

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

7

## A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

(1) Antiretroviral therapy (2) Treatment of common HIV-related infections including TB (3) Psychosocial support for people living with HIV and their families (4) Sexually transmitted infection management (5) Prevention of mother-to-child infection (6) Early infant diagnosis (7) Paediatric AIDS treatment (8) Post-delivery ART provision to women (9) Post-exposure prophylaxis for occupational exposures to HIV Priority has been placed on (1), (2), (3), and (5)

Briefly identify how HIV treatment, care and support services are being scaled-up?:

To ensure effective and efficient delivery of HIV-related medications nationwide systematic network 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.

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

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Strongly Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Strongly Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Strongly Agree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Strongly Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

A policy was established in 1998 to acknowledge people living with HIV as persons with a disability to fully cover their medical cost by the Act on Welfare of Physically Disabled Persons

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

No

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

10

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

HIV treatment, care and support service programs have been maintained in excellent levels.

What challenges remain in this area:

No particular challenge

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

7

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

N/A There is no specific program for orphans and other vulnerable children because they have been well covered by general welfare programs. Because of this, their HIV-related needs are met by the HIV-related programs for young people in general.

What challenges remain in this area:

N/A

## A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

-

1.1 IF YES, years covered:

1985-present

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

N/A

Briefly describe what the issues are:

N/A

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

No

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

No

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

No

Guidelines on tools for data collection:

No

3. Is there a budget for implementation of the M&E plan?:

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

-

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

N/A

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:  
Yes

In the National HIV Commission (or equivalent)?:  
No

Elsewhere [write in]:  
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:  
All physicians who diagnosed HIV/AIDS are required to report the cases to the nearest public health center using the standard reporting format according to the New Infectious Disease Law and Prevention for Specific Communicable Diseases. No information that helps to identify the case is included in the information to report. Public health centers then send the information electronically to the National Institute of Infectious Disease where all data are compiled and analyzed. Analyzed data were presented at the AIDS Surveillance Committee which is held four times a year. This committee monitors the trend of HIV/AIDS, numbers of voluntary HIV testing, as well as the HIV positive rate among blood donations. This information is then summarized in an annual report.

What are the major challenges in this area:

N/A

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes

6. Is there a central national database with HIV- related data?:

Yes

IF YES, briefly describe the national database and who manages it:

All information on reported HIV/AIDS cases are compiled in the database of the National Institute of Infectious Diseases. Infectious Disease Information Center is responsible for the management of this database.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, but only some of the above

IF YES, but only some of the above, which aspects does it include?:

-

6.2. Is there a functional Health Information System?

At national level:  
Yes

At subnational level:  
Yes

IF YES, at what level(s)?:  
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes

8. How are M&E data used?

For programme improvement?:  
Yes

In developing / revising the national HIV response?:  
Yes

For resource allocation?:  
Yes

Other [write in]:  
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

MSM prevention program

9. In the last year, was training in M&E conducted

At national level?:  
No  
At subnational level?:  
No  
At service delivery level including civil society?:  
No

9.1. Were other M&E capacity-building activities conducted other than training?:

No

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

5

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

No significant progress from 2009.

What challenges remain in this area:

Monitoring and evaluation program should be intensified to incorporate the knowledge and behavioral indicators for general population, young people and other key populations such as sex worker and their clients and monitor them by prefecture level as well as country level

## B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

-

Comments and examples:

-

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") 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)?:

-

Comments and examples:

-

3.

a. The national HIV strategy?:

-

b. The national HIV budget?:

-

c. The national HIV reports?:

-

Comments and examples:

-

4.

a. Developing the national M&E plan?:

-

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

-

c. Participate in using data for decision-making?:

-

Comments and examples:

-

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

-

Comments and examples:

-

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

-

b. Adequate technical support to implement its HIV activities?:

-

Comments and examples:

-

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

People living with HIV:

- 
- Men who have sex with men:
- 
- People who inject drugs:
- 
- Sex workers:
- 
- Transgendered people:
- 
- Testing and Counselling:
- 
- Reduction of Stigma and Discrimination:
- 
- Clinical services (ART/OI)\*:
- 
- Home-based care:
- 
- Programmes for OVC\*\*:
- 

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2011?:

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

- What challenges remain in this area:

## B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

## B - III. HUMAN RIGHTS

1.1.

