

# JAPAN

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## Current State of the Epidemic

It is estimated that there are approximately 20,000 people living with HIV/AIDS (PLWHA) in Japan.<sup>1</sup> The prevalence of HIV/AIDS is still very low and little public attention is given to the epidemic as a serious issue confronting Japanese society. Statistics reveal, however, that there has been a steady increase in the number of newly reported HIV infections and AIDS diagnoses in Japan. Experts point out that the epidemic may be spreading much more quickly than available figures indicate. Various underlying factors may be cited for the trend, the most predominant being changes in the sexual behavior of young people, greater migration across national borders, and delays in the early identification of infection due to inadequate availability of testing and counseling. UNAIDS highlighted these issues in describing the seriousness of Japan's situation in 2003 (UNAIDS 2003, 29). However, since a legal settlement was reached in 1996 in the HIV-tainted blood scandal case that had dominated the news prior to that, the general public's awareness of HIV/AIDS has fallen dramatically. There is no real sense of urgency about HIV/AIDS issues in Japanese society today.

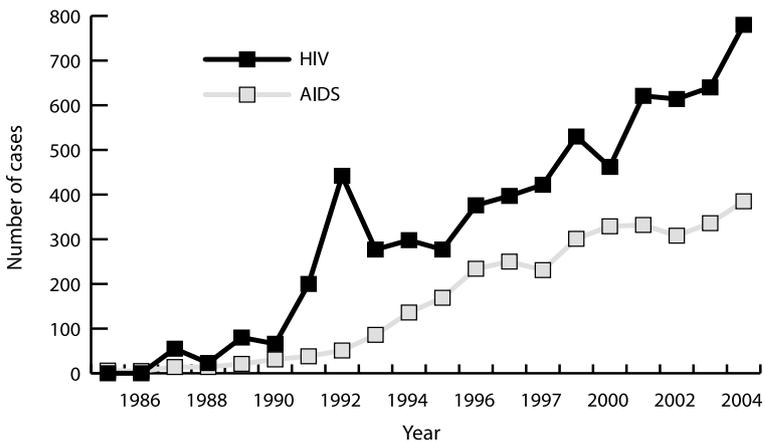
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1. Forecast for 2003 according to Hashimoto (2000). UNAIDS estimates show the number to be between 5,700 and 19,000.

### Present Situation

According to the annual report of the National AIDS Surveillance Committee, there was a combined total of 1,165 newly reported HIV cases and AIDS diagnoses in 2004—a new record high. These figures have been increasing since the mid-1990s and are now more than double those recorded ten years ago (see fig. 1). The cumulative number of reported HIV/AIDS cases since AIDS surveillance began in 1984 is now more than 10,000.

**Figure 1. Newly reported cases of HIV/AIDS, by year**

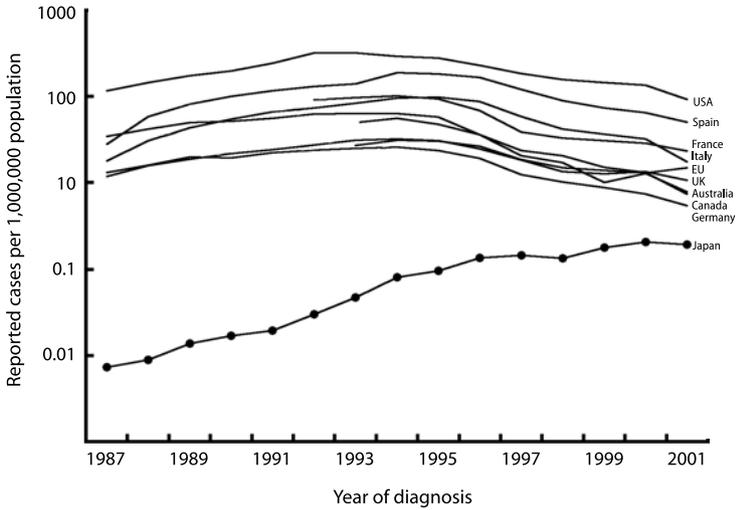


Source: National AIDS Surveillance Committee (2005).

While the total figure for reported cases is low compared with other advanced countries, the increase in newly reported AIDS cases is a phenomenon not seen in any other developed country. In spite of rapid progress in recent years in the development of medicine that can slow the progression of the disease from HIV to AIDS, explaining the dramatic decrease in the number of AIDS cases in other developed countries from the mid-1990s onward, Japan continues its upward trend (see fig. 2). In recent years, about 30% of reported AIDS cases are discovered without prior diagnosis of HIV infection, and the rise in cases is thought to be a result of the lack of early detection.

According to detailed analysis of newly reported cases of HIV infection in 2004, the mode of transmission in the majority of cases (60%) was homosexual contact (see fig. 3). Heterosexual contact was the second most

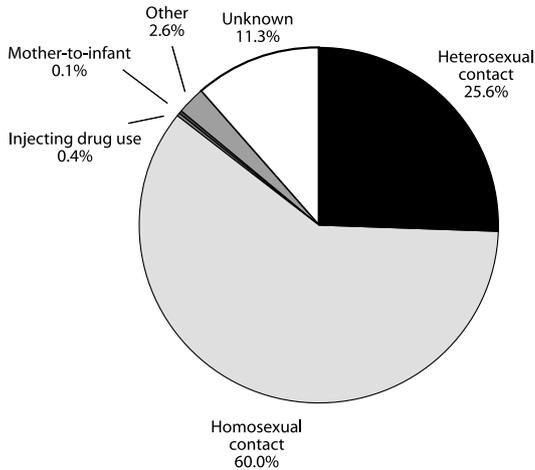
Figure 2. AIDS cases in advanced industrial countries, by year



Source: Matsuyama et al. (2004).

Note: The vertical axis is a common logarithmic scale.

Figure 3. Newly reported HIV cases, by mode of transmission



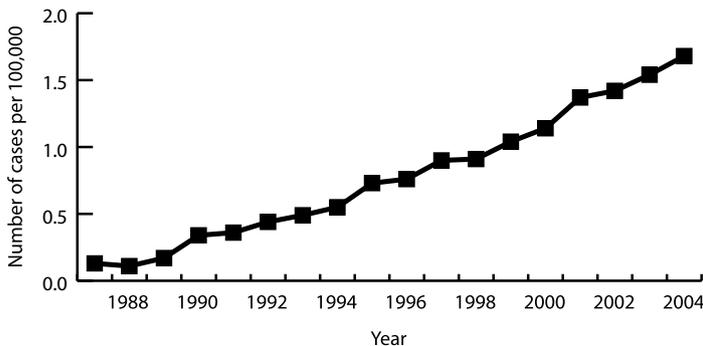
Source: National AIDS Surveillance Committee (2005).

common mode of transmission. The rate of infection through injecting drug use and mother-to-child transmission are both very low at less than 1%. There are overwhelmingly more males with HIV, comprising 89.5% of the total number. Most HIV cases are in people in their 20s or 30s; AIDS has been identified in people ranging in age from their late 20s to over 60. In terms of nationality, 87.2% of the cases are Japanese nationals and 12.8% are non-Japanese nationals. Given that non-Japanese nationals only account for 1.5% of the population of Japan, these figures are striking. In a majority of the cases, transmission is believed to have occurred in Japan. Until recently, most of the cases were reported in Tokyo and surrounding prefectures. However, there has been a considerable increase in the number of cases in the Kinki region (which includes Osaka and Kyoto), and data from reported cases implies that the infection is spreading to all areas of Japan.

