

2. Infants who have received HIV test / The number of delivered women.

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to AIDSreporting@unaids.org if possible:

	Data Value
Percentage (%) of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	100.00
Numerator Number of infants who received an HIV test within 2 months of birth	20
Test results	
Positive	
Negative	
Indeterminate	
Rejected by laboratory	
Other	
Denominator Number of HIV-infected pregnant women giving birth in the last 12 months	20

3.3. Mother-to-Child transmission rate (modelled)

Indicator Relevance:

Topic relevant, indicator relevant, data available (Submit specified data)

Data Measurement Tool:

Household survey

Please specify data measurement tool:

Postal questionnaire survey in obstetrics and gynecology facilities in Japan in 2011 (Distributed 1467, collection rate is 67%)

Data Collection Period:

Sat, 2011-01-01 - Sat, 2011-12-31

Additional information related to entered data. e.g. reference to primary data source (please send data to AIDSreporting@unaids.org if possible), methodological concerns:

1. Postal questionnaire survey in obstetrics and gynecology facilities in Japan in 2011 (Distributed 1467, collection rate is 67%).

2. Infants who are infected with HIV / The number of delivered women.

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to AIDSreporting@unaids.org if possible:

Percentage (%) of child infections from HIV-infected women delivering in the past 12 months	5.00
Numerator Estimated number of children who will be newly infected with HIV due to mother-to-child transmission among children born in the previous 12 months to HIV-infected women	1
Denominator Estimated number of HIV positive women who delivered in the previous 12 months	20

3.4 Pregnant women who were tested for HIV and received their results

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage (%) Percentage of pregnant women who were tested for HIV and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status	
Number of pregnant women who were tested for HIV in the last 12 months and received their results - during pregnancy, during labour and delivery, and during the post-partum period (<72 hours), including those with previously known HIV status	Total number tested (including previously known positives)
	Total number tested and received results (including previously known positives)
	Total number testing positive (including previously known positives)
	Number tested (including previously known positives)
(a) Total number of pregnant women attending ANC who were tested during ANC and received	Number tested and received results (including previously

results or knew their positive status.	known positives)
	HIV+ out of number tested (including previously known positives)
(a.i) Number of pregnant women with unknown HIV status attending ANC who were tested during ANC and received results	Number tested
	Number tested and received results
	HIV+ out of number tested
(a.ii) Number of pregnant women with known HIV+ infection attending ANC for a new pregnancy	Number of HIV+ pregnant women
(b) Number of pregnant women with unknown HIV status attending L&D (labour and delivery) who were tested in L&D and received results	Number tested
	Number tested and received results
	HIV+ out of number tested
(c) Number of women with unknown HIV status attending postpartum services within 72 hours of delivery who were tested and received results	Number tested
	Number tested and received results
	HIV+ out of number tested
Denominator Estimated number of pregnant women	

3.5 Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage (%) Percentage of pregnant women attending antenatal care whose male partner was tested for HIV in the last 12 months
Numerator Number of pregnant women attending antenatal care whose male partner was tested in the last 12 months
Denominator Number of pregnant women attending antenatal care

3.6 Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

	Data value
Percentage (%) Percentage of HIV-infected pregnant women assessed for ART eligibility through either clinical staging or CD4 testing	
Numerator Number of HIV-infected pregnant women assessed for ART eligibility	
Disaggregation by method of assessment	
Clinical staging only	
CD4 testing	
<i>Women who were assessed both by CD4 testing and by clinical staging should be counted only once, as having been assessed by CD4 testing.</i>	
Denominator Estimated number of HIV-infected pregnant women	

3.7 Infants born to HIV-infected women receiving ARV prophylaxis for prevention of Mother-to-child-transmission

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

	Data value
Percentage (%) Percentage of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral prophylaxis to reduce the risk of early mother-to-child- transmission in the first 6 weeks (i.e. early postpartum transmission around 6 weeks of age) Note. Ideally countries should capture the percentage of infants who received ARV prophylaxis. If this is not possible then countries should record the percentage of infants who were started on or provided with ARV prophylaxis.	
Numerator Number of infants born to HIV-infected women who received antiretroviral prophylaxis to reduce early mother-to-child transmission (early postpartum, in the first 6 weeks)	
Denominator Estimated number of HIV-infected pregnant women giving birth	

3.8 Infants born to HIV-infected women who are provided with ARVs to reduce the risk of HIV transmission during breastfeeding

