

COMPILATION OF
ASEAN GOOD PRACTICES
ON THE IMPLEMENTATION OF
POLICIES AND PROGRAMMES
ON THE PREVENTION
AND MANAGEMENT OF

HIV & AIDS



IN THE WORKPLACE



one vision
one identity
one community



**Compilation of ASEAN Good Practices
on the Implementation of Policies and Programmes
on the Prevention and Management of HIV & AIDS
in the Workplace**

The ASEAN Secretariat
Jakarta

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TABLE OF CONTENTS

FOREWORD by H.E. Le Luong Minh the Secretary-General of ASEAN	vi
FOREWORD by H.E. Doan Mau Diep the Vice Minister, Ministry of Labor, Invalids and Social Affairs of Viet Nam	vii
BRUNEI DARUSSALAM	1
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	1
Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	2
Selected Best Practice(s)	5
Recommendations at National and Regional Level	5
ANNEX 1	6
CAMBODIA	12
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	12
Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	14
- Implementation of Laws, Policy and Programme on Prevention & Management of HIV/AIDS at the Workplace...	14
- Outputs.....	16
- The Challenges	18
- The Gaps	18

Selected Best Practice(s)	18
- Lesson Learnt by Implementing HIV/AIDS in the Workplaces	18
- Sustainable Implementation on HIV/AIDS Prevention and Management at the Workplace.....	20
Recommendations at National and Regional Level	20
- Recommendation at National Level	20
- Recommendation at Regional Level	21
INDONESIA	22
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	22
Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	23
Selected Best Practice(s)	25
- Basic Information Education on HIV/AIDS at World of Work ..	25
- Training of Trainers (TOT) and Peer Education Program	25
- Task Force of HIV/AIDS at Workplace Program	25
- Integration of HIV/AIDS and OSH Program.....	26
- HIV/AIDS and Corporate Social Responsibility Program	26
- HIV/AIDS at Workplace Award Program	26
The Achievements.....	27
Recommendations at National and Regional Level	27
MALAYSIA	29
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	29
Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	29

Example of Implementation of Code of Practice (COP) on Prevention and Management of HIV/AIDS 2001 at Workplace...	31
Recommendations at National and Regional Level	35
Attachments	38
MYANMAR	43
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	43
Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	45
- National Health Plan	45
- National AIDS Committee.....	46
- National Strategic Plan (2011-2015).....	46
- National Strategic Directions	46
- Intervention I8. Enhancing Prevention, Care, Treatment and Support in the Workplace.....	47
- Current Activities of the National AIDS Programme.....	47
- National Response to the HIV Epidemic	48
Selected Best Practice(s)	48
- Brief Description.....	48
- Goal and Objectives of Program.....	49
- Activities of Programme.....	49
- Workers and Families Health Education Session in Workplace	50
- Material or Tool.....	50
- Focused Coverage.....	50
- Intensive Coverage/Behaviour Change	51
- Funds Flow Mechanism and Financial Support.....	51
- Implementers of Program	52
Recommendations at National and Regional Level	52

THE PHILIPPINES	53
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	53
Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	54
Selected Best Practice(s)	55
- Policies on Workplace HIV Prevention Program	55
- CHANGE project of the ILO, WHO, Department of Labor and Employment, Department of Health, Employers and Workers Organizations	55
SINGAPORE	57
Title of Project	57
Description of Project.....	57
Objective of Project	57
Implementation	58
Products	58
- Workplace Talks.....	58
- Interactive Roving Exhibitions.....	58
- Print Materials	59
Outcomes	60
Funding.....	60
Implementer	60
Challenges	60
Contact Details	60
THAILAND	61
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	61

Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	61
Selected Best Practice(s)	62
- The Ministerial Notification Concerning a Guideline on HIV/AIDS and Tuberculosis Prevention and Management in the Workplace	62
- The Main Points of the Above Ministerial Notification	63
- The Achievements.....	64
Recommendations at National and Regional Level	65
- The National Recommendations.....	65
- The Regional Recommendations.....	65
VIET NAM	66
General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)	66
Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap.....	67
- Achievements	67
- Programmes	68
- Challenges and Gaps	70
Selected Best Practice(s)	72
- Project on “Strategically Managing And Responses Together” (SMARTWork Viet Nam).....	72
- Model of Pha Lai Thermal Power Corporation	73
Recommendations at National and Regional Level	74
- National Level.....	74
- Regional Level.....	75

FOREWORD



In the course of building a caring and sharing ASEAN Community, ASEAN Member States remain committed to prevent and control HIV and AIDS in the workplace, as reflected in the ASEAN Labour Ministers' Work Programme 2011-2015 and the ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths. ASEAN's efforts further contribute to the achievement of the Millennium Development Goal 6 (MDG-6) aimed at halting and reversing the spread of HIV/AIDS and other related Goals by 2015.

Over the years, ASEAN Member States have enforced laws and policies as well as implemented programmes, from which many good practices and lessons learnt can be shared among ASEAN Member States. This compilation of good practices on the implementation of policies and programmes in the workplace on the prevention and management of HIV/AIDS has been made possible with the significant contributions of ASEAN Member States, notably the Ministry of Labour, Invalids and Social Affairs of Viet Nam which acted as the coordinator for this publication.

With all relevant stakeholders working together, this publication will serve as a useful addition to the body of knowledge and practices on HIV prevention and control, further contributing to the realization of the ASEAN Community by 2015.

A handwritten signature in black ink, appearing to read 'Luong Minh'.

Le Luong Minh

Secretary-General of ASEAN

December 2014

FOREWORD



The HIV/AIDS epidemic is a global crisis not only affecting the life of humans but also causing reduction of earnings in families, imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. The facts show that effective HIV/AIDS prevention policies and programs in the workplace, among other things, can help ensure stable production by preventing high turnover of staff and decreasing absenteeism.

Moreover, HIV/AIDS policies are beneficial for the corporate image and reputation, as the signs of social responsibility help enhance the company's reputation with internal and external customers. Therefore, the prevention of HIV/AIDS in the workplace is very important.

Within the Work Plan of the SLOM WG-HIV 2011-2015, Viet Nam proposed an initiative on compilation of good practices on implementation of HIV/AIDS policies and programmes in the workplace. The project aims at raising awareness on prevention of HIV/AIDS in businesses and promoting of the implementing HIV/AIDS prevention in the workplace.

I highly appreciate the efforts of SLOM WG-HIV focal points for collection of the best practices from all AMS and of ASEAN Secretariat for the support in mobilizing fund for publication and edition so that we can have this publication titled **“Compilation of ASEAN Good Practices on the Implementation Policies and Programmes on the Prevention and Management of HIV & AIDS in the Workplace”** available to you.

We do hope that this publication will serve as a good reference for ASEAN companies in establishing, strengthening and successfully implementing HIV/AIDS preventive programmes in the workplace that contributes to the building of an ASEAN sharing and caring society.



Doan Mau Diep

Vice Minister

Ministry of Labor, Invalids and Social Affairs

The Socialist Republic of Viet Nam

BRUNEI DARUSSALAM



A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

In Brunei Darussalam, like many countries, the first few reported cases of Human Immunodeficiency Virus (HIV) positive dates back in the 1980s amongst patients requiring blood transfusion, this included patients with Haemophilia, Thalassaemia, emergency trauma cases among others. However, the most common mode of transmission is sexual transmission, which accounts for 87% of cases, while very few cases are found to be transmitted through Intravenous Drug Users (IDU), mother to child, and contaminated blood which accounts for a few cases in Brunei Darussalam. In recent time, more men are infected with HIV compared to women, this is mainly due to the high proportion of **“men who have sex with men”** which according to the statistics obtained from the Disease Control Division (DCD), Ministry of Health. Brunei Darussalam as of 2009-2013 recorded in total 46 individuals who are hosting the virus.

Approximately 78.3% were male and the remainder is women at 21.7%. The main age group affected are between 30-39 years old, followed by 20-29 years old, with Brunei's population of approximately 400,000 people, this translates into a prevalence proportion of 10 persons affected by HIV/AIDS in 100,000 people (10:100,00). According to the Disease Control Division, the year 2013 recorded the highest rate of incidence so far, with 12 HIV positive individuals reporting in. This was thought to be due to the increased mobility of the population, Bruneians travel more frequently now as oppose to the previous decade. Detailed statistics can be found in **Annex 1**.

In the last decades, there has been increasing awareness of HIV/AIDS, the Brunei Darussalam AIDS Council (BDAC) was formed in



the year 2000, it was intended to assist in educating and creating more awareness of the public on HIV/AIDS and effective methods to prevent it. In addition, the council also attempts to assist the existing HIV positive individuals as much as possible. It was believed then, education was key to control the disease from spreading, there was then an increasing emphasis to target the youths. This led to the creation of Penyinar Club in 2001, it effectively manage its own activities and programmes and is widely considered the backbone of the BDAC, to whom it reports to for all their daily activities, trainings and proposals. The club currently has more than 50 active members of varying ages (14-26 years old). Their main objectives include motivating the youths to practice a healthy and positive living, to reach out to as many youths as possible and educate on matters of HIV/AIDS prevention and to spread awareness amongst youths in Brunei Darussalam. As a show of commitment, Brunei Darussalam celebrates World AIDS Day every 1st December, several events are usually organized including marathons, aerobics and other sports as this would encourage participation of youths.

B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

Brunei Darussalam has not yet developed a dedicated National programme per se to address HIV/AIDS at the workplace. This is partly due to the lack of legislation previously to address health and safety in the workplace, as it was only recently on 1st August 2013 that the Workplace Safety and Health Order 2009 (WSHO 2009) came into effect. However, the President of the Brunei AIDS Council has expressed his interest to collaborate with the Department of Labour on developing a national programme to address HIV/AIDS in the workplace. The current existing guideline created by the Ministry of Health is to cater mainly healthcare workers, these include guidelines in handling hazardous materials and procedures after an occupational exposure (*i.e. needle stick injury*) among others.



With respect to the law, HIV/AIDS matters are addressed in detail under the Infectious Diseases Order 2003 under Section 23-26, **Control of HIV & AIDS Infection**. The law is intended to control the spread of HIV/AIDS in several ways. For example, under Section 23, it is mandatory for person with HIV/AIDS positive to undergo counselling by a registered medical practitioner. Other issues covered include Sexual intercourse by persons with HIV & AIDS Infection (S24), Blood donation and other acts by persons with HIV/AIDS Infection (S25), Protection of Identity of persons with AIDS, HIV infection or other sexually transmitted disease (S26). **Specific details in Annex 1.**

Despite the lack of programmes to address individuals in the workplace, there are programmes to educate the youth who are potentially in the transition to work life. These programmes organized by the BDAC provide awareness on Sexually Transmitted Diseases (STD) and the importance of safe sex. The BDAC in collaboration with the Ministry of Health (MOH) have begun negotiations with the Ministry of Education to introduce awareness programmes into the curriculum. This plan is still in the pipeline and discussions are on-going. With regards to medical treatment, citizens and permanent residents of Brunei Darussalam are blessed with free medical services, upon diagnosis, they will be consulted by specialists and provided Anti-retroviral Treatment (ART). These new HIV positive individuals be traced back to see how they acquired the virus.

Acquired Immunodeficiency Syndrome (AIDS) is a disease of the human immune system, and it has been identified to promote opportunistic infections such as Tuberculosis. For this reason, the Ministry of Health as part of its policy, ensures mandatory health screening of every migrant worker upon entry into Brunei Darussalam before granting work permits. The health screening is mandatory for every foreign worker once in every two years, if any abnormalities are detected, for example Tuberculosis or Hepatitis,



which then leads to a positive HIV testing, for his benefit and healthcare, the worker's permit will then be cancelled and advised to undergo further medical treatment in their home country in the care of their family members.

Despite the best efforts, the BDAC and Ministry of Health have identified several challenges and limitations to achieve our objectives:

- As Brunei Darussalam is a Muslim country, there remains a form of restriction and difficulty in teaching safe sex practices, this was deemed counter-intuitive to Islamic values as it appears to promote sex; sexual intercourse out of wedlock is prohibited in the first place;
- The youths are more mobile nowadays and travel abroad more frequently, it is difficult to monitor high-risk activities outside of Brunei Darussalam;
- There is uncertainty to which government agency is primarily responsible to conduct case studies or handle any programme pertaining to HIV/AIDS education and awareness;
- There are cases of sex workers seeking employment in Brunei on visit passes, they are difficult to trace and carry a high risk of a positive HIV infection;
- Some individuals who have been provided the Anti-retroviral Treatment stop taking medications and prefer to use traditional medication;
- There is existing stigma with regards to HIV positive patients, and it is difficult to have them voice out and share their stories or even to create a support group. For this reason they prefer to be discreet due to fear of being judged by public perception. In addition, there are no data or studies conducted on the public perception of HIV/AIDS individuals making it harder for them;
- A public discussion on HIV/AIDS is not easy to do due to fear of offending several influential groups amongst the community.



