

## An analysis of the legal design of JIHS as a “special public corporation” — An international collaborative study comparing the governance of national public health agencies —

### [Key points]

- This study was conducted with technical support from the Alliance for Health Policy and Systems Research, hosted by the World Health Organization (WHO), and from the WHO Health Emergencies Programme, as part of an international collaborative study comparing the governance of national public health agencies. It examines the Japanese case within that international comparative framework, and the findings have been peer-reviewed and published in an international journal.
- Whereas its predecessor, the National Institute of Infectious Diseases, was a testing and research laboratory of the Ministry of Health, Labour and Welfare, JIHS was established as a “special public corporation” under a dedicated act and thereby acquired a legal status of its own.
- Interviews with those involved in the design revealed that, from legislation through to implementation, engaging the people who will operate the system at an early stage is what turns a law into a working institution.
- What the legislation sets out is the broad allocation of authority; whether it works in practice rests on future operation and on building trust among the merged organizations.

### [Summary]

A research team at the Japan Institute for Health Security (JIHS) has analysed the legal framework that underpinned the establishment of the institute in April 2025. Drawing on a review of the relevant legislation and government publications, together with interviews with those involved in designing the system, the study finds that the choice of the “special public corporation” (Note 1) form—a legal personality created by a dedicated act of the national legislature—produced an arrangement that embeds scientific knowledge in national decision-making on infectious disease crisis management while at the same time securing the autonomy of the institute's scientific work.

The study was conducted with technical support from the Alliance for Health Policy and Systems Research, hosted by the World Health Organization (WHO), and from the WHO Health Emergencies Programme. It forms part of an international collaborative study comparing the governance of national public health agencies, and constitutes the case study of Japan.

*“We are delighted to see this important contribution from Japan published as part of our global learning network on the governance of national public health agencies,” said Dr Kumanan Rasanathan, Executive Director at the Alliance for Health Policy and Systems Research. “The establishment of JIHS provides a clear example of how a country can strengthen its public health capacity for preparedness and response by learning lessons from the COVID-19 pandemic and building on its existing strong institutions. The evidence and achievements shared in this paper are an important contribution to global health security and to other countries’ efforts to reform the governance of their public health agencies. This is precisely the type of country-led learning that the programme was established to*

support and share”

Sara Hersey, Head of Strategic Partnerships and Planning at the WHO Health Emergencies Programme (WHE) said: “More than 120 countries have established or are establishing a National Public Health Agency (NPHA). Many have asked WHO to document governance, policy, regulatory and financing structures that impact their ability to prepare for and respond to a public health emergency. JIHS’s study is an important contribution to this effort. It shows how the merger of two strong national institutions through a dedicated law can define the agency’s mandate and governance structure, clarify its role in providing scientific advice during a crisis, and formalize links with governmental institutions. WHO will continue working with countries to strengthen NPHAs and the capabilities they need for effective preparedness and response.”

## [Details]

The COVID-19 pandemic exposed structural weaknesses in Japan’s response to infectious disease. First, the organizations and powers involved were dispersed, leaving it unclear where decisions were made and where responsibility lay. Second, no established route existed by which scientific knowledge could reach government decision-making quickly. Against this background, the act establishing JIHS was enacted on 31 May 2023, and in April 2025 the National Institute of Infectious Diseases and the National Center for Global Health and Medicine were merged to form JIHS. No study, however, had yet examined the legal design that underpinned this institutional reform.

The study used a qualitative approach (Note 2), reconstructing the process of institutional formation from official documents and the testimony of those involved. The material analysed comprised five pieces of legislation, two items of grey literature such as white papers and reports not carried in academic journals, and eight government publications. In addition, in August and September 2025, interviews were conducted with eight people: one member of the Diet, four senior officials of the Ministry of Health, Labour and Welfare (MHLW), and three senior officers of JIHS. The interviews were semi-structured, following a predetermined set of questions while probing further according to context, and the resulting testimony was categorized through thematic analysis (Note 3).

The first finding is that the legal position of JIHS differs markedly from that of its predecessor (Table 1). Its predecessor, the National Institute of Infectious Diseases, was a national testing and research laboratory under the direct authority of the MHLW, without an establishment act of its own. JIHS, by contrast, has been established as a special public corporation, with an act providing for its own establishment and with an articulated framework for its governance.

Table 1. Legal status of the institute before and after the enactment of the JIHS Act

| Law dimension | Before enactment of JIHS Act (Former NIID)                                                            | After enactment of JIHS Act (JIHS)                                                                                       |
|---------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Legal status  | A testing and research laboratory of the MHLW. Had limited scope and authority for crisis management. | Special public corporation with a dedicated enabling act. Granted broader legal mandate and crisis management authority. |
| Oversight and | Ministerial oversight, with its legal mandate,                                                        | Managed by a Board of Directors. MHLW retains                                                                            |