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Header Total

	Total
Percentage (%) Percentage of infants born to HIV-infected women (HIV-exposed infants) who are provided with antiretrovirals (either mother or infant) to reduce the risk of HIV transmission during the breastfeeding period.	-
Numerator Number of infants born to HIV-infected women who are breastfeeding and provided an antiretroviral intervention (i.e. maternal or infant ARVs) to reduce mother-to-child transmission through breastfeeding.	-
Denominator (Estimated) number of infants born to HIV-infected women who are breastfeeding	-

3.9 Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage (%) Percentage of infants born to HIV-infected women started on cotrimoxazole (CTX) prophylaxis within two months of birth	
Numerator Number of infants born to HIV-infected women started on CTX prophylaxis within two months of birth	
Denominator Estimated number of HIV-infected pregnant women giving birth	

3.10 Distribution of feeding practices for infants born to HIV-infected women

at DTP3 visit

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Distribution by feeding practice	Exclusive breastfeeding
	Replacement breastfeeding
	Mixed feeding/other
	Uncategorized/other
Number of infants born to HIV-infected women assessed for and whose infant feeding practices were recorded at DTP3 visit	

3.11 Number of pregnant women attending ANC at least once during the reporting period

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Number of pregnant women attending ANC at least once during the reporting period
--

3.12 Health Facilities

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

	Number of health facilities providing ANC services	Number
	Number of health facilities providing ANC services that also provide CD4 testing on site, or have a system for collecting and transporting blood samples for CD4 testing for HIV-infected pregnant women	Number
	Disaggregation by availability of CD4 testing	On site
		Uncategorized/other (please specify in Comments field)
	Number of health facilities that offer paediatric ART	Number
	Percentage of health facilities that provide virological testing services (e.g. polymerase chain reaction) for diagnosis of HIV in infants on site or from dried blood spots	Percentage (%)
Numerator	Number of health facilities that provide virological testing services (e.g. PCR) for diagnosis of HIV in infants on site or from dried blood spots (DBS)	Total
	Disaggregation by availability of virological testing	On site
		Through dried blood spots (DBS)
		Uncategorized/other (please specify in Comments field)
Denominator	Number of health facilities that provide follow-up for HIV-exposed infants	Total

4.1. HIV Treatment: Antiretroviral Therapy

Indicator Relevance:

Topic relevant, indicator relevant, data available (Submit specified data)

Data Measurement Tool:

Other tools (please define data sources for numerator and denominator below):

Please specify data measurement tool:

1. Postal questionnaire survey in obstetrics and gynecology facilities in Japan in 2011 (Distributed 1467, collection rate is 67%)
2. Result of 12 HIV core hospitals in Japan

Data as of:

Sat, 2011-12-31

Additional information related to entered data. e.g. reference to primary data source (please send data to AIDSreporting@unaid.org if possible), methodological concerns:

1. For children, Postal questionnaire survey in obstetrics and gynecology facilities in Japan in 2011 (Distributed 1467, collection rate is 67%): $22/48 = 45\%$.
2. For adult, Results from 12 HIV core hospitals in Japan: $4362/6088 = 71.6\%$.

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to AIDSreporting@unaid.org if possible:

	All Adults and Children	Males	Females	Sex Unknown	<15	<1	1 - 4	5 - 14	15+	Age Unknown
Percentage (%) Percentage of eligible adults and children currently receiving antiretroviral therapy	71.45	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing
Numerator Number of adults and children with advanced HIV infection who are currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of the reporting period	4384	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing
Denominator Estimated number of adults and children with advanced HIV infection	6136	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing	Missing

number of people on antiretroviral therapy through the private sector:

-

Clarification:

-

Number of eligible adults and children who newly initiated antiretroviral therapy during the reporting period:

-

4.2. HIV Treatment: 12 Months retention

Indicator Relevance:

Topic relevant, indicator relevant, data available (Submit specified data)

Data Measurement Tool:

Antiretroviral Therapy Patient Registers

Data Collection Period:

Sat, 2011-01-01 - Sat, 2011-12-31

Additional information related to entered data. e.g. reference to primary data source (please send data to AIDSreporting@unaid.org if possible), methodological concerns:

