

ASEAN Guidelines on HIV Counselling and Testing in the Workplace



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TABLE OF CONTENTS

LIST OF TERMS	iv
EXECUTIVE SUMMARY	xii
BACKGROUND	1
PURPOSE, SCOPE AND TARGET	4
Purpose.....	4
Scope.....	4
Target	4
POLICY	5
PRINCIPLES.....	5
NETWORK AND ROLES.....	11
MECHANISM.....	15
MONITORING AND EVALUATION	20
Monitoring.....	20
Evaluation.....	22
REFERENCES	23

LIST OF TERMS

Term	Explanation
AIDS (Acquired Immune Deficiency Syndrome)	The Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure.
Anti-stigma	An anti-discrimination/negative association attitude.
ART (antiretroviral therapy)	Medication to inhibit the speed of viral replication in the body of an HIV-infected person.
Company	Every form of business that is either a legal entity or not is owned by individuals belongs to a partnership or is owned by a legal entity, whether private or state-owned, employing workers/labourers by paying wages or other forms of remuneration.
Company doctor / health physician	Every doctor appointed or working in a company who is responsible for company hygiene, occupational health and safety.

Term	Explanation
Company health worker/personnel	Health worker or personnel who is appointed or assigned to carry out or assist the implementation of occupational health and safety tasks in the company under the guidance of the company doctor.
Counselling	Information communication helps patients/workers make decisions that are right for themselves and act according to their choices.
Discrimination	Terms used in these Guidelines follow the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), e.g., any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation. It also includes discrimination based on a worker's HIV status or perceived HIV status on the ground of, among others, sexual orientation.

Term	Explanation
Employers	A person or organisation employing workers under a written or verbal contract of employment that establishes the rights and duties of both parties in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.
HIV (Human Immunodeficiency Virus)	The Human Immunodeficiency Virus is a virus that weakens the body's immune system, ultimately causing Acquired Immune Deficiency Syndrome (AIDS).
HIV/AIDS counselling	The process of dialogue between counsellors and patients/workers or between health workers and patients aiming to provide clear and understandable information to patients/workers. Counsellors give time and attention to help workers learn about their situation and recognise and solve problems against the limitations of the environment.

Term	Explanation
HIV counselling and testing (HIV CT)	Sequence process of counselling before HIV testing, HIV testing, and counselling after HIV testing that is confidential to help people find out HIV status earlier and improve decision-making skills regarding HIV testing and follow-up.
HIV/AIDS counsellor	Someone who provides HIV counselling and has been trained.
HIV/AIDS prevention	Efforts to prevent someone from contracting HIV, reduce the rate of HIV transmission and mitigate its impact.
HIV positive worker	A worker who has been infected with HIV.
HIV self-testing	A process in which a person collects his or her specimen (oral fluid or blood), using a simple rapid test and then performs an HIV test and interprets the result, often in a private setting, either alone or with someone they trust.

Term	Explanation
HIV test	Testing for antibodies that are formed due to the entry of HIV into the body, or antigen testing to detect the presence of the virus itself or its components.
Informed consent	The consent/permission is granted after the person is given the information about the test.
Key populations	Groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Also, they often have legal and social issues related to their behaviours that increase their vulnerabilities to HIV. Key populations in terms of HIV are defined as men who have sex with men, people in prison or other closed settings, people who inject drugs, sex workers and transgender people.

Term	Explanation
Pre-test information	Brochures sharing and dialogues between counsellors and workers aimed at preparing workers for HIV testing and helping patients/workers decide whether to test or not and cover the information of readiness if the results are reactive/non-reactive.
Post-Test HIV counselling	Discussions between counsellors and workers or between health care providers and patients aim to convey the patient's HIV test results and help patients/workers adapt to the test results.
STIs (sexually transmitted infections)	Sexually transmitted infections, which include, among other things, syphilis, chancroids, chlamydia, gonorrhoea. It also includes conditions commonly known as sexually transmitted diseases (STDs).

