

# Emergency Economic Measures for Response to COVID-19

to protect the lives and lifestyles of the public and move toward economic recovery

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## **117 trillion yen (app. 1.1 trillion USD) (over 20% of Japan's GDP)**

### **1. Measures to prevent the spread of infections and to build medical treatment structures**

- Counter-cluster measures: doubling the PCR capacity to 20K/day, reinforcing public health centers
- Medical care for patients with severe symptoms: increase beds from 28K to 50K, securing 15K ventilators
- Facilities for patients with mild symptoms to stay: securing hotels and other public facilities
- Research and development of therapeutic medication and vaccines
- Avigan (medicine expected to be effective): increasing its production, preparing the stockpile up to 2M doses.

### **2. Measures in support of business**

- Real interest-free unsecured loans.
- Improved loan conditions: allowing recurring debts to be refinanced as interest free loans.
- Deferment of the payments of national taxes and social security premiums without collateral and penalties (amounting to ¥26 trillion)

### **3. Cash payments (app. ¥15 trillion in total)**

- Cash payment of ¥100k each to all residents in Japan (¥12.9 trillion)
- Cash payments of ¥2 million each to micro-, small-, and medium-sized business and ¥1 million each to individual business owners (¥2.3 trillion)

### **4. Demand stimulation measures, looking ahead to the phase after the containment of outbreaks**

- Support in the form of discounts and vouchers: tourism, transport, food services, and event businesses

## Analysis of demographic changes in designated prefectures under special caution (as of 15:00, April 22)

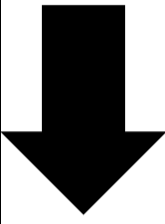
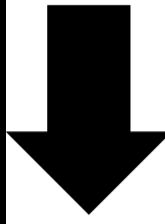
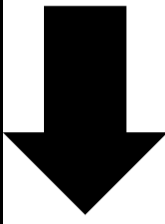
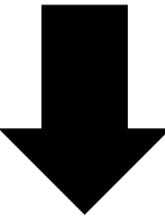
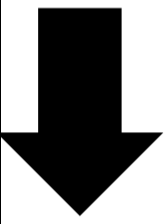
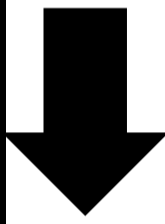
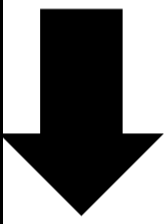
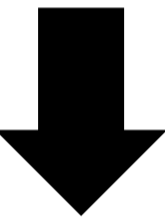
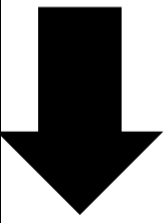
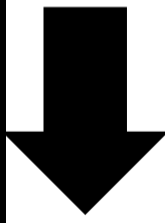
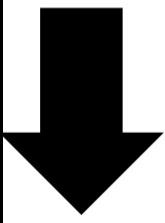
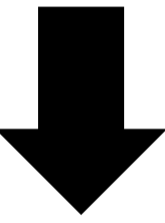
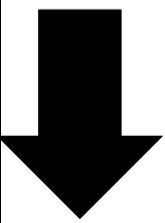
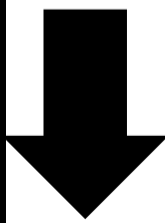
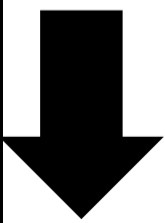
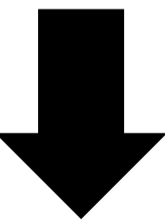
(Comparison with prepandemic days\*) \*Average of weekdays between Jan.18 to Feb. 14 2020

<b>Sapporo</b> (Hokkaido Pref.) ↓ <b>52.2%</b>	<b>Mito</b> (Ibaraki Pref.) ↓ <b>44.4%</b>	<b>Omiya</b> (Saitama Pref.) ↓ <b>60.8%</b>	<b>Chiba</b> ↓ <b>56.6%</b>	<b>Funabashi</b> (Chiba Pref.) ↓ <b>45.3%</b>	<b>Shinjuku</b> (Tokyo Met.) ↓ <b>69.3%</b>
<b>Shibuya Center Gai (Tokyo Met.)</b> ↓ <b>66.7%</b>	<b>Yokohama</b> (Kanagawa Pref.) ↓ <b>66.1%</b>	<b>Kawasaki</b> (Kanagawa Pref.) ↓ <b>52.9%</b>	<b>Kanazawa</b> (Ishikawa Pref.) ↓ <b>63.4%</b>	<b>Gifu</b> ↓ <b>54.0%</b>	<b>Nagoya</b> (Aichi Pref.) ↓ <b>64.1%</b>
<b>Kyoto</b> ↓ <b>63.6%</b>	<b>Umeda</b> (Osaka Pref.) ↓ <b>74.5%</b>	<b>Namba</b> (Osaka Pref.) ↓ <b>65.2%</b>	<b>Sannomiya</b> (Hyogo Pref.) ↓ <b>54.0%</b>	<b>Tenjin</b> (Fukuoka Pref.) ↓ <b>59.1%</b>	

## Changes in the number of passengers going through ticket gates of major stations

(Data as of April 20, compared with the same date of the previous year (2019) )

\* Data is preliminary and subject to change.

<p><b>Sapporo Sta.</b> (Hokkaido Pref.) JR Hokkaido</p> <p> <b>59%</b></p>	<p><b>Tokyo Sta.</b> JR East</p> <p> <b>78%</b></p>	<p><b>Shinjuku Sta.</b> (Tokyo Met.) JR East</p> <p> <b>76%</b></p>	<p><b>Shibuya Sta.</b> (Tokyo Met.) JR East</p> <p> <b>77%</b></p>
<p><b>Ikebukuro Sta.</b> (Tokyo Met.) JR East</p> <p> <b>73%</b></p>	<p><b>Ueno Sta.</b> (Tokyo Met.) JR East</p> <p> <b>76%</b></p>	<p><b>Yokohama Sta.</b> (Kanagawa Pref.) JR East</p> <p> <b>67%</b></p>	<p><b>Omiya Sta.</b> (Saitama Pref.) JR East</p> <p> <b>67%</b></p>
<p><b>Chiba Sta.</b> JR East</p> <p> <b>68%</b></p>	<p><b>All Tokyo Metro Stations (Average)</b> Tokyo Metro</p> <p> <b>69%</b></p>	<p><b>Otemachi Sta.</b> (Tokyo Met.) Tokyo Metro</p> <p> <b>70%</b></p>	<p><b>Nagoya Sta.</b> (Aichi Pref.) JR Central</p> <p> <b>67%</b></p>
<p><b>Kyoto Sta.</b> JR West</p> <p> <b>72%</b></p>	<p><b>Osaka Sta.</b> JR West</p> <p> <b>74%</b></p>	<p><b>Sannomiya Sta.</b> (Hyogo Pref.) JR West</p> <p> <b>65%</b></p>	<p><b>Hakata Sta.(local)</b> (Fukuoka Pref.) JR Kyushu</p> <p> <b>68%</b></p>

# **[COVID-19] Declaration of a State of Emergency in response to the Novel Coronavirus Disease**

**April 16, 2020**

[Provisional Translation]

In pursuant to Article 32, Paragraph 1 of the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response (Act No. 31 of 2012), the government declared a state of emergency in relation to the novel coronavirus disease on April 7, 2020. It has also decided that areas subject to measures under the state of emergency are extended to all prefectures;

## **1. The duration in which the emergency situation measures shall be implemented**

From April 7 to May 6, 2020 (from April 16, for prefectures other than Saitama, Chiba, Tokyo, Kanagawa, Osaka, Hyogo, and Fukuoka). When it is deemed that the emergency situation measures are no longer necessary, the state of emergency shall be lifted expeditiously in accordance with Article 32, Paragraph 5 of the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response.