1. For children, Postal questionnaire survey in obstetrics and gynecology facilities in Japan (1467 questionnaires distributed, collection rate= 67%) >>> N/A
2. For adults, Patients' data in Kyushu Medical center. 250 patients who received ART. 3 interrupted the treatment within 12 months. 6 fatal cases within 12 months of initiation. $241/250 = 96.4\%$

Sample Size of Survey Respondents:

-

Header All Males Females <15 15+

	All	Males	Females	<15	15+
Percentage (%) Percentage of adults and children with HIV known to be on treatment 12 months after initiating antiretroviral therapy					

If data on 12-month retention are not available for patients that initiated antiretroviral therapy in 2010 specifically, but available for patients that initiated antiretroviral therapy during an earlier time period (e.g. 2009 or 2008), please specify the period in the comment field above: Started antiretroviral therapy between [month]/[year] and [month]/[year]	96.40	Missing	Missing	Missing	Missing
Numerator Number of adults and children who are still alive and on ART at 12 months after initiating treatment	241	Missing	Missing	Missing	Missing
Denominator Total number of adults and children who initiated ART during the twelve months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	250	Missing	Missing	Missing	Missing
		Lost to follow-up	Stopped Therapy	Died	
Additional info: In addition to 'alive and on ART', please report other outcomes at 12 months after initiating treatment					

4.2b HIV Treatment: 24 month retention

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage (%)	Percentage of adults and children with HIV still alive and known to be on treatment 24 months after initiation of antiretroviral therapy (among those who initiated antiretroviral therapy in 2009) If data on 24-month retention are not available for patients that initiated antiretroviral therapy in 2009 specifically, but available for patients that initiated antiretroviral therapy during an earlier time period (e.g. 2008 or 2007), please specify the period in the comment field above: Started antiretroviral therapy between [month]/[year] and [month]/[year]	Total
Numerator	Number of adults and children who were still alive and known to be on treatment 24 months after initiation of antiretroviral therapy	Total
Denominator	Number of adults and children who initiated antiretroviral therapy during 2009 or the specified period (including those who have died since starting therapy, those who have stopped therapy, and those recorded as lost to follow-up at month 24)	Total
Additional info		Lost to follow-up Stopped therapy Died

4.2c HIV Treatment: 60 month retention

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage (%)	Percentage of adults and children with HIV still alive and known to be on treatment 60 months after initiation of antiretroviral therapy (among those who initiated antiretroviral therapy in 2006) If data on 60-month retention are not available for patients that initiated antiretroviral therapy in 2006 specifically, but available for patients that initiated antiretroviral therapy during an earlier time period (e.g. 2005 or 2004), please specify the period in the comment field above: Started antiretroviral therapy between [month]/[year] and [month]/[year]	Total
Numerator	Number of adults and children who were still alive and on antiretroviral therapy 60 months after initiating treatment	Total
Denominator	Number of adults and children who initiated antiretroviral therapy during 2006 or the specified period (including those who have died since starting therapy, those who have stopped therapy, and those recorded as lost to follow-up at month 60)	Total
Additional		Lost to

info		follow-up
		Stopped therapy
		Died

4.3 Health facilities that offer antiretroviral therapy

Indicator Relevance :

- Source/Method:

- Data Collection Period:

- Comments:

Numerator	Number of health facilities that offer antiretroviral therapy (ART) (i.e. prescribe and/or provide clinical follow-up)	Total
	Disaggregation by public/private	Public
		Private
		Unknown/unspecified

4.4 ART Stockouts

Indicator Relevance:

- Source/Method:

- Data Collection Period:

- Comments:

- Percentage of health facilities dispensing antiretrovirals (ARVs) for antiretroviral therapy that have experienced a stock-out of at least one required ARV in the last 12 months :

- Number of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months :

- Number of health facilities dispensing ARVs:

5.1. Co-Management of Tuberculosis and HIV Treatment

Indicator Relevance:

Topic relevant, indicator relevant, data available (Submit specified data)

Data Measurement Tool:

Other tools (please define data sources for numerator and denominator below):

Please specify data measurement tool:

Data survey on Opportunistic infection in HIV care facilities in Japan (1995-2009)

Data Collection Period:

Thu, 2009-01-01 - Thu, 2009-12-31

Additional information related to entered data. e.g. reference to primary data source (please send data to AIDSreporting@unaids.org if possible), methodological concerns:

1. Data survey on Opportunistic infection in HIV care facilities in Japan (1995-2009). 2. Analyzable HIV-Positive incident TB cases: 509. Those already on ART at the onset of TB is 68 including 52 who died after treatment. Except fatal cases, 311 patients are CD4 count less than 200 (assuming all of them are on treatment). Proportion of people who are on ART is $(68+311)/509 = 74.46\%$. Co-infected with TB case under 15 years of age is only one who was not on ART at the onset of TB. 3. Male and female age ≥ 15 years old.