Term	Explanation
Vulnerability	The term refers to socio-economic disempowerment and cultural context, work situations that make workers more susceptible to the risk of infection and situations that put children at greater risk of being involved in child labour.
Window period	A person is exposed to HIV infection until that person's body produces enough antibodies against HIV to be detected by an HIV antibody test.
Workers at risk	Workers with vulnerabilities to HIV transmission.
Workers/labourers/ workforce	Everyone who works and receives wages or other forms of remuneration.

Term	Explanation
Workers representatives	In accordance with the Workers' Representatives Convention, 1971 (No. 135), workers representatives are persons recognised as such by national law or practice whether they are: (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognised as the exclusive prerogative of trade unions in the country concerned.
Workplace	Any room or field, closed or open, mobile or fixed, where workers work, or workers often enter for a business and where there are sources of potential hazards.

EXECUTIVE SUMMARY

Voluntary HIV counselling and testing for the workforce in ASEAN is crucial since nine out of ten people living with HIV belong to the most productive age group (15-49 years). To achieve HIV/AIDS global fast-track targets, this Guideline will complement the ASEAN Guideline on Essential Workplace Action for Enterprises in the Prevention and Management of HIV and AIDS in ASEAN Member States (AMS). Each AMS is welcomed to adopt the recommendations in conjunction with their prevailing national legislation and policies.

This ASEAN Guidelines on HIV Counselling and Testing in the Workplace is targeted for the governments of AMS, the ASEAN Business Coalition on HIV/AIDS (ASEAN-BCA), national business coalition on HIV/AIDS, companies (public and private sectors), employers and their representatives, workers and their representatives, HIV/AIDS-related Non-Governmental Organisations (NGOs), national or commercial health insurers, donors or other funding agencies related to HIV/AIDS and civil society organisations (CSO). Existing policies in individual AMS and at the enterprise level may apply for HIV counselling and testing for the workforce at the workplace or other settings and may be done in consultation with relevant ministries.

The principles of Voluntary HIV Counselling and Testing (VCT) in the workplace consist of the protection of workers' rights, non-discrimination, voluntary, consent, confidentiality, concise HIV pre-testing information, counselling after HIV testing (post-testing), gender equality, inclusiveness,

a holistic approach, collaboration, prevention and meaningful community engagement.

Inter-sectoral collaboration and strategic partnerships are needed to connect treatment, care and support for workers and their families in the workplace or other settings. The network model of collaboration between AMS should always have an equal and respectful position while honouring the national laws and regulations in AMS.

Voluntary HIV counselling and testing mechanisms for the workforce include providing sufficient information about HIV/AIDS, encouraging workers' interest regarding HIV voluntary counselling and testing, conducting multiple tests and HIV self-testing. A follow-up plan for HIV test results needs to be established by providing facilities, networking, and empowering the company health workers.

HIV VCT in the workplace or other settings needs to be monitored and evaluated regularly to enable its effectiveness and success at the company or national level. This monitoring and evaluation system may be adjusted to each stakeholder's arrangement and individual AMS policies.

BACKGROUND

- The world is still facing HIV/AIDS as a public health threat. In 2020, UNAIDS reported 95,5% of 37,7 million people living with HIV were adults, and 6,1 million people still did not know their HIV status. Antiretroviral therapy in 2020 was only accessed by 27,5 million people, and 680,000 people died because of AIDS-related illnesses. The 95-95-95 treatment targets,¹ reducing new infections among adults to fewer than 200,000, and zero discrimination have been established as fast-track strategies to end the AIDS epidemic by 2030. These strategies aim to achieve zero new infection, zero discrimination, and zero AIDS-related deaths.²
- In the WHO South-East Asia (SEA) Region, 3,7 million people were estimated to be living with HIV in 2020, with only 61% receiving treatment. New infections in 2020 were 100.000 (0.05 per 1,000 uninfected populations across all ages) and AIDS-related death cases were 82,000 people.³ As part of the global community, AMS responded to this challenging situation as a people-oriented, people-centred and rules-based ASEAN community.

¹ 95% diagnosed among all people living with HIV (PLHIV), 95% on antiretroviral therapy (ART) among diagnosed, and 95% virally suppressed (VS) among treated.

