

A large, stylized red ribbon graphic, split vertically with the left side being white and the right side being red, positioned behind the title text.

HIV and AIDS and the World of Work in ASEAN

Report of ILO-ASEAN Study on Initiatives
on HIV and AIDS and the World of Work
in the ASEAN Region

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December 2005

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This Report was prepared by Dr. Krishna Gopal Rampal from the Medical Faculty of the Universiti Kebangsaan, Malaysia. In this process, Ministries of Labour, National AIDS authorities, Employers' and Workers' organizations' representatives, as well as NGO representatives and other key stakeholders from ASEAN Member Countries, were consulted. Preliminary findings were discussed at the Fourth Meeting of the ASEAN Senior Labour Officials Meeting (4th SLOM) in Siem Reap, Cambodia in 6th May 2005, during, and after which, ASEAN Member Country representatives made inputs on this report. Ms. Moe Thuzar from the ASEAN Secretariat provided additional comments, as did Mr. Alan Boulton of the ILO Jakarta Office and Mr. Eric Stener Carlson of the ILO Subregional Office for East Asia.

EXECUTIVE SUMMARY

ASEAN Member Countries, with a total population of about 550 million people and varied demographic and socioeconomic characteristics, have an estimated 1.5 million People Living with HIV and AIDS (PLHAs). The AIDS epidemic in ASEAN began with the first cases being reported in the Philippines and Thailand in 1984 and in the remaining countries by 1990. Since then, the magnitude of the problem has become significant, with an estimated number of 570,000 PLHAs in Thailand, 330,000 in Myanmar, 220,000 in Vietnam, and much lower numbers in Singapore (4,100), Laos (1,700) and Brunei (<200). The HIV prevalence rates are highest in Cambodia (2.6%) and Thailand (1.5%), and the number of AIDS-related deaths is highest in Thailand (58,000), Myanmar (20,000) and Cambodia (15,000).

Prevention and control measures in ASEAN Member Countries have been carried out by developing and implementing National Strategies and National Action Plans. These Plans have included providing a positive environment to address the AIDS epidemic, e.g. legislative framework, HIV surveillance programmes, information, education and communication (IEC) programmes, providing access to condoms, treatment care and support for PLHAs and capacity building. The establishment of National AIDS Councils/Committees, with multisectoral representation and resources, chaired by high-ranking officials, has provided the impetus for committed action by stakeholders involved in HIV prevention and control. International assistance through UNAIDS and its UN agency cosponsors, donor agencies and international non-governmental organizations (NGOs) have been the prime movers in countries where financial constraints exist. Local NGOs and community organizations contribute, and work as partners, with government in the fight against HIV and AIDS. Funding from the Global Fund and other donors has been critical for the implementation of HIV prevention and control programmes in a majority of these countries. The ASEAN Task Force has been instrumental in coordinating HIV and AIDS activities in the region through its focal points in the respective Ministries of Health.

Governments in the ASEAN region have responded in various ways to addressing HIV and AIDS in the workplace and to applying the *ILO Code of Practice on HIV and AIDS and the World of Work*. These responses have included creating specific provisions for implementing HIV prevention and control programmes in the workplace, laws on HIV prevention and control, and codes of practice for Employers. The roles of the Ministries of Labour, employers and workers are clearly stated in provisions in the laws. The Philippines AIDS Prevention and Control Act (Republic Act 8504) enacted in 1998 has numerous sections (Sections 6, 7, 13, 15, 16, 27 and 35) addressing principles in the *ILO Code of Practice*. In Vietnam, the Ordinance on Prevention and Fight against HIV and AIDS has provisions for Ministry of Labour, Invalids and Social Affairs to act. In Indonesia, the Tripartite Action Plan for Decent Work in 2001 and the Tripartite Declaration to Combat HIV/AIDS in the world of work were the forerunners for the Ministerial Decree on HIV/AIDS Prevention and Control in 2004. The Sentani Commitment in Indonesia, a declaration signed by 6 central government ministers and 6 provincial governors, is unique and an excellent model for collaboration between the central government and provincial leaders. Codes of Practice on HIV/AIDS and the workplace have been published in

Malaysia in 2001 and in Thailand in 2004 for employers and workers to implement HIV prevention and control activities in workplaces.

In addition to the legislative initiatives, successful initiatives in countries in the ASEAN region are many. The role of economist/cabinet member Meechai Viravaidya in launching a successful high profile campaign on condom use in Thailand demonstrates the importance of commitment. Condoms are available at a low cost (5 Baht) in rural areas and 10 Baht in Bangkok though vending machines installed in workplaces. The Thailand Business Coalition on AIDS' (TBCA) success in getting businesses involved in HIV prevention is exemplary. The development and use of the AIDS-response Standard Organisation (ASO) system for auditing and accrediting companies involved in HIV prevention and control is a model that can be adapted for use in other countries in ASEAN. The Malaysian AIDS Council's AIDS Charter on "Shared Rights and Shared Responsibilities" has been used to encourage understanding and adherence of individuals and health care workers to principles similar to the ILO Code of Practice. That ministries of Labour are working together with their tripartite partners, and other stakeholders, as partners in the fight against HIV and AIDS is a major step in the right direction. This has been seen clearly in the Global Fund Projects in the ASEAN region. Unions are playing an increasing role in most ASEAN countries with respect to training of workers on HIV and AIDS issues. Stakeholders in most countries, government, employer federations and unions were aware and promoting most of the principles of the *ILO Code of Practice*.

However, implementation and sustainability of some of these initiatives, in the absence of overseas funding, is an issue that needs to be addressed. Commitment and involvement of employer federations/employers and unions/workers need to be enhanced. Stigma and discrimination against PLHAs is still prevalent among both employers and workers and efforts to reduce this may need newer approaches. The Ministries of Labour in the Member Countries should be encouraged to develop and enforce legislative instruments and to require employers to incorporate HIV and AIDS prevention in their occupational safety and health programmes. They should also collaborate with Ministries of Health and Health Professional Associations on issues related to pre-employment testing and medical confidentiality of HIV status. Ministries of Labour also need to discuss HIV testing in medical examinations for foreign workers and agree on a consensus statement that could guide members. The tripartite partners (Government, Employers and Workers) should work on awareness-raising and reduction of stigma and discrimination. The principles outlined in the ILO Code of Practice or in their own Code of Practice should be highlighted. The ILO's Behaviour Change Communication (BCC) materials, based on lessons learnt from their programmes in Cambodia and Indonesia, could be applied to other countries, with Ministries of Labour identifying sectors that most urgently need them. Focal points within Ministries of Labour in the Member Countries should be identified for exchange of information on initiatives in prevention and control of HIV carried out at the workplace.

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Section I:

Background information on project

1. INTRODUCTION

The ILO's priority is to help its constituents contribute to national efforts against HIV and AIDS. It seeks to ensure that national AIDS plans include the world of work, and that labour policy and legislation address the implications of HIV and AIDS. The ILO became a cosponsor of UNAIDS in 2001, and is the lead agency for the world of work. It supports the implementation of the Declaration of Commitment on HIV/AIDS through a particular focus on paragraphs 49 (workplace programmes for prevention and care) and 69 (legal and policy framework to protect rights in the workplace).

AIDS issues are mainstreamed throughout the ILO, in programmes from Child Labour to Social Security. A dedicated unit, the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS), was established in November 2000. ILO/AIDS has three main areas of activity:

- ◆ research and policy analysis;
- ◆ information, communications and advocacy; and
- ◆ technical cooperation - projects in over 30 countries concentrate on enhancing the capacity of employers, workers and governments to plan and implement workplace policies and programmes on HIV and AIDS.

All activities take place within the framework of the *ILO Code of Practice on HIV/AIDS and the World of Work*, which was agreed by consensus at a tripartite meeting of experts from all regions in May 2001, and launched at the UN General Assembly Special Session on HIV/AIDS, June 2001. The Code establishes principles for policy development and practical guidelines for programmes of care and prevention. It has been translated into over 30 languages and is being applied in over 50 countries. It is complemented by an education and training manual, and guidelines for particular groups – for example employers and trade unions, and for particular sectors – for example transport and health.

The ILO Code of Practice has 10 key principles which are:

1. Recognition of HIV/AIDS as a workplace issue
2. Non-discrimination
3. Gender equality
4. Healthy work environment
5. Social dialogue
6. No screening for purposes of exclusion from work or work processes
7. Confidentiality
8. Continuation of employment relationship
9. Prevention
10. Care and support

Member Countries of ASEAN, with a total population of about 550 million people of whom an estimated 1.5 million are People Living With HIV, are going through different stages of the epidemic. The ASEAN Task Force on AIDS, through their focal points in the Ministries of Health in Member Countries working with UNAIDS and other international and local agencies/organisations, has been actively involved in coordinating efforts of Member Countries to address this burgeoning epidemic. The ILO, through its linkages with the Ministries of Labour in the region, has been involved in promoting initiatives in the workplace to address HIV and AIDS. The initiatives taken in each of the Member Countries to address HIV and AIDS have been based on the stage of the HIV epidemic, the socio-demographic characteristics of their population and the level of socioeconomic development. The manner in which breaches of human rights in the context of employment have occurred and have been addressed vary in the region and also depend on ratification status of ILO conventions. Initiatives in the workplace and the responses to the ILO Code of Practice have also varied and, hence, the necessity to examine the responses of the governments, in particular the Ministries of Labour and the National AIDS bodies, to HIV and AIDS and the World of Work.

2. OBJECTIVES

The objectives of the project are to:

- (i) determine the responses of ASEAN Ministries of Labour to HIV and AIDS
- (ii) to share lessons learnt and to provide guidance on how to enhance these responses
- (iii) to foster commitment of senior labour officials to address workplace implications of the HIV epidemic.

3. METHODOLOGY

The project was implemented by:

1. reviewing the epidemiological situation and prevention and control programmes for HIV in each country.
2. conducting a survey on initiatives of Ministries of Labour by using questionnaires and limited telephone interviews.
3. holding consultations with officials from Ministries of Labour, National AIDS Authorities, Employers' and Workers' representatives, specialized NGOs and other key stakeholders in selected ASEAN Member Countries, i.e. Indonesia, Malaysia and Thailand.

The survey was carried out by contacting persons identified by the ILO/AIDS Officer in SRO-Bangkok in the various countries in ASEAN. The names, addresses and e-mail addresses of key stakeholders were obtained. Where e-mail addresses were available, questionnaires were sent directly to stakeholders. For those with no e-mail addresses, questionnaires were sent to the contact persons to be forwarded to stakeholders. In those countries where contact persons had not been identified, questionnaires were sent to the ASEAN OSHNET focal points or personal contacts to be forwarded to the respective stakeholders in those countries.

Respondents for the survey were officials from Ministries of Labour, National AIDS Authorities, and Employers' and Workers' organisations. Information was also obtained from NGOs actively involved in HIV and AIDS work. Specific questionnaires were developed for each of these stakeholders. The questionnaires enquired about legislative, policy and other initiatives taken by the Ministry of Labour. Information on initiatives, including those taken in support of the principles outlined in the *ILO Code of Practice on HIV/AIDS and the World of Work*, was sought from each of the stakeholders. Questions were also asked on how each of the stakeholders

could contribute to initiatives implemented by other stakeholders. Information on good practices and future directions was also sought.

A draft report on “HIV/AIDS and the World of Work in the ASEAN Region” was presented at the Fourth Meeting of the ASEAN Senior Labour Officials (4th SLOM) in Siem Reap, Cambodia on 6th May 2005. Feedback and comments on the report were obtained from Member Countries at the meeting, as well as through the mail, and were incorporated into the Final Report.

Section II:

Findings of study

4. CURRENT SITUATION OF HIV IN THE ASEAN REGION

4.1. Sociodemographic Characteristics of ASEAN

The ASEAN region has an estimated total population of 550 million, of whom about 301 million are adults between 15-49 years of age. The demographic and socioeconomic characteristics of the countries in ASEAN are very diverse, as shown in Tables 1 and 2. The populations of the various countries in ASEAN are growing at different rates, with the highest growth rates in Cambodia and Singapore (2.8%) and the lowest in Thailand (1.1%). The level of urbanization also varies with 100% of the population in Singapore living in urban areas, whereas only 18.3% of the population of Cambodia lives in urban areas but with the highest growth rate of urban population (5.5%). Life expectancies at birth are high in Singapore (79.6 years) and Brunei (76.1 years) and low in Laos PDR (55.1 years) and Cambodia (54.6 years). The Gross National Income (GNI) per capita is also different with Singapore (\$23,090) and Malaysia (\$8,280) having higher GNI than Laos PDR (\$1,610) and Cambodia (\$1,590). However, the Gross Domestic Product (GDP) is growing at faster rates in Thailand and Vietnam as compared to Singapore and Malaysia. Adult illiteracy rates are highest in Laos PDR (35.2%) and lowest in Thailand (4.5%). Higher female illiteracy rates (as compared to males) are consistently seen in all countries in ASEAN, with the highest female illiteracy rate seen in Laos PDR (46.6%). The entire region is undergoing rapid changes, and attempts are being made to move away from poverty through increased productivity and development. However, HIV and AIDS in the workplace, and in society at large, are killing people in their most productive years of life, thus hampering some of these efforts.