C. Selected Best Practice(s)

As previously stated, Brunei Darussalam does not have a dedicated programme for HIV/AIDS issues in the workplace. However, there are specific programmes designed by the BDAC targeting youths, this approach from the grassroots level can be beneficial for the youths when they enter work life. One of the programmes is the HIV Awareness Programme for Peers and Youth or HAPPY. This programme aims at creating the awareness on how HIV can be contracted, in addition it also address other sexually transmitted infections. It combines videos, audios, visuals, games, songs, jokes, debates and comic strips and also verses from the Al-Quran and Hadith as religious elements to deliver the message. This programme has been recognized in various regional conferences namely the 2nd UNESCO Asian Youth Forum, Gwangju, Korea and the 9th International Congress on AIDS in ASIA and the Pacific (ICAAP), Bali, Indonesia. This programme also won the Commonwealth Youth Silver Award 2007/2008 and the B-@ktif 2008 Silver Medal. Up to 2010, HAPPY had been conducted more than 50 sessions with each session on average of 50 participants.

D. Recommendations at National and Regional Level

At a national level, it is essential to develop a dedicated programme to address issues on HIV/AIDS in the workplace. Though efforts to address HIV/AIDS in general have been done for over a decade, it appears there is still room for improvement. Further discussions with the President of the Brunei Darussalam AIDS Council and the Ministry of Health resulted in an increasing awareness to why the workplace is an important ground to cover. In addition, with the implementation of the Workplace Safety and Health Order 2009, the government of Brunei Darussalam is increasingly committed to ensure safety and health in the workplace.



ANNEX 1

CONTROL OF HIV & AIDS INFECTION

Persons with HIV/AIDS Infection to Undergo Counselling etc.

SECTION 23

- (1) The Director-General may require any person who has been diagnosed as having HIV/AIDS Infection —
 - (a) to undergo counselling by a registered medical practitioner;
 - (b) to comply with such precautions and safety measures as may be specified by the Director-General.
- (2) Any person who fails or refuses to comply with subsection (1) is guilty of an offence and liable on conviction to a fine not exceeding \$10,000, imprisonment for a term not exceeding 2 years or both.

Sexual intercourse by persons with HIV/AIDS Infection.

SECTION 24

- (1) A person who knows that he has HIV/AIDS Infection shall not have sexual intercourse with another person unless, before the sexual intercourse takes place, the other person —
 - (a) has been informed of the risk of contracting HIV/AIDS Infection from him; and
 - (b) has voluntarily agreed to accept that risk.
- (2) Any person who contravenes subsection (1) is guilty of an offence and liable on conviction to a fine not exceeding \$10,000, imprisonment for a term not exceeding 2 years or both.
- (3) For the purposes of this section, a person shall not, only by reason of age, be presumed incapable of having sexual intercourse.
- (4) For the purposes of this section and section 25, a person shall be deemed to know that he has HIV/AIDS Infection if a serological



test or any other prescribed test for the purpose of ascertaining the presence of HIV Infection carried out on him has given a positive result and the result was communicated to him.

- (5) In this section, “sexual intercourse” means —
- (a) sexual connection occasioned by the introduction into the vagina, anus or mouth of any person of any part of the penis of another person; or
 - (b) cunnilingus.

Blood donation and other acts by persons with HIV/AIDS Infection.

SECTION 25

- (1) Any person who knows that he has HIV/AIDS Infection shall —
- (a) donate blood at any blood bank in Brunei Darussalam; or
 - (b) do any act which is likely to transmit or spread HIV/AIDS Infection to another person.
- (2) Any person who contravenes subsection (1) is guilty of an offence and liable on conviction to a fine not exceeding \$50,000, imprisonment for a term not exceeding 2 years or both.

Protection of identity of persons with AIDS, HIV Infection or other sexually transmitted disease. Disclosure by Director-General etc.

SECTION 26

- (1) Any person who, in the performance or exercise of his functions or duties under this Act, is aware or has reasonable grounds for believing that another person has HIV/AIDS Infection or is suffering from a sexually transmitted disease or is a carrier of that disease shall not disclose any information which may identify the other person except —



- (a) with the consent of the other person;
 - (b) when it is necessary to do so in connection with the administration or execution of anything under this Act;
 - (c) when ordered to do so by a court;
 - (d) to any medical practitioner or other health staff who is treating or caring for the other person;
 - (e) to any blood, organ, semen or breast milk bank that has received or will receive any blood, organ, semen or breast milk from the other person;
 - (f) for statistical reports and epidemiological purposes if the information is used in such a way that the identity of the other person is not made known;
 - (g) to the victim of a sexual assault by the other person;
 - (h) to the Controller of Immigration for the purposes of the Immigration Act (Chapter 17);
 - (i) to the next-of-kin of the other person upon the death of such person;
 - (j) to any person or class of persons to whom, in the opinion of the Director-General, it is in the public interest that the information be given; or
 - (k) when authorised by the Minister to publish such information for the purposes of public health or public safety.
- (2) Any person who contravenes or fails to comply with subsection (1) is guilty of an offence and liable on conviction to a fine not exceeding \$2,000, imprisonment for a term not exceeding 3 months or both.
- (3) For the purposes of subsection (1)(a), the consent of the other person includes —



- (a) if that person has died, the written consent of that person's spouse, personal representative, administrator or executor;
 - (b) if that person is below the age of 16 years, the written consent of a parent or legal guardian of that person; and
 - (c) if in the opinion of the medical practitioner who undertook the test for HIV Infection for that person, he has a disability by reason of which he appears incapable of giving consent, the written consent in the following order, of — (i) (ii) (iii) (iv) a legal guardian of that person; the spouse of that person; a parent of that person; or an adult child of that person.
- (4) The Director-General may disclose any information relating to any person whom he reasonably believes to be infected with HIV/AIDS Infection to —
- (a) any medical practitioner or other health staff who has been exposed to a risk of infection from HIV/AIDS Infection; or
 - (b) any first responder who has experienced a significant exposure to blood or other potentially infectious materials of any patient.
- (5) For the purpose of subsection (4), “first respondent” means any police officer or any person who provides emergency response, first aid care or other medically related assistance either in the course of the person's occupational duties or as a volunteer.
- (6) Subject to subsection (7), a medical practitioner may disclose information relating to any person whom he reasonably believes to be infected with HIV/AIDS Infection to the spouse, former spouse or other contact of the infected person or to any health officer for the purpose of making the disclosure to the spouse, former spouse or other contact.
- (7) The medical practitioner shall not disclose any information under subsection (6) unless —



- (a) he reasonably believes that it is medically appropriate and that there is a significant risk of infection to the spouse, former spouse or other contact;
 - (b) he has counselled the infected person regarding the need to notify the spouse, former spouse or other contact and he reasonably believes that the infected person will not inform the spouse, former spouse or other contact; and
 - (c) he has informed the infected person of his intent to make such disclosure to the spouse, former spouse or other contact.
- (8) Where the medical practitioner is unable, by any reasonable means, to counsel or inform the infected person, he may apply to the Director-General to waive the requirements of subsections (7) (b) or (c) or both.
- (9) The Director-General may approve the application made under subsection (8) if, in the opinion of the Director-General, it is medically appropriate to disclose the information and that there is a significant risk of infection to the spouse, former spouse or other contact.
- (10) No person, to whom any information relating to a person who is reasonably believed to be infected with HIV/AIDS Infection has been disclosed under this section, shall disclose such information to any person other than the persons specified in subsection (11) or as provided in subsection (13).
- (11) The persons referred to in subsection (10) are —
- (a) the infected person himself;
 - (b) a person who is authorised under subsection (1)(a) to consent to such disclosure; and
 - (c) any person who is authorised to disclose such information under subsections (1), (4), (6) or (9).



- (12) Any person who fails to comply with or contravenes subsection (10) is guilty of an offence and liable on conviction to a fine not exceeding \$10,000, imprisonment for a term not exceeding 3 months or both.
- (13) A person, to whom any information relating to a person who is reasonably believed to be infected with HIV/AIDS Infection has been disclosed under this section, may apply to the Director-General for approval to disclose such information to any person or class of persons.
- (14) The Director-General may approve the application under subsection (13) if he is satisfied that such disclosure is in the interests of public health or public safety.



CAMBODIA

A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

HIV/AIDS is a workplace issue because it affects labour and productivity workers and employers can play a vital role in limiting the spread of the epidemic and in eliminating HIV-relating stigma and discrimination. High level political support has been the key to Cambodia's success. The epidemic is in decline and over 90% of eligible people living with HIV (PLHIV) receive treatment. Cambodia is one of the few countries in the world that has achieved its Millennium Development Goals related to human immunodeficiency virus (HIV). However, the gains made in reversing the epidemic trends will remain fragile as long as pockets of high prevalence persist among subpopulations of entertainment workers (EW), men who have sex with men (MSM) and injecting drug users (IDU). The primary driver of Cambodia's HIV epidemic continues to be heterosexual transmission between entertainment workers and their clients and other sexual partners. Spousal transmission occurs when clients of entertainment workers infect their wives and subsequently, the infants born to infected mothers. Prevention efforts among most-at-risk populations (MARPs) are the key to averting a second wave of the Epidemic. In the current situation of a declining, concentrated epidemic, the highest priority groups are Entertainment workers; men who have sex with men (MSM) and transgender (TG); injecting drug users (IDU) and non-injecting drug users (DU); as well as mobile population including high risk men (HRM), defined as partners/clients of EW.

According to scientific estimation, in 2013, HIV carrier rate among adults aged between 15 and 49 years is 0.7%, down further from 0.8% in 2011 and 2.5% in 1998. This means that Cambodia has the



sufficient possibilities to control the spread of HIV/AIDS successfully, and it hopes that the spread would drop further next year.

At present, Cambodia has an estimated 71,347 people living with HIV/AIDS including 38,420 females and 6,850 children. About 85% of eligible people living with HIV/AIDS has received antiretroviral drugs and will secure a move toward 100% achievement on this care target in 2014. Another outstanding achievement this year was the growing rate of pregnant women using services to reduce the transmission of HIV/AIDS from mother to child and the growing rate of HIV-carrying pregnant women receiving treatment to prevent the transmission of AIDS to newborns. The transmission rate of AIDS from mother to child is just 2% in 2013. It is firmly hoped that Cambodia would be able to join the world to completely reduce the transmission of HIV from mother to child by 2015. In addition, HIV/AIDS had killed estimated 2,365 people in 2012, down 9% year-on-year, the National Institute of Public Health, the country saw about 1,330 new HIV infections last year, down 12% year-on-year. Cambodia would likely to achieve the United Nations principles by getting to the “Three Zeros” HIV/AIDS target by 2020. The three zeros include zero new HIV infections, zero stigma and discrimination and zero AIDS-related death. “To achieve this target, it would be likely to urge all citizens to constantly learn about how to prevent HIV/AIDS infections in order to prevent themselves and their families from the danger of the virus”. For instance, “All employees and customers at entertainment establishments should adhere to the 100% condom use”. Cambodia is on a journey towards achieving the three zeros. The journey includes known and still unknown hills to climb, but one day, Cambodia will reach those three zeros. The first HIV infections were detected and diagnosed in Cambodia in 1991 and the first AIDS case was found in 1993.



B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

1. Implementation of Laws, Policy and Programme on Prevention and Management of HIV/AIDS at the Workplace:

Strong governance and coordination are crucial in ensuring harmonization and alignment of the multitude of stakeholders involved in the implementation of the prevention and management on HIV/AIDS as well as conforming by implementation of the key principles of ILO Code of practice on HIV/AIDS and the world of work. Governance of the national response, (i.e. the provision of overall direction and leadership), rests by legal sub-decree with the National AIDS Authority. The sub-decree (Anukret 109) states that the mission of the National AIDS Authority is “to lead, prevent, and fight against the spread of the HIV/AIDS epidemic, through implementing by its National Strategic Plan (2011-2015), in the Kingdom of Cambodia under the supervision of the Royal Government of Cambodia”. The following implementation of the Law on the Prevention and Control of HIV/AIDS, which was enacted by the National Assembly on 14 of June, 2002.