² https://www.unaids.org/en/resources/documents/2021/2021_unaids_data

³ <https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/key-facts-hiv-2020.pdf?sfvrsn=582c3f6e>

- Each AMS has its distinctiveness in social, cultural, religious, societal, and political beliefs that will distinguish their management of HIV/AIDS. Therefore, a shared common point of view is needed to prevent and control HIV/AIDS in the ASEAN region. Collective commitments in the form of ASEAN Declarations have been made such as the Seventh ASEAN Summit Declaration on HIV and AIDS (Bandar Seri Begawan, Brunei Darussalam, 2001),⁴ ASEAN Commitments on HIV and AIDS (Cebu, Philippines, 2007),⁵ ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-related Deaths (Bali, Indonesia, 2011)⁶ and ASEAN Declaration of Commitment on HIV and AIDS: Fast-Tracking and Sustaining HIV and AIDS Responses to End the AIDS Epidemic by 2030 (Vientiane, Lao PDR, 2016).⁷
- Workers as a community-based population are crucial to achieving the HIV and AIDS fast-track targets, since nine out of ten people living with HIV belong to the most productive age group (15-49 years). The International Labour Organization (ILO) has developed its VCT at work initiative to expand HIV testing in the workplace in 2013, with 5,8 million workers (68% males) tested, including their families and dependents, by the end of 2018.

⁴ <https://asean.org/7th-asean-summit-declaration-on-hiv-aids-brunei-darussalam-5-november-2001/>

⁵ <https://www.unaids.org/en/resources/presscentre/featurestories/2007/january/20070113aseansessionaids>

⁶ <https://www.unaids.org/en/resources/presscentre/featurestories/2011/november/20111123asean>

⁷ https://asean.org/wp-content/uploads/2021/10/Final-Endorsed_ASEAN-Declaration-on-Ending-AIDS_2016.pdf

ILO's VCT at work focused on selected economic sectors in priority countries such as mining, transportation, health and tourism, informal industries, migrants and mobile workers.⁸

- To build networks and mobilise resources to prevent and control HIV/AIDS in ASEAN's workplace, in partnership with stakeholders, the ASEAN Business Coalition on HIV/AIDS (ASEAN-BCA) was developed as called for in the ASEAN Labour Ministers' Work Programme 2010-2015. ASEAN-BCA's roles and responsibilities include encouraging ASEAN companies to promote access to early voluntary, confidential and rights-based HIV testing in the workplace and best practice sharing.
- For AMS to achieve global fast-track targets as members of the international community, a shared guideline on VCT in the workplace is needed. This guideline will complement the ASEAN Guideline on Essential Workplace Action for Enterprises in the Prevention and Management of HIV and AIDS in AMS.⁹

⁸ https://www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_731196.pdf

⁹ <https://asean.org/wp-content/uploads/2012/05/ASEAN-Initiatives-on-the-Prevention-and-Control-of-HIV-and-AIDS-in-the-Workplace.pdf>

PURPOSE, SCOPE AND TARGET

Purpose

- To support HIV/AIDS prevention and control programmes in the workplace by bridging gaps between AMS.
- To provide guiding principles and recommended implementation mechanisms as a helpful reference to AMS in implementing HIV counselling and testing for the workforce.

Scope

This Guideline covers HIV/AIDS counselling and testing for governments of AMS, companies (public and private sector) and other related stakeholders. AMS are welcomed to adopt the recommendations in conjunction with prevailing national legislation and policies.

Target

- Governments of AMS.
- ASEAN Business Coalition on HIV/AIDS.
- National Business Coalition on HIV/AIDS.
- Employers and their organisations/representatives.
- Workers and their families (following individual AMS arrangements).
- Worker's organisations/representatives.
- HIV/AIDS-related NGOs.
- National or commercial health insurers.

- Donors or other funding agencies related to HIV/AIDS.
- Civil Society Organisations (CSO).

POLICY

AMS are enjoined to adopt this ASEAN Guideline for HIV/AIDS counselling and testing for the workforce in the workplace or other settings in line with the existing policies in each AMS and company levels.