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to AIDSreporting@unaids.org if possible:

	All Cases	Males	Females	<15	15+
Percentage (%) Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	Missing	Missing	Missing	Missing	74.46

Numerator Number of adults with advanced HIV infection who received antiretroviral combination therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) and who were started on TB treatment (in accordance with national TB programme guidelines), within the reporting year	Missing	Missing	Missing	Missing	379
Denominator Estimated number of incident TB cases in people living with HIV. Estimated Number of Incident TB cases in people living with HIV – the denominator for indicator 5.1: TB_incidence.xls	Missing	Missing	Missing	Missing	509

5.2 Health care facilities providing ART for PLHIV with demonstrable infection control practices that include TB control

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Number of health care facilities providing ART services for people living with HIV with demonstrable infection control practices that include TB control:

-

5.3 Percentage of adults and children newly enrolled in HIV care (starting isoniazid preventive therapy (IPT))

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT):

-

Number of adults and children newly enrolled in HIV care who start (given at least one dose) isoniazid preventive therapy during the reporting period:

-

Number of adults and children newly enrolled in HIV care during the reporting period:

-

5.4 Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage (%) of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit:

-

Number of adults and children enrolled in HIV care, who had their TB status assessed and recorded during their last visit:

-

Number of adults and children enrolled in HIV care in the reporting period:

-

6.1 AIDS Spending

empty form in English: [2012_GARPR_6-1_eng.xls](#)

empty form in Spanish: [2012_GARPR_6-1_spa.xls](#)

empty form in French: [2012_GARPR_6-1_fr.xls](#)
 empty form in Russian: [2012_GARPR_6-1_rus.xls](#)

For European countries unable to fill out the National Funding Matrix, please go to Part A of the ECDC Supplement to the NCPI (page 6) under the title: National Spending on HIV Prevention.:

7.1b WHO POLICY QUESTIONS

Sentinel surveillance

Systematic surveillance conducted Periodicity (every x years) Location Year Last survey

Systematic surveillance conducted:	Periodicity (every x years):	Location:	Year Last survey:
-	-	-	-
Systematic surveillance conducted:	Periodicity (every x years):	Location:	Year Last survey:
-	-	-	-
Systematic surveillance conducted:	Periodicity (every x years):	Location:	Year Last survey:
-	-	-	-
Systematic surveillance conducted:	Periodicity (every x years):	Location:	Year Last survey:
-	-	-	-
Systematic surveillance conducted:	Periodicity (every x years):	Location:	Year Last survey:
-	-	-	-

Other:

Yes/No:

Yes/No:

(i) ART? Year:

(ii) PMTCT? Year:

(iii) T&C? Year:

Yes/No:

(i) Regular evaluation of HIVDR "early warning" indicators from ART sites?:

(ii) Surveys to monitor HIVDR prevention and associated factors in sentinel ART sites?:

(iii) HIVDR transmission threshold surveys in one or more areas where ART has been widespread for 3 years or more?:

(iv) Preparation of national annual HIVDR report and recommendations?:

Please add comments regarding HIV surveillance or M&E systems:

a. Does the country have a national policy on HIV testing and counselling (TC)?:

If yes, does the policy promote provider-initiated TC in health facilities?:

b. Does the country have national guidelines on how to implement provider-initiated testing and counselling (PITC) at health facilities?:

c. For generalized epidemic countries: Does your policy/guidelines state that providers should initiate TC in all patient encounters (regardless of presenting symptoms or facility type)?:

d. For low-level or concentrated epidemic countries: Does your policy/guidelines indicate that providers should target most-at-risk and vulnerable populations with TC (according to the country's epidemic profile)?:

PMTCT guidelines revision: As of the end of December 2011, have the PMTCT ARV guidelines been revised to consider the WHO 2010 guidelines:

If 'other', please specify:

Comment::

b. Have you reviewed your M&E indicators, registers and forms to align them with the new PMTCT guidelines?:

Please explain:

c. What is the national policy for infant feeding in the context of HIV? :

d. PMTCT and PITC: As of the end of December 2011, is there a national policy/guideline in place for PITC for pregnant women (provider-initiated testing and counselling, i.e. routine offer, with right to refuse)?:

Inpatient settings:

Nutritional intervention settings at facility and community level:

ART centres:

TB clinics :

Immunization settings:

Standalone VCT sites:

Other:

No, not yet implemented:

Age:

Maternal card:

Child card:

Do you have targets for elimination of MTCT of HIV, for example, a target transmission rate or a target percentage to reduce new infections among young children? (e.g. less than 5% transmission of HIV from mother-to-child by 2015, 90% reduction of new infections among young children by 2015):.

