

## Everywhere in Japan: An international approach to working with commercial gay businesses in HIV prevention

Nigel Sherriff<sup>a\*</sup>

Jane Koerner<sup>b d</sup>

Seiichi Ichikawa<sup>b</sup>

Noriyo Kaneko<sup>b</sup>

Satoshi Shiono<sup>b</sup>

Michiko Takaku<sup>b</sup>

Ross Boseley<sup>c</sup>

<sup>a</sup> Centre for Health Research (CHR), University of Brighton, Falmer, Brighton, UK

<sup>b</sup> Nagoya City School of Nursing, Nagoya City University, Nagoya, Japan

<sup>c</sup> Terrence Higgins Trust (THT), Brighton UK

<sup>d</sup> School of Nursing, Midwifery and Paramedicine, Australian Catholic University

\* **Correspondence to:** Dr Nigel Sherriff, Centre for Health Research (CHR), University of Brighton, Mayfield House, Falmer, Brighton, BN1 9PH, UK. Tel: +44 1273 64 4539, email: [n.s.sherriff@brighton.ac.uk](mailto:n.s.sherriff@brighton.ac.uk)

### FUNDING

This work was supported by the Daiwa Foundation (8720/9396 to N.S.); the Japan Foundation for AIDS Prevention (JFAP to S.I.), and the Japanese Ministry of health, labour

and welfare. The Everywhere Project was co-funded by the European Commission (Executive Agency for Health and Consumers) grant agreement no. 2007315 to N.S.

## **ACKNOWLEDGEMENTS**

We would like to thank the following NGOs and community centres for their participation in the Everywhere in Japan project including Yarokko, akta, Angel Life Nagoya, MASH Osaka, Love Act Fukuoka, nankr, HaaT Ehime, PLACE Tokyo, JaNP+, LIFE Tokai, and the Terrence Higgins Trust. Our thanks also to the Ministry of Health, Labour and Welfare, Nagoya City University's International Relations Committee, the Daiwa Foundation, the Japanese Foundation for AIDS Prevention, and the European Commission. Thanks to the members of the European Everywhere project steering committee, but particularly the Spanish (Madrid) originators and advocates of the Everywhere concept including (but not limited to) Dr Ramon Aguirre, Dr Tomas Hernandez, Alberto Martin-Perez, Daniela Rojas, Raul Soriano, María Santaolaya, and Sara Gil. Finally, we extend our thanks to the reviewers who provided helpful and constructive comments on an earlier version of this manuscript.

## **ABSTRACT**

In the UK and Japan there is concern regarding rising rates of annual new HIV infections among Men who have Sex with Men (MSM). Whilst in the UK and Europe, gay businesses are increasingly recognised as being important settings through which to deliver HIV prevention and health promotion interventions to target vulnerable populations; in Japan such settings-based approaches are relatively underdeveloped. This article draws on qualitative data from a recently completed study conducted to explore whether it is feasible, acceptable and desirable to build on the recent European Everywhere project for adaptation and implementation to Japan. A series of expert workshops were conducted in Tokyo, Nagoya, and Osaka with intersectoral representatives from Japanese and UK non-governmental organisations (NGO), gay businesses, universities, and gay communities (n=46). Further discussion groups and meetings were held with NGO members and researchers from Nagoya City University who realise the Ministry of Health, Labour and Welfare's Research Group on HIV Prevention Policy, Program Implementation and Evaluation among MSM (n=34). The results showed that it is desirable, feasible and acceptable to adapt and implement a Japanese version of Everywhere. Such a practical, policy-relevant, settings-based HIV prevention framework for gay businesses may help to facilitate the necessary scale up of prevention responses among MSM in Japan. Given the high degree of sexual mobility between countries in developed Asia, there is considerable potential for the Everywhere Project (or its Japanese variant) to be expanded and adapted to other countries within the Asia-Pacific region.

**Key words:** HIV prevention; MSM; Japan; intersectoral collaboration

**Word count:** 7,167 words (5,665 for text body, 245 for abstract, 952 for references, 121 for acknowledgements; 2 Tables; 1 Figure)

## INTRODUCTION

HIV infection globally continues to be a public health burden with 35.3 million [32.2–38.8 million] people living with HIV at the end of 2013 (WHO, 2013; UNAIDS, 2014). In both the WHO Western Pacific Region and the European Region, the epidemiology of HIV is diverse. Whilst the dominant mode of transmission varies by country and geographical/epidemiological area, infection rates remain disproportionately higher in key populations such as Men who have Sex with Men (MSM), migrant populations, injecting drug users, and sex workers (European Centre for Disease Control [ECDC], 2013; ECDC/WHO, 2014). These subpopulations are more at risk of acquiring and transmitting HIV infection than others. In Japan for example, although considered a low prevalence country and despite HIV infections and AIDS cases reported through heterosexual contact among Japanese nationals remaining constant, yearly reports of new infections among MSM Japanese nationals have continued to increase steadily (National AIDS Surveillance Committee [NASC], 2012; UNGASS, 2014). The most recent data available for 2012 indicates that the total number of Japanese new male HIV diagnoses in 2012 was 889, 76.8% of which (683) were through male to male transmission (NASC, 2012). Similarly in the WHO European Region, data for 2013 suggest that in 51 out of 53 Western and Central European countries reporting data, sex between men remains the dominant mode of transmission for HIV (ECDC/WHO, 2014; see also Platt *et al.*, 2015). In the West for example, data from 23 reporting countries indicate that MSM accounted for 43% of all new diagnoses (11,582 cases). In Central Europe, although the HIV epidemic is relatively low and stable, increasing transmission through male-to-male contact is evident. In 2013, of the 15 countries reporting, MSM accounted for 30% of new diagnoses (1256 cases; ECDC/WHO, 2014)

Since the late 1980s, the political and public health reaction by the European Commission (EC) to HIV/AIDS has been to focus policy actions on areas such as improving surveillance, promoting

testing, prevention and awareness-raising, establishing networks linking major partners involved in the response to HIV/AIDS, strengthening the role of civil society and supporting national public health authorities, as well as facilitating the dissemination of good practices (e.g. European Commission, 2009). One mechanism for implementing such policy commitments has been the EU Public Health Programme which has co-funded an array of conferences and projects focusing on the prevention of new HIV infections among MSM including the Everywhere project (Author removed for review, 2011), the Future of European Prevention among MSM (FEMP; Hallin and Urwitz, 2011), Capacity building in targeted prevention with meaningful surveillance among MSM (SIALON I and II; e.g. Mirandola et al., 2009, 2015), European MSM Internet Survey (EMIS, 2013), EUROSUPPORT projects I-VI (e.g. Institute of Tropical Medicine, 2010), and; Quality Action-improving HIV prevention in Europe.

In this article, we focus on a recent collaboration between the UK and Japan to explore HIV prevention frameworks for MSM, and specifically on developments related to the European Everywhere project; which was a two year multi-partner pilot project co-funded by the EC between 2008-2010. The collaboration involved conducting a qualitative feasibility study in order to scope the potential for adapting the Everywhere HIV prevention framework to Japanese contexts.