To plan an effective and sustainable approach, stakeholders should consider having engaging consultations with ministries of labour and health, employers and workers' organisations, non-government organisations, and civil society organisations to plan an effective and sustainable approach.

PRINCIPLES

- **Protection of workers' rights:** A workplace policy with clearly defined principles to protect workers' rights is essential for the implementation and success of the integrated health testing approach under the VCT at work Initiative.
- **Non-discrimination:** Every worker has the right to access healthcare without facing discrimination. The rights of workers should not be denied based on HIV

test results or perceived HIV test results, such as the rights to be recruited, have a new assignment or job, keep working, be promoted, etc.

- **Voluntary:** All health tests must be voluntary and free of coercion, including social pressure. In a situation where a country's regulation requires mandatory HIV counselling and testing, workers have the right to receive prior information.
- **Consent:** Workers must be provided with complete information about HIV counselling and testing to ensure that they understand and give their informed consent before VCT. The provision of this information must be communicated in a language understandable to the worker.
- **Confidentiality:** Confidentiality about all health conditions must be respected. This also refers to the privacy of all medical information, including medical records and information discussed or identified during encounters of workers with health care personnel. Information about HIV counselling and testing for workers can only be obtained for legal purposes, and work accident insurance with the worker's permission (written, signed and stamped) or the worker's family concerned.
- **Concise HIV pre-testing information:** Depending on resources and local situations, HIV pre-testing information can be offered individually or in groups

through media such as posters, brochures, websites and short video clips shown in waiting rooms. In general, the HIV information should be informative, encouraging and motivating to create demands for HIV testing among people living with HIV and who do not know their status at the workplace. Depending on the individual context, individual risk assessments and pre-test counselling may not be necessary. Offering or recommending HIV testing to a client or a group of clients should include providing clear and concise information on:

- the benefits of HIV testing;
- the meaning of an HIV-positive and an HIV-negative diagnosis;
- the services available in the case of an HIV-positive diagnosis, including where ART is provided;
- the benefit of early treatment with ART is that people with HIV who achieve and maintain an undetectable viral load cannot transmit HIV to their partner;
- the potential of incorrect results if a person already on ART is tested;
- a brief description of prevention options and encouragement of partner testing;
- the fact that the test result and any information shared by the client are confidential;
- the fact that the client has the right to refuse to be tested and that declining testing will not affect the client's access to HIV-related services or general medical care;

- potential risks of testing to the client in settings where there are legal implications for those whose test is positive and for those whose sexual or other behaviour is stigmatised; and
 - an opportunity to ask the provider questions.
- **Post-Test HIV Counselling:** Post-test HIV counselling helps workers at risk and their family understand and adjust to the test results obtained. Counselling materials shall include but not be limited to:
 - The interpretation of the test results, including a description of the window period;
 - The benefit of early ART treatment;
 - Those who are tested HIV negative but remained at a high risk of infection should be encouraged to repeat the HIV test at least every 12 months and also maintain a healthy lifestyle and reduce risk behaviours;
 - Advice on the appropriate response for those who are tested HIV positive (prepare mentally for the patient, prevent transmission to others, inform them of treatment services, schedule further visits, motivate their closest contact to have a check-up and to link with care and support to communities with HIV); and
 - Advisory for individuals who are tested negative but engage in high-risk behaviours (e.g. causal sex) on appropriate prevention services include risk reduction, such as the use of condom and pre-

exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

- **Gender Equality:** The gender dimension of health must be recognised. There must be no gender discrimination in society on access to quality health care. Integrated health testing should be accessible and available to all and be gender responsive. Gender equality should be involved in all aspects of HIV/AIDS counselling and testing in the workplace, such as peer counsellors or healthcare workers.
- **Inclusiveness:** Integrated health testing for the workforce should be designed in such a way that it is inclusive for all workers, independent of personal characteristics, including age, sexual orientation or gender identity, as well as intersecting identities. The needs of persons with disabilities to access health services or the integrated health testing venue should also be ascertained in advance. The programme should be made accessible to and inclusive of persons with disabilities.
- **Holistic Approach:** Implementing integrated health testing requires providing access to available treatment, care and support, including employer support. Access to HIV treatment, care and support should be provided to workers following HIV counselling and testing and covered through national programmes, private insurance companies or employee health insurance, etc. Workplaces should forge partnerships with different

service providers and national programmes for HIV. Employees should be given the option to engage services from private facilities i.e., private clinics and hospitals.

