

# Providing Right Message and Information

## for Target Population

### The Role of Local Government to Improve Access to Health Services of Migrant in Japan

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#### Abstract

Since the Global Fund to Fight with AIDS, Tuberculosis and Malaria, was created in 2002, international society have been struggling to realize universal ARV access for people in resource remitted countries. It aims to reduce stigma of AIDS and increase positive action for the prevention of HIV. In Japan, 23.4% of accumulated number of reported AIDS cases are migrant. But quite limited response was made to improve HIV situation of migrant. Improving access to testing and health care by providing language support and expanding hospital budget for uninsured emergency cases, would be the key to make effective response to the high prevalence of HIV among migrant. This paper explore feasible programs of local governments for HIV and migration by reviewing existing programs in Japan.

**Keywords:** migrant, HIV, response, local government

#### 1. Foreign Residents in Japan and HIV

The number of foreign nationals legally residing in Japan exceeds 2 million, constituting 1.6% of the total population of Japan<sup>1)</sup>. However, the percentage of foreign nationals in the number of reported cases compiled for HIV and AIDS in Japan is 26.6% and 23.4%, respectively, and both account for as high as about a quarter of the total number of cases. In 2006, these figures stood at 12.2% and 12.6%<sup>2)</sup>, respectively; this decrease is attributed to an increase in the number of HIV/AIDS cases among Japanese males and a reduction, almost by half, in the number of undocumented migrant residing in Japan. Thus, it does not necessarily represent an improvement in the situation. The situation is in fact deteriorating. The percentage of foreign residents reported as HIV-positive used to be higher than that of Japanese nationals; however, during the 2000s, the percentage of Japanese nationals has outpaced that of the foreign nationals. Moreover, among foreign nationals in Japan, the percentage of cases where HIV cannot be detected until it has developed AIDS continues to increase every year (See Table 1). Poor access to medical care, particularly among undocumented Asian and African migrants residing in Japan, is an issue of serious concern.<sup>3,4)</sup> Reportedly, there are many cases where these foreign nationals were unaware of being infected until they were hospitalized for respiratory failure or unconsciousness, resulting, in many cases, in death.

Such a high mortality rate is expected to increase the fear of AIDS among foreign residents in Japan and to further hamper their access to testing and medical care.

Providing active treatment is proving to be effective in urging these migrants to undergo early testing for chronic infectious diseases such as tuberculosis (TB). The health authorities, therefore, bear part of the medical costs of TB patients and guarantee their medical treatment regardless of their nationality and legal status. However, in the case of AIDS, the existing subsidization schemes do not allow public health sectors to bear the medical costs of undocumented migrants in Japan, making it impossible for public health sectors to promote this group's access to medical services.

**Table 1: Number of Reported HIV-Positive Cases per AIDS Cases**

	Foreign nationals	Japanese
.1994-96	2.7	1.44
.1997-99	1.73	1.72
.2000-02	1.33	1.87
.2003-05	1.33	2.24

Source: Compiled from the Committee on AIDS Trends of the Ministry of Health, Labour and Welfare

The emergence of a section of population within society that cannot access medical services will be of a great hindrance to implementing policies for infectious disease control.

## **2. A Global Trend toward Increased Access to Medical Services**

Under such circumstances, increasing attention should be paid to global efforts aiming to provide “universal access” to AIDS treatment. The provision of AIDS treatment was said to be less in developing countries; however, the Global Fund to Fight AIDS, TB, and malaria set up in 2002 began contributing aggressively to building medical infrastructure in developing countries. In 2003, the World Health Organization (WHO) also began to help expand access to AIDS treatment in developing countries. Through such efforts, the infrastructure to provide anti-retrovirus (ARV) drugs has been gradually improving in many developing countries including African countries in addition to Brazil and Thailand. Such international efforts for universal access have enabled people to receive medical treatment in their home countries and to return to society if their infection has been detected during the early stages. This will also serve as a positive impetus to AIDS control measures to be provided to foreign residents in Japan.