### **Everywhere in Europe**

Comprising 17 partners from eight European countries, the overarching objective of the Everywhere project was to develop and pre-test a culturally adaptable settings-based European framework of HIV prevention targeting MSM that would be common amongst partner countries. Specifically, Everywhere aimed to: 1) involve and facilitate the participation of gay businesses in HIV/STI prevention activities<sup>[1]</sup>; 2) create and train a network of social mediators specialised in accessing gay businesses<sup>[2]</sup>; 3) develop culturally adaptable HIV/STI prevention standards for different gay business types common across the partner countries, and; 4) pre-test the Everywhere

framework through a five month pilot action in the UK, Italy, France, Poland, Cyprus, Slovenia, Hungary, and Spain.

Three central tenets underpinned the project and its working practices: First, theoretically, Everywhere embraced the settings approach to health promotion which recognises that health is created and lived by people within the settings of their everyday life such as where they work, learn, play, love, and age (WHO, 1986). With its roots in the WHO's Ottawa Charter (WHO, 1986) followed later by the Sundsvall Statement (WHO, 1991) and Jarkarta Declaration (WHO, 1997), the approach reflects a socio-ecological model of health promotion, viewing settings as complex dynamic systems, and places a focus on applying 'whole system thinking. In Everywhere, gay business are perceived as key settings to promote health and prevent HIV infection of often 'hidden' and marginalised MSM through principles of community participation and capacity building, partnership working (intersectoral collaboration), empowerment, and equity.

Second, increased globalisation means HIV prevention activities need to be located at European and/or international level rather than just local/ national level. In other words, strategies and interventions addressing global health threats that have a cross-border impact, such as HIV, need to include an international dimension (cooperation of multiple countries) to maximise potential efficacy. In Everywhere, the project was designed specifically to operate at local, national and European levels.

Third, given the complexity of determinants and interrelated factors that impact on individual and population health outcomes, intersectoral approaches to HIV prevention are needed that bring together the key sectors necessary to work collaboratively towards settings-based HIV/STI prevention for MSM; namely, public health administrations (PHAs), academic organisations, non-

governmental organisations (NGOs), gay businesses, and members of MSM communities. In Everywhere, the partner consortium comprised representatives from each of these key sectors.

Detailed findings as well as descriptions of how the project functions are reported elsewhere (e.g. Hernandez et al., 2008; Authors, removed for review). However, in brief, Everywhere developed and piloted a voluntary European code or framework setting out differentiated HIV/STI prevention standards for different types of gay businesses. Business types included sex venues (e.g. saunas, sex clubs, bars with ‘dark rooms’)<sup>[3]</sup>, gay and gay-friendly social spaces (e.g. cafes, bookshops, bars, clubs), travel agencies specialising in gay holidays, gay hotels, and gay dating websites in eight European cities (Figure 1). The prevention standards or Everywhere standards were developed via a comprehensive consensus-building process over 30 months. This included formative scoping research, interviews with ‘gay’ business owners, meetings and workshops with representatives from each of the identified sectors (e.g. NGOs, PHAs etc.) and external experts, and implementation and evaluation of a pilot action to test out the framework. The Everywhere standards set out a series of actions for gay businesses which, if adopted, lead to a business being awarded either the Everywhere Minimum or Premium Seal of Approval. These two Seals certify a business as being socially responsible in HIV prevention and caring for its customers’ health (Figure 1).

#### FIGURE 1 HERE

In practice, representatives from local gay NGOs experienced in conducting outreach with gay businesses, were trained to use social mediation techniques to initiate dialogues, build relationships and (if possible) facilitate agreements concerning HIV prevention activities with gay businesses in each partner country. Using the Everywhere standards these ‘social mediators’ worked with business owners to assess and award businesses with the Everywhere Seal of Approval (ESA). In doing so, branded condoms and lubricants as well as other prevention and marketing materials were distributed to businesses and their customers.

Evidence from the project's internal evaluation (process and immediate outcome evaluation) including the pilot action (see Pottinger et al., 2010; see also Author removed for peer review), suggested that a European-wide model of HIV prevention such as Everywhere is highly acceptable to commercial gay businesses and gay communities, and feasible for gay NGOs to implement within the remit of their current work activities. Evaluation data suggested that for European businesses, the project was acceptable because there were potential benefits in being certified with the ESA which were economic (e.g. a business decision expected to increase revenue), social (the responsible thing to do), and strategic (where no conflict of interest, linking with other certified businesses to share resources, learning, and expertise). For European NGOs, data indicated that one of the key benefits in terms of feasibility was that Everywhere provided an overarching framework for existing HIV prevention and health promotion activities targeting MSM. In other words for NGOs, a core condition that made the project feasible was that implementation of the Everywhere framework did not considerably increase the work already being done as most were already conducting outreach to gay businesses in some capacity. Everywhere activities provided a coherent structure for achieving existing outreach commitments, as well as extending and deepening relationships with businesses (e.g. supporting businesses to meet the 'minimum standards' and work toward achieving the higher 'premium standards' and beyond) and ultimately, providing opportunities for MSM customers to take control over their own (and their partner's) health.

### **Everywhere in Japan**

Following early knowledge exchange between the University of Brighton (UoB; coordinator of Everywhere) and colleagues from the Ministry of Health, Labour and Welfare's (MHLW) Research Group on the Development and Implementation of HIV Prevention Interventions with MSM based at Nagoya City University (NCU), it became clear that a number of similarities exist between Europe (including the UK) and Japan in terms of the epidemiology of HIV among MSM. For example like many European countries including the UK, new HIV infections among MSM are



rising with evidence of on-going transmission. Moreover, both in the UK and Japan community development approaches have been a dominant feature of HIV prevention efforts and strategies, as well as collaborations between the gay communities and commercial gay venues (in addition to other stakeholders).

In the UK (and other European countries including France, Spain, Poland, Netherlands, Germany, Bulgaria, Portugal, Romania, Slovenia, Switzerland as examples) intersectoral collaboration between gay/HIV NGOs, public health agencies, universities, and commercial gay venues is well established (see Dudareva-Vizule and Marcus, 2013). In Brighton for example, (which hosts the largest Lesbian, Gay, Bisexual and Transgender [LGBT] population outside of London) a collaboration between the Terrence Higgins Trust (NGO), commercial businesses, and the local National Health Service (NHS) HIV clinic has led to a successful outreach programme using HIV point of care (finger prick) testing in a local gay sauna since 2012.

In Japan however, the mobilisation of a response to HIV has been somewhat slower and followed a different trajectory compared to the UK and other Western European countries. Historically, the gay community in Japan has tended to comprise small sporting and cultural groups. Whilst gay community organising and involvement in HIV prevention is increasing, the numbers nevertheless remain small. There are a various likely reasons for this such as high social stigma and the negative consequences of identifying openly as gay, as well lower levels of community organising more broadly (Hidaka 2000; Pekkanen, 2003; see also McLelland, 2000). However, the impetus and gay community response since 2000 in Japan has nevertheless been impressive. Relatively small and isolated outreach activities with commercial gay venues conducted in Tokyo and Osaka in 2000 now extend to seven prefectures across Japan (Miyagi, Tokyo, Aichi, Osaka, Ehime, Fukuoka, and Okinawa). In each region, an NGO has been established to work with gay communities using a community development model that encourages gay individuals and groups to carry out education

and support programmes developed by and for them, but with input by public health and other professionals. The NGOs operate small gay community centres which are located in the areas where gay businesses are concentrated. Each NGO provides free and anonymous information about HIV, HIV testing and support services, as well as conducting art and cultural events, and outreach in ways appropriate to the respective local communities<sup>[4]</sup> (Akino, 2007). However, despite Japan being a high income country, there are very low (and decreasing) levels of resourcing for community-based HIV prevention activities making comprehensive, consistent, and sustainable actions with local gay businesses challenging (Author removed for review; MHLW, 2015).