## **2. Areas subject to the emergency situation measures**

All prefectures.

## **3. Overview of the State of Emergency**

Regarding the novel coronavirus disease,

- It has been confirmed that, compared to seasonal influenza, patients develop pneumonia with considerable frequency; and
- There are many cases in which it is difficult to identify the routes of transmission and the rapid increase of such cases has been confirmed; and, medical systems are being stretched.

Therefore, it has been determined that a situation has emerged that could cause a serious damage to the lives and health of the people and have a great impact the daily lives of the people and the national economy through the rapid and nationwide spread of infections.

(Provisional translation)

**Basic Policies for Novel Coronavirus Disease Control  
by the Government of Japan  
(Summary)**

**March 28, 2020 (Revised on April 16, 2020)**

On April 7, 2020, the Head of the Novel Coronavirus Response Headquarters declared a state of emergency under Article 32, paragraph 1 of the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response. The period during which emergency measures should be taken under the declaration is 29 days from April 7 to May 6, 2020. Areas where emergency measures should be taken are Saitama, Chiba, Tokyo, Kanagawa, Osaka, Hyogo and Fukuoka Prefectures and on April 16<sup>th</sup>, targeted areas are expanded to all 47 prefectures (the period during which emergency measures should be taken for these areas is from April 16<sup>th</sup> to May 6<sup>th</sup>). If the emergency measures are deemed no longer necessary, the state of emergency will be released immediately even within the period.

Even under the state of emergency, the Government of Japan will work to minimize the impact on social and economic functions, and will not take compulsory measures such as "lockdown" (city blockade) that is being implemented in other countries.

This Basic Policies present unified guidance on measures to be taken by the government, local governments, and the people together to accurately grasp the situation and further advance counter-measures against the novel coronavirus infectious disease.

**1. Facts on current situation of the Novel Coronavirus infectious disease**

In Japan, 61% of infected people are those with unknown routes of transmission (situation up to April 13, known as of April 15). This means that the risk of infection in daily life has started to increase in addition to the infection in specific places where clusters were identified. Medical provision system is strained in some areas and strengthening of the system is an urgent issue.

From mid to late March of this year, there was an increase in the number of individuals who appear to have been infected overseas and then entered Japan.

In addition to the seven prefectures designated for the state of emergency on April 7<sup>th</sup> (Tokyo, Osaka, Saitama, Chiba, Kanagawa, Hyogo and Fukuoka), the cumulative numbers of infected people in Hokkaido, Ibaraki, Ishikawa, Gifu, Aichi, and Kyoto have exceeded 100 by April 14. Therefore, it is necessary to place particular emphasis on Tokyo, Osaka, Hokkaido, Ibaraki, Saitama, Chiba, Kanagawa, Ishikawa, Gifu, Aichi, Kyoto, Hyogo, and Fukuoka prefectures in taking measures to prevent the spread of infection

(These 13 prefectures are collectively called “Prefectures under Specific Cautions”). In other prefectures too, the tendency of the spread of infection is also observed with clusters in non-urban areas caused by the influx of people from metropolitan areas. Since it is necessary for all the prefectures to take concerted measures to prevent the spread of the infection when all citizens including the government, local municipalities, relevant organizations need to make further efforts toward long national holidays to come, the Government designates all the prefectures as the areas where emergency measures should be taken.

## **2. Overall Policies for Novel Coronavirus Disease Control**

- Slow down the speed of infection by containing clusters and reducing chances of contact.
- Minimize incidence of severe cases and death through surveillance and appropriate medical care especially for the elderly.
- Minimize the impact on society and economy through pandemic prevention and economic and employment measures.

## **3. Key points in implementing measures against novel coronavirus disease**

### **(1) Provision and sharing of Information**

Provide the public with accurate information and clear message on the following points in the timely manner, promote awareness-raising to help change people’s behavior and call for calm response.

- the infection situation and the medical information
- basic counter-measures against infection
- need to refrain from leaving home when feeling sick
- guidelines for visiting medical institutions
- discrimination against infected persons, close contacts and medical personnel
- 3-Cs (closed spaces, crowded places, and close-contact settings)
- the fact that the measure of “lockdown” (city blockade) will not be taken

Provide appropriately and expeditiously related information for Japanese national as well as foreign nationals living or staying in Japan and foreign governments.

### **(2) Surveillance and Information gathering**

- Identify suspected disease carrier and conduct tests that the doctor considers necessary
- Strengthen the testing system by utilizing local and private institutes. Grasp the PCR testing system and make necessary coordination.
- Continue to develop simple test kits for rapid diagnosis.

### **(3) Pandemic Prevention**

- The declaration of a state of emergency on April 7 is intended to further accelerate existing measures and to reduce the contact among people by

70% at minimum or 80% ideally. Restrictions on people's freedoms and rights must be minimal. Designated prefectures (prefectures covered by the emergency declaration) will, at first, call for voluntary cooperation in self-restraint of leaving home as measures to prevent pandemic.

- Designated prefectures will strongly make requests not to hold events at places where clusters could emerge or have gatherings under the 3-Cs circumstances, especially in case of nation-wide or large events and gatherings.
- Designated prefectures will make requests on restrictions on the use of facilities when the spread of infection can occur. When such requests are not met with no justifiable reason, designated prefectures will make further requests and instructions. These requests and instructions will be made public. When such requests and instructions are made based on the Act, designated prefectures need to consult with the Government and listen to the opinions of experts.
- Designated prefectures will take effective emergency measures taking into account the characteristics of each area and give careful explanation to the residents. The Government Response Headquarters will coordinate with designated prefectures as necessary, listening to the opinions of experts.
- Designated prefectures will work with the government in informing the residents that the emergency measures are different from "lockdown" (city blockade) and call for a calm response through asking people not to buy up food, medicine and daily necessities in a panic.
- Designated prefectures will at first request a self-restraint of going out while indicating the period and areas. Activities necessary for maintaining daily life such as visiting hospitals, purchasing food, medicine and daily necessities, going to workplaces as necessary, exercising outdoors or taking a walk can be excluded.
- Designated prefectures will request citizens to refrain as much as possible from moving to other prefectures for reasons such as non-urgent and non-necessary homecoming visits or travels, especially during long national holiday period.
- Designated prefectures will strongly discouraged citizens from visiting eateries with hospitality services in downtown.
- Designated prefectures as well as other prefectural governments will strongly encourage teleworking. Efforts to reduce contact with people including through staggered work hours and bicycle commuting will be promoted further. In workplaces, it is encouraged to take thorough measures to prevent infection and avoid the 3-Cs.
- Businesses engaged in operations essential for ensuring the stability of people's lives and the national economy (exemplified in the attachment), are required to continue their operation, depending on the characteristics of the businesses, while fully taking measures to prevent the spread of infection. The Government and designated prefectures will

work to establish a help desk for business operators, secure logistics, and ensure a robust lifeline system, etc., in order to support smooth activities of these businesses.

