

# Japan's Response to the Spread of HIV/AIDS

*The Japan Center for International Exchange wishes to thank*

Open Society Institute

# Japan's Response to the Spread of HIV/AIDS



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# Contents

Preface .....	7
Executive Summary .....	9
<b>I. Present State and Future Trends in the Spread of HIV/AIDS in Japan</b> .....	<b>12</b>
The State of the Epidemic.....	12
Populations Vulnerable to HIV-Infection.....	16
Impact of the HIV-Tainted Blood Scandal .....	19
Public Perception of HIV/AIDS .....	22
Future Perspectives .....	24
<b>II. Japanese Government Policies on HIV/AIDS</b> .....	<b>26</b>
Domestic Policies on HIV/AIDS .....	26
Role of the Ministry of Health, Labour and Welfare .....	26
Existing Framework for Fighting HIV/AIDS .....	27
Foreign Policy Initiatives on HIV/AIDS .....	33
HIV/AIDS in Foreign Policies .....	33
Priority of HIV/AIDS Relative to Other Infectious Diseases.....	35
Regional Policies and HIV/AIDS .....	36
Projects Under the Okinawa Infectious Diseases Initiative (IDI) .....	37
Joint Collaboration on HIV Vaccine Development .....	40

<b>III. Non-Governmental Actors in the Fight Against AIDS.....</b>	<b>42</b>
Civil Society Involvement .....	42
NGOs Working on HIV/AIDS Issues .....	43
Private Foundations.....	47
Role of the Media .....	50
Mass Media.....	50
Documentary Photography .....	55
Corporate Attitudes Towards HIV/AIDS.....	56
Workplace Management of HIV/AIDS.....	56
Corporate Philanthropy and Awareness-Raising Programs .....	59
Labor Unions.....	61
Bibliography.....	63
List of Key Informants .....	66
Appendices .....	69

## Preface

THIS REPORT EXAMINES the current state of the Japanese response to the domestic and global spread of HIV/AIDS, by both the public and private sectors. The purpose of the report is to identify the key actors in the combat against the epidemic and to ascertain achievements and challenges that lay ahead. For the benefit of those living outside Japan, pages are devoted to a description of the domestic background for a better comprehension of Japan's stance on the epidemic, i.e., current epidemiological situation in Japan, historical background, domestic discussion and public perception on HIV/AIDS.

The Japan Center for International Exchange (JCIE) would like to thank the Open Society Institute for commissioning this report and for providing the opportunity to conduct a challenging survey. It is probably the first effort to portray in the English language how various actors in Japan have been addressing the epidemic. Making use of the comparative advantage of JCIE as one of the very few independent, nonprofit, nonpartisan organizations in international affairs in Japan, the report focuses on government policy and civil society/business sector's involvement with HIV/AIDS. Reference to medical aspects and related activities pertaining to the disease is kept to a minimum as the technical aspects are outside the realm of the authors and already dealt with by medical experts in scientific papers.

As the time allowed for research was a limited four-month period starting in November 2003, coverage is far from comprehensive. Rather, it is hoped that the content will serve as a basis for future studies and stimulate debate to attract greater attention from Japanese leaders in political, business, media and civil society circles to the urgency of implementing effective measures to combat HIV/AIDS.

The report was compiled and written by a project team at JCIE headed by Satoko Itoh, chief program officer of the CivilNet Program, also serving as editor. Contributions to chapter 1 and chapter 2, section 1 were written by Satoko Itoh and Tomone Kozen, assistant program officer; for chapter 2,

section 2 by Tomoko Suzuki, program officer, with the assistance of Akiko Horiba; and for chapter 3 by Satoko Itoh. The English version of the report originally drafted in Japanese has been put together by Sachiko Aoki, program associate. The authors would welcome comments and feedback.

The authors are grateful for the information and revealing insights given to them by many experts on HIV/AIDS. Their names are listed at the end of the report. Among them, the authors would like to extend their appreciation to Masayoshi Tarui, professor of ethics at Keio University and Kazuo Miyata, editorial writer of *Sankei Shimbun* newspaper, both board members of the Japan AIDS and Society Association, for carefully reading through the draft report and giving helpful comments. The first draft of the report was distributed at the Asia Society/JCIE Joint Conference on “Human Security Challenges of AIDS and Communicable Diseases in Asia” held in Tokyo in March 2004. Comments received from the participants were incorporated whenever possible in this final version for publication. It should be noted that JCIE is solely responsible for the content of the report and that the opinions and analysis presented herein do not necessarily represent those of the Open Society Institute or the people consulted.

Tokyo  
April 2004

## **Executive Summary**

### THE STATE OF THE EPIDEMIC IN JAPAN

There are an estimated 20,000 people living with HIV/AIDS in Japan as of 2003. With prevalence still so low, HIV/AIDS is generally regarded as a disease that only affects faraway countries or other people not close to home. The epidemic was first identified domestically among hemophiliacs who had been infected through contaminated blood products. When the contamination was linked to the failure of pharmaceutical companies and government officials to exercise proper safeguards, scandal erupted. This so-called tainted blood scandal peaked during the early to mid-1990s and became the climactic point in the history of HIV/AIDS in Japan, but once a legal settlement was reached, the issue of AIDS appeared to have been put to rest in the eyes of the general public. Ever since, the level of interest in HIV/AIDS in Japanese society has remained very low.

Statistics reveal, however, that the number of newly reported HIV infections and AIDS diagnoses continues to climb steadily, making Japan an exception among high-income countries. Experts point out that the epidemic may be spreading much more quickly than available figures indicate, and that this increase may be linked to 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. Unless effective preventive action is taken, the number of infected is likely to more than double to 50,000 by the year 2010.

### GOVERNMENT POLICIES ON HIV/AIDS

HIV/AIDS issues are not yet on the mainstream policy agenda in Japan. Many point out that the absence of a national commission on HIV/AIDS impedes the development of effective national responses at the policymaking level. Separate

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

measures are pursued independently by different government ministries and agencies with little or no coordination. 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/AIDS, and no concerted national policy has yet been articulated to bridge the various efforts in the fight against the domestic and global spread of the epidemic.

**Domestic policy:** Much of Japan's present-day legal and regulatory framework, social welfare coverage, promotion of basic and clinical research and provision of medical care and treatment concerning HIV/AIDS in Japan has arisen out of the 1996 settlement agreed to by representatives of the HIV-infected hemophiliacs and the Ministry of Health, Labour and Welfare. However, the implementation of effective measures to promote prevention and awareness-raising regarding sexual transmission of the disease, in comparison, lags far behind. There is a growing demand for greater efforts to counter the rapid spread of the epidemic among populations vulnerable to HIV infection.

**Foreign policy:** Fighting infectious diseases has been given priority in Japan's Official Development Assistance (ODA) scheme, and the government has pledged a total of US\$3 billion under the Okinawa Infectious Diseases Initiative (IDI) for the five-year period from 2000 to 2004. Although Japan can boast considerable expertise in treating tuberculosis, polio, and parasitic diseases, the same cannot be said in the case of HIV/AIDS, an area where Japan's potential contribution is seen as relatively limited. Consequently, the Japanese government has resorted to taking a comprehensive approach to fight all infectious diseases rather than focusing solely on HIV/AIDS. In this sense, the IDI fails to give high priority to HIV/AIDS, including it as one of many targeted infectious and parasitic diseases. Indeed, projects under this initiative that are specifically related to HIV/AIDS have only accounted for 8 percent of total expenditures.

## NON-GOVERNMENTAL ACTORS IN THE FIGHT AGAINST HIV/AIDS

**Civil society involvement:** The civil society sector in Japan is extremely vibrant, but remains at a much less advanced state of development than in many Western countries. The approximately 100 community-based nongovernmental organizations (NGOs) involved in HIV/AIDS issues on the domestic scene are mostly run on a volunteer basis by medical experts

or people living with HIV/AIDS. They have been effective in conducting prevention programs and offering care and support for population groups vulnerable to HIV infection and not adequately reached by public agencies. Also, a very limited number of NGOs are active abroad, promoting prevention, testing, and care and support. However, it is rare for individual Japanese HIV/AIDS-related NGOs to be active both on the domestic and international fronts at the same time. This is not unrelated to the relatively small scale of Japan's NGOs, a product of the great challenges they face in terms of funding, human resources, and the creation of a supportive operating environment.

Private financial resources for NGOs involved in HIV/AIDS issues are severely limited. Grants from private foundations seldom go to support NGOs engaged in grassroots activities. Meanwhile, although many foundations fund research and offer scholarships in the fields of health, medicine and welfare, none give top priority to HIV/AIDS. For Japan to play any important role in the domestic and global fight against the epidemic, it seems clear that measures must be introduced to strengthen the financial and organizational structure of NGOs and pave the way for a more enabling environment.

**Corporate involvement:** Corporate awareness of HIV/AIDS issues remains at a low level. A business forum to discuss HIV/AIDS policies and a number of HIV/AIDS-related programs targeted at the corporate sector were launched in the mid-1990s, but they have since fallen dormant. Since there is little sense of crisis, the need for HIV/AIDS policies in the workplace is barely recognized, even at the headquarters of Japanese corporations operating in heavily affected countries and regions. A number of corporations have taken a more active stance in other areas to combat the pandemic, particularly in terms of corporate philanthropy and awareness-raising programs, but these few are typically Japanese subsidiaries of foreign-based corporations. Most Japan-based corporations stick to traditional areas in their corporate philanthropy and community involvement programs, primarily the promotion of environmental, cultural and artistic causes and welfare measures for the senior citizens and the disabled, and tend to shy away from more controversial issues such as HIV/AIDS. However, the recent decision by the national confederation of labor unions to highlight HIV/AIDS as a top priority in its international activities comes as a promising sign. It is hoped that such efforts will raise the level of recognition given to the epidemic by employers and encourage them to address this issue.

# I. Present State and Future Trends in the Spread of HIV/AIDS in Japan

## THE STATE OF THE EPIDEMIC

It is estimated that, as of 2003, there are approximately 20,000 people living with HIV/AIDS 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 the number of newly reported HIV infections and AIDS diagnoses continues to show a steady increase, if not as serious as in African and other Asian countries. The upward trend in AIDS cases, in particular, is rare for a high-income country, given modern medical breakthroughs in halting the disease's progression from HIV to AIDS. 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.

### Epidemiological Situation

According to the 2002 Annual Report of the National AIDS Surveillance Committee<sup>2</sup> and other available data, the state of the epidemic is assessed as follows.

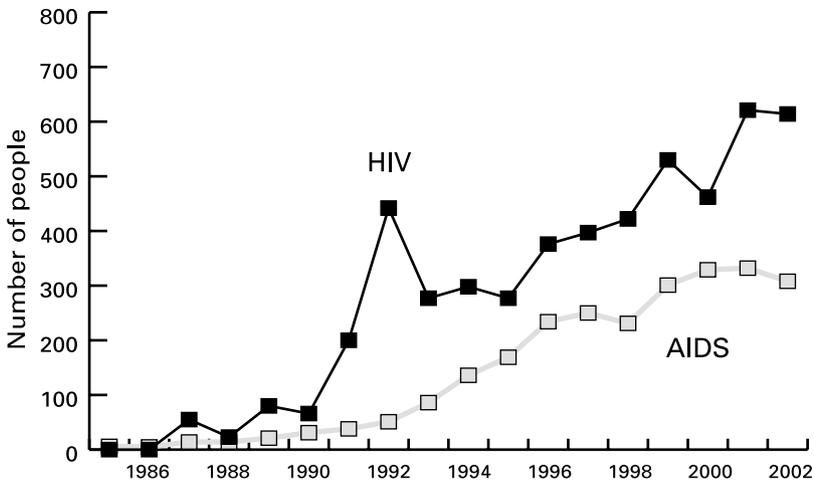
- Both the number of newly reported HIV seropositive cases and new AIDS diagnoses has been increasing, reaching 614 and 308, respectively, in 2002 (see fig. 1-1). These figures are nearly double those recorded in the mid-1990s.

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<sup>1</sup> According to Hashimoto (2000), the forecast for the year 2003 of the estimated number of HIV cases among Japanese is 15,400 and AIDS cases is 3,300, while statistics for the non-Japanese population total 700 for HIV cases and 900 for AIDS cases.

<sup>2</sup> See National AIDS Surveillance Committee (2002).

Figure 1-1: Annual Reports of New HIV/AIDS Cases



Source: National AIDS Surveillance Committee, *Annual Report 2002*.

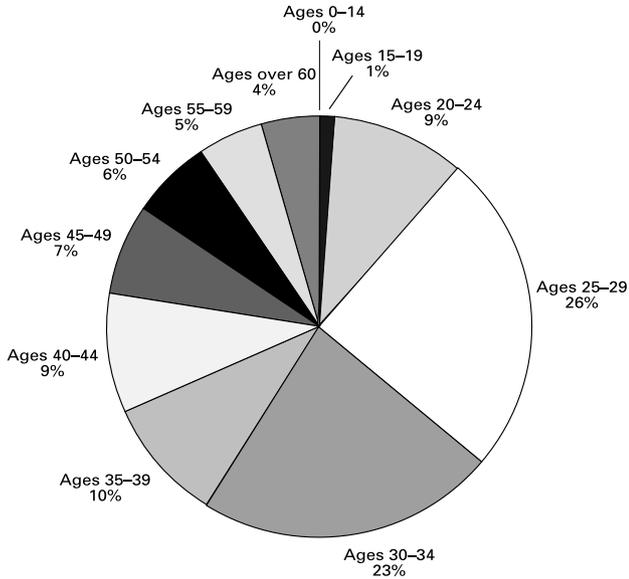
Note: Number of people excludes those infected by contaminated blood products.

- Reports of AIDS patients at initial diagnosis are steadily rising.<sup>3</sup>
- Age distribution of reported cases: The largest share, approximately 35 percent, of all newly reported cases of HIV seropositive Japanese nationals involved young people in their twenties (see fig. 1-2). The spread of HIV in this age group has shown a steady increase, especially among the male population (see fig. 1-3).
- Location of infection: For 77.2 percent of newly reported cases, transmission occurred most likely within Japan.
- Geographic focus: The largest number of reported cases is clustered in the Tokyo area. Including the surrounding metropolis areas (Tokyo, Kanagawa, Chiba and Saitama), these account for 57.0 percent of all the newly reported cases.

<sup>3</sup> According to Kimura (2003, 5), the number of cases where the patient is unaware of having developed AIDS at initial diagnosis has soared from 28 percent of those detected in 1995 to 80 percent in 2000.

