Urban governance of the COVID-19 pandemic in Japan: An Urban political sociological approach to the case of Osaka

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Abstract
In this article, we first review current Japanese urban and regional sociological literature on the COVID-19 pandemic. Some empirical studies of the current conditions, challenges, and difficulties faced by urban communities with the pandemic have loomed large. Although urban governance of infectious disease control has been generally an important research topic in urban studies, there is limited research on this aspect, particularly in Japan. Then, we briefly examine the urban governance of the pandemic in Japan, with a focus on the case of Osaka. Specifically, by analyzing the meeting minutes of Osaka Prefectural Government’s countermeasure headquarters, we shed light on what issues were mainly dealt with and what main organizational actors were involved. The results indicate that, in addition to the administrative and political collaboration between central, prefectural, and municipal governments, the involvement of industrial and professional organizations (e.g., medical and economic associations) is particularly salient. This is because the governmental sector in Japan lacks a strong legal framework and a policy implementation capacity for infectious disease control. Consequently, it has requested (through intermediary associations) that residents, businesses, and hospitals cooperate with the government to control the spread of the virus. With regard to the characteristics of the Japanese urban governance of the pandemic, more comparative research between cities and regions in the country and those in other countries will be one of the important issues for future Japanese urban and regional sociology.
1 | INTRODUCTION

With regard to the coronavirus disease 2019 (COVID-19) pandemic in Japan, health policy scholars who have conducted international comparisons of the number of infections and deaths from the virus have stated that “[t]hese numbers suggest that Japan was successful in responding to the COVID-19 epidemic, by applying existing public health preparedness measures and effective countermeasures, such as the ‘cluster buster approach’ for preventing the 3Cs [closed spaces, crowded places, close contact], and requesting the nation to practice self-restraint” (Nagata et al., 2021: 158). However, even in Japan, metropolitan areas, such as Tokyo and Osaka, have experienced repeated waves of infection since the start of 2020. Since the infection situation in most non-metropolitan areas has been generally lower than that in metropolitan areas, it is clear that the COVID-19 pandemic in Japan is primarily an urban problem.

In this article, we first review specifically the Japanese urban and regional sociological literature on the pandemic. To date, many urban and regional sociological studies of the pandemic in Japan have focused on urban neighborhood groups and local activities. However, there is still limited research on the politics and governance of cities and regions in the grip of the pandemic, which is generally evaluated as one of the most important research topics in urban studies. Then, we briefly examine the urban governance of the pandemic in Japan, using the case of Osaka, which is located at the center of the Keihanshin metropolitan region, where the spread of the disease was as serious as that in the Tokyo/Shutoken region. Specifically, by analyzing the meeting minutes of Osaka Prefectural Government’s countermeasure headquarters, we shed light on the main issues that were dealt with and the main organizational actors involved.

2 | CHALLENGES FOR THE URBAN AND REGIONAL SOCIOLOGY OF COVID-19 IN JAPAN

2.1 | The urban and regional sociology of COVID-19 in Japan

As Bailey et al. (2020) noted, since the outbreak of the COVID-19 pandemic, interpersonal contact and mobility have been controlled, making it more difficult for researchers of regional studies to conduct face-to-face interviews and carry out fieldwork, and this too has been applied to urban and regional sociologists in Japan. Nevertheless, there are some papers on the current conditions, challenges, and difficulties of urban neighborhoods and their activities in Japanese cities. For example, Yabe (2021) discussed whether local neighborhood activities have become a “relic” (as the 3Cs must be avoided) and raised the question of whether a sense of “community” can be maintained. Ito (2021) focused on the challenges of neighborhood activities during the pandemic. Igarashi (2021) shed light on the changes made in central Tokyo, which had been crowded with international tourists prior to the pandemic. In related research, Takeda (2021), who studied a local festival in a small city, dealt with the challenges and difficulties faced under the limitations of the 3Cs.

Meanwhile, the academic societies of Japanese urban and regional sociology have held symposia and thematic sessions on the pandemic. For instance, the Japan Association of Regional and Community Studies (JARCS) held two online symposia entitled “Disconnectedness and Future of Regional and Community Studies in the COVID-19 Era: Can ‘Community’ Be Maintained?” (November 2020) and “Cities and Regions in the COVID-19 Pandemic” (May 2021).
At the 2020 symposium, the aforementioned scholars, Yabe, Ito, and Igarashi, discussed the current conditions of Japanese cities and urban communities during the pandemic. At the 2021 meeting, Matsuda (2021) discussed the policy response to the pandemic in Japan. Machimura (2021c) proposed a research agenda for urban studies during the pandemic, based on his recent book (Machimura, 2020) and article (Machimura, 2021b). Koyama (2021) discussed the current conditions of the urban community and civic activities in Tokyo during the pandemic. Moreover, the Japan Association for Urban Sociology held a thematic session about the impacts of the pandemic on Japanese cities at its annual meeting in September 2021.

