own local restrictions, examples of this include restrictions to restaurants and hospitality, activities and business hours
  - In May 2021, 4% of Japan's population had received at least one dose of the vaccination (compared to 51% in the UK).<sup>66</sup> Vaccination uptake has increased rapidly since then to approximately 35% of the population having received one dose or more<sup>67</sup>
  - Japan has **one of the lowest death rates** per capita<sup>68</sup>

Table 3 details the major prevention and control measures implemented in Japan throughout the pandemic<sup>69</sup>

<sup>60</sup> [COVID-19] Press Conference by the Prime Minister regarding the Novel Coronavirus (Speeches and Statements by the Prime Minister) | Prime Minister of Japan and His Cabinet ([kantei.go.jp](https://www.kantei.go.jp))

<sup>61</sup> COVID-19 Information and Resources ([corona.go.jp](https://corona.go.jp))

<sup>62</sup> COVID-19 pandemic in Japan ([nih.gov](https://nih.gov))

<sup>63</sup> Japan's Covid-19 Strategy – Items ([ssrc.org](https://ssrc.org))

<sup>64</sup> A cross-country core strategy comparison in China, Japan, Singapore and South Korea during the early COVID-19 pandemic | Globalization and Health | Full Text ([biomedcentral.com](https://biomedcentral.com))

<sup>65</sup> [https://www.istage.ist.go.jp/article/bst/15/1/15\\_2021.01019/\\_pdf/-char/en](https://www.istage.ist.go.jp/article/bst/15/1/15_2021.01019/_pdf/-char/en)

<sup>66</sup> Delayed COVID-19 vaccine roll-out in Japan ([the-lancet.com](https://the-lancet.com))

<sup>67</sup> <https://ourworldindata.org/>

<sup>68</sup> [https://www.istage.ist.go.jp/article/bst/15/1/15\\_2021.01019/\\_pdf/-char/en](https://www.istage.ist.go.jp/article/bst/15/1/15_2021.01019/_pdf/-char/en)

<sup>69</sup> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00672-w>

**Table 3: The major epidemic prevention and control measures in Japan<sup>70</sup>**

SN	Strategy	Key elements
1	Issued risk alert to the public	(1) On Jan 21, issued level 1 risk warning of infectious diseases to the whole of China. (2) On Jan 23, issued level 2 risk warning of infectious diseases to Wuhan, China. (3) On Jan 24, issued level 3 risk warning of infectious diseases to the whole of Hubei province, including Wuhan city, and suspended travel in China's Hubei province.
2	Border control measures	(1) On 28 January, the Cabinet of Japan decided to designate novel Coronavirus infectious diseases as "designated diseases" based on the Law of infection and "quarantine diseases" based on the Quarantine Law. Infected people are banned from entering Japan. On Feb 1, the decree allowed authorities to require suspected patients to accept quarantines and be hospitalized, and banning travelers from China's Hubei and Zhejiang provinces. (2) On April 3, Japan tightened border control measures, banning foreigners from 73 countries and regions, including China. In addition, a person who enters Japan from all countries and regions, whether foreigners or Japanese, are required to be quarantined at home for 14 days.
3	The Ministry of Health, Labour, and Welfare launched the "Basic Policies for Novel Coronavirus Disease Control"	(1) The policies suggested citizens wash hands frequently, observe cough etiquette, and avoid public gatherings. It is also suggested that school closure, companies staggered commute. (2) Patients with mild flu-like symptoms should stay at home unless otherwise specified, and seek medical care after consulting the call center or a family doctor if their conditions change. The elderly and those with underlying diseases are encouraged to seek appropriate medical care at the early stage, given their vulnerability to the infection. (3) Establish the surveillance system to grasp the situation of epidemic in Japan, while switching to use of PCR test for the confirmation of diagnosis necessary to treat pneumonia patients who require hospitalization, in communities where the number of patients continues to increase.
4	Prime Minister Calls for "self-restraint"	On Feb 26, the prime minister recommended that self-restraint remain 2 weeks, so the concerts and theaters were suspended or postponed nationwide. On March 10, the requirement expended the time of self-restraint with 10 days.
5	The prime minister called for nationwide school closure	The prime minister called for primary and secondary schools across the country to suspend classes from March 2 to March 20.
6	Declared "state of emergency" order	(1) The prime minister declared a "state of emergency" order and the establishment of the "new lifestyle" that prevents the spread of infection, including avoiding "3 Cs" (closed spaces, crowded places, and close-contact settings) and basic counter-infection measures such as keeping distance, wearing a mask, and washing hands. (2) On May 25, Japan lifted the "state of emergency" order nationwide.

