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

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A translated Japanese version of this paper is available as online supplementary data.

Summary

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 recognized 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 in Japan. A series of expert workshops were conducted in Tokyo, Nagoya and Osaka with intersectoral representatives from Japanese and UK non-governmental organizations (NGOs), gay businesses, universities and gay communities (n = 46). Further discussion groups and meetings were held with NGO members and researchers from the Japanese Ministry of Health, Labour and Welfare’s Research Group on HIV Prevention Policy, Programme 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 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

INTRODUCTION

HIV infection globally continues to be a public health burden with 35 million (33.2–37.2 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 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 until 1996, 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 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 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 (European Commission, 2009). One mechanism for implementing such policy commitments has been the European Union (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 (Sherriff, 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), EURO-SUPPORT 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 2 year multi-partner pilot project co-funded by the European Commission between 2008 and 2010. The present 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 through ‘gay’ businesses that would be common amongst partner countries. By using the term ‘gay business’, we acknowledge the broader client base of many businesses that are not necessarily restricted to customers who self-identify as homosexual or gay. We thus focus on sexual practices rather than identities. We also acknowledge that some gay businesses cater to a ‘mixed’ clientele (e.g. MSM, heterosexual, lesbian, transgender etc.) and are therefore so-called ‘gay-friendly’ businesses. Specifically, the Everywhere project aimed to: (i) involve and facilitate the participation of gay businesses in HIV and Sexually Transmitted Infection (STI) prevention activities; (ii) create and train a network of social mediators specialized in accessing gay businesses; (iii) develop culturally adaptable HIV/STI prevention standards for different gay business types common across the partner countries and; (iv) pre-test the Everywhere framework through a 5-month pilot action in the UK, Italy, France, Poland, Cyprus, Slovenia, Hungary, and Spain.

Three central tenets underpinned the project and its working practices: firstly, and theoretically, Everywhere embraced the settings approach to health promotion which recognizes 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 WHOs Ottawa Charter (WHO, 1986) followed later by the Sundsvall Statement (WHO, 1991) and Jakarta 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 businesses are perceived as key settings to promote health and prevent HIV infection of often ‘hidden’ and marginalized MSM through principles of community
participation and capacity building, partnership working (intersectoral collaboration), empowerment, and equity.

Secondly, increased globalization 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 maximize potential efficacy. In Everywhere, the project was designed specifically to operate at local, national, and European levels.

Thirdly, 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 organizations, 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; Sherriff and Gugglberger, 2014; Sherriff, 2011). However, in brief, Everywhere developed and piloted a voluntary European code or framework setting out HIV/STI prevention standards for different types of gay businesses. Business types included sex venues (e.g. saunas, sex clubs, and bars with ‘dark rooms’ – 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), gay and gay-friendly social spaces (e.g. cafes, bookshops, bars, clubs), travel agencies specializing in gay holidays, gay hotels, and gay dating websites in eight European cities (Figure 1). The Everywhere prevention 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).

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**Fig. 1:** The Everywhere European HIV prevention framework. Reprinted from Sherriff and Gugglberger (Sherriff and Gugglberger, 2014) copyright © 2014 by the Royal Society for Public Health.
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 Sherriff and Gugglberger, 2014), 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 Japanese Ministry of Health, Labour and Welfare’s (JMHLW) Research Group on HIV Prevention Policy, Programme Implementation and Evaluation among MSM (MSM and HIV/AIDS study group) 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 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, and 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 (an 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 mobilization of a response to HIV has been somewhat slower and followed a different trajectory compared with the UK and other Western European countries. Historically, the gay community in Japan has comprised small sporting and cultural groups. Whilst gay community organizing and involvement in HIV prevention is increasing, the numbers remain small. There are 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 organizing 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 Osaka in 1998 and Tokyo 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 from public health and other professionals. These NGOs in turn, operate small gay community centres (funded by the JMHLW and administered through the Japan Foundation for AIDS Prevention) located in areas where gay businesses are concentrated. In 2003, community
centres for MSM were established in Tokyo and Osaka. Additional centres were subsequently opened in Nagoya (2004), Fukuoka (2006) and Sendai and Naha (2009). Each NGO through its respective community centre, provides free and anonymous information about HIV, HIV testing and support services including materials on safer sex, as well as conducting art and cultural events (e.g. artists, designers, and ‘drag’ queens) and outreach in ways appropriate to the respective local communities (Akino, 2007). This NGO/community centre infrastructure and community development process empowers large numbers of MSM to network and connect in ways that previously have not been possible in Japan. Specifically, the establishment of community centres has been critical in creating cultural and social spaces for MSM to meet and engage, and access testing, materials, and information. Gay NGOs in Japan recognize that their community based HIV prevention activities targeting MSM are essential, even though financial resources for comprehensive HIV policy are currently decreasing. Therefore, securing appropriate resourcing remains an urgent problem to be solved to ensure that prevention activities are sustained.