As aforementioned, the spread of COVID-19 in Japan has been observed mainly in metropolitan areas. Thus, urban and regional sociologists have been more interested in COVID-19 and its impact on large cities and their centers than the suburban and rural areas. Many Japanese urban and regional sociological studies have focused on the current condition of urban communities. Conversely, with regard to emerging infectious diseases (EIDs) in today’s globalized world, the urban governance of infectious disease control in metropolitan areas has been a common research topic (Dodds et al., 2020). However, there is limited sociological literature on the urban health governance of EIDs in Japan.

2.2 Questions about the urban governance of EIDs

Since the beginning of the COVID-19 pandemic in 2020, scholars worldwide, including urban and regional sociologists, have begun to publish their research findings. Some have proposed research agendas in urban studies (Acuto et al., 2020; Biglieri et al., 2020; Connolly et al., 2020; Keil, 2020). At the time of writing, there have been some empirical studies of cities during the pandemic. Hence, to consider the urban governance of the COVID-19 pandemic, it is necessary to refer to the literature on the urban governance of EIDs in general, including severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS), which have been causing frequent global outbreaks since the beginning of the twenty-first century. Some of these studies have emphasized the importance of urban health governance in the infectious disease control of EIDs. Roger Keil and his colleague Harris Ali highlighted that the SARS outbreak was caused by globalization, that is, increased human mobility around the globe. For instance, the SARS virus spread not only throughout Asia, but also in North America through the movement of immigrants from Hong Kong to Canadian cities. Since such hubs of human networks and movements were global cities, they consequently argued that the urban governance of EIDs in large cities is important (Keil and Ali, 2007, 2011; Ali and Keil, 2006, 2008, 2009).

As the works by Keil and Ali have demonstrated, the urban governance of infectious disease control during the EIDs outbreak in a globalized setting involves a wide variety of actors, both within and outside the cities. Some studies have defined urban governance as “the formation and pursuit of collective goals at the local level of the political system” (Pierre and Peters, 2012: 71) and “the structures, policies, and politics of governing cities whereby the interaction of public, private, and civil society actors is put at the forefront” (Lukas, 2019: 2369). Keil and Ali (2007: 860) suggested that “[u]rban health governance is embedded in a larger system of urban governance with its vertical and horizontal ties to other levels of government and into civil society and the private sector.”

Based on these points, and by analyzing the case of a large Japanese city, we address the following two questions: (i) What have been the collective goals of urban governance at each stage of the COVID-19 pandemic? (ii) What types of organizational actors, including public, private, and civil society ones, have been involved in such governance with its vertical and horizontal ties?
3 | THE URBAN GOVERNANCE OF THE COVID-19 PANDEMIC IN OSAKA

3.1 | The phases and issues

We turned a spotlight on the urban governance of infectious disease control in Osaka, as a case study of the urban health governance of the COVID-19 pandemic in Japan. Furthermore, we identify the collective goals and organizational actors involved in its governance from January 2020 (when the pandemic began in Japan) to June 2021 (when the fourth wave of the infection ended). The number of infected people in Osaka and the Keihanshin region during this period is shown in Figure 1. In addition, this period can be divided into five phases, depending on the rise and fall of the number of infected people and the measures taken by the central and prefectural governments.1

For this study, we focus on the Osaka Novel Coronavirus-control Headquarters (ONCH), the command and control organization for the Osaka prefectural government. This was established by the Osaka prefectural governor in January 2020, based on the Act on Special Measures for Pandemic Influenza. The main purpose of the organization is “to prevent outbreaks and secondary infections of new coronaviruses by educating residents and related organizations, and to promote mutual communication and coordination between related organizations within the prefectural government and then to promote comprehensive countermeasures to secure patients and medical supply systems and to investigate the causes of infection” (quoted from the Installation Procedure of the ONCH). The chief is Prefectural Governor Hirofumi Yoshimura, and the assistant chiefs are the vice-governors. The headquarters consist of the chiefs of the prefectural government departments, including the departments of Crisis Management; Policy and Planning; General Affairs; Financial Affairs; Civic and Cultural Affairs; Welfare; Public Health and Medical Affairs; Commerce, Industry and Labor; Environment, Agriculture, Forestry, and Fisheries; Urban and Public Works; Housing and City Development; Education; and the Police. Furthermore, specialists in infectious disease control from the Osaka Institute of Public Health (OIPH), a research institute established by the Osaka

![FIGURE 1](image-url) Numbers of COVID-19-infected people according to the prefectures in the Keihanshin region. Created by the author, using data by the Nippon Hoso Kkyokai, Japan Broadcasting Corporation
Prefecture and Osaka City governments, attend these meetings. The first meeting was held on January 24 2020. As of December 2021, 61 meetings have taken place.