- **Collaboration:** The initiative's success depends upon collaboration across different health services and work-related sectors, such as employers' and workers' organisations and civil society organisations, both during the organisation of integrated health testing events and for follow up on treatment, care and support.
- **Prevention:** Access to appropriate HIV/AIDS prevention services must be ensured. Occupational safety and health measures must also be strengthened at workplaces.
- **Meaningful community engagement:** The active engagement of communities and organisations of people living with HIV has contributed in an important way to the success of the HIV response. Community organisations, including people living with HIV and other disease-specific organisations, can enhance the uptake of testing and successful linkage to treatment care and reduction of risk factors.

NETWORK AND ROLES

To achieve the AIDS 95-95-95 targets in 2030 successfully, AMS need to implement inter-sectoral collaboration and strategic partnerships and ensure sustainability of their programmes supported by adequate resources. Building a network and managing its resources for HIV/AIDS counselling and testing for the workforce are essential to connect treatment, care and support for workers and their families. Communities' and organisations' engagement may assist workers and their families in undergoing HIV/AIDS counselling and testing for the workforce in the workplace or other settings.

- The ASEAN-BCA holds an important role in HIV/AIDS counselling and testing for the workforce, particularly to:
 1. Establish and strengthen National-BCAs in AMS;
 2. Encourage companies in AMS to develop and implement policies and programmes on HIV/AIDS counselling and testing for the workforce;
 3. Provide capacity building and communication strategy plans for business leaders on HIV/AIDS counselling and testing programmes for the workforce;
 4. Convene a regular ASEAN forum as a platform for employers and stakeholders to share information and experiences in the implementation of HIV/AIDS counselling and testing programmes for the workforce;

5. Share experiences and good practices on HIV/AIDS counselling and testing programmes for the workforce in the region; and
 6. Encourage companies to promote access to early HIV testing that is voluntary, confidential, and rights-based for the workforce in the workplace or other settings to normalise HIV testing.
- The key role of National-BCA is to accommodate ASEAN-BCA's HIV/AIDS counselling and testing in the workforce programme that is aligned with national laws and regulations in each Member State. The members of National-BCAs may also include workers and their representatives together with governments, employers and their representatives. This tripartite structure enables social dialogue to protect workers' rights in HIV counselling and testing options through workplace-facilitated programmes or other settings. If an AMS has not established a National-BCA, its role should be taken over by related Ministries or other arrangements should be made according to individual Member State policy.
 - Government's role as a policy and decision maker:
 1. Ministry of health provides HIV/AIDS counselling and testing general policy and programmatic guidelines, standard operating procedures, testing algorithms and training materials toward an integrated approach and engagement of multi-stakeholders.
 2. Ministry of labour facilitates the implementation of an integrated health testing approach in the

workplace. Ministries accountable for labour also consult with the most representative employers' and workers' organisations.

- Employers and their representatives' role, as leaders, is to ensure the link between health assurance and rights for well-being and productivity. Employers can work with the government and relevant technical organisations to adopt an integrated health testing approach.
- Workers and their representatives' role, as activators, is to mobilise workers in close coordination with companies, governments, and organisations of people living with HIV. Workers and their organisations are also responsible for ensuring referrals to prevention, treatment and care if needed.
- Initial members may determine supplementary members of the National-BCA as appropriate. HIV/AIDS-related strategic partners may consist of NGOs, HIV/AIDS committees, medical and other health associations, health care providers, national or commercial health insurances, donors or other funding agencies.
- HIV/AIDS and other related NGOs, including organisations of people living with HIV (national, international), play an essential role as health educators, by connecting treatments with health care providers, reduce stigma and discrimination, and develop peer educators in the workplace.