Nevertheless, despite the very different pace of mobilisation internationally, there remain a number of conditions in Japan which make the Everywhere concept appealing and are favourable to implementation: 1) Japanese surveillance data, like the UK and Europe, indicates rising HIV among MSM in regional areas as well as large cities indicating local, intra-regional, and international approaches to HIV prevention are needed; 2) Operationalisation of the Everywhere framework requires intersectoral collaboration among the relevant sectors, but particularly between NGOs, gay businesses, and PHAs. In Europe and in Japan, the need for such intersectoral working for effective HIV is recognised and established, 3) From a systems perspective, low resourcing for community-based HIV prevention activities means that it is important to consider opportunities to maximise outputs (and outcomes) whilst minimising inputs. Thus embracing approaches that are able to help different sectors to achieve their different goals despite very different agendas, is invaluable.

Given this backdrop, and building on the successes and learning from Everywhere in the UK and in Europe, we wanted to explore collaboratively the feasibility and acceptability of implementing and/or adapting the Everywhere HIV prevention framework to Japanese contexts. The Everywhere in Japan project thus had two key aims: 1) to build on the developing research relationship between colleagues from the UK (UoB) and Japan (NCU), and; 2) to conduct a series of workshops in

Nagoya, Tokyo, and Osaka with local HIV and/or gay NGOs to explore the potential to implement a full-scale pilot (including evaluation) of the European Everywhere project.

## **METHODS AND DATA**

A total of 80 participants engaged in a series of workshops (n=46) and additional discussion groups and meetings (n=34). Specifically, three workshops were conducted in gay community centres located in Nagoya, Tokyo, and Osaka during June 2012 (Table 1). Participants were from Japanese gay NGOs (Yarokko, akta, Angel Life Nagoya, MASH Osaka, HaaT Ehime, Love Act Fukuoka and nankr) and Japanese HIV support NGO (JaNP+, PLACE Tokyo and LIFE Tokai) with a broad geographical coverage including Miyagi, Tokyo, Aichi, Osaka, Ehime, Fukuoka and Okinawa prefectures (see Table 2 for additional context). Other participants included the Terrence Higgins Trust (a gay/HIV NGO from the UK); Japanese gay' businesses owners (saunas); Japanese and UK Universities (NCU and UoB), and; representatives from Japanese gay communities. In addition to the formal workshops, additional discussion groups and/or meetings were held at NCU six months prior to the workshops (January, 2012) and immediately after the workshops (June, 2012). These provided invaluable contextualisation, clarification, and detail where required.

TABLE 1 HERE

TABLE 2 HERE

The aims of the workshops which provide the primary data for this paper were to: conduct knowledge exchange to develop shared understandings of the UK/Europe and Japanese contexts with regards HIV infection and health promotion/public health from the perspectives of

participants, and; to explore in detail the complexities of implementing the Everywhere project in Japan including likely facilitating and inhibiting factors (e.g. social, cultural, practical).

The design of the workshops followed focus group interviewing methods as outlined by Liamputtong (2007, 2011). Each of the workshops were chaired and facilitated by one of the Japanese authors (initials removed for review) supported by another of the Japanese authors to then translate into English (initials removed for peer review). Workshops were facilitated to generate ideas and opinions from participants, and given that the facilitators were known to participants, rapport and trust had already been established. A semi-structured approach was employed whereby the facilitators role was to facilitate discussion, rather than direct it, and where participants were encouraged to have discussion with each other. Indicative topics covered included: epidemiology in UK/Europe and Japan; experiences of HIV and outreach in Europe and Japan; basics of the Everywhere framework (e.g. principals, settings, social mediation, certification process, quality control etc.); sustainability; implementation and management; evaluation and monitoring, and; NGO capacity in Japan and other related issues.

### **Ethical issues and data analysis**

Although ethical approval to conduct the workshop series was not required, ethical consideration for the project upon which the work was based was received from the chair of the ethics and governance committee at the University of Brighton. Where relevant and/or appropriate, the rules of the Helsinki Declaration were followed (World Medical Association, 1996). Across all workshops and meetings the Chatham House rule was discussed, agreed, and applied; that is, anonymity was assured and participants were free to speak knowing comments made would not be attributed to them either by name or in any way that could be traced back to them.

In consultation with workshop participations, it was decided that discussions would not be audio recorded as it was felt strongly that dialogue would be freer and more honest if they were not recorded. Consequently, for each workshop, discussions were transcribed by hand by a combination of three authors who then compared notes to produce a single agreed transcript of each workshop with the assistance of (Author initials removed for review). Two authors then analysed the transcripts thematically using a 'framework' approach (Spencer, 2002) involving five key stages: (i) familiarisation with the raw data (iterative reading of the transcripts and field notes); (ii) identifying a thematic framework for coding data from the workshop topic guides [questions] and from the transcripts; (iii) coding transcripts by applying the thematic framework; (iv) organising the coded data into major themes using a matrix and; (v) mapping the relationships between different themes by interpreting the data set as a whole and noting common and divergent issues/(sub)themes. To enhance credibility of the analytical process, the data were also analysed by the second author and all themes discussed with the other authors to achieve consensus. Findings were sent to all participating Japanese NGOs; two of these organisations subsequently provided feedback which was incorporated into the final analysis.

The results presented in this paper thus represent a summary of findings from the series of workshop discussions (and where necessary, outcomes from the additional discussion groups and meetings held prior to, and following, the workshops), including a description of the major themes that emerged based on a detailed analysis of the transcripts.

## **RESULTS**

Analysis revealed the emergence of three broad themes as follows including: Facilitating and prohibiting factors to implementing Everywhere in Japan (e.g. stigma, discrimination, cultural values); the international dimension (e.g. relevance and synergy with European compatible

schemes, development and expansion to other Asian countries) and; issues of implementation and management in Japan (e.g. coordination, financial issues, and capacity).

### **Facilitating and prohibiting factors to implementing Everywhere in Japan**

Data revealed a number of facilitating factors regarding the acceptability and feasibility of implementing Everywhere in Japan. Perhaps most importantly was the strong expression of interest from the communities represented in the workshops, namely, MSM, business owners (gay saunas), and gay NGOs. There was broad agreement across the three workshops that many NGOs across Japan already have a firm foundation for conducting outreach activities with businesses (e.g. condom supply by NGO 'akta' to gay bars in Tokyo by the 'deli-hel boys' (an abbreviation for 'delivery health boys')). Within this context, it was felt that Everywhere may help to provide a cohesive and 'legitimate' framework for such prevention activities and in doing so, provide opportunities to both broaden and deepen outreach within and between regions as well as being compatible with other countries also running the scheme (i.e. Everywhere partner countries in Europe). Participants in both Osaka and Nagoya workshops also highlighted the importance of ensuring that businesses and MSM themselves understood the potential benefits of such a scheme and that this would require a branding and/or marketing exercise prior to and during, implementation. Furthermore, and linking closely with the following theme, the transferability of the project (e.g. because of the relative simplicity and adaptability of the Everywhere framework) was raised as being valuable because of the potential to adjust aspects of the framework to the Japanese context(s) without losing or undermining the 'core' underpinning benefits and principles of Everywhere.