In the United States, Australia, and Northern European countries where there is a sizable immigrant community, systems that provide medical interpreters are available, in many cases, for free. In Europe, the European Human Rights Convention, which guarantees urgent medical treatment, makes it easier for foreign residents to return to their home countries for further treatment after they recover from a disease. In the future, these countries are expected to make great strides in taking measures to prevent the spread of infections by encouraging people to receive early testing.

## **3. Issues Related to HIV Control Measures Directed toward Foreign Residents in Japan**

At present, unlike in European countries and the United States, measures for immigrants are still underdeveloped and difficult to implement in Japan. The “Study Team on supportive programs for specific target groups by NGOs and their evaluation” cites the following four points as the reasons why foreign nationals in Japan face difficulty in receiving HIV treatment: “language,” “medical costs,” “lack of resources for providing support,” and “difficulty in understanding the medical situation in their home countries.”<sup>5)</sup> It is not possible to provide proper AIDS treatment unless detailed communication—identifying the infection route, preventing his/her partner from getting infected, and improving his/her living environment in which patients can take drugs regularly—is established. However, only a small fraction of foreigners living in Japan who develop AIDS can communicate in English; moreover, a majority of them speak a dialect of Southeast Asian or Latin American languages.<sup>6)</sup> Securing interpreters of these languages is indispensable in promoting antibody testing.

Every month, I personally receive a number of requests from foreign embassies and NGOs in Japan for advisory related to the medical treatment of foreign residents in Japan. There are many cases where medical institutions urge foreign AIDS patients without health insurance to return to their home countries without facilitating sufficient medical examinations as such patients cannot afford to pay expensive medical bills; moreover, their symptoms exacerbate while they prepare to return home, and they are eventually hospitalized at other hospitals. In fact, I am personally aware of a few cases where foreign patients diagnosed with meningitis or sepsis, etc., were about to return to their home countries without hospitalization in Japan, and all of them later died after being hospitalized following the deterioration of their symptoms. I know of at least four cases in the past three years where patients, whose hospitals consulted me on their decision to return them to their home countries, actually turned out to be Gaffky-positive after being administered the acid-fast bacillus test.

These circumstances, of poor medical services being provided to foreign residents in Japan, primarily constitute a human rights issue concerning the patient; however, it is also a grave situation in terms of public health. It is also unreasonable in terms of medical economics as patients are eventually hospitalized at other hospitals after their symptoms deteriorate. Local government level measures are a must.

Let me introduce certain measures already in place in order to consider the possible actions that the government can take under the existing legal framework to improve access to HIV medical services by foreign residents in Japan and to prevent the spread of infection among them.

## **4. Measures Undertaken by the Local Governments**

### **A. Language**

#### **1) The Case of Creating a System to Dispatch Medical Interpreters**

Since 2001, the Kanagawa prefectural government has been dispatching medical interpreters through a tripartite tie-up of the International Division of the Prefectural Government, four medical groups (Kanagawa Prefecture Medical Association, Dental Association, Hospital Association, and Pharmacist Association), and Non-profit organizations (NPOs). The system enables access to quality interpreters by hiring these interpreters after having them undergo an examination and training. The system has proved very successful; it currently provides 17 core hospitals, which include almost all core hospitals in the prefecture, with interpreters of 10 languages and dispatches interpreters over 2,000 times a year.

In Tokyo, the Tokyo metropolitan government sets aside a budget to reward interpreters that provide medical assistance to metropolitan hospitals upon request. It also provides, through assignment to NPOs, medical information in several languages.

In cases where the medical interpreter dispatch service is utilized as part of the measures for infectious diseases control, the Chiba prefectural government rewards interpreters for assisting in the communication between dispatched AIDS counselors or doctors and foreign patients. While promoting outpatient directly observed treatment, short-course (DOTS), the Tokyo metropolitan government has allocated a budget so that an interpreter can accompany a public health nurse every time he or she visits a foreign national suffering from TB. The other prefectural governments are studying the feasibility of introducing this system. Presently, in Nagano prefecture, as part of its services to residents, foreign residents of Nagano are hired as life supporters by the prefecture, and they are trained and dispatched as medical interpreters. Many international exchange associations and international divisions of prefectural governments accept and dispatch volunteer interpreters; however, in many cases, they refrain from dispatching their registered volunteer interpreters to medical sites as they are not trained for such tasks. "MIC Kanagawa", an NPO that dispatches medical interpreters in Kanagawa, also provides training to medical interpreters for the other prefectures, while the Council of Local Authorities for International Relations provides information services of training programs.

