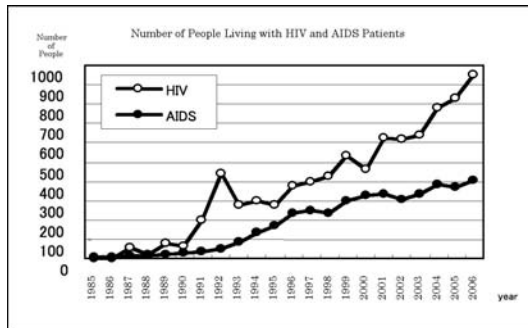


# Appendix

## UNGASS COUNTRY PROGRESS REPORT JAPAN DECEMBER 2007

### I. Status at a Glance



The scale above shows the number of people living with HIV and AIDS patients newly reported based on the Infectious Disease Control Law. The people who had already been reported as living with HIV and who had subsequently developed AIDS were excluded from the legal report.

The number of people living with HIV (PLHIV) and AIDS patients in Japan has continued to increase. The main route of infection was sexual contact, in particular, men who have sex with men (MSM), which accounted for 63.4% of all PLHIV. As this number grows, there is an increasing need to improve the means of detection and the provision of swift treatment. (Extract from 2006 Annual Report on AIDS Trends, Committee on AIDS Trend, Ministry of Health, Labour and Welfare <http://api-net.jfap.or.jp/mhw/survey/06nenpo/gaiyou.pdf> (Japanese only))

### II. Overview of the AIDS Epidemic

1. The number of reported PLHIV has continued to increase since 1996, and the highest number of cases was reported in 2006, at 952 cases. The number consisted of 836 Japanese nationals and 116 foreign nationals. 827 (86.8%) cases of infection were through sexual contact, of which 604 (63.4%) and 223 (23.4%) cases were between individuals of the same sex and of different sex respectively. In terms of age group, those aged 30 - 39 years represented the highest number of cases of infection (41.0%), followed by those aged 15 - 29 years (29.6%).

The increase of PLHIV amongst Japanese males was most prominent; the number reported in 2006 (604 cases) greatly exceeded the previous year's figure (529 cases), and represented a record high. Also, the number of Japanese female PLHIV increased from 32 cases in 2005 to 49 cases in 2006.

In terms of Japanese male PLHIV, the number of cases resulting from MSM (571 cases) had increased from the previous year (514 cases), representing the highest reported to date. Moreover, there were 173 cases of Japanese males infected through sexual contact with individuals of the opposite sex, up from 161 cases in the previous year.

The number of Japanese female PLHIV infected through sexual contact with individuals of the opposite sex increased yearly until 1999, after which the numbers appeared to have stabilized. Figures reported in 2006, however, showed an increase in new cases, from 32 cases in 2005 to 49 cases in 2006. Looking at a gender breakdown by age group of Japanese PLHIV infected through sexual contact with individuals of the opposite sex, females made up the majority in the 15-19 years and 20-24 years groups, which was in contrast with other age groups.

2. The total number of AIDS patients reported in 2006 was 406, showing a continued increase from previous years, and representing the highest recorded level to date. Of this total, 355 (87.4%) were

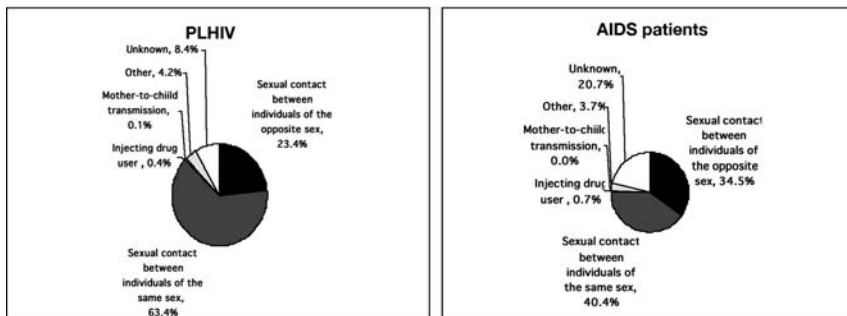
Japanese nationals, which reached the highest ever, and the number of foreign national AIDS patients decreased from 65 in 2005 to 51 in 2006.

Out of AIDS patients reported in 2006, 74.9% of the patients were infected through sexual transmission, with 140 (34.5% of all cases) infected through sexual contact with individuals of the opposite sex and 164 (40.4% of all cases) with individuals of the same sex. Cases with unknown infection routes totaled 84 (20.7%). The assumed location of infection was within Japan for 315 cases (77.6%).