### *Future Projections*

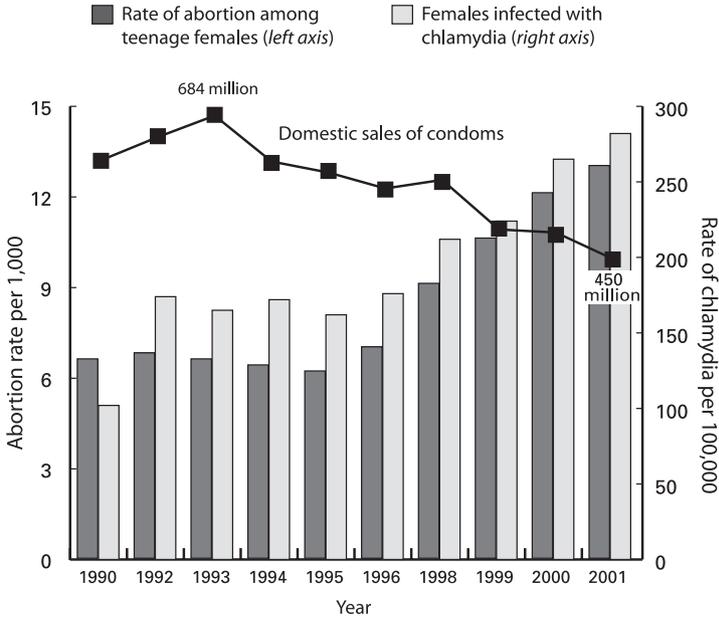
Many medical specialists warn of the imminent spread of the epidemic based on several factors. First, as shown in figure 4, the rate of HIV-positive readings among blood donors is increasing steadily. Second, the rapid increase of sexually transmitted infections (STIs) and abortion among young people since the latter half of the 1990s has been accompanied by a simultaneous decline in condom sales (see fig. 5). Cause for concern is also seen in the declining average age of first sexual intercourse and diversification in sexual behavior. According to the latest estimates, unless effective preventive

**Figure 4.** Number of HIV cases detected in donated blood, by year



Source: National AIDS Surveillance Committee (2005).

Figure 5. Trends in rates of abortion, chlamydia infection, and domestic condom sales in Japan, by year



Source: Kihara and Kihara (2004).

measures are applied, there will be 50,000 HIV/AIDS cases by the year 2010 among Japanese nationals alone (Hashimoto et al. 2002, 11).

### *Populations Vulnerable to HIV Infection*

In Japan, people considered to be at high risk and vulnerable to the epidemic are men who have sex with men (MSM), migrant workers, and commercial sex workers (CSWs) and their clients. Unlike some Southeast Asian nations where injecting drug use has become a serious problem, HIV transmission through that mode is very limited in Japan. There have also been no reported outbreaks in prisons.

**Men Who Have Sex With Men**—Sixty percent (709) of all new cases of HIV reported in 2004 were transmitted through homosexual contact, representing a dramatic increase since the mid-1990s.<sup>2</sup> Commonly cited statistics estimate the MSM population in Japan at approximately 1–2%

of the total male population. Many MSM reside in downtown Tokyo and Osaka, which are said to have the largest gay communities in Asia. However, as in other Asian countries, Japanese society generally shows little tolerance for diversity in sexual orientation, and thus most of these people do not openly declare themselves as MSM. As a result, preventive education and awareness-raising measures specifically targeted at MSM were not implemented until recently. Especially among younger MSM, the lack of sufficient knowledge about HIV/AIDS and STIs seems to contribute to low rates of condom usage and a greater likelihood of engaging in high-risk behaviors.

**Migrant Workers**—In the past two to three years, non-Japanese nationals have accounted for approximately 15% of all newly reported HIV/AIDS cases. A breakdown of these cases by nationality shows that those from Southeast Asia are the most numerous, followed by Latin America and sub-Saharan Africa. Most are believed to be migrant workers. A particularly high number of cases was reported in 1992,<sup>3</sup> but since then the number has leveled off, meaning that this group cannot be used to explain the increasing number of HIV cases in Japan.

There are two main factors that make migrant workers in Japan more vulnerable to HIV infection. One is the language barrier, which results in a lack of information on prevention and limited access to proper testing, treatment, and care. In many cases, they do not seek treatment until they are in the advanced stages of AIDS or need to be admitted to the emergency room. The second factor is treatment costs. Many migrant workers either do not have valid legal status or they possess visas that make them ineligible for public health insurance. The reluctance of such people to undergo testing or receive treatment because they cannot afford the costly medical bills, and of some hospitals to refuse such patients, has been a serious issue.

In the case of tuberculosis, for public health reasons, the government covers medical expenses for non-Japanese patients even without proper legal status, but no equivalent system is yet in practice for HIV/AIDS. The state of affairs

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2. It should be noted that this could also be interpreted as an outcome of the higher levels of testing among MSM who have become increasingly aware of HIV/AIDS.
  3. The sudden increase in cases in 1992 is attributed to the fact that brothel owners hiring foreign female sex workers forced them to undergo HIV testing.

whereby uninsured foreigners are left without access to proper medication poses not only a social problem on humanitarian grounds but also a potential threat in terms of the further spread of HIV.

The number of non-Japanese residents has grown rapidly since the mid-1980s, doubling in the past 20 years. Having long been characterized by its relative homogeneity, Japanese society has not yet adjusted to its evolution in the direction of a multiethnic and multicultural society in this age of globalization. Policy measures are lagging behind contemporary needs, leading to numerous problems in the health and medical field, as well as in areas such as education, labor management, housing, and human rights.

**Commercial Sex Workers**<sup>4</sup>—Sex workers are also at high risk of HIV infection, although the actual reported number of HIV/AIDS cases that involve sex workers is unknown. Prostitution has been prohibited in Japan since the enforcement of the Anti-Prostitution Law in 1957. However, the sex industry has never disappeared and has continued to diversify since the 1980s as certain adult entertainment businesses were legitimized under a law regulating their establishments and services. More than 20,000 shops are registered throughout the country and it is said that many more operate illegally. Among these businesses, it appears that the insistence on the use of condoms has not become a general practice and the risk of HIV infection is therefore high. Recently, informal sex work through the Internet is said to have dramatically increased among the younger generation, which is another serious cause for concern.

**Injecting Drug Users**—The share of cases involving HIV transmission via injecting drug use has remained below 1% and thus is not considered a major channel for spreading the epidemic in Japan, unlike in Russia, Eastern Europe, and some Southeast Asian countries. This may in part be due to the fact that inhalation is as common as injection for illicit drug ingestion in Japan. However, it is possible that the extent of transmission through injection has not been exposed. Because illegal drug usage is strictly prohibited in Japan, some may claim that their infection was instead sexually transmitted. Given the recent spread of drug abuse, especially among young

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4. This section draws heavily on Haha no Kai (2005).

people, there is potential for this mode of transmission to become a more serious cause for concern in the future.

### ***Impact of the HIV-Tainted Blood Scandal<sup>5</sup>***

In Japan, the first outbreak of the epidemic was among hemophiliacs infected by contaminated blood products that were imported primarily from the United States. Between 1982 and 1985, approximately 40% (1,400) of the hemophiliac patients treated with these blood products were infected and, until the mid-1990s, more than half of the Japanese PLWHA had been infected in this way. Thus the history of the epidemic in Japan differs greatly from that in North American and European countries where HIV/AIDS was originally identified in the public mind with sexual transmission.

As the link between the tainted blood products and the outbreak came to light, there was mounting criticism that the Ministry of Health and Welfare and the pharmaceutical companies may have neglected to take any preventive actions while being aware of the potential dangers of the blood products. In 1989, HIV-infected hemophiliacs filed lawsuits in Osaka and Tokyo demanding compensation from the national government (the Ministry of Health and Welfare) and five pharmaceutical companies. Fearing prejudice and discrimination, the names of the plaintiffs were withheld, except for the leader of the Osaka group. However, once Kawada Ryuhei (then age 19), a plaintiff from Tokyo, revealed his identity in 1995, the case received much greater attention, eventually developing into a major social issue. His coming forward prompted the younger generation to join and form activist groups to organize demonstrations and sit-ins. The media likewise highlighted the gravity of the scandal, turning public opinion decidedly in favor of the hemophiliacs as victims of gross neglect by the government and the pharmaceutical companies.

The litigation had appeared hopelessly protracted until a sudden shift in national politics occurred in 1993, when the ruling Liberal Democratic Party (LDP) suffered electoral defeat for the first time in more than three decades. The party lost its majority in the Diet, and a coalition government emerged to take its place. In January 1996, Kan Naoto, who had no

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5. For details on the HIV-tainted blood scandal in Japan, please refer to Feldman (1999).

allegiance to the LDP and was then a member of the newly formed Sakigake Party, was appointed as the new minister of health and welfare. His first public act was to release notes confirming the ministry's awareness of the potential dangers of HIV infection through blood products as early as 1983. The notes were based on documents claimed to have been "missing" by ministry bureaucrats, prompting a battle between the minister and the career bureaucrats, which ended in public scandal for the latter.