- Prefectures in metropolitan areas will thoroughly take these measures to prevent the spread of infection so that they will not trigger nationwide and rapid spread.
- The Government and local governments will encourage restaurants to take necessary infection control measures by avoiding the 3Cs.
- Secure and foster experts for the counter-cluster measures and strengthen the health center system.
- Ministry of Education, Culture, Sports, Science and Technology will disseminate the guiding principle on temporary closure of schools. Prefectural governments will provide guidance to school operators on infectious disease countermeasures such as health management. The Ministry of Health, Labor and Welfare (MHLW) will provide guiding principles of nursery schools and after-school children's clubs, etc. regarding the down-sizing of childcare and temporary closure of facilities. In this regard, the MHLW will also present guidance on securing childcare during such temporary closure for children of medical staff, those who need to continue working to maintain social functions, and those who have difficulty taking off work including single-parents.
- The Government will continue to implement entry restrictions, travel warnings, strengthened quarantine, and visa restrictions, from the viewpoint of preventing the flow of infected people into Japan

#### **(4) Medical care, etc.**

The MHLW will secure a flexible medical provision system in each region, responding to the spread of infection.

- Perform tests at the discretion of doctors and, if patients are found, provide appropriate medical care by admitting them to hospitals.
- Establish a system for those with mild symptoms to be taken care of at home in prefectures where an increase in patients may risk the medical care for severely ill patients in hospitals.

The MHLW will secure medical provision structure to prepare for possible significant increase of patients in Japan.

- Consider division of roles among medical institutions in each region.
- Secure necessary beds, personnel, and necessary medical equipment such as respirators.

The MHLW will also notify and ensure the following measures to thoroughly prevent nosocomial infection in medical institutions and facilities for the elderly.

- Take every possible precautionary measure to prevent workers from being a source of infection including by thoroughly avoiding the 3-Cs.



- Temporarily stop receiving visitors except for emergency cases in order to prevent infection.
- Consider measures such as suspending or restricting temporary use of such facilities in areas where infection is prevalent.
- Isolate a suspected patient immediately and implement counter-infection measures under the guidance of public health centers.

The Government and prefectures will prioritize securing personal protective equipment such as masks for medical institutions that conduct PCR tests and admit patients, and ensure that PCR tests are conducted for medical personnel, workers and inpatients.

The MHLW will take other measures including:

- Systematic surveillance of bed occupancy in hospitals
- Prevention of infection for outpatients and pregnant women
- Provision of medical interpreters for foreigners
- Acceleration of clinical research and treatment to verify the effects of therapeutic agents

#### **(5) Economic and employment measures**

Expediently implement necessary and sufficient economic and fiscal policies without pause, taking bold measures to return the Japanese economy to a solid growth trajectory

#### **(6) Other important considerations**

- Consideration for the human rights
- Supply of goods and materials necessary for the medical operation
- Collaboration with related organizations (including local governments, the international community, and the research institutions)
- Maintenance of social functions
- Measures after the declaration of a state of emergency

**Business operators who are required to continue their business during the period of the state of emergency**

**1. Maintaining Medical System**

- We request the continuation of all business by medical personnel not only for treatment of COVID-19 infections, but also for their duties to deal with other severe diseases.
- The abovementioned businesses by medical personnel include hospitals, pharmacies, and other manufacturing and service industries related to all the supplies and services necessary for treatment of patients including importing, manufacturing and sales of pharmaceuticals and medical equipment, blood collection for blood donations, and providing meals to inpatients.

**2. Continuing to protect those in need**

- We request the continuation of all life support businesses for people who need assistance, especially the elderly and the people with disabilities, including housing and support for them .
- The abovementioned life support businesses include all manufacturing and service industries related to the goods and services necessary for the lives of the elderly and the people with disability, such as management of facilities for nursing care and for people with disability, as well as providing meals to residents of the facilities.

**3. Securing stable lives of the people**

- We request the continuation of all concerned businesses which provide essential services for those who stay at home to lead minimum necessary lives.
  - (1) Infrastructure operation (electricity, gas, oil, petrochemical, LP gas, water and sewage, telecommunications and data centers, etc.)
  - (2) Food and beverage supply (agriculture, forestry, fishery, importing, manufacturing, processing, distribution, and online shopping of food and beverage, etc.)
  - (3) Supply of daily necessities (importing, manufacturing, processing, distribution and online shopping of household goods, etc.)
  - (4) Canteens, restaurants, coffee shops, home delivery and take-out, retailers of daily necessities (department stores, supermarkets, convenience stores, drugstores, hardware stores etc.)
  - (5) Maintenance of household goods (plumber, electrician, etc.)
  - (6) Services related to daily necessities (hotel and accommodation, public bath, barber shop and hairdressers' salons, laundry, veterinary, etc.)
  - (7) Waste disposal services (collection, transportation, and disposal of waste, etc.)
  - (8) Ceremonial affairs (operators engaged in cremation and post-mortem treatment of bodies)
  - (9) Media (TV, radio, newspapers, internet related business, etc.)
  - (10) Services for individuals (webcast, remote education, facilities and

services related to maintenance of the internet environment, maintenance services of private vehicles, etc.)

#### **4. Maintaining the stability of the society**

• With a view to maintaining the stability of the society, we request the continuation of the businesses, at their minimum level, who provide essential services to maintain corporate activities during the period of a state of emergency.

(1) Financial services (banks, credit banks and credit unions, securities, insurance, credit cards, and other settlement services etc.)

(2) Logistics and transportation services (railways, buses, taxis, trucks, maritime transportation and port management, aviation and airport management, postal services, etc.)

(3) Maintenance of manufacturing and service industries necessary for national defense (aircraft, submarines, etc.)

(4) Services necessary to maintain corporate activities and security (maintenance and security of building, etc.)

(5) Social infrastructure necessary for safety and security (management of public goods such as of rivers and roads, public works, waste disposal, hazardous goods management based on respective law, etc.)