To elucidate the collective goals and organizational actors of the ONCH in each of the phases, we analyzed the minutes of ONCH meetings. In the minutes, the names of the speakers and what they said are recorded, practically verbatim. The meetings held during the period analyzed here are from the first held (January 24 2020) to the 53rd (June 18 2021). Among these, we analyzed the minutes of 51 meetings, after excluding two meetings for which the minutes have not been published. In total, the published minutes are 570 pages in length.

First, to elucidate the characteristic issues discussed at the ONCH meetings for each phase, we conducted a quantitative text analysis using the KH Coder (Higuchi, 2016, 2017), which has an established reputation for Japanese text analysis. The results are presented in Table 1. This table contains the top 10 nouns and the Jaccard indices that are frequently used in the meetings of each phase.

Phase 1 (January–February 2020): In January 2020, Japan’s Ministry of Health, Labour and Welfare (MHLW) issued an alert for a confirmed case of pneumonia of unknown origin in Wuhan, China. Subsequently, the first case of infection of COVID-19 in Japan was confirmed in a Chinese individual who had traveled to the country. On January 24, the Osaka prefectural government established the ONCH.

In Phase 1, the noun that most frequently appears in the minutes of the ONCH meetings is jōhō (information). This word was used in two contexts: (i) in the discussions about the nature of the virus and (ii) in the context of the infection situation and infected people in China. As soon as the MHLW published information about the infection, the members of the ONCH began collecting detailed information on the virus and its transmission, with the help of experts in infectious diseases. They also collaborated with airline companies, travel agents, tourism bureaus, and international exchange foundations to collect information about the infection in China and the people coming from that country. At that time, the Kansai International Airport had several regular air routes to and from Chinese cities, with 22 flights per week to and from Wuhan. It has been said that Osaka has an economic advantage over Tokyo because it has economic and social connections with various Asian countries, including China (Hill and Fujita, 1998; Kamo, 2000). In the second meeting of the ONCH, Governor Yoshimura stated that “Osaka also receives many tourists from overseas, including China, so it would not be surprising if the [spread of the COVID-19] infection occurred at any time.” At the end of January, there was a positive case in Osaka: a tour guide on a bus carrying tourists from Wuhan.

Another noun that frequently appears in the minutes of the ONCH during this phase is kōhyō (public announcement). With regard to the extent to which detailed information on infected people should be made public, the governor stated the following in the second meeting: “Now the central government … does not disclose any information on his/her behavioral record, but … I think it should be disclosed.” The members of the ONCH also discussed how much information should be released to avoid hoaxes, confusion, and discrimination with regard to infected individuals.

Phase 2 (March–May 2020): From March 2020, the number of COVID-19-infected people in Osaka and in Japan as a whole began to increase. This was called “the first wave of infection.” On April 7, Prime Minister Shinzo Abe declared a state of emergency in seven prefectures, including Osaka. Approximately nine days later, the edict covered the entire country. On May 14, the central government lifted the declaration in 39 prefectures, but that of Osaka continued until May 21.

In Phase 2, the noun onegai (request) frequently appears in the minutes of the ONCH meetings. This word was used to refer to the coordination of organizational roles between various departments of the prefectural government and related organizations. For example, at the seventh meeting, the governor stated: “I have a request for the OIPH. … I ask for their expert knowledge on the case that goes from positive to negative and later on, it becomes positive...”
TABLE 1 Term frequency of nouns and the Jaccard indices (JI) in the meeting minutes of the Novel Coronavirus-control Headquarters of Osaka Prefecture

| Phase 1  | Phase 2  | Phase 3  |
|----------|----------|----------|
| 1st through 6th meetings | 7th through 18th meetings | 19th through 33rd meetings |
| Word   | Translated in English | JI | Word   | Translated in English | JI | Word   | Translated in English | JI |
| 1  | jōhō   | Information | 0.069  | onegai | Request | 0.072  | kansen | Infection | 0.120 |
| 2  | iryō   | Medical services | 0.050  | senmon | Profession | 0.054  | Osaka | Osaka | 0.094 |
| 3  | hito   | Human being | 0.049  | kuni   | Central government | 0.052  | onegai | Request | 0.086 |
| 4  | taiō   | Response  | 0.048  | tsuki  | Month      | 0.045  | jōkyō  | Condition | 0.083 |
| 5  | kōhyō  | Announcement | 0.039  | imi    | Meaning    | 0.045  | kensa  | Test    | 0.082 |
| 6  | chiiji | Governor  | 0.038  | kaigi  | Meeting    | 0.045  | jūshō  | Severe illness | 0.073 |
| 7  | fumin  | Resident  | 0.037  | iken   | Comment    | 0.044  | shisetsu | Facilities | 0.054 |
| 8  | masuku | Face mask | 0.037  | shise tsu | Facilities | 0.040  | taisaku | Countermeasure | 0.051 |
| 9  | fu     | Prefecture | 0.037  | gakkō  | School     | 0.039  | yōsei  | Positive reaction | 0.047 |
| 10 | kikan  | Organization | 0.034  | fumin  | Resident   | 0.039  | imi    | Meaning | 0.046 |