The number of Japanese male AIDS patients was 335 (82.5%), increasing from the previous year (291). Out of these, 110 (32.8%) were infected through sexual contact with individuals of the opposite sex, 156 (46.6%) with individuals of the same sex, and 54 (16.1%) through unknown infection routes.

3. The trend of foreign nationals reported as PLHIV or affected by AIDS has flattened out. In 2006, there were 116 cases (12.2%) of foreign national PLHIV and 51 AIDS patients (12.6%) in Japan. These PLHIV were, in order of those nationalities most frequently reported, from Latin America, Southeast Asia, and the East Asia and Pacific Area excluding Japan. Among foreign AIDS patients, those from Southeast Asia were most frequently reported, followed by Sub-Saharan Africa, and the East Asia and Pacific Area excluding Japan.
4. The major cause of infection for both PLHIV and AIDS patients was sexual contact, with both injecting drug user and mother-to-child transmission being less than 2 %.
5. Looking at regional trends, Tokyo and the Kanto Koshinetsu area (excluding Tokyo) remained areas with high levels of infection, representing 528 (55.2%) PLHIV and 211 (52.0%) AIDS patients in 2006. The number of PLHIV increased in Hokkaido, the Tohoku region, the Kanto Koshinetsu area, Tokyo, and the Tokai and Kinki regions.

**Fig. 1: Breakdown of Infectious Routes of PLHIV and AIDS Cases Reported in 2006**



### III. National Response to the AIDS Epidemic (including IV. Best practice and V. Major challenges and remedial actions)

In the past, Japan learnt a bitter lesson about HIV infection caused by contaminated blood products for the treatment of hemophiliacs. In order to prevent similar HIV infections in other countries, we will provide any necessary information according to each country's request.

#### 1. Revision of AIDS Prevention Guidelines

A working group on AIDS and STIs, the Infectious Diseases Division of the Infectious Diseases Sectional Committee of the Health Science Council, reviewed the original AIDS Prevention Guidelines based on a report by "the AIDS Prevention Review Commission", which consists of academic experts, patient groups and NGOs.

The revised AIDS Prevention Guidelines were approved at the Infectious Diseases Division of the Infectious Diseases Sectional Committee of the Health Science Council on March 2nd, 2006, and became applicable from April 1st, 2006.

Based on the revised AIDS Prevention Guidelines, and in respect of human rights, policy measures, such as HIV/AIDS awareness and education, the reinforcement of voluntary HIV counseling and testing, and reconstructive health services, are currently being implemented.

The central government has developed guidelines for local governments and has supported their

implementation of relevant measures.

## **2. Establishment of Assessment and Review Committee on AIDS Measures**

A working group The 8th article of the “Specific Infectious Diseases Prevention Guideline on AIDS” stipulates “a new collaboration between the assessment of AIDS measures and related institutions” which led to the establishment of the Assessment and Review Committee on AIDS Measures, consisting of academic experts, patients, NGOs, and local authorities. Together with the Committee on AIDS Trends, the Assessment and Review Committee on AIDS Measures has been monitoring the implementation of government measures.

## **3. Interagency Liaison Committee Session**

Japanese Government and NPO held a session of the Interagency Liaison Committee on June 12th, 2006. Participating ministries and agencies were as follows; Ministry of Justice, Ministry of Foreign Affairs, Ministry of Education, Culture, Sports, Science and Technology, Ministry of Health, Labour and Welfare, together with the National Police Agency as an observer.

## **4. Enlightenment Activities**

The Stop AIDS Directorate of Operations headed by Minister of Health Labour and Welfare was established, and it has since launched various PR activities through administrative promotion etc . The Japanese Foundation for AIDS Prevention launched nationwide-campaign for prevention, as well as awareness raising through television commercial advertising with the Japan Advertising Council.

### **(1) General activities**

The Ministry of Health, Labour and Welfare promoted educational activities to disseminate appropriate knowledge about HIV/AIDS, focusing on December 1st, and furthermore collaborated with autonomous bodies and NGOs to work towards greater public enlightenment.

Several events were organized for both the 2006 and 2007 World AIDS Day, as follows; a live show featuring popular artists which was broadcast over the internet, setting up temporary HIV testing spots near the event site, AIDS awareness campaigns on the streets. In order to boost opportunities for PLHIV to join and keep engaged in the workforce, other campaigns were carried out with a view to encouraging employers to work together with PLHIV.

### **(2) Efforts in measures for individual targeted groups, such as MSM and young people**

Four community centers were established by NGOs run by MSM, through a community project spearheaded by MSM. Further efforts were made to promote awareness amongst MSM and youth, such as the Well being of Youth in Social Happiness (WYSH) project, an education program targeting junior and high schools students.

Enlightenment activities on the prevention of, and appropriate knowledge about, HIV including campaigns run by MSM which were implemented with the support from NGOs.