"i. What other PMTCT-related targets have been set in the national implementation plan?"

Indicator(s)	Target(s)	Target year(s)
---------------------	------------------	-----------------------

Indicator(s):	Target(s):	Target year(s):
---------------	------------	-----------------

-	-	-
---	---	---

Indicator(s):	Target(s):	Target year(s):
---------------	------------	-----------------

-	-	-
---	---	---

Indicator(s):	Target(s):	Target year(s):
---------------	------------	-----------------

-	-	-
---	---	---

Indicator(s):	Target(s):	Target year(s):
---------------	------------	-----------------

-	-	-
---	---	---

Indicator(s):	Target(s):	Target year(s):
---------------	------------	-----------------

-	-	-
---	---	---

Indicator(s):	Target(s):	Target year(s):
---------------	------------	-----------------

-	-	-
---	---	---

What are some challenges faced in scaling up PMTCT towards the elimination of new paediatric HIV infections and keeping mothers alive (E-MTCT)?:

a.:

Please elaborate:

(i) drugs for ART?:

(ii) CTX?:

(iii) laboratory monitoring? :

(iv) HIV testing?:

When were the national ART guidelines last updated?:

Does the country have guidelines on isoniazid preventive therapy (IPT) for people living with HIV?:

-

Does the HIV programme include IPT as part of its essential approach to HIV care?:

-

a. Are there national guidelines on CTX provision for HIV patients?:

-

If yes, when were they last updated?:

-

b. Does your country have established a national policy for nutritional support for people living with HIV and their families? :

-

nutritional counselling:

-

supplementary food support:

-

food security:

-

7.2. Prevalence of Recent Intimate Partner Violence (IPV)

Indicator Relevance:

Topic relevant, indicator relevant, data not available (Submit other data if available)

Data Measurement Tool:

-

Data Collection Period:

-

Additional information related to entered data. e.g. reference to primary data source (please send data to AIDSreporting@unaids.org if possible), methodological concerns:

N/A

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to AIDSreporting@unaids.org if possible:

-

Sample Size: Number of Survey Respondents:

-

	Females (all)	Females 15-19	Females 20-24	Females 25-49
Percentage (%) Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months				
Numerator Women aged 15-49 who currently have or ever had an intimate partner, who report experiencing physical or sexual violence by at least one of these partners in the past 12 months.				
Denominator Total women surveyed aged 15-49 who currently have or had an intimate partner.				

7.3. Orphans and non-orphans school attendance

Indicator Relevance:

Topic relevant, indicator not relevant (Submit other data if available)

Data Measurement Tool:

-

Data Collection Period:

-

Additional information related to entered data. e.g. reference to primary data source (please send data to AIDSreporting@unaids.org if possible), methodological concerns:

Statistical Abstract of Education, Culture, Sports, Science & Technology (Fiscal year 2011) from the Ministry of Education, Culture, Sports, Science & Technology: 1. Elementary school level (age 6-11) attendance = 99.96%, Number of students not attending school = 3963. 2. Lower secondary school level (age 12-14) attendance = 99.97%, Number of students not attending school = 968.