In March 1996, the minister made a formal apology to the patients and their families and compelled both the ministry and the pharmaceutical companies to admit their responsibility for the spread of the HIV infection and the resulting damage. A settlement was reached whereby each patient would be given ¥45 million (US\$409,000) in a lump sum payment and the government promised to institute various permanent measures to ensure that the victims received adequate support. The present state of Japan's framework for social welfare coverage, promotion of basic and clinical research, and provision of medical care and treatment concerning HIV/AIDS has in large part stemmed from the reconciliation and confirmation notes exchanged as a result of the lawsuits. Litigation over the HIV-contaminated blood products was a climactic point in the history of HIV/AIDS in Japan, a history that was animated by intense public involvement and the demonstration of strong political leadership.

While HIV/AIDS cases involving sexual transmission were also gradually increasing, they were given little attention. People infected through sexual transmission remained almost invisible in debates over Japan's AIDS policy, having taken refuge behind the HIV-infected hemophiliacs. Since the majority of people infected through sexual transmission are MSM, CSWs, unregistered migrant workers, and other marginalized populations, they found it especially difficult to publicly acknowledge their HIV/AIDS status. Japanese society has tended to stigmatize or neglect individuals who have been infected through sexual transmission.

Despite various efforts to lift this stigmatization, a social climate still prevails in which those infected through HIV-tainted blood products are considered innocent victims while those sexually infected are thought to be responsible for having contracted HIV and thus deserving of punishment. Simply put, the former cases are regarded as "good AIDS" and the latter as "bad." The phenomenon may not be unique to Japan, yet the dichotomy

cannot be ignored, especially since infected hemophiliacs united to win their case and were offered official government apologies and the subsequent implementation of support measures. The stronger stigma and lack of attention to sexually transmitted HIV/AIDS cases, on the other hand, has delayed necessary preventive measures and impeded cooperation and networking among people infected through sexual transmission. It is only recently that a nationwide network that attempts to bring together all PLWHA regardless of the mode of infection has been created.

### ***Public Perception of HIV/AIDS***

**Declining Interest**—Through the early years of the 1990s, the general public maintained quite a high level of interest in AIDS. This can be ascribed to the sense of fear of the emergence of such a serious disease and the extensive media attention to the HIV-tainted blood scandal. However, the level of interest has been falling in Japan since then, moving in completely the opposite direction to the rest of the world, which has been strengthening its fight against AIDS since the late 1990s. As the spread of the epidemic is much less conspicuous than in other parts of Asia and Africa, or even in other developed countries, HIV/AIDS is often regarded as a disease that only affects faraway countries, or simply other people not close to home. Ironically, the settlement of the conflict over the tainted blood products gave many the impression that the issue of AIDS in Japan had been put to rest and it seems to have been forgotten, like a sickness of the past.

Sex education is essential for promoting HIV/AIDS awareness and prevention, but there is still a strong taboo against talking openly about sex in Japanese society. Introducing condoms in classrooms, for example, has triggered ever-increasing criticism as openly encouraging sexual activity. However, the fact remains that sexual intercourse among young people is on an upward trend and the spread of the epidemic among youth is conspicuous. Experts point out that if current trends are to be reversed, there is an urgent need to diffuse more practical and down-to-earth knowledge on prevention and awareness.

**Stigma and Discrimination**—Stigma and discrimination against people with HIV/AIDS continues to be deep-seated. There have been a number of cases of denial or termination of employment, violations of privacy, or denial of

treatment at medical institutions. And because PLWHA are so afraid of being discriminated against, there has been a tendency for them to withdraw from society. Out of fear and a sense of self-preservation, it is common for PLWHA to conceal their infection even from the people closest to them. They avoid making use of the services available through the social welfare system, which keeps them from enjoying an independent life. At present, only about ten HIV-infected individuals in Japan have come out publicly. This is a surprisingly low number and a clear indication of how strongly infected individuals feel they would be discriminated against if people knew they were HIV-positive.

## Japanese Government Policies on HIV/AIDS

HIV/AIDS issues are absent from mainstream policy debate in Japan despite recognition by international society of the seriousness and urgency of the AIDS problem. Special ministerial meetings on AIDS were held when the crisis concerning the spread of AIDS first resounded around the globe, and in 1987 an “Outline for Measures on HIV/AIDS” was formulated. In the almost 20 years since, the Ministry of Health, Labor and Welfare (MHLW) has been promoting these measures domestically, while AIDS-related research and education has come under the Ministry of Education, Culture, Sports, Science and Technology’s jurisdiction. In addition, since the mid-1990s, the Ministry of Foreign Affairs (MOFA) has been actively involved in international cooperation to prevent the spread of communicable diseases including HIV/AIDS through its official development assistance (ODA) program.

However, no ministerial meetings allowing for cross-ministry political debate on AIDS measures have taken place since 1992, indicating an ongoing lack of coordination between the ministries. Also, the government’s total budget for AIDS measures has not been released, so the extent of the financial commitment is not clear. As Asia is rapidly becoming the focus of the spread of AIDS, it is only a matter of time before it becomes a gravely serious problem for Japan. Many experts highlight the importance of strong political leadership in Japan and the need to adopt an integrated policy approach to deal with the AIDS problem to prevent further spread of the epidemic in Asia.

### ***Evolution of Domestic Policies on HIV/AIDS***

**The Early Years**—The first measure taken against AIDS in Japan was the establishment of an AIDS Research Group by the MHLW in 1983. National AIDS surveillance commenced the following year, and in 1987, the “Outline for Measures on HIV/AIDS” was formulated at the time of the ministerial meeting on AIDS. In the same year, the Japanese Foundation for AIDS Prevention (JFAP) was established as the main implementing body of AIDS countermeasures.

**AIDS Prevention Laws and Post–Blood Scandal Progress (1989–1999)**—After the Ministry of Health and Welfare confirmed the first case of AIDS in Japan in 1985, two HIV/AIDS cases were reported in regional cities in 1986 and 1987. The media reports created a kind of frenzy and panic in the areas where the cases were reported, and the individuals were reportedly ostracized. Against this social backdrop, the Law Concerning the Prevention of Acquired Immunodeficiency Syndrome (AIDS Prevention Law) was promulgated in 1989. However, this law, with its focus on preventing further spread of the epidemic, failed to emphasize human rights or privacy or the provision of appropriate care and treatment for PLWHA. In the 1990s, a sudden increase in the number of reported cases—more than doubling in one year—generated an extremely strong sense of crisis throughout Japanese society. This led to a strengthening of measures, including the creation of the Stop HIV/AIDS Headquarters within the MHLW in 1992.

During this same period, the HIV-tainted blood scandal case that was brought to court in 1989 ended with a settlement in 1996. Based on pledges made in the settlement, major progress was made in terms of establishing research and treatment facilities and developing social welfare and other systems for PLWHA. However, because the establishment of such systems was triggered by the contaminated blood case, there has been a significant lag in the development of effective measures for preventing HIV infection through sexual contact.

**Policy Revision and AIDS Prevention Guidelines**—The year 1999 represented another turning point in Japanese policy on AIDS. That year, there was a complete revision of policies concerning infectious diseases, and the Law Concerning the Prevention of Infectious Diseases and Patients with

Infectious Diseases (Infectious Diseases Law) was put into effect. This led to the abolishment of the AIDS Prevention Law and meant that HIV/AIDS has thereafter been treated as just one of more than 70 infectious diseases. This law classifies infectious diseases into five categories based on their level of infectiousness and the seriousness of their symptoms. HIV/AIDS, considered as having the weakest rate of infection along with influenza and chlamydia, is categorized as Type V.

However, a major advancement in Japanese AIDS policy was made when, in line with the repeal of the AIDS Prevention Law, the National Guidelines for HIV/AIDS Prevention and Care (National Guidelines) were announced. The guidelines indicated a shift in policy direction toward measures concerned with the provision of appropriate treatment and prevention of the further spread of HIV/AIDS. Forming the basis of present-day domestic HIV/AIDS policy, the guidelines were developed around eight pillars: 1) investigation of causes; 2) prevention of infection and further spread; 3) provision of medical care; 4) promotion of research and development; 5) participation in international networks; 6) respect for human rights; 7) provision of information and education; and 8) creation of new ties with relevant ministries, local governments, and nongovernmental organizations (NGOs).<sup>6</sup>

One of the features of the guidelines praised by experts is the identification of four specific target groups, namely youth, foreigners, homosexuals, and sex workers and their clients, whereas previous AIDS prevention policies had been directed at the entire population. These guidelines are also highly regarded for the importance they place on implementing an effective policy giving greatest consideration to the human rights and social context of these target groups.