| Phase 4  | Phase 5  |
|----------|----------|
| 34th through 42nd meetings | 43rd through 53rd meetings |
| Word   | Translated in English | JI | Word   | Translated in English | JI |
| 1  | kansen | Infection | 0.115  | kansen | Infection | 0.103 |
| 2  | yōsei | Request | 0.099  | jōkyō | Condition | 0.094 |
| 3  | Osaka | Osaka | 0.095  | onegai | Request | 0.076 |
| 4  | kuni   | Central government | 0.082  | jūshō | Severe illness | 0.067 |
| 5  | byōshō | Hospital bed | 0.079  | iryō | Medical services | 0.063 |
| 6  | kaigo  | Lifting  | 0.072  | yōsei | Appeal | 0.061 |
| 7  | jōkyō  | Condition | 0.069  | taisaku | Countermeasure | 0.047 |
| 8  | yōsei | Positive reaction | 0.064  | hito   | Human beings | 0.045 |
| 9  | tsuki  | Month    | 0.060  | minasan | Everyone | 0.045 |
| 10 | iken   | Comment  | 0.048  | kakudai | Expansion | 0.045 |

Note: Created by the author.
Another objective of onegai included the central and municipal governments. For instance, the governor mentioned, “I have a request for the central government to reserve hospital beds” at the eighth meeting. In addition, at the 12th meeting, he announced that to restrict crowds in the downtown area, the city administrative office and police officers must patrol the area. Overall, the most frequent recipients of onegai included individual businesses, industrial groups, and residents in the prefecture. As the number of infected people increased, at the 11th meeting, the governor requested that business organizations encourage their companies to engage in teleworking and stagger work hours. At the 12th meeting, he stated: “I request all owners of restaurants, pubs, and bars to close.” Moreover, he requested hospitals, medical associations, and hospital organizations to reserve beds for COVID-19 patients.

**Phase 3 (June–December 2020):** In July 2020, the number of infected people increased again, both nationally and in Osaka. This was called “the second wave of infection.” On July 12, the Osaka governor called for caution against the infection, especially among nightlife businesses and younger people. By mid-August, the number of infected people had begun to decline. However, in October, this number started to increase again. This was called “the third wave of infection.” On December 3, the Osaka governor declared a state of medical emergency due to the shortage of hospital beds in the prefecture. On December 11, the governor requested that the Self-Defense Forces help dispatch nurses. On December 19, the Union of Kansai Governments, an intergovernmental organization consisting of six prefectures in Kansai region, including Osaka, issued an “emergency declaration” requesting residents to restrict their activities.

The nouns that frequently appear in the ONCH minutes during Phase 3 are those related to the infection situation such as kansen (infection), kensa (test), and jūsho (severe illness). Since many clusters occurred in hospitals and welfare facilities for older people in the prefecture, the ONCH’s members considered it important to improve the infection prevention and inspection systems. In this regard, at the 19th meeting, the governor insisted that “more inspections are needed.” At the 26th meeting, the chief of the Department of Public Health and Medical Affairs announced that “when clusters occur..., we will be ready to test as many people as possible.” However, by December 2020, there was a shortage of hospital beds, especially those for treating COVID-19 patients with severe illness. At the same time, finding a balance between infection control and economic revitalization became an important goal of the headquarters. For instance, onegai (request) and taisaku (countermeasures) frequently appear in the minutes during this phase. At the 22nd meeting, the governor stated: “We need to compensate businesses that close their restaurants, shops, and offices to cooperate in the fight against infectious disease.” At the 23rd meeting, he announced that “We will take measures against infectious disease, while somehow keeping the economy operating. While minimizing damage to our society and economy, we must maximize the countermeasures against infectious disease. This is the role we are expected to play now.”

**Phase 4 (January–March 2021):** The third wave of infection was not wholly contained, and by the beginning of 2021, the number of infected people had increased again. When the three prefectural governors of Osaka, Hyogo, and Kyoto requested the central government to declare a state of emergency, Yoshihide Suga, who became Prime Minister after Abe, declared it for these prefectures on January 13. The declaration continued in force until the end of February.

The noun kansen (infection) frequently appears in the ONCH meeting minutes during Phase 4. This was related to the spread of the mutated virus. The mutated strain, which was more infectious than the original one, caused a significant increase in the number of infected people. This led to a shortage of hospital beds in Osaka. In addition, the noun kaijo (lifting) often appears in the minutes. In this regard, after the central government had declared a state of emergency, the number of infected people began to decrease in Osaka. The ONCH debated when to ask the central government to lift the declaration. For example, at the 36th meeting on February 1, the governor insisted, “Although the number of infected people has decreased significantly, the usage of hospital beds remains extremely tight. Therefore, I think the
continuation of the emergency declaration will be unavoidable. However, the declaration is essentially intended to set a time limit. … We should decide on clear criteria for when the state of emergency should be lifted.”