Since 2006, to deal with a huge issues and implementing for preventing and control the spread of HIV/AIDS at the workplace, Ministry of Labour and Vocational and Training (MoLVT) through Department of Occupational Safety and Health (DOSHS) have been established the Prakas (No. 086) that intended to creation of the HIV/AIDS committee in enterprises and establishments in order to avert the HIV/AIDS in the workplace. This also addressed to stimulate discussion, raise awareness and promote worker’s education and prevent the spread of HIV/AIDS infection in the workplace. In carried out of effective Prakas, Department of Occupational Safety and Health has carried out of this Prakas of such following tasks:



- To provide technical assistance, documents, and other relevant support to the HIV/AIDS Working Groups or Committee of the enterprises and establishment in order to help them to perform their functions successfully;
- To control and monitor regularly the implementation of this Prakas;
- To raising awareness and explain to the employers of enterprises and establishments their responsibilities in order to duly comply with the provision of this Prakas;
- To take measures against an employer who is not duly complying with the provision of this Prakas;
- To review the work done towards the implementation of this Prakas and make proposals for rewarding, by any means, the employers who have distinguished themselves by working hard in the implementation of the provision of this Prakas.

According to the HIV statistic that was estimated by National Center for HIV/AIDS, Dermatology and STIs (NCHADS) of Ministry of Health in 2003, the estimate of the national prevalence of HIV was still higher, stand at 1.9, due to HIV/AIDS has a serious impact on trade union' members. Concurrently, the trade union policy on prevention and management of HIV/AIDS in the workplace in Cambodia has been developed by the collaboration between Cambodia Confederation of Trade Union (CCTU) and Cambodia Labour Confederation (CLC). The objective of this policy is provided a set of guideline to address the HIV/AIDS epidemic in the workplace' organizations. The key areas of action are: the prevention of HIV/AIDS; the mitigation of the impact of HIV/AIDS on the trade union' members and their families; care and support of members who are living with HIV; elimination of stigma and discrimination on the basis of real or perceived HIV status. The implementation of policy framework and general principles will be achieving the target has been identifies.



In 2010, under supporting by ILO in both technical and financial, the Ministry of Labour and Vocational Training was created the guideline on HIV/AIDS in the workplace, this aimed at providing the practical guidance in order to establish and implement a programme and policy on HIV/AIDS in the workplace, the guidance mainly cover the following tasks:

- Why HIV/AIDS is a workplace issue and how an enterprise can respond to it with limited or no additional cost;
- Develop of a functioning HIV/AIDS Committee or integration of HIV/AIDS issue into the enterprise's existing Occupational Safety and Health (OSH) programme (review existing resources);
- Roles and responsibilities of the HIV/AIDS Committee, how to develop an HIV/AIDS workplace policy;
- How to organize HIV/AIDS training and education activities for worker (work plan).

2. Outputs:

(a) At Enterprises:

Firstly implementation of HIV/AIDS prevention at the workplace throughout applying Prakas, from 2006 to 2007, the enterprises have been created 9 HIV/AIDS committees among 424 total number of enterprises located in Municipality, Phnom Penh. 3 out of 9 HIV/AIDS committees were developed AIDS policy and its work plan. According to Prakas, 17 total members of HIV/AIDS committees were selected through voting, 6 out of 17 were trained as focal points. Consequently, 58 peer educators have been performed and 600 total number of workers who received HIV/AIDS awareness and educated platform. From 2009 to 2011, HIV/AIDS activity was increasingly performed a huge amount as the following points, due to fully supporting in both technical and financial by ILO Cambodia. However, this achievement was slightly decreased in 2012 and 2013, because of reducing the funding support.



Table 1. Number of Enterprises Implemented HIV/AIDS on Prevention at the Workplace

Years	2006-2007	2008	2009	2010	2011	2012	2013	Total
Total number of Enterprise	424	432	370	412	460	483	483	483
#enterprises created HIV/AIDS Committees	9	44	170	202	232	242	53	295
#enterprises created AIDS Policy	3	5	25	58	77	87	15	102
#member of selected AIDS committee	17	53	272	160	155	56	149	862
#focal point trained	6	15	532	273	399	153	25	1403
#of workers who received by Peer Educators	58	86	1736	1443	956	403	95	4777
#of workers who received AIDS educated platform	600	10506	3535	18184	9711	3611	4596	50743

(b) At Entertainment Establishments:

Based on knowledge, skills and experiences especially for conforming to respectively perspective of new Prakas on OSH integrated programme, DOSH have been increased the coverage of HIV/AIDS preventing programme, applying as the same processes and procedures, due to change behavior and practice transmission of HIV infected population especially for workers. Entertainment workers who was the target groups that is conducting HIV/AIDS application, such as beer gardens, karaoke,



bars, in order to prevent and control the spread of HIV/AIDS in their workplaces. As result, this was just established since 2012, with total number of 307 entertainment establishments, which served. Among those were introduced the Prakas and created HIV/AIDS committee that was about 23 in 2012 and 12 in 2013.

3. The Challenges:

In spite of HIV/AIDS implementation was significantly achieved. However, the time of educated workers was constraint due to this activity was integrated in OSH programme, the assembly productive system that required and not allow to interrupted any part of productivity so that is not enough time for them to participation in this activity. The overtime task for workers is also the challenge. Otherwise, Some of employer's cooperation is remained a concern as well as the focal points and Peer educators were also a low competency, regarding to neither regularly provided capacity building training nor the budget support. This requires possible to conduct refreshment training course to them.

4. The Gaps:

HIV/AIDS preventing programme at workplace, either enterprises or entertainment establishments, have been conducted only in Municipality but this areas were still limited to the target coverage due to not accessibility and availability as well as the budget constraint. Therefore, it would propose to expand coverage in either enterprises or entertainment establishments.

C. Selected Best Practice(s):

How Can an Enterprise, in Cooperation with Trade Unions, Respond to HIV/AIDS in the Workplace?

1. Lesson Learnt by Implementing HIV/AIDS in the Workplaces:

Throughout promoting and implementing HIV/AIDS activities in the workplace by Department of Occupational Safety and Health that was cooperated with employer and worker representatives as



well as under providing technical capacity building support from HIV/AIDS Secretariat of MoLVT for both conducting training and refreshment training course, each workplace can carry out the following activities to respond to HIV/AIDS with very little or no additional cost:

- Review existing resources: find out what sort of HIV/AIDS educational materials on HIV/AIDS are already available. These may include leaflets or booklets from the Ministry of Health (MoH), National AIDS Authority (NAA), UNAIDS and/or NGOs;
- Set up of the HIV/AIDS Committee that includes management and worker representatives. This is in line with implementing legislation, Prakas on the creation of the HIV/AIDS Committee in enterprises and establishment and the Prevention of HIV/AIDS in the workplace (Prakas No. 086), a workplace can also integrate HIV issues into an existing programme, such as OSH inspection groups;
- Assign an HIV/AIDS Focal Point who is responsible for HIV/AIDS issues and plays the role of secretary to the HIV/AIDS Committee;
- Develop partnerships with government and/or non-governmental organizations to assist with training managers and workers;
- Train trainers and peer educators, (with support from Department of Occupational Safety and Health, HIV/AIDS secretariat of Ministry of Labour and Vocational Training who will further educate other workers);
- Conduct HIV prevention awareness and education (employers should require and encourage employees at all levels to participate in the periodic HIV/AIDS preventive education);
- Maintain a steady flow of information to employees on how they can protect themselves from HIV and where they can access treatment for sexually transmitted infections and voluntary confidential counseling and HIV testing (VCCT);



- Develop a workplace policy on HIV/AIDS;
- Make sure that all employees have a copy of the company HIV/AIDS policy;
- Engage worker representatives to gather information on workers' concerns and questions related HIV/AIDS;
- Inform workers that the company will assist employee support groups for HIV-positive employees, or refer employees to HIV/AIDS services;
- Expand prevention to other companies in the supply chain and/or into the community.

2. Sustainable Implementation on HIV/AIDS Prevention and Management at the Workplace

A special event, as part of sustainable implementation, has been prepared and organized annually by the cooperation between HIV/AIDS Secretariat and DOSH that was offered a reward as motivation cards to the enterprises, which were participated in and carried out of the implementation of the HIV/AIDS policy and programme effectively in their workplaces. For compliant with HIV/AIDS rewarding criteria, the enterprises have been implemented by HIV/AIDS activities at the workplace, including the creation of HIV/AIDS committee, policy, and work plan for raising awareness and educated activities. At least one among these criteria has been done that will be rewarding by Minister to Committees with HIV/AIDS good practice. As a result, 511 among 553 enterprises have been obtained rewards from 2009 to 2013.

D. Recommendations at National and Regional Level

1. Recommendation at National Level:

Prakas No. 086 has been guided and implemented by DOSH, which related to the creation of the HIV/AIDS committee in enterprises and establishments and the prevention of HIV/AIDS in the workplace. This requires a political support and commitment

through Tripartite Coordination Committee who plays as an important role in coordination and encouraging the employers for strongly collaboration and support.

2. Recommendation at Regional Level:

In order to promote and carry out the HIV/AIDS preventing programme effectively at the workplace, it needs to participate and support from employers and local authority, especially for owner enterprises and stakeholders involvement. The capacity building could provide to implementers, included HIV/AIDS committees and peer educators, for their efficiency of knowledge and experience in carrying out education. It would be better to increase targeted coverage of HIV/AIDS implementation at enterprises and entertainment establishments, particularly in entirely municipality and provinces. Monitoring and evaluation activities are very important through research in order to determine the factors that are attributed to worker's behavior and their attitudes related HIV/AIDS infected transmission and these provide appropriate recommendations for taking measures at the workplace.





INDONESIA

A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

Indonesia is one of big country with more than 240 million population, spread in about 16,000 islands. They handled by Central Government that decentralize to 450 District Government under coordination by 34 Provincial Government.

Worker population in Indonesia is 116.5 million, almost half of total population 240 million (National Statistic 2010). They work in the 208,549 companies. HIV/AIDS is one of disease that becomes a big problem in the world and in Indonesia, not only affected to the health matters, but have broad impact on economic, business and social matters. Workforce is one of sector that will influence the negative impact related to HIV/AIDS especially on productivity and business. Government and business player should take a role together in the Prevention and Control of HIV/AIDS in the Workplace, as a part of the Occupational Health and Safety. As a government efforts to give the appreciation to the company and other related parties who have give contribution on Prevention and Control of HIV/AIDS.

At present, a number of the People Living With HIV/AIDS (PLWHA) in Indonesia are Total HIV/AIDS 152,267 cases (HIV 108,600 and AIDS 43,667), and was died: 8,340 cases until now. Highest cases in the productive age group: 20-49 (73.32%). Mode of Transmission domination by Heterosexual 55%, IDU 44%, and others by perinatal, homo-bisexual, and blood transfusion (Ministry of Health: AIDS Report June 2013).

Ministry of Health estimate that there are more than 6 million man buying sex, and majority of them are workers and indicate as Mobile Man with Money (3M). Integrated Biologic and Behavior



(IBBS) Survey in the 2011 in several big Country show that HIV prevalence in Female Sex Workers (FSW) relatively not decrease, while sexual transmitted diseases (STD) still high. In other hand, HIV prevalence in man buying sex (client) increase 7 times from 0.1% in 2007 become 0.7% 2011.

By the situation showing above, we know that HIV/AIDS at workplace program is very importance as part of National HIV/AIDS program.

B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

Indonesia has national regulation by President Decree No. 75, 2007 as National AIDS Commission. National AIDS Commission is a National Committee on the HIV/AIDS prevention and control chaired by the Minister of Coordinator in Community Welfare. All ministry and National government institution and representative of NGO's as member of National AIDS Commission (NAC).

The implementation on prevention and management of HIV/AIDS in the workplaces under the Ministry of Manpower and Transmigration (MOMT) has applied the principles of Ministerial Decree of Prevention and Alleviation of HIV/AIDS at Workplace, Kep. No. 68, 2004, the Labor Protection Law and the relevant laws, policies and the international instruments, such as the ILO Code of Practice on HIV/AIDS and the world of work, the ILO Recommendation concerning HIV/AIDS and the world of work, 2010 (No. 200) and other instrument on regional and international.

To implementation of Ministerial Decree No. 68, 2004, Indonesia has Directorate General of Labor Supervision regulation, DG Decree No. 20, 2005 as Guideline of Implementation of HIV/AIDS educational program at workplace and DG Decree No. 44, 2012 on HIV/AIDS Award at Workplace Program. This Award as appreciation to employers who have implementation of Decree of Ministry Manpower and Transmigration Number 68 Year 2004 in



which the company has the obligation to carry out the program Prevention and Control of HIV/AIDS in the Workplace. The HIV/AIDS program at Workplace was integration to Occupational Safety and Health (OSH) Program relay on OSH National Regulation.