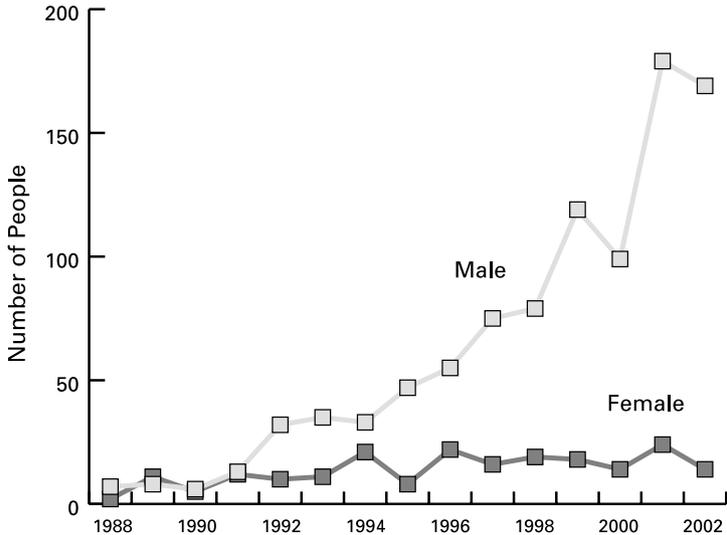
JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

Figure 1-2: Age Distribution of Newly Reported HIV-Positive Japanese Nationals (2002)



Source: National AIDS Surveillance Committee, *Annual Report 2002*.

Figure 1-3: HIV Prevalence Among Japanese Nationals in Their Twenties



Source: National AIDS Surveillance Committee, *Annual Report 2002*.

Table 1-1: Cumulative HIV/AIDS Cases Reported by Gender, Nationality and Mode of Transmission at the End of 2002

Mode of Transmission	Japanese			Non-Japanese			Total			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
HIV	Heterosexual contact	1,013	348	1,361	214	617	831	1,227	965	2,192
	Homosexual contact	1,621	1	1,622	148	0	148	1,769	1	1,770
	Injecting drug use	10	0	10	16	1	17	26	1	27
	Mother-to-infant	12	7	19	3	7	10	15	14	29
	Other	40	26	66	14	11	25	54	37	91
	Unknown	313	45	358	217	456	673	530	501	1,031
	HIV Total	3,009	427	3,436	612	1,092	1,704	3,621	1,519	5,140
AIDS	Heterosexual contact	799	94	893	155	112	267	954	206	1,160
	Homosexual contact	553	1	554	57	1	58	610	2	612
	Injecting drug use	5	1	6	11	0	11	16	1	17
	Mother-to-infant	8	3	11	1	3	4	9	6	15
	Other	32	12	44	13	7	20	45	19	64
	Unknown	359	39	398	203	87	290	562	126	688
	AIDS Total	1,756	150	1,906	440	210	650	2,196	360	2,556
HIV/AIDS cases infected by contaminated blood products	1,413	18	1,431	–	–	–	1,413	18	1,431	

Source: National AIDS Surveillance Committee, *Annual Report 2002*.

- Table 1-1 gives a breakdown of the cumulative number of HIV/AIDS cases reported since the beginning of surveillance in 1984 through to 2002.
  - The cumulative number of reported cases includes approximately 5,000 HIV cases and 2,500 AIDS cases. In addition, the surveillance statistics do not include the approximately 1,400 hemophiliacs infected with HIV by contaminated blood products.
  - Cases by gender: Prevalence among males was conspicuous, accounting for 70 percent of HIV positive cases and 85.9 percent of those with AIDS.
  - Cases by nationality: Thirty-three percent of HIV cases are found to involve non-Japanese nationals. As for females with HIV, the share of cases involving non-Japanese nationals jumps to 71.9 percent.
  - Mode of transmission: The majority of HIV/AIDS cases involved sexual transmission. The rate of infection identified with injecting drug use and mother-to-child transmission is low. Among the Japanese males found to be infected with HIV, the largest percentage (53.9 percent) of the cases is among men who have sex with men (MSM).

## POPULATIONS VULNERABLE TO HIV INFECTION

As in other countries, there are certain groups considered to be at high risk and vulnerable to the epidemic. Among them, men who have sex with men are considered to be at the highest risk. Although a smaller proportion, migrant workers, especially unregistered non-Japanese nationals without legal status, are similarly considered vulnerable and seriously at risk of HIV infection. The situation regarding sex workers and injecting drug users is yet to be fully assessed.

### Men Who Have Sex With Men

Commonly cited statistics estimate the MSM population in Japan at approximately 1.5 percent of the male population, many of whom reside in downtown Tokyo and Osaka, which are said to have the largest gay communities in Asia. However, as Japanese society generally shows little tolerance for diversity in sexual orientation, most of these people do not openly declare themselves as MSM. As a result, preventive education and awareness-raising measures specifically targeted at MSM have not been implemented until recently. MSM transmitted cases account for the largest share of HIV infections among the Japanese male population, amounting to approximately half of the cumulative number of cases reported. The number of newly reported cases involving homosexual contact is more than twice that of those involving heterosexual transmission, and continues to show an upward trend.<sup>4</sup> Especially among younger MSM, the lack of sufficient knowledge about HIV/AIDS and sexually transmissible infections (STIs) seems to contribute to low rates of condom usage and a greater likelihood of engaging in high-risk behaviors.<sup>5</sup>

### Migrant Workers

The cumulative total of non-Japanese nationals identified with HIV/AIDS is approximately 1,700, or 33 percent of all reported cases. Since non-Japanese nationals comprise less than 2 percent of the entire population in Japan,

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<sup>4</sup> It should be noted that the greater number of reported cases attributed to homosexual transmission is said to be due in part to the higher level of awareness among MSM about the epidemic and thus a greater frequency of HIV testing.

<sup>5</sup> See Kimura et al. (2001, 127–129).

they are clearly over-represented. By nationality, those from Southeast Asia are the most numerous, followed by those from Latin America and sub-Saharan Africa. A particularly high figure was recorded for cases reported in 1992,<sup>6</sup> but the number has leveled off since. It is not clear whether the apparent stabilization of this trend line is an indication of a decline in the number of non-Japanese residents identified with HIV/AIDS or simply that such cases have not been promptly reported.

For this population group, the language barrier is cited as a key impediment to accessing information. There is an obvious lack of information on prevention in languages other than Japanese. The absence of appropriate medical interpretation services has also limited the access of non-Japanese speakers to proper testing, care and treatment.

For unregistered foreigners or those without valid legal status, medical bills pose a great obstacle. In Japan, foreign nationals are eligible for medical insurance, provided they have proper visas, and they can receive treatment under the insurance system. However, at present over 200,000 foreign nationals residing in Japan are said to be of unregistered status and thus are unable to apply for health insurance. The bulk of non-Japanese people living with HIV/AIDS fall into this latter category.

Given this situation, many such non-Japanese have never been tested for HIV and tend not to visit medical institutions until they are in the advanced stages of AIDS or carried in near death.<sup>7</sup> Another problem lies in the numerous cases of non-Japanese residents not covered by health insurance. Because they are unable to pay for expensive HIV treatment, some hospitals are reluctant to accept such patients. In the case of tuberculosis, the government covers the medical expenses for non-Japanese patients even without proper legal status, but no equivalent system is yet in practice for HIV/AIDS treatment.<sup>8</sup> The state of affairs whereby uninsured foreigners are left without access to proper medication not only poses 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 twenty years. Having long been characterized

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<sup>6</sup> Employers in the sex industry hiring women from abroad have collectively required them to undergo HIV testing in 1992.

<sup>7</sup> For details on foreigners who have overstayed their visas and are infected with HIV, refer to Yamamura and Sawada (2002).

<sup>8</sup> In Kanagawa Prefecture and a number of other prefectures, the municipal government compensates medical institutions for unpaid medical expenses by uninsured foreigners. However, such practices are rare elsewhere in Japan.

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

by its relative homogeneity, Japanese society has not yet adjusted to its evolution in the direction of a multi-ethnic and multi-cultural 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, housing, labor management, and human rights.

### Sex Workers<sup>9</sup>

Sex workers are also a vulnerable population at high risk of HIV infection, although the actual number of reported 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 never disappeared and continued to diversify since the 1980s as certain adult entertainment businesses were legitimized under laws regulating their establishments and services. Among these businesses, it appears that use of condoms has not become a general practice and the risk of HIV infection is high.

Since the latter half of the 1980s, many women from neighboring Asian countries have entered Japan and been involved in the sex industry. These non-Japanese female sex workers are particularly vulnerable to infection as an ever widening segregation between them and native-born Japanese sex workers has led to a tendency for the foreign nationals to engage in higher-risk practices. Furthermore, language barriers hinder access to adequate information on prevention and care and the workers' lack of valid visas prevent them from applying for the health insurance that would enable access to treatment and medication.<sup>10</sup>

### Injecting Drug Users

The first case of HIV infection transmission from injecting drug use was

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<sup>9</sup> This section draw heavily on the presentation by an NGO, Sex Work and Sexual Health, at a workshop on "HIV/AIDS and the Vulnerable Community in Asia" held on November 24, 2003, in Tokyo.

<sup>10</sup> The Thai Ambassador to Japan Kasit Pirom remarked to the Thai newspaper, *Nation*, of November 2, 2003, that "About 50 Thai women forced into prostitution in Japan die there from AIDS every year."

identified in 1989. The share of cases involving HIV transmission via injecting drug use has remained below 1 percent of all seropositive cases reported and thus is not considered a major channel for spreading the epidemic in Japan, and not nearly as serious a concern as in the United States. This may, in part, be due to the fact that the most common method of illicit drug ingestion in Japan is inhalation rather than injection.<sup>11</sup> As illegal drug usage is strictly prohibited and socially unacceptable in Japan, it is possible that some may claim that their infection was sexually transmitted rather than admit to injecting drugs. Because drug abuse is spreading, especially among young people, there is the potential for this mode of transmission to become a more serious cause for concern. There is a clear need for prevention measures targeted towards injecting drug users to be strengthened.

### IMPACT OF THE HIV-TAINTED BLOOD SCANDAL

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 percent, or 1,400, of the hemophiliac patients treated with these blood products were infected and, until the mid-1990s, over half of the Japanese people living with HIV/AIDS had been infected by contaminated blood products. The history of the epidemic in Japan differs greatly from that in the 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, criticism mounted against the Ministry of Health and Welfare and the pharmaceutical companies for neglecting to take any preventive actions while being aware of the potential dangers of the blood products.<sup>12</sup> In 1989, the HIV-infected hemophiliacs successively filed lawsuits in Osaka and Tokyo demanding compensation from the national government (Ministry of Health and Welfare) and five pharmaceutical companies.<sup>13</sup> Fearing

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<sup>11</sup> See Wada et al. (2003, 18).

<sup>12</sup> For details, see Feldman (1999).

<sup>13</sup> Representing the prosecutors for the group of patients in Osaka was Satoru Iyenishi, who later was elected to the House of Representatives (Japan Democratic Party of Japan). The mother of Ryuhei Kawada, Etsuko Kawada, also ran for office and served in the House of Representatives until 2003.

prejudice and discrimination, the names of the plaintiffs were withheld, except for the leader of the Osaka group. However, once Ryuhei Kawada (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. The fact that an infected teenager came forward prompted for the first time the younger generation to actively join others forming activist groups to organize and participate in demonstrations and sit-down strikes. The media likewise pointed out 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 over three decades. The party lost its majority of seats in the Diet, and a coalition government emerged to take its place. The legal battle took a turn with the January 1996 appointment of a new minister of health and welfare without allegiance to the LDP, Naoto Kan (then a member of the newly formed Sakigake party, and now head of the Democratic Party of Japan). 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. Thus a battle unfolded between the minister and the career bureaucrats, ending in a victory for the former and 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 agreement was reached whereby each patient would be given ¥45 million (US\$409,000)<sup>14</sup> in a lump sum payment and the government promised to institute various permanent measures to ensure that the victims received adequate support. The present-day state of Japan's legal and regulatory framework, 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 had

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<sup>14</sup> Unless statistics are available in both Japanese yen and U.S. dollars, the figures in Japanese yen are converted to U.S. dollars at the rate of US\$1= ¥110.

been the 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.

On the other hand, HIV/AIDS cases involving sexual transmission were also gradually increasing, but 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. Stigmatization has been even stronger for them than for infected hemophiliacs, and they were close to being ostracized from society. Since the majority of people infected through sexual transmission are MSMs, it is especially difficult for them to publicly acknowledge their HIV/AIDS status in a society with little tolerance for homosexual orientation. Aside from MSMs, sex workers, unregistered migrant workers, and other marginalized populations were also left outside the mainstream discussion as they maintained silence about their HIV status. As such, Japanese society tended to neglect or not be aware of their existence.

Despite various efforts to lift this stigmatization, a social climate still prevails in which those infected through HIV-contaminated 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 had been united in a concerted effort to win the litigation and were offered official government apologies and the subsequent implementation of measures to help them with their lives. The stronger stigma attached to sexually transmitted HIV/AIDS cases, on the other hand, has delayed necessary preventive measures, while the lack of attention to these cases impeded cooperation and networking among the people infected through sexual transmission. It is only recently that recognition is being given to those who have been neglected in the shadow of the tainted blood scandal. One example of recent movement is the creation of a nationwide network that attempts to bring together all of the people living with HIV/AIDS regardless of the mode of infection.

## PUBLIC PERCEPTION OF HIV/AIDS

### Climate of Ignorance and Indifference

The level of interest in AIDS among the general Japanese public is very low. As the spread of the epidemic is much less conspicuous than in other Asian countries and African countries, HIV/AIDS is often regarded as a disease that only affects faraway countries, or just other people not close to home. There are also many that believe the disease only affects certain kinds of people like hemophiliacs and MSMs and poses no threat to “normal” people outside such circles. According to a government survey conducted in 2000, 80 percent of respondents expect the number of HIV/AIDS cases in Japan to increase in the coming years, but only 20 percent expressed concern about being exposed to the disease themselves.<sup>15</sup> Ironically, the settlement of the conflict over the contaminated blood products gave many the impression that the issue of AIDS in Japan had been put to rest and ever since the level of interest in the topic has remained very low.

### Inadequate Knowledge of HIV/AIDS

The lack of sufficient knowledge about the epidemic is also frequently identified as a problem. In schools, the subject of AIDS tends to be taught as a human rights issue rather than as a sexually transmissible infection.<sup>16</sup> As a result, basic knowledge about HIV—for example, that it is not transmitted by handshakes or sharing eating utensils—has permeated to some extent, but few are aware that having a sexually transmitted disease such as chlamydia can increase the risk of acquiring and transmitting HIV. Although sex education is essential to promote awareness and prevention, there is still a strong taboo against talking openly about sex in Japanese society. Introducing condoms in classrooms, for example, has triggered criticism from schools and boards of education as openly encouraging sexual activity. Likewise, in 2002, a booklet on sex education distributed to junior high schools throughout the country was condemned in a Diet session as overly stimulating for students and was withdrawn from circulation, eventually being forced out of print. At times, those calling for a return

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<sup>15</sup> See Cabinet Office (2000).