## Tokyo 2020 Olympics and Paralympics

- The Tokyo 2020 Olympics and Paralympics were delayed until 2021 due to the pandemic<sup>71,72</sup>
- The Olympic torch relay, which is held prior to the opening ceremony, crosses the 47 prefectures of Japan, and therefore will **take account of the different regional restrictions**. The relay is being live-streamed so more people can enjoy the event whilst still respecting COVID-19 guidelines
- The Tokyo Olympics runs from 23 July to 8 August, followed by the Paralympics from 24 August to 5 September 2021, more than 11,000 athletes are expected to attend the Olympics and each of the 200 countries are expected to bring support teams with them
- **No spectators for the Olympics will be allowed into any ticketed venues in Tokyo** and surrounding areas (some spectators may attend in venues where restrictions are more limited or outdoor non-ticketed events) but in the event of significant changes the guidelines will be reviewed<sup>73</sup>
- The decision on whether spectators will be allowed to attend Paralympic events will be made after the Olympics end<sup>73</sup>
- Measures have been established to minimise the spread of the virus during the event:<sup>74</sup>
  - ✓ **Avoid the "3Cs"** (Closed spaces; Crowded places; Close contact)
  - ✓ **Thorough sterilisation and disinfection**
  - ✓ **Restricted spectator participation**; encourage watching the live-streamed transmission
  - ✓ **Thoroughly manage and monitor health conditions**
  - ✓ **Swift response** toward anyone who feels unwell or tests positive for COVID-19
  - ✓ **Thorough communication**
- Infection levels in Japan in July 2021 may be higher than the January 2021 peak<sup>75</sup>
- As of 20 July 2021, 67 people associated with the games have tested positive for COVID-19<sup>76</sup> this includes contractors, games personnel and athletes

<sup>70</sup> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00672-w>

<sup>71</sup> [The Tokyo Olympic Games and the Risk of COVID-19 \(nih.gov\)](https://www.nih.gov/news-events/statement/2020/07/2020-olympic-games-risk-covid-19)

<sup>72</sup> [Tokyo 2020: A Beacon of Hope | The Government of Japan - JapanGov -](https://www.japan.go.jp/en/press/2020/07/2020-olympic-games-risk-covid-19)

<sup>73</sup> <https://olympics.com/tokyo-2020/en/news/joint-statement-on-spectator-capacities-at-the-olympic-games-tokyo-2020>

<sup>74</sup> <https://olympics.com/tokyo-2020/en/torch/news/secure-and-safe>

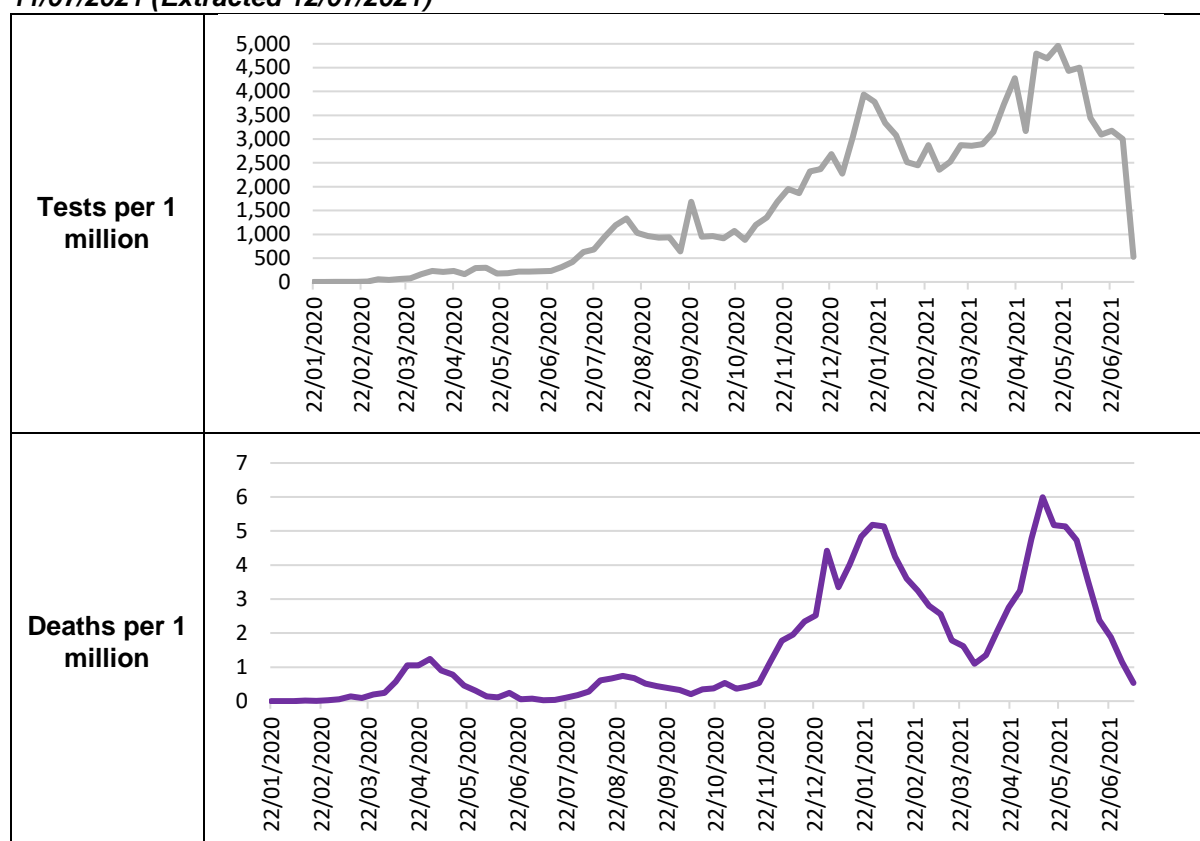
<sup>75</sup> [Prediction of COVID-19 cases during Tokyo Olympic and Paralympic Games \(nih.gov\)](https://www.nih.gov/news-events/statement/2020/07/2020-olympic-games-risk-covid-19)