(6) Administrative services (police, fire fighting, other administrative services)

(7) Childcare services (daycare centers, etc.)

#### **5. Others**

• Among medical and manufacturing industries, we request the continuation of the following business operators in consideration of infection prevention: operators who are difficult to stop production line due to the characteristics of the equipment (such as blast furnaces and semiconductor factories); and operators who produce essentials (including important items in supply chains) for protection of the people who need medical care and support, as well as for maintenance of social infrastructure. We also request the continuation of the business operators who sustain medical care, the lives of the people, and maintenance of the national economy.

# Updates on COVID-19 in Japan



April 23<sup>rd</sup>, 2020

Ministry of Health, Labour and Welfare

# Hospitalization and Discharge

As of 6PM, April 22, 2020

## 【Domestic cases】

PCR tested positive			
	Currently in hospital	Already discharged from hospital	Death
11,919 (+422)	10,212 (+342) From severe to moderate/mild symptoms 57	2,408 (+70)	287 (+10)

## 【Cases at the Cruise ship】

PCR tested positive (in hospital in Japan)			
	Currently in hospital	Already discharged from hospital	Death
672	14 From severe to moderate/mild symptoms 29	645	13

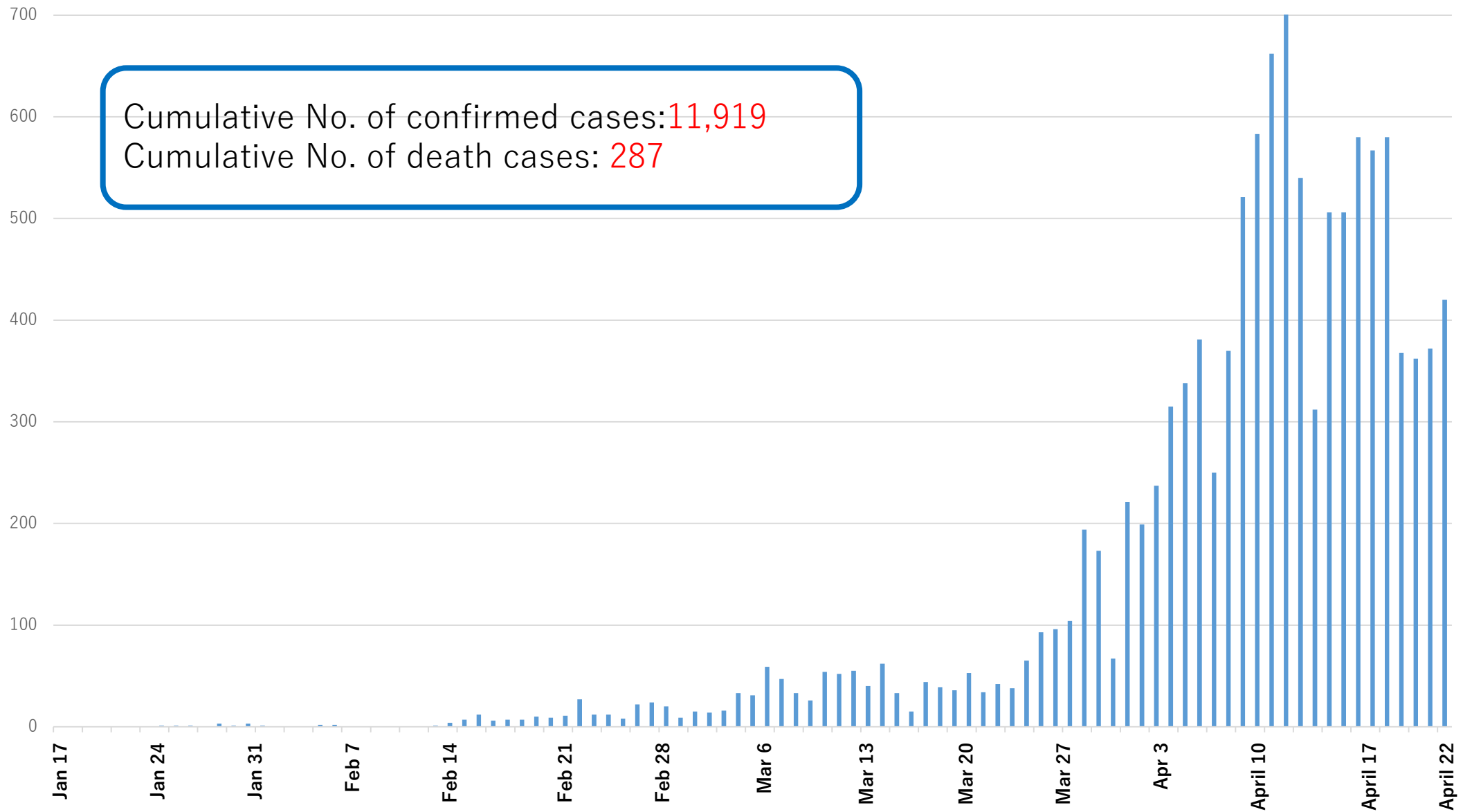
## 【Total】

PCR tested positive (in hospital in Japan)			
	Currently in hospital	Already discharged from hospital	Death
12,591 (+422)	10,226 (+342) From severe to moderate/mild symptoms 90	3,053 (+70)	300 (+10)

The number in parentheses indicates the change from the previous day.

