

# Japan

## Country Review December 2011

### JAPAN AT A GLANCE

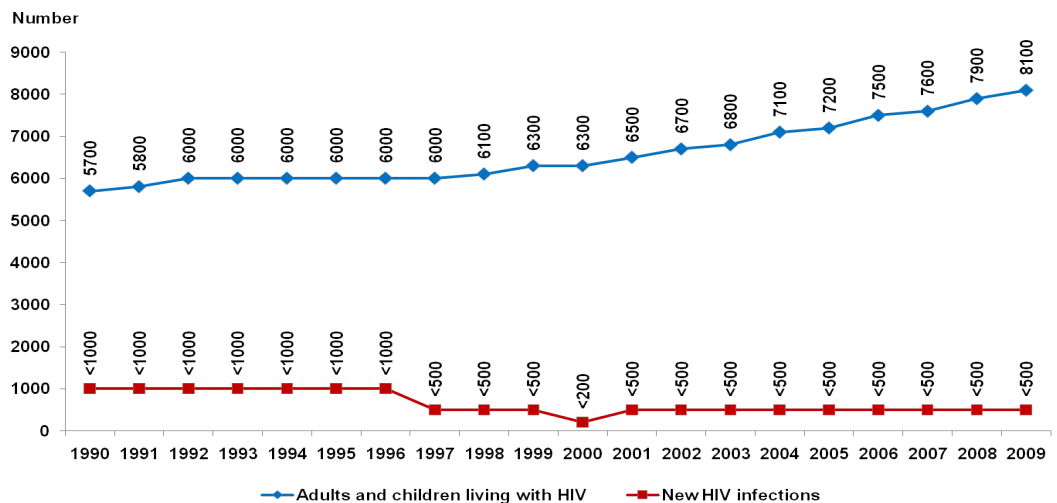
Total population (in thousands)	126,995 (2010) <sup>1</sup>
Annual population growth rate	-0.2% (2010-2015) <sup>1</sup>
Population aged 15-49 (thousands)	54,857(2010) <sup>2</sup>
Percentage of population in urban areas	67% (2010) <sup>3</sup>
Crude birth rate (births per 1,000 population)	8.7 (2008) <sup>4</sup>
Under-5 mortality rate (per 1,000 live births)	3 (2008) <sup>5</sup>
Human development index (HDI) - Rank/Value	11/0.884 (2010) <sup>6</sup>
Life expectancy at birth (years)	83.2 (2010) <sup>6</sup>
Adult literacy rate	N/A
Ratio of girls to boys in primary and secondary education (%)	100 (2008) <sup>4</sup>
GDP per capita (PPP, \$US)	32,452 (2009) <sup>4</sup>
Per capita total health expenditure (Int.\$)	2,696 (2007) <sup>5</sup>



## HIV EPIDEMIOLOGY AND TRENDS

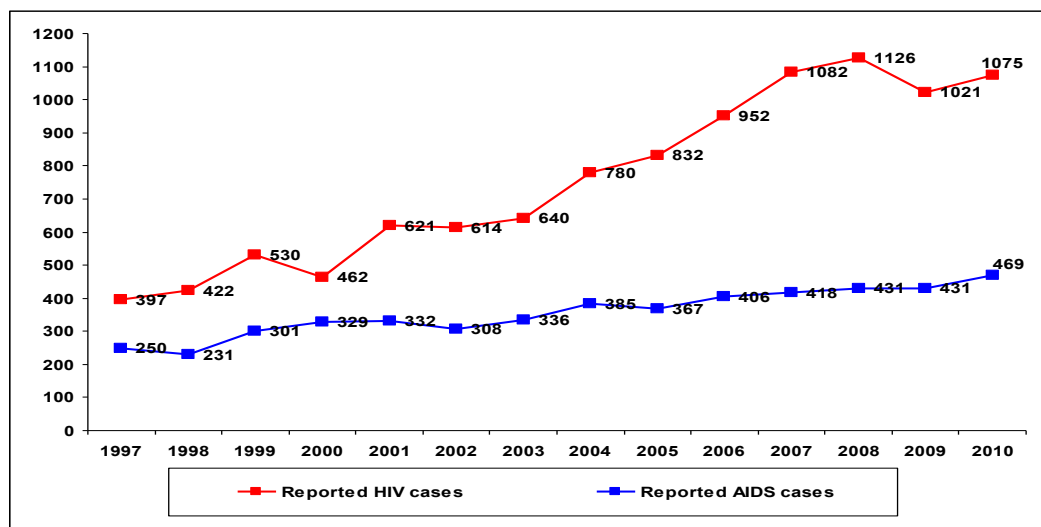
As of 2009, there were an estimated 8,100 [6,300-10,000] people living with HIV and AIDS in Japan (Fig. 1) with around a third – 2,700 – comprised of women.<sup>7</sup> The number of people living with HIV (PLHIV) since 1996 has continued to steadily rise with 1,075 reported new cases of HIV and 469 new cases of AIDS reported in 2010 (Fig. 2).<sup>8</sup> The new cases of HIV consisted of 997 Japanese nationals and 78 foreign nationals.<sup>8</sup> Moreover, Tokyo and Osaka had the highest rates of infection in 2010 at 3.0 and 2.2 per 100,000 population.<sup>8</sup> Despite the spike in new infections, Japan's HIV and AIDS caseload remains low by global standards, the estimated prevalence still stands at less than 0.1%.<sup>7</sup>