There are National Tripartite Commitment in 25th February 2003 to support and run together on HIV/AIDS program at the world of work in line of ILO Code of Practice. This commitment was signed by Ministry Coordination of People Welfare, Ministry of Manpower and Transmigration, Chair of National Employers Association, Chair of Trade Union Confederation and Head of Indonesia Industrial Chamber.

The are coordination mechanism to run program HIV/AIDS at Workplace by Task Force of HIV/AIDS at Workplace under National AIDS Commission (NAC), member are: MOMT, Employers Association, Confederation of Trade Union, representative of NAC, ILO, and NGO that has activity on workplace program i.e.: Indonesia Business Coalition on AIDS (IBCA), Yayasan Kusuma Buana, Indonesia Humanity Committee, Women Positive Association etc.

Government has more efforts to the program since 2005 after release of Ministerial Decree No. 68, 2004 and supported by Global Fund AIDS, TB and Malaria (GFATM) program in Indonesia. For period of 2005-2010 GFATM for AIDS Component, has funding to Ministry of Manpower and Transmigration as Sub Recipient (SR) under Ministry of Health as Principle Recipient. The program consist: socialization, delivery of IEC material, workshop, training and training of trainers (TOT), peer education, and training of VCT Counselor for Company Doctors. The object for this program are: employees, employers, labor inspector, trade union, company doctors and nurses, OSH Officer etc. in the whole country.



C. Selected Best Practice(s):

1. Basic Information Education on HIV/AIDS at World of Work

Develop IEC and distribute of material on knowledge and awareness about basic information of HIV/AIDS and world of work: What is HIV, AIDS, PLWA; how HIV transmit each other, how HIV will not transmit, why we must no Stigma and Discrimination related to HIV/AIDS, Who are high risk, what we do if HIV (+) where we can access to HIV/AIDS services. Many method and media to share that information: oral education/socialization and distribute of poster, flipchart, brochure, sticker ad VCD. Same of companies develops of intranet program to education their workers.

2. Training of Trainers (TOT) and Peer Education Program

The program running to provide Trainer and Peer Educator for sustain the program. Participant of the TOT program consist by: labor inspectors, employers association, trade union members, OSH committee, company doctors and nurses, HRD/Companies Manager. Participant of the Peer Education program are workers who have high skill and commitment to share information related to HIV/AIDS program to other workers (peer groups). Trainer from TOT program as trainer to train peer educator to provide in the companies. By the program we have many human resource to deliver the program.

3. Task Force of HIV/AIDS at Workplace Program

To more intensively discussion and coordination issue and program of HIV/AIDS at workplace, Indonesia National AIDS Commission (NAC) develops Task Force of HIV/AIDS at Workplace Program. This Task Force under coordination by representative of Ministry of Manpower and Transmigration (MOMT), support by NAC and consist with multi stake holder members: MOMT, representative of employers association, trade union, NAC, ILO, NGO, Indonesia Business Coalition and other government institution: Ministry of

Health, Ministry of Public Infrastructure, Ministry of Transportation and Ministry of Energy and Natural Resources. Task Force have Work Plan to run the program of HIV/AIDS workplace program and has regular meeting to relation discuss of issues and problem solving to give recommendation related to HIV/AIDS at Workplace program.

4. Integration of HIV/AIDS and OSH Program

As a obligation by regulation of Occupational Safety and Health program, every company have organization structure and resources to run OSH program at workplace. Is very strategic way to integration of HIV/AIDS program in this OSH program. HIV/AIDS is closely with OSH program, so this program easily to run by OSH committee and OSH officers in the company. HIV/AIDS program activity also compatible to integrate with OSH program activity. We also has being develop regulation and mechanism to integration HIV/AIDS program in OSH Management System (OHS-MS). By that integration, element of implementation of HIV/AIDS program as part of element in implementation of OSH Management System.

5. HIV/AIDS and Corporate Social Responsibility Program

Same companies have enough budget for Corporate Social Responsibility (CSR). Through the budget and program, companies develop HIV/AIDS program to community as part of community development. The program also integrate with No Drugs Abuse program for community like: student in Senior High School, young people, informal organization and workers in other companies especially Small Medium Enterprises (SMES).

6. HIV/AIDS at Workplace Award Program

Indonesia government by MOMT give appreciation to person who has successfully to run the HIV/AIDS at Workplace program. There are guide line as tool for assessment by Directorate General of



Labor Supervision Development, Decree No. 44, 2012 revise from Decree 2010. The award give as appreciation to Companies CEO, Head of Provincial and District Government and activist or NGOs. AIDS Award program is one of strategy to more enthusiastic of Companies, local government and NGOs to support and participation on HIV/AIDS at Workplace program. The Award delivered in the Ceremony of World AIDS Day or National OSH Day.

D. The Achievements:

1. There are more than 2,000 companies has been intervention and running the program of HIV/AIDS at workplace program supported by government and the relevant partner. This program very significant to decrease of Stigma and discrimination related to HIV/AIDS to the workers;
2. There are more than 600 trainer of HIV/AIDS at workplace program from labor inspector, member of employer association and trade union, OSH Officer and NGO. There are 20 company doctors was trained as counselors on HIV and AIDS for company clinic;
3. More than 150 companies has AIDS Award at workplace program from Ministry of Manpower and Transmigration;
4. There are 10 of Task Force of HIV/AIDS at Workplace Program in regional offices;
5. Many activity and program socialization and education of HIV/AIDS at workplace program running by local government, companies and NGOs.

E. Recommendations at National and Regional Level

1. The national recommendations
 - (a) To develop Task Force on HIV/AIDS at workplace program in each regional offices as join and coordination mechanism to more intensively and affectively the program;



- (b) Intensification program as joint project of NAC, MOMT, MOH and ILO on VCT at work or mobile VCT for high risk man workers who identify as mobile man with money (3 M).
2. The regional recommendations
- (a) To share best practice routinely each ASEAN member state and compile by Chair of ASEAN SLOM WG-HIV to support other program of SLOM WG-HIV Work Plan;
 - (b) To support each other to develop same perception and commitment of all member state to getting Tree Zero: **Zero New Infection, Zero Discrimination and Zero Death related AIDS** in ASEAN Community.
3. Effort together to get financial and technical support from National institution (NAC, MOH) and International Agencies (ILO, Global Fund, UNAID, AUSAID, US DOL etc.) to more support on HIV/AIDS at Workplace program.

MALAYSIA



A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

The Code of Practice (COP) on Prevention and Management of HIV/AIDS in the Workplace has been prepared by Department of Occupational Safety and Health, Ministry of Human Resources Malaysia in the year 2001, in collaboration with representative from various government agencies, non-governmental organizations (NGOs) and international organizations. The purpose of this Code of Practice is to reduce the spread of HIV/AIDS and to assist the employers and employees in managing issues related to HIV/AIDS in the workplace. The statistics on number of patients having HIV/AIDS is documented and analysed by Disease Control Division, Ministry of Health Malaysia.

The Department of Occupational Safety and Health also represents the Ministry of Human Resources Malaysia as a committee member in Country Coordinating Mechanism for the National Strategic Plan on HIV/AIDS 2011-2015. Under this plan, the Ministry of Human Resources was given the responsibility to ensure that 30 workplaces implement the Code of Practice over these five years period. In addition, the Department of Occupational Safety and Health also serves as focal point for HIV/AIDS in the workplace in the country and also has been appointed as Chairman of The Working Group on HIV/AIDS in the workplace in ASEAN for the term 2013-2015.

B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

The Code of Practice (COP) on Prevention and Management of HIV/AIDS 2001 itself is not a legally binding document and workplaces are encouraged to adopt and implement the COP



to encourage responsible and mature response of the issue. The document was prepared after a survey was carried out by the department in year 2000, covering 154 enterprises representing a wide range of industries and showed that the level of awareness among employers on HIV/AIDS, with its potential destructive impact on business and economy were very low among them. It was also noted that there was a trend of rising HIV infection rates in Malaysia, particularly among those in the most productive age group, which is 15-49 years old and usually in the workforce. The disease itself has potential negative impact on the workforce, businesses and the economy of the company and country as a whole.

In the years of 2011 and 2012, a total of 15 workplaces have been guided by the Department of Occupational Safety and Health to adopt and implement the Code of Practice. Few challenges have been identified in implementing the Code of Practice at workplace such as stigmatization, time management and commitment of the employers and employees to the Code of Practice. Stigmatization happens when an employee is terminated in an unjustified manner due to his HIV status or his positive results for HIV, which should have been kept confidential and in a responsible manner are shared or informed to others unethically. Affected employees are often advised to complain the matter accordingly with the Ministry of Human Resources or through the related NGOs but frequently, do not want to come forward to pursue the matter. Apart from this, the development of policies and implementation of this Code of Practice requires proper time allocation and commitment by the employers and employees. Lack of time and commitment has caused the programme to fail at times, apart from hectic work schedule and lacking of relevant resources in certain industries.



C. Example of implementation of Code of Practice (COP) on Prevention and Management of HIV/AIDS 2001 at workplace

The main objectives for implementation of the COP would be to:

1. Provide guidelines on appropriate and effective ways of preventing and managing HIV/AIDS at the workplace;
2. Promote education and awareness on HIV/AIDS; and
3. Promote non-judgmental, non-discriminatory work environment.

The scope of the COP applies to all employers (managers, supervisors, personnel officers, designated person & counselor) and employees (safety committee members and safety and health officers) in Malaysia.

The two key principles of implementing and adopting the COP are:

1. Development of Workplace Policies on HIV/AIDS; and
2. Development of Workplace Programmes on HIV/AIDS.

Among the process of implementing the COP by a workplace are as follows:

- Prepare a sound policy of HIV/AIDS in workplace. The policy must be communicated to all and continually reviewed and updated.
- Implementation of the policy should be monitored and evaluated for its effectiveness from time to time.
- Appoint a person in charge to develop a policy on HIV/AIDS and to provide information, education and training programmes on HIV/AIDS and preventive measures. He/ she also are obligated to provide and maintain safe and healthy working environment.
- Policy must be non-judgmental, non-discriminatory and to ensure confidentiality and privacy. This is including of no screening/HIV antibody for all the employees.



- Conduct awareness programme of prevention and control of the spread of HIV/AIDS in the workplace such as promoting education and awareness on HIV/AIDS.
- Create an understanding environment toward HIV positive employee.
- Employers are also responsible for preventing the transmission of the disease and providing care and support towards all employees.
- Provide relevant training to workers and the person in charge by helping employee to assess the risks and reduce these risk and emphasis to high risk behavior and other risk factors. It also includes providing information about transmission of HIV and how to reduce risk of transmission and emphasis on vulnerability of women to HIV and prevention strategies.
- Training can be tailored to educate employees about the protection against HIV infection, steps in reducing HIV-related anxiety and stigmatisation, minimise disruption and bring about attitudinal and behavioural change. It must be based on correct and up-to-date information and integrated into existing education and human resources programme as well as occupational safety and health.
- Training on HIV/AIDS awareness can be incorporated as part of an orientation or induction programme for new employees and there should be an on-going refresher training programme related to work activities in the workplace.
- Policy implementation of HIV/AIDS in the workplace should define employer's position and practices related to HIV/AIDS issues and state clearly employer commitment to prevent spread of the virus, discrimination and stigmatization.
- Policy is ensured to outline the responsibilities of employer and employees.



Based on the steps above, the department, would first identify suitable workplaces each year, through the Occupational Health Section in state offices to promote and encourage the implementation of the COP. Relevant discussions with agreeable workplaces will be held to commence the guiding process for a successful implementation of the policy, suitable for the needs and resources available for the company. Initial discussions are usually held with decision makers and safety and health personnel at the workplace to explain on the issue of HIV/AIDS, effects to afflicted employees, impact to business and scope of the COP.

The employers are encouraged to implement this programme and explained on aspects as below:

1. Aim of creating a workplace that has a high level of awareness about the spread of HIV/AIDS and reduce the risk of employees suffering from the disease.
2. The implementation of COP also gives a positive outlook to their client that a workplace has no problem regarding the issue.
3. The issue of HIV/AIDS in the workplace should be given more emphasis as implementation of such program is expected to reduce the risk of potential loss of staffs and skilled labour as a result of prolonged illness, job, benefits, occupational safety and health (OSH), production cost and workplace morale.

The agreeable workplace is then issued a letter of undertaking by Department of Occupational Safety and Health and a first official meeting for preparation of policy is held subsequently. The management team is then suggested to appoint a committee and a person in charge to assist in implementing the COP and coordinating awareness programmes throughout a certain period of time of years, based on available resources.