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to AIDSreporting@unaids.org if possible:

-

	Value
Percentage (%) Part A	
Numerator Number of children who have lost both parents and who attend school	
Denominator Number of children who have lost both parents 227	

	Value
Percentage (%) Part B	
Numerator Number of children both of whose parents are alive, who are living with at least one parent and who attend school	
Denominator Number of children both of whose parents are alive who are living with at least one parent	

7.4. Economic support for eligible households

Indicator Relevance:

-

Data Measurement Tool:

-

Data Collection Period:

-

Additional information related to entered data. e.g. reference to primary data source (please send data to AIDSreporting@unaids.org if possible), methodological concerns:

-

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source. Please send data to AIDSreporting@unaids.org if possible:

-

	All
Percentage (%) Proportion of the poorest households who received external economic support in the last 3 months <i>Please enter any disaggregated data in the comment fields above</i>	-
Numerator Number of the poorest households that received any form of external economic support in the last 3 months <i>External economic support is defined as free economic help</i> a) Cash transfer (e.g., pensions, disability grant, child grant, to be adapted according to country context) b) Assistance for school fees c) Material support for education (e.g., uniforms, school books etc) d) Income generation support in cash or kind e.g. agricultural inputs e) Food assistance provided at the household or external institution (e.g., at school) f) Material or financial support for shelter g) Other form of economic support (specify)	-
Denominator Total number of eligible households <i>Poorest households are defined as a household in the bottom wealth quintile.</i>	-

7.5. HIV Care

Indicator Relevance:

-

Source/Method:

-

Data Collection Period:

-

Comments:

-

Percentage of adults and children enrolled in HIV care and eligible for co-trimoxazole (CTX) prophylaxis (according to national guidelines) currently receiving CTX prophylaxis:

-

Number of adults and children enrolled in HIV care, eligible for CTX prophylaxis and receiving it at their last visit recorded during the reporting period Include patients seen at the HIV clinic at least once during the past year. HIV care includes HIV treatment (ART). :

-

Number of adults and children enrolled in HIV care and eligible for CTX prophylaxis at their last visit recorded during the reporting period:

-

Source URL: <http://aidsreportingtool.unaids.org/101/japan-report>

Japan Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

Noriyuki Hiraga, MD

Postal address:

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Fax:

+81-3-3502-6687

E-mail:

hiraga-noriyuki@mhlw.go.jp

Describe the process used for NCPI data gathering and validation:

For Part A, data were collected exclusively through the Specific Disease Control Division (SDCD), Health Service Bureau, Ministry of Health, Labour and Welfare (MHLW), by consulting specialists and/or NGOs in related areas and collaborating with related divisions of the MHLW and the Ministry of Education, Culture, Sports and Technology. All data were quality checked by the SDCC in collaboration with specialists.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Any uncertainty was solved through the discussion between the SDCC, specialists and NGO representatives.

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

-

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Organization: Ministry of Health, Labour and Welfare	Names/Positions: Noriyuki Hiraga, Deputy director, Specific Disease Control Division,	A.I: Yes	A.II: Yes	A.III: Yes	A.IV: Yes	A.V: Yes	A.VI: Yes

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Organization: -	Names/Positions: -	B.I: No	B.II: No	B.III: No	B.IV: No	B.V: No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

2012-2017

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why:

New national multisectoral strategy called "AIDS Prevention Guideline" went into effect on January 19, 2012. This guideline is a progress over the previous one in the following points; 1) improving HIV counseling and testing; 2) making quantitative and qualitative goal setting about the HIV testing for specific populations; 3) collaborating with NGOs and other relevant organizations about measures for specific populations; and 4) improving medical care collaboration in community-centered core hospitals.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health, Labour and Welfare

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy Earmarked Budget

Included in Strategy:	Earmarked Budget:
Yes	Yes
Included in Strategy:	Earmarked Budget:
Yes	Yes
Included in Strategy:	Earmarked Budget:
Yes	Yes
Included in Strategy:	Earmarked Budget:
No	No
Included in Strategy:	Earmarked Budget:
No	No
Included in Strategy:	Earmarked Budget:
No	No
Included in Strategy:	Earmarked Budget:
Yes	Yes

Other [write in]:

-

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

Funding for implementing HIV specific activities for military/police, transportation or women is embedded in general health promotion program of these sectors.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

No

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

No

HIV and poverty:

No

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

• Orphan and other vulnerable children, people with disabilities, and people in prisons are identified by the Laws or Acts specific for each population that protect their human rights and promote their well-being including health. • Gender issues is identified in the Law (see Ill. 1.2) that promote gender empowerment and/or gender equality:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Men who have sex with men Migrants/mobile populations People who use and/or inject drugs Sex workers Clients of sex workers Young people

1.5. Does the multisectoral strategy include an operational plan?:

Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

No

b) Clear targets or milestones?:

No

c) Detailed costs for each programmatic area?:

No

d) An indication of funding sources to support programme implementation?:

No

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

New national multisectoral strategy ("New AIDS Prevention Guideline") was developed based on a report of the "AIDS Prevention Guidelines Review Commission," which consists of patient groups, MSM, NGOs, legal adviser, journalist, academic experts of HIV treatment and prevention, and representatives of physicians' association, high school principals' association and parents' association.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

N/A

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

N/A

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

:

N/A

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

No

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

No

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

No

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:

MSM

Briefly explain how this information is used:

Used to strengthen the community-based prevention programs for MSM

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

At prefecture level and by mega cities like Tokyo, Osaka, Nagoya, and Fukuoka.

