

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 No young people

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

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

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]:	-

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?:

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:
-	-	-
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:

-

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

II.研究成果の刊行に関する一覧表

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先進諸国における早期梅毒流行の再興と その背景要因について

The re-emergence of early syphilis epidemics in developed countries,
and possible reasons

木原正博^{1),2)}

Masahiro KIHARA

木原雅子^{1),2)}

Masako ONO-KIHARA

西村由実子³⁾

Yumiko H. NISHIMURA

加藤秀子^{1),2)}

Hideko KATO

1997年以降、ほとんどの先進諸国において、同時多発的な早期梅毒のアウトブレイクが観察されるようになった。この流行には、感染者の大半(70~80%)が男性とセックスをする男性(MSM)であること、MSM症例中におけるHIV感染率が高い(約50%)ことなど、それ以前の梅毒流行とは全く異なる特徴があり、流行は、大都市の壮年~中年層のMSMが中心である。この流行には、HIV感染症に対する多剤併用療法の導入による予後改善や楽観論、エイズ予防キャンペーンの停滞やキャンペーンに対する無視や予防疲れ、インターネットによる性的ネットワークの拡大やレクリエーションドラッグ使用の蔓延など、以前とは異なる要因による無防備な性行動の復活が示唆されている。HIV流行と梅毒流行は相乗的に作用するため、HIV/性感染症予防対策の強化が急務である。

Since 1997, outbreaks of early syphilis began to occur simultaneously in most developed countries. In contrast to previous syphilis epidemics, the majority (70%) of the patients are men who have sex with men (MSM), and approximately half of the MSM patients are HIV positive. The epidemics are concentrated in young and middle-aged MSM living in large cities. Possible reasons for these outbreaks include improved prognosis and optimism created by the introduction of highly active antiretroviral therapy (HAART), decreased AIDS prevention campaigns, and neglect of prevention campaigns. Prevention fatigue, emergence of novel sexual networks created through the Internet, and the increased use of recreational drugs, all interacted to initiate the re-emergence of unprotected sexual behaviors. In view of the epidemiological synergism between HIV epidemics and syphilis epidemics, HIV/STI prevention efforts should urgently be intensified.

Key words : Early syphilis, Outbreak, MSM, HIV infection, Synergism

1. はじめに

梅毒は、最も古くから知られている性感染症(STI)の1つであり、第二次世界大戦以前は、欧米先進国でも猛威

をふるい、その合併症や先天梅毒は大きな社会的脅威となっていた。しかし、1940年代におけるペニシリン療法の実用化以降、流行は激減し、1990年代の終わりまでには、ほとんどの先進国で流行はほぼ終息し、その根

1) 京都大学大学院医学研究科社会健康医学系専攻社会疫学分野: Department of Global Health and Socio-epidemiology Kyoto University School of Public Health

2) 国連合同エイズ計画共同センター: UNAIDS Collaborating Centre for Socio-epidemiological HIV Research, Department of Nursing Science

3) 関西看護医療大学看護学部: Kansai University of Nursing and Health Sciences

2010(平成22)年9月17日受付、同12月10日掲載決定

(〒606-8501)京都市左京区吉田近衛町 京都大学大学院医学研究科教授・社会疫学 木原正博

絶は時間の問題とさえ考えられるまでになっていた。例えば、米国の疾病管理予防センター(CDC)は、1999年に National Plan to Eliminate Syphilis を打ち出し、国家目標(年間発生率<2.2/10万)と行動計画を定めてその根絶に乗り出した²⁾。しかし、皮肉なことに、米国ではその前年から、早期梅毒(1期、2期梅毒と早期潜伏梅毒)のアウトブレイクが相次ぎ³⁾、他の先進国でも一斉に同様の現象が報告されるようになった³⁾。こうした梅毒流行の再興は、同時並行して生じた HIV 流行との関連から、その動向と背景に大きな注目が集まっている。

本稿では、1990年1月1日から2010年6月30日までの関連文献をPubMedで網羅的にレビューし(検索ワード=syphilis, epidemic)、最近の欧米先進国における早期梅毒流行の特徴と背景、HIV流行における意義を紹介するとともに、その観点からわが国の最近の梅毒報告数増加の意味を考察する。