<sup>16</sup> See Kumamoto (2001).

to a more orthodox sexual morality have turned their criticism toward organizations promoting preventive AIDS education. The fact remains that sexual intercourse among young people is on an upward trend and the spread of the epidemic is conspicuous among youth. 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**

In a 2000 public opinion survey, a majority (84 percent) voiced their belief that people living with HIV/AIDS should not be discriminated against or treated differently. Over half the respondents (59 percent) claim that they will continue to treat friends and family members in the same manner even if they were to discover that they are HIV positive.<sup>17</sup> Contrary to such exemplary responses, in actuality, numerous cases are reported of outright discrimination against people living with HIV/AIDS. It is clear from media reports and litigation that unfair discrimination has taken place in a wide range of areas. One recent case involved a man who was denied employment by the metropolitan police department after being forced to undergo HIV testing without his consent (in Tokyo). In another case, a child was refused admission to a day-care center simply on the grounds that a parent was HIV positive (in Yamanashi prefecture). Other cases that have not been made public include violations of basic human rights such as privacy and confidentiality, termination of employment, and the denial of treatment at medical institutions.<sup>18</sup>

Not only are actual cases of discrimination interfering with the daily lives of those infected, but the problem of “felt stigma” is also a major issue. Felt stigma refers to the “shame associated with the illness and the fear of being discriminated against on account of the illness.”<sup>19</sup> Due to fear of this stigma and a sense of self-preservation, it is common for people living with HIV/AIDS to conceal their infection even from those close to them, preventing them from benefiting from various available welfare and health services. The phenomenon of isolation from society triggered by felt stigma has been reported in other countries, but no comprehensive study has measured the

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<sup>17</sup> See Cabinet Office (2000).

<sup>18</sup> Details on the human rights issues concerning people living with HIV/AIDS in Japan are given in Tarui (2001).

<sup>19</sup> See de Bruyn (1998).

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

degree of the problem in Japan. Many people living with HIV/AIDS and their families, however, admit to their own avoidance of society, which in turn keeps them from enjoying an independent life of their own.

The extent of HIV-related stigma and discrimination is obvious in the extremely limited number of Japanese having openly acknowledged being HIV positive. At present, only about ten Japanese individuals, a surprisingly low number, have had the courage to come out publicly.

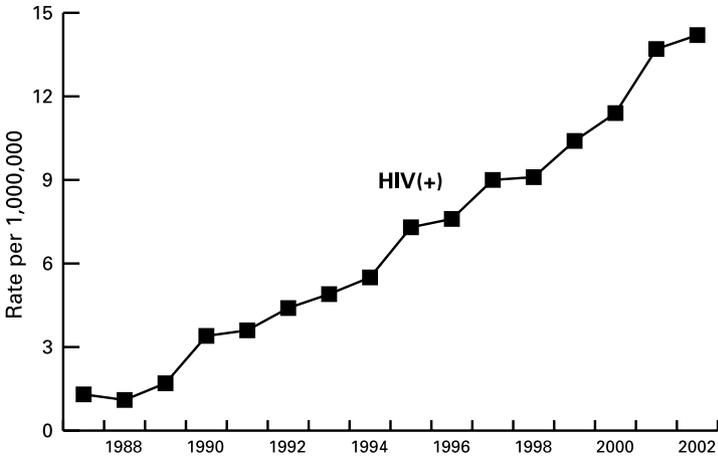
### FUTURE PERSPECTIVES

Many medical specialists warn of the imminent spread of the epidemic based on several sets of reliable data. For one, the rate of HIV-positive readings among blood donors is increasing steadily (see fig. 1-4). The rapid increase of 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. 1-5). 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, the number of HIV-infection and AIDS cases appears to be doubling at a rate of four years. Unless some effective preventive measures are applied, the count is likely to reach 50,000 by the year 2010<sup>20</sup> for Japanese nationals alone, not taking into account the increasing number of foreign residents also affected by the epidemic.

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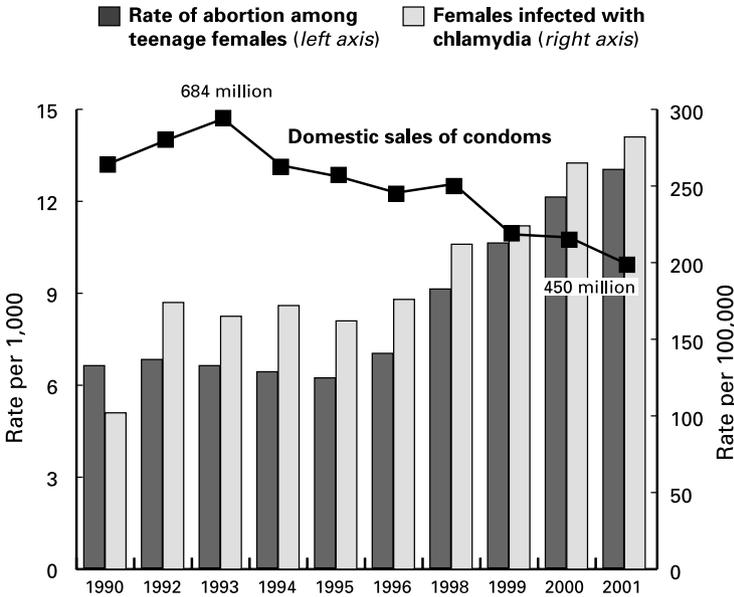
<sup>20</sup> See Hashimoto et al. (2002, 11).

Figure 1-4: HIV-Positive Rate of Donated Blood



Source: National AIDS Surveillance Committee, *Annual Report 2002*.

Figure 1-5: Annual Shift in Rate of Abortion, Spread of Chlamydia and Domestic Sales of Condoms in Japan



Source: Kihara and Kihara (2003). Data updated by JCIE.

## **II. Japanese Government Policies on HIV/AIDS**

HIV/AIDS issues are not yet on the mainstream policy agenda in Japan. Many point out that the absence of a national commission on HIV/AIDS impedes the development of effective national responses at high political levels. In fact, there has not been any recent cabinet or ministerial meeting that effectively coordinates efforts among the vertically divided government ministries and agencies. As described below, there is no comprehensive national policy on HIV/AIDS, only separate measures being pursued independently of each other on the domestic and foreign policy areas. The Ministry of Health, Labour and Welfare is at the forefront of domestic policies while leaving research and educational issues to the Ministry of Education. The Ministry of Foreign Affairs is acting on its own in forming foreign policies on HIV/AIDS.

### **DOMESTIC POLICIES ON HIV/AIDS**

#### **Role of the Ministry of Health, Labour and Welfare**

Domestic HIV/AIDS policies are set mainly by the Ministry of Health, Labour and Welfare (MHLW). The annual budget for HIV/AIDS-related measures and programs within the ministry amounts to ¥11.3 billion (US\$103 million) for fiscal year 2003, a level that has been maintained for the past few years (see the “MHLW Budget” side bar for a budget breakdown). Various permanent measures to provide special benefits for HIV-infected persons, support research, and create an appropriate system for care and treatment have been promoted by the MHLW following the tainted blood scandal. However, the implementation of effective public prevention measures, in comparison, has lagged behind. The delay may in part be due to the priority placed on responding to the demands of the plaintiffs in the tainted blood case. Given the recent increase in the sexual transmission of the virus, especially among Japanese MSMs, recognition is growing within the MHLW for the need to accelerate the implementation of prevention and awareness-raising measures targeted at MSM. Yet all in all, it appears that HIV/AIDS hardly stands out as top priority for the ministry, which is dealing with many other infectious diseases requiring immediate attention such as SARS, avian influenza and leprosy, all of which are seen as being in competition with one another.

The actual implementation of HIV/AIDS measures is mainly the task of the Japanese Foundation for AIDS Prevention (JFAP), which was established in 1987. JFAP is a semi-governmental foundation created with the support and cooperation of private businesses and politicians and funded basically by the MHLW. Its purpose is to widely disseminate knowledge on the prevention of AIDS to the public, offer counseling to people living with HIV/AIDS, and provide training on HIV/AIDS for counselors at hospitals and local health centers. It also serves as an intermediary that collects donations from individuals and redistributes them to NGOs as grants. On an international level, JFAP invites government administrators working in the field of HIV/AIDS from neighboring Asian countries to Japan to undergo training programs on HIV/AIDS issues.

**MHLW Budget for HIV/AIDS Programs for Fiscal Year 2003**

1. Research on Epidemiological Origin and Prevention	¥1,218 million	(US\$11 million)
2. Provision of Medical Care and Treatment	¥2,369 million	(US\$21.5 million)
3. Promotion of R&D	¥4,611 million	(US\$41.9 million)
4. International Cooperation	¥657 million	(US\$5.97 million)
5. Human Rights, Awareness-Raising and Cooperation with Other Related Organizations	¥2,039 million	(US\$18.5 million)
6. Subsidies to Prefectural Efforts to Promote AIDS Control Measures	¥400 million	(US\$3.6 million)
<b>Total</b>	<b>¥11,295 million</b>	<b>(US\$102.7 million)</b>

Source: Unofficial translation of the JFAP website.

## **Existing Framework for Fighting HIV/AIDS**

### *Legal and Regulatory Framework*

Domestic measures to combat infectious diseases are introduced mainly in compliance with the Law Concerning the Prevention of Infectious Diseases and Patients with Infectious Diseases that was enacted in 1999. This law classifies infectious diseases into five categories, Types I through V, based upon their infectiousness and the seriousness of their symptoms. HIV/AIDS is categorized as Type V, which comprises the bulk of infectious diseases, including influenza and chlamydia, and is considered as having the weakest rate of infection among the five. Previously measures had fallen under the Law Concerning the Prevention of Acquired Immunodeficiency

Syndrome (AIDS Prevention Law) of 1989. However, this law was replaced due to criticism that it was more concerned with secondary infection rather than the provision of appropriate care and treatment for those with HIV/AIDS.

With the implementation of the new law, the MHLW announced the National Guidelines for HIV/AIDS Prevention and Care to promote anti-AIDS measures (see the "National Guidelines" side bar). They form the basis of present-day domestic HIV/AIDS policy.

### *Support for Research*

As part of the settlement to the HIV-tainted blood litigation, the AIDS Clinical Center (ACC) was established in 1997 in order to provide the latest treatment and promote clinical research on potential cures and new treatment. The Health and Labour Sciences Research Grants<sup>21</sup> under the jurisdiction of the MHLW also designated funds to support research on HIV/AIDS. These grants have funded some 30 projects in fiscal year 2003 on HIV/AIDS in the areas of basic medicine, clinical studies, epidemiological research, social medicine, and other research that might help promote comprehensive approaches to fighting the epidemic. These grants have totaled approximately ¥1.2 billion (US\$10.9 million).

Initially, these research grants were available only to universities and research institutions, but eligibility has been expanded to include NGOs involved in prevention and epidemiological studies and surveys.<sup>22</sup> Their contributions have been especially important in reaching out to vulnerable populations such as MSM, sex workers and unregistered migrant workers not easily accessed by governmental agencies.

### *The HIV/AIDS Surveillance System in Japan*<sup>23</sup>

The HIV/AIDS surveillance system in Japan began collecting data on the number of AIDS patients in 1984 and on the number of HIV-infected

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<sup>21</sup> These grants are awarded to research projects selected on an open application system in 28 designated research areas, including HIV/AIDS, amounting to a total of ¥41.7 billion, or US\$379 million, (distributed to 1,400 projects) in fiscal year 2003.

<sup>22</sup> It should be noted, however, that such support amounts to only 3 percent of the total spending on HIV/AIDS research conducted with the Sciences Research Grants of the MHLW.

<sup>23</sup> Details on the HIV/AIDS Surveillance System in Japan and its problems are delineated in Kihara et al. (2003).

**National Guidelines for HIV/AIDS Prevention and Care**  
Issued by the Ministry of Health, Labour and Welfare

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(Unofficial translation of excerpts)

- **Investigation of Causes:** Strengthen research and analysis on AIDS prevalence patterns and incorporate the results in future measures.
- **Prevention of Infection and Further Spread:** Maintain and strengthen HIV testing and counseling services and improve measures specifically targeted at populations vulnerable to HIV infection. Also integrate efforts with measures against sexually transmitted infections (STIs).
- **Provision of Medical Care:** Secure access to appropriate medical care as well as support the daily lives of people living with HIV/AIDS.
- **Promotion of R&D:** Promote research to prevent further spread of the epidemic and advance research and development on cures, vaccines, diagnostics and testing methods.
- **International Networks:** Encourage international information exchange among governments, researchers and NGOs and incorporate it into domestic HIV/AIDS policies. Contribute to the international prevention efforts by supporting UNAIDS and strengthening bilateral cooperation in health care projects. Also, in coordination with the Ministry of Foreign Affairs, promote international cooperation in prevention and care with countries from which people are actively migrating to Japan, especially with the countries in Asia and Central and South America.
- **Respect for Human Rights:** Protect the basic human rights of people living with HIV/AIDS and their rights to privacy and confidentiality. Coordinate efforts between the Ministry of Education, the Ministry of Labour, and the Ministry of Justice to abolish discrimination against people living with HIV/AIDS. On the medical front, provide treatment based on informed consent and respect for the individual.
- **Information and Education:** Strengthen prevention education campaign and permeate basic knowledge of HIV/AIDS among the general public and in particular to populations especially vulnerable to the epidemic. Also, offer training to medical practitioners.
- **New Ties with Related Institutions:** Recognize the importance of establishing cooperative relationships between ministries, various governmental agencies and organizations, NGOs and all involved in the fight against the epidemic.

Note: For full translation of the guidelines, see Japan Association for the Lesbian & Gay Movement OCCUR (1999, 74–85).

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## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

persons in 1987. With the implementation of the 1999 law on infectious diseases, physicians are required to report HIV/AIDS diagnoses. The amassed data is analyzed and disclosed every three months by the National AIDS Surveillance Committee. The most critical problem in Japan's reporting system is the absence of personal identifiers such as name, address, date of birth, or occupation, preventing the detection of duplication as well as the tracking of the disease progression from HIV to AIDS.

In Japan, there is regular nationwide serosurveillance for blood donations, but unlike in other countries, there is no mandatory testing during pregnancy nor is there any military draft that requires medical check-ups for young adults. Thus, there is still much to be done to establish a sound system for collecting data and to refine the surveillance system so that it can accurately assess the true status of the epidemic in Japan.

### *Voluntary HIV Testing*

In order to gain a better grasp of the spread of the epidemic, data obtained from voluntary HIV testing is also important. In the last decade, free HIV testing at local health centers has become available in all the prefectures throughout Japan, but the number of people undergoing testing is still very small, only about 50,000 annually.

One of the reasons for low HIV testing rates is the limited office hours of local health centers, which are open only during daytime hours and weekdays and require appointments. In order to make voluntary HIV testing services more readily available, some testing sites are now being kept open on weekends, holidays, and during evening hours; testing is being made available without an appointment; and the results are being given immediately. Initially, NGOs and private clinics with greater flexibility than the more bureaucratically operated health centers were at the forefront of introducing such innovative measures. Gradually, some municipal agencies have begun to give serious consideration to offering free testing services on weekends and evenings in central downtown areas. Such services were first offered by health centers in metropolitan Tokyo, followed by the city of Nagoya and Osaka prefecture.

### *HIV Treatment*

HIV/AIDS treatment in Japan is available at central medical centers called AIDS Care Core Hospitals. The AIDS Care Core Hospitals system emerged as a result of the lawsuits and the 1996 reconciliation agreement. It is intended to offer the latest information on the epidemic and the most up-to-date care and treatment. Over 300 hospitals have been designated as AIDS Care Core Hospitals and 14 chosen as regional block headquarters. The AIDS Clinical Center (ACC) sits at the top of a pyramid-shaped system of these core hospitals, and is the place where information is compiled and leadership is exerted, both in the areas of treatment and research advancement. The block headquarter hospitals are expected to have special outpatient treatment services and hospital beds specifically for people with HIV/AIDS, as well as offer counseling and training to medical staff from other AIDS Care Core Hospitals.