The committee would then proceed drafting the policy on HIV/AIDS at workplace with relevant discussion and agreement from legal advisors and stakeholders. The drafted policy is sent to the department for verification, review and advice on any content which is not in line with the purpose of the COP. Once the policy has been agreed by the department and selected workplace, it is officially signed and approved by the employer or at times, a Memorandum of Understanding (MOU) is signed between the workplace and Department of Occupational Safety and Health to coordinate the matter further.

Awareness programmes, in line with the policy and the COP are then kick started at the workplace throughout a proposed period of time and the department would collect status update on programmes implemented for HIV/AIDS awareness from the workplace periodically. The awareness programmes comprise of voluntary testing, exhibition, talk series, performances and sharing of experience by Person Living with HIV (PLHIV). These awareness programmes are often coordinated with various local NGOs and Promotional Units of Ministry of Health.

The Occupational Health Division at the headquarters of Department of Occupational Safety and Health collects periodical reports on implementation of the COP from state offices for the purpose of data analysis and further reporting to National Strategic Plan on HIV/AIDS 2011-2015 and in other platforms as required.

The funding of these programmes and development of policy, with promotional event including workshop and exhibitions are borne by employers. The Department of Occupational Safety and Health plays the role of a guide and coordinator with various agencies for implementation of the programme, while sharing the relevant knowledge and expertise on the matter.



D. Recommendations at National and Regional Level

The progress made in implementing policies and programmes in the workplace for prevention and management of HIV/AIDS is recommended to be in line with the ASEAN Socio-Cultural Community Blueprint. This is to ensure that the strategies on “Access to healthcare and promotion of healthy lifestyles” and “Improving capability to control communicable diseases” are able to achieve its objectives, towards creating an ASEAN community by 2020. One such example would be this project on Sharing of Best Practices itself, which is in line with the strategies stated above outlined in the blueprint.

There is a constant need to promote awareness and conduct educational drives to increase employees understanding on issues related to HIV/AIDS in all ASEAN countries. Workplaces are ideal platforms to promote awareness as such knowledge can be imparted readily to a large group of employees, who are also members of public in a coordinated manner. This can be made more successful through an active collaboration between relevant government agencies, workplaces and NGOs.

It is also essential to ensure that promotional activities planned are able to lead to behavioral changes among employees, with increased awareness towards HIV/AIDS. These activities also need engagement of experts from various fields such as infectious diseases, public health, safety and health and related NGOs.

HIV/AIDS related programmes are also recommended to be designed and implemented to reach the employees, their families and communities. Healthy employees will be able to make productive contribution to the betterment of themselves, the community and economic growth of ASEAN.



Table 1. Example of Task Matrix for Monitoring on Implementation of Code of Practice (COP) on Prevention and Management of HIV/AIDS at the Workplace

No	Activity	Implementation Status												Notes		
		1st Quarter			2nd Quarter			3rd Quarter			4th Quarter					
		J	F	M	A	M	J	J	O	S	O	N	D			
1	Workplace identification															
2	Meeting the relevant person from workplace															
3	Letter of undertaking from DOSH to the Industry (workplace)															
4	Reply letter from the industry/workplace															
5	First official meeting with the employer															
6	Appointing the committee member and person in charge															
7	Drafted policy will be send from industry to DOSH for verification															
8	Arrangements for launching of policy and the programme															
9	Getting updates regarding status of the programmes from the employer															
10	Send the final yearly report to DOSH for the purpose of database storage															



Table 2. Example on Checklist for Available Aspects in Successful Implementation of Code of Practice (COP) on Prevention and Management of HIV/AIDS at the Workplace

Programme	Yes	No	Not Relevant
Policy Making			
HIV/AIDS Policy at Workplace			
Formation of a Committee in workplace			
Hazard and risk identification done prior to policy making			
HIV/AIDS Prevention and Control Programme			
Making of criteria for identification of tested positive workers			
Procedures on identifying the positive workers			
Training/Awareness/Education relating to HIV/AIDS			
Worker			
Person In Charge (supervisor, safety and health officer, group leader, paramedic, nurses, etc)			
Social support & Counselling			
Preparation of complete and suitable protection equipments to prevent workers from risk of exposure to HIV/AIDS			
First Aid Programmes			
Engineering Control for HIV positive workers			
Creating safety environment and workplace for HIV positive workers			
Procedures of Early reporting accidents relating to exposure to HIV positive workers			
Equality in termination of the workers with HIV positive and workers with other chronic illness based on medical terms			



E. Attachments



Picture 1. Continuous guidance and assistance from Department of Occupational Safety and Health throughout the process of policy making



Picture 2. Discussion with the officials from Department of Occupational Safety and Health - Preliminary planning prior to the launch of the policy



Picture 3. Preparation for awareness programmes at workplace



Picture 4. Promotional booth on COP of HIV/AIDS on Prevention and Management of HIV/AIDS



Picture 5. Employees reading on promotional materials displayed



Picture 6. Voluntary and confidential blood testing programme organized as part of awareness campaign



Picture 7. Example of policy handover ceremony by a multinational company to the Director General, Department of Occupational Safety and Health Malaysia



Picture 8. Example of policy handover ceremony by a small and medium enterprise company to state director of Department of Occupational Safety and Health Malaysia



Picture 9. Example of awareness campaign in collaboration with various agencies and NGOs in conjunction with handing over of HIV/AIDS at Workplace policy

MYANMAR



A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

In the current national health plan, the top three priority diseases in ranked order are AIDS, Malaria and Tuberculosis. Overall AIDS is ranked as the first priority disease on the basis of public health and political importance and potential socio-economic impact.

The two-decade old HIV epidemic in Myanmar is largely concentrated among population subgroups with high risk behaviors. While the overall HIV prevalence in Myanmar is estimated to be below 1%, there is a sizeable key population at higher risk. There are female sex workers and their clients, men who have sex with men and people who inject drugs. These key populations are disproportionately affected by HIV.

Systematic surveillance is carried out among key population groups in selected geographical areas since 1991. Over the years, the surveillance system has expanded to include new sentinel sites, new population groups and improved survey methodologies. Components of second generation surveillance system implemented in Myanmar include: HIV sentinel sero-surveillance; behavioral sentinel surveillance and; HIV/AIDS case reporting.

Like in other Asian countries, people who inject drugs (PWID) was the first group to be affected. It was followed by increase in cases among female sex workers (FSW) and their clients. Finally, following the infection of a large number of male clients of FSW, HIV incidence reached a peak in the so-called low risk female population due to transmission from male clients of FSW.

HIV prevalence is decreasing among all high risk behavior groups except MSM where a large degree of uncertainty persists due



to the limited number of data points. Among the lower risk female population, HIV prevalence peaked around 2000 and since then, there is a very slow decline. In 2009, approximately 238,000 people were living with HIV, including children. Adult HIV prevalence peaked around 2000-2001 and since then there has been a steady decline. Burden of HIV related death peaked at 19,000 in 2005 and has been decreasing since. The decrease corresponds with increased access to ART since 2005 in the public and NGO sectors.

The majority of HIV infections in Myanmar have been in men, with the male to female ratio declining from 8 to 1 in 1993 to 1.9 to 1 in 2009. By 2015, it is projected that the male to female ratio will be 1.6:1. These women are largely the sexual partners of current and former FSW clients, PWID and MSM. It is estimated that the number of pregnant women living with HIV was about 4,300 in 2009.

In Myanmar, ART is provided by the National AIDS Programme (NAP), international and local NGOs. As of the end of 2009, approximately 21,000 adults and children are on treatment. Estimates of the number of people needing ART in a given year are based on the NAP ART guideline recommendations from 2006.

Population in 2013 is 53,300,000 and People living with HIV/AIDS is 213,668 and AIDS deaths is 15,740. According to survey (2013) ART needed patients are 125,000 and ART (PMTCT) to mother is 586,970.

According to the National ART guidelines, patients with CD4 counts of less than 200 should receive ART and those with CD4 200-350 can be considered for treatment. Using a threshold of CD4 <200, approximately 74,000 adults needed ART in 2009. However, as more people needing treatment start to receive it, the need for ART will increase as more people will survive longer. When the national guidelines are revised to reflect the recommended



change to start treatment at CD4 <350, then adult ART needs will increase accordingly.

Mobile populations are persons who make frequent or periodic trips from one place to another regardless of the nature/purpose of the trip whereas migrants refer to individuals and/or their family members who have left their home places. Seasonally or temporarily, for remunerated activities in other parts of the country or in other countries. While the data related to HIV risks and vulnerabilities among them in Myanmar are extremely limited. Some studies show that low level of HIV knowledge, low level of condom acceptance and use and relatively high STI and HIV prevalence in some Myanmar migrant groups in Thailand. It is important for the National Programme in Myanmar to address the needs to fill the knowledge gaps on HIV and safe mobility among its population, especially potential migrants and the communities prone to migration, an in preparing for care, support and treatment as well as for return and reintegration of people living with HIV who need to return home. In so doing, the under resourced situation for programmes related to HIV and mobility has to be considered and improved.

B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

1. National Health Plan

Being one of the top three priority diseases in the National Health Plan of Myanmar, Prevention and Care activities for HIV/AIDS are being implemented as a National concern. In line with the “Three Ones Principle” which states that One HIV/AIDS Action Framework, One National Coordinating Authority and One Monitoring and Evaluation System. For Myanmar aims at reducing HIV transmission and HIV related morbidity, mortality, disability and social and economic impact. NSP also provided a common planning and monitoring framework for all stakeholders in the



national response to HIV. National Strategic Plan on HIV/AIDS (2006-2010) then National Strategic Plan on HIV/AIDS (2011-2015).

2. National AIDS Committee

National response to HIV/AIDS is currently being implemented with guidelines given by the multi-sectoral National AIDS committee which has been formed since 1989, and also in accordance with the National Strategic Plan on HIV/AIDS (2006-2010) developed in a participatory approach with various stakeholders and proceed to National Strategic Plan on HIV/AIDS (2011-2015) which is being implemented now.

3. National Strategic Plan (2011-2015)

Aims of the National Strategic Plan are reducing HIV transmission and HIV related morbidity, mortality, disability and social and economic impact. NSP also provided a common planning and monitoring framework for all stakeholders in the national response to HIV. The NSP (2011-2015) will also be the National framework to scale up activities to achieve the MDGs and Universal Access goals in time.

4. National Strategic Directions

There are 13 National Strategic Directions as follows; 1) Sex workers (FSW) and their clients, 2) Men who have sex with men (MSM), 3) Drug users, 4) People living with HIV, their partners & families, 5) Institutionalized populations, 6) Mobile population, 7) Uniformed services, 8) Young people, 9) Workplace, 10) Prevention for workmen and men of reproductive age, 11) Comprehensive care, support and treatment, 12) Enhancing the capacity of the health system, 13) Monitoring and evaluation.



5. Intervention 18. Enhancing Prevention, Care, Treatment and Support in the Workplace

Target group is employees or formal and informal workplaces and their families. Priority to business with large workforce, businesses linked to mobile populations, and businesses related to sex work. Priority business sectors include mining, construction, seafarers, truck drivers, accommodation and entertainment. Main activities are to ensure availability and equitable access to a combination of prevention, treatment, care and support services that are highly effective because they are flexible, tailored and targeted by age, gender, location and transmission behaviour.

6. Current Activities of the National AIDS Programme

Myanmar has scaled up the implementation of 100% TCP programme which has been implemented, coordination meetings, advocacy meetings, Syndromic Management Training on STIs for BHS, Peer Education and Awareness Raising activities are being conducted. The prevention of HIV transmission among women together with treatment, care and support for women infected with HIV are being carried out through coordinated efforts of National AIDS Programme and related programmes under Department of Health such as Reproductive Health, Women and Child Health Development Programmes, National NGOs.

In Myanmar, Prevention of mother to child transmission of HIV (PMTCT) was initiated since 2001. Scaling up of Prevention of mother to child transmission of HIV (PMCT) activities has been made with coverage of 210 townships and 38 hospitals including State and Regional hospitals. Multidisciplinary State/Regional PMTCT Training teams were formed and conducted Advocacy meetings, Township trainings, community mobilization at programme townships. With the introduction of UNITAID supported PMCT Scale up activities more HIV positive mothers will be provided with Anti-Retroviral Therapy and HIV status of babies



born from HIV positive mothers can be detected earlier by the use of Dried Blood Spot PCR method. In order to enhance access to comprehensive HIV prevention, care and treatment, special emphasis is given to scaling up of HIV testing and counseling (HTC) services including VCCT which is one of the most important public health interventions. Aiming to develop a standardized HIV testing and counseling guidelines, a timeline and agreed work plan for proposed critical activities and actions for facilitating scaling up HIV testing and counseling in Myanmar, a workshop on reviewing and revising HTC including VCCT guideline was conducted in Nay Pyi Taw with all partners and UN agencies during 2010.