However, there were considerable cultural differences identified in the workshops that indicate some adaptability is required in transferring Everywhere to the Japanese context. Indeed, during the

Osaka workshop, important discussions occurred regarding the availability and provision of lubricants. In Europe, condom wallets are given out by the NGOs implementing Everywhere which contain both a condom and sachet of lubricant. There is strong feeling amongst European NGOs that to not give out lubricants with condoms is irresponsible; partly because if it is not available, MSM may use other unsafe means such as shampoos, oil based or no lubricant thus increasing the chances of condom failure. However, in Japan condoms are classed as 'quasi-drugs' and the law regulating condoms and lubricant is different. To provide (or sell/distribute) condoms and lubricants together (e.g. in 'condom wallets'), condom manufacturers have to file an application for pharmaceutical inspection by the Ministry of Health, Labour and Welfare. In practice therefore, condoms and lubricants are generally not available or distributed together as they are in the UK and Europe. To circumvent this, some Japanese MSM carry their own (water based) lubricants with them to venues but some still use other inappropriate substances (such as shampoo).

In terms of inhibiting factors regarding the acceptability and feasibility of implementing Everywhere in Japan, an issue raised by participants across all three workshops was the issue of strong cultural values and related stigma and discrimination. This manifests itself more broadly, to a lack of community capacity locally and nationally across Japan. Stigmatisation of sexual minorities historically resulted in a slow response to the epidemic compared to many Western European cultures, and continues currently to result in very low levels of financial support from Japanese local and national governments for HIV prevention activities conducted by gay NGOs. It is therefore likely that significant political lobbying for financial support as well as capacity building work with local Japanese NGOs and community centres, will be required prior to any attempt to implement the Everywhere framework.

## **The international dimension**

Workshops discussions revealed that participants felt the international dimension was important not just *in* Japan itself (e.g. between key cities such as Sendai, Tokyo, Nagoya, Osaka, Fukuoka) but also *between* countries/territories comprising the developed Asia region. Developed Asia is a sub-region of Asia that includes Hong Kong, Japan, Macau (China), Singapore, South Korea, and Taiwan. Each of these countries/territories are settings with similar characteristics such as relative socio-economic prosperity, rapid uptake of internet technologies (and others), and high rates of regional travel between and within the developed Asian countries (Garcia and Koerner, 2014).

Workshop participants felt that there is the potential for the Everywhere project (or its Japanese variant) to be expanded to other countries. For example, in Okinawa, MSM tourists are often from Shanghai and Beijing (China), whilst in Kyoto there are many bars catering specifically for a range of foreign visitors (although this is unusual in Japan). Related to this point, in the Tokyo workshop there was specific discussion that as the Tohoku region in the north of Japan is rather 'closed' to 'outsiders (both in terms of Japanese outside the region as well as foreigners), some participants could not see the benefit of Everywhere for Tohoku's gay businesses. However, the ensuing discussion pointed out that this assumption should be challenged because although the international dimension of Everywhere is arguably key to the project, it is also designed to work at local, national and/or regional levels. In other words an Everywhere certified business and its customers in Tohoku would still potentially benefit because the standards upheld by the business would be compatible with other certified businesses both locally and across Japan. With appropriate marketing, this would allow MSM from the region to know which businesses have prevention materials and information available both in Tohoku and other cities.



## **Implementation and management**

### *Gay businesses: where to start*

A key issue discussed across all three workshops concerned the practicalities of how, where, and when Everywhere (or its Japanese variant) could be implemented and sustainably managed. For example, consistent across the workshops, discussions centred on the different types of gay businesses in Japan and Europe (such as bars, discos, shops, cinemas, cafes, saunas and so on) and the potential implications for NGOs commencing Everywhere activities.

In Japan, workshop participants reported that although most venues (with saunas as the exception) did not have dedicated sex spaces such as dark rooms (mostly due to size), they were nonetheless places for MSM to meet and go elsewhere for sex. In the Osaka workshop participants felt that given there were many gay bars and shops (where sex on site is *not* possible) but few gay saunas (where sex on site *is* possible), the former might be the best place to start Everywhere activities and then move on to the latter once the scheme becomes more established. However, this view was not unanimous; in Sendai (Miyagi prefecture), for example, the NGO representative felt that given their existing positive relationship with the two gay saunas, these primary venues would be for them, the best place to begin Everywhere.

A related issue of ‘where to start’ also emerged in the discussions about ‘reluctant’ or ‘hostile’ businesses in Japan. Some participants felt that because of the high social stigma associated with homosexuality and HIV/AIDS, some businesses in Japan may not want to engage in Everywhere activities or be Everywhere certified. Instead, Japanese participants felt that Japan should adopt a step by step approach starting with those businesses who are willing to engage in health promotion and HIV prevention activities for MSM; in other words, start with the ‘quick wins’ which helps to gradually develop acceptance that HIV is an issue, and that gay businesses that facilitate sex

between men (whether providing actual spaces for sex or simply facilitating contact) have a social responsibility to help protect their customer's health.

### *Coordination and sustainability*

There was broad agreement across the three workshops that the benefits of adopting the Everywhere framework would be maximised if all major cities in Japan participated and collaborated nationally at the same time. One way discussed that might be able to achieve this would be to develop one central coordinating centre that would be responsible for domestic and international Everywhere activities including coordinated branding, marketing, research, evaluation, monitoring, training, quality control and so on. This centre would then coordinate all those involved including MSM groups, gay businesses, NGOs, academics, public health administrations etc. However, given the lack of financial resourcing and sustainability in Japan for HIV prevention for MSM, this may in practice be a considerable challenge to overcome.

## **DISCUSSION**

Whilst the population health status in Japan is among the highest in the world (Bayarsaikhan, 2008), over the last decade new HIV infections have been rising rapidly particularly among vulnerable and under researched populations of MSM (NASC, 2012; UNGASS, 2014). In response, HIV outreach programmes across Japan have increased dramatically since 2000 despite considerable challenges (author removed for review, 2011). Such challenges are numerous and include: low levels of community capacity and sustainable financing for MSM related HIV prevention programmes; high social stigma and discrimination; underdeveloped intersectoral partnerships (e.g. between and within government departments, as well as between clinicians, NGOs, and MSM communities), and; low numbers of researchers specialising in HIV among MSM (e.g. see author removed for

review). The success of settings-based outreach work in Japan (evaluated by gay community surveys) is attributable in part to the efficacious intersectoral collaborations between gay NGOs and MSM community members along with commercial gay venues or businesses. Given that 1.5 million men in Japan are estimated to be MSM, and of these, 34.6% are thought to access gay businesses (including bars, shops, and saunas), it is clear that such businesses are very important settings through which to reach MSM (author removed for review, 2013).