Despite the very different pace of mobilization internationally, there remain a number of conditions in Japan which make the Everywhere concept appealing and favourable to implementation: (i) Japanese surveillance data, like the UK and Europe, indicate rising HIV among MSM in regional areas as well as large cities indicating local, intra-regional and international approaches to HIV prevention are needed; (ii) operationalization 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 recognized and established; (iii) from a systems perspective, low resourcing for community-based HIV prevention activities means that it is important to consider opportunities to maximize processes, outputs (and outcomes) whilst minimizing 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: (i) to build on the developing research relationship between colleagues from the UK (UoB) and Japan (NCU) and (ii) 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 NGOs (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 contextualization, clarification and detail where required.

The aims of the workshops which provide the primary data for this article, were to conduct knowledge exchange to develop shared understandings of the UK/Europe and Japanese contexts with regard to HIV infection and health promotion/public health from the perspectives of participants. Moreover, the workshops meant it was possible to explore in detail the complexities of implementing the Everywhere project in Japan including likely facilitating and inhibiting factors (e.g. social, cultural, and practical).

The design of the workshops followed focus group interviewing methods as outlined by Liamputtong (Liamputtong, 2007, 2011). Each of the workshops was chaired and facilitated by one of the Japanese authors (SI, NK or SS) supported by another of the Japanese authors to then translate into English (NK or MT). 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.);
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 UoB. 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 (NK, MT, SS) who then compared notes to produce a single agreed transcript of each workshop with the assistance of NK, SI, and NS. Two authors (NS and JK) then analysed the transcripts thematically using a ‘framework’ approach (Spencer, 2002) involving five key stages: (i) familiarization 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) organizing 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 third author (NK) and all themes discussed with the other authors to achieve consensus. Findings were sent to all participating Japanese NGOs; two of these organizations subsequently provided feedback which was incorporated into the final analysis.

The results presented in this article 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
have to apply for approval as stipulated by the Pharmaceutical Affairs Law under the jurisdiction of the Japanese 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 oil-based lubricants).

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. Stigmatization 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

Workshop discussions revealed that participants felt the international dimension of the Everywhere project was important not just in Japan itself (e.g. between key cities such as Sendai, Tokyo, Nagoya, Osaka, and Fukuoka) but also between countries/territories within Asia given the existence of sexual mobilisation especially between Japan, Thailand, Vietnam, Taiwan, China, and South Korea. For example, participants reported that in Okinawa MSM tourists are often from Shanghai and Beijing (China), in Osaka there are many Korean-Japanese but only a handful of bars targeting foreign nationals, whilst in Kyoto there are a greater number of foreign targeted bars (which is relatively unusual in Japan). Related to this point, in the Tokyo workshop, there was a 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...
Table 2: Summary of Japanese NGOs participants

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<tr>
<th>NGOs</th>
<th>Activities</th>
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<tr>
<td>Yarokko1</td>
<td>- Developing and distributing HIV prevention materials to gay businesses, including bimonthly community paper 'akta' to gay businesses and other organizations.</td>
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<tr>
<td>Mash Osaka1</td>
<td>- Developing with other NGOs (including PLACE Tokyo) to conduct research to promote HIV testing among MSM in Tokyo.</td>
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<tr>
<td>Angel Life Nagoya (ALN)1</td>
<td>- Operating Community centre 'akta' since 2003. The centre is located in Shinjuku which has the largest number of gay commercial businesses in Asia. Funded by JMHLW.</td>
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<tr>
<td>Love Act Fukuoka (LAF)1</td>
<td>- Promoting HIV and other STI campaigns for MSM at medical clinics in Osaka.</td>
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<tr>
<td></td>
<td>- Collaborating with public health centres in Fukuoka and other prefectures in Kyushu to promote gay-friendly HIV testing.</td>
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<thead>
<tr>
<th>Location</th>
<th>Established in Sendai Miyagi prefecture in 2004.</th>
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<tr>
<td>Established in Shinjuku, Tokyo in 2002</td>
<td>Establishing in Nagoya, Aichi Prefecture in 2000</td>
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<tr>
<td>Established in Osaka, Osaka Prefecture in 1998</td>
<td>Establishing in Fukuoka, Fukuoka Prefecture in 2002</td>
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<th>Activities include:</th>
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<tr>
<td>- Operating Community centre 'akta' since 2003. The centre is located in Shinjuku which has the largest number of gay commercial businesses in Asia. Funded by JMHLW.</td>
<td>- Operating Community centre 'rise' since 2004 funded by the JMHLW.</td>
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<tr>
<td>- Developing and distributing HIV prevention materials including community paper 'h.a.n.a.' to gay businesses and organizations in the Tokai region.</td>
<td>- Developing and distributing monthly papers 'SaLa' targeting young MSM, and other seasonal publications to gay businesses.</td>
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<tr>
<td>- Designing, producing and distributing condom packages and HIV prevention messages to gay businesses.</td>
<td>- Designing, producing and distributing condom packages and HIV prevention messages to gay businesses.</td>
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<tr>
<td>- Conducting public events to raise the visibility of LGBT issues which includes HIV testing.</td>
<td>- Collaborating with public health centres and health professionals to provide additional gay-friendly HIV testing services.</td>
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<tr>
<td>- Collaborating with public health centres and health professionals to provide additional gay-friendly HIV testing services.</td>
<td>- Producing and distributing condoms in originally designed packages and condom dispensers.</td>
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<tr>
<td>- Promoting HIV and other STI campaigns for MSM at medical clinics in Tokyo.</td>
<td>- Collaborating with public health centres in Fukuoka and other prefectures in Kyushu to promote gay-friendly HIV testing services.</td>
</tr>
<tr>
<td>- Partnering with gay businesses, sex venues and local government to conduct comprehensive summer sports events.</td>
<td>- Collaborating with public health centres in Fukuoka and other prefectures in Kyushu to promote gay-friendly HIV testing services.</td>
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Established in Naha, Okinawa in 2008
(a precursor organization was formed in 2006)
Activities include:
– Operating Community centre ‘Mabui’ in Naha Okinawa since 2010, and funded by the JMHLW
– Conducting HIV prevention activities for MSM living in Okinawa and visiting tourists
– Publishing and distributing the seasonal community paper ‘nankr’ to promote gay-friendly HIV testing