**Figure 1: Estimated number of adults and children living with HIV vs estimated new HIV infections, 1990-2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on [UNAIDS. \(2010\). Global Report: UNAIDS Report on the Global AIDS Epidemic](http://www.unaids.org)

**Figure 2: Annual number of reported HIV infections and AIDS cases, 1997-2010**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on 2010 Annual Report on Trends in AIDS [in Japanese] National AIDS Surveillance Committee, Ministry of Health and Welfare, Japan. 23 May 2011  
[http://api-net.jfap.or.jp/status/2010/10nenpo/nenpo\\_menu.htm](http://api-net.jfap.or.jp/status/2010/10nenpo/nenpo_menu.htm)

**Surveillance System**

- There is no HIV sentinel surveillance among men who have sex with men and other key affected populations
- There are no population size estimates for key affected populations
- There are a limited number of behavioural surveys

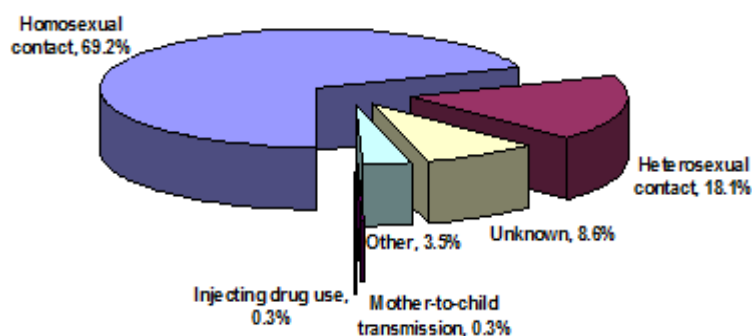
**WHO IS AT RISK OF HIV IN JAPAN?**

In 2010, 67.5% of newly reported HIV cases were among those aged 20-39 years. Up to 95% of the reported HIV/AIDS cases (including both Japanese and non-Japanese) were men.<sup>9</sup> The key affected population most considered to be at risk of HIV in Japan are men who have sex with men (MSM). More than two-thirds (69.2%) of reported HIV cases in 2010 were attributed to homosexual transmission, while heterosexual transmission accounted for less than a fifth (18.1%).<sup>9</sup> Injecting drug use and mother-to-child transmission together contributed less than 1% of cases (Fig. 3).<sup>9</sup>

However, the situation regarding injecting drug users (IDUs) and sex workers has yet to be fully assessed. In addition, although to a lesser extent, migrant workers – especially unregistered non-Japanese nationals without legal status – are considered vulnerable and at risk of HIV infection.<sup>10</sup>

Another nascent concern is the rise of drug-resistant HIV-1. A recent study found an increasing trend in prevalence from 5.9% (16/273) in 2003 to 8.3% (50/605) in 2008 (n=2573, consisting mainly of Japanese men in their late-30s and infected through male-to-male sexual contacts).<sup>11</sup>

**Figure 3: Modes of transmission of reported HIV cases, 2010**



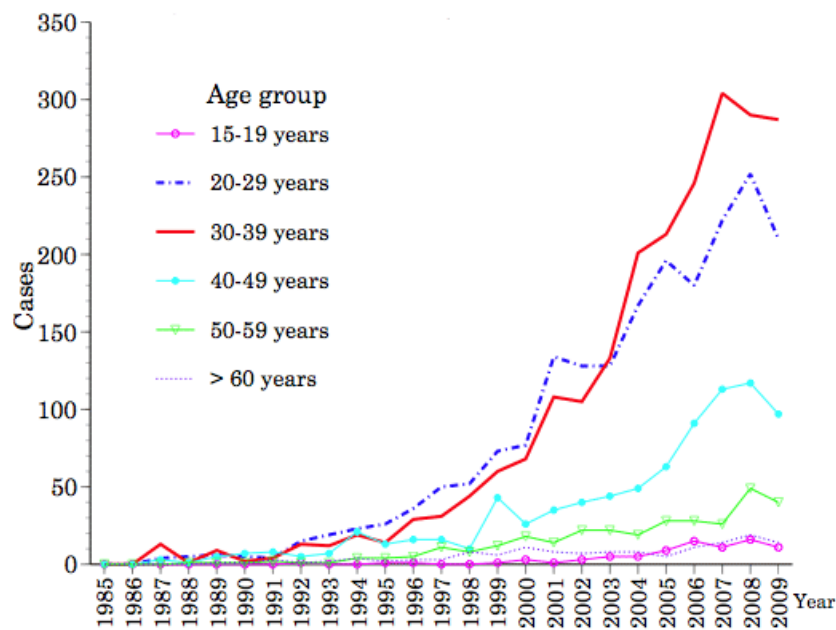
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Japan: HIV/AIDS Update. Japan Foundation for AIDS Prevention. ICAAP10, Busan, South Korea, August 26-30, 2011