## **5. Reinforcement of Voluntary HIV Counseling and Testing Systems**

Out of the number of people living with HIV and AIDS patients newly reported, 30 % had already progressed to fully blown AIDS.

### **(1) Reinforcement of free counseling and testing systems at public health centers**

There is already an established system for free and anonymous testing at public health centers throughout Japan.

In order to protect privacy, every public health center has individual counseling rooms available, so that people are able to receive counseling in comfort.

Other measures, such as out-of-working-hour voluntary HIV testing services at public health centers, the introduction of rapid tests, and establishing voluntary HIV testing station in accessible areas, such as urban city centers, have been promoted. It is expected that these will increase the convenience with which examinees can gain access to testing.

### **(2) Setting up voluntary HIV testing awareness & enforcement week (2006 onwards)**

The period between 1st and 7th of June has been designated as the HIV testing awareness enforcement week. The purpose of this week is to strengthen systems of voluntary HIV counseling and testing as operated by central and local governments, as well as to draw the public’s attention

to HIV/AIDS. Throughout the week, central and local governments facilitate out-of-working-hour HIV testing services, and the introduction of rapid tests at public health centers. The number of examinees taking HIV tests, and the levels of counseling provided during the 2006 week were 2.7 times and 2.2 times higher respectively than those in 2005.

(3) Maternal health check-ups

According to the research report, 93.5% of pregnant women underwent an HIV test. The maternal to child transmission control have been addressed through treatment of HIV positive pregnant women with anti-retrovirus medicines..

## **6. Medical Service Systems and Patients Support**

(1) Establishment of core hospitals system

In terms of an AIDS medical service network, an AIDS Clinical Center (ACC) has been established as a national center, together with 14 core hospitals throughout eight national blocks. There are 369 key hospitals throughout these blocks, including the core hospitals.

The ACC and the core hospitals have been working in close coordination, but the ACC and some core hospitals were encountered various problems, such as an overwhelming concentration of AIDS patients in a limited number of core hospitals.

In response, each local government was requested to select a single core hospital from key hospitals providing AIDS treatment within their jurisdiction, thus enabling each local government to improve medical standards, redress regional differences, and carry out the development of a comprehensive medical service system in a focused and deliberate manner. Under the core hospital's supervision of each block, these special core hospitals started to provide advanced AIDS medical service, training services and medical information to the key hospitals.

(2) Acknowledgment as people with disabilities and the issue of identification booklets

A policy was established in 1998 to acknowledge PLHIV as persons with disabilities, and as such to issue to them the relevant identification booklet. Under the policy, measures were taken to reduce their medical payments related to treatment for HIV, since the payments were too expensive even when partially covered by medical insurances.

In addition, staff members of Social Welfare Centers followed strict privacy-conscious procedures with regard to the issue of said booklets to PLHIV.

## **7. The Promotion of Research**

In order to prevent the further spread of HIV infections, and to provide better medical services, various kinds of health research are being carried out, as follows; operational research for intervention on behavior changes to MSM and the assessment of this, clinical research on long-term survivors, and basic research on the mechanisms of emerging drug resistant strains of the virus and monitoring of these strains. In addition, strategic research on effective enlightenment strategies for MSM and young persons is being carried out.

## **8. Other**

(1) Liaison Council of Managers of AIDS Prevention Measures in Priority Prefectural and City Governments (2006 onwards)

In areas where the numbers of PLHIV and AIDS patients are higher than national levels, Liaison Councils of Managers of AIDS Prevention Measures in Priority Prefectural and City Governments were held for promoting effective AIDS measures through liaison with and coordination throughout these priority governments.

(2) Setting national targets (2006 onwards)

National targets for HIV/AIDS to be met by 2010 are as follows;

- a. To double the number of voluntary HIV testing service carried out at public health centers
- b. To reduce the cases of new AIDS patients by 25%

## **IV. Support from Country's Development Partners**

Not available

## **V. Monitoring and Evaluation**

### **1. Committee on AIDS Trends**

The Committee on AIDS Trends, which is held four times a year, monitors AIDS trends, levels of voluntary HIV counseling and testing, as well as the HIV positive rate among blood donations. This information is then summarized in an annual report.

### **2. Assessment and Review Committee on AIDS Measures**

The Assessment and Review Committee on AIDS Measures, which is held twice a year, monitors the implementation of AIDS measures by central and local governments.

### **3. Liaison Council of Managers of AIDS Measures in Priority Prefectural and City Governments**

Some prefectures, where the numbers of PLHIV and AIDS patients are higher than national average levels, have been identified selected as priority areas. The managers of their AIDS policies regularly meet to discuss suggestions, exchange advice and promote mutual cooperation.