Established in Matsuyama, Ehime in 2006
Activities include:
– Promoting HIV prevention activities for MSM living in Ehime prefecture. These activities have spread beyond Ehime to Shikoku and Chugoku regions
– Publishing and distributing the seasonal community paper ‘Fight!’ and condoms to Shikoku and Chugoku regions
– Collaborating with public health centres in Ehime and other prefectures in Chugoku-Shikoku to promote gay-friendly HIV testing

Established in Nagoya, Aichi in 2008
Activities include:
Open to all people living with HIV, regardless of gender or sexuality, activities include:
– Meetings
  – Monthly peer meetings (weekend) for people living with HIV (mostly MSM) to share experiences about their daily lives and HIV treatments
  – Monthly peer meetings for newly diagnosed MSM (those who received their diagnosis within the past year and first time attendees)

Established in Tokyo in 1994
Activities include:
Direct support
– Face to face and telephone counselling
– Peer group meetings for people newly diagnosed with HIV
– Programmes for people with HIV, their partners and families to learn about HIV and exchange experiences
– Buddy services to provide care and support toward people with HIV who have been hospitalized and have limited mobility

Established in Tokyo in 2002
Activities include:
Information dissemination
– Publishing newsletters four times a year to distribute to HIV treatment centres and HIV related NGOs
– Conducting research on the situation faced by people with HIV in accessing medical treatment
– Training people with HIV in public speaking and supporting them to give talks at workshops, seminars, on TV, and in newspapers
– Conducting ‘Talking about Sex’ workshops for people with HIV to think about and deal with their sexual lives

Activities include:
Prevention activities
– Telephone counselling for those who think they may have HIV
– Collaborating with other NGOs and groups to conduct the ‘Living Together Programme’ which aims to raise the visibility of people living with HIV

Activities include:
Training and research
– Collaborating with public health centres and health professionals to provide gay-friendly HIV testing events
– Research on the support needs of people with HIV

Activities include:
Information dissemination
– Publishing newsletters four times a year
– Production of brochures about HIV support and prevention.

1) Ichikawa (2014)
2) http://life-tokai.com/
3) http://www.ptokyo.org/
4) http://www.janpplus.jp/
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 relatively fewer sex venues such as 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 venues would be the best place for them 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 maximized 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, PHAs 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 (Ichikawa, 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 specializing in HIV among MSM (e.g. see Koerner and Ichikawa, 2011; see also Ichikawa, 2011). 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; Ichikawa, 2014), it is clear that such businesses are very important settings through which to reach MSM.

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 PHAs. 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
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 Sherriff, 2011; Sherriff et al., 2013; Sherriff and Gugglberger, 2014), 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 stigmatized which renders sexual minorities such as MSM less 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 positive 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 stigmatization 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 jeopardizing their existing and often fragile relationships that may have taken many years to forge (Sherriff and Gugglberger, 2014). Consequently, for Everywhere in Japan it may be necessary to work with relevant Japanese PHAs early in the planning stages to secure financial sustainable and policy support to allow central coordination and monitoring of Everywhere activities to maximize 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 utilizing multiple note takers during the workshops, combining drafts until consensus was reached, and engaging in pre- and post-workshop discussions to further provide contextualization, 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 and colleagues (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
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 (see, e.g. Sherriff et al., 2013; Woods et al., 2001; Dodds et al., 2007; Prost et al., 2007; Godin et al., 2008; Arumainayagam et al., 2009; Phillips-Guzman et al., 2011; Vanden Berghe et al., 2011; Pedrana et al., 2012; Mirandola et al., 2013). 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, it is possible that Everywhere in study combined with the results from the European


distributed, coherent and sustainable health promotion actions among MSM in Japan. In doing so, Everywhere may also bring 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.

SUPPLEMENTARY MATERIAL

A translated Japanese version of this paper is available as online supplementary data.

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REFERENCES


Commercial gay businesses in HIV prevention


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.