### ***Progress and Challenges***

**Prevention**—The biggest improvement in prevention measures has been with respect to MSM and youth. As for MSM, the most notable progress is the establishment by the JFAP of two prevention centers specifically for MSM in the Tokyo and Osaka gay communities. The management of these

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6. For full English translation of the guidelines, see the Japan Association for the Lesbian and Gay Movement (1999), p. 74–85.

centers has been consigned to nonprofit organizations (NPOs), and the centers are fast becoming key bases for outreach to the gay community.

As for youth, researchers have developed an HIV education program especially for junior high and high school students based on a sexual behavior survey of more than 100,000 youth. The project has gained much recognition for its effect in bringing about a major transformation in the students' awareness and behavior. The program was adopted as part of the MHLW's HIV/AIDS education program for youth in 2004 and is now being implemented nationwide.

There are currently no effective measures for prevention among the other two specific target groups—foreigners and CSWs and their clients—due to difficulties faced in outreach to these groups.

**Voluntary Testing**—There is a system for free and anonymous HIV testing at health centers throughout Japan, but because these public facilities are generally only open during daytime hours on weekdays, it has been difficult for people to take advantage of this service. However, in recent years, a number of health centers that stay open at night and on weekends have opened in Tokyo, Osaka, Nagoya, and other major cities. This has led to an increase in the number of people undergoing HIV testing.

**Treatment**—Across Japan, more than 300 medical institutions have been designated as AIDS Care Core Hospitals that can provide antiretroviral treatment; however, they do not necessarily function as intended. For example, in Tokyo alone, there are more than 50 of these hospitals, but an overwhelming number of HIV/AIDS outpatients go to just three or four of them, as the others have reportedly not been receptive to people infected with HIV. This is thought to be caused by such issues as a shortage of AIDS specialists, persistent deep-seated stigmatization even within medical institutions, and the lack of incentives to provide such services as many of them fall outside the health insurance system.<sup>7</sup>

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7. Report by Dr. Masayoshi Negishi, Tokyo Metropolitan Komagome Hospital, at the Japan AIDS & Society Association's Forum, April 23, 2005.

**Reassessing the AIDS Prevention Guidelines**—The AIDS Prevention Guidelines are reassessed every five years, with the first reassessment occurring in the year 2005. There has clearly been a big increase in the number of people with HIV/AIDS since the guidelines were created in 2000. While it is still too early to debate whether or not the guidelines have been successful, it is widely believed that the increase indicates a failure to implement measures that truly reflect the philosophy of the guidelines. Close attention is now being paid to the reassessment process in the hopes that it will produce truly effective policies to reverse the trend of increasing HIV infection.

### *Japanese ODA and Fighting AIDS in Developing Countries*

**Policy Framework**—As a major global issue, infectious diseases, including AIDS, are considered an important area of assistance in the Japanese government's ODA strategy. The concept of human security has been a pillar of Japanese foreign policy since 1998, and AIDS is regarded as one of the main challenges to human security. Measures to fight infectious diseases have been promoted through a series of government initiatives including the Global Issues Initiative on Population and AIDS (GII), which operated from 1994 to 2000, the International Parasite Diseases Control Initiative, put forward in 1997, and the Okinawa Infectious Diseases Initiative (IDI), in operation from 2000 to 2005.

The IDI, which was announced on the occasion of the Kyushu-Okinawa G8 Summit in July 2000, set aside US\$3 billion over a five-year period to support developing countries in fighting infectious diseases, with HIV/AIDS, tuberculosis, malaria, and polio specifically identified as major targets.<sup>8</sup> After the announcement, the spirit of the initiative rapidly led to the formation of concrete measures. The Okinawa International Conference on Infectious Diseases, held in December 2000 as a follow-up, represented the first time that various members of international society gathered to debate and devise concrete measures for moving forward on these issues.

In terms of contributed funds, Japan established the Japan Trust Fund for HIV/AIDS in the International Planned Parenthood Federation (IPPF) in

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8. Severe Acute Respiratory Syndrome (SARS), avian influenza, and other emerging infectious diseases have been added subsequently.

2000, with annual contributions of approximately US\$1 million. Japan also created a grant aid program for fighting infectious diseases within the ODA grant aid scheme, with a special allocation of approximately ¥10 billion (US\$92 million) per year. In June 2001, Japan pledged US\$200 million for the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), and by the end of March 2005 had made total contributions of US\$327 million. In June 2005, Japanese Prime Minister Koizumi Junichiro announced an additional pledge to the Global Fund amounting to US\$500 million over the coming years. In an age when the overall ODA budget has been declining, these contributions demonstrate the high priority given by the Japanese government to infectious diseases in its foreign policy.

Assistance under the IDI came to an end in March 2005, and at the time this chapter was written, the details of total IDI spending and the impact of individual projects were not yet available. However, it is widely recognized that the announcement of this initiative and the US\$3 billion contribution by the Japanese government has been responsible for drawing international political commitment to the fight against infectious diseases, and was the impetus for the subsequent creation of the Global Fund.

From April 2000 through March 2004, total IDI spending amounted to US\$4.1 billion, exceeding the original target of US\$3 billion. Support in the field of AIDS focused largely on prevention, including prevention education, provision of HIV testing equipment and kits, capacity building at research facilities, and training of counselors and clinical personnel. Table 1 highlights some of the key projects funded in the field of HIV/AIDS in East Asia as a result of the initiative.

**Positioning of HIV/AIDS**—HIV/AIDS is clearly positioned as a priority area within Japan's ODA program in terms of support for infectious disease countermeasures. However, as seen in figure 6, it cannot be said that the proportion of aid spent specifically on HIV/AIDS reflects this priority. Under the GII, of the total ¥543.1 billion (approximately US\$5 billion) spent over a period of seven years, only 2.4%, (US\$120 million) was for HIV/AIDS. Actual spending in the first two years of the IDI amounted to ¥186.82 billion (approximately US\$1.7 billion), of which only 11.3% (US\$190) million was allocated for HIV/AIDS projects (International

**Table 1. Major HIV/AIDS-related projects in East Asia under the IDI, 2000–2003**

Cambodia	<ul style="list-style-type: none"> <li>• Capacity building for HIV/AIDS prevention and control [2000]</li> <li>• Enhancing NGO participation in HIV/AIDS prevention and care [2001]</li> <li>• Sihanoukville Port rehabilitation project (HIV/AIDS measures for laborers) [2001]</li> </ul>
China	<ul style="list-style-type: none"> <li>• HIV Testing<sup>a</sup> [2000]</li> <li>• Community-based HIV/AIDS care, prevention, and poverty reduction project [2002]</li> </ul>
Indonesia	<ul style="list-style-type: none"> <li>• Clinical management for HIV infection and AIDS opportunistic infections<sup>b</sup> [2001]</li> <li>• Reproductive health support in emergency situations [2002]</li> </ul>
Laos	<ul style="list-style-type: none"> <li>• HIV/AIDS and sexually transmitted disease (STD) education prevention and management project [2002]</li> </ul>
Malaysia	<ul style="list-style-type: none"> <li>• Clinical management for HIV infection and AIDS opportunistic infections<sup>b</sup> [2001]</li> </ul>
Myanmar	<ul style="list-style-type: none"> <li>• Equipment supply program for AIDS control and blood testing [2000]</li> </ul>
Philippines	<ul style="list-style-type: none"> <li>• Laboratory diagnosis of STD/HIV infection<sup>b</sup> [2000]</li> <li>• Technical cooperation project for prevention and control of AIDS [2000–2002]</li> </ul>
Thailand	<ul style="list-style-type: none"> <li>• Project for model development of comprehensive HIV/AIDS prevention and care [2000–2002]</li> <li>• Project to strengthen National Institute for Health capabilities for research and development on AIDS and emerging infectious diseases [2001, 2002]</li> <li>• HIV prevention and PLWHA support project in Northeastern Thailand [2003]</li> </ul>
Vietnam	<ul style="list-style-type: none"> <li>• Project for prevention and control of HIV/AIDS transmission [2000]</li> <li>• Construction of a surgery room and provision of medical equipment to the Mai Hoa AIDS Center [2001]</li> <li>• Project formulation study on infectious diseases control (including HIV/AIDS) [2000]</li> <li>• Clinical management for HIV infection and AIDS opportunistic infections<sup>b</sup> [2001]</li> <li>• Countermeasures for prevention and control of HIV/AIDS<sup>b</sup> [2001]</li> </ul>
Cambodia, India, Thailand	<ul style="list-style-type: none"> <li>• Enhancing human security through gender equality in the context of HIV/AIDS [2001]</li> </ul>
Cambodia, Laos, Vietnam	<ul style="list-style-type: none"> <li>• Community action for preventing HIV/AIDS [2001]</li> </ul>

Source: Ministry of Foreign Affairs (2004).