<sup>76</sup> <https://gimg.tokyo2020.org/image/upload/production/qwziyobpn4hs3imh6vmz.pdf>

## Epidemiological update<sup>77</sup>

- COVID-19 **deaths in Japan were around 1 per 1 million of Japan's population** every week until December 2020, then it ranges between 1 and 6 per million (figure 5)
- There has been an **increase in testing** through the second half of 2020, this has continuing into the first half of 2021 (figure 5)
- The final data point may not give an accurate representation due to incomplete data

**Figure 5: COVID-19 tests and deaths in Japan per 1 million, week-by-week, 22/01/2020-11/07/2021 (Extracted 12/07/2021)<sup>78</sup>**



Overall, in regard to **cumulative totals**, (until 11 July 2021)<sup>77</sup>:

- 126,723.2 COVID-19 tests have been carried out per 1 million in population
- There have been 6,492 cases per 1 million of Japan's population
- There have been 117.8 deaths per 1 million of Japan's population

## Virus Peaks<sup>7980</sup>

Figure 7 illustrates the rise and fall of COVID cases in Japan from 22 January 2020 to 11 July 2021. This shows us:

- There have **been 4 peaks, in April 2020, August 2020, January 2021 and May 2021** at around 30, 75, 350 and 320 cases per 1 million of Japan's population respectively
- In the last few weeks, weekly cases have dropped considerably to around 80 per 1 million. The final data point may not be accurate due to incomplete data