7. National Response to the HIV Epidemic

The reach and effectiveness of services for HIV prevention, treatment and care are constrained by the various factors. The population is spread over a large geographic area with diverse ethnicity including many different languages. Communication and transport facilities are poorly developed. The health system is poorly resourced with regard to infrastructure and equipment. There is scarcity of appropriately skilled human resources, notably in rural and remote areas. Some parts of the population are hard to reach due to geographical isolation such as in the remote mountainous area and ongoing security concerns due to conflict, mainly in border areas. Widespread poverty forces people to engage in unsafe behavior and be in situations of high risk.

C. Selected Best Practice(s):

HIV AIDS Programs by Myanmar Business Coalition (MBCA)

1. Brief Description

Strategy of MBCA is to mobilize the private sector into becoming involved in the HIV business response, fighting stigma and discrimination, protecting its own workforce from HIV and its impact; contributing, supporting and leading the community, at



national and regional levels in the fight against the spread of HIV infection. As a business coalition established by the private sector to assist businesses in combating the most significant new health threat of the past century, “HIV”. Care is taken to ensure project relevance and sustainability for the continuity of activities beyond the project phase.

2. Goal and Objectives of Program

Objectives of program are to involve businesses and encourage participation at different levels, to initiate business awareness and adopt business to advocacy, to facilitate localization, governance and sustainability. Effective coordination is sought through the establishment of “business AIDS networks”, and public-private civic partnerships.

3. Activities of Programme

Main activities of programme are awareness and advocacy. From 2002, MBCA has demonstrated the desire and commitment to successfully fight HIV/AIDS in its own backyard-the businesses and workplaces of Myanmar. Since 2002, MBCA has implemented workplace education and training programs throughout Myanmar, covering several hundred private organizations with 50,000 employees. MBCA aims to raise awareness in the business community of the impact of HIV and assist businesses to protect their own human resources. This includes assistance in developing and implementing workplace programs and policies. MBCA encourages businesses to advocate for the HIV cause by organizing advocacy meetings and forums. Condom demonstration and correct usage of condoms are included in the educational sessions and MBCA has distributed over 60,000 condoms during the educational sessions.



4. Workers and Families Health Education Session in Workplace

MBCA's regular services are designed to assist businesses and communities in their HIV response: Executive Briefings; Human Resource Managers' Workshops; Staff training; Peer Education Training; Train the Trainers; Coordination between service agencies and companies; assistance in development of workplace policies; development and implementation of HIV workplace programs; capacity building of health-care services in businesses counseling and consultation services; providing a forum and network for businesses and implementing partners to share and coordinate.

5. Material or Tool

MBCA's main tool is health education and has given public health talks, exhibition, contests, posters, video shows, and articles in media for extensive coverage of the general public and workers at large. To date MBCA has participated in and conducted more than 40 community events such as Pagoda festivals, exhibitions, public talks, competition and video shows.

6. Focused Coverage

MBCA's education sessions for its target population which is the workers and families are more intensive and tailor made to ensure that the targeted population gets the full message and content of the sessions. The sessions are tailor made to its audience and to the needs and situation of the workplace. It can be one hour or one day or three days session. MBCA conducts its own workers education sessions or through training of trainers or peer education program. To date MBCA has conducted over 600 awareness and reached over 40,000 workers and families and have given HIV sessions to an estimated fifteen thousand seafarers.



7. Intensive Coverage/Behaviour Change

MBCA focuses not only on education but to bring about behaviour change in vulnerable groups. As behaviour change in a person can be made through friends, families and immediate supervisors if the relationship is friendly and cordial, MBCA focuses on peers and supervisors to affect the change. MBCA has selected the peer education approach and mentoring approach through regular small group discussion to initiate and sustain behaviour change in the most vulnerable group. Advices to the managers concerned are sometimes given when assistance is sought. MBCA focuses on the vulnerable group and has focused on seafarers and on mobile workers for intensive coverage.

8. Funds Flow Mechanism and Financial Support

Funds flow mechanism of programme include direct disbursement, reimbursement and some advances. The only substantial country wide fund flow mechanism is that operated by 3DF. The proposed one fund flow modality would rely on coordinated health funds management to handle a number of district funds through one manager and could explicitly accommodate the various policies and additional safeguards without compromise.

Myanmar is part of the group of least-developed countries and receives very low levels of development assistance. Termination of the round 3 grant of the Global Fund to Fight AIDS, Tuberculosis and Malaria caused a significant reduction in funding for HIV.

Working with the Ministry of Health, 3DF was established as a competitive fund. At this time, the funding remains unclear. The current level of financial support from 3DF to HIV is no longer be maintained. Global Fund Round 9 resources brought in by the limited number of donors and INGOs.



9. Implementers of Program

MBCA educators and volunteers have given numerous small group sessions and over 50 courses of peer education trainings covering over 750 workers and families. MBCA has given 18 counseling trainings to over 180 participants who are human resource managers, medical officers and peer educators.

D. Recommendations at National and Regional Level

According to **“ASEAN Guidelines on Essential Workplace Action for Enterprises on Prevention and Management of HIV and AIDS in ASEAN Member States”** there are testing of HIV as pre-employment assessment, assessment for re-entering to job are unnecessary instead of this VCCT is recommended. That is in line with ILO Recommendation No. 200, 2010. Discrimination of people living with HIV in Employment, promotion, continuation at job is avoidable. The social AIDS and appropriate condition should be accessible by HIV people according to occupational policy.

THE PHILIPPINES



A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

In the early to mid 2000s, the HIV/AIDS prevalence rate in the Philippines has been typically described as “low and slow”, where the target of keeping prevalence to only 1% or less of the total population, has been kept for a significant period of time since the case first came to attention in 1984. Experts however, have changed their description of the trend during the last five years, where the latest figures from the Philippines National HIV/AIDS Registry indicate the rising cases of HIV/AIDS.

From 1984 to 2014, there were 16,964 HIV cases reported, of which 15,401 (91%) were asymptomatic and 1,563 (9%) were AIDS cases. Eighty-nine percent (15,094) were male. Ages ranged from 1-81 years (median 28 years). The age groups with the most number of cases were: 20-24 years (22%), 25-29 (30%), and 30-34 years (19%).

The United Nations Global Report in 2010 also noted that while the general trend of HIV epidemic in the world is declining, the Philippines is one of seven countries to have registered more than 25% increase in HIV incidence.

In several urban and highly populated settings, and amongst most-at-risk communities, HIV prevalence has breached the one-percent benchmark. There has been an exponential increase in reports of new cases among the Most-At-Risk Populations (MARPs) like People in Prostitution (PIP), Men Having Sex with Men (MSM), and Persons Who Inject Drugs (PWIDs). Moreover, the age groups found with the most number of reported cases are in the productive ages of 20 to 39 years, and are equivalent to 80% of the total population infected with the epidemic.



The workplace is a strategic place to reach women and men workers since this is the setting where they spend much of their waking hours. Workplace-based HIV/AIDS policies and programs can facilitate access to prevention, treatment, care and support services for the workers and their families and dependents, thereby reaching out to the community as well.

B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

The Philippines promulgated into Law, Republic Act 8504, or the Philippines' AIDS Prevention and Control Act of 1988, which ensures the full protection of the rights and civil liberties any person suspected and positive for HIV and shall promote public awareness on HIV/AIDS in schools and training centers, workplaces and communities. Following the passage of RA 8504, the Department of Labor and Employment (DOLE), developed initiatives to strengthen the workplace component of the HIV/AIDS prevention program. On the policy development area, the DOLE has been an active member of the Philippine National AIDS Council (PNAC), the country's lead institution in policy and program development on HIV/AIDS. It has activated the HIV/AIDS Prevention Program at the Workplace with the issuance of several orders, such as the DOLE Administrative Orders No. 236-96 and 38-03 (creating the an Inter-Agency Committee on Workplace Based Strategies on HIV/AIDS); DOLE Memorandum Circular No. 02, 2000 (Guidelines on the Workplace Component of RA 8504); DOLE Department Order No. 56-03 (Rationalizing the Implementation of the Family Welfare Program of the DOLE where HIV/AIDS is a subject of advocacy under its Reproductive Health component); and more recently, the DOLE Department Order No. 102-10 (Guidelines for the Implementation of the HIV/AIDS Prevention and Control at the Workplace).



C. Selected Best Practice(s):

1. Policies on Workplace HIV Prevention Program:

DOLE Department Order No. 102-10 (Guidelines for the Implementation of the HIV/AIDS Prevention and Control at the Workplace) aimed at strengthening workplace response, it specified that it will be applicable to all workplaces and establishments in the private sector. More importantly, it made mandatory a policy on HIV/AIDS and a workplace program for all private workplaces. It set bipartite collaboration between workers and management in the development and implementation of the policy and the program. It also identified the components of a workplace policy and program such as advocacy, information, education and training. It emphasized non-discriminatory policies and practices, confidentiality and work accommodation and arrangement as inclusions in the policy and program. Establishments are also tasked to set up a referral mechanism for workers to access services of the nearest social hygiene clinics, and/or private and government health service providers, and positive community or HIV support groups. It also set the roles and responsibilities of employers and workers, and more importantly, the consequences of policy and program violations.

Following the issuance of this mandatory Department Order for private establishments, the number of companies developing workplace policy and program on HIV/AIDS started to increase, although much work still needs to be done for all establishments to comply with this order.

2. CHANGE project of the ILO, WHO, Department of Labor and Employment, Department of Health, Employers and Workers Organizations

CHANGE is an acronym for Cigarette Smoking, HIV/AIDS and STIs, Alcohol and Drug use, Nasal and Lung Ailments and TB,



Good Nutrition and Exclusive Breastfeeding, and Exercise; a comprehensive workplace health and wellness campaign to enable workers to make healthy choices to improve their-well-being and overall performance. This program also ensures compliance to Philippine laws and other policy instruments as well as international labor standards. CHANGE provides awareness on HIV/AIDS as well as other emerging lifestyle related concerns through a package of interventions that are practical tools that will guide managers and workers in setting up a package of workplace based activities.

The CHANGE package of interventions that are provided to the workplaces are:

- A How to Guide on Starting a Workplace Policy and Program on Promoting Healthy Lifestyles, the objective of which is to create and enabling environment for positive health and lifestyle changes;
- A How to Guide on Communicating CHANGE, which includes a behavior change communication strategy, peer education program and a trainers' training program for peer educators; and
- A Monitoring and Evaluation Tool to Measure CHANGE in the workplace.

SINGAPORE



TITLE OF PROJECT:

Workplace Infectious Disease Education (WIDE) Programme.

DESCRIPTION OF PROJECT:

There are around 4,000 people known to be living with HIV in Singapore today, four out of five (79%) of them between 30 to 59 years old, the most economically productive age group. As such, the workplace plays an important role in HIV prevention and control.

Since 2006, HIV/AIDS education programmes have been in place to encourage workplaces to inform their employees on HIV/AIDS. The uptake of such programmes however has been low due to the social stigma associated with the disease.

The Health Promotion Board (HPB) then consulted with the AIDS Business Alliance on ways to promote workplace education of HIV/AIDS. A key recommendation from the Alliance was to integrate other infectious diseases of concern in Singapore (Influenza and Tuberculosis) with HIV/AIDS. In August 2011, HPB, in partnership with the Singapore National Employers Federation (SNEF), launched the WIDE programme - an integrated infectious disease education programme for the workplace.

OBJECTIVE OF PROJECT

The WIDE programme aims to increase the working population's understanding of HIV/AIDS, Influenza and Tuberculosis. Increasing knowledge on symptoms, transmission and prevention of these diseases can dispel myths and reduce stigma. This will in turn encourage accurate risk perception as well as create a supportive environment for employees living with HIV.



IMPLEMENTATION:

The programme was developed by HPB and promoted to the workplaces through SNEF's extensive industrial networks and meetings. Companies were encouraged to take up the programme for a week, which was offered to them at no cost. HPB and SNEF continued to work closely together to improve the programme.

PRODUCTS

The WIDE programme consists of 3 components of education:

1. Workplace Talks

Employees are introduced to the symptoms, transmission and prevention methods of HIV/AIDS, Influenza and Tuberculosis during a one-hour lunchtime talk.