Phase 5 (April–June 2021): On March 31 2021, the Osaka prefectural governor requested that the central government apply quasi-emergency measures. In response, Prime Minister Suga did so on April 5. However, in Osaka, the number of infected people continued to rise, and the shortage of hospital beds did not abate. On April 7, the governor declared a state of medical emergency. Approximately two weeks later, he requested the central government to declare a state of emergency for the third time. On April 25, Prime Minister Suga declared it in four prefectures, including Osaka. The state of emergency remained in force until June 20.

In the ONCH meeting minutes of Phase 5, the nouns kansen (infection), jūshō (severe illness), and iryō (medical services) frequently appear, since the unprecedented surge in the number of infected persons plunged medical facilities into a serious crisis. For example, note the following statement by Governor Yoshimura: “The infection is spreading rapidly, … and the mutated strains are definitely having an impact. I think the analysis is correct that the rate of severe illness is high and the speed of severe infection is fast. Today, I’m declaring a medical emergency…” (at the 44th meeting).

Finally, the nouns onegai (request), yōsei (appeal), and minasan (everyone) also frequently appear in the minutes during this phase. Even after the emergency declaration, the number of infected people continued to increase. At ONCH meetings, many members insisted that they must request more cooperation from all the citizens and businesses in the prefecture. In this regard, the governor announced, “Given the current condition of medical supply in Osaka, the most important thing is to control the infection. I request the understanding and cooperation of all residents and businesses” (at the 47th meeting).

3.2 | Organizational actors

Next, we examine which actors were involved in the governance of infectious disease control in Osaka. In this regard, various organizational actors appear in the minutes of the ONCH. For example, at the first meeting, the governor stated, “I would like the OIPH to send out expert information on the virus frequently.” As aforementioned, the OIPH is an infectious diseases research institute established by the Osaka Prefecture and City Governments. In addition, at the 11th meeting, the governor announced, “The central government strongly requests telecommuting, teleworking, and staggered working hours. These need to be promoted with the cooperation of the sandantai.” In this case, the sandantai refers to three major business organizations in Osaka: the Kansai Economic Federation, the Kansai Association of Corporate Executives, and the Osaka Chamber of Commerce and Industry. Table 2 presents the major organizational actors mentioned in the minutes by phase.

3.2.1 | Horizontal intersectoral relationship

As can be seen Table 2, the major organizations that appear in the meeting minutes from Phases 1 to 5 are business organizations (e.g., sandantai), public health professional organizations (OIPH), and medical organizations (e.g., the Osaka Medical Association). This is because taking countermeasures against infectious diseases, securing the medical supply system, and controlling economic activities have all been important issues and goals in the COVID-19 infection control. In contrast, some organizations only appear in certain phases. For example, tourism-related organizations and international exchange organizations are important organizational actors in the collection of information on Chinese travelers and passengers in Phase 1.
One of the reasons why these organizations have assumed an important position in the governance of infectious disease control in Osaka can be found in the legal framework for infectious disease control in Japan. When the central government declares a state of emergency (or quasi-emergency) to prevent the spread of a disease, the Osaka prefectural government directly requests individual restaurants and pubs to close, and hospitals to open their hospital beds to COVID-19 patients in accordance with the law. However, without such declarations, the prefectural government does not have the legal authority to request them to do so. As pointed out by Nagata et al. (2021), in Japan, the legal authorities have limited power to control infectious diseases, which has been supplemented by people’s voluntary self-restraint. Taking

| TABLE 2 | Main organizations tied to the Osaka Prefectural Government in the countermeasures of the COVID-19 outbreak |
|---------|---------------------------------------------------------------------------------------------------|
|         | Phase                                                                                              |
|         | 1  | 2  | 3  | 4  | 5  |
| Business| Kansai Economic Federation                                                                       | ○  | ○  | ○  | ○  | ○  |
|         | Kansai Association of Corporate Executives                                                         | ○  | ○  | ○  | ○  | ○  |
|         | Osaka Chamber of Commerce and Industry                                                             | ○  | ○  | ○  | ○  | ○  |
|         | Osaka Prefectural Federation of Small Business Associations                                       | ○  |     |     |     |     |
|         | Osaka Business Development Agency                                                                  | ○  | ○  |     |     |     |
|         | Credit Guarantee Corporation of Osaka                                                               | ○  | ○  |     |     |     |
| Tourism | Osaka Convention and Tourism Bureau                                                                 | ○  |     |     |     |     |
|         | Osaka Ryokan Hotel Association                                                                    | ○  |     |     |     |     |
|         | Japan Association of Private Accommodations                                                      | ○  |     |     |     |     |
| International exchange | Osaka Foundation of International Exchange | ○  |     |     |     |     |
|         | Osaka Shanghai Office                                                                             | ○  |     |     |     |     |
| Transportation | Kansai Airports Group Co., Ltd. | ○  |     |     |     |     |
| Park    | EXPO’70 Commemorative Park Management Partners                                                     | ○  |     |     |     |     |
| Public health | Osaka Institute of Public Health | ○  | ○  | ○  | ○  | ○  |
|         | National Institute of Infectious Diseases                                                          | ○  | ○  |     |     |     |
| Medical service | Osaka Medical Association | ○  | ○  | ○  | ○  | ○  |
|         | Osaka Nursing Association                                                                         | ○  | ○  |     |     |     |
|         | Osaka Pharmaceutical Association                                                                  | ○  | ○  |     |     |     |
|         | Osaka Hospital Association                                                                       | ○  | ○  |     |     |     |
|         | Osaka Private Hospital Association                                                                | ○  | ○  |     |     |     |
|         | Osaka City Hospital Organization                                                                  | ○  |     |     |     |     |
| Welfare | Osaka Council of Social Welfare                                                                   | ○  |     |     |     |     |
| University | Osaka Prefecture University | ○  | ○  |     |     |     |
|         | Osaka City University                                                                             | ○  |     |     |     |     |
| Government | Central government (Cabinet, MHLW, MEXT, etc.) | ○  | ○  | ○  | ○  | ○  |
|         | Self-Defense Forces                                                                               | ○  |     |     |     |     |
|         | Osaka City and municipal governments in Osaka Prefecture                                            | ○  | ○  |     |     |     |
|         | Hyogo Prefectural Government                                                                       | ○  | ○  |     |     |     |
|         | Kyoto Prefectural Government                                                                       | ○  |     |     |     |     |
|         | Union of Kansai Governments                                                                       | ○  |     |     |     |     |