<sup>77</sup> <https://ourworldindata.org/coronavirus-data-explorer>

<sup>78</sup> <https://ourworldindata.org/coronavirus-data-explorer>

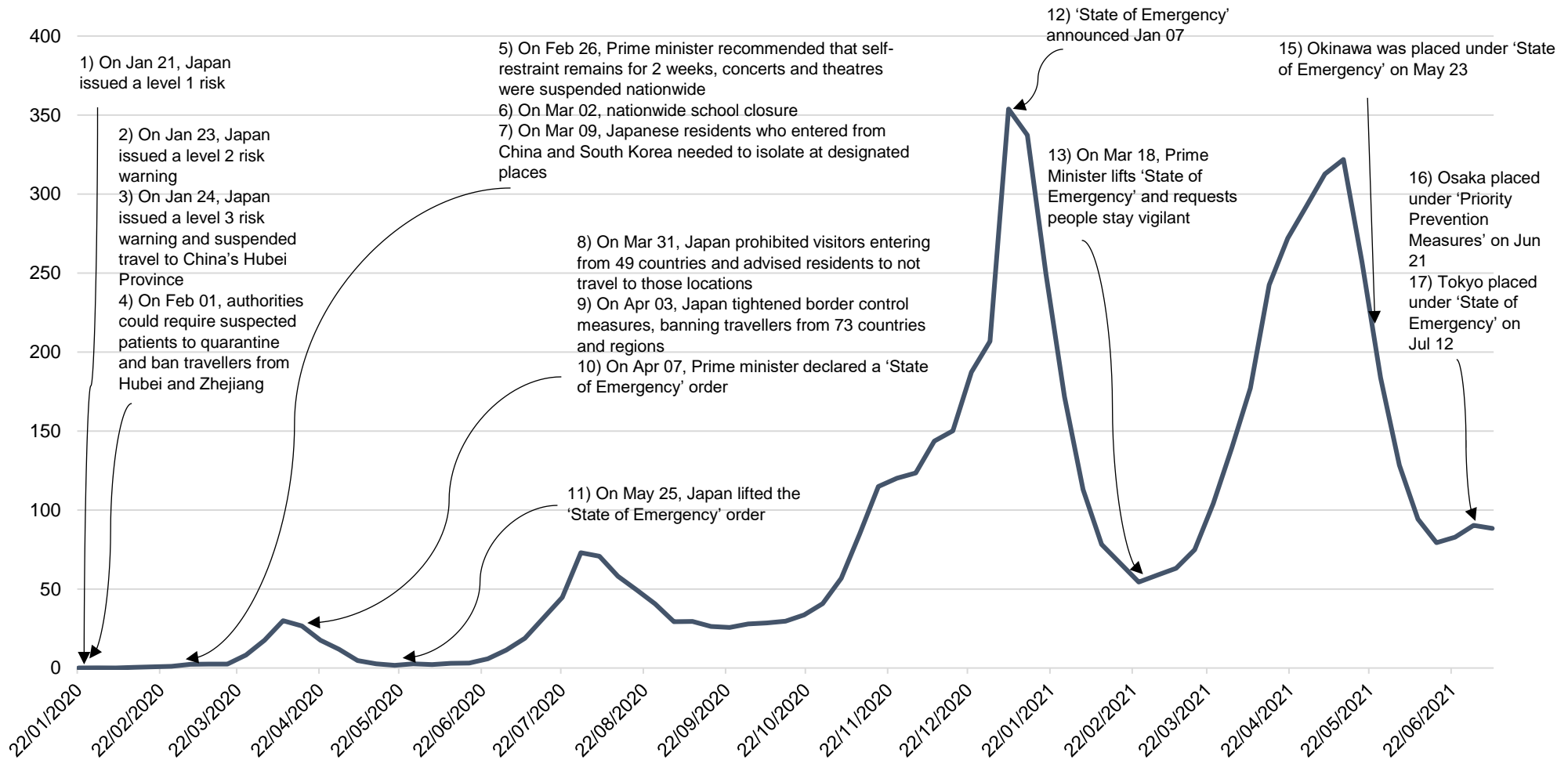
<sup>79</sup> <https://ourworldindata.org/coronavirus-data-explorer>

<sup>80</sup> [A cross-country core strategy comparison in China, Japan, Singapore and South Korea during the early COVID-19 pandemic | Globalization and Health | Full Text \(biomedcentral.com\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7811111/)





Figure 7: Weekly COVID-19 cases in Japan per 1 million, week-by-week, 22/01/2020-11/07/2021 (Extracted 12/07/2021)<sup>81</sup>828384



<sup>81</sup> <https://ourworldindata.org/coronavirus-data-explorer>

<sup>82</sup> [COVID-19 pandemic in Japan \(nih.gov\)](https://www.nih.gov/covid-19-pandemic-in-japan)

<sup>83</sup> [A cross-country core strategy comparison in China, Japan, Singapore and South Korea during the early COVID-19 pandemic | Globalization and Health | Full Text \(biomedcentral.com\)](https://www.biomedcentral.com/cross-country-core-strategy-comparison-in-china-japan-singapore-and-south-korea-during-the-early-covid-19-pandemic)

<sup>84</sup> [\[COVID-19\] Declaration of a State of Emergency in response to the Novel Coronavirus Disease \(February 2\) \(Ongoing Topics\) | Prime Minister of Japan and His Cabinet \(kantei.go.jp\)](https://www.kantei.go.jp/en/policy/2020/02/covid19_declaration_of_state_of_emergency.html)



## Vaccination rollout

Whilst **confidence in vaccines is rising globally**<sup>85</sup>, there is still greater concern in the Japanese population as to potential side effects of the COVID-19 vaccine than is seen in the UK population<sup>86</sup>