Note: Some of the assistance listed here was made through multilateral organizations such as the UN Trust Fund for Human Security and the Japan Fund for Poverty Reduction in the Asian Development Bank.

<sup>a</sup> Dispatch of experts.

<sup>b</sup> Training program in Japan.

Development Center of Japan 2002, chap. 2–3; Japan Anti-Tuberculosis Association 2004, pt. 1, chap. 3–4).<sup>9</sup> Japan's level of financial commitment to the cause of HIV/AIDS contrasts markedly with that of the United States and the United Kingdom, which have both developed specialized policies for fighting HIV/AIDS. The United States designated US\$15 billion over the five-year period from 2003 especially for HIV/AIDS countermeasures, with a commitment equal to US\$2.2 billion in the 2004 fiscal year (Office of the U.S. Global AIDS Coordinator 2005, 113).<sup>10</sup> The UK announced a £1.5 billion (approximately US\$2.7 billion) three-year package starting in 2004.<sup>11</sup>

There are several reasons for Japan's relatively low proportion of spending targeted specifically at HIV/AIDS. Because of the belief that infrastructure development is the foundation for fighting infectious diseases of all types, the IDI focuses on improving basic education, providing safe water supplies, and strengthening community health. Improvements in these areas have brought about greater awareness as well as changes in knowledge and behavior. Support for indirect infectious disease countermeasures such as these accounts for 73.64% of all spending. The percentage of assistance given to directly fight an individual infectious disease is very low, at only 26.36%, as shown in figure 6. Within this direct assistance, although spending on HIV/AIDS is highest, it still only accounts for 11.39% of the total.

In the global environment where trends in fighting infectious diseases are moving to specific and direct countermeasures, some people say that the overwhelming emphasis on indirect support makes Japan's initiatives ambiguous (Japan Anti-Tuberculosis Association 2004). The other side of this debate reveals the feeling that Japan's contribution to infrastructure development deserves to be duly valued for the fact that without it there can be no effective prevention or treatment.

Japan's hesitation to focus on the HIV/AIDS field and promotion of a more all-encompassing approach to fighting infectious diseases can be explained in the following ways. First, as mentioned above, domestic HIV infection rates are low and as such HIV/AIDS is still not considered an issue

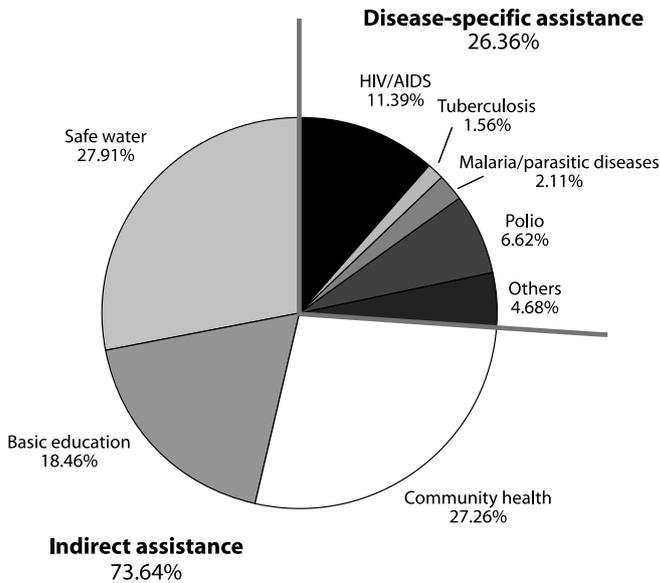
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9. Dollar figures have been calculated at an exchange rate of ¥108 to US\$1.

10. Includes spending on research and development.

11. Dollar figures have been calculated at an exchange rate of £1 to US\$1.85.

Figure 6. Japanese ODA under the IDI, by type of assistance (2000–2001)



Source: Graph created based on data from Japan Anti-Tuberculosis Association (2004).

requiring immediate attention. Because of this, there is virtually no domestic pressure on the government to provide overseas assistance specifically for HIV/AIDS, and it would be difficult to gain public support for such a move. The lack of expertise on HIV/AIDS compared with other infectious diseases is another reason. A considerable amount of experience on tuberculosis, polio, and parasitic diseases has been accumulated over the past several decades through efforts to combat them at home and abroad, allowing Japan to demonstrate expertise in responding to the needs of developing countries. However, the same cannot be said of HIV/AIDS, an area where Japan's potential contribution in terms of human and technical resources is seen as relatively limited. Moreover, there is a strong belief among policymakers that, given the fact that there are basic countermeasures that are common to all types of infectious diseases (such as the creation of an adequate surveillance system), it is necessary for recipient countries to first formulate a national strategy for fighting infectious disease in general.

Too much emphasis on one particular disease may create confusion in the field and slow the overall policy formation process. Against this backdrop, the Japanese government chose to emphasize a more comprehensive approach rather than focus specifically on HIV/AIDS. Many AIDS experts express a need to further strengthen the fight against HIV/AIDS in light of the disease's social and economic impacts. However, opinion is divided as others believe that this more comprehensive approach reflects Japan's uniqueness.

In June 2005, MOFA announced its new health initiative, "Health and Development," as the successor of the IDI, maintaining a comprehensive approach to the issues.

### **Civil Society Involvement in the Fight Against HIV/AIDS**

The civil society sector in Japan has grown rapidly in recent years and is increasingly very active, but it still has a short history and remains at a much less advanced state of development than in Europe, the United States, and some other Asian countries. One of the reasons for this is that for many years, responsibility for deciding, preserving, and building the "public good" rested on the shoulders of the national government and the bureaucracy. It is only in the past ten years, with the progress in globalization and the increasing diversity and complexity of social issues, that there has been broad recognition of the significance of civil society as the third leader in society along with the government and business sectors. Legal and taxation systems that would support the further development of civil society are still in the formulation stage, and civil society organizations face great challenges in terms of preserving their autonomy and professionalism and establishing solid financial foundations. Approximately 90% of the NPOs incorporated nationwide under the 1998 NPO Law operate on an annual budget of less than ¥30 million (US\$270,000); the average organization employs 1.3 full-time paid staff and pays annual average wages of approximately ¥1.18 million (US\$10,000). Even among those NPOs (be they associations or foundations) incorporated earlier under the civil code, about half operate with annual budgets of less than ¥50 million. Thus, organizational capacity

for activities is extremely fragile. Though the degree may vary, a majority of the Japanese NGOs working on HIV/AIDS issues face these kinds of organizational capacity problems.

### ***NGOs Engaged in the Domestic Fight Against HIV/AIDS***

In Japan, there are approximately 100 community-based NGOs involved in domestic HIV/AIDS-related activities. They tend to be small-scale entities founded after 1990 and are primarily service-oriented organizations with a high level of expertise, led by doctors, medical staff, social workers, or PLWHA. Such organizations carry a lot of responsibility and have come to play a very important role in terms of prevention, education, and awareness raising. Many organizations run unique awareness programs appealing to youth. NGOs play a particularly major role in behavior change intervention among populations with high-risk behavior, and this is the comparative advantage of NGOs over public agencies, which often fail to access these communities.

One factor that stimulated the rapid development of HIV/AIDS-related NGOs in Japan was the holding of the International AIDS Conference in Yokohama in 1994. It represented the first time Japan was the host country for such an event. Membership in the organizing committee and joint collaboration among the Japanese government, international NGOs, and international institutions in the process of organizing the conference had a major impact on strengthening Japanese NGOs, especially in terms of relations with the government and closer collaboration with overseas NGOs.

### ***NGOs in International Cooperation on HIV/AIDS***

On the international front, some NGOs that are working on reproductive health, primary healthcare, and other health issues are gradually beginning to include HIV/AIDS as one pillar of their program work. There are also a few examples of Japanese NGOs operating in Africa that have taken up AIDS issues as one aspect of their community development programs. In addition, there are active advocacy organizations focused on AIDS and tuberculosis. However, on the whole, very few NGOs are involved in HIV/AIDS-related activities in developing countries. The author estimates that they account for less than 10% of the approximately 230 Japanese NGOs said to be engaged in substantial international cooperation projects.