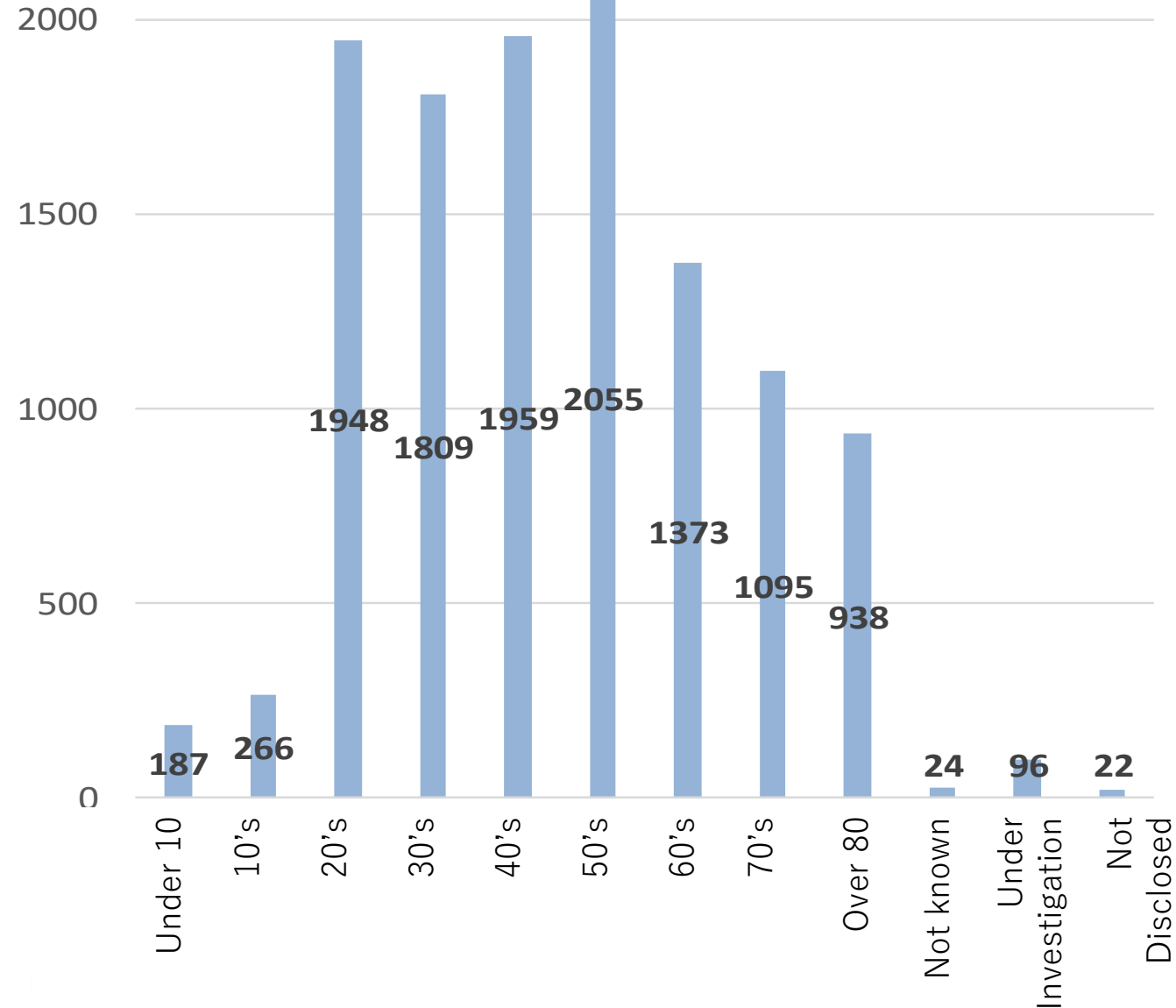
# The trend of No. of confirmed cases

As of 6PM, April 22, 2020



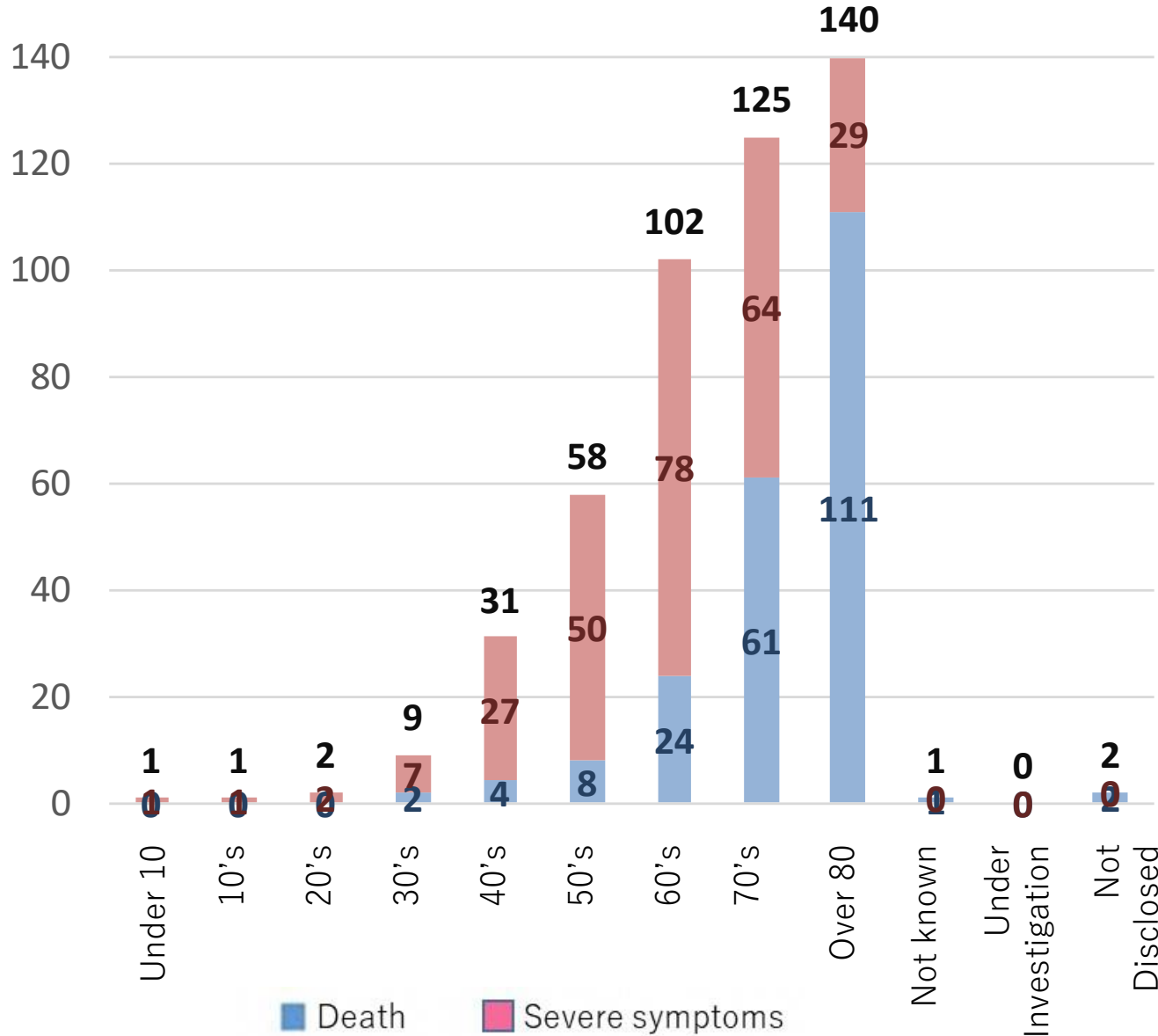
# PCR Tested Positives by age

As of 6PM, April 22, 2020



# Cases by age

As of 6PM, April 22, 2020



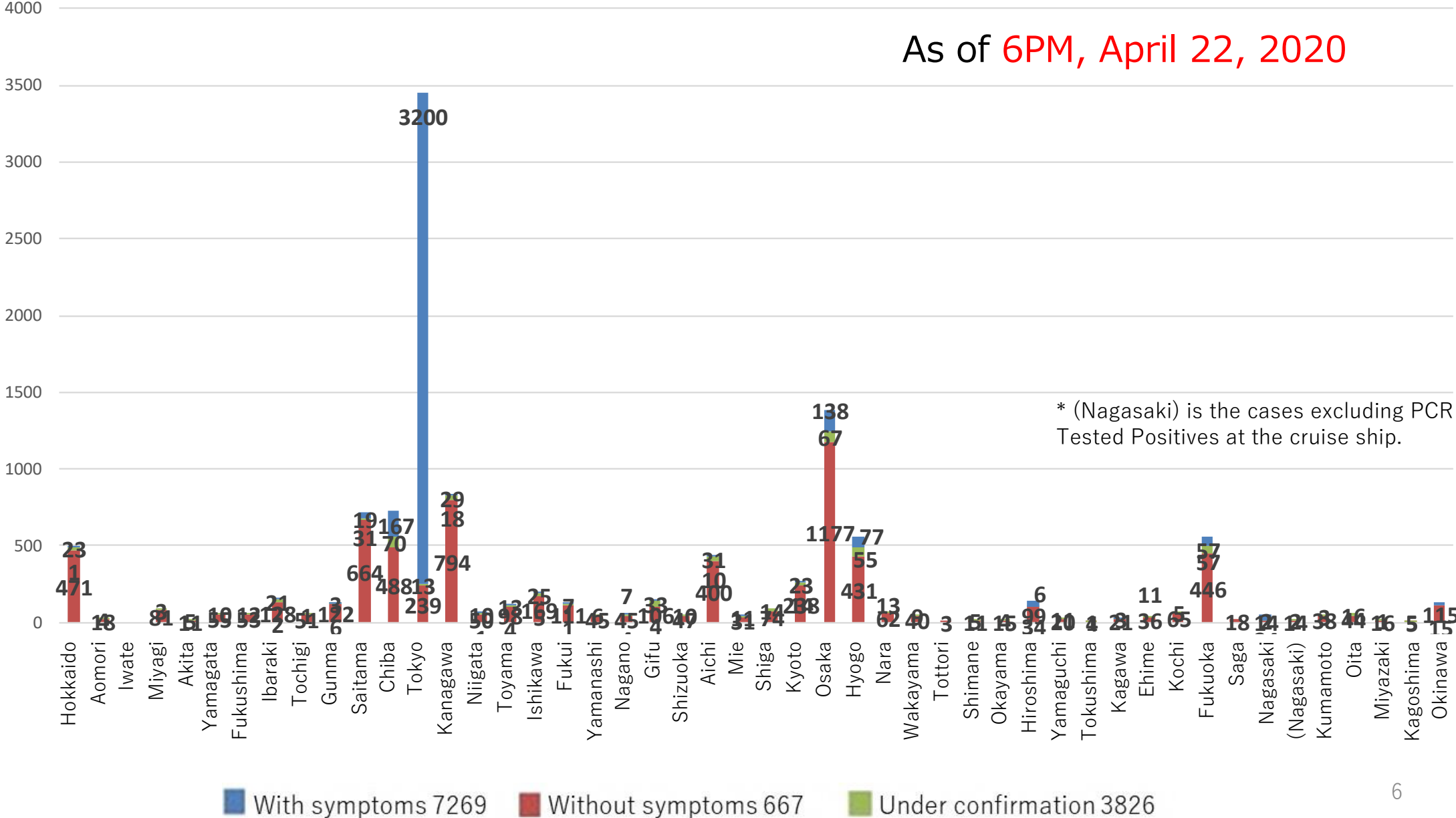
Death Rate (%)