Sharing of updated information and coordination between hospitals should lead, in principle, to high-quality care. However, in reality, certain hospitals have proven to be well-equipped to handle HIV/AIDS cases while others have failed to keep up with the latest treatment. There are considerable disparities between one hospital and another, as well as between regions.

Counseling plays an important role as part of the package of support and care offered to people living with HIV/AIDS. However, there is no national examination to certify counselors in Japan since counselors are not considered to be medical professionals. In Japan's medical system, exceptions are made for having counselors employed in relation to HIV/AIDS programs; however, they are not professional counselors per se but rather medical staff with special training or capable of offering counseling. Efforts have been made to use the example of HIV/AIDS counseling to help introduce counseling services in other branches of medicine, but this has not yet been adopted. Progress on making counseling more widely available has stalled as the economic downturn has led to budget cutbacks for programs promoting the spread of the concept of counseling, even in the field of HIV/AIDS treatment.

### *Social Security System*

Depending on the extent of their physical disabilities, HIV-infected people are entitled to welfare measures under the Law for the Welfare of People

with Physical Disabilities. This is another benefit included in the settlement signed between the group of infected hemophiliacs and the MHLW. People living with HIV/AIDS recognized to have disabilities are provided with subsidies for medical expenses, tax-exemption, disability pension, access to visit-care staff (home-helpers), discounts on fees for public services and other measures.

Official status as disabled also permits people living with HIV/AIDS to benefit from the law promoting the employment of people with disabilities. This law provides incentives for employers to hire people living with disabilities by offering special benefits. It should be noted that despite such measures, only about 40 percent of corporations actually fulfill the legal quota set for hiring people with disabilities (not exclusive to those with HIV/AIDS). At the same time, most Japanese corporations have yet to establish concrete AIDS policies in the workplace and have much to improve in terms of protecting the privacy of their employees.

### *AIDS Education and Awareness-Raising*

In Japan, the main public sector outreach activities are awareness-raising campaigns centered on the World AIDS Day in December and educational programs organized at schools from the primary through to the senior high school levels. There are, however, no systematic nationwide school-based programs. In 1993, there was one attempt to institute such a systematic program when the Ministry of Education, Culture, Sports, Science and Technology (hereafter referred to as Ministry of Education) embarked on a three-year series of educational programs at schools within designated target regions in each prefecture.<sup>24</sup> A number of schools with highly motivated school nurses or physical education and hygiene teachers expanded on the program, coordinating with local NGOs, arranging for students to meet people living with HIV/AIDS, and implementing other innovative ideas.

Systematic prevention programs targeted at high-risk populations have been recently developed for the gay community. In 2003, the MHLW and the Japanese Foundation for AIDS Prevention jointly established prevention centers specifically for MSMs in downtown Tokyo (Shinjuku 2-chome district) and Osaka (Doyama district), both of which are considered to be among the largest gay communities in all of Asia. These two centers are the

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<sup>24</sup> The Ministry of Education has an annual budget of about ¥30 million (US\$273,000) for the educational programs and has at present 39 regions designated for the promotion of the programs.

first publicly operated prevention centers in Japan. Managed in partnership with NGOs specializing in HIV/AIDS prevention for MSMs, they offer information and serve as headquarters for outreach efforts. There are no such centers run by the public sector for other vulnerable populations.

## FOREIGN POLICY INITIATIVES ON HIV/AIDS

### HIV/AIDS in Foreign Policies

On the international front, Japanese foreign policy addresses HIV/AIDS together with other infectious diseases as an issue requiring concerted global efforts. It is considered an important area of assistance in the government's Official Development Assistance (ODA) scheme. The concept of human security has been a pillar of Japanese foreign policy since 1998, and HIV/AIDS is also regarded as one of the main challenges to human security. HIV/AIDS policies are set forth in the Global Issues Initiatives on Population and AIDS (GII), which operated from 1994 to 2000, and in the Okinawa Infectious Diseases Initiative (IDI), underway from 2000 to 2004. These initiatives are indicative of the Japanese government's commitment to fight the global spread of the epidemic and make constructive contributions to prevention efforts. To this end, many projects are being supported by ODA (for the structure of ODA, see appendix 2).

#### *Global Issues Initiatives on Population and AIDS: 1994–2000*

- This series of initiatives was announced as part of the Japan-U.S. Common Agenda<sup>25</sup> cooperation in the field of health care. The projects supported include those dealing with basic health care, assistance to primary education by way of constructing school buildings, empowerment of women, HIV/AIDS control, and reproductive health.
- In the seven years between 1994 and 2000, a total of US\$3 billion was furnished as ODA. Of this total, a 2 percent share was specifically earmarked for

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<sup>25</sup> Drawn up in July 1993, the Japan-U.S. Common Agenda for Cooperation in Global Perspective is an agreement on a Japan-U.S. partnership to coordinate efforts in addressing global issues. One of the priority areas of collaboration is the promotion of health and human empowerment. To address more specific issues, the Japanese government announced the Global Issues Initiatives on Population and AIDS in February 1994 to focus on population and health, and also on emerging and re-emerging infectious diseases with special emphasis on HIV/AIDS.

HIV/AIDS projects. The projects supported were in the areas of blood supply, research and development and improved testing technology. Particular stress was placed on supplying blood-testing equipment.

### *The Okinawa Infectious Diseases Initiative: 2000–2004*

- The Okinawa Infectious Diseases Initiative was announced on the occasion of the Kyushu-Okinawa G8 Summit held in July 2000. It aims to continue the efforts of GII and strengthen measures against infectious and parasitic diseases including tuberculosis, malaria and polio, in addition to HIV/AIDS.
- In the five years between 2000 and 2004, a total of US\$3 billion will be offered in ODA. As part of this fund, a special grant aid was set up in fiscal year 2000 to support infectious disease projects. Since fiscal year 2001, Japan has been giving ¥10 billion (US\$91 million) annually in special grant aid. In an age when the overall ODA budget is declining (the total amount was cut by 27.1 percent in fiscal year 2001, as compared to the previous fiscal year), the securing of a special grant demonstrates the high priority given by the Japanese government to infectious and parasitic diseases.
- The focus of the actual measures supported was on health sector institution strengthening in developing countries, human resource development, partnerships with civil society, donor countries and international organizations, South-South cooperation, the promotion of research activities, and the promotion of public health on the community level.
- All of Japan's major efforts for tackling infectious and parasitic diseases are pursued under the IDI, which to date has distributed a total of US\$2 billion in assistance. Of this total, assistance for measures specifically related to HIV/AIDS amounts to an 8 percent share.<sup>26</sup> Spending on HIV/AIDS, although limited, enjoys the second largest share following that of polio.
- As a follow-up to the Kyushu-Okinawa G8 Summit, two international conferences were held to boost international and domestic discussion on the subject. They are the Okinawa International Conference on Infectious Diseases held in December 2000 and a public symposium held on "Global Partnership in the Fight Against Infectious Diseases" in October 2001.

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<sup>26</sup> Analysis by the Economic Cooperation Bureau of the Ministry of Foreign Affairs.

## **Priority of HIV/AIDS Relative to Other Infectious Diseases**

As the measures listed above indicate, the Japanese government is taking initiatives to comprehensively combat infectious and parasitic diseases. However, HIV/AIDS is not at the top of the list of these diseases. Statistics indicate that the ratio of funding for projects specifically targeted to HIV/AIDS is low (in fact, it only amounts to 2 percent of the overall GII spending and 8 percent of that of the IDI). Several explanations can be given for this peculiar situation.

First, Japan has a comparative advantage in the treatment of tuberculosis, polio and parasitic diseases, but not in combating HIV/AIDS. 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, permitting Japan to demonstrate particular expertise in treating these diseases and responding to the needs of developing countries. However, the same cannot be said in the case of HIV/AIDS, an area where Japan's potential contribution in terms of human and technical resources is seen as relatively limited. Consequently, the Japanese government has called for a comprehensive approach to fight all infectious diseases.<sup>27</sup> Thus the number of projects specifically geared to HIV/AIDS do not outweigh others.

Second, Japan has placed priority on the promotion of basic education and securing safe water supplies, which is considered essential to control infectious diseases. Thus the percentage share of assistance given specifically to HIV/AIDS-related activities is quite small relative to total Japanese foreign aid in the area of infectious diseases. (Basic education and similar programs that indirectly contribute to the prevention of HIV/AIDS are not included in the above-mentioned 8 percent of IDI spending.)

Third, it should be remembered that Japanese funding for HIV/AIDS-related measures remains mainly in the areas of prevention, awareness-raising and technical support, all of which do not require large budgets. Thus the total expenditure in these areas appears small in comparison to that on efforts related to polio and other infectious diseases, which typically involve the supply of vaccines.

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<sup>27</sup> At the 2001 Kyushu/Okinawa G8 Summit, the Japanese government proposed the implementation and enhancement of actions to fight various infectious and parasitic diseases and to not just focus on HIV/AIDS. It was the first attempt to forge a concerted effort to combat the various kinds of infectious and parasitic diseases.

However, for the Japan International Cooperation Agency (JICA), an ODA agency that implements government-based technical assistance programs, HIV/AIDS is given special priority instead of being lumped into a comprehensive approach to all infectious and parasitic diseases. JICA activities are targeted specifically to fighting the epidemic, but a lack of human resources is commonly cited as an obstacle. JICA usually dispatches experts from Japan to developing countries in order to transfer technical skills and promote self-sustaining projects, but there seems to be an obvious lack of such experts in the field of HIV/AIDS.

Another characteristic of JICA, as with all Japanese ODA agencies, is the tendency to initiate projects mainly at the request of recipients. Since 1997, JICA has been adopting a more proactive approach of offering assistance by seeking the input of developing country governments in jointly formulating appropriate ODA programs. However, the subject of HIV/AIDS programs has yet to be included in the guidelines formulated for each recipient country, and it has been pointed out that Japanese ODA has so far had little strategic impact on recipient countries' HIV/AIDS policies. Assistance still centers on projects to promote voluntary counseling and testing and improve blood testing, in response to the needs expressed by recipient countries. JICA's overall expenditures on HIV/AIDS-related programs thus do not amount to much in the past several years, comprising only about 3.5 percent (approximately ¥550 million or US\$5 million in fiscal year 1999)<sup>28</sup> of spending in the health and medical areas. Since 2003, a different approach is being attempted through JICA's Japanese Overseas Cooperation Volunteers (JOCV) program, which is dispatching trained HIV/AIDS volunteers, apart from medical service providers, to offer technical cooperation related to prevention and care.

### Regional Policies and HIV/AIDS

Looking at regional policies, those targeted at Africa place high priority on the epidemic. In the regular meetings of the Tokyo International Conference on African Development (TICAD),<sup>29</sup> which was started in 1993,

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<sup>28</sup> See Japan International Cooperation Agency (2002, 21–22).

<sup>29</sup> An international conference co-sponsored by the Japanese government, the United Nations, the Global Coalition for Africa (GCA) and the World Bank on the theme of African development. The first meeting (TICAD I) was held in 1993, the second (TICAD II) in 1998 and the third (TICAD III) in 2003.

HIV/AIDS is given weight in the discussions and constantly incorporated in the agenda and outputs of the conference.

In regards to policies for Asia, there are some bilateral HIV/AIDS assistance schemes targeted towards individual countries in Southeast Asia, but no clear commitment on a regional level. Little reference to HIV/AIDS, if any, is made, in the recently launched Initiative on Development of East Asia (IDEA)<sup>30</sup> and the proposals announced in December 2003 to commemorate the ASEAN-Japan Exchange Year 2003.<sup>31</sup> The only exception is the Japan-ASEAN Information and Human Network for Infectious Diseases Control, an endeavor to create a network to promote the region-wide development of human resources and technical cooperation in the fight against infectious diseases started in November 2001. Operating with a much broader mandate than the area of HIV/AIDS, it is hoped that this undertaking will expand on previous bilateral efforts. Such a regional network would enable experts in the region to exchange information and strengthen coordination between international organizations, donor countries and NGOs.

## **Projects Under the Okinawa Infectious Diseases Initiative<sup>32</sup>**

### *Partnership with Civil Society and Other Donor Countries*

**Partnership with NGOs:** At the local community level, NGOs play an important role in the effective implementation of HIV/AIDS measures. Japan supported the HIV/AIDS-related activities of Japanese and overseas NGOs by providing approximately US\$1 million in grant aid in fiscal year 2001. Since 2003, even JICA, which is known for working independently of NGOs in dispatching experts, has been giving greater authority to NGOs in carrying out programs that are undertaken at the request of recipient governments.

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<sup>30</sup> This ministerial-level conference is held between ASEAN nations, China, Korea and Japan. Started in 2002, it aims to realize a spirit of “act together, advance together” in the field of development in Asia and to coordinate efforts in East Asian countries.

<sup>31</sup> The Japanese government declared 2003 to be the ASEAN-Japan Exchange Year and announced a Tokyo Declaration and Basic Guidelines for enhancing the relationship between Japan and the ASEAN nations.

<sup>32</sup> This section is based on information obtained from Ministry of Foreign Affairs publications on the IDI. For details, see <<http://www.mofa.go.jp/policy/oda/category/health/index.html>>.

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

**Partnerships with other donors:** As a preliminary step in the effort to fight infectious disease, joint project formulation missions with other donor countries are dispatched to countries afflicted with HIV/AIDS. These missions examine potential project areas such as HIV/AIDS measures, reproductive health, mother-child health care, tuberculosis, malaria, polio, and parasitic diseases. In cooperation with the United States, missions were dispatched to Zambia in 1998, to Bangladesh and Cambodia in 2000, to Tanzania in 2001 and to Nigeria and Nepal in 2002. A similar joint Canada-Japan mission was conducted in Malawi in 2002.

### *Strengthening Institutions*

With the Japan Bank for International Cooperation (JBIC) and JICA as the core agencies, the Japanese government is constructing and repairing university buildings, hospitals, medical clinics, testing sites, and research centers. The research institutions built as core sites for regional research activities include the Kenya Medical Research Institute, the National Institute of Health of Thailand, and the Ghana Noguchi Memorial Institute. Also, assistance is given for supplying blood testing equipment (in the Philippines, India, Pakistan, Brazil and Tanzania) and for the construction of a national blood transfusion center in Sri Lanka.

### *Promotion of Research Activities*

Japan has offered technical assistance to improve the quality of HIV/AIDS testing and diagnosis at the above mentioned core research centers and other research institutes. In Kenya, for example, financial support was given to enable the local production of HIV/AIDS blood-screening kits.