- People living with HIV:
- 
- Men who have sex with men:
- 
- Migrants/mobile populations:
- 
- Orphans and other vulnerable children:
- 
- People with disabilities:
- 
- People who inject drugs:
- 
- Prison inmates:
- 
- Sex workers:
- 
- Transgendered people:
- 
- Women and girls:
- 
- Young women/young men:
- 
- 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?:

- If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

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

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

2.1. IF YES, for which sub-populations?

People living with HIV:

Men who have sex with men:

Migrants/mobile populations:

Orphans and other vulnerable children:

People with disabilities:

People who inject drugs:

Prison inmates:

Sex workers:

Transgendered people:

Women and girls:

Young women/young men:

Other specific vulnerable subpopulations [write in]:

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

Briefly comment on how they pose barriers:

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Briefly describe the content of the policy, law or regulation and the populations included:

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

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

6. Does the country have a policy or strategy of free services for the following?

<b>Provided free-of-charge to all people in the country</b>	<b>Provided free-of-charge to some people in the country</b>	<b>Provided, but only at a cost</b>
Provided free-of-charge to all people in the country:	Provided free-of-charge to some people in the country:	Provided, but only at a cost:
-	-	-
Provided free-of-charge to all people in the country:	Provided free-of-charge to some people in the country:	Provided, but only at a cost:
-	-	-
Provided free-of-charge to all people in the country:	Provided free-of-charge to some people in the country:	Provided, but only at a cost:
-	-	-

If applicable, which populations have been identified as priority, and for which services?:

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

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

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

-  
10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. 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:

-  
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

-  
IF YES on any of the above questions, describe some examples:

-  
11. In the last 2 years, have there been the following training and/or capacity-building activities?

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

-  
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

-  
12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

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

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

-  
14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

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

-  
What challenges remain in this area:

-  
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

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

-  
What challenges remain in this area:

## **B - IV. PREVENTION**

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

-  
1.1 To what extent has HIV prevention been implemented?

Blood safety:

-  
Condom promotion:

-  
Harm reduction for people who inject drugs:

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

-  
HIV prevention in the workplace:

-  
HIV testing and counseling:

-  
IEC on risk reduction:

-  
IEC on stigma and discrimination reduction:

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

- Prevention for people living with HIV:
- Reproductive health services including sexually transmitted infections prevention and treatment:
- Risk reduction for intimate partners of key populations:
- Risk reduction for men who have sex with men:
- Risk reduction for sex workers:
- School-based HIV education for young people:
- Universal precautions in health care settings:
- Other [write in]:
- 

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

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

- What challenges remain in this area:

## **B - V. TREATMENT, CARE AND SUPPORT**

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

- Briefly identify how HIV treatment, care and support services are being scaled-up?:

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

Antiretroviral therapy:

- ART for TB patients:

- Cotrimoxazole prophylaxis in people living with HIV:

- Early infant diagnosis:

- HIV care and support in the workplace (including alternative working arrangements):

- HIV testing and counselling for people with TB:

- HIV treatment services in the workplace or treatment referral systems through the workplace:

- Nutritional care:

- Paediatric AIDS treatment:

- Post-delivery ART provision to women:

- Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

- Post-exposure prophylaxis for occupational exposures to HIV:

- Psychosocial support for people living with HIV and their families:

- Sexually transmitted infection management:

- TB infection control in HIV treatment and care facilities:

- TB preventive therapy for people living with HIV:

- TB screening for people living with HIV:

-

Treatment of common HIV-related infections:

-

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

-

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

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

-

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

-

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

-

What challenges remain in this area:

-

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

## 研究成果の刊行に関する一覧表

### [和文原著等]

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2. 木原雅子、木原正博. 社会と健康を科学するパブリックヘルス (2) ソシオ・エピデミオロジー (社会疫学) - その方法論的特徴と実践例について. 日本公衆衛生雑誌 58: 58-61, 2011 年
3. 和田 清、小堀悦子. 薬物依存と HIV/HCV 感染 - 現状と課題. 日本エイズ学会誌 13:1-7, 2011.

### [著書等]

1. 木原雅子、木原正博. 現代の医学的研究方法 - 質的・量的方法、ミクストメソッド、EBM. メディカルサイエンスインターナショナル、東京 (印刷中) (原著: Liamputtong P et al. Research in Medical Research-Foundations in evidence-based practice. Oxford University Press. 2010)

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