

Survey Response Details

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Response Details

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- 1) **Country**
Japan (0)
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- 8) **Describe the process used for NCPI data gathering and validation:**
N/A
- 9) **Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

N/A

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

N/A

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11)

NCPI - PART A [to be administered to government officials]

Organization Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1 N/A N/A	A.I

12)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 Japan AIDS and Society Association	Masayoshi Tarui / Vice-Chair	B.I, B.II, B.III, B.IV

13)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 Japan Network of People Living with HIV/AIDS	Japan Network of People Living with HIV/AIDS Hiroshi Hasegawa / Director	B.I, B.II, B.III, B.IV
Respondent 3 Africa Japan Forum	Masaki Inaba / Director, Global Health Programme	B.I, B.II, B.III, B.IV
Respondent 4 Africa Japan Forum	Aki Ogawa / International Coordinator, Global Health Programme	B.I, B.II, B.III, B.IV
Respondent 5		
Respondent 6		
Respondent 7		
Respondent 8		
Respondent 9		
Respondent 10		
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Respondent
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14)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs
Technical guidance
Procurement and distribution of drugs or other supplies
Coordination with other implementing partners
Capacity-building
Other: Please specify

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15)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety
 Universal precautions in health care settings
 Prevention of mother-to-child transmission of HIV
 IEC* on risk reduction
 IEC* on stigma and discrimination reduction
 Condom promotion
 HIV testing and counselling
 Harm reduction for injecting drug users
 Risk reduction for men who have sex with men
 Risk reduction for sex workers
 Reproductive health services including sexually transmitted infections prevention and treatment
 School-based HIV education for young people
 HIV prevention for out-of-school young people
 HIV prevention in the workplace
 Other: please specify

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16)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need
 have access

HIV treatment, care and support service

Antiretroviral therapy
 Nutritional care
 Paediatric AIDS treatment
 Sexually transmitted infection management
 Psychosocial support for people living with HIV and their families
 Home-based care
 Palliative care and treatment of common HIV-related infections
 HIV testing and counselling for TB patients
 TB screening for HIV-infected people
 TB preventive therapy for HIV-infected people
 TB infection control in HIV treatment and care facilities
 Cotrimoxazole prophylaxis in HIV-infected people
 Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)
 HIV treatment services in the workplace or treatment referral systems through the workplace
 HIV care and support in the workplace (including alternative working arrangements)
 Other: please specify

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17)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

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18)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Mentioned in the New Infectious Disease Law and Prevention for Specific Communicable Diseases with specific reference to Acquired Immunodeficiency Syndrome. Furthermore, it is mentioned within the Specific Disease Prevention Guideline on HIV/AIDS.

19)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

No (0)

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20)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

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21)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	No
c. Injecting drug users	No
d. Men who have sex with men	Yes
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

22)

IF YES, briefly describe the content of these laws, regulations or policies:

- Injecting Drug Users: Narcotics and Psychotropics Control Act - Sex Workers: Anti-Prostitution Law - Migrants/mobile populations: Immigration Control Law and National Insurance Laws

23)

Briefly comment on how they pose barriers:

Narcotics and Psychotropics Control Act: Narcotics and Psychotropics Control Act, due to its strict nature, breeds discrimination and criminalization of Drug Users. This oppresses the population and drives them underground, where they are less likely to raise their rights or seek assistance. Anti-Prostitution Law: The law criminalizes and discriminates sex workers, making them less likely to raise their issues and rights or to seek assistance. Immigration control Law Undocumented migrants are excluded from accessing health services. National Insurance Law Undocumented migrants or other migrants who are not covered under the national insurance law are less able to accessing treatment because they must pay for the full price out-of-pocket for treatment.

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24) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

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25)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

Mentioned in the Specific Disease Prevention Guideline on HIV/AIDS under "respect for human rights"

26)

5. Is there a mechanism to record, document and address cases of discrimination

experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

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27)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)

IF YES, briefly describe this mechanism:

Officially, cases can be documented at the Human Rights Counseling Office under the Ministry of Justice, however it is unclear to what extent they will commit to or work to address and solve these issues. Cases can also be addressed by bringing it to court.

28)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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29)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

- Civil Society was involved in 1999 in the creation of; and in 2005 and 2010 in the revision of the Specific Disease Prevention Guideline on HIV/AIDS with the Ministry of Health, Labor and Welfare - The Ministry of Health, Labor, and Welfare provides yearly financial support for MSM drop-in centers in Osaka and Tokyo

30)

7. Does the country have a policy of free services for the following:

- | | |
|---|-----|
| a. HIV prevention services | Yes |
| b. Antiretroviral treatment | No |
| c. HIV-related care and support interventions | No |

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31)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

- Testing at health centers is free -National health insurance covers ART, but access to ART is limited for those who are undocumented and do not have insurance (They must pay full price out of pocket for treatment)

32)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

No (0)

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33)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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34)

Part B, Section I. HUMAN RIGHTS**Question 9 (continued)**

IF YES, briefly describe the content of this policy:

Mentioned in the Specific Disease Prevention Guideline on HIV/AIDS. However, the guidelines targets some at-risk populations including youth, MSM, and Sex Workers and their clients and does not include Injecting Drug Users, Migrant/Mobile Populations and other most-at-risk and/or vulnerable subpopulations.