### *Human Resources Development*

Assistance has been extended to provide training for policymakers and medical experts in the areas of HIV testing, the diagnosis of STIs and HIV/AIDS, and the management and control of tuberculosis. One example is the AIDS management course for staff from Japan and the Indochina region that is offered in Vietnam by the Foundation for Advanced Studies on International Development (FASID), in joint collaboration with USAID. Plans are also underway for a senior project management course in Thailand. Similar programs are being funded by the Japan Special Fund

(JSF) of the Asian Development Bank (ADB) in Cambodia, Laos and Vietnam. JICA also offers AIDS education courses and personnel training programs for those involved in HIV testing and voluntary counseling and testing.

### *South-South Cooperation*

Training courses and workshops to share knowledge, technology and experience on combating HIV/AIDS with neighboring countries are organized at research centers constructed with Japanese assistance, such as the Kenya Medical Research Institute and the Ghana Noguchi Memorial Institute. As mentioned previously, in the ASEAN region, measures are being taken to strengthen the training of specialists on HIV/AIDS and networks of experts. In March 2003, a conference bringing together HIV/AIDS experts from Africa and Asia was hosted by Japan in order to promote the sharing of experiences and knowledge between the two regions. Other seminars are being conducted by the MHLW in the ASEAN nations to similarly encourage the development of health and medical services for the treatment and care of people living with HIV/AIDS.

### *Contributions to Multilateral Cooperation*

Japan's contributions to the UN agencies and other international organizations in fiscal year 2002 (April 2002 to March 2003) are as follows.<sup>33</sup>

- *Asian Development Bank*  
Funding total: ¥39.26 billion (US\$357 million)  
Funding source: Ministry of Finance  
Note: HIV/AIDS-related projects funded by the Japan Special Fund (JSF) and the Japan Fund for Poverty Reduction (JFPR).
- *Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)*  
Funding total: ¥3.12 billion (US\$28 million)  
Funding source: Ministry of Foreign Affairs and Ministry of Finance  
Note: Amount of contribution totaled US\$160 million from fiscal years 2001 through 2003. A pledge of an additional US\$100 million for fiscal year 2004 was announced in late 2003.

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<sup>33</sup> Data taken from “Kokusai kikan tou heno kyoshutsukin shusshikin ni kansuru houkokusho (Heisei 15 nendo ban)” (Report on contributions to international organizations, fiscal year 2003). <[http://www.mofa.go.jp/mofaj/gaiko/oda/siryo/siryo\\_1/k\\_kikan\\_15/15\\_5.html](http://www.mofa.go.jp/mofaj/gaiko/oda/siryo/siryo_1/k_kikan_15/15_5.html)>.

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

- ***International Planned Parenthood Federation (IPPF)***  
Funding total: ¥1.92 billion (US\$17 million)  
Funding source: Ministry of Foreign Affairs  
Note: Approximately US\$1.3 million in fiscal year 2002 provided to the Japan Trust for HIV/AIDS, which was established in 2000.
- ***Joint United Nations Programme on HIV/AIDS (UNAIDS)***  
Funding total: ¥620 million (US\$5.6 million)  
Funding source: Ministry of Health, Labour and Welfare  
Note: Funding includes assistance extended to the Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF).
- ***The United Nations Population Fund (UNFPA)***  
Funding total: ¥4.94 billion (US\$45 million)  
Funding source: Ministry of Foreign Affairs
- ***The United Nations Trust Fund for Human Security***  
Funding total: ¥4.15 billion (US\$37.7 million)  
Funding source: Ministry of Foreign Affairs  
Note: This trust fund was created in the United Nations in 1999 with a total amount of US\$203 million donated by Japan. Part of the fund is for projects related to the combat of infectious diseases.
- ***World Health Organization (WHO)***  
Funding total: ¥1.27 billion (US\$11.5 million)  
Funding source: Ministry of Health, Labour and Welfare

### Joint Collaboration on HIV Vaccine Development

One of the best-known examples of pioneering international collaboration in the field of HIV/AIDS is the joint Japan-Thai research project to develop a preventive HIV vaccine. This research was undertaken through the co-operation of the National Institute of Health of Thailand and the Japan Science and Technology Corporation,<sup>34</sup> with the Japanese contributing a budget of ¥700 million (US\$6.4 million). Over a five-year period starting in 1998, approximately 40 experts from the National Institute of Health of

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<sup>34</sup> Cooperating organizations were the MHLW, the National Institute of Infectious Diseases, the Japanese Foundation for AIDS Prevention, the Sasakawa Memorial Health Foundation, and the Ministry of Education, Culture, Sports, Science and Technology on the Japanese side and on the Thai side, Mahidol University, Chulalongkorn University, Chiang Mai University, and the Red Cross of Thailand.

Thailand and the National Institute of Infectious Diseases of Japan worked together on this collaboration. Vaccine development was pursued using the most common subtype of HIV found in the Asian region, namely, the clade-E virus as opposed to the clade-B type more frequently found in Europe and the United States. This same subtype is also found increasingly among people living with HIV/AIDS in Japan, calling for urgent attention to prevent its further spread.

Some promising results have been obtained through pre-clinical tests using monkeys for this particular vaccine that uses recombinant BCG (vaccine for tuberculosis) as its vector. It is said that adapting on the BCG vaccination already in wide application has the merit of being safe and easily distributed, and expectations are mounting for clinical tests. An NPO named the AIDS Vaccine Development Association (AVDA) was established in 2004 in order to secure funding and advance this vaccine to clinical trials where safety and efficacy can be tested.

Although efforts are being made, Japanese expenditures on vaccine development, however, are yet extremely small. Total spending on vaccine development throughout the world is estimated at US\$430 million–US\$470 million (in 2001), approximately 60 percent of which was provided by the U.S. National Institutes of Health.<sup>35</sup> With a renewed global commitment to invest more resources in vaccine development, there are calls for Japan's contribution in this area to be raised to a level more befitting of its economic position in the world.

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<sup>35</sup> See UNAIDS (2003, 21–22).

### **III. Non-Governmental Actors in the Fight Against HIV/AIDS**

#### CIVIL SOCIETY INVOLVEMENT

The civil society sector in Japan is extremely vibrant, but remains at a much less advanced state of development than in many Western countries and faces great challenges in terms of funding, government regulation and the creation of a supportive environment.

In the eyes of the Japanese public, responsibility for deciding the “public good” has long rested on the shoulders of the national government and the bureaucracy.<sup>36</sup> The actual implementation of measures deemed to be for the public good, in many instances, has been given over to the public interest corporations, the class of civil society organizations that includes endowed foundations and membership associations. There are currently some 26,000 public interest corporations, and they are incorporated under a system established over a century ago. The majority over a certain size are closely connected to government agencies, have been established with funds from government sources, and rely heavily on the continuation of this funding for their operations. Government control is strong even for the public interest corporations that have been initiated in a purely private manner as the current legal framework places them under government jurisdiction, often limiting their ability to undertake innovative works in keeping with the spirit of civil society organizations. Although it seems they ought to be central actors in the struggle to promote the development of civil society in Japan, in reality, many of them lack the flexibility to readily respond to contemporary needs.

A new breeze to promote the development of the Japanese nonprofit sector has been brought about by the newer types of civil society organizations and citizens’ groups at the grassroots level. Not as constrained by government regulation, these organizations strive to play a greater and more effective role in addressing social needs. They had long faced severe difficulty in gaining incorporation and have had to make do operating without formal legal status. It is only since 1998 with the enactment of a

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<sup>36</sup> For background on civil society organizations in Japan and the evolution of the concept of how the public good is decided, refer to Yamamoto (1999).

new legislation on nonprofit organizations (the Law to Promote Specified Non-Profit Activities, or the NPO Law) that they were given formal legal recognition. This represents a major step forward for the Japanese nonprofit sector, but there are still numerous challenges ahead, especially in the area of funding. In particular, obtaining tax-exempt status remains extremely difficult, leaving many civil society organizations with serious financial hurdles in a country where there has been little tradition of private giving. Approximately 90 percent of the nonprofits incorporated under the NPO Law operate on an annual income of under ¥30 million (US\$270,000), and the average organization employs 1.3 full-time paid staff and pays annual average wages of approximately ¥1.18 million (US\$10,000).<sup>37</sup> Thus, organizational capacity is typically quite limited. Still, it is these newly emerging nonprofit organizations, ones that operate with minimum government control, that are at the forefront of efforts to tackle HIV/AIDS and other social issues.

## **NGOs Working on HIV/AIDS Issues**

Many of the Japanese NGOs working on HIV/AIDS issues tend to be active on either the domestic or the 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 is underscored by the tendency for the MHLW and the Ministry of Foreign Affairs to strike out with their own independent policies, there is also minimal coordination between domestic and international civil society organizations in their approach to fighting the epidemic. (A brief description of major Japanese NGOs involved in this area is given in appendix 3.)

### *Community-based NGOs*

In Japan, there are approximately 100 community-based NGOs involved in domestic HIV/AIDS-related activities. These include organizations providing AIDS services to specific target populations and still more promoting prevention and awareness-raising programs for the general public. Mainly, they tend to be small-scale entities founded after 1990 that are led

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<sup>37</sup> See Research Institute of Economy, Trade and Industry (2003).

by doctors, medical staff, social workers or people living with HIV/AIDS. Despite the fact that most are young, developing organizations, they have undertaken enormous tasks, for example, offering telephone counseling services to those affected by the epidemic. In their effort to expand prevention and education on HIV/AIDS, these NGOs have been able to reach out where public agencies have failed, especially in regards to marginalized populations. While many have developed considerable expertise on HIV/AIDS issues, it is only recently that the public sector has started to heed their opinion by including them in advisory committee meetings held by the MHLW and in the formation of government policies on HIV/AIDS.

The contribution of community-based NGOs can also be seen in their service on organizing committees and through their interactions with overseas NGOs at the various international HIV/AIDS-related conferences that have been held in Japan, including the International Congress on AIDS in Asia and the Pacific (ICAAP) and the International AIDS Conference. The seventh meeting of the ICAAP, which was scheduled for 2003, was postponed due to SARS outbreak, but the preparatory process has helped build momentum to strengthen the network of ties among community-based Japanese NGOs and their counterparts in the Asia Pacific region.

### *NGOs in International Cooperation*

Many of the Japanese NGOs involved in the fight against HIV/AIDS overseas have not yet developed extensive HIV/AIDS expertise, but rather operate in the broader field of health and medicine. Along with large-scale international NGOs with Japanese branches, there are a number of smaller indigenous NGOs that are active in the Asian and African regions in the fields of prevention, awareness-raising, HIV-testing, diagnosis and general support to people living with HIV/AIDS. The number of NGOs involved in overseas HIV/AIDS-related activities is smaller than that of the aforementioned community-based NGOs, consisting of less than 10 percent of the approximately 230 Japanese NGOs<sup>38</sup> said to be engaged in substantial international cooperation projects.

These NGOs have forged a working relationship with government ministries and agencies, most notably through a joint effort to share information and advance the goals set forth in the GII and IDI. Regular meetings of

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<sup>38</sup> This figure of 230 refers to the number of NGOs that meet or exceed certain minimum standards set forth in the *Directory of NGOs Concerned With International Cooperation 2002* (JANIC 2002).

members of the Ministry of Foreign Affairs and 42 NGOs involved with health and population issues commenced in 1994, and these have included some of the NGOs engaged in HIV/AIDS-related programs.

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

The hardships faced by NGOs involved in HIV/AIDS-related activities are no different from those confronting other newly emerging civil society organizations in Japan. Leadership on issues related to the prevention of the spread of infectious diseases such as HIV/AIDS and leprosy has long been monopolized by the government. NGOs have only recently been allowed to participate in this area, and the inclusion of NGOs in government-supported joint research or prevention programs that involve coordination among government agencies, public hospitals and NGOs is a recent phenomenon. Of the 100 NGOs said to be involved in domestic HIV/AIDS-related issues, the majority still has no legal status, and less than ten have managed to gain incorporation under the new NPO Law.

At present, NGOs cannot anticipate significant philanthropic support from foundations, corporations, private donations, or membership contributions, especially given the current low level of interest in AIDS issues among the general public. Still, despite their lack of a firm financial foundation, domestic NGOs are struggling to meet the increasing needs of society, both qualitatively and quantitatively.

On the other hand, HIV/AIDS-related NGOs in Japan that are active in the international fight against the epidemic tend to operate on a relatively larger financial scale. However, with the exception of a few major international organizations with overseas headquarters and offices in Japan, they, too, are typically unable to garner sufficient backing from foundations, business and private donations.

Tight financial conditions have made it even more difficult than before for many HIV/AIDS-related NGOs to hire full-time, paid staff. Even if they manage to scrape together funds to hire one staff member, they are usually forced to set wages far below standard levels. For the most part, organizations have resorted to relying on medical professionals, people living with HIV/AIDS, and students to work on a volunteer basis in their free time. For Japan to play any important role in the fight against the epidemic on the domestic and global levels, measures are needed to strengthen the financial and organizational structure of these NGOs and build capacity by enabling them to hire full-time staff and enhancing their expertise.

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

NGOs active in the fight against HIV/AIDS, both domestically and internationally, are being affected by recent moves to make public funds available for the support of NGO activities. The MHLW allowed NGOs to apply for its Sciences Research Grants, and an increasing amount of Ministry of Foreign Affairs grant aid has been flowing to NGOs. Although such grants contribute to the development of these NGOs, a complete dependency on public funds is perilous. Establishing a system to ensure a flow of private funds is thus an urgent task.

### *Efforts to Build Networks of NGOs 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 preparatory activities undertaken in conjunction with the 7th ICAAP meeting added momentum to this movement, rapidly advancing working relations between Japanese NGOs and their Asian counterparts. Some of the seven regional Asia Pacific HIV/AIDS networks have counterpart organizations in Japan, creating focal points for collaboration. The establishment of these networks has enabled many Asian NGOs to visit Japan since the fall of 2003 and participate in various workshops. These growing ties include:

- Asia Pacific Council of AIDS Service Organizations (APCASO) and the Japan AIDS & Society Association (JASA)
- Asia-Pacific Network of People Living with HIV/AIDS (APN+) and the Japanese Network of People Living with HIV/AIDS (JaNP+)
- Co-ordination of Action Research on AIDS and Mobility in Asia (CARAM-ASIA) and Services for the Health in Asian & African Regions (SHARE)
- Asia-Pacific Network of Sex Workers (APNSW) and Sex Work and Sexual Health (SWASH)
- Asia Pacific Network of Lesbians, Gays, Bisexuals and Transgenders (AP-Rainbow) and Japan Association for the Lesbian & Gay Movement OCCUR
- A counterpart Japanese organization is yet to be designated for the Asian Harm Reduction Network (AHRN).

Although the Japanese NGOs are not known for being as outspoken as their Asian and African counterparts, one noteworthy initiative by the

Japanese is the attempt to create a network of people living with HIV/AIDS in Northeast Asia, inviting Korea and Taiwan to join the effort. Korea, Taiwan and Japan have a lower prevalence of HIV/AIDS relative to China and Southeast Asia and thus are rarely mentioned at international meetings and studies assessing global HIV/AIDS trends. However, these very three places appear to be experiencing an upsurge in reported cases despite the presence of well-established health systems and economic conditions that enable access to the latest treatments. Another common trait is the extent to which societal and cultural stigma make it difficult for people living with HIV/AIDS to publicly reveal their identities, which in turn hinders communication among them. Sharing so much in common with others living with HIV/AIDS around the region, Japanese NGOs and individuals affected by the epidemic are trying to see if their experiences can help others in the region. They hope to exchange information and share their experiences with policy advocacy and preventive education, particularly preventive education conducted by HIV-positive people themselves. An attempt to do this is being led by the Japanese Network of People Living with HIV/AIDS (JaNP+), which was established in 2002 as the first nationwide organization to bring together the diverse range of people living with HIV/AIDS in Japan.