Table 1: Demographic characteristics of ASEAN Member Countries

Country	Total population in thousands (2004)	Population aged 15-49 in thousands (2004)	Annual population growth rate (%) (1992-2002)	% of population in urban areas (2003)	Average annual growth rate of urban population	Life expectancy at birth in years (2002)
Brunei Darussalam	366	214	2.6	75.8	3.2	76.1
Cambodia	14,482	7,040	2.8	18.3	5.5	54.6
Indonesia	222,611	123,372	1.4	44.9	3.9	66.4
Laos PDR	5,787	2,795	2.4	20.5	4.6	55.1
Malaysia	24,876	13,091	2.4	63.4	3.0	72.0
Myanmar	50,101	26,990	1.5	29.3	3.1	58.9
Philippines	81,408	42,423	2.1	60.6	3.1	68.3
Singapore	4,315	2,364	2.8	100	1.7	79.6
Thailand	63,465	36,225	1.1	31.8	1.9	69.3
Vietnam	82,481	46,434	1.5	25.5	3.2	69.6
Total	549,892	300,948				

Source: UNAIDS Epidemiological Fact Sheets 2004

Table 2: Socio-economic characteristics of ASEAN Member Countries

Country	Gross national income, per capita (Int. \$) 2002	Gross domestic product, per capita % growth (2001-2002)	Total adult illiteracy rate (%) (2000)	Adult male illiteracy rate (%) (2000)	Adult female illiteracy rate (%) (2000)
Brunei Darussalam	-	-	8.5	5.4	11.9
Cambodia	1,590	2.6	32.0	19.8	42.8
Indonesia	2,990	2.3	13.2	8.2	18.1
Laos PDR	1,610	2.6	35.2	23.8	46.6
Malaysia	8,280	2.1	12.6	8.6	16.6
Myanmar	-	-	15.3	11.1	19.5
Philippines	4,280	2.4	5.1	4.9	5.2
Singapore	23,090	1.4	7.7	3.8	11.7
Thailand	6,680	4.5	4.5	2.9	6.1
Vietnam	2,240	5.8	7.5	5.5	9.3

Source: UNAIDS Epidemiological Fact Sheets 2004

4.2. HIV and AIDS Morbidity and Mortality In ASEAN

The AIDS epidemic in the ASEAN region began with cases reported as early as 1984 in the Philippines and Thailand, and as late as 1990 in Cambodia and Vietnam (Table 3). The total number of people living with HIV in the ASEAN region in 2003 was about 1.5 million. HIV prevalence rates vary, with the highest rates in Cambodia (2.6%) and Thailand (1.5%) and the lowest rates in Philippines and Brunei (<0.1%). The total number of AIDS-related deaths, in both adults and children for 2003 can be estimated at 107,500. The highest number of AIDS-related deaths was in Thailand (58,000), followed by Myanmar (20,000) and Cambodia (15,000) and lowest in Brunei, Laos PDR and Singapore with less than 200 deaths. The main mode of transmission of HIV infection is through unprotected sexual intercourse, with the exception of Malaysia and Vietnam where it is through intravenous drug use. Information on the magnitude of the HIV and AIDS problem in countries in the ASEAN region has been obtained predominantly from the UNAIDS Epidemiological Fact Sheets and the UNAIDS website to ensure uniformity.

Table 1: Summary of HIV and AIDS among ASEAN Member Countries

Country	Total population in thousands (2004)	Number of people living with HIV (2003)	HIV prevalence (%) in adults (15-49 yrs) (2003)	AIDS-related deaths (adults and children) (2003)	* Year first detected HIV/AIDS	Main mode of transmission
Brunei Darussalam	366	<200	<0.1	<200	1986	Sexual
Cambodia	14,482	170,000	2.6	15,000	1990	Sexual
Indonesia	222,611	110,000	0.1	2,400	1987	Sexual
Laos PDR	5,787	1,700	0.1	<200	1989	Sexual
Malaysia	24,876	52,000	0.4	2,000	1986	IDU
Myanmar	50,101	330,000	1.2	20,000	1988	Sexual
Philippines	81,408	9,000	<0.1 %	<500	1984	Sexual
Singapore	4,315	4,100	0.2	<200	1985	Sexual
Thailand	63,465	570,000	1.5	58,000	1984	Sexual
Vietnam	82,481	220,000	0.4	9,000	1990	IDU
Total	549,892	1467800		107500		

Source: UNAIDS Epidemiological Fact Sheets 2004

* ASEAN Work Programme on HIV/AIDS II, 2001

4.3. Trend in AIDS cases In ASEAN countries between 1985 and 2003

The ten countries in ASEAN can be classified into different categories of the HIV epidemic: recent, sharp rises in HIV among people with identifiable, risky behaviours (e.g. Indonesia and Vietnam); continuing high prevalence seeping into lower risk populations (e.g. Myanmar); massive prevention efforts reducing risk behaviour and bringing epidemic under control (e.g. Cambodia and Thailand); and low HIV prevalence with some prevention success and great prevention opportunities (e.g. Philippines). Thailand saw the number of AIDS cases reported annually rising rapidly until 1998 and then declining as a result of its aggressive prevention and control efforts. In Cambodia, the number of HIV cases rose rapidly from its first case in 1991 to an estimated 210,000 adults in 1997: by 1999, it was categorized as having a generalised epidemic. The number of cases has declined since then.

4.4. Factors contributing to spread of HIV

The ASEAN report identified the following factors promoting the spread of HIV:

1. Men having multiple sexual partners and low condom use;
2. High rates of sexually-transmitted diseases increasing risk of sexual transmission of HIV infection;
3. Increased mobility of people - within the countries or across borders;
4. Drug-use epidemics involving injecting heroin and using amphetamine type stimulants;
5. Prevention, treatment care and support programmes in the region hindered by social stigma and discrimination against people living with HIV;
6. Lack of financial and technical support to cover certain target groups, e.g. drug users, youth and mobile populations;
7. In countries with generalized epidemic, e.g. Thailand, there is increased morbidity rates due to opportunistic diseases such as pulmonary tuberculosis;

5. COUNTRY REPORTS: EPIDEMIOLOGY OF HIV AND AIDS, PREVENTION AND CONTROL OF HIV, HIV AND AIDS AND THE WORLD OF WORK

This section provides details on initiatives in Indonesia, Malaysia and Thailand and an overview of efforts in other ASEAN Member Countries.

5.1. INDONESIA

Epidemiology of HIV and AIDS

Indonesia is the largest (1.9 million sq. km) and most populated (223 million) country in ASEAN. The HIV and AIDS situation in Indonesia began with the first case and death due to AIDS being reported in a foreign male in Bali in 1987, and an Indonesian the following year. By the end of 2003, transmission spread throughout Indonesia, with the number of adults living with HIV and AIDS estimated to be 110,000 and an adult prevalence rate of 0.1%. Women aged 15-49 living with HIV and AIDS are estimated to number 15,000. Total deaths due to AIDS by 2003 were 2,400.

With respect to reporting of cases to the Ministry of Health, in the last 5 years, the number of AIDS cases reported has increased four-fold from 255 in the year 2000 to 1,195 in the year 2004, with a total of 2,682 cases reported since 1987. The provinces with the highest number of AIDS cases reported until 31st December 2004 were DKI Jakarta (1,272), Papua (408), Jatim (220) and Bali (120). The mode of transmission is by intravenous drug use (44.1%), heterosexual (43.7%) followed by homosexual transmission (5.5%). Trends in the mode of transmission among AIDS cases showed significant increases among intravenous drug users.

Prevention and Control of HIV in Indonesia (1985-2002)

Serious efforts to prevent and control HIV in Indonesia came into place when the first National HIV/AIDS strategy was formulated and began to be implemented in 1994. Prior to this, early efforts by the National Institute for Research and Development, Ministry of Health, in 1985 were essentially to gather information on the epidemiology of HIV and AIDS. In 1988, the Working Group on HIV/AIDS was established by the Minister of Health and was expanded the following year to be multisectoral (including NGO representatives). Its main task was to gather and to disseminate information to all sectors on the problem of HIV and AIDS. The year 1988 also witnessed the first regulation on AIDS requiring reporting of all cases of AIDS to the MOH, the appointment of testing laboratories and publication and distribution of guidelines and manuals on HIV and AIDS. HIV surveillance in subpopulations (sex workers and blood donors) and intensification of information, education and communication (IEC) activities ensued the following years, with NGOs playing an active role in these IEC activities.

In 1994, the National AIDS Commission (KPA) chaired by the Coordinating Minister for People's Welfare was established under Presidential Decree Number 36/1994. The first National AIDS Prevention Strategy was published by the Commission the same year. The following years saw Regional AIDS Commissions (KPAD) being established in the provinces and districts. NGOs involved in IEC activities were established in most provinces, with spiritual leaders also playing their part. Cooperation with other countries in the form of bilateral, regional and international cooperation increased steadily after 1994. The need for current information on the HIV epidemic, and on behavioural factors influencing it, was seen as urgent following the declaration of the

National Movement for HIV/AIDS Prevention in April 2002. “The threat of HIV/AIDS was increasingly evident and calls for more concrete measures of prevention” was declared at the Special Cabinet Session on HIV/AIDS. The need for workplace-based programmes related to the industries where the workforce was predominantly male and at risk, highly mobile and living far from their partners (e.g. mining industry, land and sea transportation, the fishing and the timber industry) was identified. Hence, with this call, their role was clearly identified. and they were given a distinct role in the next strategic plan.

The National HIV/AIDS Strategy (2003-2007)

The National HIV/AIDS Strategy was revised in 2003 after reviewing developments including:

1. changes in the HIV epidemic and modes of transmission (increasing HIV prevalence and the epidemic becoming concentrated in certain subpopulations in several areas);
2. developments in methods of controlling HIV (discovery of antiretroviral drugs and improved quality of life; effective methods of control including information, education and communication (IEC); 100% condom use; and harm reduction for intravenous drugs users);
3. changes in the structure of government (shifting from a centralized to a decentralized model of governance since 2001);
4. internationally-binding resolutions such as the Declaration of Commitment of United National General Assembly Session on HIV/AIDS (UNGASS) and commitments set forth in the ASEAN Declarations on HIV/AIDS in 2001; and
5. discussion in the special cabinet session on HIV/AIDS in March 2002 outlined in the earlier section.

Initiatives on HIV and AIDS and the World of Work

This strategic plan for 2003-2007 recognized that the majority of Indonesia’s workforce is employed in the private sector and that certain types of work situations may be associated with factors of risk, especially where workers are separated from their homes and families for extended periods. The private sector/business community, as an equal partner in the national HIV prevention efforts, has been urged to play a vital role in accelerating and expanding coverage of prevention efforts in the work environment. The plan includes encouraging both management and labour unions to put in place prevention programmes for workers and others in their neighbourhoods. Efforts to establish an enabling environment, with legislation for organizations to have prevention programmes in the workplace and existing health and safety programmes in the workplace to cover HIV, has been included in this plan. The plan calls for a Greater Involvement of People with AIDS (GIPA) to reduce stigma and discrimination and for people living with HIV to remain in their chosen fields of employment, as well as to be actively involved in peer education, mentoring and becoming role models. Roles and responsibilities have been clearly stated for the Ministry of Manpower and Transmigration in the Plan. These include having AIDS policy/regulations in the workplace, creating control programmes in the workplace, improving policies on migrant populations and conflict areas and raising awareness on HIV and AIDS and the world of work.

Indonesia Tripartite Action Plan for Decent Work 2002-2005

The impetuses for recent developments on HIV in the workplace take their roots from a Tripartite Action Plan for Decent Work 2002-2005 adopted on 29 October 2002 at the Tripartite Consultative Group Meeting at the ILO Jakarta Office. This meeting, attended by representatives from government, employers and workers organizations, was an outcome of a call by the ILO for a National Plan of Action for Decent Work at the 13th ILO Regional Meeting in 2001.

Among the decent work challenges and priorities for action identified were ensuring social protection for all. This included Indonesia improving its management of occupational safety and health, protection of the environment and addressing issues of HIV and AIDS and drug use at the workplace. The threat from HIV and AIDS was identified as a challenge and promoting the application of *ILO Code of Practice on HIV/AIDS and the World of Work* as one of the priority areas of action under this plan. The strategy for implementation includes the Tripartite Consultative Group having joint ownership, committing to the tripartite framework and ensuring the plans linked with their own strategic plan, including the National Development Program (PROPENAS). The strategy also included strengthening partnerships with other government agencies, private sector, academic institutions, NGOs, donor agencies etc, with the ILO assisting with its development and implementation.

Tripartite Declaration to combat HIV/AIDS in the World of Work

A significant step in developments on HIV prevention and control efforts took place on 25th February 2003 when key stakeholders signed a Tripartite Declaration to Combat HIV/AIDS in the World of Work. This declaration was signed by the Coordinating Minister for People's Welfare and Minister of Manpower and Transmigration on behalf of the government, the Chairmen of Indonesian Chambers of Commerce and Industry (KADIN), the Indonesian Employers Association (APINDO) on behalf of employers, the Chairmen of Indonesian Prosperous Trade Union (SBSI), the Indonesian Trade Union Congress (KSPI), and the Confederation of the All Indonesian Worker Union (KSPSI) on behalf of Workers' organizations. The signing of the declaration facilitated by the International Labour Office in Jakarta urged all parties at the workplace to work together under a tripartite framework. The use of the Principles of the *ILO Code of Practice on HIV/AIDS and the World of Work* as a basis for implementing workplace programmes, giving priority to prevention programmes and encouraging and supporting efforts to deal with stigma and discrimination against workers living with HIV, were emphasized in the Declaration. The ILO made available the Indonesian translation of the *Code of Practice on HIV/AIDS and the World of Work* during the declaration. It is important to note that Indonesia's Vice President, Mr. Jusuf Kalla, was the Coordinating Minister for People's Welfare who signed the Declaration. His personal interest in efforts to prevent and control HIV in Indonesia is also demonstrated by his attendance at the International Conference on AIDS in Bangkok in 2004.