Note: Created by the author.
advantage of the fact that Japanese society has a stronger “groupist culture” than Anglo-Saxon societies, “[the] Japanese government requested and persuaded people and businesses to restrain themselves and refrain from moving […] without a legal basis” (Nagata et al. 2021: 156). Thereafter, the intermediary associations have been mobilized by the government to control individual businesses and hospitals. In Osaka, the prefectural government often requested the intermediary associations to arrange for individual businesses and hospitals to cooperate in fighting the infection and maintaining the medical supply system.

3.2.2 | Vertical intergovernmental relationship

Both the central and municipal governments frequently appear in the meeting minutes of the ONCH, from Phases 1 to 5. This is because the legal framework for infectious disease control in Japan is based on the collaboration between central, prefectural, and municipal governments. A political scientist pointed out that “the Abe administration, prefectural governors, and even municipal governments with public health centers can each exercise their authority autonomously, so to implement effective countermeasures, the Abe administration and governors were required to at least work together” (Takenaka, 2020: 286).

In terms of the relationship between the central and prefectural governments, the Osaka prefectural government has generally maintained favorable relations with the central government. Needless to say, it was not without any conflict and tension between them. For example, in response to the central government’s failure to establish clear criteria for the lifting of the declaration of a state of emergency, Governor Yoshimura criticized Prime Minister Abe and countered by formulating the prefecture’s own criteria of the “Osaka Model.” Yoshimura also often criticized the Abe and Suga administrations on issues such as compensation for restaurants (Takenaka, 2020). Nevertheless, in general, the relationship between the Osaka prefectural government and the central government has been mainly amicable. Taking advantage of this relationship, Yoshimura often directly negotiated with the central government. One example can be found in the ONCH meeting minutes in which he requested that a team be set up by the Osaka prefectural government to support individual hospitals and that he would seek the cooperation of the central government. He also stated that “If the problem cannot be solved by the administration, then I will ask the prime minister’s office directly” (at the 12th meeting).

The political background of this relationship between the Osaka government and the central government can be discussed in two ways. The first is the inter-party relationship between the regional party, Osaka Ishin no Kai (Party for Osaka’s Restoration), to which Yoshimura belongs, and the national ruling Liberal Democratic Party (LDP), led by Abe and Suga. The Ishin Party won the support of voters by advocating governmental reforms of the Osaka prefecture and a revitalization of the Osaka economy. Above all, their important goal was to realize the “Osaka Metropolis Plan (Osaka to kōsō),” which aimed to reorganize and integrate the Osaka prefectural and city governments into a metropolitan government like Tokyo (Sunahara, 2012). Bringing the plan to fruition required national legal amendments, and also the cooperation of the national ruling LDP (Jou, 2015). In addition, the Ishin Party has been touting the success of hosting the G20 Osaka Summit (June 2019) and the next Expo 2025 in Osaka as their own achievements, whereas the hosting of both the summit and the Expo were only realized with the cooperation of Abe and Suga (Maruyama, 2020). On the other hand, in national politics, the Ishin Party, as a complementary force to the LDP, has often helped Abe run his government. Abe also hoped that the Ishin Party would help him with his long-cherished wish to revise the Constitution (Shiota, 2021).