2. Interactive Roving Exhibitions

3 touch-screen exhibits are deployed to the workplace for a week. The exhibits complement the workplace talks and provide educational information on HIV/AIDS, Influenza and Tuberculosis.

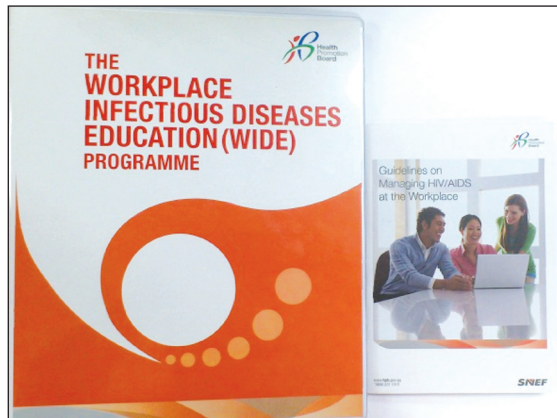


Picture 1. Interactive touch-screen exhibits

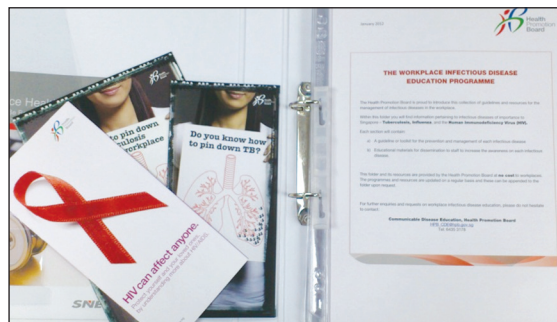


3. Print Materials

HPB and SNEF jointly produced an employer's handbook-Guidelines on Managing HIV/AIDS at the Workplace. This is housed along with other print materials in the WIDE resource folder that is actively distributed to managerial staff. Additional print materials are available to companies upon request.



Picture 2. The WIDE folder along with the guidelines on managing HIV/AIDS at the workplace



Picture 3. Print materials within the WIDE folder



OUTCOMES

The WIDE programme was launched in August 2011. In the following 1½ years, 72 companies took up the WIDE programme, including blue collar and white collar companies. In contrast, an average of 25 companies took up the standalone HIV programme on an annual basis.

FUNDING

All materials and manpower costs for WIDE are funded by HPB.

IMPLEMENTER

HPB in partnership with SNEF.

CHALLENGES

In promoting HIV/AIDS education to the workplaces, companies were initially hesitant to take up a standalone HIV/AIDS workplace education programme launched by HPB in 2006. To overcome this, HIV/AIDS was repackaged into the WIDE programme, combining other infectious diseases of importance such as Influenza and Tuberculosis. This was more palatable to the general population and provided greater access to workplaces.

Contact details for further information:

Communicable Disease Education, Health Promotion Board
HPB_CDE@hpb.gov.sg

THAILAND



A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

At present, a number of the AIDS patients in Thailand are 376,274 cases (255,923 males and 120,315 females) and the total number of the AIDS deceased are 97,344 cases until now. The trend of the AIDS patients and the AIDS deceased have been decreased than the past because the treatment with the Anti-HIV drug helps the AIDS patients to live long or with the better of quality of life. Almost the AIDS patients are the work-force age and the reproductive age (the age group of 15-59 years) that's approximately 94.04% which mostly 25.01% found in the age group of 30-34 years. The complications of the opportunistic infections found in the AIDS patients having the 3rd highest ranking are Mycobacterium tuberculosis, pulmonary or extrapulmonary that's approximately 113,395 cases (30.14%), 72,683 cases of Pneumocystis carinii pneumonia (19.32%), and 70,902 cases of Wasting Syndrome (Emaciation, Slim disease) (18.84%) respectively.

(data from Bureau of Epidemiology, Ministry of Health, September, 2012).

B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

The implementation on prevention and management of HIV and AIDS in the workplaces under the Department of Labour Protection and Welfare (DLPW) has applied the principles of Constitution of the Kingdom of Thailand, B.E. 2550 (2007), the Labour Protection Law and the relevant laws, policies and the international instruments, such as the Criminal Code, the Civil and Commercial Code, the ILO Code of Practice on HIV/AIDS and the world of work, the ILO Recommendation concerning HIV/AIDS and the world of work, 2010 (No. 200), UN Declaration of



Commitment on HIV/AIDS, Universal Declaration of Human Rights, International Convention on the Elimination of All Forms of Racial Discrimination (CERD), Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), Equal Remuneration Convention, 1951 (No. 100), Discrimination (Employment and Occupation) Convention, 1958 (No. 111) and the National Policies on the AIDS examination under the National Committee on the HIV/AIDS Prevention and Solution chaired by the Prime Minister.

C. Selected Best Practice(s):

1. The Ministerial Notification Concerning a Guideline on HIV/AIDS and Tuberculosis Prevention and Management in the Workplace

The Department is the main agency responsible for labour development aiming to the quality of working lives and security of work leading to enhance the capability of the country's competitiveness. The Department realizes how important the HIV/AIDS problems to the labourer are, so the Department has set up policies on labour welfare implementation, especially health issue relating to HIV/AIDS problems. The Department has focused on the prevention measures to protect any workers from the HIV/AIDS infection as the first priority. The next priority is to promote the labour rights of any workers who are the HIV/AIDS infected persons through promotion and encouragement workplaces applying and implementation of the above Ministerial Notification declared on 25th July, 2012. It would support the workplaces to have their guidelines concerning this issue at the same time aiming to the quality of working lives and security of work as basis of beneficence. Furthermore, it will bring about a good affect on the business running which is an important mechanism to drive the overall of the national economic and its advancement.



2. The Main Points of the Above Ministerial Notification

This guideline could be applied to an employer, an employee, an employer's organization, an employee's organization including an informal sector and an applicant in all types and all size of the workplaces. The synopses are as follows:

(a) The Objectives:

To promote a consultation and enhance collaboration between the concerned agencies, i.e. public sectors, employers, employees, HIV infected persons, AIDS patients, tuberculosis patients, effected persons, community leaders and Non-governmental organizations (NGOs) on implementation HIV/AIDS and Tuberculosis prevention and solution aiming to promote the workplaces to apply this guideline in their workplaces voluntarily.

(b) Setting the Policies on HIV/AIDS and Tuberculosis in a Workplace:

A workplace has to set up the policies on HIV/AIDS and Tuberculosis prevention and management in written considering the gender orientation and the gender equality as the main principles. These policies are set up as basis of the protection of human rights, the promotion of cohabitation, the promotion of HIV/AIDS and Tuberculosis prevention, the assistance with care of the AIDS patients and the tuberculosis patients and the promotion of the treatment access. The workplace conducting this measure has to post a notice about its policies in the workplace, explain and make understanding the policy's details to the executives and all level of employees.

(c) An Employer's Roles:

An employer has to set up the policies on HIV/AIDS and Tuberculosis prevention and management in the workplace, to allocate the budget for implementation of the plan, to monitor and



supervise the implementation of these policies, the plan and its performance. Furthermore, he or she has to review and improve those implementation continually.

(d) An Employee's Roles:

An employee has to study and try to understand the implementation on HIV/AIDS and Tuberculosis prevention and management in the workplace, to participate in the employer's activities, to assist the employee's colleagues who are infected with HIV or the AIDS patients or the tuberculosis patients and the effected persons without any distaste, to prevent himself/herself from infection of HIV and Mycobacterium tuberculosis. In case of the HIV infected employees or the AIDS patients or the tuberculosis patients have to take care their health according to the physician's advice and to prevent their transmission to the other persons.

(e) The Government Official's Roles:

To promote, monitor and evaluate on the implementation on HIV/AIDS and Tuberculosis prevention and management in the workplace, to provide the knowledge and make an understanding as well as enhance the skills concerning the above-mentioned implementation, to coordinate and support the implementation on these issues for both domestic and foreign agencies including the relevant NGOs.

3. The Achievements:

To conduct the Department's affairs relating to the implementation on prevention and management of HIV/AIDS in the workplaces as well as the implementation on HIV/AIDS and Tuberculosis prevention and management in the workplaces, the Department has signed the collaboration agreement with Thailand Business Coalition on AIDS (TBCA) for the implementation on HIV/AIDS and Tuberculosis prevention and solution including enhancing the workplaces to participate in the project according to the above



ministerial notification. At present, there are 10,802 workplaces joining the project and passing the evaluation criteria on the AIDS management and 5,369 workplaces joining the project and passing the evaluation criteria on HIV/AIDS and Tuberculosis prevention and management. More than 800,000 employees getting the information relating to the HIV/AIDS and Tuberculosis prevention, the basic human rights concerning discrimination on employment and occupation caused by the HIV infection. Furthermore, it would be assured of the security of work for the HIV infected employees provided that they could work as well as the tuberculosis patients who are completely cured and are able to work efficiently.

D. Recommendations at National and Regional Level

1. The National Recommendations

To make a success of the implementation on HIV/AIDS prevention and solution in the workplaces, the government agencies have to realize the important of these issues by setting the concerned policies or the guideline for the workplaces's implementation and receiving the employers or the entrepreneurs' cooperation. The government agencies, therefore has to create the workplaces' awareness concerning the essential of this implementation, it will improve the quality of working lives of the employees leading to high productivity of the employees as well as the workplaces.

2. The Regional Recommendations

It should compile the best practices on the implementation on HIV/AIDS prevention and solution in the workplaces from each country in ASEAN to compare and evaluate those implementation bringing about to create an ASEAN model concerning this issue and to implement in the same direction among the ASEAN countries.



VIET NAM

A. General Information of the Country Profile Related to the Issue (Data/Statistics on HIV/AIDS at the Workplace)

The first case of HIV infection was detected in Viet Nam in December 1990 in Ho Chi Minh City. By 1998, HIV epidemics have occurred in all provinces/cities across the country. According to the Ministry of Health, by November 30th 2013, the total number of people living with HIV is 216,254 people nationwide; the total number of people living with AIDS is 66,533 people; the total number of people dying from HIV is 68,977 people.

Over 90% of the districts and 70% of the communes/wards across the country have discovered HIV infection cases. The infections were detected in all groups of population including the rich, the poor, the low educated, the highly educated, people living in urban or rural areas. It can be said that anyone could be at risk of HIV infection if they do not know how to prevent it. The HIV infected people tend to be at younger age. The rate of HIV infected people aged from 20 to 29 increased from 15% in 1993 to 55% in 2005. According to the Ministry of Health, HIV infected people aged from 20 to 39 accounted for 84% of total number of detected HIV infection cases in 2012.

From the above figures, it can be clearly seen that HIV/AIDS will impact directly to Vietnamese workforce. In Viet Nam, during the last 15 years, the industrial zones have been established in most cities/provinces, especially in Hanoi, Hai Phong, Ho Chi Minh City, Dong Nai, Binh Duong, Thai Nguyen, etc... Along with the development of the industrial zones, the labour immigration from the provinces to cities has increased. At the same time, social services in the community has rapidly grown such as: housing, catering services, entertainment, etc. On the good side, these social services create favorable conditions for the daily life of



workers in the industrial zones since when many migrant workers need accommodation and services around industrial zones. On the bad side, social services around the industrial zones such as entertainment and relaxing services contain the daily potential risks of HIV/AIDS infection for the workers, especially young workers who are far from home and their understanding on prevention of HIV infections through sexual transmission is still very limited. In 2013, a small survey with 50 workers from 50 enterprises in 11 provinces/cities shows that 28/50 workers did not understand the real concept of HIV and AIDS; 48/50 workers did not know the legal documents related to the implementation of activities on HIV/AIDS prevention and control at workplace; 34/50 workers considered HIV/AIDS as a negative social issue.

Despite the alarming rate of HIV/AIDS, which has affected the global development (especially in Africa), in Viet Nam, many leaders of agencies/businesses are have not yet paid attention to this issue and still consider HIV/AIDS control and prevention as none of their business. The above mentioned survey shows that 19/50 employers did not have information on the status of HIV/AIDS (no response to the questions on the number of HIV infected people in Viet Nam); 43/50 employers said they did not have specific policies or regulations related to HIV/AIDS. Many employers do not know that their companies must implement the HIV/AIDS prevention and control at workplace.