|                                                                                     |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>governance</b>                                                                   | budget, and strategic direction controlled by MHLW.                                                                                                                                                                                                                                            | oversight authority, including setting mid-term goals.                                                                                                                                                                                                                                                                                     |
| <b>Scope of functions</b>                                                           | Epidemiological surveillance, reference laboratory, and risk assessment; not specifically mentioned in laws. No direct involvement in clinical services and clinical trials.                                                                                                                   | Expanded mandate includes: surveillance and intelligence, medical countermeasures, Research and Development acceleration, including integration of the research-to-practice pipeline, highly-specialized clinical function, nationwide clinical-trial network, training, human resource development, and international health cooperation. |
| <b>Infectious Diseases Control Act</b>                                              | NIID was not explicitly mentioned in the Act. Only the responsibilities of MHLW were defined.                                                                                                                                                                                                  | JIHS is explicitly designated as a core organization for infectious disease prevention and response. MHLW may entrust public health tasks, including specimen collection and investigations, to JIHS.                                                                                                                                      |
| <b>Act on Special Measures for Pandemic Influenza and Other Infectious Diseases</b> | NIID was not explicitly mentioned in the Act. Only the responsibilities of MHLW were defined.                                                                                                                                                                                                  | JIHS is identified as a key institute for disseminating scientific knowledge. Amendments clarify JIHS's role in providing scientific advice to MHLW and to the Cabinet Agency for Infectious Disease Crisis Management (CAICM) (Note 4).                                                                                                   |
| <b>Community Health Act</b>                                                         | NIID and municipal public health institutes were not specifically mentioned. Prefectural and municipal public health centers consulted NIID mainly for testing or technical advice. Cooperation was based on administrative notifications, with no legal obligation or reporting requirements. | Amendments formalize mutual cooperation between JIHS and prefectural and municipal public health institutes. Local public institutes are to provide information and pathogens to JIHS, and JIHS is to provide technical guidance and support capacity-building, especially during a crisis.                                                |

Note: In the post-enactment column, “Oversight and governance” and “Scope of functions” are both provided for by the JIHS Act.

Source: Otsuka M, Kato M, Wakita T, Saito T. Legal design for establishing a novel parastatal public health institute – Japan Institute for Health Security: A case study. PLOS Global Public Health. Adapted and combined from Tables 5 and 6.

The second finding is that six themes run through the interviews, spanning the formation of the system and its operation (Table 2). What drove the reform was a sense of urgency on the political side about a governance structure whose lines of communication were not unified, and about the absence of an established system for scientific advice; the bureaucracy then gave this concrete form as legislation. The governance that emerged was a dual-layer structure, in which the Cabinet Secretariat and the MHLW retain powers of control while the autonomy of JIHS is secured for scientific work. The work of turning statutory text into everyday operations, however, and of making research, intelligence and emergency response function within a single organization, remains unfinished. The channels connecting government, science and the field have been put in place in law, but giving them substance is a task for the future. What interviewees returned to repeatedly was that legal merger does not guarantee the merger of organizational cultures. Across the interviews, the view was voiced more than once that the establishment of JIHS is a starting point rather than a destination, and that continuous learning and adaptation will be required.

Table 2. Summary of key themes and theoretical implications

| Theme                                          | Summary                                                                                                                                                                                                                           | Theoretical implication                                                                                                         |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 1. Legislative and Institutional Genesis       | During COVID-19 there was no established system for providing scientific advice. Political leadership initiated structural reform to overcome this, and bureaucrats mediated the technical drafting and coordination of the bill. | Political agenda-setting (policy window) and administrative feasibility as co-produced reform between politics and bureaucracy. |
| 2. Governance Design                           | JIHS governance aimed to balance ministerial control (Cabinet Secretariat, MHLW) and institutional autonomy through a dual-layer structure.                                                                                       | Balance of institutional authority and motivational legitimacy; the ‘governance paradox’ of hybrid public organizations.        |
| 3. Functional Integration                      | Integration of research, intelligence, and emergency functions required translation of abstract law into practical operations.                                                                                                    | Translation process from design to practice; organizational learning as the foundation of capacity building.                    |
| 4. Reconfiguration of Public Health Governance | JIHS introduced a more structured science–policy interface by formally connecting government, scientific expertise, and field-level implementation—a design intended to improve coordination across these three functions.        | Boundary work in the science–policy interface; reconfiguration of epistemic legitimacy and accountability.                      |
| 5. Organizational Culture and Human Resources  | Legal merger completed, but cultural integration remains ongoing; leadership and shared mission are key to cohesion.                                                                                                              | Embedded agency through leadership and cultural learning; mutual shaping of institutional form and organizational ethos.        |
| 6. Future Outlook and Challenges               | JIHS’s establishment is viewed as a starting point; continuous learning and adaptation are required.                                                                                                                              | Adaptive governance and institutional learning; evolution of a Japan-specific model of embedded expertise.                      |

Source: Otsuka M, Kato M, Wakita T, Saito T. Legal design for establishing a novel parastatal public health institute – Japan Institute for Health Security: A case study. PLOS Global Public Health. Adapted from Table 7.

The choice of the “special public corporation” form is consistent with a Japanese administrative tradition of reconciling institutional independence with the involvement of the supervising ministry. The underlying thinking—bringing research, policy and clinical functions together in a single organization—may offer a useful reference for institutional design in other countries. The study cautions, however, that the arrangement cannot simply be transplanted: any design must suit the legal system and administrative practice of the country concerned. What remains to be seen is whether the framework performs as intended in an actual health emergency, and that verification lies ahead.

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### [Notes]

**Note 1 Special public corporation:** A corporation established under a dedicated act. It is subject to state involvement but holds a legal personality separate from the organs of the state administration. It is one of the organizational forms used for government-related institutions, and it is the form JIHS takes.

**Note 2 Qualitative research:** A method that clarifies how something came about and what it means by interpreting documentary records and the accounts of those involved, rather than by analysing quantitative data. It suits subjects such as this one, which ask with what intent an institution was designed.

**Note 3 Thematic analysis:** A method of analysis in which testimony obtained through interviews is read repeatedly and recurring points are drawn out as “themes.” The procedure formalized by Braun and Clarke is widely used internationally.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

**Note 4 Cabinet Agency for Infectious Disease Crisis Management (CAICM):** An agency established within the Cabinet Secretariat in September 2023. It serves as the control tower coordinating the response of the government as a whole when an infectious disease crisis arises.

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