Ministerial Decree on HIV/AIDS Prevention and Control in the Workplace

A follow up on the Tripartite Declaration was the Decree of the Minister of Manpower and Transmigration (KEP.68/MEN/2004) on HIV/AIDS Prevention and Control in the Workplace adopted on 28th April 2004. How to fight against HIV and AIDS in the workplace using principles of the ILO Code of Practice was clearly outlined in the Ministerial Decree. The decree places obligations on all three stakeholders: Government, Employers and Workers. The decree requires the employers to take steps to prevent and control the spread of HIV in the workplace. Under the decree, both employers and workers/labourers are obliged to develop policies on HIV prevention and control in the workplace, which may be put into Enterprise Regulations or Collective Bargaining Agreements. There are also obligations to disseminate information and to organize education and training on HIV and AIDS, to protect workers with HIV and AIDS from discriminatory action, to ensure access to treatment and establish occupational safety and health schemes for HIV prevention and control.

The most significant feature of this decree is that workers living with HIV have the right to occupational health services and employment opportunity equal to other workers. The government is also obliged to provide advisory and supervisory assistance in developing HIV

prevention and control programmes in the workplace and along with its tripartite partners (employers and workers) obliged to implement these programmes. Employers are prohibited from testing for HIV when recruiting or when the worker is employed. Specific provisions as to when (with written agreement from worker), how (counselling before and after testing) and by whom (specialized medical doctors) testing can be performed are included in the decree. Information obtained on HIV status must be kept confidential, just like other medical records. Technical matters will be elaborated in guidelines, technical instructions and implementing regulations. The Ministerial decree has been a powerful instrument to spearhead action on the part of all tripartite stakeholders as well as non-governmental organizations. It is observed that each of the stakeholders use it as a basis for pushing their efforts in preventing and controlling HIV in the workplace.

The Tripartite partners, with technical assistance from the ILO, ASA/FHI and IHPCP are in the process of drafting implementing guidelines under the Ministerial decree for employers and trade unions.

The Sentani Commitment

A commitment was jointly declared on 19 January 2004 by 6 Central Government Ministers and 6 Provincial Governors to work together to address the HIV and AIDS problem. The commitment was to promote condom use in every high risk sexual activity (up to 50% achievement target by 2005), reduce harm of intravenous narcotics injecting, provide medical treatment for HIV, including Anti-retroviral Treatment to a minimum of 5,000 PLHAs in 2004, and to carry out efforts to reduce stigma and discrimination towards PLHAs. Other activities to be carried out included establishment and empowerment of provincial and district committees, provision of support for legislation and budgets for implementing HIV prevention activities, and acceleration of concrete action for HIV prevention.

Implementation of the Ministerial Decree

It seemed that the groundwork in the form of the Ministerial Decree and the National Strategic Plan was not enough for action to be taken. Funding from outside sources was needed for its implementation. In 2005, this has come in the form of funding for the Global Fund Project and the United States Department of Labour (USDOL) Project. All three tripartite partners and the non-governmental organizations involved in HIV and AIDS work are expected to benefit from the projects. Under the Global Fund project, the Ministry of Manpower and Transmigration has been given the task of coordinating efforts in its implementation in the workplace. It will be both important and interesting to monitor how each of the tripartite partners play their roles in implementing programmes planned under these projects. Enthusiasm seems to be running high among officials of the Ministry of Manpower and Transmigration and other stakeholders. The ILO/USDOL Indonesia HIV/AIDS Workplace Education Programme has been approved to be implemented in four provinces out of the six provinces under the Sentani Commitment. These provinces are those where HIV prevalence is high and where there is a heavy concentration of mobile workers with limited access to information and services on HIV and reproductive health. The project will assist the tripartite partners to set up action programmes to reduce HIV risk behaviour among targeted workers and reduce discrimination against people living with, or affected by HIV, at the workplace level. This ILO/USDOL HIV/AIDS Workplace Education Programme, initially launched in India in 2001, is being implemented in two ASEAN countries, Cambodia and Indonesia. The main strategies in this project are targeting enterprises to launch HIV workplace Behaviour Change Communication (BCC) Programmes and focusing on policies and mechanisms to reduce discrimination.

Role of Non-Governmental Organisations in Prevention and Control of HIV in the Workplace

The international and local NGOs involved in HIV and AIDS work are partners with the government for most of the HIV prevention and control activities. There are about 8,000 NGOs in Indonesia, each with its own target groups. International NGOs work together with local NGOs (e.g. Yayasan AIDS Indonesia, Yayasan Kusuma Buana) in delivering the programmes. The NGOs, in addressing HIV in the workplace, target “mobile men with money” including those working in the oil and gas industry, mining, forestry, plantations, trucking companies, shipping, manufacturing, hotels and trend-setters working in contract manufacturing and banks. The NGOs train companies to establish and implement their own programmes. An International NGO visited during the project, Family Health International, works through the local NGOs. It has briefed 450 management teams, trained 100 company teams and indirectly reached out to 550,000 workers. NGOs partner with international agencies (e.g. ILO, AUSAID, UNAIDS, Indonesia Business Alliance and regional coalitions) to develop programmes with Manpower Department, Employer Groups and Trade Union Confederations.

5.2. MALAYSIA

Epidemiology of HIV and AIDS in Malaysia

The HIV epidemic in Malaysia, according to WHO/UNAIDS classification, is a concentrated epidemic. The first case of AIDS in Malaysia was reported in December, 1986 in an American of Malaysian origin who had returned home for a visit and died due to *Pneumocystis carinii* pneumonia. During the same year, another three persons were found to be HIV positive. Since the first AIDS case, the number of cases reported annually increased to 18 in 1990, 233 in 1995, 1,168 in 2000 and since then has remained stable with 1,076 cases reported in 2003. The HIV epidemic, beginning with four positive cases in 1986, increased to a total of 992 cases in 1990, to 15,396 cases by 1995, and to an estimated 52,000 cases by the end of 2003. It is estimated that 51,000 of the total HIV cases are adults (15- 49), including 8,500 women. (The adult prevalence rate is estimated at 0.4%.) The estimated number of AIDS deaths in 2003 was 2,000 in a population of 24.8 million. By ethnicity, the majority of the cases are Malays, followed by Chinese, Indians and others.

The main mode of transmission of the infection is through the sharing of contaminated needles by drug users (IDU), and followed by sexual intercourse. The first case of HIV infection among drug users was detected in 1998. Sero-prevalence increased from 1.8% in 1989 to 17.6% in 2002 among inmates of drug rehabilitation centres in the country. As the majority of the HIV positive individuals are young and sexually active, there is a concern they will spread HIV through sexual activity.

With regards to treatment, WHO/UNAIDS estimates that the number of HIV positive adults who require Anti-Retroviral (ARV) Therapy is 6,400; however, the number of adults with advanced HIV infection receiving ARV therapy is 2,700 (WHO). Development of AIDS in these adults can impinge on work and productivity.

Information on HIV and AIDS is collected through both passive HIV surveillance (reporting of HIV and AIDS to the Ministry of Health required by law) and active HIV surveillance (sentinel surveillance system among women attending pre-natal clinics, inpatients with tuberculosis and STD patients). All donated blood is screened for HIV since 1985.

Prevention and Control of HIV in Malaysia

In Malaysia, the highest policy making body on HIV and AIDS was originally the intersectoral National AIDS Task Force, chaired by the Director General of Health, and established in 1985. The Ministerial Level Committee on HIV/AIDS, chaired by the Minister of Health, was established in 1992. This committee, currently the highest policy-making body, is comprised of ministers from various ministries, including the Ministry of Human Resources. The National AIDS Task Force was then replaced by the National Coordinating Committee on HIV/AIDS chaired by the Secretary General of Health and the National Technical Committee on HIV/AIDS chaired by the Director General of Health. There are a total of 32 members in these committees with representation from government agencies, NGOs, professional bodies and universities.

The Secretariat to these committees is the HIV/AIDS Section in the Division of Disease Control, Department of Public Health, Ministry of Health. This Section, established in 1993, after a directive from Cabinet, is responsible for strengthening prevention and control of HIV in Malaysia. The HIV/AIDS Section also acts as the focal point for Malaysia for the ASEAN Task Force on AIDS. A State Coordinating Committee on AIDS has been established under the State Secretary in every state. While efforts to prevent and control HIV in the country are implemented by various stakeholders, the main agency is the Ministry of Health.

The strategies adopted by the Ministry of Health to prevent and control HIV include:

1. Provision of information, education and communication on HIV and AIDS.
2. Promotion of healthy lifestyle practices.
3. Early detection of HIV infection.
4. Harm reduction for the vulnerable and at risk groups.
5. Monitoring the situation through HIV surveillance and epidemiological measures.
6. Provision of appropriate medical/health services and supportive care at institutional and community levels.

In addition to setting up the National Policy Making Body, major milestones in responding to HIV and AIDS in the country include:

1. Screening of blood and blood products since 1986.
2. Gazetting AIDS as a notifiable infectious disease in 1985.
3. Initiating a HIV/AIDS Surveillance Program in 1988.
4. Launching a nationwide campaign on HIV/AIDS (Prevent AIDS Now) in 1991.
5. Establishing the Malaysian AIDS Council of NGOs in 1993.
6. Collaborating with Ministry of Home Affairs on prevention and control activities in Prison and Drug Rehabilitation Centres in 1996 .
7. Launching a youth-specific “Healthy Youths Without AIDS Programme (PROSTAR)” in 1996.
8. Integrating management of STD in primary care through Modified Syndromic Approach of STI Management in 1999.
9. Developing a Strategic Plan of Action in 1998 and formulating a new Strategic Plan in 2004 for 2005-2009.
10. Introducing a voluntary testing programme for pregnant mothers to reduce mother-to-child transmission.
11. Decentralising management of HIV patients from hospitals to primary care health centres.
12. Expanding voluntary anonymous HIV-Screening Services in 2001.
13. Adopting the UNGASS Declaration of Commitment in June 2001
14. Adopting the ASEAN Declaration on HIV/AIDS in November 2001.
15. Collaborating with the Department of Occupational Safety and Health in introducing a Code of Practice on Prevention of HIV/AIDS in the Workplace in 2002.
16. Launching a pilot project on treating HIV Positive Drug Users in Institutions in 2004.
17. Increasing the number of patients on antiretroviral treatment to 4,000 patients by 2005.

Initiatives on HIV and AIDS and the World of Work

Initiatives by Ministry of Human Resources

The Ministry of Human Resources has only become active in the prevention and control of HIV in recent years and more so after the publication of the Code of Practice (COP) on Prevention and Management of HIV/AIDS in the Workplace by the Department of Occupational Safety and Health (DOSHS). The Social Security Organisation, under this Ministry, provides benefits under the Invalidity Pension Scheme for HIV positive persons who are not able to earn more than one third of their monthly wage because of their illness. If the HIV infection was occupational in origin, compensation can be claimed under the Employment Injury Insurance Scheme.

Code of Practice on Prevention and Management of HIV at the Workplace

The main policy document developed to address HIV in the workplace is the Code of Practice published by the Department of Occupational Safety and Health (DOSH), Ministry of Human Resources in September 2001. The Minister of Human Resources, Malaysia in his message in the document, called for employers to develop and implement their own workplace policy and programmes on HIV/AIDS and to promote awareness, so as to prevent discrimination and stigmatization towards People Living With AIDS (PLWA).

A prelude to this COP was a survey carried out in 2000 by DOSH in 154 enterprises in a wide range of industries, which found the level of awareness on HIV and AIDS among workers to be very low; this led to a resolution being made at the National Seminar on “HIV/AIDS in the Context of the World of Work” held on 30 October 2000 in Subang, Malaysia. The need for guidelines for employers and workers in dealing with HIV and AIDS was highlighted during this seminar. The COP prepared by DOSH was a joint effort with representatives from various government agencies including the Ministry of Health, an Employers’ organization (Malaysian Employer Federation), Workers’ organizations representing both private and public sector (Malaysian Trade Unions Congress and Congress of Unions of Employees in the Public and Civil Services), non-governmental organizations, including the Malaysian AIDS Council (MAC), and international organizations, including UNDP, UNAIDS and ILO. Although the *ILO Code of Practice on HIV/AIDS and the World of Work* was not available at the beginning of the preparation process, it was taken into account before the finalization of drafting.

This COP, applicable to all employers and workers and any workplace, has three objectives: to serve as guidelines to employers and workers on ways of preventing and managing HIV in the workplace; to promote education and awareness on HIV and AIDS, and to promote a non-judgmental, non-discriminatory work environment. The key principles for measures to be taken have similarities to those in the *ILO Code of Practice on HIV/AIDS and the World of Work*. To ease implementation of the COP, guidance on a four-stage control programme to prevent transmission of HIV in the workplace was adapted from Australia’s National Code of Practice for Health Care Workers and included in the appendix. Along with this information on the Malaysian AIDS Council and its affiliates, the Malaysian Business Coalition on AIDS and the Joint United Nations Programme on HIV/AIDS (UNAIDS) was also included.

Activities Implemented by DOSH to Promote Code of Practice

This COP has been the main mover of HIV prevention and control activities in the workplace in the country. Since its publication, DOSH has organized road shows, including seminars on HIV at the Workplace. The seminars with employers, workers, unions, NGOs as target audiences, and have been conducted throughout Malaysia (Kuala Lumpur, Selangor, Johore, Penang, Pahang, Sabah and Sarawak). The number of participants attending these seminars varied from 120-200. In line with this activity on disseminating information on the COP, DOSH has developed four training modules on HIV/AIDS in the workplace:

1. Module on implementation of COP (used in seminars).
2. A two-day training module for resource persons (DOSH officers and other government agencies).
3. Module for worker education developed with assistance of MAC, MTUC and other NGOs.
4. Module to Train the Trainers for worker education.