B. Laws, Policies, Programs on Prevention and Management of HIV & AIDS at Workplace: Achievement Challenges and Gap

1. Achievements

Viet Nam is a country quickly responded to the challenge of HIV/AIDS. Legally, regarding HIV/AIDS prevention and control, since 1995, the Ordinance on HIV/AIDS prevention and control was issued by the Standing Committee of the National Assembly which was then followed with many Decrees, Decisions and Joint Ministerial



Circular stipulating the detailed implementation of this document. In 2004, the Government issued Decision No. 36/2004/QĐ-TTg approving the National Strategy on HIV/AIDS prevention and control 2010-2020. In June 2006, the National Assembly of the Socialist Republic of Viet Nam approved the Law on prevention against acquired immunodeficiency syndrome (HIV/AIDS). The Law took effective from 1st January, 2007 including the stipulations on HIV/AIDS prevention and control at workplace (*Article 14*).

On December 2010, the Minister of Health issued Decision No. 4744/QĐ-BYT on issuing “**Guidelines for Implementation of HIV/AIDS Prevention and Control at Workplace**” which also lists the negative impacts of HIV/AIDS on businesses and the benefits from implementing HIV/AIDS at workplace to enterprises; Guidelines on establishment of organizational systems and policy development on HIV/AIDS prevention and control at workplace; Guidelines on planning and implementation of activities on HIV/AIDS prevention and control at workplace.

On 8th August 2011, the Government issued the Decree No. 69/2011/ND-CP stipulating fines to administrative violations against preventive medicine, medical environment and HIV/AIDS prevention and control including: violations on information, education and communication on HIV/AIDS control and prevention (*Article 18*); violations on HIV testing and counseling (*Article 19*); violations on HIV care and treatment (*Article 20*); violations on anti-discrimination against people living with HIV (*Article 22*); violations on HIV/AIDS prevention and control (*Article 23*).

On 25th May 2012, the Government issued Decision No. 608/2012/QĐ-TTg approving the National Strategy on Prevention and Control against AIDS in Viet Nam 2020-2030.

2. Programmes

Over the past 10 years, Viet Nam has continuously received significant support from bilateral and multilateral organizations to raise awareness and prevent HIV/AIDS¹.



The above supports have helped the Vietnamese Government to reduce the rate of HIV/AIDS in recent years (the rate of new HIV infections has decreased, the number of HIV-related deaths has decreased, the number of people accessing ARVs has increased; etc).

For the HIV/AIDS prevention and control at workplace, some international organizations have sponsored initiatives on HIV/AIDS Prevention and Control HIV/AIDS at workplace in order to raise responsibilities for managers of agencies/enterprises on managing and preventing HIV transmission among workers, and staffs². The support of the above projects has initially created good models of HIV/AIDS prevention and control at workplace. It is estimated that 300-400 businesses have now established their Steering Committee issuing policies related to HIV/AIDS at workplace and planning to organize activities of HIV/AIDS prevention and control for workers annually.

¹ Centers for Disease Control (CDC) and the United States Agency for International Development (USAID) are two of the dynamic sponsors who started support activities through project (LIFE) or through the activities of non-government organizations such as FHI, DKT, International CARE, the U.S. Children's Fund, PATH organization. Other Governments (such as the Government of Australia through the Australian International Development Agency (AusAID), Government of Canada, projects for HIV/AIDS/STD of GTZ (Germany), Government of Japan, Netherlands, Sweden) also support projects and programs on HIV/AIDS prevention and control of the Government of Viet Nam, Organizations such as Asian Development Bank (ADB), the European Community (EC), United Nations Drug Control Programme (UNDCP), programmes of the United Nations on HIV/AIDS (UNAIDS), Children's Fund of the United Nations (UNICEF), the World Health Organization (WHO); The World Bank (WB), etc, and especially PEPFAR Programme in recent years.

² For over 10 years, many projects against HIV/AIDS at workplace have been implemented such as the project of CARE International Organization deployed in Quang Ninh and Hanoi; Ford Foundation sponsored the Chamber of Commerce and Industry of Viet Nam to conduct experimental activities supporting 50 enterprises in 10 provinces/cities; some small projects on educational activities of HIV/AIDS prevention and control in the field of tourism and industry funded by PATH, International CARE and American Children Fund were implemented. Project on "Strategically Coordinating and Managing Solutions of HIV/AIDS Prevention and Control" (SMARTWork Viet Nam Project) was carried out from 2003 to 2008 in 15 provinces/cities (Hai Phong, Thai Binh, Quang Nam, Dong Nai, Ho Chi Minh City, Ba Ria - Vung Tau, Quang Ninh, Hung Yen, Hai Duong, Vinh Phuc, Thai Nguyen, Khanh Hoa, Nghe An, Binh Duong, Hanoi) with the participation of over 100 companies in 15 provinces/cities. Sub-project 2.4 was carried out by Chamber of Commerce and Industry in Viet Nam in the period 2005-2010 in 4 cities/provinces (Nghe An, Ha Noi, Lam Dong, Khanh Hoa) with the participation of about 200 small and medium enterprises. One part of the Chamronics project on HIV prevention and control at workplace was carried out during the period 2008-2013 in 07 cities/provinces (Quang Ninh, Ha Noi, Hai Phong, Nghe An, Khanh Hoa, Ho Chi Minh City, and An Giang), with the participation of about 100 enterprises. Moreover, several organizations/companies such as GTZ, Heineken, Unilever, Chevron, etc.. have implemented activities on HIV/AIDS prevention and control.



Derived from supporting businesses in implementation of HIV/AIDS prevention and control at workplace, the Chamber of Commerce and Industry of Viet Nam (VCCI) found that there should be an organization to promote and support the business community in implementing HIV/AIDS prevention and control in a sustainable manner. VCCI has developed a project to establish the Coalition of HIV/AIDS prevention and control in Vietnamese business community. In May 2012, the Ministry of the Home Affairs approved the establishment of the Coalition and issued the Decision approving the Charter of Viet Nam Business Coalition on HIV/AIDS (VBCA) in December 2012. VBCA has officially operated since 1st December 2013. This achievement represents the sustainability of projects related to HIV/AIDS at workplace in Viet Nam.

3. Challenges and Gaps

Despite the above mentioned results/achievements, there is still a big challenge that the number of enterprises implementing activities on HIV/AIDS prevention and control at workplace is too small (about 400 out of 500,000 enterprises operating in Viet Nam). On the other hand, the projects on HIV/AIDS prevention and control at workplace are mostly concentrated in a few provinces/cities while many mountainous areas, remote areas are not included.

In addition, there are existing problems related to HIV/AIDS prevention and control at workplace as follows:

Firstly, although provinces/cities have the Steering Committee on HIV/AIDS prevention and control, the inter-cooperation between the Departments, Sectors, Associations, Unions and the businesses in the prevention of HIV/AIDS still lack the national strategic coordination. Furthermore, as, HIV/AIDS prevention and control at workplace is a cross-cutting issue which needs the involvement of the Ministry of Labor, Invalids and Social Affairs,



Ministry of Health and other related agencies while the cooperation among these agencies is still low. The main reason is the lack of expertise of officials in charge HIV/AIDS and limited budget which lead to the less coordinating support for businesses in this regard.

Secondly, many business managers are not aware of legal documents related to the implementation of HIV/AIDS prevention and control. Therefore, many businesses are not interested in implementing activities of HIV/AIDS prevention and control and even violate laws including discrimination against people living with HIV, dismissing workers living with HIV, etc.

Thirdly, most businesses do not have officials having expertise or knowledge about HIV/AIDS to implement communication activities to raise awareness of officials and employees. Limited communication documents on HIV/AIDS and limited understanding on the available services in the community. This leads to the fact that some businesses want to implement programs on HIV/AIDS prevention and control at workplace but they do not know how to start.

Fourthly, in recent years, the provinces/cities across the country have developed many industrial zones for the local social-economic development. The development of industrial zones comes along with the increase of labor force immigration from rural areas to urban areas and industrial zones while these migrant workers have limited knowledge with regard to potential risks of HIV infection and other sexual transmitted diseases.

Fifthly, although VBCA is the focal point to mobilize and support businesses in implementing activities on HIV/AIDS prevention and control at workplace, it has just been operated since 2013 so its professional capacity is still limited. Moreover, the Coalition has to fund its own operation, therefore, its support for businesses is still very limited.



C. Selected Best Practice(s):

1. Project on “Strategically Managing And Responses Together” (SMARTWork Viet Nam)

The project focuses on provision of technical assistance for businesses to establish Steering Committee of HIV/AIDS prevention and control; develop and approve their policies related to HIV/AIDS by their own. Therefore, on the basic of their policies, businesses can develop their annually specific action plan on HIV/AIDS prevention and control.

The project was implemented in the period of 2003-2008 in 15 provinces/cities across the country (Hai Phong, Quang Ninh, Quang Nam, Khanh Hoa City., Ho Chi Minh City, Binh Duong, Dong Nai, Ha Noi, Hai Duong, Hung Yen, Thai Nguyen, Vinh Phuc, Nghe An, Thai Binh, Ba Ria - Vung Tau).

The goals of the project are to raise awareness of HIV infection prevention and control for officials and employees, protect human resources of the businesses from HIV/AIDS. Ministry of Labour-Invalids and Social Affairs is the project manager. The main partners involved in the project is based on tripartite model (Ministry of Labour-Invalids and Social Affairs as government agency, the Vietnam Chambers of Commerce and Industry representing the employers and Viet Nam General Confederation of Labour representing the employees). Outputs are the policies on HIV/AIDS prevention and control which are issued and implemented by businesses.

The project is funded by PEPFAR Programme.

Project Implementation Unit is Academy for Educational Development (AED) Office in Hanoi.



2. Model of Pha Lai Thermal Power Corporation

(a) Legal Background

Decision No. 1796/QD-PLPC-TCLD dated April 11th 2011 of General Director of Pha Lai Thermal Power JSC on the establishment of Steering Committee on HIV/AIDS prevention and control.

Decision No. 2137/QD-PPC-TCLD dated May 5th 2011 of the General Director of Thermal Power JSC issuing Policy on HIV/AIDS prevention and control for workers, officials.

(b) The Main Contents of the Policy on HIV/AIDS of the Company are:

- Communicate policies and laws of the Government on HIV/AIDS prevention and control;
- Provide other supports such as condom distribution, drug and prostitution prevention programs, work safety, etc;
- Provide medical services and treatment for sexual transmitted diseases;
- Facilitate access to counseling services and voluntary testing. Organize counseling, care and support for people living with HIV/AIDS;
- Facilitate integration opportunities;
- Care for and protect the rights of individuals actively participating in voluntary activities on HIV/AIDS prevention and control.

(c) Method of Implementation:

The Steering Committee on HIV/AIDS Prevention and Control is responsible for implementing this policy throughout the company, reporting results of operations, results of HIV/AIDS and social issues prevention and control of the Company to General Director and Standing Committee of Trade Unions upon request by their superiors and the stakeholders.



Once a year, the company carry out reviewing and evaluating results of operations and may amend and supplement policies if necessary.

Expenditure for activities on HIV/AIDS and social issues prevention and control under existing regulations is funded by the Company and supported by the VCCI and Trade Unions of the Company.

D. Recommendations at National and Regional Level

1. National Level:

- The relevant Ministries and Departments to strengthen cooperation and continue promulgating documents guiding the implementation of activities on HIV/AIDS prevention and control at workplace, especially the guidance documents relating to expenditure and accounting record for activities of HIV/AIDS prevention and control in businesses, manufacturing and service facilities in accordance with Directive No. 0516/CT-TTg dated May 22nd 2012 of the Prime Minister;
- National Commission on HIV/AIDS, drugs and prostitution prevention and control to study the current situation of the implementation of Directive No. 54/CT-TW in some provinces/cities, some ministries, corporations to strengthen and direct the implementation of HIV/AIDS prevention and control in general and HIV/AIDS at workplace in particular;
- Ministry of Health to require related units to seriously report the implementation results of Decision No. 4744/QĐ-BYT dated December 8th 2010 issuing Implementation Guide of HIV/AIDS prevention and control at workplace;
- The Chamber of Commerce and Industry of Viet Nam to make HIV/AIDS prevention and control activity an criteria for awarding the annual CSR prize for enterprises.



2. Regional Level

- Promote activities for capacity building of the Trade Union/ Association of Enterprises on HIV/AIDS prevention and control in the region;
- Provide technical and financial assistance for implementation of the activities on HIV/AIDS prevention and control at workplace in the period of 2014-2018 to further promote the participation of the business community in the HIV prevention and control for workers; particularly focus on member countries who have weak professional capacity as well as limited finance;
- Promote sharing of experiences and lessons learnt on HIV/AIDS prevention at workplace and promote the roles of ASEAN Business Coalition on HIV/AIDS (BCA) and ASEAN Red Ribbon for outstanding workplace award (ARROW).