Briefly explain how this information is used:

To evaluate the appropriate coverage of the program and to promote appropriate allocation of resources.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

To ensure effective and efficient delivery of HIV-related medications nationwide systematic structure of hospitals that provide

AIDS medical treatment has been established. The AIDS Clinical Center (ACC) has been established as a national center for treating HIV, together with 14 regional core hospitals throughout eight regional blocks, and 380 core hospitals (including the regional core hospitals). The ACC and regional core hospitals have been working in close coordination; however, the ACC and both regional core and core hospitals have recently encountered such problems as a high concentration of AIDS patients in a subset of core hospitals. In response, each prefecture is now requested to select a single key core hospital from the hospitals that provided AIDS treatment within their jurisdiction in order to improve medical standards, redress regional differences, and develop a comprehensive medical care system. Under the supervision of the regional core hospital for each block, key core hospitals provide advanced AIDS medical treatment, training, and medical information to core hospitals by collaborating with regional core hospitals.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

5

Since 2009, what have been key achievements in this area:

1) New AIDS Prevention Guidelines has been developed by commission to intensify the following points compared to the previous guideline; 1.1) improving HIV counseling and testing; 1.2) making quantitative and qualitative goal setting about the testing for specific populations; 1.3) collaborating with NGOs and other relevant organizations about measures for specific populations; and 1.4) improving medical care collaboration in community-centered core hospitals. 2) Sexual behavior of young people continued to decline with concomitant decreases in sexual transmitted diseases and elective abortions.

What challenges remain in this area:

1) To increase the number of people at risk who receive HIV testing. 2) To promote detection of HIV positive people more effectively and efficiently to ensure them early HIV treatment. 3) To strengthen the prevention measures among MSM.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

No

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

- Minister of Health, Labour and Welfare announced the enactment of the new AIDS Prevention Guideline and promised the continued commitment on HIV response in 2011.
- Former Prime Minister increased the financial contribution to Global Fund in 2010.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

Director of Specific Disease Control Division (SDCD), Health Service Bureau, Ministry of Health, Labour and Welfare (MHLW)

Have a defined membership?:

Yes

IF YES, how many members?:

-

Include civil society representatives?:

No

Include people living with HIV?:

No

Include the private sector?:

No

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

-

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private

sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

• AIDS Prevention Guidelines Review Commission," which consists of patient groups, MSM, NGOs, legal adviser, journalist, academic experts of HIV treatment and prevention, and representatives of physicians' association, high school principals' association and parents' association worked together to develop new national multisectoral strategy called "AIDS Prevention Guideline" that went into effect on January 19, 2012. • MHLW-sponsored research project called "Research on HIV/AIDS" strategically incorporates significant number of members of NGOs as equal partners or even principal investigators for the research including treatment, care, epidemiology and prevention to promote interaction between government, civil society organizations.

What challenges remain in this area:

• To ensure HIV prevention programs of local governmental bodies to be implemented according to the new AIDS Prevention Guidelines. To help this process Liaison Council of Managers of AIDS Prevention Measures in Key Prefectures has been established by MHLW to promote exchange of experiences and sharing of information for the enhancement of effective AIDS prevention measures.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

7

Since 2009, what have been key achievements in this area:

The new AIDS Prevention Guideline with enhanced policy commitment to HIV testing, vulnerable populations, collaboration with NGOs or CBOs and treatment has been developed under the leadership of Minister of Health, Labour and Welfare.

What challenges remain in this area:

N/A

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

Yes

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

• The New Infectious Disease Law and Prevention for Specific Communicable Diseases that includes AIDS Prevention Guideline to be updated every 5 years. • The Child Welfare Act • The Act on Welfare of Physically Disabled Persons • The Act on Securing, Etc. of Equal Opportunity and Treatment between Men and Women in Employment • The Act on Penal Detention Facilities and Treatment of Inmates and Detainees

Briefly explain what mechanisms are in place to ensure these laws are implemented:

All local government has a free legal consultation service for citizens and all people have equal rights to bring in lawsuits against any violation of the law or Act.