The second factor in the political relationship was the ideological closeness of Ishin Party politicians to Abe and Suga. Toru Hashimoto, the founder of Ishin Party, has been advocating for neoliberal reform of the Osaka government (Weathers, 2014). In terms of this neoliberal
reform orientation, Hashimoto and Yoshimura are ideologically close to Abe and Suga. As a result, some survey studies have demonstrated that supporters of the Ishin Party and the LDP overlap and are ideologically similar (Zenkyo, 2018; Maruyama, 2021).

As observed in the meeting minutes, the relationship between the Osaka prefectural government and the majority of the municipal governments in the prefecture has also been relatively stable. This is also due to the political background. It should be noted that both the Mayor of Osaka (the central and largest city in the prefecture) and the Mayor of Sakai (the second-largest city in the prefecture) belong to the Ishin Party.

In terms of another intergovernmental relationship, there were some conflicts with regard to the COVID-19 response. For example, during Phase 2, an expert team from the MHLW requested people to refrain from traveling between Osaka and Hyogo. However, the Keihanshin metropolitan region extends beyond the territory of Osaka Prefecture to include parts of Hyogo and Kyoto Prefectures. As a result, numerous commuters and travelers cross the prefectural border. In response to the MHLW’s request, the governors of Osaka and Hyogo did not agree (Yamazaki, 2020). However, the governors of the Keihanshin region began to collaborate on infectious disease control, since they realized that without inter-prefectural governmental cooperation, they would be less effective in controlling infectious diseases. During Phase 4, the governors of Osaka, Hyogo, and Kyoto worked together to ask the central government to declare a state of emergency.

3.3 | Results of the analysis

In this study, we investigated the collective goals and organizational actors in the urban health governance of the COVID-19 pandemic in Osaka, by analyzing the ONCH’s meeting minutes. As a result, the following points were obtained.

First, the analysis of the meeting minutes revealed that the main issues and collective goals of the headquarters differed according to the phase, that is, according to the infection situation and the condition of the medical supply system. Initially, the ONCH attempted to gather information about the virus, its transmission, and the influx of infected people from China. As the number of infected people in Osaka increased, controlling the rate of infection and securing the medical supply system became the central issues of the meetings. As the waves of infection recurred over a longer period, balancing controlling infection, securing medical facilities, and performing economic and social activities became important issues for the headquarters.

Second, the main organizational actors involved in Osaka’s governance of infectious disease control were organizations related to public health, medicine, and business. This was due to the circumstance that the Japanese legal framework for infectious disease control was more constrained than that in European countries, the United States, China, and Korea (e.g., the inability of Japan to lock down cities) (Nagata et al., 2021). Thus, local governments have requested individual businesses and hospitals to cooperate with them. They have not only requested cooperation directly from each entity, but they have also requested cooperation from each one through intermediary associations.

Third, the collaborative relationship between the central, prefectural, and municipal governments has always been maintained in the governance of infectious disease control in Osaka. Some studies on the urban health governance of EIDs have pointed out the importance of political relationships as well as the institutional arrangement of intergovernmental relations (e.g., Keil and Ali, 2007). Indeed, the political party to which the governor of Osaka belongs has friendly relations with the national ruling party, with many of the mayors in the prefecture also belonging to the same party. These political relationships are thought to be the reason why intergovernmental cooperation has been relatively smooth.
DISCUSSION

Why has the involvement of intermediary associations related to public health, medicine, and business occupied an important place in the urban governance of infectious disease control in Japan, as observed in the case of Osaka? One of the reasons, as already mentioned, was the limited legal authority of the Japanese governmental sector. However, it should also be pointed out that the local governments in Japan today have limited policy implementation capacity on infectious disease control.

A sociologist pointed out that “the [COVID-19] pandemic hit after four decades of neoliberalism had depleted state capacities in the name of ‘superior efficiency’ of the market” (Saad-Filho, 2020: 478). A Korean case study on the spread of MERS in 2015 also discussed the impact of neoliberal governmental reforms on the regional health governance of EIDs (Lim and Sziarto, 2020). The impact of such neoliberal governmental reforms also applies to the policy response of Japan’s central, prefectural, and municipal governments to the COVID-19 pandemic. In particular, the Osaka prefectural government has been known as one of the local governments to have experienced radical neoliberal reforms in Japan since the 2000s, so its impact on the response to the COVID-19 pandemic cannot be overlooked.

Since the late 1990s, most of Japan’s local governments have been reforming their administrative organizations and fiscal structures against the backdrop of the central government’s decentralization policies and continuing budget deficits. In particular, the national “structural reforms” policy under the Koizumi administration in the early 2000s reduced subsidies from the central government to local governments, which increased the pressure on local governments to rationalize their administrative organizations and fiscal structures (Saito and Yamada, 2016).