With information on all ten key principles of the *ILO Code of Practice* included in the COP, and the Industrial Health (IH) Division having conducted briefing and training for all DOSH officers, the majority of the officers in the department are aware of the key principles. Promotional

activities on these principles and the COP are carried out by a few officers in the IH division at the Headquarters and IH units in the state offices.

An officer from the department has also been on radio talk shows on the subject of the COP on HIV in the workplace. The departmental library also acts as a resource library on the subject with information from the Ministry of Health and the MAC. There is also a webpage on HIV at the workplace in the DOSH website. DOSH is also making efforts to promote the COP among which is by carrying out a pilot project involving 20 workplaces, aimed at assisting and guiding management on implementing the COP. Officers in the HIV Division at the Headquarters and the HIV Unit in the state offices are in charge of monitoring progress of the pilot project.

Implementation of HIV and AIDS activities in the workplace is very much an integral part of the department's business plan with a budget allocation and regular reports of its implementation submitted at the quarterly meeting of Directors in the department. It was, however, felt that not many workplaces recognize HIV as a workplace problem (occupationally-related) but consider it a health problem/issue only. To overcome this, the department plans to organize more promotional activities such as seminars.

Initiatives by Malaysian AIDS Council and Non-Governmental Organisations

Malaysia has an umbrella organisation for NGOs involved in HIV and AIDS-related work, the Malaysian AIDS Council (MAC). The MAC was established in 1992, with the support of the Ministry of Health, as the Malaysian Council of NGOs on AIDS with 18 NGOs as affiliates. It is the prime mover for AIDS-related activities among the NGOs in the country. It currently has 37 NGOs as affiliates and acts as the liaison between the government and NGOs involved in HIV and AIDS-related work. NGOs with whom the MAC often works include Pengasih, Federation of Family Planning Association of Malaysia, WAKE, Malaysian CARE, Kuala Lumpur AIDS Support Society (KLASS), Pink Triangle Foundation (PTF) and Community AIDS Support Penang (CASP). The MAC, which has been very active in addressing HIV and AIDS, plays three main roles: coordinating the work of NGOs, capacity building and advocacy through its membership on The National Coordinating Committee on AIDS.

With respect to initiatives on HIV and AIDS and the world of work, the MAC has been involved with the development of the Code of Practice on Prevention and Management of HIV/AIDS in the Workplace and also worked with DOSH in promoting the Code nationally. It has also been involved in urging employers and workers to adopt the Code and raised the issue of strengthening the impact of the COP during the Ministry of Health Annual Dialogue. The MAC and its partner organizations give public talks and provide free training on HIV in the workplace. It provides IEC materials including exhibition kits for workplace awareness and resource persons as technical support.

MAC, with its partner organizations, conducts training workshops providing information on HAART. Care and support is carried out jointly with partner organizations. AIDS orphans and children are taken in by shelter homes run by these organizations. Training activities are also aimed at reducing stigma and discrimination. PLHAs are trained to share the impact of stigma and discrimination and to emphasize values of compassion and support. The MAC affiliate, Tenaganita, has been active in addressing issues related to HIV and AIDS in the context of labour migration, including those related to mandatory testing and deportation, the high cost of treatment, and the existence of double fees for foreign workers. It also produces relevant information in different languages to increase accessibility.

Unique to initiatives by NGOs in ASEAN is the MAC's launching of the Malaysian AIDS Charter, a multisectoral document, setting out a framework of "shared rights and shared responsibilities" for all in Malaysia" in 1992. Rights and responsibilities of individuals and health care workers,

and in relation to employment, education and prisons and detention centres were outlined in the charter. With regards to employment, the principles outlined in the *ILO Code of Practice* (relating to HIV testing for employment and during employment, disqualification from employment, confidentiality of information related to HIV status and worker access to information and education) were already included in this 1992 charter. Although the document has no force of law, the MAC has used it to promote principles outlined and to implement strategies included in the Charter. It was felt that the MAC and the majority of its partners and affiliates were aware and promoting all ten principles outlined in the ILO Code of Practice.

In playing its international role, the MAC jointly organized the four-and-a-half day 2nd International Muslim Leaders Consultation with Department of Islamic Welfare (JAKIM) in 2001 which was attended by 300 religious leaders, scholars and activists. In Kofi Annan's words, the "2nd IMLC that was held in Malaysia signalled renewed solidarity and commitment on behalf of Islamic groups in the response to HIV/AIDS".

Initiatives by Employer Organizations

Initiatives by employers with respects to HIV in the workplace vary from some employers (generally multinationals) having HIV Policies in their workplace and having activities in line with these policies, to the majority of the employers having nothing. Representatives from the Malaysian Employer Federation (MEF) and the Malaysian Business Coalition on AIDS (MBCA) were involved in drafting the COP issued by DOSH. The MEF has been involved in creating awareness on HIV in the workplace by training of its staff and inviting speakers to its monthly regional meetings. It has assigned an associate consultant for occupational safety, health and environment to build up capacity in handling HIV at the workplace. To reduce stigma and discrimination attached to HIV in the workplace, it has been organizing talks/briefings on the COP and advising employers to adopt practices recommended in the COP. The MEF, however, felt that mandatory medical check-ups before entering the country and yearly medical check-up conducted on foreign workers will help detect HIV. However, its stand included that HIV and AIDS cases are not to be excluded from benefits under insurance schemes, and health issues should neither be negotiated nor be part of the Collective Agreements. It was felt by MEF that, while the majority of the employers were aware of principles of the *ILO Code of Practice*, only issues related to gender equality, healthy work environment, social dialogue, prevention and care and support were being promoted by the majority. The MBCA, comprising a number of Malaysian businesses and multinational companies, was formed in 1996 to create awareness and understanding of HIV and AIDS amongst the Malaysian business community and to actively engage it in HIV prevention and AIDS care. One of its activities was conducting a "Train the Trainer" course on awareness of HIV and AIDS. The MBCA has not been active in recent years.

Initiatives by Employee Organisations

Workers' organizations are not so active in addressing HIV at the workplace. However both the Malaysian Trade Union Congress (MTUC) and the Congress of Unions of Employees in Public Service (CUEPACS) were involved in drafting the COP issued by DOSH. Other than this, they have not been involved in contributing to national AIDS strategies and plans. The MTUC OSH department is involved in creating awareness through training, distributing brochures, newsletters and memos. The MTUC has included a clause on HIV/AIDS in its OSH policy and has promoted and recommended it to the union members for implementation at the workplace. It has also focused on the violation of rights of workers living with HIV. The MTUC Women Committee is actively involved in empowering women economically, socially and politically and is aware of issues related to vulnerability of women to HIV and AIDS. According to the MTUC, most of their unions include OSH policies incorporating a clause on HIV and AIDS in

their collective agreements. While the MTUC felt the majority of the unions were aware of all the principles of the *ILO Code of Practice*, they were not involved in promoting social dialogue and issues related to confidentiality.

It is felt that the Code of Practice issued by DOSH, with all principles of the ILO Code of Practice incorporated, would be a useful document for ASEAN Member Countries to use when developing similar codes. The Malaysian AIDS Charter, setting out a framework of “shared rights and responsibilities” for the different stakeholders in the country, is a useful tool that could be used in other countries.

5.3 THAILAND

Epidemiology of HIV and AIDS

Thailand had a total population of 61 million in 2004. By 2004, there were an estimated 1,074,155 persons who had been infected with HIV, of whom 501,600 have died. According to UNAIDS, since 1984 the number of AIDS cases reported annually increased slowly to 173 in 1990 and then, exponentially, to 604 in 1991. They increased to 1,838 in 1992, 13,876 in 1994 and 20,681 in 1995 and peaked at 27,485 cases in 1998. Since 1998, the number of cases reported each year has declined. There were 13,585 new cases in 2003. As of January 2004, 231,712 AIDS cases have been reported. The estimated number of persons living with HIV and AIDS at the end of 2003 was 570,000, with the majority of them (560,000) being adults (15-49 years) and of whom 200,000 were women. The adult prevalence rate is 1.5%. The estimated number of adults and children who died of AIDS in 2003 was 58,000.

The epidemic in Thailand began between 1984 and 1986 with the first wave, when cases of AIDS were seen among homosexual males. The disease was later seen in intravenous drug users (1987-88) and sex workers (1989-1990), with the clients of the sex workers forming the fourth wave. The disease then spread to wives and girlfriends, and the sixth wave was comprised of mothers passing the infection to their children. The majority (80%) of the AIDS cases seen since 1984 have been in the 20-39 years age group. The male/female ratio of AIDS cases is 2.8:1. The route of transmission for the majority (88%) of the cases is through heterosexual transmission, 6% by intravenous drug use and 5% by perinatal transmission.

The risk behaviour surveillance programme in Thailand started in 1995. Behavioural surveillance studies carried out between 1995-1999 showed declines of 50% and 27% among military conscripts and factory workers in reported "first-sex experience" with commercial sex workers. 90% of female factory workers reported having a sexual experience within the year prior to the survey. In 1999, 54% of factory workers reported having sex with a friend/lover. HIV prevalence trends observed through sentinel surveillance systems have shown that the prevalence of HIV infection among pregnant women declined from 1.93% in 1995 to 1.18% in 2003 (in major urban areas, and, where applicable, other metropolitan areas with a similar socio-economic pattern). Among sex workers, the rate has declined from 9.61% in 1995 to 2.60% 2002 (in major urban areas). The prevalence of HIV infection among sex workers varies in the different parts of the country with prevalence rates in the frontier area being higher than the rest of the country: prevalence rates were as high as 81% in 2002 in Phrae Province. Nationally, HIV prevalence in military conscripts decreased from 4% in 1993 to 0.5% in 2003. Prevalence rates continue to be high among intravenous drug users (53.6% in 2002) in Bangkok. Rates are 7.9% (2003) among male sex workers and 6.9% (2003) among fishermen. While the number of new cases of HIV infection has been declining, it is predicted that there will be 50,000 new AIDS cases in Thailand each year and, hence, the need for programmes to provide anti-retroviral therapy.

Prevention and Control of HIV in Thailand

Prevention and control of the HIV epidemic in the initial years was hampered by views that the disease was confined to certain high risk groups, i.e. male homosexuals and intravenous drug users. In 1987, a cabinet decision led to the development of the National AIDS Programme under the Ministry of Public Health. However it was only in 1991 that HIV prevention and control became a national priority with significant increase in the budget. The National AIDS Committee was established with the Prime Minister as its chairman and the Minister of Public Health chairing its executive committee. The National AIDS Committee with the assistance of the Economic and Social Development Board prepared the First National Plan for Prevention and Alleviation of AIDS (1992-1996). The roles and responsibilities of various stakeholders

including various ministries, NGOs, and private businesses, were outlined in the plan. A high profile campaign to inform the public on AIDS was implemented under the leadership of a member of the cabinet, Meechai Viravaidya, an economist and AIDS activist, earlier involved in family planning and known as “Mr. Condom”. Information on AIDS was transmitted through radio, television and schools. He promoted condoms among the Thai public, condom use in red light districts, colourful condom advertisements and a chain of restaurants (“Cabbages and Condoms”). A “100 percent condom program” to enforce use of condoms in all commercial sex establishments and with condoms freely distributed in brothels and massage parlours led to very high use of condoms among sex workers. With increased funding during the period of the First National Plan, all segments of Thai society were involved in HIV and AIDS work – teachers, monks, prostitutes and even the military.

During the years 1997-2001, under the 2nd National Plan for Prevention and Alleviation of AIDS, efforts to include communities and people living with HIV were made. Results of studies and effectiveness of AZT treatment led to its use in most hospitals in Thailand by 1999. The financial crisis of the late 1990s in Thailand led to a decrease in funding of medical treatment (antiretroviral therapy) and condom distribution was significantly reduced. HIV prevention and control activities are currently carried out in accordance with the 3rd National Plan for the Prevention and Alleviation of AIDS in Thailand (2002-2006). Its orientation is towards developing capacities and participation of individuals, families and communities, while emphasizing a holistic community-based approach and administrative integration with HIV prevention and AIDS alleviation being a shared task. Its targets include: reducing HIV prevalence among those 15-59 years of age to less than 1%; at least 80% of PLHAs and affected individuals having access to and receiving care and support with local administrations and community organizations planning and carrying out work on HIV prevention and AIDS alleviation. Programmes are implemented by various stakeholders under the auspices of the National Committee for the Prevention and Control of AIDS.

The AIDS Division of the Ministry of Public Health acts as the Secretariat of the National AIDS Committee. Collaboration at local, national, regional and international levels is fostered by the Bureau of AIDS, TB and STIs of the Department of Disease Control, Ministry of Public Health. Close collaboration with countries sharing its boundaries is especially emphasized. A project on HIV/AIDS Prevention and Control in Border Areas: Thai-Cambodia, Thai-Lao PDR, Thai-Malaysia and Thai-Myanmar has been developed. This bureau acts as the focal point for the ASEAN Task Force on HIV/AIDS.