The present study focused on recent collaborations between the UK and Japan to build on the successes of the European Everywhere project which involved the development and piloting of HIV/STI standards for different gay business types (settings) through an intersectoral partnership of NGOs, gay businesses, academics, and public health administrations. By conducting a small and qualitative feasibility study, we wanted to scope the potential for the adaptation of the Everywhere HIV prevention framework to Japanese contexts. The main outcome of the programme of workshops in Tokyo, Nagoya, and Osaka with members of the MSM community, NGO and community centre representatives, as well as academics and gay business representatives, was that it is desirable, feasible *and* acceptable to implement a Japanese version of the European Everywhere project which may help to provide a cohesive framework for HIV/STI prevention work. Moreover, given the high degree of sexual mobility between countries in developed Asia (as in the European Union) including Japan, Thailand, Vietnam, Philippines, Malaysia, Taiwan, China and Korea, data from the workshops suggested that there is also potential for the Everywhere Project (or its Japanese variant) to be expanded and adapted to other countries within the Asia-Pacific region.

The current study identified a number of factors likely to impact on the success of a Japanese variant of Everywhere (e.g. stigma and cultural issues) as well as other practical issues such as how best to implement Everywhere in Japan (e.g. sustainability) which will need to be addressed prior to implementation. Whilst in some cases, similar issues emerged and were addressed during the

European pilot of Everywhere (see Author, removed for review), some of the inhibiting factors for Japan are likely to be considerably more problematic such as addressing the significantly high levels of stigma and discrimination around MSM and other sexual minorities; and securing the financial priority of funding agencies to ensure Everywhere activities can become sustainable.

In terms of the former, although homosexuality in Japan is not illegal, the strong stigma and discrimination towards sexual minorities including gay and bisexual men is likely to be problematic in working with gay businesses (Taniguchi, 2006). Consistent with many Asian societies where social and cultural norms privilege heteronormativity, homosexuality in Japan remains taboo and stigmatised which renders sexual minorities such as MSM less than visible (Laurent, 2005).

Consequently, Japanese MSM often face strong social pressures to conform to a heteronormative lifestyle (Hidaka 2000; Hidaka and Operario, 2006). This in turn means that there are few positive portrayals of sexual minorities which results in difficulties in advocating for community-based activities (e.g. HIV prevention via settings such as gay businesses) that acknowledge and promote sexual health among MSM. Moreover, it also means that knowledge and understandings of MSM's sexual health needs (as well as social, mental, and emotional health needs) among medical staff, public health workers, and public health officials (as well as the general public) is limited.

Thus, for Everywhere in Japan to move forward, it will be important to conduct comprehensive formative research with MSM and businesses across Japan to explore their willingness to engage in a Japanese version of Everywhere (c.f. Hernandez *et al.*, 2008) as well as develop in-depth knowledge of Japanese MSM's sexual health needs. Together, this formative research will help form a knowledge-base on which to develop culturally relevant and appropriate Everywhere style HIV standards for different types of gay business, as well as potentially identify strategies and opportunities to counter stigmatisation of sexual minorities and HIV.

In terms of financial resourcing for sustainable HIV prevention activities in Japan, this was raised as a potentially crucial barrier by workshop participants to carrying out settings-based health promotion initiatives such as Everywhere. Without long-term assurances regarding sustainability of HIV prevention actions, experience from Europe indicates that many gay NGOs and businesses may be unwilling to engage for fear of jeopardising their existing and often fragile relationships that may have taken many years to forge (Author removed for review). Consequently, for Everywhere in Japan it may be necessary to work with relevant Japanese public health administrations early in the planning stages to secure financial sustainable and policy support to allow central coordination and monitoring of Everywhere activities to maximise the potential of implementation fidelity and ultimately, effectiveness.

## **Limitations**

Although the findings of this study are promising, it is important to acknowledge a key limitation. As noted earlier, due mostly to issues of ensuring confidentiality and a 'safe' environment for participants to participate and provide comment, no audio recordings were available of the workshops and therefore hand-written notes were taken. In addition, the quality of data obtained from the workshops (and additional meetings) may be lower due to translation given that a method to evaluate or enhance the quality of translations was not employed. However, steps were taken to mitigate this by utilising multiple note takers during the workshops, combining drafts until consensus was reached, and engaging in pre-and-post-workshop discussions to further provide contextualisation, clarification, and additional detail where required. Consequently, it is possible that the final quality of data achieved may actually be richer than had the workshops been recorded and discussions potentially muted.

## Conclusions

In a recent study modelling the current and future HIV epidemic in Japan, Gilmour et al., (2012, p.5) argue that Japan can potentially bring HIV under control within a generation should small behavioural changes, and improvements in active and passive case-finding start to happen and gather pace. However, the authors also argue that there is a significant risk that the epidemic will grow out of control in the near future and propose that a greater focus is required on identifying the key behavioural factors driving the epidemic and to then facilitate change in these behaviours.

Research from the UK, Europe, the USA, Canada, Australia, and now Japan suggests considerable interest from gay businesses to engage in health promotion and HIV prevention interventions for MSM (e.g. see author removed for review; Arumainayagam et al., 2009; Dodds et al., 2007; Godin et al., 2008; Pedrana et al., 2012; Phillips-Guzman et al., 2011; Prost et al., 2007; Vanden Berghe et al., 2011; Woods et al., 2001). Yet few countries implement coordinated, coherent, and sustainable health promotion actions in collaboration with such businesses. Given the degree of enthusiasm from workshop participants in this present study combined with the results from the European pilot implementation, it is possible that Everywhere in Japan can offer an important contribution to the health promotion field in the form of a practical, policy-relevant, settings-based HIV prevention framework for gay businesses that could facilitate the scale up prevention responses among MSM in Japan. In doing so, Everywhere may also contribute toward the step-shift required in Japan to prevent the continuation of rising HIV infections among 'hidden' and 'hard-to-reach' MSM. However, in order to do so, issues such as stigma and financial security in Japan for HIV prevention actions, will need to be addressed.

## Notes

[1] By 'gay business' we acknowledge the broader client base of many businesses which are not necessarily restricted to customers who self-identify as homosexual or gay. We thus focus on sexual practices rather than sexual identities. We also acknowledge that some gay businesses cater to a 'mixed' clientele (e.g. MSM, heterosexual, lesbian, Trans etc.) and are therefore so-called 'gay-friendly' businesses.

[2] Social mediation was used as a means of fostering partnerships that enabled gay businesses and organisations with health aims (e.g. NGOs/PHAs) to achieve mutually beneficial outcomes – economic (profit) on the one hand and social (better public health) on the other.

[3] A dark room (backroom or 'blackroom') is a darkened room located in a bar, nightclub, gay sauna, sex club, or similar, where sexual activity can take place.

[4] Since 2003, community centres (funded by the Ministry of Health, Labour and Welfare and administered through the Japan Foundation for AIDS Prevention) were established to conduct HIV prevention and support activities for MSM in Tokyo and Osaka. Additional centres were opened in Nagoya (2004), Fukuoka (2006), and Sendai and Naha (2009). Run by gay NGOs in each area, these community centres are driven by a community development approach through the involvement of a variety of artists, designers, and 'drag' queens in developing culturally appropriate and relevant materials on safer sex and HIV prevention and organising community events. This process empowers large numbers of MSM to network and connect in ways that previously have not been possible in Japan. The establishment of these centres has been critical in creating cultural and social spaces for MSM to meet, engage, and access testing, materials and information.