35)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

No (0)

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36)

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

37)

11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

No (0)

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38)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

No (0)

39)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

40)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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41)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

No (0)

42)

– Legal aid systems for HIV case work

Yes (0)

43)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

No (0)

44)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

No (0)

45)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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46)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	No
School education	
Personalities regularly speaking out	No
Other: please specify	

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47)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

2 (2)

48)

Since 2007, what have been key achievements in this area:

None

49)

What are remaining challenges in this area:

- Remove stigma and social and economic discrimination against Most-at-risk populations
- Ensure PLWHA have equal access and care in all medical services such as obstetrics and surgery
- Eliminate laws and social and economic barriers to ensure migrant access to health care services

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50)

Part B, Section I. HUMAN RIGHTS**Question 15 (continued)**

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

2 (2)

51)

Since 2007, what have been key achievements in this area:

- There are no laws in the first place (except for guidelines) to promote and protect human rights. - Although insufficient, there are some financial assistance for prevention among MSM

52)

What are remaining challenges in this area:

-To create and implement laws to promote and protect human rights of all vulnerable and/or most-at-risk sub-populations - To begin (IDU, Sex workers, Migrants/mobile populations etc.) or to Increase (MSM) financial support for all vulnerable and/or most-at-risk sub-populations

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53)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

3 (3)

54)

Comments and examples:

- The Network of Positive People meets annually with the Minister of the Ministry of Health, Labor and Welfare - Hemophiliacs who have become infected with HIV/AIDS through contaminated blood products holds regular dialogue with the Ministry of Health, Labor and Welfare - At times, Civil Society issues recommendation papers to the Ministry of Health, Labor and Welfare

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55)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

3 (3)

56)

Comments and examples:

- Civil Society was involved in 1999 in the creation of; and in 2005 and 2010 in the revision of the Specific Disease Prevention Guideline on HIV/AIDS with the Ministry of Health, Labor and Welfare. However, Civil Society cannot participate in the budgeting process

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57)

a. the national AIDS strategy?

2 (2)

58)

b. the national AIDS budget?

2 (2)

59)

c. national AIDS reports?

1 (1)

60)

Comments and examples:

Unfortunately, there was no collaboration between the Ministry of Health, Labor and Welfare and Civil Society in the writing of this 2010 report for UNGASS.

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61)

a. developing the national M&E plan?

1 (1)

62)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

1 (1)

63)

Comments and examples:

- Although a national M&E committee has been created with civil society involvement, it has remained inactive - There is no evaluation being done

Page 107**64) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

65)

Comments and examples:

Majority of the civil society organizations are networks of positive people, MSM and other AIDS service organizations. Organizations that serve other vulnerable and/or most-at-risk populations and organizations working for their rights are still limited.

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66)

a. adequate financial support to implement its HIV activities?

1 (1)

67)

b. adequate technical support to implement its HIV activities?

1 (1)

68)

Comments and examples:

Financial support for Civil Society is still inadequate and very limited. Civil Society Activities funded by the government are conducted as “research “projects or carried out by “research residents”

Page 109**69) Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth

Prevention for most-at-risk-populations

- Injecting drug users

- Men who have sex with men >75%

- Sex workers

Testing and Counselling

Reduction of Stigma and Discrimination	
Clinical services (ART/OI) *	>75%
Home-based care	
Programmes for OVC**	

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70)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

3 (3)

71)

Since 2007, what have been key achievements in this area:

- People Living with HIV/AIDS telephone counseling services is now conducted as a “programme”, rather than a “research” project

72)

What are remaining challenges in this area:

- Much of the activities and services for HIV/AIDS are still conducted and financed under “research” projects - There are still a lack of efforts to promote and assist activities and service organizations targeting sub-populations besides MSM - Resource constraints of Civil Society Organizations

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73)

Part B, Section III: PREVENTION**1. Has the country identified the specific needs for HIV prevention programmes?**

Yes (0)

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74)

Part B, Section III: PREVENTION**Question 1 (continued)****IF YES, how were these specific needs determined?**

The country has identified specific needs for HIV prevention programmes, but only for a limited number of sub-populations including MSM, migrant and youth. The specific needs were determined for MSM, migrant and youth because of the disproportionately high number of infections among the sub-populations. Despite identification of their needs, there is no policy direction and limited or no financial support to ensure the implementation of prevention programmes.

75)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	N/A
HIV testing and counselling	N/A
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	N/A
HIV prevention in the workplace	Don't agree
Other: please specify	

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76)

Since 2007, what have been key achievements in this area:

Since 2007, what have been key achievements in this area: - Increase in the number of people getting tested - Increase in the number of information centers for MSM

77)

What are remaining challenges in this area:

-Support and removal of barriers in accessing and receiving counseling, services and treatment after a person is notified of their status.

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78)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**1. Has the country identified the specific needs for HIV treatment, care and support services?**

No (0)

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79)

IF NO, how are HIV treatment, care and support services being scaled-up?

None

80)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access	
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	N/A
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	N/A
Psychosocial support for people living with HIV and their families	N/A
Home-based care	N/A
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	N/A
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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81)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

82)

Since 2007, what have been key achievements in this area:

N/A

83)

What are remaining challenges in this area:

- Eliminate laws and social and economic barriers to ensure migrant access to health care services
- There is a need to increase the number of convenient and friendly clinics for most-at-risk populations

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84)

Part B, Section IV: TREATMENT, CARE AND SUPPORT**2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?**

N/A (0)