## Men who have sex with men

As shown in Figure 4, the number of male HIV cases due to homosexual contact rose most dramatically between 2000 and 2007, particularly among those 20-29 years of age and even more so in the 30-39 year age group.<sup>12</sup> The number of new AIDS cases that resulted from homosexual contact also increased substantially during the same time period.

**Figure 4: Trends in the number of male HIV cases due to homosexual contact by age group, 1985-2009**



Source: The 2009 Annual Report on HIV/AIDS Surveillance in Japan, the National AIDS Surveillance Committee, Ministry of Health, Labour and Welfare) cited in HIV/AIDS in Japan, 2009 (Infectious Agents Surveillance Report - IASR 31: 226-227, August 2010) <http://idsc.nih.gov/iasr/31/366/tpc366.html>

## Young people

In 2006, a study was carried out to assess students' attitudes toward sex and sexual behaviour among those visiting the health services centre of a college for medical check-ups (n=978).<sup>13</sup> The study found that 90% of male students and 83% of female students anticipated having sexual intercourse before marriage, while 8% of male students and 3% of female students indicated that it was not wrong to have extramarital sexual intercourse after marriage. Seventy-five percent of sexually experienced students reported that they used a condom during their first sexual intercourse, while 73% reported using a condom during their most recent sexual intercourse. The more sexual partners the students had up to the time of the study, the less condom use they reported for both their first and most recent sexual intercourse.<sup>13</sup>

## NATIONAL RESPONSE

### Governance

The Ministry of Health, Labour and Welfare is at the forefront of domestic policies while the Ministry of Foreign Affairs formulates foreign policies on HIV.<sup>10</sup> Other related activities in regards to HIV prevention are assigned to the Liaison Council of Managers of AIDS Prevention Measures in Priority Prefectural and City Governments. The council identifies areas where the numbers of PLHIV and AIDS patients are higher than national levels. Upon identification, the council promotes AIDS measures through liaison with and coordination throughout priority governments.<sup>14</sup>

The Assessment and Review Committee on AIDS Measures – consisting of academic experts, patient groups, NGOs, and local authorities – works together with the Committee on AIDS Trends to monitor the implementation of national and local government measures.<sup>15</sup>

**Table 1: Monitoring and Evaluation Mechanisms**

Mechanism in place	Purpose	Meetings and Reporting
Committee on AIDS Trends	Monitors AIDS trends: <ul style="list-style-type: none"> <li>• levels of voluntary HIV counselling and testing,</li> <li>• HIV positive rate among blood donations.</li> </ul>	Meets four times a year - information obtained from the meetings is summarized in an annual report.
Assessment and Review Committee on AIDS Measures	Monitors the implementation of AIDS measures by central and local governments.	Twice a year
Liaison Council of Managers of AIDS Measures in Priority Prefectural and City Governments	Some prefectures, where the numbers of PLHIV and AIDS patients are higher than national average levels, have been selected as priority areas.	The managers of AIDS policies regularly meet to discuss policies, exchange advice and promote mutual cooperation.

Source: National AIDS Surveillance Committee. (2010). UNGASS Country Progress Report: Japan: Ministry of Health and Welfare, Japan.

### Law and policy related issues

In 1998, a policy was established to acknowledge PLHIV as persons with disabilities allowing them to receive payments for HIV treatment.<sup>15</sup> In terms of key affected populations, Japan does not have laws criminalize homosexual behaviour, although sex work is illegal.<sup>16</sup> Guidelines from the World Health Organization (WHO) confirm that substitution therapies, such as methadone and/or buprenorphine maintenance, are still the most promising method of reducing drug dependence.<sup>17</sup> Moreover, both methadone and buprenorphine have been added to the WHO List of Essential Drugs.<sup>18</sup> And yet, neither of these substitution drugs are legal in Japan, in addition the provision of needles and syringes is prohibited.<sup>19</sup>