Care for HIV and AIDS patients is generally provided for by all district and provincial hospitals. Care for PWHA is holistic and includes anti-retroviral treatment, prevention of opportunistic infection, counselling, group-supported care, community based care, home-based care and social and economic impact alleviation. Antiretroviral treatment for PLHAs is covered under the Social Security Scheme. For those who are resistant to the standard 3 drugs regime, Social Security pays 500 Baht per month. As of June 2004, 13,000 PLHAs were on anti retroviral therapy. Efforts are being made in Thailand to provide universal access to care. It is estimated that there are a total of 120,000 PLHAs in need of treatment.

Recognizing the importance of the various stakeholders, the Thai government has always fostered partnerships among governmental organization, nongovernmental organizations and groups of people living with HIV. Since 1992, a national budget has been allocated to support the work performed by NGOs and PLWA groups. The Thai NGO Coalition on AIDS (TNCA), with over 150 members, is the main body for networking HIV and AIDS work among NGOs. It is estimated that there are 500 NGOs working in HIV and AIDS- related issues. The Thai Network of People Living With HIV/AIDS (TNP+), with over 700 PLWA groups as members, networks and collaborates on HIV and AIDS.

Thailand is known to have one of the most successful HIV prevention and control programmes that have resulted in declining incidence rates. However, there is concern that cuts in AIDS programmes due to the economic crisis and the changes in the pattern of transmission may lead to resurgence. Prevention and control programmes targeted at sex workers and their clients have been very successful. Questions are raised with respect to addressing intravenous drugs use and husband-to-wife transmission

Initiatives on HIV and AIDS and the World of Work

Initiatives by Ministry of Labour

Noting the magnitude of the HIV and AIDS problem and its implications on the world of work, the Ministry of Labour is represented in the National AIDS Committee. A National Steering Committee on the Prevention and Management of HIV/AIDS in the World of Work with the Director General of the Department of Labour Protection and Welfare (DLPW) in the Ministry of Labour (MOL) acting as Chairman was established. This steering committee, with representation from Government, Employers and Workers and also NGOs meets at least twice a year. Early initiative of the MOL to fulfil the principles of the ILO Code of Practice was a review of the laws of Thailand by an ILO Consultant, Nick Ruskin. The review found that labour laws of Thailand did not deal directly with HIV as workplace issues, nor were there any laws which were inconsistent with principles in the *ILO Code of Practice*. The consultant recommended a 3-phase strategy to give effect to the *ILO Code of Practice*. Phase 1 was to adopt a National Code of Practice for Thailand on HIV/AIDS and the World of Work with its contents reflecting the *ILO Code of Practice*. Phase 2 was on how to implement the Code, including an incentive/penalty programme. Phase 3 was on legislative reform, with various options including issuing Ministerial Regulations under the Labour Protection Act, amending the Labour Protection Act to embed key principles of the National Code, embarking on a Workplace HIV/AIDS Act and amending Hire of Work provisions of the Civil and Commercial Code in the informal sector addressing HIV and AIDS issues. It is felt that the National AIDS Committee can promote notification of the MOL Code of Practice to other stakeholders. It was also suggested that the ILO could play a facilitative role in assisting the MOL.

Department of Social Welfare

The Department of Social Welfare, among other assistance it gives, provides assistance to persons living with HIV and their families. Under the occupational fund: a sum of 5,000 Baht per case is provided to women with HIV or impacted by HIV, and this includes families with HIV positive members. A sum of 500 Baht per month or a maximum of 5,000 Baht annually is provided as welfare for subsistence for persons living with HIV. Persons with a social insurance card are eligible for AZT treatment. Persons with social welfare cards receive free service at public health care facilities.

The Rayong Province Project

In response to the *ILO Code of Practice*, the DLPW also developed a Pilot Project on HIV/AIDS Prevention and Management in the Workplace reaching out to factories in Rayong Province. The budget for the project came from WAF and UNAIDS, and it was implemented by the ILO. This project, which took place between October 2002 and May 2004, was carried out jointly by the DLPW (MOL), Rayong Provincial Labour Protection and Welfare Office, Workers Organizations e.g. LCT and Employer Organization (ECOT) and Non-governmental organizations, e.g. Thailand Business Coalition for AIDS (TBCA), Centre for AIDS Right (CAR) and CARE. The DLPW sent invitation letters to participate in the project to 101 companies with acceptance by

8 companies. Follow-up by NGOs led to further acceptance by 5 companies. Knocking on the doors of companies and making presentations on the project led to a further acceptance by 52 companies with a total of 65 companies and 7,000 workers involved in this project.

The project provided assistance to participating businesses on HIV policy, education, care and support. The AIDS-response Standard Organisation (ASO Thailand) - a system of auditing and accreditation with various indicators - was developed and used in this project. The objectives of the ASO Thailand were to invite companies to overcome major workplace issues, including incorrect information leading to risky behaviour, discrimination of workers living with HIV and lack of adequate assistance to workers living with HIV. The companies were audited based on the following criteria: no discrimination based on HIV status; formal announcement of an HIV and AIDS workplace policy; confidentiality of HIV and other related information; assistance provided to HIV positive workers; provision of training and education on HIV and AIDS in the workplace; community involvement in HIV prevention and non-discrimination. Of the 63 companies that participated in the project, a total of 48 companies achieved ASO standard (17 silver rating and 31 gold rating). The outputs of this project include the translation of the *ILO Code of Practice* into Thai and Chinese and other training material (manual for employers, manual for workers, brochures on HIV and AIDS). The use of condom vending machine in workplaces was encouraged. The impact of this project has been to develop good practices in the pilot province to be replicated elsewhere and to provide feedback in policy-making at the national level.

National Code of Practice on Prevention and Management of HIV/AIDS at the Workplace 2004

This National Code of Practice based on the *ILO Code of Practice* was developed by the DLPW to enhance the competitiveness of the Thai workforce. To develop this National Code of Practice, a series of meetings between government agencies, employer representatives and workers representatives (tripartite consultation), a network of people living with HIV and HIV and AIDS related NGOs were held. The guidelines developed were to enable all agencies and business enterprises, whether big or small, to manage HIV in their workplace. An appropriate HIV and AIDS policy and the programmes in the workplace were to include education as well as care and support. Two important elements were included in the National Code: the first on Worker Rights and Social Protection and the other on HIV management at the workplace. The element on worker rights and social protection would ensure workers receive information on how to protect themselves against the disease and reduce the risk of infection. It also ensured workers would be provided social protection, would not be discriminated against and segregated, and that their rights would not be violated. The system in managing HIV should ensure that HIV's and AIDS' impacts on the workforce are mitigated, and it should be good enough to sustain enterprise competitiveness. A Notification on the National Code of Practice on Prevention and Management of HIV/AIDS at the Workplace was issued by the Minister of Labour on 7th January 2005. This notification placed the issue of HIV and AIDS on the national agenda with other government agencies also involved.

Other Initiatives of Ministry of Labour

DLPW has carried out training on HIV in the workplace for provincial labour officers from a budget provided by the government. Information and training of unions was carried out both at the centre (2 workshops in 2004 with 2 planned in 2005) and at the provincial level. Training of employers is to be carried out under the Global Fund Project. With respect to strengthening OSH in efforts to protect groups at risk of HIV, the National Institute for the Improvement of Working Conditions and Environment (NICE), DLPW, is involved in implementing the ILO SOLVE project that addresses issues related to stress, tobacco, alcohol

and drugs, HIV/AIDS and violence. (The acronym SOLVE is taken from the last letter of each of the issues addressed). However, issues related to HIV and AIDS have not been included in implementing this programme. To address the issue among women, workshops have been conducted to raise awareness among advisors for female workers in the workplace. With respect to enabling women to cope with HIV and AIDS, the responsibility lies with DLPW. Monitoring and evaluation of workplace responses to HIV at a national level is not implemented currently. The MOPH, however, supports efforts as part of its surveillance activities. Resources to address issues at the workplace are mobilized from ILO, UNAIDS, Global Fund and APEC. An APEC workshop on HIV/AIDS Management in the Workplace was conducted in August 2005 with financial support from APEC. It was organised by MOL and Ministry of Foreign Affairs with technical support from UNAIDS, ILO and TBCA. In promoting the MOL Code of Practice, it is expected that there will be greater awareness of key principles of the *ILO Code of Practice*. In spite of these efforts, the obstacle of addressing the issue of HIV in the workplace is that there was no specific budget for activities related to HIV and AIDS in the MOL, other than that allocated by the Ministry of Public Health.

Initiatives by Non-Governmental Organisations

There was general consensus among the tripartite stakeholders that the non-governmental organizations formed an integral part and played a significant role in Thailand's strategy to prevent and control HIV in the workplace. The Thai NGO Coalition on AIDS (TNCA), with more than 150 members, networks all HIV and AIDS work among NGOs. It is estimated that there are more than 500 NGOs or community based organizations working in the field of HIV and AIDS. The Thai Network of People Living with HIV (TNP+), with more than 700 PLHA groups, plays a vital role on networking and collaboration on HIV and AIDS work among PLHA. Numerous organizations are involved in addressing HIV and AIDS issues in the workplace, including TBCA and CAR. The Thailand Business Coalition on AIDS (TBCA), established in 1993, acts as a non-profit alliance linking the private and public sector in managing HIV in the workplace. Its objectives are: promoting clear non-discriminatory workplace policies and HIV and AIDS education in business and bringing corporate resources to assist in HIV prevention. Since its establishment, it has worked with more than 1,300 corporations/employers, both Thai and international companies. Its core activities are in HIV prevention and training (executive briefing, human resource management, workplace training, counselling training, peer education and training of trainers), consultation services (workplace policies, dealing with workers with HIV and support programmes), acting as an information resource centre (housing information, education and communication materials) and conducting advocacy work at a regional level. It played a significant role in the Rayong province project and is currently administering the Global Fund Project for HIV/AIDS in the workplace.

The Global Fund Project

HIV prevention and control activities in Thailand receive significant financial support from the Global Fund. There are two projects related to HIV and AIDS and the world of work. The first is the Prevention of HIV/AIDS among Migrant Workers in Thailand (PHAMIT) (US 14.96 million for 5 years), with the Raks Thai Foundation as the principal recipient. The second project is an extension of the Rayong Project to 29 provinces which is being funded, with the TBCA as the principal recipient with involvement of the DLPW and a network of NGOs.

In Thailand, few companies have HIV and AIDS Policies, and discrimination is still widespread. A survey by the TBCA in 2001 on 125 companies found 27% of the companies conducted compulsory pre-employment HIV testing, 36% of the companies terminated HIV positive staff, 22% conducted HIV testing for current employees. Results from a follow up survey in 2004 by TBCA, supported by Global Fund, on 510 businesses and 900 employees found

improvements in HIV workplace management when compared to 2001. In 2004, 12% of the companies surveyed conducted pre-employment testing and 9.5% conducting HIV testing for current employees. Although fewer companies (4.9%) terminated HIV positive staff, 54% of the companies were undecided on the issue and had not developed guidelines on care and support of infected employees. It was found that 53.2% of the companies had provided education or training for their staff. Attitudes among the 900 employees found 16% expressed fear of working with HIV positive co-workers, while 25.6% were fearful or unsure of working next to HIV positive colleagues. Another study on sexual behaviour among factory workers found that 61.9% and 33.9% of the male factory workers used condoms consistently with female sex workers and non-regular sex partners respectively in the year 2003, while only 9.4% of female factory workers reported consistent condom use with non-regular sex partners, placing them at greater risk.

Initiatives by Employer Organisations

The Employer Confederation of Thailand (ECOT) is a member of the steering committee chaired by the Minister of Labour. It is actively promoting awareness on HIV and AIDS in the workplace. In 2004, it conducted seven 1-day workshops funded by the Social Security Office, mainly addressing social security issues, but in which issues related to SOLVE, including HIV and AIDS, were incorporated. A Handbook for employees was also prepared with support from ILO/TBCA. While employers are involved, ECOT was not directly involved, neither in the Rayong Project nor in the Global Fund Project.

Initiatives by Employee Organisations

Activities related to HIV and AIDS carried out by employee organizations are directly related to the funding provided by the government. Workers' representatives felt that the government was not doing enough to address the HIV and AIDS issue. While the Workers' organizations have raised HIV and AIDS issues with the MOL and MOPH, it does not appear to be one of high priority among their concerns (only included in their May 1st manifestos 4 years ago). Its activities include conducting workshops which mainly highlight social security issues and in which HIV and AIDS were included as topics for discussion. Each of the Workers' organizations reported conducting 60 workshops with about 60 persons attending each in 2004. The State Enterprise Relationship Confederation (SERC) has Training of Trainer Programmes for union leaders. The Women's Committee of Employees' Organizations have included providing information on HIV and AIDS to women workers as part of their programme.

For Thailand, the following issues were identified that need to be addressed. There is a lack of legislation protecting the rights of job applicants and workers with HIV. Policy guidelines for the health care professionals on HIV testing and informed consent need to be strengthened. HIV and AIDS Education for MOL staff at the Centre was felt to be lacking, and there was a need for more to be done for greater awareness among them. The majority of workplaces do not have HIV and AIDS policies (they exist in a few large companies). Efforts were minimal to encourage social dialogue to foster trust and cooperation among the tripartite partners. On stigma and discrimination of workers with HIV, attempts are made to eliminate it through information and education that HIV infection is not easily transmitted. PLWA are invited to participate in these information sessions. Confidentiality of HIV positive status discovered on medical examinations needs to be promoted. However, it was agreed that the ASO Thailand system developed in Thailand is a useful tool that can be emulated elsewhere in ASEAN.