One reason given for this is the lack of human resources in Japan with expertise on implementing AIDS projects in developing nations.

### ***Building Networks in Asia***

One of the most noteworthy trends among HIV/AIDS-related NGOs in Japan is the strengthening of their networking with counterpart organizations in Asia. The convening of the 7th International Conference on AIDS in the Asia Pacific Region in Kobe in July 2005 has added momentum to this movement, rapidly advancing working relations between Japanese NGOs and their Asian counterparts. There are several Asia Pacific HIV/AIDS-focused NGO networks, each focusing on a different specialized area and each with a counterpart organization in Japan, creating focal points for collaboration (see table 2).

Although Japanese NGOs are generally not very outspoken compared with their Asian and African counterparts, they have recently undertaken various regional activities utilizing the above-mentioned networks. One noteworthy initiative is the creation of a network led by JaNP+. Established in 2002 as the first nationwide organization to bring together PLWHA in Japan, it has now launched exchange activities among PLWHA from Japan, Korea, Taiwan, and other Asian countries. In 2004, JaNP+ cooperated with the United Nations Development Programme to create a Japanese-language version of a pictorial monograph, *Quiet Storm*, which contains photos of Asian PLWHA. The proceeds from the sale of this book are going to support the creation of the Asia Pacific Fund for People Living With HIV/AIDS to support such individuals throughout the Asia Pacific region.

### ***Challenges for Japan's HIV/AIDS-related NGOs***

**Government-NGO Relations**—With the development of civil society in Japan, a number of efforts have been made, though somewhat belatedly, to improve coordination between the government and NGOs. On the domestic scene, NGOs have gradually been involved in the policymaking process and in developing pilot programs in collaboration with the government. In terms of international cooperation, meetings held regularly since 1994 between MOFA and NGOs on global health and population issues have proven to be an effective forum for streamlining government-NGO collaboration. And there are a few emerging cases of Japanese NGOs receiving

**Table 2. NGO networks in Asia and their counterparts in Japan**

Issue area	NGO networks in Asia	Japanese counterparts
AIDS in general	Asia Pacific Council of AIDS Service Organizations	Japan AIDS & Society Association (JASA)
PLWHA	Asia-Pacific Network of People Living with HIV/AIDS	Japanese Network of People Living with HIV/AIDS (JaNP+)
Migrants	Coordination of Action Research on AIDS and Mobility in Asia	Services for the Health in Asia & African Regions
CSWs	Asia-Pacific Network of Sex Workers	Sex Work and Sexual Health
MSM	Asia Pacific Rainbow	Japan Association for the Lesbian & Gay Movement

Note: Counterpart Japanese organizations have not yet been designated for the Asian Harm Reduction Network or the AIDS Society of Asia and the Pacific.

ODA for grassroots community AIDS programs in developing countries. However, on the whole, cooperation has not always been constructive.

**Linking the Domestic and International Efforts**—Many of the Japanese NGOs working on HIV/AIDS issues tend to be active on either the domestic or international fronts and are rarely involved with both. In addition, the two groups of NGOs tend to operate independently of one another, with little exchange of information and personnel. Just as the vertical divisions between ministries are underscored by the tendency for them to develop independent policies, there is minimal coordination between domestic and international civil society organizations in their approach to fighting the epidemic.

**Weak Financial Infrastructure**—The biggest challenge faced by NGOs involved in HIV/AIDS-related activities is the weak financial infrastructure. As shown in the following sections, NGOs cannot anticipate adequate philanthropic support from foundations or corporations, nor can they expect significant funding from private donations or membership contributions, especially given the decline in the level of interest in AIDS among the general public. Organizations have resorted to relying on medical professionals and PLWHA to work on a volunteer basis in their free time. These factors

mean that domestic NGOs are struggling to meet the increasing needs of society, both qualitatively and quantitatively, and measures are needed to strengthen their financial and organizational structure and capacity. Recent advances in collaboration between government ministries and NGOs have led to greater availability of public funds for the support of NGO activities from the MHLW, MOFA, and others. Although such grants contribute to the development and continuity of these NGOs, a complete dependency on public funds could erase the flexibility of civil society organizations to respond to emerging issues and changing needs—the very quality that sets them apart. Establishing a system to ensure a flow of private funds is an urgent task.

### *Private Foundations*

There are approximately 1,000 private grant-making foundations in Japan, and the average size of their assets is much smaller than in Western countries such as the United States. The relatively small scale of Japan's foundation sector can be understood by looking at the combined dollar value of all foundation assets, which stood at ¥1.6 trillion (approximately US\$14.8 billion) in 2003. This is equivalent to just half of the assets held by the Bill and Melinda Gates Foundation (the largest foundation in the United States), and is just slightly bigger than the assets of individual foundations such as the Lilly Endowment or the Ford Foundation (Japan Foundation Center 2005).<sup>12</sup> In terms of the nature of the grants made, most are either research grants or scholarships; very few are made as operational funding to support the type of activities pursued by NGOs. Even though these foundations operate more than 300 grant programs in the fields of health and welfare—making it the second largest grant-making field after science and technology—very few foundations have programs specifically focused on HIV/AIDS.

One exception is the “Japan Stop AIDS Fund,” which was established by the JFAP in 1993 to support NGOs involved in fighting HIV/AIDS in Japan. Since it started, the fund has collected donations from individuals and corporations and has been able to make total grants of more than

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12. The figure for Japanese foundations is the combined assets of 638 foundations for which data has been recorded.

¥200 million to NGOs engaged in programs to fight HIV/AIDS in Japan, such as social support activities and telephone counseling services for PLWHA. As the only grant program specifically for HIV/AIDS, it has become an extremely valuable source of funding for Japanese NGOs in this field. However, donations to the Stop AIDS Fund have been diminishing recently, reflecting poor economic conditions and a declining interest in HIV/AIDS, and further eroding the sources of funding for NGOs engaged in fighting this disease.

One other example is the Levi Strauss Foundation's grant program, which identifies HIV/AIDS as one of its priority categories.<sup>13</sup> Numerous grants have been used for awareness-raising programs, prevention programs aimed at high-risk groups, and capacity building for NGOs involved with HIV/AIDS in Japan.

On the other hand, there are even fewer funding options from private sources for NGOs working on HIV/AIDS issues in Asia and Africa. There is great need for a philanthropic initiative to support international programs in this field, similar to the 30-year campaign to eradicate leprosy around the world that was undertaken by the Nippon Foundation (Japan's largest grant-making foundation) in cooperation with the World Health Organization (WHO), recipient country governments, and NGOs.<sup>14</sup>

## Role of the Media

Mass media has a major role to play in the dissemination of information and knowledge about HIV/AIDS, but mishandling this role by reporting sensational stories based on inaccurate information only serves to spread fear and stigmatization. In the two years after the MHLW confirmed the first case of AIDS in Japan in 1985, coverage in the mass media was all sensationalized. There were often prejudiced comments regarding preventing

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13. The Levi Strauss Foundation's grant program was operated by the Japan Center for International Exchange (JCIE) as a donor advised fund from 1997 to 2004; direct grant making has been carried out by the foundation since 2005.

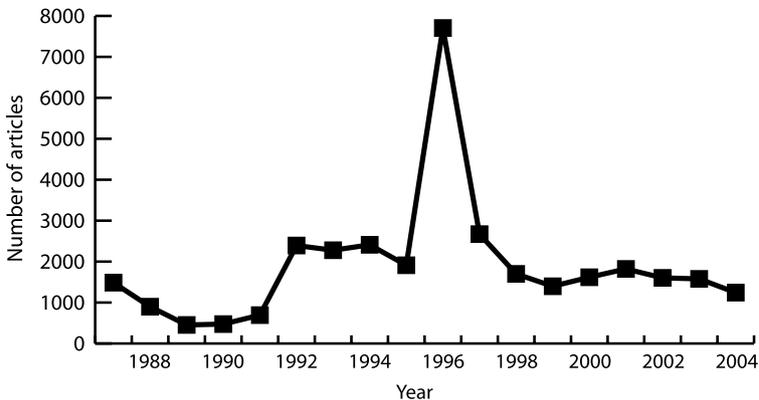
14. The Nippon Foundation was founded with revenues from the speedboat racing industry. President Sasakawa Yohei has been appointed WHO Ambassador for Leprosy Elimination.

the spread of HIV from infected persons to the general public, and there were blatant breaches of privacy by some media organizations that reported names and showed photos of people with HIV. Constant coverage of this variety is thought to have had a considerable impact on the formulation of a negative image of the disease.