#### **2) Antibody Testing Provided in Foreign Languages**

The Shinjuku municipal government in Tokyo provides half-day HIV antibody testing and telephone counseling in foreign languages on a weekly basis. It has formed alliances with multiple NPOs that provide support to foreigners, resulting in possibly providing services in Spanish, Portuguese, and Thai besides English. Similar services are also provided by the Osaka and Kanagawa prefectural governments. In addition, the Tokyo metropolitan Minami-Shinjuku Testing and Counseling center and other such facilities provide an explanation using documents written in multiple languages on antibody testing and also provide interpreters to notify those tested if the samples turn out to be positive.

### **B. Medical Costs**

#### **1) Law Concerning the Management of Sick Travelers and Travelers Who Have Died**

This law was enacted before 2nd world war and forms the basis of bearing the cost associated with providing medical treatment and undertaking burial services of travelers who have no fixed residence and who do not have any caretakers (namely, travelers who fall ill or dead on the road due to hunger, fatigue or sickness, etc.). Due to its nature, this law may cover foreigners with all types of visas. Since the enactment of the Daily Life Security Law after 2nd world war, the law concerning the management of sick travelers and travelers who have died became redundant as the homeless were covered by the Daily Life Security Law; moreover, many local governments stopped allocating a budget for the purpose of the earlier law. Instead, some local governments set aside a budget solely to settle the medical bills of unidentifiable outpatients who cannot apply for daily life security as they are brought to hospitals by ambulances. However, in 1990, when foreigners without resident visa in Japan were excluded from the Daily Life Security Law, Tokyo, Kanagawa, and a few other prefectural governments expanded their budget allocations to cover the medical and other expenses of foreigners leaving for their home country by applying the law concerning sick travelers, if they do not have any jobs, residence and sponsors in Japan. As many foreigners return to their home countries and join their families after they are too sick to work in Japan, there are not so many cases where the law is applicable. However, because of concerns related to their future lives on returning to their countries of origin, AIDS patients continue to live in isolation in Japan even after they can no longer work

and have no support network available when hospitalized. I am under the impression that this law is applied to a greater number of AIDS patients than to those suffering from any other disease.

## 2) Compensation System for Unpaid Medical Dues

This system was instituted by Gunma, Kanagawa, and Tokyo, etc., during 1993 and 1994. It is designed to enable medical institutions to provide smooth medical services; moreover, it does not intend to pay for the medical bills of foreigners. Through this system, the local governments can compensate part of the losses incurred by medical institutions when they treat emergency patients of foreign origin and are unsuccessful in their repeated efforts to collect their dues from these patients over a one-year period. The Medical Practitioners' Law prohibits medical institutions from refusing to provide medical services without justifiable reasons. Further, it is unethical for them to refuse emergency treatment that cannot be replaced by any other alternative means. However, if medical institutions provide medical services in a sincere manner, they suffer financial losses repeatedly; one medical institution after another may begin indirectly refusing to provide medical care, endangering the medical service system itself. The compensation system therefore is designed to provide relief to medical institutions that suffer such losses.

The following table describes the outcomes of AIDS patients who returned to Thailand with the support of the Thai Embassy in Japan upon the request of hospitals during the latter half of 2004:

It shows that the death rate is extremely high in regions where no system of compensation exists.

**Table 2. Outcomes of AIDS patients supported by the Thai Embassy in Japan**

	Number of reported AIDS cases	Death rate (%)
Tokyo, Kanagawa, and Gunma	4	1 (25%)
Other prefectures	9	6 (67%)

## 3) Other

There are some foreign residents who have difficulty to have benefit from social security despite the fact that they can acquire legal status if they have enough information. Medical social workers can play an important role in assisting such people. In April 2007, the Tuberculosis Prevention Law was integrated into the law concerning the prevention of infectious diseases and medical care for patients suffering from infectious diseases. As most of the systems concerning TB are covered under the law, it is imperative to make the best use of it.