## REFERENCES

- Akino, K. (2007). Various Policies for HIV/AIDS Control after the Revision of AIDS Prevention Guideline. *Journal of the National Institute of Public Health*, **56**(3): 178-185. [www.niph.go.jp/journal/data/56-3/200756030002.pdf](http://www.niph.go.jp/journal/data/56-3/200756030002.pdf) (in Japanese) (Accessed 4 March 2015).
- Arumainayagam, J., Grimshaw, R., Acharya, S., Chandramani, S., Morrall, I.A., Pugh, R.N. (2009) Value of targeting at-risk populations at outreach venues: findings from a local sauna. *International Journal of STD and AIDS*, **20**, 642-643.
- Bayarsaikhan, D. (2008) Financing health promotion in Japan and Mongolia. *Bulletin of the World Health Organization*, **86**(11), 817-908.
- Dodds, J.P., Johnson, A.M., Parry, J.V. and Mercey, D.E. (2007) A tale of three cities: persisting high HIV prevalence, risk behaviour and undiagnosed infection in community samples of men who have sex with men. *Sexually Transmitted Infections*, **83**, 392-396.
- Dudareva-Vizule, S. and Marcus, U. (2013). Formative research report-SIALON II. Robert Koch Institut, Berlin.
- European Commission (2009) Combating HIV/AIDS in the European Union and neighbouring countries, 2009 -2013. COM(2009)569 final. Commission of the European Communities, Brussels.
- ECDC (2013) STI and HIV prevention in men who have sex with men in Europe. European Centre for Disease Prevention and Control, Stockholm.
- ECDC/WHO (2014) HIV/AIDS surveillance in Europe 2013. European Centre for Disease Prevention and Control, Stockholm.
- EMIS (2013) EMIS 2010-The European Men-Who-Have-Sex-With-Men Internet Survey: Findings from 38 countries. European Centre for Disease Prevention and Control, Stockholm.



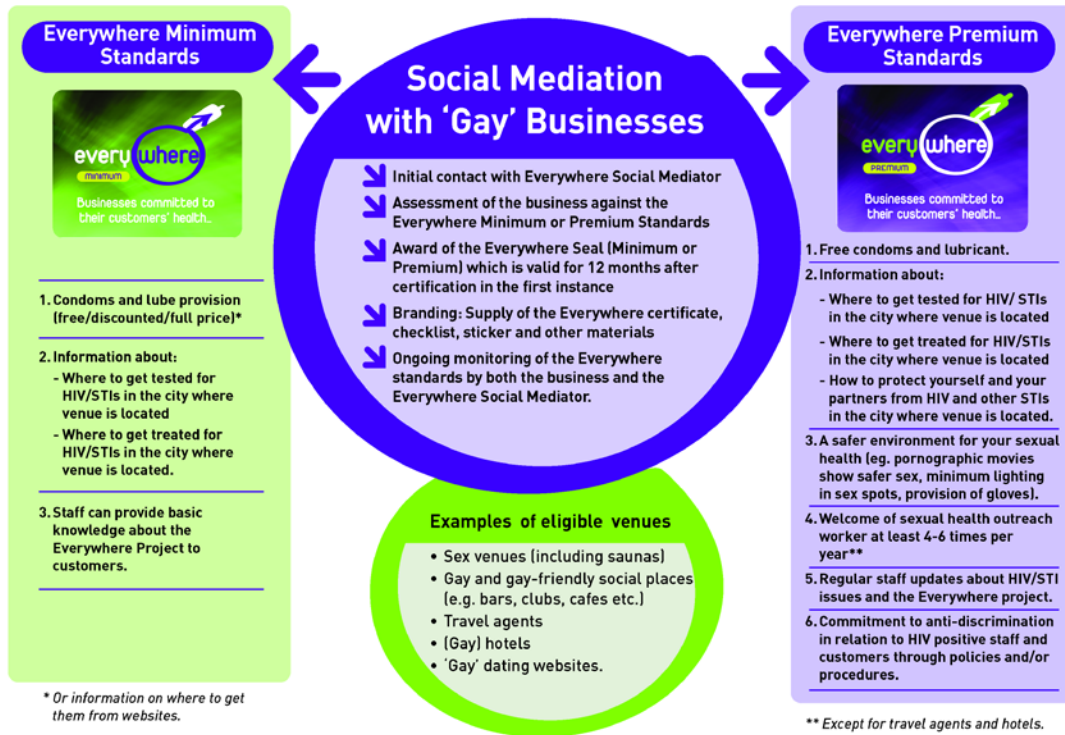
- Garcia, L. and Koerner, J. (2014) Community-based responses to HIV in developed Asia: challenges and approaches for lesbian, gay, bisexual and transgender (LGBI) people. *HIV Australia*, 12 (2), 51-55.
- Gilmour, S, Li, J., and Shibuya, K. (2012) Projecting HIV transmission in Japan, *Plos One*, **7**(8):e-43473.
- Godin, G., Naccache, H., Cote, F., Leclerc, R., Frechette, M. and Alary, M. (2008) Promotion of safe sex: evaluation of a community-level intervention programme in gay bars, saunas and sex shops. *Health Education Research*, **23**, 287–297.
- Hallin, S. and Urwitz, V. (Eds) (2011) The future of European Prevention among Men who have Sex with Men: Final conference report to the European Commission. Swedish Institute for Communicable Disease Control, Stockholm.
- Hernandez, T., Rojas, D., Santaolaya, M., Gil, S., Aguirre, R. and Martin-Perez, A. (2008) Operative scoping report on HIV prevention: methodology targeting MSM in eight European countries. Direccion General de Atencion Primaria (DGAP), Madrid.
- Hidaka, Y. (2000) Heterosexual role conflict and psychological distress among gay and bisexual men. *Shishunkigaku [Adolescentology]*, **18**, 264-272.
- Hidaka, Y. and Operario, D. (2006) Attempted suicide, psychological health and exposure to harassment among Japanese homosexual, bisexual or other men questioning their sexual orientation recruited via the internet. *Journal of Epidemiology and Community Health*, **60**, 962-67.
- Ichikawa, S. (2011) HIV prevention programs with MSM: outreach to gay commercial venues – building trusting relationships with gay communities. Ministry of Health, Labour and Welfare’s on behalf of the Study Group on the Development and Implementation of HIV Prevention Interventions with MSM. Nagoya, Japan.
- Institute of Tropical Medicine (2010) Eurosupport 6. Interim report to the European Commission. Institute of Tropical Medicine, Antwerp.