While the absence of such sensational stories in recent years is a positive sign, the downside is that overall coverage of HIV/AIDS has declined. Figure 7 shows the trends in the number of articles appearing in Japan's three major national newspapers that contained a reference to either "HIV" or "AIDS." For a few years from around 1991, the number of newspaper articles on the subject of HIV/AIDS showed an increase due to a rapid rise in the number of reported cases and the high media profile of the International AIDS Conference held in Yokohama in 1994. The epidemic had the greatest media coverage in 1996, when a settlement was reached in the HIV-tainted blood case, after which coverage immediately dropped and has since leveled off.

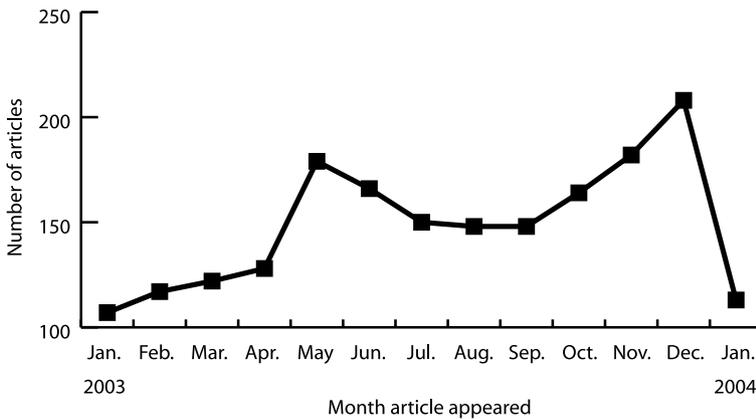
In terms of coverage patterns, there seems to be a concentration of interest in HIV/AIDS around World AIDS Day on December 1 every year. Many newspapers seem to feature articles on the topic from the end of November to early December, but then lose interest altogether (see fig. 8). The only national

**Figure 7. Articles appearing in three national Japanese newspapers that refer to HIV or AIDS, by year**



Source: Data was compiled by JCIE through a search of articles using the Nifty database service.

Figure 8. Articles appearing in four national Japanese newspapers that refer to HIV or AIDS, by month



Source: Ibid.

newspaper that has demonstrated a sustained interest in following issues related to HIV/AIDS is *Sankei Shimbun*. From 2000 to 2001, the newspaper ran a regular series on “AIDS and society” in a weekly column, followed by a series on “a new age of infectious diseases” that ran from 2002 until March 2005, looking at AIDS issues on both the domestic and global scale. *Yomiuri Shimbun* ran two series on HIV/AIDS over the 2004–2005 period.

It must be recognized, however, that the level of coverage in the media overall is not contributing to shaping public opinion on issues related to HIV/AIDS. In order to improve both the quality and quantity of media coverage on AIDS, there is a need to provide journalists with training opportunities and accurate information, allowing them to take a broader view of the issues. The periodic seminars on AIDS issues for journalists that have been conducted by the Japan National Press Club since 2002 are an example of activities that should be expanded. Further research is also needed to assess the extent of current coverage of the issue by other media, such as television, radio, and the Internet, and to gauge the degree of knowledge of and interest in HIV/AIDS among people working in those media outlets.

## Corporate Attitudes toward HIV/AIDS

The level of interest in HIV/AIDS issues among Japanese corporations is very low compared with that of corporations in other industrialized countries. In the late 1980s to early 1990s, when the media was regularly reporting on the increase in HIV/AIDS cases in Japan, the private sector showed a certain level of interest and undertook a number of activities related to HIV/AIDS. However, since then, there has been a constant decline in interest. Not one Japanese corporation is listed among the members of the Global Business Coalition on HIV/AIDS, nor is there a comparable organization in Japan.

Unlike American corporations whose businesses and communities have been threatened by the issue, there is little incentive for Japanese corporations to become active in the area of HIV/AIDS because Japan is a low-prevalence country. Many corporations are wary of damage to their corporate image if they become involved in a controversial issue such as AIDS. Corporations are hesitant to deal with a disease that is transmitted outside the workplace and for which they feel little responsibility. Some suggest that it is safer to leave the issue untouched as direct corporate involvement with HIV at the workplace may lead to a violation of their employees' privacy. In spite of efforts by AIDS experts to change their mindset, corporations have not been convinced of the importance of the issue or the role they can play.

However, in the last two years there has been a dramatic change in attitudes. An increasing number of corporations have started to show signs of greater interest in HIV/AIDS issues. This shift can be attributed to the changing Japanese corporate environment. In particular, there has been an expansion of many Japanese corporations into China, Thailand, and other countries where the prevalence of HIV/AIDS is better understood, and there has also been greater emphasis on corporate social responsibility (CSR) in Japan.

### *Workplace Management of HIV/AIDS*

In Japan in the early 1990s, the issue of HIV/AIDS in the workplace was raised in policy discussions. In 1992, the Tokyo Chamber of Commerce, feeling a sense of crisis over the spread of HIV/AIDS, formed a study group

on the AIDS issue with representatives from its member companies and published a manual on corporate responses to HIV/AIDS. That same year, a survey was conducted by the Institute for International Business Communication and the Japan Overseas Enterprises Association on the response to AIDS by Japanese corporations operating in the United States. In 1993, the Japan Federation of Employers' Associations (Nikkeiren, now the Japan Business Federation) submitted recommendations to the government calling for strengthened prevention measures. The association also announced guidelines on workplace management of HIV/AIDS. More than 30 major corporations based in Tokyo established the Japan Inter-Company Meeting Against AIDS in 1994 as a forum for information exchange on workplace AIDS education. In 1995, the MHLW (then the Ministry of Labor) issued a series of guidelines for workplace management of the epidemic, including HIV/AIDS education for employees, prohibition of HIV testing in the workplace (except where an individual requests it), respect for employee privacy, and prohibition of termination of employment due to HIV/AIDS. Against this backdrop, a number of large corporations established policies for AIDS countermeasures in the workplace in the 1990s. However, in line with the general decline in interest in HIV/AIDS in Japanese society, the issue was no longer debated in economic circles either. The policies that were established by corporations back then still exist today, but it is far from clear how pervasive the policies have been.

With recent advances in the development of antiretroviral treatment, the progress from HIV infection to AIDS can be slowed and more people can continue to work and lead a normal life while fighting the disease. JaNP+ estimates that there are approximately 6,500 PLWHA who are salaried employees in Japan today, highlighting the need for improved workplace management. However, it is still difficult to say that workplaces have developed sufficiently to allow staff to continue working once they are diagnosed with HIV or AIDS. According to a survey, 37.6% of respondents said they changed jobs after learning that they were HIV-positive. The reasons for doing so were given as "I was concerned about my physical strength" or "there were issues related to the work conditions and job content." Not a few respondents also said they changed jobs because they were anxious that people would find out about or actually knew their HIV status. Of the people who quit their jobs, 64.1% said they quit of their own volition,

28.2% said they had to quit, and 7.7% (15 people) of the respondents said they were dismissed (Konishi 2005). There have been several publicized lawsuits with regard to unfair dismissal, and there are likely many more that have not been made public.

### *Corporate Philanthropy*

There are some corporations showing a willingness to take more active measures to tackle HIV/AIDS through corporate philanthropy and awareness-raising programs. Four companies especially active in this respect are Levi Strauss Japan, the Body Shop Japan, MTV Japan, and SSL Health Care Japan. Their activities include distributing condoms, conducting in-store campaigns, broadcasting AIDS prevention messages, providing funds to NGOs, and supporting AIDS-related events. These programs are all conducted by foreign-based international corporations whose headquarters are already well known for their involvement in the fight against the disease. On the whole, there are no activities of this kind being initiated by Japan-based corporations. Their philanthropic programs tend to be confined to traditional social issues such as the arts, children and education, or care for the aged and the disabled. There have thus far been no moves to actively support the fight against a sensitive issue like HIV/AIDS, especially when the presence and impact of the disease in Japan remains obscure.