In a series of reforms in local governments, the administrative organizations closely related to infectious disease control also underwent significant changes. A public health researcher indicated that in Japan, public health centers and municipal hospitals, which serve as hubs for infectious disease control, have also been affected by the governmental reforms (Matsuda, 2020). For example, the public health administration system dramatically changed nationwide with the repeal of the Public Health Center Law and the revision of the Community Health Law in 1994. In the case of Osaka, the prefectural government had 22 health centers and 7 branch offices in the 1990s, but in 2000, 7 health centers were downgraded to branch offices, resulting in 15 health centers and 14 branch offices. Furthermore, all 14 branch offices were abolished in 2004. The number of health centers in Osaka, Sakai, Higashi-Osaka, and other cities that have established their own health centers also decreased. When the COVID-19 outbreak hit to the prefecture in 2020, there were only 18 health centers in the whole of Osaka Prefecture, whereas there had been 61 centers in 2000 (Table 3).

In addition, Osaka has experienced more radical neoliberal reforms than any other local government. As already mentioned, the Osaka prefectural government has not only streamlined its governmental organization since Toru Hashimoto became governor in 2008, but has also integrated the organizations of the prefectural government with those of the city government as the “Osaka Metropolis Plan” to be realized. Some of the important organizational actors that appeared in our analysis (e.g., the OIPH) were organizations that emerged from such

| Table 3 Number of public health centers in the Osaka Prefecture |
|---------------------------------------------------------------|
| **Year** | **2000** | **2020** |
| Centers established by the Osaka Prefectural Government | 29 | 9 |
| Centers established by municipal governments in Osaka Prefecture | 32 | 9 |
| Total | 61 | 18 |

*Note: Created by the author, using data by Komatsu (2021).*
governmental reforms by the Ishin Party. Thus, a series of neoliberal governmental reforms have led to a reduction in the policy implementation capacity of local governments on infectious disease control. As a result, it became important to complement the capacity of the prefectural government by collaborating with external organizations on COVID-19 control.

However, the impact of neoliberal governmental reforms on infectious disease control, as observed in the case of Osaka, does not necessarily seem to be consistent with the findings in previous studies of the East Asian cities’ responses to EIDs outbreaks. For instance, Lim and Sziarto (2020) pointed out that one of the neoliberal impacts on the policy response to the MERS pandemic in South Korea made by the privatization and deregulation of disease management and public health led to increased reliance on private hospitals run by large businesses (chaebol) and strengthened the government–chaebol nexus. On the other hand, as observed in Osaka, the neoliberal reforms of local governments in Japan also involved the rationalization of public administrative organizations on disease management and public health. However, in many cases in Japan, these organizational reforms often resulted in the consolidation of organizations or the transfer of management from being government-owned to independent administrative agencies and did not result in a significant increase in dependence on the business sector, as had been the case in Korea.

Some researchers in international comparative urban studies have pointed out that the urban policy in developmental states, such as Korea and Japan, have common characteristics, which are different from those in liberal states, such as Britain and the United States. Their studies have given explanations that the urban politics in developmental states have had unique relationships between the governmental, private, and civil society sectors and marked close cooperation between these sectors, which has differed from that in liberal cities. In addition, they have pointed out that the neoliberal impact on urban policy was different in cities of developmental states than in cities of liberal states, due to the difference in the relationship between these sectors (Park et al., 2012; Doucette and Park, 2020). However, the case of Osaka observed in this study suggests that the governance of EIDs countermeasures and the impact of neoliberal governmental reforms on them have been variable even in the same developmental cities. This fact requires further case studies for comparative urban studies of the policy responses to the COVID-19 outbreak.

5 | CONCLUDING REMARKS

This article first reviewed the Japanese urban and regional sociological literature on the COVID-19 pandemic and pointed out that there is still a paucity of studies on the urban and regional governance of infectious disease control. Then, we briefly considered an example of urban governance of the COVID-19 pandemic in Japan based on the case of Osaka. The analysis revealed that the urban governance of infectious disease control in Japan depends on the relationship between the other scalar governments and various organizations within the city, which is important for its efficiency and effectiveness. This includes not only institutional relationships but also political relationships. In other words, it is important to employ a political–sociological approach to the urban governance of EIDs.

For the future, Japanese urban and regional sociologists are expected to analyze more cases of urban and regional governance during the pandemic in Japan, thus elucidating the characteristics of urban health governance in the country. Furthermore, we can gain rich insights into the urban governance of the pandemic by comparing these examples with those of cities and regions in other countries.

These works will shed light on the impact of neoliberal local governmental reforms in Japan and other countries over the past four decades on the policy response to the COVID-19 pandemic. In this article, we have identified some of the impacts in Osaka Prefecture, but more data
need to be collected and analyzed more precisely. For further research, many of the assets of Japanese urban and regional sociology will be well served, since the urban and regional sociology of Japan includes extensive literature on the impact of neoliberal governmental reforms on cities and regions since the 1990s (Machimura, 2021a).

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ENDNOTES
1 To classify the phases, we refer to Nagata et al. (2021) and the following website: https://www3.nhk.or.jp/news/special/coronavirus/chronology/.
2 The minutes of ONCH are published on the Osaka prefectural government’s website: https://www.pref.osaka.lg.jp/kikaku_keikaku/sarscov2/.

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