2. 1980年代から2000年代にかけての早期梅毒流行の変化

梅毒流行は、西欧諸国と米国でほぼ同様の経過を示し、いずれも第二次世界大戦後の10年間に激減したが、その後、1960年代から1980年代にかけて徐々に増加したのち、HIV流行の出現に伴って再び急減し、1990年代の終わりにほぼ底を打った(図1)。米国では、図1aに示すように、1960年代から1980年代にかけて、振動するように流行が増減を繰り返したため³⁾、この振動

は、集団中の免疫レベルの変化による自然変動であるとの理論も出され⁴⁾、数学モデルが作成されたりもしたが、現在ではそれは否定され、これは、少なくとも1980年代以降は、異なる地域や集団において次々に発生したアウトブレイクによることが示唆されている³⁾。例えば、1982年をピークとする流行は、南部における男性とセックスをする男性(Men who have a sex with men; 以下MSM)を主とする流行であり、1990年をピークとする流行は、大都市と南部の郡部におけるアフリカ系アメリカ人男女を中心とする異性間の流行で、クラックと呼ばれるコカイン使用の蔓延や売買春がその背景となったと推定されている。

このように、もはや終息するかと思われるまでに減少した梅毒流行であったが、1990年代後半には、大都市を中心に、アウトブレイクが報告されるようになった。西欧における最初の報告は、1997年の英国の Bristol⁵⁾で、その後、デンマーク、ベルギー、オーストリア、アイルランド、ドイツ、フランス、オランダなどの大都市で、次々とアウトブレイクが報告され⁶⁾、米国では、シアトル州の Kings County における報告(1998年)を皮切りに⁸⁾、西部と北東部の州の大都市を中心に、アウトブレイクが同時多発的に報告されていった(図2)⁹⁾。カナダ⁹⁾、オーストラリア¹⁰⁾、ニュージーランド¹¹⁾でも、西欧諸国と同様のアウトブレイクの多発が観察されている。注目すべきことは、これらの流行は1997年から4~5年以内という短期間に、先進諸国でほぼ同時に発生したこと、そして、それと並行して、HIV流行の再興が生じたことである³⁾。

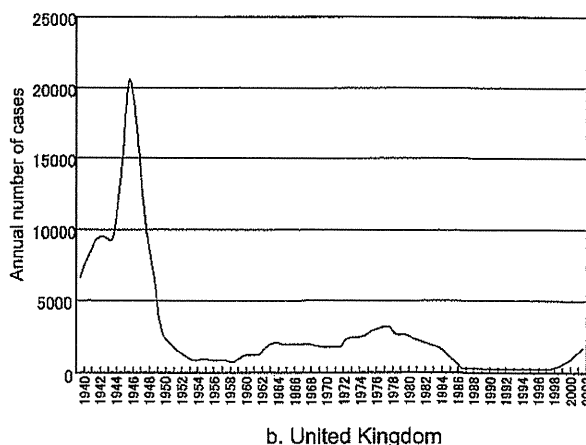
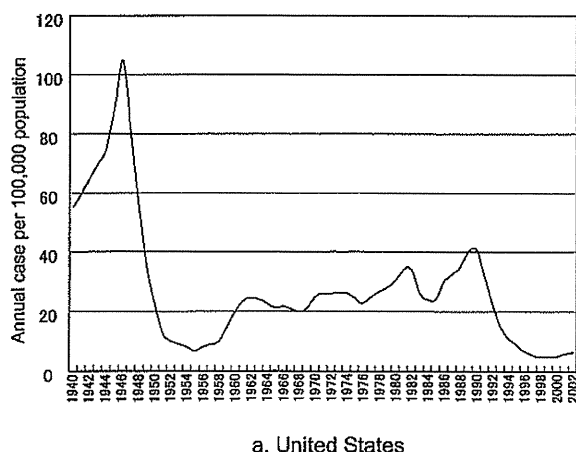


図1 Temporal trends in early syphilis in the United States and United Kingdom