Briefly comment on the degree to which they are currently implemented:

These Law and Acts have been all effectively implemented.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

No

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

No

Women and girls:

No

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

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

Briefly comment on how they pose barriers:

• Immigration control Law: illegal migrants are excluded from accessing almost all public health and medical services. • National Insurance Law: illegal 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. • Narcotics and Psychotropics Control Act: Since the use of narcotics and psychotropics are illegal, it is unable to introduce harm reduction program. It also makes it difficult for public health worker to access them and for drug users to access to public health services. • Anti-Prostitution Law: Since the prostitution is illegal, it is unable to develop public program explicit for sex workers. It also makes it difficult for public health worker to access them and for sex workers to access to public health services.

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

No

Avoid inter-generational sex:

No

Be faithful:

No

Be sexually abstinent:

Yes

Delay sexual debut:

No

Engage in safe(r) sex:

Yes

Fight against violence against women:

No

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

No

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

No

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

No

Reduce the number of sexual partners:

No

Use clean needles and syringes:

No

Use condoms consistently:

Yes

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

No

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

No

2.1. Is HIV education part of the curriculum in

Primary schools?:

No

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

No

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

• Policies such as awareness campaigns and education are currently being implemented based on the revised AIDS Prevention Guidelines of the Ministry of Health, Labour and Welfare (MHLW) and the Curriculum Guidelines of the Ministry of Education, Culture, Sports and Technology (MEXT). • In general, the Stop AIDS Strategic Headquarters established in 2005 by MHLW launches various public relations activities including government campaigns. The Japan Foundation for AIDS Prevention (JFAP) sponsored by MHLW also launches a nationwide prevention campaign around the World AIDS Day with free HIV testing services and also raises awareness through television commercial in collaboration with the Advertising Council Japan throughout the year. • For MSM, community centers were established with a financial support of MHLW in seven largest cities to promote information, education and communication. Centers are run by MSM. • For junior and high school students education programs are in place by every school according to the Curriculum Guidelines of the MEXT. Programs for young people are also promoted by the JFAP with financial support by the MHLW.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU MSM Sex workers Customers of Sex Workers Prison inmates Other populations

IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:
No Yes No No No young people

IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:

No	No	No	No	No	-
IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:	No	Yes	No	No	-
IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:	No	No	No	No	-
IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:	No	Yes	No	No	young people
IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:	No	Yes	No	No	-
IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:	No	Yes	No	No	young people
IDU: MSM: Sex workers: Customers of Sex Workers: Prison inmates: Other populations:	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:

7

Since 2009, what have been key achievements in this area:

Program for MSM has been intensified by increasing community centers from four in 2009 to seven in 2011. This significantly strengthened the campaign activities by MSM on the prevention of HIV/AIDS and reduce HIV/AIDS-related discrimination and stigma.

What challenges remain in this area:

- In view of increasing number of cases infected through sex between men, prevention program for MSM should be intensified including promotion of HIV testing that has started to decline since 2009.
- Prevention program for young people should be intensified because there is a definite sign of re-emergence of unprotected sex among young people judging from the STDs and teenage abortion that has started to increase since 2010.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

There are several subpopulations that have been identified to have specific needs for HIV prevention including MSM, sex workers, STD clinic attendees, drug users, migrants and young people. All these needs are determined through MHLW-sponsored strategic research projects called "Research on HIV/AIDS".

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree

Condom promotion:
Agree

Harm reduction for people who inject drugs:
Strongly Disagree

HIV prevention for out-of-school young people:
Agree

HIV prevention in the workplace:
Disagree

HIV testing and counseling:
Disagree

IEC on risk reduction:
Disagree

IEC on stigma and discrimination reduction:
Disagree

Prevention of mother-to-child transmission of HIV:
Strongly Agree

Prevention for people living with HIV:
Agree

Reproductive health services including sexually transmitted infections prevention and treatment:
Disagree

Risk reduction for intimate partners of key populations:
Strongly Disagree

Risk reduction for men who have sex with men:
Agree

Risk reduction for sex workers:
Strongly Disagree

School-based HIV education for young people:
Strongly Agree

Universal precautions in health care settings:
Strongly Agree

Other[write in]:
-