## **Private Foundations**

There are approximately 1,000 private grant-making foundations in Japan,<sup>39</sup> 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 is highlighted by the fact that the combined dollar value of the assets of these 1,000-odd foundations was ¥1.4 trillion (approximately US\$12.5 billion) as of April 2001, or half the amount of the assets held by the Bill and Melinda Gates Foundation and comparable in size to those of individual foundations such as the Lilly Endowment or the Ford Foundation.<sup>40</sup> These foundations operate more than 300 grant programs in the fields of health,

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<sup>39</sup> There is no legal framework classifying grant-making foundations as separate from the more numerous operating foundations, and thus there is no completely reliable count of the actual number of foundations falling under this category. The figures given in this section are based on the analysis made by the Japan Foundation Center and taken from its website on "An Outlook of Japanese Grant-Making Foundations."

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

medicine and welfare, making this the second largest grantmaking field in sheer numbers, after the field of science and technology. However, very few foundations put HIV/AIDS high on their list of priorities.

### *Academic Research Grants*

Each year one or two relatively minor academic research grants are extended by private foundations to researchers at universities and research institutions for HIV/AIDS-related projects. However, no foundations offer strategic funding for HIV/AIDS-related research on a sustained basis. Most of the research being conducted on the epidemic relies on government sources, primarily the significant allocations made as part of the Sciences Research Grants of the MHLW and by the Japan Science and Technology Corporation, which is under the jurisdiction of the Ministry of Education.

### *Support for NGO Programs on HIV/AIDS*

In general, private foundations ought to play a more important role than government funding sources in providing operational grants to support NGO activities. Nevertheless, the outlook for sustained, significant foundation support of HIV/AIDS-related NGO programs remains dim. In the first place, Japanese grant-making foundations do not have a strong tradition of funding NGOs. Most private foundation grants are either research grants or scholarships, and very few are made as operational funding to support the type of activities pursued by NGOs. With the rapid expansion of the civil society sector, the number of funding programs accepting applications from NGOs is gradually increasing. However, of the approximately 2,000 grant programs currently operational listed in the Japan Foundation Center's database, only about a fifth encourage applications from citizens' groups.<sup>41</sup>

Of these, there are only two funding programs that prioritize HIV/AIDS,

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<sup>40</sup> Estimates of the value of assets held by Japanese foundations are drawn from the Japan Foundation Center survey and U.S. statistics are derived from *The Chronicle of Philanthropy's* annual survey.

<sup>41</sup> The term "citizens' groups" is used in the survey by the Japan Foundation Center and has no fixed definition, although it generally refers to grass-roots organizations without legal status as well as those nonprofit organizations incorporated under the new NPO Law.

the Japan Stop AIDS Fund set up by the Japanese Foundation for AIDS Prevention and the Levi Strauss Foundation Donor Advised Fund operated by the Japan Center for International Exchange (JCIE). Both target domestic operations, and thus there are few funding options for Japanese NGOs engaged in overseas projects in Asia and Africa. A philanthropic initiative to support international programs is greatly needed, 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 WHO and the World Bank.<sup>41</sup>

### *Japan Stop AIDS Fund*

The Japan Stop AIDS Fund was established in 1993 by the Japanese Foundation for AIDS Prevention as an intermediary to receive and distribute donations to support NGOs working on HIV/AIDS issues. Its target program areas are (a) social support for people living with HIV/AIDS, (b) telephone counseling services and (c) awareness-raising programs. For fiscal year 2003, the Fund distributed a total of ¥13.2 million (US\$120,000) to 43 NGOs. In the 11 years since its establishment, it has made ¥220 million (US\$2 million) in grants, serving as a valuable source of funding specifically for HIV/AIDS-related NGOs in Japan.

Recently, donations to the Fund have been in decline. During the mid-1990s as much as ¥70 million (US\$636,000) was received annually from corporations, but poor economic conditions and a general decline in public awareness of HIV/AIDS issues have driven a downward trend in incoming contributions. Annual amounts have fallen as low as ¥40 million (US\$360,000). It is important that corporations and individuals interested in supporting efforts to fight the epidemic be matched with NGOs in need of funds. In this sense, the Fund offers an ideal mechanism, one which has the potential to benefit from wider publicity and energize the activities of Japan's struggling HIV/AIDS-related NGOs.

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<sup>41</sup> The Nippon Foundation is a grant-making foundation that was founded with revenues from the speedboat racing industry. In fiscal year 2002, it awarded a total of ¥33.1 billion (US\$301 million) in grants, the largest sum extended in Japan. The founder, the late Ryoichi Sasakawa, devoted himself to bringing leprosy under control and, for more than 30 years, was engaged in the fight against the disease through the Sasakawa Memorial Health Foundation. The current president, Yohei Sasakawa, has been appointed to be the WHO's Ambassador for Leprosy Elimination.

*Levi Strauss Foundation Donor Advised Fund of JCIE*

This donor advised fund (DAF) was created in 1997 as a partnership between the U.S.-based Levi Strauss Foundation and JCIE. The Levi Strauss Foundation makes a grant to JCIE, which then issues a call for grant applications and conducts the selection process for regranting to NGOs in Japan. Grants are made in the three categories falling under the main theme of promoting social justice: (a) preventing the spread of HIV/AIDS, (b) achieving economic independence for marginalized people and (c) ensuring access to education for marginalized youth. In the HIV/AIDS category, top priority has been given to prevention and awareness-raising programs aimed at young people. The total annual grant amount for all three categories is approximately ¥20 million (US\$180,000), and in fiscal year 2003, ¥6.3 million (US\$52,000) was awarded to six HIV/AIDS-related programs. Over the past six years, ¥31.2 million (US\$250,000) in grants have been awarded to a total of 34 HIV/AIDS-related NGOs.

Although the actual grants distributed to individual NGOs are small in scale, the DAF program represents the first effort to channel funds from a foreign foundation to domestic Japanese NGOs. As such, it has the added benefit of transmitting innovative grant-making practices to Japan, for example, the extension of support for institution-building at new and emerging organizations, the provision of multi-year grants, the coverage of personnel and overhead costs and the promotion of capacity-building. (A record of past grants can be found at <[www.jcie.or.jp/levi/e/](http://www.jcie.or.jp/levi/e/)>.)

Separate from its support for the DAF program, the Levi Strauss Foundation made an additional grant to the Japan AIDS & Society Association (JASA) and JCIE to support "Positive Lives," an international photography exhibition project on HIV/AIDS touring Japan from 2002 to 2004. This ¥18 million (US\$150,000) grant enabled the exhibition to be held in more than 100 communities throughout Japan.

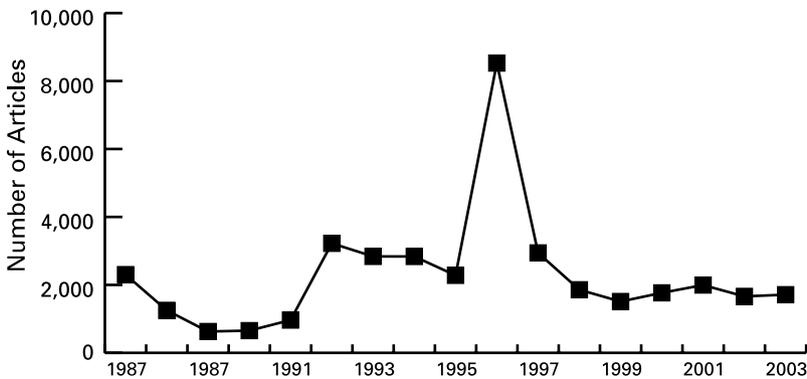
## ROLE OF THE MEDIA

### **Mass Media**

The mass media can play a key role in the dissemination of accurate information and knowledge about HIV/AIDS and the elimination of discrimination. However, media coverage on the subject is far from sufficient in

contributing to widespread public exposure to HIV/AIDS-related issues in Japan today. The results of a survey on the number of articles containing reference to HIV or AIDS in the four major national newspapers are given in figure 3-1. For a few years from around 1992, the number of newspaper articles on the subject of HIV/AIDS showed an increasing trend due to a rapid rise in the number of reported cases and the high media profile of the International AIDS Conference held in Yokohama. The epidemic had the greatest media coverage in 1996 when a settlement was reached on the case involving HIV-infections caused by contaminated blood products. However, once the case was settled, coverage immediately dropped and has since leveled off.

Figure 3-1: Number of Newspaper Articles with Reference to the Term "HIV" or "AIDS" (1987–2003)



Source: Compiled by JCIE.

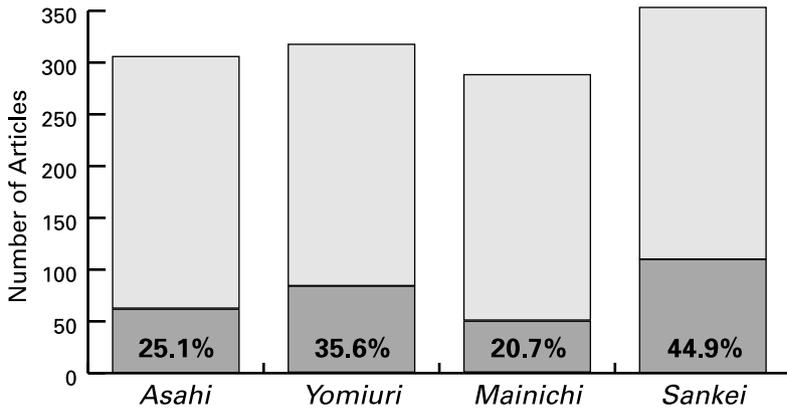
Note: Data was obtained by searching the Nifty Business Data Base and the Nikkei Data Base for newspaper articles in December 2003. All articles appearing in the morning and evening papers of the four major newspaper companies (Asahi, Yomiuri, Mainichi and Nikkei) were searched for any reference to the term HIV or AIDS. Since all four publish regional editions as well as the central Tokyo edition, there may be some duplications.

After looking more closely at newspaper articles, it is apparent that the appearance of the term HIV/AIDS alone is not necessarily synonymous with coverage of the disease. For example, less than half of the articles appearing in 2002 with references to HIV or AIDS actually covered issues related to HIV/AIDS (see fig. 3-2). The other half made mention of the

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

disease as a lesson of the past in talking about other infectious diseases and drug-induced problems, or mentioned it as one aspect in the overall context of poverty and development issues in developing countries. The meager coverage speaks for itself with regard to Japanese society's view of the disease as a remote issue far from the central concerns of contemporary Japan.

Figure 3-2: Share of Newspaper Articles Actually Highlighting HIV/AIDS Issues or Those Referring to the Term "HIV" or "AIDS" (2002)



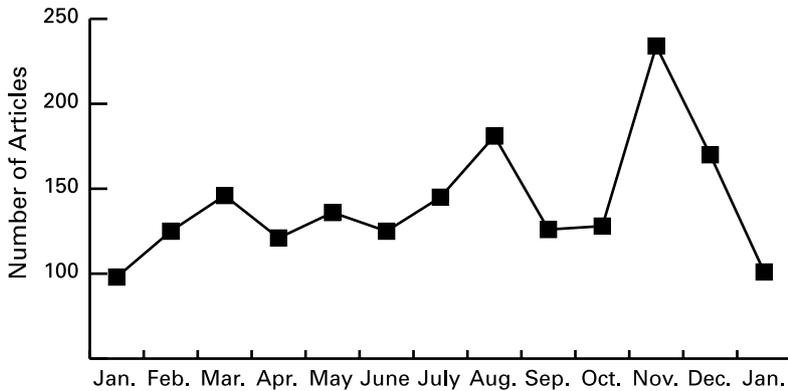
Source: Compiled by JCIE.

Note: Based on a search of the Nifty Business Data Base conducted in December 2003. All articles printed in 2002 with reference to the term HIV or AIDS from both morning and evening papers of the four major newspaper companies of Asahi, Yomiuri, Mainichi and Sankei were searched. To prevent duplicate counts with regional issues, only the central Tokyo issue was examined (indicated as the actual total number of articles). Of the actual total, articles that focus specifically on HIV/AIDS issues were selected by the following manner and indicated its share:

- Automatically selected all articles with the term HIV and/or AIDS included in the headline.
- Individually searched through all the articles not mentioning the terms in the headline, but which included the terms such as "infection," "blood products," and/or events or names of people closely associated with HIV/AIDS and discerned whether the content of the article had specific focus on the epidemic or not.

In terms of coverage patterns, there seems to be a concentration of interest in HIV/AIDS around World AIDS Day on December 1. Many newspapers seem to feature articles on the topic from the end of November to early December, but then lose interest altogether (see fig. 3-3). The only

Figure 3-3: Monthly Trend in the Appearance of the Term “HIV” or “AIDS” in Newspaper Articles (2002)



Source: Compiled by JCIE.

Note: Based on a search of the Nifty Business Data Base conducted in December 2003. All articles printed in 2002 with reference to the term HIV or AIDS from both morning and evening papers of the four major newspaper companies of Asahi, Yomiuri, Mainichi and Sankei were selected. Since all four have various issues by regions other than the central Tokyo issue, there may be some duplications in the count of articles.

national 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” on a weekly basis, followed by a series on “a new age of infectious diseases” that started in 2002. (These series account for the large share of articles specifically highlighting HIV/AIDS in *Sankei Shimbun* as compared to the other three newspaper companies shown in figure 3-2.) The Sankei articles in the series examine the subject of HIV/AIDS from various angles, for example, covering insights into the epidemic as a domestic concern and the global response in terms of the worldwide efforts to fight the disease.

The Nippon Press Club, a national press organization, organizes seminars on a variety of subjects for member correspondents from various newspapers, television and radio networks. One continuous program that has been held at regular intervals is a series on HIV/AIDS-related issues, featuring lectures by experts on the epidemic (see the “List of Invited Lecturers” side bar). It is hoped that wide attendance of such seminars will enhance understanding of the epidemic among journalists.