- Laurent, E. (2005) Sexuality and human rights: an Asian perspective. *Journal of Homosexuality*, **48**(3-4), 163 –225.
- Liamputtong, P. (2007) *Researching the vulnerable: a guide to sensitive research methods*. Sage, London.
- Liamputtong, P. (2011) *Focus group methodology: Principles and practice*. Sage, London.
- McLelland, M. (2000) Is there a Japanese gay identity? *Culture, Health and Sexuality*, **2**(4), 459-472.
- Mirandola, M., Folch-Toda, C., Krampac, I., Nita, I., Stanekova, D., Stehlikova, D. *et al.*, on behalf the SIALON network (2009) HIV bio-behavioural survey among men who have sex with men in Barcelona, Bratislava, Bucharest, Ljubljana, Prague and Verona, 2008-2009. *Euro Surveillance*, **14**(48), pii=19427.
- Mirandola, M., Gios, L., Sherriff, N.S., Toskin, I., Ulrich, U., Schink, S., Suligoj, S., Folch, C., Rosińska, M. (2015) (Eds) SIALON II: Capacity building in combining targeted prevention with meaningful HIV surveillance among MSM: Report on a bio-behavioural survey. Final Report to the European Commission.
- National AIDS Surveillance Committee (2012) HIV/AIDS in Japan (2011) *Infectious Agents Surveillance Report*, 33, 229-230. <http://www.nih.gov/niid/en/index-e/865-iasr/2649-tpc391.html> (last accessed 12 May 2015).
- Pekkanen, R., (2003) The state of civil society in Japan. In Schwartz, F.J and Pharr S.J (Eds), *The state of civil society in Japan*. Cambridge University Press, Cambridge.
- Pedrana, A.E., Hellard, M.E., Wilson, K., Guy, R., Stoové, M. (2012) High Rates of Undiagnosed HIV Infections in a Community Sample of Gay Men in Melbourne, Australia. *Journal of Acquired Immune Deficiency Syndrome*, **59**, 94–99.
- Phillips-Guzman, C.M., Martinze-Donate, A.P., Hovell, M.F., Blumberg, E.J., Sipan, C.L., Rovniak, L.S. and Kelley, N.J. (2011) Engaging Local Businesses in HIV Prevention Efforts: The Consumer Perspective. *Health Promotion Practice*, **12**, 620-629.

- Platt, L., Jolley, E., Hope, V., Latypov, A., Vickerman, P., Hickson, F., Reynolds, L., and Rhodes, T. (2015) HIV Epidemics in the European Region: Vulnerability and Response. Directions in Development. World Bank, Washington, DC.
- Pottinger, E., McDonnell, L., and Sherriff, N.S. (2010) *The Everywhere Project: Continuous and Final Evaluation*. University of Brighton, Brighton.
- Prost, A., Chopin, M., McOwan, A., Elam, G., Dodds, J., Macdonald, N. *et al.* (2007) There is such a thing as asking for trouble: taking rapid HIV testing to gay venues is fraught with challenges. *Sexually Transmitted Infection*, **83**,185-188.
- Spencer, R.J. (2002) Qualitative data analysis for applied policy research. In Huberman, A. M. and Miles, M. (Eds). *The Qualitative Researcher's Companion* (pp.305-330). Sage, London.
- Taniguchi, H. (2006) The legal situation facing sexual minorities in Japan. *Intersections: gender and sexuality in Asia and the Pacific*, Issue 12, <http://intersections.anu.edu.au/issue12/taniguchi.html> (last accessed 12 May 2015).
- UNAIDS (2014) The Gap Report. UNAIDS, Geneva.
- UNGASS (2014) Japan 2014 Country Progress Report. UNAIDS, Geneva.
- Vanden Berghe, W., Nöstlinger, C., Buvé, A., Beelaert, G., Fransen, K., Laga, M.,. (2011) A venue-based HIV prevalence and behavioural study among men who have sex with men in Antwerp and Ghent, Flanders, Belgium, October 2009 to March 2010. *Euro Surveillances*, **16**(28):pii=19914.
- WHO (1986) Ottawa Charter for Health Promotion. WHO, Geneva.
- WHO (1991) Sundsvall Statement on Supportive Environment for Health, 3rd International Conference on Supportive Environments for Health. WHO, Sundvall.
- WHO (1997) Jakarta Declaration on Leading Health Promotion into the 21st Century, 4th Global Conference on Health Promotion. WHO, Jakarta.
- WHO (2013) <http://www.who.int/gho/hiv/en/> (last accessed 12 May 2015)

World Medical Association (1996) Declaration of Helsinki. *British Medical Journal*, **313**,1448-1449.

Woods, W.J., Mayne, T.J., Gore, L. R. and Rebchook, G.M. (2001) Facilities and HIV Prevention in Bathhouse and Sex Club Environments. *The Journal of Sex Research* **38**(1), 68-74.



**Fig.1:** The Everywhere European HIV prevention framework

	Location	Date	Participating organisations	Country/prefectures represented	N
<b>Workshop 1</b>	Osaka (Community space dista)	June 2012	Yarokko, MASH Osaka, Haat Ehime, Love Act Fukuoka, nankr, THT, NCU, and UoB	<ul style="list-style-type: none"> <li>• Japan: Miyagi, Aichi, Ehime, Fukuoka, Osaka, Okinawa;</li> <li>• UK: Brighton (East Sussex).</li> </ul>	n=15
<b>Workshop 2</b>	Nagoya (rise Community Centre)	June 2012	Angel Life Nagoya, LIFE Tokai, THT, NCU, and UoB	<ul style="list-style-type: none"> <li>• Japan: Aichi;</li> <li>• UK: Brighton (East Sussex).</li> </ul>	n=10
<b>Workshop 3</b>	Tokyo (akta Community Centre)	June 2012	NPO akta, NPO Place Tokyo, NPO JaNP+, gay business owners, THT, NCU, and UoB	<ul style="list-style-type: none"> <li>• Japan: Tokyo, Aichi;</li> <li>• UK: Brighton (East Sussex).</li> </ul>	n=21
				<b>Totals</b>	<b>n=46</b>
<b>Additional discussion groups and meetings</b>					
Nagoya (NCU)	January 2012	NCU and UoB	<ul style="list-style-type: none"> <li>• Japan: Aichi;</li> <li>• UK: Brighton (East Sussex).</li> </ul>	n=6	
Tokyo (Waseda Hoshien)	January 2012	Ministry of Health, Labour and Welfare Research Group on HIV& MSM	<ul style="list-style-type: none"> <li>• Japan: Miyagi, Tokyo, Aichi, Osaka, Ehime, Fukuoka, Okinawa;</li> <li>• UK: Brighton (East Sussex).</li> </ul>	n=68	
Nagoya (NCU)	June 2012	NCU, THT, and UoB	<ul style="list-style-type: none"> <li>• Japan: Aichi;</li> <li>• UK: Brighton (East Sussex).</li> </ul>	n=6	
				<b>Totals</b>	<b>n=80</b>