- National or commercial health insurances play a role as providers by covering or providing partial or full coverage for HIV/AIDS counselling, testing, treatment and care to make available holistic healthcare to workers and their families by aligning HIV counselling and test with treatment, care and support.
- Donors or other funding agencies also play a role as promoters by integrating health testing, reviewing policies and projects to support an integrated voluntary HIV counselling and testing in the workplace or other settings.
- AMS with wide geographical coverage may expand their network to local governments based on their needs. Local-BCA's role is to intensify the National-BCA's coverage on VCT for the workforce programmes.
- When necessary, AMS companies can also build their own HIV/AIDS committees or task forces to support National-BCA's and Local-BCA's fast-track targets regarding VCT in the workplace. The company's committee or task force may consist of top management, workers and worker's family representative (peer counsellors), or the company's health workers. This company's committees or task force will play an important role to accompany workers with HIV/AIDS (including workers at risk) for VCT, treatment, care and support.

Network Model

- Collaboration between AMS should always have an equal and respectful position while honouring the national laws and regulations in AMS.
- Effective implementation of VCT in the workplace needs to promote committed leadership, accountability, multi-sectoral approaches, operational and resource efficiency, capacity building (including the partnership with civil society and people living with HIV), education and position of ASEAN in global health.

MECHANISM

- Provide **socialisation about HIV/AIDS** and its relationship with employment or the world of work with a hope that workers will commit to supporting HIV counselling and testing.
- Provide workers with **sufficient information** regarding HIV counselling and testing procedures, benefits, and the risks of not attending HIV counselling and testing. The implementation of HIV counselling and testing in the workplace or other settings can be done voluntarily or at the recommendation of a health worker based on occupational and behavioural risk.
- **Encourage workers' interest** in HIV counselling and testing, there should be a statement of policy from the workplace management that HIV counselling and test

results will be handled in confidentiality and with an assurance of their labour rights (career promotion, etc.) and non-discrimination.

- Reduce stigma by implementing a **multi-testing** in combination with a routine medical examination or other company's health event such as COVID-19 screening test, etc. Workplaces can help to facilitate access and payment directly with a clinic or hospital that is easily accessible to the workforce.
- Provide innovative access and a more convenient approach for workers in introducing HIV tests for the workforce in order to scale up the interest and coverage of HIV testing at the workplace. Workers may choose to do an **HIV self-testing**, if available in the country, at their preferred location that ensures their safety, confidentiality and comfort. Workers who choose to have an HIV self-testing may also need to receive prior information about HIV/AIDS and follow plan of treatment, care and support and preventive packages. HIV self-testing should be allowed to be used by all workers including migrant workers.
- Implementation of HIV counselling and testing must be accompanied by a **follow-up plan for HIV test result management**. For **positive results**, it is necessary to prepare treatment, care and support facilities at work and in the community. Meanwhile, for **negative results**, it is recommended that there be a retest at least annually for those at high risk of infection.

- During advocacy, **facilities** for HIV counselling and testing (e.g. mobile HIV counselling and testing) can be provided simultaneously **by forming a network** with HIV/AIDS agencies and self-provider (company or personal).
- The workplace may **empower or train company health workers** or other officers as counsellors and health workers who can conduct HIV counselling and testing.