List of Invited Lecturers  
Seminars on HIV/AIDS Organized by the Nippon Press Club

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*(Titles are as of the date of the lecture)*

- May 2002: Seth F. Berkley, President and CEO, International AIDS Vaccine Initiative
  - May 2002: Masahiro Kihara, Professor, Department of Global Health and Socio-epidemiology, Kyoto University School of Public Health
  - June 2002: Chizuko Ikegami, President, PLACE Tokyo
  - July 2002: Assane Diop, Executive Director, Social Protection Sector, ILO
  - July 2002: Nobuya Iwamuro, Urologist and Doctor of Public Health
  - Aug. 2002: Tatsuo Hayashi, President, Africa-Japan Forum
  - Sept. 2002: Aikichi Iwamoto, Professor, The Institute of Medical Science, The University of Tokyo
  - Oct. 2002: Noriaki Fushimi, Writer, Gay Activist
  - Nov. 2002: Richard Feachem, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria
  - Jan. 2003: Osamu Kunii, Economic Cooperation Bureau, Ministry of Foreign Affairs
  - Mar. 2003: Takatoshi Kato, former Member, Commission on Macroeconomics and Health, WHO
  - Apr. 2003: L. Montagnier, World Foundation for AIDS Research and Prevention
  - June 2003: Shuji Hashimoto, Professor, Fujita Health University
  - Sept. 2003: Kevin Ryan, Project Director, Positive Lives
  - Dec. 2003: Satoru Ienishi, former Member, House of Representatives (Democratic Party of Japan); HIV-positive
- Seminars Coordinator: Kazuo Miyata, Feature News Editor, *Sankei Shimbun* Newspaper
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Further research is needed to assess the extent of interest held by other media channels such as television,<sup>43</sup> radio and magazines.

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<sup>43</sup> The participation of NHK Japan Broadcasting Corporation in the Roundtable Meeting to combat HIV/AIDS held in January 2004 and hosted by UN Secretary-General Kofi Annan with over 20 world media leaders was the first such involvement of Japanese media on the international scene.

## **Documentary Photography**

There has been a surge of documentary photography exhibitions being held on the theme of HIV/AIDS. Documentary photography relays the reality of the epidemic in a visual form that can have a strong impact on the public, making it a powerful means to convey a message. One such example is “Positive Lives,” an international photography exhibition project touring Japan from 2002 to 2004. This exhibition features photographs of people living with HIV/AIDS and their families, friends and caretakers, which were taken in 17 countries and regions by a network of professional photographers from all over the world. It was started and continues to be managed by the major British HIV charity, the Terrence Higgins Trust, and the international photo documentary agency, Network Photographers. Sponsored by the Levi Strauss Foundation, local exhibitions have been held thus far in about 100 different communities throughout Japan as part of an educational program to disseminate information on HIV/AIDS and promote prevention. A major exhibition of 120 works was held in the autumn of 2003 at the UN Gallery in Tokyo. Over 2,200 people visited the major exhibition over the period of one month. The local and major exhibitions were organized by JASA with the cooperation of JCIE. Other documentary photographers shooting on the theme of HIV/AIDS are listed in the “Some Documentary Photographers” side bar.

### **Some Documentary Photographers Shooting on the Theme of HIV/AIDS**

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- Masaru Goto: A Japanese photographer residing in Thailand who has been taking photographs of people living with HIV/AIDS in Cambodia. His works can be viewed on his website and have been displayed at exhibitions held in Tokyo and Bangkok. A special exhibition was held in Yokohama in 2003.  
<<http://www.freewebs.com/reminders/us/about.html>>
- Andy Rain: A British photographer living in Tokyo who has been taking photographs of people living with HIV/AIDS in Thailand and Cambodia. His works were exhibited at the UN Gallery several times from 2001 to 2003 in cooperation with the Japanese NGO, SHARE, which is involved in the prevention of the epidemic and caretaking of people living with HIV/AIDS in Thailand.

Osamu Kikuchi: A Japanese photographer in Tokyo. Since being chosen to take photos in Japan for the international photography exhibition "Positive Lives," he has continued photographing the HIV community in Japan. A private exhibition of his works was held in Kobe and Tokyo in the winter of 2003, and a collection of his photographs is to be published in 2005.

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Other efforts in raising awareness on HIV/AIDS are starting to emerge, including documentary films on the subject and the use of art as a medium for expression to cope with the epidemic.

## CORPORATE ATTITUDES TOWARDS HIV/AIDS

### Workplace Management of HIV/AIDS

The level of interest in HIV/AIDS in the workplace is currently very low in Japanese business corporations. Not one Japanese corporation is listed among the members of the Global Business Coalition on HIV/AIDS. Nor is there a comparable organization within Japan.

In 1995, the MHLW (then the Ministry of Labour) issued a series of guidelines for workplace management of the epidemic. At that time, HIV/AIDS cases caused by contaminated blood products had become a major social issue and an increasing number of sexually transmitted infections were being reported. As many among the HIV positive were in their productive prime, the issue of how to deal with people living with HIV/AIDS in the workplace became a matter of serious concern. The outline of the guidelines is as follows:

- Provide HIV/AIDS education to employees.
- Create a workplace environment that accepts people with HIV/AIDS. (No HIV testing will be required of employees and prospective staff, and confidentiality on their HIV seropositivity or the fact that they have AIDS will be respected.)
- Introduce best practices concerning and management of HIV/AIDS in the workplace, offering appropriate treatment for those living with HIV/AIDS. (Those workers living with HIV who are in good health should be treated in the same manner as other employees; those with AIDS should be treated as others with illnesses; and HIV-positive status shall

not pose a reason for prohibition or termination of employment.)

- Educate employees about specific work-related transmission hazards and safeguards (such as unforeseen bleeding).

As a result of these guidelines, a number of Japanese corporations have introduced policies to address HIV/AIDS in the workplace.<sup>44</sup> However, many express doubt as to whether they are in actual practice today. Even if guidelines are set, the extent of their accessibility to employees, monitoring, and implementation are separate issues that are not being addressed. On the domestic front alone, several publicized lawsuits have been filed with regard to unfair dismissal, with many more that have not been made public. In 1994, a group of corporations was formed to discuss and exchange information on HIV/AIDS policies. This forum, called the Japan Inter-Company Meeting Against AIDS, had at one point 26 member corporations, in addition to affiliated health and economic organizations (see the “Member Companies” side bar).

#### **Member Companies and Organizations Having Participated in the Japan Inter-Company Meeting Against AIDS**

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Aichi Medical Foundation of Diagnostic Technology; Baron Corporation; Dai Nippon Printing Co., Ltd.; Daiwa Securities Co.; Eisai Co., Ltd.; HOYA Health Insurance Society; Industrial Bank of Japan; Japan Travel Bureau (JTB); Kajima Corporation; Kanematsu Corporation; Labour Welfare Corporation; Japan Overseas Health Administration Center; Levi Strauss Japan; Matsushita Electric Industrial Co., Ltd. (Panasonic) Health Insurance Society; Nomura Securities Co., Ltd.; Recruit Co., Ltd.; Saison Pallet Corporation; Sony Corporation; TOBU Department Store; The Tokyo Chamber of Commerce and Industry; Tokyo Gas Co., Ltd.; Toshiba Corporation; and five others.

Secretariat: Medical Support Center

Source: Japan Inter-Company Meeting Against AIDS website.

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<sup>44</sup> HIV/AIDS policies in the workplace for Sony Corporation, Tokyo Gas Co., Ltd. and Japan Travel Bureau (JTB) can be found on the website of the Japan Inter-Company Meeting Against AIDS. According to Bendell (2003, 47), among the 100 largest transnational companies (TNCs) surveyed on workplace HIV/AIDS policies, three Japanese companies positively contributed their responses, namely, Hitachi, C. Ito & Co. and Marubeni Corporation.

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

The forum held regular workshops, inviting lecturers and speakers, and served as a venue for exchanging information related to the creation of appropriate workplace HIV/AIDS policies. Gradually, however, the perceived need for this type of exchange has declined, and the forum now has become dormant. Aside from this forum, the Tokyo Chamber of Commerce and Industry and JASA conducted programs during the mid-1990s in an effort to promote the adoption of HIV/AIDS policies in the workplace. However, these programs also eventually became dormant.

One of the most recent undertakings to raise awareness of this issue within the business sector is the Forum on Company HIV/AIDS Policies, held in July 2002 in Tokyo and Kobe under the joint sponsorship of the International Labor Organization (ILO) and *Sankei Shimbun* newspaper. The forum was convened on the occasion of the publication of the Japanese translation of ILO's Code of Practice on HIV/AIDS and the World of Work. The level of interest among corporate representatives was not, however, high.

Due to the low prevalence of the epidemic in Japan and the fact that the country in general does not feel as much of a threat as compared to other countries, HIV/AIDS has not been given serious consideration in the workplace since the late 1990s. The situation calls for a change, however, for the following two reasons. First, with the development of better treatment, the progress from HIV-positive status to AIDS can be slowed and more people can lead a normal life while fighting the disease. Many corporations have not yet been made aware of this fact and need to introduce new workplace management measures that reflect the new circumstances. The second development is the alarming spread of the epidemic throughout Asia as a whole. The overseas expansion of Japanese corporations has extended to 130 countries around the world with a concentration in Asia (see table 3-1). For those corporations operating in heavily affected countries, HIV/AIDS policies in the workplace become essential for employees both hired locally and dispatched from Japan. Some local branches may feel pressure to set guidelines in order to continue their operations. For those based at headquarters in Japan, however, the need is barely recognized, as the sense of crisis is very weak. From the viewpoint of corporate social responsibility, it is hoped that Nippon Keidanren (Japan Federation of Economic Organizations), Keizai Doyukai (Japanese Association of Corporate Executives), Council for Better Corporate Citizenship (CBCC) and others at the forefront of the sector demonstrate greater leadership on these issues.

Table 3-1: Regional HIV/AIDS Statistics and Japanese Corporate Presence

Region	Adults and Children Living with HIV/AIDS	Adult Prevalence	No. of Japanese Corporations	Name of Major Corporations
Sub-Saharan Africa (South Africa)	25.0–28.2 million –	7.5–8.5 –	90 (34)	Toyota Motor Corporation Nissan Motor Co.,Ltd Mitsubishi Electric Corporation
North Africa and the Middle East	0.47–0.73 million	0.2–0.4	119	
South Asia and Southeast Asia (India)	4.6–8.2 million	0.4–0.8	3,927	
(Indonesia)	–	–	(135)	Honda Motor Co., Ltd. Suzuki Motor Corporation Denso Corporation Yazaki Corporation, Yamaha Motor Co.,Ltd Matsushita Electric Industrial Co.,Ltd
East Asia and the Pacific (China)	0.7–1.3 million –	0.1–0.1 –	3,971 (2,630)	Matsushita Electric Industrial Co.,Ltd Olympus Corporation Sanyo Electric Co.,Ltd
Latin America	1.3–1.9 million	0.5–0.7	600	
Caribbean	0.35–0.59 million	1.9–3.1	28	
Eastern Europe and Central Asia	1.2–1.8 million	0.5–0.9	224	
Western Europe	0.52–0.68 million	0.3–0.3	2,359	
North America	0.79–1.2 million	0.5–0.7	1,996	
Australia and New Zealand	0.012–0.018 million	0.1–0.1	383	
Total	40 million	0.011	13,697	

Source: Compiled by JCIE drawing on *AIDS Epidemic Update* (UNAIDS 2003b) for the number of HIV/AIDS cases and prevalence; and on *Directory of Overseas Japanese Corporations by Country* (Toyo Keizai Shinpo Publishing Co., 2003) for the number of Japanese corporations. Major Japanese corporations listed are manufacturers in Asia and Africa with large numbers of employees.

## Corporate Philanthropy and Public Awareness-Raising Programs

Although the general level of interest remains low for most corporations, there are some that are showing a willingness to take more active measures to tackle the HIV/AIDS-related issues through corporate philanthropy and awareness-raising programs. Levi Strauss Japan, for example, has been organizing for over a decade efforts run by employees on a volunteer basis to distribute condoms. The Body Shop Japan conducts campaigns at its branch stores on World AIDS Day to raise donations for HIV/AIDS prevention efforts and gives the collected donations and part of its sales profits to HIV/AIDS-related NGOs. MTV Japan not only airs international HIV/AIDS programs, but also has created a unique program in Japan to send out HIV/AIDS-related messages to young people using cell phones.

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

It should be noted that 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. It may be easier for Japanese branch offices of such corporations to pursue programs by following the global guidelines already set forth by the parent company. Their efforts, however, tend to remain within the sphere of providing support for domestic NGOs and conducting awareness-raising programs and do not go beyond the domestic realm to address the issue of overseas areas threatened by the rapid spread of the disease.

For Japan-based corporations, corporate philanthropy and community involvement are confined to traditional social issues more readily accepted by the public, such as the promotion of environmental, cultural or artistic causes, or welfare measures for the aged and the disabled. It appears that HIV/AIDS-related issues are too new and perhaps too controversial for them to get involved. It is unclear to what extent Japanese corporations operating overseas are involved in local activities independent of their headquarters to prevent the spread of the epidemic.

### *The Body Shop Japan*

The Body Shop, a high-quality skin and body care retailer based in London, is known for its active involvement in the protection of human rights, preservation of animal life and environmental conservation. The Body Shop Japan was opened in 1990 under a licensing contract with a subsidiary of a major Japanese retailer. Since the commemoration of its fifth anniversary in 1995, the Body Shop Japan has embarked on an anti-AIDS campaign every December around World AIDS Day. Funds raised from the call for donations and sale of special campaign goods in support of HIV/AIDS-related NGOs amount to approximately ¥1 million (US\$9,000). An essay contest on the subject of AIDS is also held concurrently with the campaign. In 2003, it offered financial support to the Youth Forum, held as one of the numerous programs organized around the International Congress on AIDS in Asia and the Pacific (ICAAP).

### *MTV Japan, Inc.*

MTV Japan only started broadcasting in 2001, but its presence is growing rapidly. It airs HIV/AIDS-related news and special programs created for worldwide broadcasting around World AIDS Day. In addition, it has

developed original programs that take advantage of the expansion of the Internet and its popularity with young people, one of which is an information release service using mobile telephones. The service offers information about HIV/AIDS and STIs and feedback through websites accessible to cell phone users. The communication is two-way and targets young adults.

*Levi Strauss Japan, K.K.*

Levi Strauss Japan was established in 1982, and its employees have been actively involved in volunteer work from the very outset. As part of the company's anti-AIDS campaign, employees have helped distribute condoms every December. It is the very first company to engage in the fight against HIV/AIDS in Japan and has been offering financial support to HIV/AIDS-related NGOs. In 2003, the company sponsored the publicity efforts to promote "Positive Lives," an international photography exhibition showing photographs of people living with HIV/AIDS and other people who live with and support them.

## **Labor Unions**

One of the encouraging developments in the private sector is the recent interest shown by labor unions in combating the pandemic. The national organization of labor unions, the Japanese Trade Union Confederation (Rengo), has recently decided to focus on HIV/AIDS as one of the top priority areas in its international activities and is now in the process of developing relevant programs.

The guidelines announced by Rengo for fiscal years 2004 and 2005 reflect the emphasis being placed on HIV/AIDS. For example, 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. In addition, it plans to embark on international cooperation projects for the elimination of poverty, child labor and the spread of the epidemic. As the first step, the international division of Rengo is conducting a feasibility study on the joint implementation of an HIV/AIDS program in Africa with the Japan International Labour Foundation (JILAF). Some programs under consideration include the training of specialists to educate employees on

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

HIV/AIDS, care and support for people living with HIV/AIDS and support for children orphaned by AIDS. These programs are being discussed at the request of the International Confederation of Free Trade Unions African Regional Organization (ICFTU-AFRO).