Total	Under 10	10's	20's	30's	40's	50's	60's	70's	Over 80
1.8	0.0	0.0	0.0	0.1	0.2	0.4	1.7	5.6	11.8



# Cases in each prefecture

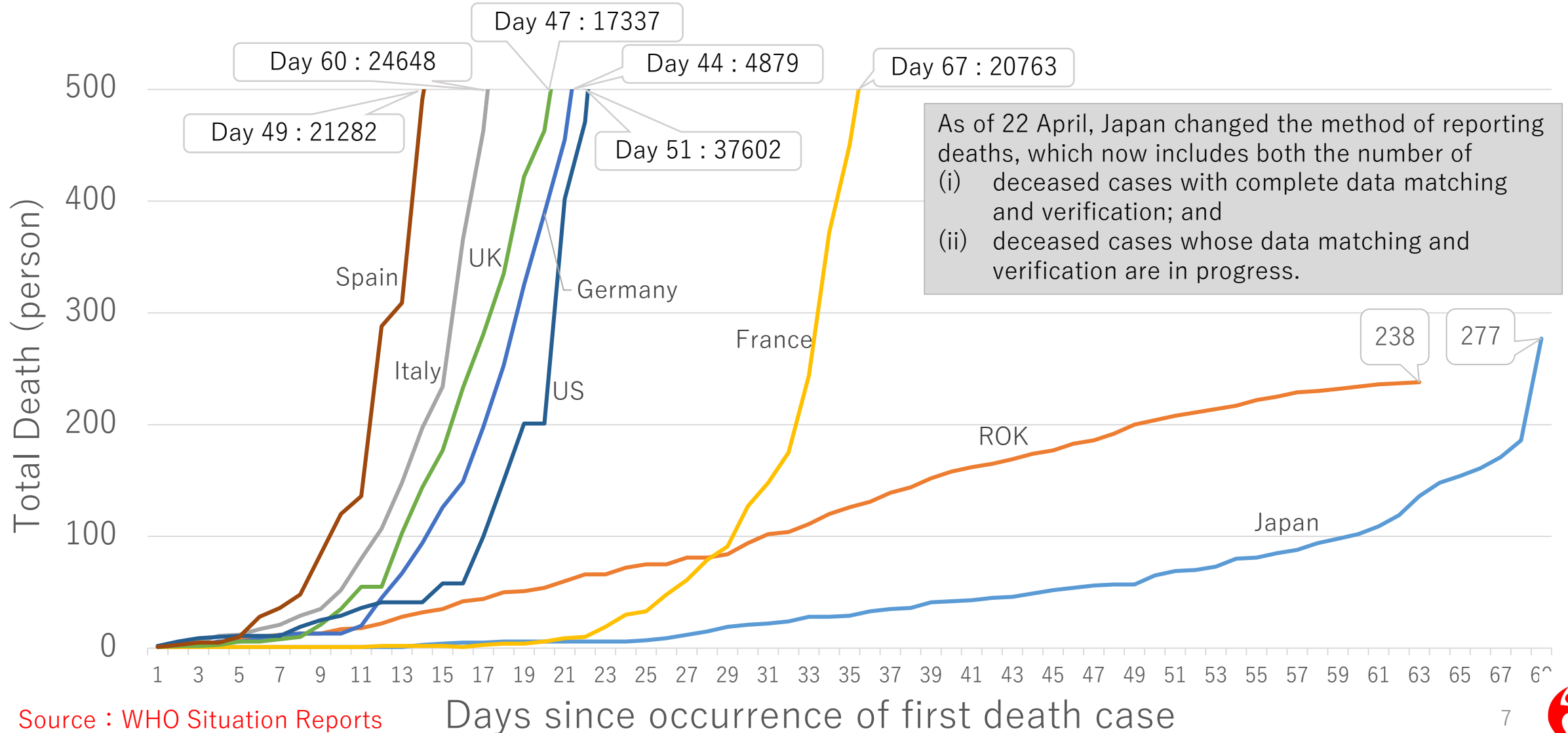
As of 6PM, April 22, 2020



# The trend of death cases in several countries

As of April 22, 2020

- Slow increase of death cases
- Burden on local health system is not overwhelming so far