### HIV prevention programmes and treatment

The civil society sector in Japan is extremely vibrant; there are approximately 100 community-based nongovernmental organizations (NGOs) involved in HIV-related issues, most of which are run on a volunteer basis by medical experts or PLHIV. They have been effective in conducting prevention programs and offering care and support for population groups vulnerable to HIV.<sup>10</sup>

Free and anonymous testing is available at public health centres throughout Japan.<sup>15</sup> However, as of 2009, 30% of people newly reported as living with HIV had already progressed to AIDS (without prior knowledge of being HIV infected).<sup>15</sup> In addition, as of March 2009, there were less than a hundred (94) reported people receiving ARV therapy, not quite twice as many as the 48 reported in 2006.<sup>20</sup>

Almost all (98.3%) of pregnant women have an HIV antibody test carried out as one of the early pregnancy blood screening tests of the maternal health check-up, recommended under the Maternal and Child Health Act. For those found positive, a PMTCT program is started which includes ARVs, a C-section (caesarian), and cessation of breastfeeding.<sup>15</sup> According to the National Cooperative Study Group on HIV Infected Pregnant Women and MTCT in Japan, the most recent MTCT rate in Japan is 0.45% with the cumulative number of MTCT cases only 46.<sup>21</sup>

Through a community-based project spearheaded by MSM, four NGO-run community centres have been established in the major metropolitan areas of Tokyo, Osaka, Nagoya and Fukuoka. Further efforts are being made to promote awareness among MSM and youth, such as the Wellbeing of Youth in Social Happiness (WYSH) project<sup>15</sup>, a nationwide education program started in 2002 targeting both in-school junior and high school students and out-of-school youth.<sup>22</sup> The Japan Foundation for AIDS Prevention has launched a nationwide prevention campaign, and raises awareness through television commercial advertising.<sup>15</sup>

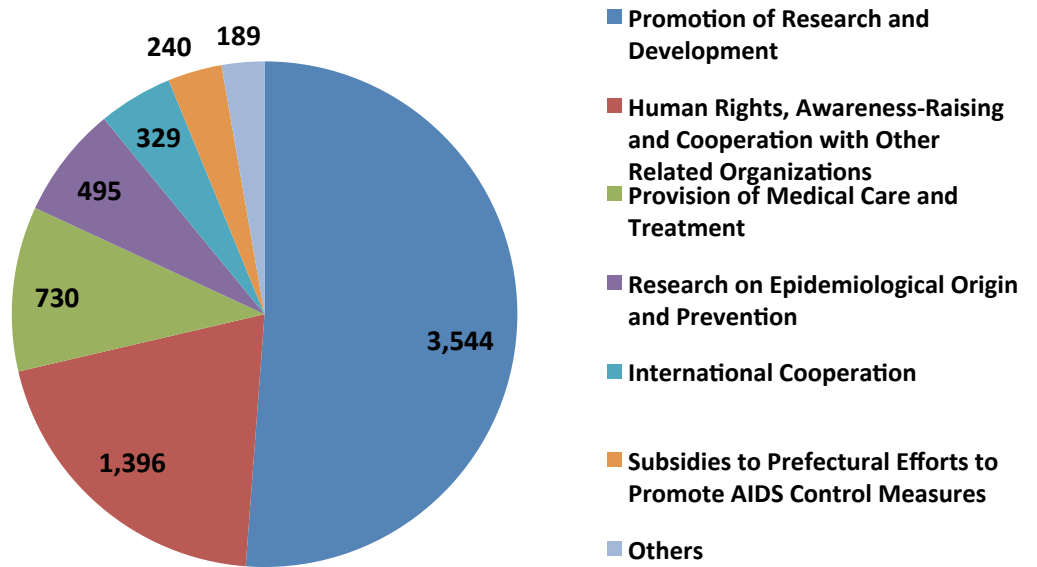
In terms of an AIDS medical service network, an AIDS Clinical Center (ACC) has been established within 378 key hospitals including the core hospitals.<sup>15</sup>

### ECONOMICS OF AIDS

In 2010, a total of ¥ 6,923 million<sup>[1]</sup> was budgeted for HIV/AIDS responses led by Ministry of Health, Labour, and Welfare (MHLW).<sup>9</sup> This is about 8% decrease from the ¥ 7,539 million spent in 2009. The category that received the most funding in 2009 was Promotion of Research and Development (51.2%), followed by Human Rights, Awareness-Raising and Cooperation with Other Related Organizations (20.2%) and Provision of Medical Care and Treatment (10.5%).<sup>9</sup>

[1] 1US\$ ~ ¥80-90 in FY2010

**Figure 5: MHLW programs and their budget for HIV/AIDS programs, ¥ in million, 2010**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Japan: HIV/AIDS Update. Japan Foundation for AIDS Prevention. ICAAP10, Busan, South Korea, August 26-30, 2011.

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