### *Encouraging Signs*

**Rising Concern among Corporations Expanding Overseas**—As the Japanese yen gained strength from the mid-1990s onward, many Japanese corporations increased their level of direct foreign investment in Asia. There are now several thousand Japanese corporations operating in various countries throughout Asia. Because of this, many Japanese corporations employ local human resources, directly and indirectly, in areas where HIV/AIDS is prevalent. In keeping with the growing debate on CSR, the Japanese business world is showing increasing interest in corporate behavior in Asia. This is particularly true in China, where the greatest number of Japanese corporations (2,630) are operating, and in Thailand, which has the second-largest concentration with 1,140 companies.

As one of its key activities, the Friends of the Global Fund, Japan (FGFJ), established in 2004, has embarked on creating an environment in which

Japanese corporations are encouraged to participate in the fight against the three major communicable diseases, AIDS, malaria, and tuberculosis. The FGFJ has launched a research initiative to examine the impact of HIV/AIDS on businesses both domestically and internationally and examples of good practices in corporate philanthropy, and it is conducting a series of forums for Japanese businesspeople in cooperation with the Japan Business Federation and the Council for Better Corporate Citizenship (CBCC). In addition, in the 2004–2005 period, various organizations held seminars focusing on corporations and AIDS, showing a sharp contrast with previous years when the issue was barely raised. The recognition that HIV/AIDS poses a threat to business is gradually taking hold through these efforts. Some examples of recent meetings include the following:

- Public seminar: “Why HIV/AIDS Is an Issue for Business” (Global Reporting Initiative Forum Japan, April 2004)
- Breakfast meeting between business leaders and Prof. Richard Feachem of the Global Fund (Japan Business Federation and FGFJ, December 2004)
- Public seminar: “Current State and Challenges of HIV/AIDS in Japan” (Japan Philanthropy Association, May 2005)
- International Symposium: “The Role of Business in the Fight Against AIDS, Tuberculosis, and Malaria: Learning from Successful Cases in Meeting Global Challenges” (FGFJ, June 2005)
- Meeting: “HIV/AIDS Prevention for Mobile Populations in Greater Mekong Subregion: Corporate Social Responsibility in JBIC [Japan Bank for International Cooperation] Infrastructure Projects” (JBIC, July 2005)
- Symposium: “HIV/AIDS is Everybody’s Business” (Standard Chartered Bank, Japan, July 2005)
- Workshop: “HIV/AIDS Prevention Programs in Large-Scale ODA Infrastructure Projects” (JBIC and IPPE, July 2005)
- CBCC Dialogue Mission on CSR to Southeast Asia meets representative of Thailand Business Coalition on AIDS (CBCC, September 2005)
- Public seminar: “Sending Messages of People Living with HIV through the Workplace and through Corporate Philanthropy” (JASA, October 2005)

Although it may take time for the effect of the above efforts to be broadly seen, some companies are already putting the ideas into practice. Once such example is Ajinomoto Co., which in fall 2005 identified for the first time communicable diseases, such as HIV/AIDS, tuberculosis, and malaria, as one of the main focus areas of its “Nutrition and Health” grant program.

It is interesting to note that there are several cases where the overseas operation of a Japanese corporation is more advanced in its efforts to address HIV/AIDS than the headquarters in Japan. For instance, close to 20 subsidiaries or joint ventures of Japanese corporations are members of the Thailand Business Coalition on AIDS and are very active in promoting workplace policies on AIDS, particularly through the efforts of Thai employees. It is hoped that examples such as these will be useful in strengthening appropriate measures for addressing HIV/AIDS at the overseas operations of Japanese corporations.

**Labor Unions**—One encouraging development in the private sector is the recent interest shown by labor unions in combating the epidemic. Japan’s national organization of labor unions, the Japanese Trade Union Confederation (Rengo), has been taking up HIV/AIDS as a priority area in its international activities, as seen in its Action Policy 2004–2005. In coordination with other national labor organizations, it will strengthen its calls for transnational corporations to abide by labor standards and establish concrete workplace policies on public health and safety in order to eliminate child labor and combat infectious diseases such as HIV/AIDS and SARS. It also plans to embark on international cooperation projects for the elimination of poverty, child labor, and the spread of the epidemic. For example, the international division of Rengo and the Japan International Labor Foundation, in partnership with labor union organizations in Africa, have started to lay the groundwork for various programs promoting workplace measures for addressing HIV/AIDS in Africa. In early 2005, as the first step in this process, a program was held in Zambia to train workplace HIV/AIDS educators.

Another development was the establishment of a forum in Tokyo in July 2004 to facilitate NGO–labor union collaboration to achieve the Millennium Development Goals, with HIV/AIDS as one of the three main pillars. One of the first outcomes of the collaboration was the production

of a pamphlet on HIV/AIDS awareness and prevention for use by all Japanese labor unions. There is great hope that this kind of action by the labor unions will have a positive influence on employers.

**Measures to Fight AIDS at Major ODA Infrastructure Projects**—Another factor widely expected to be a trigger for greater Japanese involvement in fighting HIV/AIDS is the changing system for large construction projects in developing countries that are carried out with funding from ODA. There are currently many large-scale infrastructure projects for roads, ports, and airports that are being made possible through Japanese ODA loan aid. Such long-term construction projects lead to an influx of construction workers from surrounding areas. It has been pointed out that these migrant workers tend to have very limited knowledge of HIV and engage in behaviors putting them at high risk of HIV infection. In areas where the epidemic already exists, local communities and international institutions have expressed their fear that the implementation of Japanese ODA construction projects could accelerate the spread of AIDS in communities. While the infrastructure projects make a large contribution to boosting the economy and reducing poverty in the region, it is feared that in the long run the improved transport network and consequent greater movement of people will contribute to the spread of HIV/AIDS.

Responding to this issue, JBIC has initiated an HIV/AIDS and STD awareness program for construction workers and the community. JBIC ran a trial on the inclusion of a clause in contracts between JBIC and the contracted construction companies regarding implementation of AIDS programs on construction projects such as the expansion of the Sihanoukville Port in Cambodia and the Second Mekong International Bridge connecting Thailand and Laos. As a result, numerous AIDS countermeasures targeted at the construction workers, including HIV education, training of volunteer staff, distribution of condoms, counseling, and testing have been implemented by Japanese construction companies in collaboration with local NGOs. Because of the positive impact they can have on prevention awareness, the application of initiatives of this kind in high prevalence areas is a welcome step forward.

## Conclusion

HIV/AIDS has been described as an “exceptional problem” because of the scale of its destruction and the difficulties faced in fighting it. No vaccine or cure has been developed yet, and thus the disease continues to spread unabated. In 2004 alone, 4.9 million people were newly infected with HIV and there were 3.1 million AIDS-related deaths. This is equivalent to the total deaths in the December 2004 tsunami disaster being repeated every month for a year, and this recurs constantly, year after year. Unlike the tsunami, HIV/AIDS is not an isolated event, and because the impact and suffering caused by the disease are less visible, it has been described as a “silent tsunami.”

One of the complexities of HIV/AIDS is its potential to spread among marginalized groups of society in the earliest stages. By the time evidence of the spread surfaces, it has usually reached epidemic proportions. Responses to HIV/AIDS are often delayed because the issues involved, such as drug abuse, homosexuality, prostitution, human trafficking, unauthorized migration, and sex education are ones that spark divisive political debate, and are consequently put on the back burner in many countries. It is clear, therefore, that dealing with the complexity of the issues involved will require a cross-sectoral response.

The HIV/AIDS epidemic is taking hold in East Asia, where one-third of the world's population lives. Japan, where the infection is already spreading, can no longer ignore it as a disease in a far-off land. Asia is often described as a continent on the move. The movement of people across borders accelerates the spread in a given region, and experts indicate that especially wide-reaching countermeasures will be essential to controlling the epidemic in Asia, owing to the size of the population movements in this part of the world (MAP 2004, 9 and 109). Therefore, regional cooperation in Asia will be a key factor in halting the HIV/AIDS epidemic in the future. Japan must first bring its domestic spread of HIV/AIDS under control, but at the same time it is being asked to make a greater contribution to regional HIV/AIDS countermeasures—not just in supporting individual country programs but in terms of a more encompassing program for the whole region. In light of these increasing expectations on Japan, and given that HIV/AIDS poses a major threat to human security, it is more important than ever that Japan fully engage in the fight against HIV/AIDS.



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