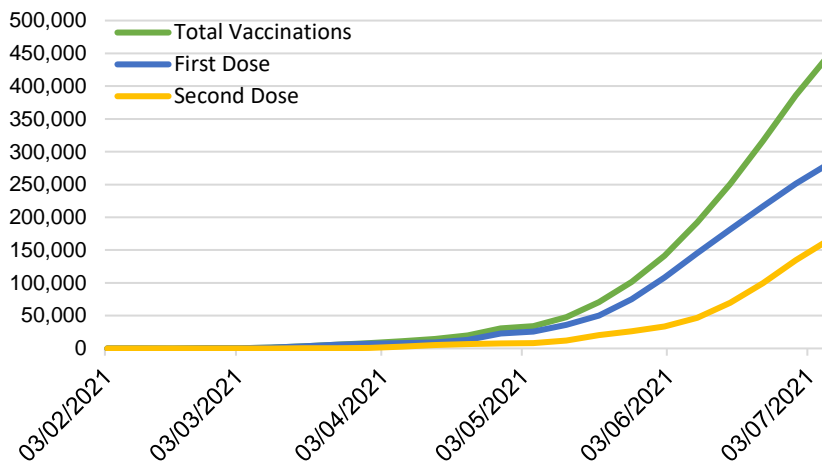
Japan approved the first mRNA vaccine by Pfizer–BioNtech on 14 Feb 2021. However, there were several months of delay in the vaccination programme this was due to three main reasons:<sup>87</sup>

- the regulatory **requirement for a domestic clinical trial** involving Japanese citizens and its own review process<sup>88</sup>.
- delay in **vaccines arriving** to Japan
- the **type of staff** that could administer vaccines was very limited initially

Figure 6 illustrates the numbers of vaccinated people in Japan, broken down by both first and second dose. This shows the following<sup>89</sup>:

- The **total number of vaccinations** has increased rapidly from May 2021 onwards
- Just under 450,000 vaccinations have been administered per 1 million of Japan's population

**Figure 6: Cumulative COVID-19 vaccinations administered, people who have received a first dose and people fully vaccinated in Japan per 1 million, week-by-week, 03/02/2021-11/07/2021 (Extracted 12/07/2021)**<sup>90</sup>



<sup>85</sup> <https://www.imperial.ac.uk/news/214074/confidence-coronavirus-vaccines-rising-globally-survey/>

<sup>86</sup> <https://ichpanalytics.imperialcollegehealthpartners.com/v/BDAU/views/YouGov/CLCOVID-19BehaviourTracker/4Allbehaviorsvertime?iid=1&isGuestRedirectFromVizportal=v&embed=y>

<sup>87</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01220-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01220-4/fulltext)

<sup>88</sup> [https://www.pmda.go.jp/files/000237021.pdf?fbclid=IwAR1h0MdmLXEToMdfRzXzYqZcH2RnL3ruqfGXl9-cS\\_rQY-11qV4cIR80iqE](https://www.pmda.go.jp/files/000237021.pdf?fbclid=IwAR1h0MdmLXEToMdfRzXzYqZcH2RnL3ruqfGXl9-cS_rQY-11qV4cIR80iqE)

<sup>89</sup> <https://ourworldindata.org/coronavirus-data-explorer>

<sup>90</sup> <https://ourworldindata.org/coronavirus-data-explorer>

The International Horizon Scanning and Learning reports are developed by the International Health Team / the International Health Coordination Centre (IHCC) at the WHO Collaborating Centre on Investment for Health and Well-being (WHO CC), Public Health Wales.

Executive lead and WHO CC Director: Mark A Bellis

International health lead and WHO CC Deputy Director: Mariana Dyakova

Lead consultant in public health: Claire Beynon

Authors and contributors: Anna Stielke, Andrew Cotter-Roberts, Abigail Instone, Mischa Van Eimeren, James Allen, Benjamin Bainham, Corinne Bourke

Contacts: [Claire.Beynon@wales.nhs.uk](mailto:Claire.Beynon@wales.nhs.uk); [Anna.Stielke@wales.nhs.uk](mailto:Anna.Stielke@wales.nhs.uk)

All reports are available at: <https://phwwhocc.co.uk/covid-19/international-horizon-scanning/>

[phwwhocc.co.uk](https://phwwhocc.co.uk)

 [@phwwhocc](https://twitter.com/phwwhocc)

 [/Phwwhocc](https://www.facebook.com/Phwwhocc)

**Canolfan Gydweithredol Sefydliad  
Iechyd y Byd ar Fuddsoddi  
ar gyfer Iechyd a Llesiant**



**World Health Organization  
Collaborating Centre on Investment  
for Health and Well-being**