5.4. BRUNEI DARUSSALAM

Epidemiology of HIV and AIDS

The first case of an HIV positive person detected in Brunei was in 1986 in a male haemophiliac who acquired the virus from blood products purchased from overseas. The UNAIDS 2004 update reported the prevalence of HIV as remaining low, with a cumulative total of 518 HIV cases, including 14 AIDS cases by the end of June 2000. The estimated number of people living with HIV at the end of 2003 is less than 200, with an adult prevalence rate of less than 0.1%. Sexual transmission is the commonest mode of transmission, via the heterosexual or homosexual route. On World AIDS Day in Brunei in 2003, the Minister of Health revealed that, of the 25 Bruneians infected with HIV, 15 had died. Of these cases, 17 were men and 8 women, and 80% of them were in the age group 20-29 years. HIV seroprevalence surveys show low HIV prevalence rates even in high risks groups.

Prevention and Control of HIV in Brunei

Measures taken to prevent and control HIV include: education and awareness programmes, protection of the national blood supply, surveillance of high risk groups, clinical care, support and counselling on HIV and AIDS. Health care and medical facilities for HIV and AIDS, including antiretroviral therapy, is given free like other chronic diseases. The Disease Control Division of the Ministry of Health coordinates prevention and control activities on HIV. The antenatal screening programme in Brunei was presented as best practice to be shared by other ASEAN countries under ASEAN Work Programme on HIV/AIDS (2002-2005). The Brunei Darussalam AIDS Council (BDAC) established in 2000 raises awareness on HIV and its transmission and cooperates with government agencies and the community in providing support to PLHAs. The BDAC has set up peer counsellors, organized workshops, competitions and charity events. It receives funding from the private sector e.g. through Standard Chartered Bank from funds collected from sales of red ribbons. Information on specific initiatives in the workplace was not available.

5.5. CAMBODIA

Epidemiology of HIV and AIDS

The first case of an HIV positive person was reported in 1991, when detected in donor blood, and the first AIDS cases diagnosed in 1993. HIV Sentinel Surveillance (HSS) began in Cambodia in 1992 and was conducted by the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS). From the first case in 1991, the number of HIV infected persons, including people living with AIDS, increased rapidly to an estimated 210,000 adults in 1997. By 1999, it was categorized as being a generalized epidemic with prevalence rates among pregnant women at 2.6%.

By the end of 2003, UNAIDS estimates that the number of persons with HIV and AIDS is 170,000, 51,000 of whom are women, and that an estimated 15,000 AIDS-related deaths occurred in Cambodia.

The HIV prevalence rate among female, brothel-based sex workers has declined from 42.6% in 1998 to 28.8% in 2002. The main mode of transmission is from men to their regular partners/wives.

Prevention and Control of HIV

HIV prevention and control activities began being implemented when the National AIDS Program (NAP) was established in 1991. Activities at this stage were restricted to the Ministry of Health, as HIV and AIDS were considered only health issues. A National Strategic Plan for STI/HIV/AIDS prevention and control was then developed for 1998-2000. During this period in 1999, the National AIDS Authority (NAA) was established to coordinate activities related to prevention and for care and support for PLHAs. The NAA comprises 26 ministries, 24 provinces, and the Cambodian Red Cross. Based on the rapid increase in the number of cases and changing risk groups, the NAA developed the National Strategic Plan using a multi-sectoral approach for the period 2001-2005. The Royal Government of Cambodia has obtained funds from the Global Fund, and a Cambodian Coordinating Committee chaired by the Senior Minister of Health has been established to oversee the projects funded under the Global Fund. Considering these developments, the Strategic Plan 2001-2005 was revised in 2004 to address further needs of prevention and control, and care and treatment (including antiretroviral treatment) of PLHAs.

Prevention and control activities carried out under this Plan include promoting a 100 percent condom use programme, condom social marketing, ensuring safety of blood, peer education programmes and activities at the community level. Care and support services provided include testing and counselling services, home, institutional and community care for PLHAs. The legal framework for ensuring prevention and control of HIV and care and support for PLHAs in Cambodia is in the form of the Law on the Prevention and Control of HIV/AIDS enacted in 2002. This law has provisions for education and information dissemination, safe practices and procedures complying with NAA guidelines, testing and counselling, health and support services, monitoring, confidentiality, dealing with acts of discrimination and policies, establishment of the National AIDS authority and penalties for non-compliance of the provisions in the law.

HIV and AIDS and the World of Work

Initiatives by the Ministry of Labor and Vocational Training

Initiatives on HIV and AIDS at the workplace have been carried out by all the three tripartite partners i.e. Government, Employers and Workers. Initiatives by the government related to the workplace are developed and implemented by the Ministry of Labour and Vocational Training or MoLVT (divisions under the previous Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MoSALVY)). MoLVT is a member of the NAA Policy Board and Technical Board and was involved in the development of the national strategy on HIV and AIDS. While there is no specific law to address HIV in the workplace, the Complementary Code of Conduct to the Law, has specific provisions for HIV and AIDS, stating that all workplaces have a legal duty to collaborate with the NAA and its line Ministries, in combating HIV. Workplaces are required to conduct educational initiatives highlighting the importance of respecting confidentiality of HIV and AIDS-related information and human rights of workers with HIV. Employers are also required to ensure a safe and healthy working environment, including applying universal precautions where there are risks of occupational transmission. Implementing a policy of non-discrimination against workers with HIV is advocated under this Code. The Ministry of Justice Programme's training clerks of the court and the Garment Manufacturers Association of Cambodia's (GMAC) education of garment sector workers on HIV and AIDS have been identified as examples of best practice in the Code.

In 1999 MoSALVY was involved in the enactment of the two Prakas (Ministerial Decrees) related to HIV and AIDS and world of work. These Prakas were the Prakas on the Creation of the Commission on AIDS Prevention and Control and the Prakas on the Creation of the Secretariat of the Commission for AIDS Prevention and Control. Two other Prakas on the Creation of the HIV/AIDS Committee in the Enterprises and Establishment and Managing of HIV/AIDS in the workplace have been approved by the Project Advisory Body (PAB), a tripartite body of the ILO/USDOL HIV/AIDS Workplace Education Programme. These Prakas are awaiting approval of the National Labour Advisory Committee. The MoLVT currently advocates the translation of the *ILO Code of Practice on HIV/AIDS and the World of Work* into the Khmer language for use in Cambodia instead of developing their own Code.

The MoLVT is involved in the ILO/USDOL HIV/AIDS Workplace Education Programme, started in September 2003. The objectives of this programme are to increase awareness on HIV and AIDS, and to strengthen capacity of employers and unions and occupational safety and health systems to protect workers from HIV. This programme has a tripartite consultation mechanism. The MoLVT is also involved with NGO partners on various issues listed below, e.g. working with Coordination of Action Research on AIDS and Mobility (CARAM) in addressing the issue of HIV and AIDS in the context of labour migration.

Multisectoral Initiatives and Projects in the Workplace

Numerous projects have been conducted by NGOs, with the support of MoLVT, employers and trade unions. Details of these projects by CARE, Family Health International (FHI), Program for Appropriate Technology in Health, World Vision International Cambodia Women for Peace and Development (CWPD), Australian People for Health, Education and Development Abroad (APHEDA) and Coordination of Action Research on AIDS and Mobility (CARAM) have been outlined in the Report. Assessment on responses of gaps and opportunities regarding HIV at the workplace in Cambodia was published by the ILO/USDOL HIV/AIDS Workplace Education Programme in June 2004.

The various NGOs have targeted different groups:

1. CARE - garment factory workers (Sewing a Healthy Future Project), beer promotion workers (Selling Beer Safely), cement factory workers, motor taxi drivers in the border areas, casino workers, couples (Couples in the Know)
2. FHI - sex workers, uniformed service personnel (military and police) and their sexual partners, beer and cigarette promotion women, hotel and entertainment sector
3. Program for Appropriate Technology in Health – migrant workers, garment factory workers
4. World Vision International – men and women living along highways 4 and 5
5. APHEDA – volunteers and peer educators.
6. CWPD – direct and indirect sex workers and their sexual partners, migrant workers, hotel workers
7. CARAM – migrant workers, sex workers

The success of these programmes has mainly depended on the multisectoral approach used and the close cooperation of the government, employer organizations/employers and unions/workers.

The Cambodia Federation of Employers and Business Associations (CAMFEBA) is actively involved in addressing HIV in the workplace. The employer organization is one of three tripartite members involved in developing National Strategies and Plans and in the Committee for the HIV/AIDS Workplace Education Program. Employer organizations like GMAC and CAMFEBA have conducted workshops and seminars for their members and assisted them in starting HIV and AIDS programmes in their workplaces. The employer organizations are also looking at care and support for those who have contracted HIV. CAMFEBA hopes the NAA would help by supplying antiretroviral drugs either free or at subsidized rates. Employer organizations have already introduced training of workers in living skills to prepare them to be independent and resourceful with the aim that this would build rapport, social interaction and common purpose to work. CAMFEBA and GMAC are the main Employers' organizations playing a significant role in HIV and AIDS work.

5.6. LAOS, PDR

Epidemiology of HIV and AIDS

The first person reported with an HIV infection was a returning Lao female suspected to be a female sex worker, whereas the first AIDS case reported was in a person with a history of frequent travel to the Bokeo province adjacent to Chiangrai province in Thailand. The UN Theme Group on HIV/AIDS in Laos PDR reported that, as of December 2003, of a total of 98016 persons who had been screened/ tested for HIV infection, the number of HIV cases reported were 1,212, (63% of whom were males). A total of 670 of them had progressed to AIDS. In 2003, there were 170 new HIV infections reported. The prevalence rate of HIV infection among adults is low at 0.1%. Until the end of 2003, 486 AIDS-related deaths had been recorded. UNAIDS estimated there were a total of 1,700 adults living with HIV and AIDS in Lao PDR by the end of 2003. Although the number of cases is small, the numbers have been seen to be increasing each year.

In spite of the low prevalence of HIV in Laos PDR, there is concern because STI prevalence is high. In a study cited in the UNAIDS Country Report on Laos, of 108 female sex workers, 54% of them had STIs (43% Chlamydia, 26% gonorrhoea and 15% mixed infection). Only 22% of these sex workers used condoms. With increased infrastructural development and tourism in Laos PDR, there is risk of spread of HIV infection among the vulnerable groups, e.g. bar workers, migrant workers, truck drivers and police. Although no studies have been conducted on intravenous drug use, it is believed to be very low.

HIV sentinel surveillance was first carried out in Laos PDR in 2000 among more than 800 "service women" (indirect sex workers) in 3 provinces. The overall prevalence rate was found to be less than 1%. A behavioural surveillance survey conducted in the year 2000 showed 73% of service women used condoms with their clients and had an average of only one client on last day worked. A quarter to a third of truck drivers and police had had sex with a commercial partner in the last 12 months. Only 7 adults with advanced HIV infection are currently on treatment with ARVs, and there are an estimated 100 adults in need of treatment. A second round of sentinel surveillance was carried out in 2004.

Prevention and Control of HIV

Prevention and control of HIV is coordinated by the National Committee for the Control of AIDS Bureau (NCCAB). This committee, chaired by the Minister of Health, was established in 1998 and reformed in 2003. The Working Group on HIV/AIDS/STI which has representation from 17 government agencies/mass organizations, 11 UN agencies, 11 NGOs and three local NGOs, meets every four months. Both the Ministry of Labour and Social Welfare and the Lao Trade Unions are represented in the NCCAB. The Lao PDR government has developed the National HIV/AIDS/STD Policy in 2001, the National Strategic Plan on HIV/AIDS/STD (2002-2005), the National Action Plan on HIV/AIDS 2002-2005 and the Advocacy Strategy and Action Plan on HIV/AIDS 2003-2005. The three main elements of the policy are prevention of HIV infection, care and support of PLHA and mitigation of adverse impact on socioeconomic development. The HIV and AIDS programmes have been integrated with other health and development plans. The main priorities under the National Action Plan are: surveillance and research of HIV/STDS, STD prevention and treatment and prevention of HIV among vulnerable groups, e.g. service women, mobile population and youth. Other priorities include: condom promotion, prevention of HIV through blood safety, care and support of PLHA, preventing mother to child transmission and preventing HIV among general population and ethnic minorities.

The United Nations and its development partners are actively involved in supporting the National Strategic Plan on HIV/AIDS. UNAIDS acts as secretariat and provides technical

support to the UN Theme Group on HIV/AIDS and the Technical Working Group on HIV/AIDS. Bilateral and multilateral development partners are also actively involved in supporting its efforts. The UN Theme Group implements the UN Joint Plan of Action and Common Strategy on HIV/AIDS/STI 2002-2005. A mid-term review of this plan showed 0.5% of health expenditure funds were spent on HIV and AIDS. It also showed that 97.26% of large enterprises, 65.14% of middle enterprise/factories and 44.26% of small enterprises have HIV and AIDS workplace programmes. Support from the UN and its partners have been useful in the development of various components of the National Action Plan in Lao PDR. A number of mass organizations e.g. Lao Women's Union, Lao Youth Union, Lao trade Union and Lao Front for National Consultation have focal points for HIV and AIDS. The NGO Lao Network of People Living With HIV/AIDS (LNP+) has been established, providing care and support for those affected. HIV testing and counselling services are provided by all 14 provincial and 6 central hospitals in Lao PDR.