## C. Support

Some local governments are broadening the support they provide by forming alliances with NGOs with proven track records of assisting foreigners and by employing counselors who have a good command on foreign languages. Some other local governments are keeping in touch with NGOs by sponsoring joint training sessions with them. The Japanese Foundation for AIDS Prevention sponsors volunteer leadership training every year to help improve the skills of NGOs and volunteer staff, as a result it also helps NGOs establish their national networks.

## D. Medical Status in Home Countries

Information is available from the following NPOs:

**Table 3. NPOs that Provide HIV Related Medical Information of Their Home Countries**

CRIATIVOS	South America	045-360-2094
Services for the Health in Asian & African Regions (SHARE)	Southeast Asia	03-5807-7581
Africa Japan Forum	Africa	03-3834-6902

In 2006, the training for case workers was provided to six local governments through a tie-up between the study team and the local governments, with NPOs offering information about the use of medical systems and about the medical infrastructure available in home countries. Further, this training is expected to be provided to other local governments in the future.

## 5. Future Directions

To prevent the spread of the HIV infection among foreign residents in Japan, it is necessary to raise their awareness in a manner that can be understood by foreigners who lack the ability to communicate in Japanese and to provide an HIV testing system in multiple languages in order to facilitate early detection.

Such efforts will be effective if implemented through tie-ups between local governments and NPOs that have in-depth knowledge about the actual living conditions of foreign residents in Japan. However, with the despair and stigma that accompanies AIDS dominating the minds of foreign residents in Japan, it is difficult to promote the dissemination of information related to AIDS prevention and to promote early detection. It is important to simultaneously improve medical care for foreign AIDS patients and to raise their awareness for prevention similar to the simultaneous movement of the two wheels of a car.<sup>47)</sup>

Where should these efforts begin? First, a starting point to medical care has to be created by providing language-based support. If there is difficulty in allocating a budget for creating a large-scale system similar to the one in Kanagawa prefecture, the efforts can be initiated by selecting appropriate languages in terms of infectious disease control. Language support provides foreigners residing in Japan, through direct meetings with social workers and/or public health nurses—with counseling and support on whether continued medical treatment is available to them in Japan, and if not, how medical treatment being provided can be linked to that available in their home country. Other medical practitioners and I have provided Thai AIDS patients with information about the medical institutions back in Thailand in cooperation with NPOs and the Thai Embassy in Japan. I followed up on 12 out of 29 individuals who returned to Thailand after they were provided with sufficient medical information through interpreters at medical institutions in Tokyo and Kanagawa during the period between January 2004 and December 2005; I found that 11 of them had started to receive highly active antiretroviral therapy (HAART) at public hospitals in Thailand. Some AIDS patients have reported experiencing a favorable outcome to AIDS treatment in a Thai magazine intended for Thai residents in Japan, successfully prompting some people to apply for antibody testing before progression of the disease.

However, this system will remain redundant as long as the current situation where many foreign residents who are HIV-positive fail to approach medical institutions until their symptoms have deteriorated to a considerable extent. To urge them to opt for early testing, it is important to build appropriate systems, such as a compensation system that takes care of unpaid medical bills, to prevent medical institutions from refusing to provide medical services, and to ensure proper referral to core hospitals. It will be financially beneficial if HIV infections can be prevented by allocating a budget of tens of millions of yen a year since the lifetime medical cost of an AIDS patient is estimated to cost over ¥50 million. In addition, this system is designed to support medical institutions incurring financial losses and to maintain the medical system, instead of providing foreign patients with exemption in the payment of their medical bills. Foreign residents who cannot subscribe to the health insurance system include family members of foreigners married to Japanese nationals and foreign trade merchants and tourists; moreover, their number is continuing to rise. Some local governments have already allocated budgets for these systems. More local governments should follow suit if sufficient information about the system is provided.

Developing countries have also begun work to improve the accessibility to medical services including HAART. As part of this global trend, local governments are urgently required to work on such issues as medical interpreters and medical dues to improve the medical care of foreign residents residing in Japan suffering from AIDS.

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