Apart from Rengo, some labor unions affiliated with individual corporations<sup>45</sup> are starting to show signs of giving serious thought to HIV/AIDS issues in the locations of their overseas branches. It is hoped that efforts on the part of labor unions will have a considerable impact on the level of recognition given to the epidemic by employers and encourage them to address the issue.

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<sup>45</sup> Unlike in the United States, private business corporations in Japan each have their own labor unions. These individual labor unions then form confederations, organized by industry sector. Rengo is the national center for labor union confederations.

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## List of Key Informants

The following people were interviewed or consulted in the production of this report.

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## APPENDICES



## Appendix 1: Chronological Table of HIV/AIDS History in Japan

Major Domestic Events			World Events
Year	Domestic HIV/AIDS Milestones	International Cooperation on HIV/AIDS	
1978	Imports of unheated blood products from the U.S. begin		
1981			Announcement of the first AIDS case in the United States
1982–1985	Approx. 40% of hemophiliacs infected by HIV-contaminated blood products		
1983	AIDS Task Force established by the Ministry of Health and Welfare		
1985	Identification of the first Japanese AIDS patient		First International AIDS Conference
1987	Ministerial meeting held on HIV/AIDS measures ..... Announcement of HIV/AIDS measures by the Ministry of Health and Welfare ..... Establishment of the Japanese Foundation for AIDS Prevention (JFAP)		
1988			First World AIDS Day
1989	Enactment of the AIDS Prevention Law ..... Lawsuit filed by HIV-infected hemophiliacs		
1990			First International Congress on AIDS in Asia and the Pacific (ICAAP)
1992	Tokyo Chamber of Commerce and Industry founds the Forum on Company HIV/AIDS Policies		
1993		First meeting of the Tokyo International Conference on African Development (TICAD)	
1994	Creation of the Japan Inter-Company Meeting Against AIDS	Global Issues Initiatives on Population and AIDS (GII), 1994 to 2000	Paris AIDS Summit
10th International AIDS Conference (Yokohama)			
1996	Settlement reached on the tainted blood product litigation ..... Designation of AIDS Care Core Hospitals in all of Japan's prefectures		Establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS)  Introduction of Highly Active Antiretroviral Treatment (HAART)
1997	Establishment of the AIDS Clinical Center (ACC)		

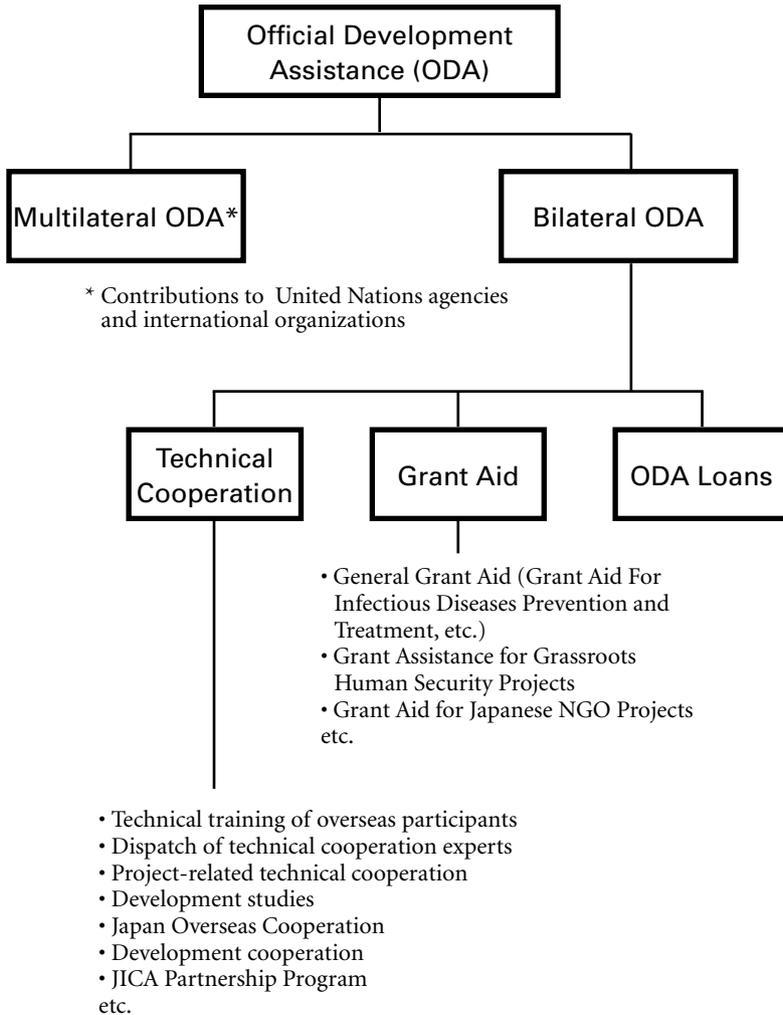
## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

(Appendix 1 continued)

	Major Domestic Events		World Events
Year	Domestic HIV/AIDS Milestones	International Cooperation on HIV/AIDS	
1998	PWHA become entitled to welfare benefits under the Law for the Welfare of People with Physical Disabilities	Commencement of joint Japan-Thai collaboration on HIV-vaccine development ..... Second meeting of TICAD	
1999	Enactment of the Law Concerning the Prevention of Infectious Diseases and Patients with Infectious Diseases; superseding the AIDS Prevention Law		
2000		Okinawa Infectious Diseases Initiative (IDI), 2000 to 2004 ..... Okinawa International Conference on Infectious Diseases	Thirteenth International AIDS Conference held in Africa ..... Kyushu-Okinawa G8 Summit
2001		Creation of the UN Trust Fund for Human Security ..... Implementation of grant aid for infectious diseases in the Japanese ODA scheme	UN General Assembly Special Session on HIV/AIDS ..... Seventh ASEAN Summit Declaration on HIV/AIDS
2002	Establishment of the Japanese Network of People Living with HIV/AIDS (JaNP+), the first organization to create a nationwide network of PWHA in Japan	Japanese Government pledges US\$200 million to GFATM	Establishment of the Global Fund to Fight AIDS, Tuberculosis & Malaria (GFATM)
2003		Third meeting of TICAD	Announcement by US President George W. Bush of an Emergency Plan for AIDS Relief in the State of the Union address ..... Plans for 7th International Congress on AIDS in Asia and the Pacific (ICAAP) to be held in Kobe postponed until 2005
		Japanese government pledges an additional US\$100 million to GFATM for FY 2004	WHO's 3 by 5 Initiative

Source: Compiled by JCIE.

## Appendix 2: ODA Schemes for HIV/AIDS Programs



### Appendix 3: Selected List of Major Japanese NGOs Pursuing HIV/AIDS Programs<sup>46</sup>

#### NGOs IN DOMESTIC HIV/AIDS ACTIVITIES

##### **Japan AIDS & Society Association (JASA)**

An umbrella organization for AIDS-related NGOs, JASA was created in 1990 at the initiative of researchers, doctors, representatives from NGOs, people living with HIV/AIDS and journalists involved in AIDS issues in Japan. Its activities center on holding regular forums, workshops and events to promote knowledge and understanding on HIV/AIDS issues. It also disseminates information by issuing newsletters and other publications, including a directory of AIDS service organizations operating in Japan, and by making available Japanese translations of important documents released by international organizations such as UNAIDS and WHO on the website. From 2002 to 2004, it is serving as the secretariat for the nationwide tour of the "Positive Lives" photograph exhibition.

##### **JAPAN HIV CENTER (JHC)**

JHC was founded in Osaka in 1988 by HIV-positive people, their friends and supporters, and is now operating branch offices in eight locations throughout Japan. It is the first Japanese NGO to specialize in HIV/AIDS activities. It provides telephone hotline service, care support to Japanese as well as non-Japanese and a peer education program for the young called the "Young Sharing Program." It is also involved in policy advocacy, research and public awareness-raising programs as well as managing a shelter for people living with HIV/AIDS.

##### **JaNP+ (Japanese Network of People Living with HIV/AIDS)**

Created in 2002, this is the first organization to form a nationwide network of people living with HIV/AIDS in Japan. It offers medical and welfare information through the Internet to people living with HIV/AIDS, supports peer networking and opportunities for them to speak out and promotes policy advocacy. In a regional outreach effort, it acts as the Japanese

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<sup>46</sup> The list is representative, but not necessarily comprehensive, of NGOs active in this field.

counterpart organization to GNP+ (Global Network of People Living with HIV/AIDS) and APN+ (Asia Pacific Network of People Living with HIV/AIDS). It is planning to issue a bimonthly journal by and for people living with HIV/AIDS.

**PLACE TOKYO (Positive Living and Community Empowerment TOKYO)**

Established in 1994, this NGO is presided over by Chizuko Ikegami, a sexologist long working in the field of HIV/AIDS and who served as director of the community liaison committee as a representative of NGOs for the 10th International AIDS Conference held in Japan. The main activities are direct support to people living with HIV/AIDS, such as providing telephone hotline service on HIV/AIDS, holding peer group meetings (called NEST), managing a shelter and dispatching buddies. It has a high reputation for its public outreach efforts that include dispatch of lecturers, research and development, and prevention and awareness-raising campaigns especially targeted at young people.

**CHARM (Center for Health and Rights of Migrants)**

Established in 2001 to create a clinical center that offers medical information, counseling, care and treatment in the mother tongue of foreign nationals residing in Japan. It offers counseling on HIV/AIDS as well as other aspects of sexual health in various languages, dispatches medical interpreters and, at the commission of the Osaka city administration, conducts free HIV testing on weekends.

**CRIATIVOS (Center for Reference and Support on HIV/AIDS)**

CRIATIVOS has been active since 1999 in promoting prevention and support programs mainly by and for Latin Americans, the most rapidly expanding group of immigrants in Japan. The activities are community based in offering telephone hotline service, supporting people living with HIV/AIDS, and conducting surveys on effective prevention measures for non-Japanese residents. It has a working relationship with the Brazilian government regarding HIV/AIDS prevention.

**SHARE (Services for the Health in Asian and African Regions)**

SHARE was founded in 1983 by doctors, nurses and students motivated by their experiences in developing countries and wanting to help improve the health of people in need. It has given greater emphasis to HIV/AIDS

## JAPAN'S RESPONSES TO THE SPREAD OF HIV/AIDS

programs in recent years and actively pursues prevention and support programs in Thailand and Cambodia. It is one of the very few organizations active both in Japan and abroad in this field. The expertise acquired through its long involvement in Thailand is now being applied to prevention programs, telephone hotline services and medical counseling to help Thai people residing in Japan. It also serves as the Japanese contact organization for CARAM-Asia (Coordination of Action Research on AIDS and Mobility).

### **Japan Association for the Lesbian Gay Movement OCCUR**

Established in 1986, the objective is to protect the basic human rights of lesbians and gay people. To this end, it is involved in policy advocacy, telephone counseling, prevention and awareness-raising campaigns, support services to people living with HIV/AIDS, speaker's bureau activities and research and development. It acts as the Japanese contact organization for the Asia-Pacific Network of Lesbians, Gays, Bisexuals and Transgenders (AP-Rainbow).

### **MASH Osaka (Men and Sexual Health, Osaka)**

Active in a central gay community of Doyama in Osaka since 1998, MASH Osaka aims to improve the sexual health of MSM, promote HIV/STI prevention programs and offer care and support to MSM living with HIV/AIDS. Its activities comprise of organizing seminars on STI, conducting HIV testing for MSM and strengthening prevention campaigns as well as making a survey of MSM on the effectiveness of prevention measures. Enjoying a solid partnership with medical service providers and municipal administrators, it has operated a drop-in center in the community since 2003 for information exchange and event organization.

### **Yokohama AIDS Forum**

This forum was created at the initiative of local citizens and first convened in conjunction with the 10th International AIDS Conference held in Yokohama in 1994. Every year, approximately 40 to 50 NGOs involved in HIV/AIDS and international cooperation gather together to give presentations and panel exhibitions, attracting some 4,000 to 5,000 visitors composed of NGO volunteers, medical service providers, school nurses, counselors, students and the general public. Yokohama YMCA serves as the secretariat, but the event is planned and managed by numerous volunteers and offers a valuable opportunity of networking for citizens interested in

HIV/AIDS issues.

### **Campus AIDS Interface**

An organization created in 1993 by young people to call attention of their peers to safer sex and awareness-raising in the prevention of HIV/AIDS. Composed mainly of students in their teens and early twenties, the organization incorporates the perspective of its members to appeal to the youth in promoting prevention campaigns, distribution of condoms, and information dissemination through the internet. It is one of the leading youth organizations active in the field of HIV/AIDS.

### **Africa Japan Forum (AJF)**

A network group created in 1994 to support efforts in self-reliant development of the African people, AJF is involved in policy advocacy by African and Japanese civil societies and research projects to enhance understanding about Africa in Japanese society. Since 2001, it has launched programs on HIV/AIDS issues in Africa, given the seriousness of the situation. The main activities are networking of people with HIV/AIDS groups and NGOs between Africa and Japan, policy advocacy to incorporate their needs in Japanese support programs on HIV/AIDS, capacity building of Japanese NGO staff and volunteers involved in HIV/AIDS issues in Africa, and cooperation with counterpart NGOs in Europe and the United States to promote international efforts in fighting the epidemic.

## NGOs IN OVERSEAS HIV/AIDS ACTIVITIES

The following organizations have been identified as pursuing HIV/AIDS activities overseas, but as they do not specialize exclusively to HIV/AIDS issues, the extent of their involvement is still in the process of being investigated.

ADRA Japan (Adventist Development and Relief Agency)

Africa Japan Forum (AJF)\*

AMDA (Association of Medical Doctors of Asia)

Amis d'Afrique

Association for Aid and Relief, Japan (AAR Japan)

CARE Japan

HANDS (Health and Development Service)

JOICFP (Japanese Organization for International Cooperation in Family Planning)

Kokkyo naki Kodomotachi (Children without borders) (KnK)

Medecins Sans Frontieres (MSF)

Project HOPE Japan (Health Opportunities for People Everywhere)

SHARE (Services for the Health in Asian & African Regions)\*

World Vision Japan

\* See description given in the above list of NGOs in domestic HIV/AIDS activities.

## **The Japan Center for International Exchange**

FOUNDED IN 1970, the Japan Center for International Exchange (JCIE) is an independent, nonprofit, and nonpartisan organization dedicated to strengthening Japan's role in international affairs. JCIE believes that Japan faces a major challenge in augmenting its positive contributions to the international community, in keeping with its position as one of the world's largest industrial democracies. Operating in a country where policy making has traditionally been dominated by the government bureaucracy, JCIE has played an important role in broadening debate on Japan's international responsibilities by conducting international and cross-sectional programs of exchange, research, and discussion.

JCIE creates opportunities for informed policy discussions; it does not take policy positions. JCIE programs are carried out with the collaboration and cosponsorship of many organizations. The contacts developed through these working relationships are crucial to JCIE's efforts to increase the number of Japanese from the private sector engaged in meaningful policy research and dialogue with overseas counterparts.

JCIE receives no government subsidies; rather, funding comes from private foundation grants, corporate contributions, and contracts.