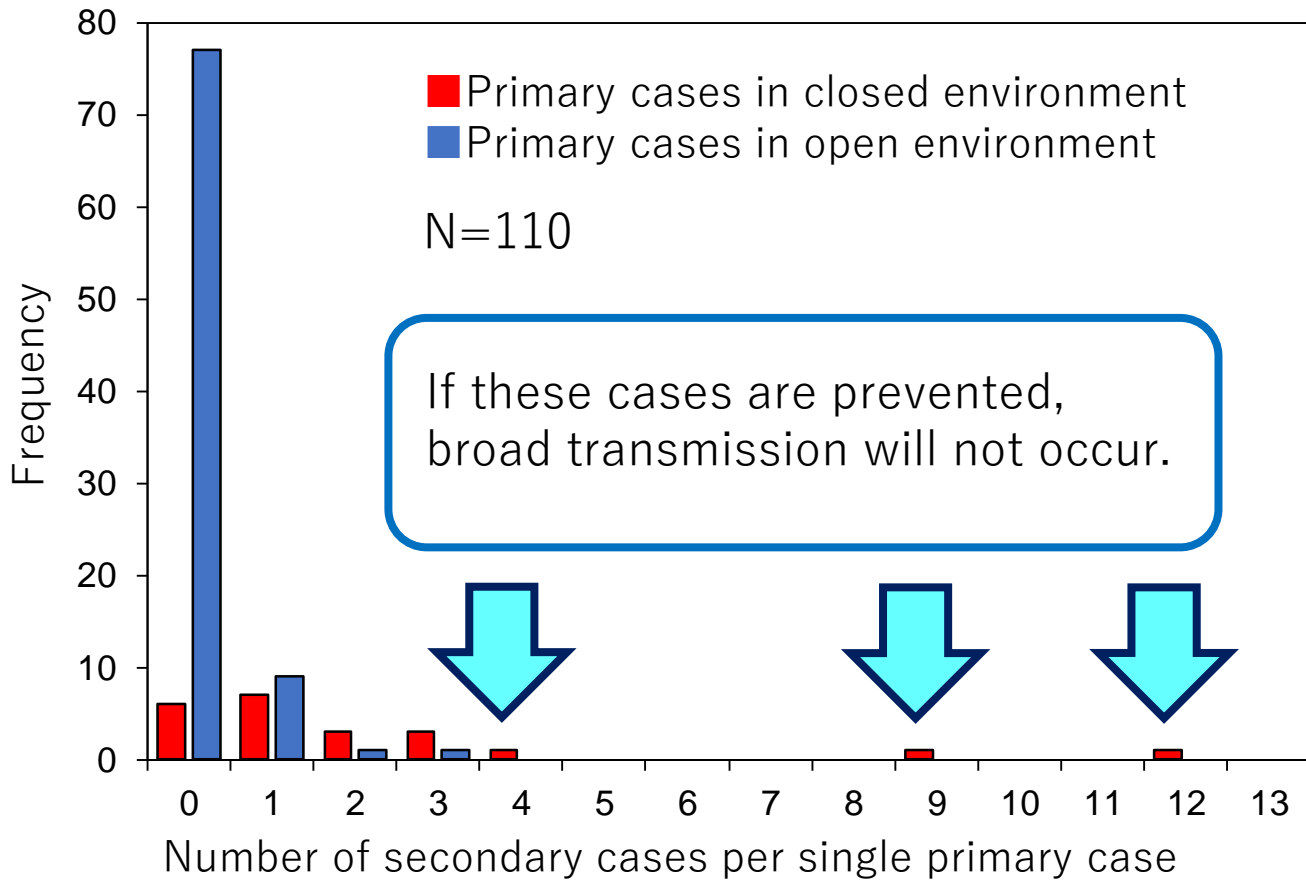
## Three Pillars of Basic Strategy to combat COVID-19 in Japan

### <Overall Goal>

Maximization of suppression of transmission and Minimization of socio-economic damage

1. Early detection of and early response to clusters
2. Enhancement of intensive care and securing of medical service system for the severely ill patients, including medical equipments (Ventilator, ECMO, etc)
3. Behavior modification of citizens

# Avoidance of high risk environment



80% of cases infected in open environment have not transmitted to others.

## Three “C” high risk environments

- ① Closed spaces with insufficient ventilation
- ② Crowded conditions with people
- ③ Conversations in short distance