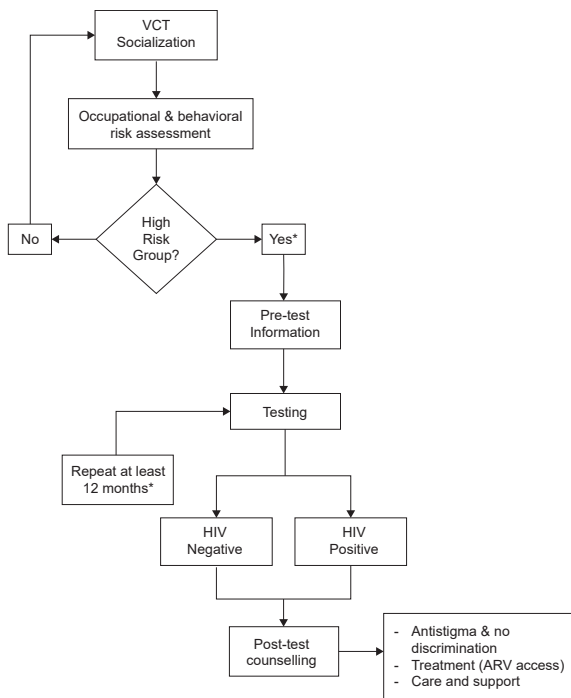


Figure 1
Flowchart of HIV Counselling and Testing in The Workplace

- Testing should be recommended for **high-risk groups**¹⁰ of workers, including those who are:
 - having unprotected sex (anal or vaginal);
 - diagnosed with another STI;
 - injecting drugs using sharing contaminated needles, syringes or other injecting devices and drug solutions;
 - receiving unsafe medical procedures such as injections, blood transfusions, tissue transplantation or other procedures that involve unsterile cuttings or piercings; and
 - going through needle stick injuries at the workplace, particularly among health workers.
- **Retesting** intervals may be adjusted to be more frequent for sexually active individuals, key populations, people with a known HIV-positive partner or other special groups of workers.¹¹

¹⁰ <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

¹¹ Special groups of workers: with a diagnosis or receiving treatment of STI or viral hepatitis, with a confirmed or presumptive TB diagnosis, presenting with clinical conditions or symptoms indicative of HIV, with recent HIV exposure.

MONITORING AND EVALUATION

Implementation progress, common objectives, and outputs should be assessed systematically to enable effectiveness and lead to successful HIV VCT for the workforce programmes. Therefore, it is vital to develop a monitoring and evaluation system following the frameworks being used at the company or national level.

Online meeting platforms and document collection may be used as a method to upscale participation in times of limited direct contact, such as the COVID-19 pandemic.

Monitoring

- HIV counselling and testing for the workforce programmes should be monitored regularly, adjusted to individual stakeholder arrangements, keep track of progress and provide input for further decisions.
- Authority at the company level can be ensured for HIV/AIDS education and VCT socialisation. Data of HIV counselling and testing at the workplace or other settings should be reported to an official institution (Ministry of Health) that manages the HIV/AIDS National data monitoring system.
- National or local BCAs will review routine data from recorded population outcomes for programmes improvement at the national and local levels regarding the number of workers who received socialisation of

HIV prevention and VCT information. If an AMS has not established a National-BCA, its role should be taken over by related Ministries or other arrangements should be made according to individual Member State policy.

- Employees should regularly give feedback regarding VCT in the workplace programme or other settings to improve the system and data collection.
- Employee feedback should be reviewed by the employer and National or local BCAs to make policy and programmatic decisions regarding VCT in the workplace. If an AMS has not established a National-BCA, its role should be taken over by related Ministries or other arrangements according to each Member State's policy.
- Ministry of health, ministry of labour, or other related-Ministries will provide consultation regarding reporting formats in alignment with National HIV/STI Programmes. HIV workforce testing data from various sources (NGOs, HIV/AIDS company committees or task forces, medical and other health associations, health care providers, national or commercial health insurances, donors, or other funding agencies) will be used for programme monitoring and policy planning in alignment with other available occupational health programmes, such as tuberculosis or COVID-19.

Evaluation

- All reported VCT for the workforce programmes should be evaluated regularly for effective implementation at the company, national and local levels. Programme evaluation should be done at least annually or in accordance with the existing policy of each AMS and at the enterprise level. Evaluation methods may include self-assessment forms, online interviews, virtual meetings, onsite visits, etc.
- National or local BCAs will provide feedback mechanisms addressed to the workplace and other relevant stakeholders for upscaling action. If an AMS has not established a National-BCA, its role should be taken over by related Ministries or other arrangements according to individual Member State policy.
- Governments may also give feedback in accordance with national policies to employer achievement of HIV/AIDS counselling and testing.
- HIV/AIDS and other related NGOs may assist employers, employees, or governments in providing training, coaching, or funding to overcome obstacles in HIV/AIDS counselling and testing in the workplace programmes or other settings.

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