**Table 1:** Summary of workshops and discussion groups held in Japan during January-June 2012






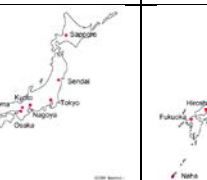




NGOs	Yarokko	akta	Angel Life Nagoya (ALN)	Mash Osaka	Love Act Fukuoka (LAF)	nankr	Haat Ehime	LIFE Tokai	PLACE Tokyo	JaNP+
Location										
Established	Established in Sendai city, Miyazaki prefecture, in 2004.	Established in Shinjuku, Tokyo, in 2002.	Established in Nagoya City, Aichi Prefecture, in 2000.	Established in Osaka city, Osaka prefecture, in 1998	Established in Fukuoka City, Fukuoka Prefecture, in 2002	Established in Naha City, Okinawa April 2008. (A precursor organisation was formed in 2006.)	Established in Matsuyama City, Ehime, in 2006.	Established in Nagoya City, Aichi, in 2008.	Established in Tokyo, in 2002.	Established in Tokyo, in 1994.
Activities	<p>Activities include:</p> <ul style="list-style-type: none"> <li>- Operating Community centre "ZEL" since 2010. The centre is located in a central commercial area in Sendai city and is funded by the Japanese Ministry of Health, Labour and Welfare (JMHLW).</li> <li>- Developing and distributing HIV prevention materials to gay businesses including bimonthly community paper "ZEL", HIV testing promotion posters and cards, along with condoms with packaging designed by the community.</li> <li>- Collaborating with public health centres in Miyagi and surrounding prefectures in Tohoku to promote HIV testing for MSM.</li> </ul> <p>After the tsunami and nuclear reactor disasters in Tohoku, Yarokko activities have been reduced and there have been fewer visitors to the community centre.</p>	<p>Activities include:</p> <ul style="list-style-type: none"> <li>- Operating Community center "akta" since 2003. The centre is located in Shinjuku which has the largest number of gay commercial businesses in Asia. Funded by JMHLW.</li> <li>- Developing and distributing HIV prevention materials including "monthly community paper akta" to gay businesses and other organisations.</li> <li>- Designing and producing condom packages distributed by volunteer "Delivery Boys" to gay bars, gay saunas and sex on premises venues.</li> <li>- Collaborating with public health centres in Tokyo and surrounding areas to promote HIV testing services for MSM.</li> <li>- Collaborating with other NGOs (including PLACE Tokyo) to conduct research to promote HIV testing among MSM in Tokyo.</li> <li>- Training public health centre nurses and other professionals involved in HIV testing.</li> <li>- Developing and disseminating information, including website "HIV map", about HIV testing services and HIV support services.</li> </ul>	<p>Activities include:</p> <ul style="list-style-type: none"> <li>- Operating Community center "rise" since 2006. The centre is funded by the JMHLW.</li> <li>- Developing and distributing HIV prevention materials including community paper "h.a.n.a." to gay businesses and organisations in the Tokai region.</li> <li>- Designing, producing and distributing condom packages with HIV prevention messages to gay businesses.</li> <li>- Conducting public events which include HIV testing to raise the visibility of LGBT issues.</li> <li>- Collaborating with public health centres and health professionals to provide other gay friendly HIV testing events.</li> </ul>	<p>Activities include:</p> <ul style="list-style-type: none"> <li>- Operating Community space "dista" in Osaka city since 2002. The space is funded by the JMHLW.</li> <li>- Developing and distributing monthly papers "SaL" targeting young MSM, and other seasonal publications to gay business.</li> <li>- Developing a "Safer sex in Sauna" campaign which promotes 100% condom use at gay saunas and other sex venues.</li> <li>- Promoting HIV &amp; other STI campaigns for MSM at medical clinics in Osaka.</li> <li>- Collaborating with public health centres in Osaka and other prefectures in the Kinki area to promote gay friendly HIV testing.</li> </ul>	<p>Activities include:</p> <ul style="list-style-type: none"> <li>- Operating Community center "haco" since 2006. The centre is funded by the JMHLW.</li> <li>- Publishing and distributing HIV prevention information including seasonal paper "Season", which includes content on sexual life, HIV testing and testing centres, telephone counselling, HIV prevention, a gay business map, and gay community information.</li> <li>- Producing and distributing condoms in originally designed packages and condom dispensers.</li> <li>- Promoting HIV testing for MSM at medical clinics.</li> <li>- Collaborating with public health centres in Fukuoka and other prefectures in Kyushu to promote gay friendly HIV testing services.</li> <li>- Partnering with gay businesses, sex venues and local government to conduct a comprehensive summer sports event.</li> </ul>	<p>Activities include:</p> <ul style="list-style-type: none"> <li>- Operating Community center "Mabui" in Naha city, Okinawa, since 2010. The centre is funded by the JMHLW.</li> <li>- Conducting HIV prevention activities for MSM living in Okinawa and visting as tourists.</li> <li>- Publishing and distributing seasonal community paper "nankr" to gay businesses.</li> <li>- Producing originally designed packaged condoms to gay businesses in Okinawa including islands.</li> <li>- Distributing information and condoms at gay sporting and cultural events in Okinawa.</li> <li>- Collaborating with public health centres in Okinawa to promote gay friendly HIV testing.</li> </ul>	<p>Activities include:</p> <ul style="list-style-type: none"> <li>- Promoting HIV prevention activities for MSM living in Ehime prefecture. These activities have spread beyond Ehime to Shikoku and Chugoku regions.</li> <li>- Publishing and distributing seasonal community paper "Fight!" and condoms to Shikoku and Chugoku regions.</li> <li>- Collaborating with public health centres in Ehime and other prefectures in Chugoku-Shikoku to promote gay friend HIV testing.</li> </ul> <p>At the end of 2010, there are about 40 members. While many are gay and bisexual men, the group is open to all people living with HIV, regardless of gender or sexuality.</p> <p>Activities include:</p> <p>Meetings</p> <ul style="list-style-type: none"> <li>- Monthly peer meetings (weekend) for mainly MSM with HIV to share experiences about daily life and HIV treatment.</li> <li>- Monthly peer meetings are conducted once a month for newly diagnosed MSM- those who have received their diagnosis within the past year and first time attendees.</li> </ul> <p>Workshops</p> <ul style="list-style-type: none"> <li>- Held 3 times a year, inviting medical professionals (doctors, pharmacists and nurses) and NGO staff.</li> </ul>	<p>Activities include:</p> <p>Direct support</p> <ul style="list-style-type: none"> <li>- Face to face counselling.</li> <li>- Telephone line counselling.</li> <li>- Peer group meetings for people newly diagnosed with HIV.</li> </ul> <p>Programs for people with HIV, their partners and families to learn about HIV and exchange experiences.</p> <ul style="list-style-type: none"> <li>- Buddy services to provide care and support toward people with HIV who have been hospitalized and have limited mobility.</li> </ul> <p>Prevention activities</p> <ul style="list-style-type: none"> <li>- Telephone counselling for those who think they may have HIV.</li> <li>- Collaborating with other NGOs and groups to conduct "Living Together Program" which aims to raise the visibility of people living with HIV.</li> </ul> <p>Training and research</p> <ul style="list-style-type: none"> <li>- Collaborating with public health centres and health professionals to provide gay friendly HIV testing events.</li> <li>- Research on the support needs of people with HIV.</li> </ul> <p>Information dissemination</p> <ul style="list-style-type: none"> <li>- Publishing newsletters 4 times a year.</li> <li>- Production of brochures about HIV support and prevention.</li> </ul>	<p>Activities include:</p> <p>Information Dissemination</p> <ul style="list-style-type: none"> <li>- Publishing newsletters 4 times a year to distribute to HIV treatment centres and HIV related NGOs.</li> <li>- Conducting research on the situation faced by people with HIV in accessing medical treatment.</li> <li>- Training people with HIV in public speaking and coordinating them to give talks at workshops, seminars, on TV, and in newspapers.</li> <li>- Conducting "Talking about Sex" workshops for people with HIV to think about and deal with their sexual life.</li> </ul> <p>Advocacy</p> <ul style="list-style-type: none"> <li>- Providing policy statements to national and local governments and political parties.</li> </ul> <p>Networking</p> <ul style="list-style-type: none"> <li>- Organising networking events for people with HIV nationally and internationally</li> <li>- Representing Japanese people with HIV at national and international HIV conferences.</li> <li>- Training and conducting peer group support programs</li> <li>- Collaborating with "HIV Futures Japan" project to conduct research on the quality of life of people with HIV</li> </ul>	

Table 2: Summary of Japanese NGOs participants