HIV and AIDS and the World of Work

Initiatives by the Government

The following are initiatives targeted at the working population under the National Action Plan

1. A National Surveillance System was established combining Behavioural Surveillance Survey (BSS), HIV Surveillance Survey (HSS) and STI Periodic Prevalence Survey (SPPS). BSS was carried out on female factory workers, service women, long distance male truck drivers, male and female seasonal workers, military and police personnel. HSS and SPPS specifically targeted service women, female factory workers and male long-distance truck drivers. The first round was conducted in 2000-2002, and the 2nd round was conducted in 2004. Qualitative assessment of Lao migration and vulnerability to HIV was also conducted in 8 border provinces.
2. STI Prevention and treatment activities have targeted female sex workers and their clients, service women and their clients, factory workers and Tuk Tuk drivers.
3. Activities on prevention of transmission of HIV among service women included community action projects, training service women as peer educators and training on assessment on drug abuse and risk factors.
4. Prevention of HIV transmission among mobile populations included activities that were targeted at truck drivers, military and police personnel and female migrant workers in garment factories (Friends tell Friends approach).
5. Activities have been implemented to prevent transmission of HIV among youth. These activities are important, as this group would form the future working population.
6. Education, information and social marketing programmes to promote condom use and increase its availability have been carried out via mass media e.g. TV, radio, newspapers. 100% condom use projects have been launched.
7. Care, support and treatment of PLHA (including workers) have been provided through self help groups, counsellors, Buddhist clergy and by setting up ARV/HAART programmes.

Initiatives by the Lao Employers Bureau (LNCCI)

The LNCCI, although not so active in promoting HIV and AIDS-related activities at the workplace, has carried out some awareness-raising activities. It has not been addressing principles of the ILO Code of Practice in the workplaces. It has, however, been involved in strengthening occupational safety and health systems in construction and other industries. This, however, does not include having HIV and AIDS policies in the workplace. The LNCCI, although not represented in the National AIDS Committee, feels it needs to be involved in national planning for HIV and AIDS. LNCCI state employers are involved in looking after PLHAs and reducing

the impact of HIV and AIDS on socioeconomic development. Gaps in initiatives on HIV and AIDS at the workplace have been attributed by the LNCCI to gender inequality, a traditional society and movement of labour. The continuing commitment and support of top management and availability of resources have been deemed essential for successful HIV and AIDS initiatives in the workplace.

Initiatives by the Lao Federation of Trade Unions (LFTU)

The Lao Federation of Trade Unions, with a total membership of 97,600 members, is a member of the NCAA and works closely with the NCAAB. The LFTU conducts awareness-raising programmes on HIV and AIDS for workers. Workers have been informed and educated on principles of the ILO Code of Practice including issues related to eliminating stigma and discrimination and empowering women workers. There are trainers in workplaces trained by the LFTU, and tripartite consultation on HIV and AIDS - with employers and health care workers - is taking place. Unions are also involved in educating workers on labour laws and protecting the rights and health of the workers. Initiatives by the LFTU are currently limited to 5 provinces.

5.7. MYANMAR

Epidemiology of HIV and AIDS

In its country report on Myanmar, UNAIDS states that “with significant poverty rates, high internal and external migration, a growing sex industry and sustained injecting drug use, Myanmar faces an epidemic with the potential to be one of the most serious in Asia”. Surveillance for HIV and AIDS began in 1985, the first case of an HIV positive person was detected in mid/late 1980, and the first AIDS case reported in 1991. The total number of people estimated to be living with HIV and AIDS in 2003 was 330,000 with an adult prevalence rate of 1.2%. This was characterized as being a “generalized” epidemic. The estimated number of PLHAs in need of antiretroviral treatment is estimated to be 60,000. The spread of infection across Myanmar has been quick and heterogeneous, leading to varying prevalence in the different geographical region and population subgroups. The prevalence continues to increase among military recruits tested (in Yangon and Mandalay), from 0.5% in 1992, 1.4% in 2000 and 2.09% in 2003. Similar trends have also been seen in blood donors, increasing from 0.3% in 1992, 1.0% in 2000 and 1.23% in 2003. The prevalence among pregnant women coming for antenatal care was 2.0% in Yangon and 0.5% in Mandalay. Median prevalence rates among intravenous drug users (IDUs) in six sentinel sites was 48% and among commercial sex workers in Yangon and Mandalay was 33% and 53.6% respectively in 2003. Reasons for the rapid spread of the infection include low level of awareness of HIV and AIDS amongst the population, improper care for STD, irregular HIV testing and low use of condoms among commercial sex workers. The main mode of transmission among the reported cases is by heterosexual route (65%), followed by intravenous drug use (26%) and contaminated blood (5 %).

Prevention and Control of HIV

HIV prevention and control activities are coordinated by the National AIDS Committee (NAC) chaired by the Prime Minister. The Minister of Health chairs the Working Committee. The NAC is multi-sectoral and has representation from various ministries, departments, NGOs and UN agencies. Active committees have been formed at the various levels: states, divisions and townships. In 2002, the UN Theme Group and UNAIDS in Myanmar with the Ministry of Health, UN agencies and national and international NGOs formulated the Joint Programme for HIV/AIDS 2003-2005. This programme has five components comprising:

1. reducing risk from sexual transmission among individuals;
2. reducing risk of HIV among IDUs;
3. increasing awareness of HIV/AIDS among the general population targeting the young;
4. improving access for treatment and support for PLHAs; and
5. strengthening the elements required to enable an effective response to HIV/AIDS.

The Fund for HIV/AIDS in Myanmar (FHAM) was established to support activities under this Joint Programme. Since 2003, resources have been significantly raised through this Fund. HIV prevention and control activities under the National AIDS Programme include: ensuring blood safety in both urban and rural areas; use of condom promotion in targeted groups; reducing risks among intravenous drug users; providing support and care for PLHAs and communicating behaviour change. Biannual sentinel surveillance in all states, prevention and treatment of STIs and prevention and treatment of HIV among IDUs has been the focus in recent years. High risk groups identified include IDUs, sexually promiscuous groups, migrant populations, transportation workers and populations in the Myanmar/Thai border areas. Workers in the transportation sector are considered most vulnerable, due to long-term deprivation of family and having money which leads to socializing with commercial sex workers.

A multi-sectoral approach is used in HIV prevention and control activities with active involvement and support from NGOs. The NGOs are involved in training of trainers (community groups), production of educational materials (musical shows, cartoons), conducting research in the form of surveys and establishing user-friendly clinics. Some of the NGOs involved include Care Australia, Medicines du Monde and World Vision. Funding for HIV prevention and control activities is mainly from United Nations agencies. UNAIDS has been the main agency driving the Joint Programme. It is involved in mobilizing and managing resources and partners, developing proposals and obtaining funding from the Global Fund. UNAIDS has also supported the WHO-led “3 by 5” initiative providing antiretroviral treatment for 12,000 PLHAs. The role of UNAIDS in Myanmar is different from other country offices because of its greater role in resource mobilization and technical management of the resources.

HIV and AIDS and the World of Work

Initiatives by the Government

The Deputy Minister of Labour is one of the members of the NAC with the Chairman of the Social Security Board, one of the five departments under the MOL, a member of the working committee chaired by the Minister of Health.

The objectives of the AIDS programme in the Labour Ministry include:

1. increasing awareness and perception of HIV/AIDS in the workplace.
2. preventing transmission of HIV through handling of surgical and medical equipment.
3. training health workers in health education, counselling and provision of care.
4. training private and public sector workers on HIV/AIDS/STD prevention and condom promotion.
5. strengthening the potential of the individual, family and employers in responding to the HIV problem.
6. providing effective health care and counselling services for people with HIV/AIDS.

These objectives are fulfilled through the Social Security Board. Educational activities are carried out by doctors, nurses and health workers at the social security dispensaries. These talks are given to both large and small groups. The Labour Ministry is also involved in round table discussion with management-level personnel of enterprises and factories. It is also involved in the distribution of condoms to workers through the foreman. Apart from health education, the Social Security Board advocates universal precautions for their medical personnel. HIV preventive measures implemented were reported by the Myanmar delegation to the 4th Senior Labour Officials Meeting to be in line with the following procedures: exemption from HIV testing in case of pre-employment health assessment, no compulsory testing for HIV in workplaces, HIV testing carried out in the interest of employees and being confidential and for clinical reasons. A positive HIV test does not exclude one from the workforce.

Initiatives by Employers

Initiatives by employers are in the early stage. The TBCA in 1997 worked with the Myanmar Chambers of Commerce in developing a business response to HIV and AIDS for Myanmar. This occurred when the TBCA was allowed to present the business response at a meeting of the “Tuesday Club”, an informal closed-door meeting of senior members of government and major local and international businesses. There was open discussion, and the need of involving business in HIV prevention and control was highlighted. Consensus was reached on the need for a national programme to coordinate business responses to HIV and AIDS. Due to political uncertainty, this only came to fruition when the Myanmar Business Coalition on AIDS (MBCA)

was formally established in 2002. The MBCA receives technical support from the Asian Business Coalition, AUSAID, UNDP and participating companies in Myanmar, works towards its stated objectives. These objectives include: mobilizing corporate resources to assist in the fight against HIV and AIDS; educating workers on HIV prevention and control; assisting businesses in developing non-discriminatory workplace policies and developing guidelines and procedures for human resource managers for HIV and AIDS intervention. Workshops on HIV and AIDS workplace policies have been conducted, and the members of the Chamber of Commerce have expressed their commitment. In January 2003, the MBCA launched an AIDS education programme at the Pun Hlang Golf Estate which is eventually to involve 5,000 workers. There are plans to expand these activities to bank employees.

5.8. PHILIPPINES

Epidemiology of HIV And AIDS

Since the first case reported in 1984, a total of 2,260 HIV infections including 681 AIDS cases and 266 AIDS-related deaths have been reported to the Philippine Department of Health Registry (as of April 2005). The prevalence of HIV in Philippines is low with an adult prevalence rate of less than 0.1%. No epidemic has been detected as yet, and, hence, the estimated number of persons with HIV has been reduced from 50,000 in the early 1990s to 9,000 in 2003. Of these estimated 9,000 cases, an estimated 8,900 are adults (15-49 years), 2,000 of whom are women. The mode of transmission is mainly sexual (90%). There is a high prevalence of sexual transmitted infections (STIs) among sex workers, reaching as high as 40% for chlamydial infections. Behaviour sentinel surveillance has shown increased use of condoms among registered sex workers from 75% in 1997 to 83% in 2002 and among freelance sex workers from 65% to 80% in the same interval. Sex workers in the Philippines, on the average, had low number of clients (2-4 per week) in 2002. However IDUs continue to share needles at a high rate of 81% in 2001. Multiple sexual partners, high rates of STIs, low perception of risks, sharing of unclean needles among IDUs and higher risk among Overseas Filipino Workers poses a possibility of an epidemic occurring.

Prevention and Control of HIV in Philippines

The Philippines has been quick in responding to the threat of HIV and AIDS. The Philippines AIDS Prevention and Control Act (Republic Act 8504) enacted in 1998 promulgated policies and prescribed measures for prevention and control of HIV in the Philippines. It instituted nationwide HIV and AIDS information and education programme and established a comprehensive HIV and AIDS monitoring system. It also strengthened the Philippines National AIDS Council.

This Act provided for:

1. the State to promote public awareness on HIV and AIDS with the involvement of affected individuals and groups including PLWA;
2. full protection of the human rights and civil liberties of persons suspected or known to be infected with HIV;
3. promoting safety and universal precautions in practices and procedures that carry risk of HIV transmission;
4. State to address and eradicate conditions that aggravate spread of HIV including poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance; and
5. the State to recognize the potential of affected individuals and to use their experience in propagating information and educational messages on HIV and AIDS.

Sections under Article VII of the Act provide for the establishment of the Philippines National AIDS Council (PNAC), its functions, membership (including Secretary of DOLE represented by the Executive Director OSHC), reports, creation of special HIV/AIDS Prevention and Control Service. DOLE has been a member of the PNAC since its formation in 1992.

Philippines National AIDS Council (PNAC)

The Philippines National AIDS Council has been given the task to be the central advisory, planning and decision-making body for HIV prevention and control in the Philippines. It was created under Executive Order 39, signed by President Fidel Ramos in 1992. The role of the PNAC was reconstituted and strengthened by the enactment of the Philippines AIDS Prevention and Control Act in 1998. The PNAC attached to the Department of Health, has a total of 26

members, comprising 13 national agencies, two organizations representing local governments, representatives from the two houses of Congress, two representatives from organizations of medical/health professionals, six non-government organizations involved in HIV prevention and control activities and a representative of organization of persons dealing with HIV and AIDS. Its functions include integrating and coordinating recommendations of various government agencies, issuing implementing rules and regulations of this Act and monitoring their implementation. In addition to developing a long term national HIV and AIDS programme, it works at strengthening and coordinating relationships between government and non-government agencies. It also coordinates with various international organizations regarding data collection, research and treatment modalities.

HIV AND AIDS and the World of Work

Various sections of the Act have specific provisions addressing HIV and AIDS and the world of work. Section 6 provides for standardized basic information and instruction on HIV and AIDS to be provided to all employees (government and private), workers, managers and supervisors, including members of the Armed Forces of the Philippines (AFP) and the Philippines National Police (PNP). This section specified collaboration with Department of Labour and Employment (DOLE) in overseeing HIV and AIDS campaigns in private companies and the AFP Chief of Staff in the armed forces and Director General of the PNP. Section 7 specifically provides for the State to ensure all overseas Filipino workers and diplomatic, military, trade and labour officials and personnel attend a seminar on HIV and AIDS. Various government agencies were given the task to ensure its implementation. Section 13 provides for issuance of guidelines on precautions against HIV transmission during surgical, dental, embalming, tattooing and/or similar procedures. Section 15 explicitly states that no compulsory HIV testing would be allowed, and that the government encourage voluntary testing for high-risk groups. Section 16 specifically prohibits compulsory HIV testing, in addition to other situations, as a precondition of employment. Other sections of the Act provides for anonymous testing and for exceptions to prohibition of compulsory testing. Section 27 provides for the establishment of AIDSWATCH and the HIV/AIDS monitoring programme under the Department of Health. Section 35 prohibits discrimination in any form from employment to post employment based on actual, perceived or suspected HIV status.