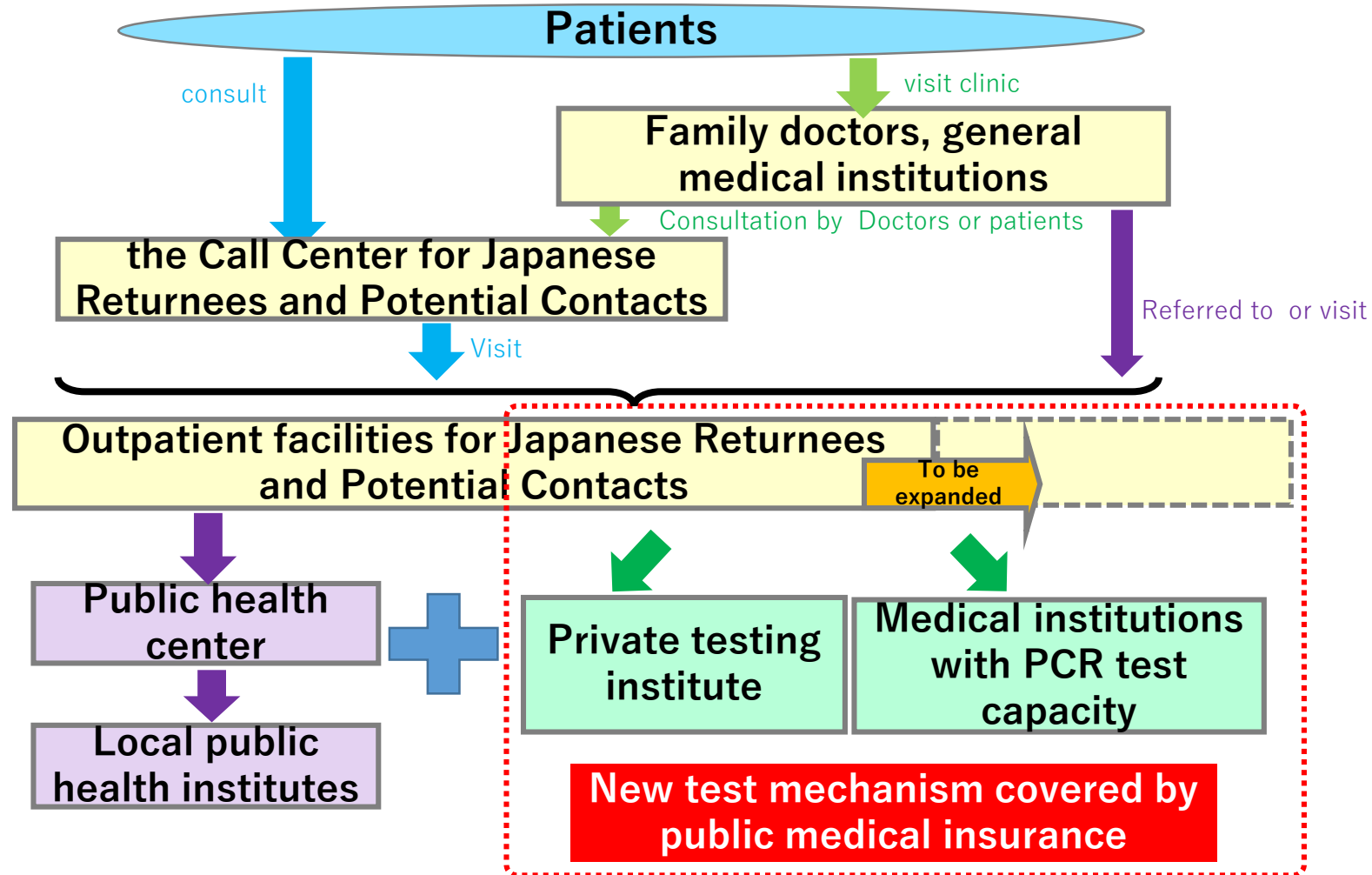


- Voluntary restraint of mass gathering.
- Closure of school.

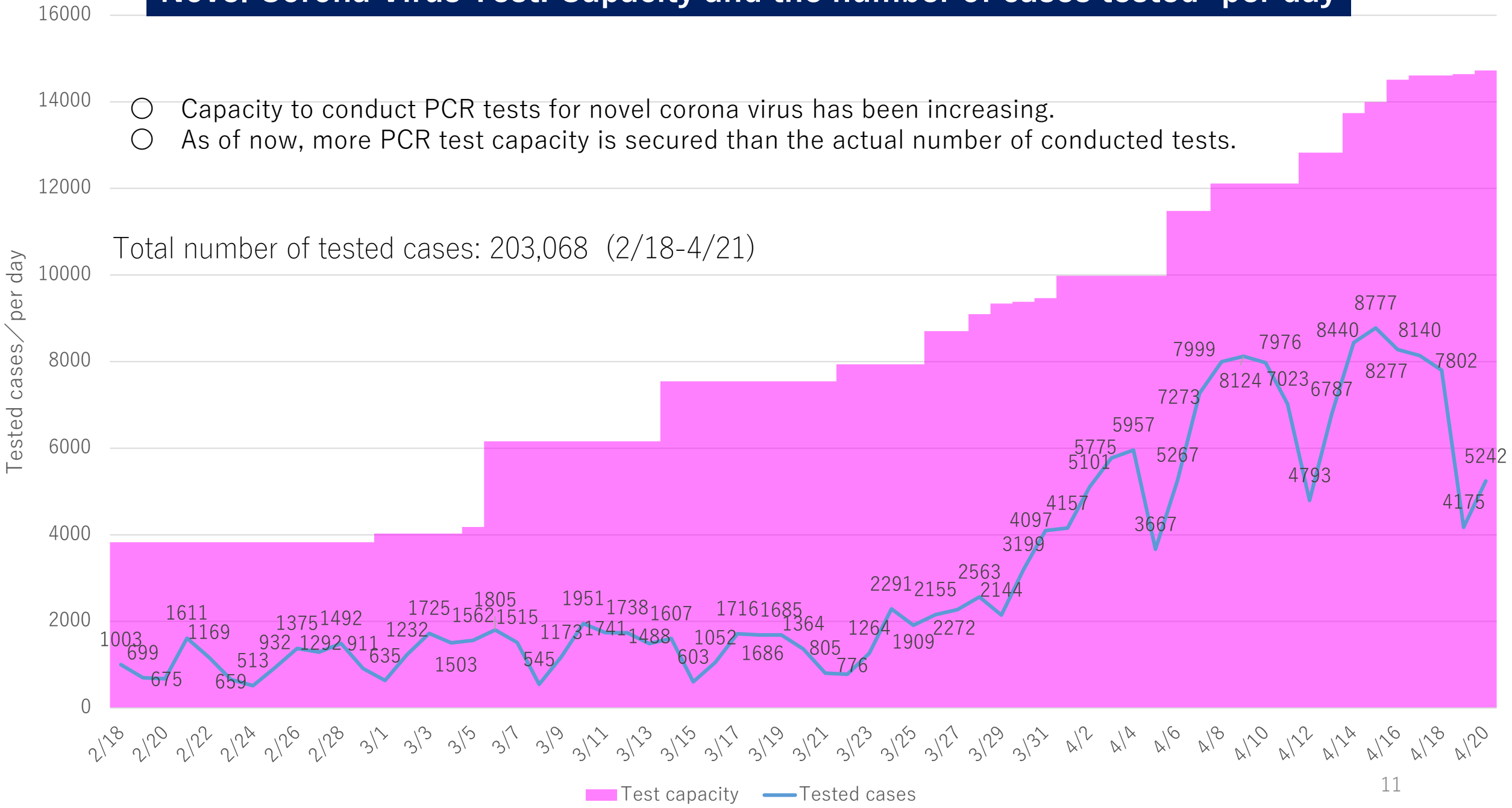


# PCR Testing system for novel corona virus covered by medical insurance

- If a public health center decides that a patient is out of the scope of administrative testing, doctors can request the test directly to testing institutes with their own decision.
- For the purpose of preventing in-hospital infection and ensuring the accuracy of the testing, the test is required to be conducted at outpatient facilities for Japanese Returnees and Potential Contacts.
- Moreover, efforts will be made to expand the number of tests to be conducted with insurance coverage, taking into account future improvement in the preparedness of the private sectors.

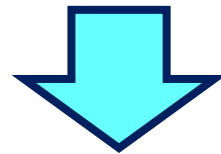


# Novel Corona Virus Test: Capacity and the number of cases tested per day



## Way Forward

- We have great concerns about following situation;
  - (1) increased new cases in urban areas,
  - (2) increased cases with unidentified source.
  - (3) Rapidly increased confirmed cases and death worldwide.
  - (4) Many imported cases to Japan.
- Needs to control infection while minimizing socio-economic damage.
- Needs to prevent overwhelming hospitals
- Strengthen the capacity of local government to control the outbreak, considering local situations based on data.



**Delay and lower the peak of infection.**

# Purpose of new coronavirus measures (basic concept)