Initiatives by the Department of Labor and Employment (DOLE)

The DOLE is the main agency responsible for HIV and AIDS and the world of work in the Philippines. It is represented in the PNAC and has been given the mandate to address HIV and AIDS issues in the workplace under the Act 8504. Initiatives by DOLE began when an Inter-Agency Committee (IAC) on Workplace Prevention and Control of STD/HIV/AIDS was created through Administrative Order No. 236 in August 1996 followed by Department Order 38-03(2002). The IAC initial function was to draft a plan of action for workplace-based strategies for STD/HIV/AIDS. The IAC has representation of the senior technical rank from DOLE bureaus, offices and agencies. It serves as an advisory body and focal group to ensure coordination of the various partners involved in STD/HIV/AIDS programmes in the workplace. Initially, the IAC had 11 members from DOLE but has grown into a multi-sectoral consortium with 29 members, including representatives from employers and worker organizations, NGOs and academic institutions. Its meetings are used for policy development and strategic planning. DOLE established the Project “Support for HIV/AIDS and STDs Actions in the Philippines” and designated the Occupational Safety and Health Centre (OSHC) to coordinate policy formulation and action programmes in the workplace with support of IAC.

The National Workplace Policy on STD/HIV/AIDS in the Workplace in the form of a Joint Communiqué was ratified in 1997. This Policy and the RA8504 promote elements of the *ILO Code of Practice on HIV/AIDS*. The Policy provides practical guidelines to both employers and worker representatives on how to deal with HIV and AIDS in the workplace. The Goals of the Policy included: creating awareness on dangers of STD/HIV/AIDS; conducting and disseminating results of action; researching workplace issues on STD/HIV/AIDS; reviewing existing legislation and promoting new legislation; providing support services for HIV positive individuals and improving tripartite coordination between government, management and unions. The National Workplace Action Plan (NAP) on HIV/AIDS and STDs was developed in 1998 at a workshop held at the OSHC. The Plan was implemented over the next 5 years using a multi-sectoral approach and included the involvement of the Civil Services Commission and a modification of the Rule on Occupational Health Services in the OSH Standards Code to emphasize STD/HIV/AIDS programmes in services provided by company medical clinics.

Various initiatives have been taken by DOLE/OSHC under the NAP. These include: conducting operational research for policy and programme development; increasing awareness on HIV and AIDS; integrating HIV and AIDS in on-going training at the OSHC; and actively participating in seminars and conferences. Operational research conducted included a study to develop a national database on HIV and AIDS and STD programmes and activities in the workplace. The study was carried out to determine trends in policies and programmes, concerns expressed by the companies and prevention and control efforts taken related to STD/HIV/AIDS. The database developed is being continuously updated. Another study on risk factors among taxi/truck drivers and seafarers showed little efforts in education on safe practices for taxi/truck drivers but that seafarers received information during pre-departure orientation seminars.

Numerous initiatives in increasing awareness on HIV and AIDS and the world of work have been carried out by DOLE/OSHC which include:

1. Integration of HIV and AIDS education in the Basic Occupational Safety and Health Training Course, Construction Safety, Orientation Seminars-Workshops on Occupational Safety and Health.
2. Conducting courses on Prevention and Control of HIV/AIDS and RA8504 including training of trainers
3. Technical service in the form of company-based/in house lectures
4. Technical service in the form of assistance to enterprise in policy and programme development on HIV and AIDS concerns in the workplace.
5. Conducting SOLVE course (substance abuse, HIV/AIDS, violence, tobacco, lifestyle related diseases)
6. Integration of HIV and AIDS in programmes for Korea-bound Overseas Foreign Workers.
7. Developing and airing radio programmes on STD/HIV/AIDS
8. Developing, printing and dissemination of Primer on RA 8504.
9. Developing posters and comics on HIV and AIDS and the workplace.
10. Gender sensitive training programmes on OSH.

Other specific concerns with respects to HIV and AIDS and the world of work addressed by DOLE/OSHC are:

1. The DOLE/OSHC coordinates with the Social Security System, Government Service Insurance System and Employees Compensation Commission on HIV/AIDS coverage.
2. It links with the Department of Social Welfare and Development (DSWD) and NGOs on HIV and AIDS-affected orphans and children. On the issue of forced child labour, it is a member of National Program Against Child Labour.
3. It links with the Philippine Overseas Employment Administration (POEA), the Overseas Workers Welfare Administration and NGOs, specifically the Positive Association of the

Philippines, Inc (PAFP), in pre-departure orientation seminars on HIV and AIDS and other workplace concerns.

4. DOLE/OSHC submits proposals on interventions agreed by the IAC to potential donors including the Global Fund on AIDS, TB and Malaria, ILO and UNDP.
5. Promoting the curriculum on HIV and AIDS to the ASEAN OSHNET.
6. DOLE coordinates tripartite consultations on HIV and AIDS in the workplace, e.g. the ILO Tripartite Consultation on HIV/AIDS in the workplace in 2002. It also assists in Collective Bargaining Agreements (CBA) on HIV and AIDS issues included in these agreements.

DOLE has instructed its labour inspectors to monitor and assess compliance with Republic Act 8504. The programmes and activities, listed above, are efforts by DOLE and its attached agency, OSHC, in addressing HIV and AIDS at the workplace.

Initiatives by Employers

Employers in the Philippines are actively involved in HIV prevention and control efforts. Some of them adapt the STI-HIV-AIDS Programme in the workplace. They conduct IEC campaigns in the form of slogan and jingle writing contests, Question and Answers on HIV and AIDS on payslips, seminars and distribution of brochures and leaflets. Principles of the ILO Code of Practice are included in their corporate policy on STI-HIV-AIDS. These initiatives are implemented by establishing partnerships with NGOs and Local Government Units. The formation of Local STI-HIV-AIDS Councils with private organisations, NGOs, Local Government Units and community based organisations is promoted.

Initiatives by Trade Unions

The Trade Union Congress of Philippines (TUCP) with 1.2 million members is actively involved in addressing HIV and AIDS in the workplace. The TUCP is the labour sector representative in the PNAC and, through advocacy, the PNAC has identified the workplace as a primary target in the Medium Term Plan for AIDS. It is involved in tripartite consultation on workplace HIV and AIDS concerns. The TUCP is involved both in promoting and advocating the adoption of the *ILO Code of Practice on HIV/AIDS* and the principles of the *ILO Code*. Preventing HIV in the workplace is important component of the TUCP Cares Program which is the overarching framework of the Centre's health and welfare program for workers and their families. TUCP's efforts on HIV and AIDS have achieved the following:

1. Adopting a "Trade Union Policy and Action Plan on HIV/AIDS"
2. Implementing a project on "Enhancing the Union-Based HIV/AIDS Peer Education in Selected Sites" - Seventy nine (79) local union officers/members were trained on Peer Education. Thirty (30) union officers were trained as trainers on peer education specific to HIV and AIDS.
3. Developing various IEC materials (manuals, posters, stickers, flyers, etc.) as supplemental sources of information for workers on HIV and AIDS.
4. Integrating HIV and AIDS Provisions into collective bargaining agreements has also been undertaken. To date, more than 70 CBAs have integrated RH Provisions.

Initiatives by Non Governmental Organisations

The Philippine Business for Social Progress (PBSP), a corporate-led foundation set up in 1970 by 50 Filipino business leaders, is the first organisation in the Philippines to initiate private sector involvement to address HIV and AIDS. It promotes the concept of HIV prevention in the workplace to high level management and encourages companies to develop HIV and AIDS programmes and assist them in their internal capacity-building to do so. This has been carried

out with the support of the Thai Business Coalition on AIDS (TBCA). Services provided by the PBSP include HIV and AIDS orientation for executives and employees, HIV/AIDS Peer Educators and Counsellors (PEC) Training Course for Companies, HIV/AIDS PEC Training of Trainers and Courses on Formulating HIV/AIDS policies. The PBSP has reached 30,000 workers directly and 300,000 individuals indirectly. The AIDS Society of the Philippines, affiliated to the International AIDS Society, is the leading association working towards HIV prevention and control. The Remedios AIDS Foundation (RAF) is one of the first NGOS to work on HIV and AIDS. It provides counselling via a hotline and internet, training on HIV and AIDS, and care and support services including clinics, laboratories and anonymous testing.

5.9. SINGAPORE

Epidemiology of HIV and AIDS

The first case of AIDS was reported in Singapore in 1986 and, by end of 2003, a total of 1,208 cases have been reported. The estimated number of adults and children living with HIV and AIDS at the end of 2003 was 4,100. Of this total, an estimated 1,000 were women between the ages of 15-49 years. Testing for HIV status is available at all antenatal clinics and public sector primary care clinics. Anonymous HIV testing is offered by the NGO "Action for AIDS". Testing for HIV status has been carried out among sex workers since 1985, with the first case found in this group in 1992. The prevalence rates of HIV infection among sex workers in 1992 was 0.8% and in 2,000 was 0.7%. The estimated number of adults needing treatment is 740. HIV surveillance activities have been carried out among pregnant women, sex workers, intravenous drug users, men having sex with men and patients with sexually-transmitted infections and tuberculosis. Sexual transmission is the most common mode of infection in Singapore. Of the reported cases in 2003, 20% were from the sales or service sector, and 18% worked as production craftsmen or plant/machine assemblers.

Prevention and Control of HIV

The National AIDS Task Force in the Ministry of Health (MOH) was established in 1985, and a membership of 15 is the main body responsible for coordinating efforts in the prevention and control of HIV in Singapore. This task force with 15 members, appointed by the MOH, advises the MOH on control measures. It has representation from the Ministry of Manpower (MOM) since 2001. The Health Promotion Board (HPB) of the MOH organizes seminars/workshops and provides free resources to address HIV and AIDS at the workplace.

HIV and AIDS and the World of Work

Initiatives by the Government (Ministry of Manpower)

Currently, there is no specific law, regulation or code of practice addressing HIV in the workplace in Singapore. The MOM contributed to efforts by Singapore National Employers Federation (SNEF) in developing Guidelines on HIV Infection and AIDS in the workplace in 1993 and the revised Guidelines in 2001-2002. It provides input on workplace issues as a member of the AIDS Task Force. On issues related to confidentiality of HIV and AIDS status, provisions to protect the identity of persons with HIV/AIDS are stipulated in the Infectious Diseases Act. According to SNEF, disclosure by medical practitioners to prospective or existing employers that a prospective or existing employee has HIV infection/AIDS is not an expressed exception to the confidentiality requirement under the IDA. However, employers and their employees who receive information regarding HIV status of an employee may incur civil and criminal liabilities, if they disclose such information other than in accordance with the IDA.

Although there is no special scheme for HIV and AIDS, patients can use Medisave to pay for medical treatment of HIV and AIDS as per other medical conditions. Most companies do not cover the cost of drugs and health services for HIV and AIDS. A shift towards use of a "portable medical scheme" leaves the choice to workers on how they wish to utilize their medical benefits. With regards to foreign workers, all work permit-holders must undergo compulsory HIV testing. Those found to be HIV positive are repatriated and not allowed to work in Singapore. To reduce stigma and discrimination, efforts are made to educate employers and workers that there is no evidence to show that HIV is transmitted in the normal course of work, except in health care or related services.

There is no specific legislation which protects workers from dismissal or discrimination on the basis that he/she has HIV. In organizations with workers who are HIV positive, management have maintained confidentiality of their HIV status and retired them on medical grounds only when they were deemed too ill to work. While many employers recognize the need to accommodate the needs of HIV positive workers, it was felt that, to prevent discrimination of such workers, there was a need for a comprehensive education and awareness programme for all employees. This is to ensure that the infected worker is able to adjust to the societal aspects of the work environment. The issue of HIV and AIDS in the workplace is considered a taboo in conservative Singapore, and overcoming this societal barrier was the greatest challenge. Issues relating to HIV and AIDS are rarely incorporated into collective agreements.

The AIDS Task Force suggests that MOM be encouraged to further promote HIV prevention as part of workplace health promotion programmes, support employers organization (SNEF) and unions to minimize discrimination against PWHA and enact specific legislation to protect rights of workers who are HIV positive. It also suggests that employers initiate and support HIV prevention programmes in the workplace and cover the costs of employees' treatment. The SNEF would like the costs incurred for awareness programmes on HIV and AIDS in the workplace to be subsidized and free health clinics to be provided in the workplace.

Initiatives by Employers

The Singapore National Employers Federation (SNEF), with 1,819 members having a total of 430,000 employees, is actively involved in addressing HIV and AIDS issues in the workplace. In 1992, it established a Committee to identify problems and issues arising from the occurrence of HIV infection and AIDS in the workplace with representation from the MOH, an NGO (Action for AIDS Singapore) and Human Resource representative from the companies. This committee developed and issued Guidelines for employers on HIV Infection and AIDS in the workplace in March 1993. SNEF has been involved in organizing educational talks and seminars to create awareness among employers and workers on how to address HIV and AIDS in the workplace. SNEF provides briefings and advisory services for employers on HIV and AIDS issues in the workplace. Employers can obtain Workplace Health Promotion Grants from the MOH to co-pay efforts to address HIV and AIDS in the workplace. Employers are encouraged to implement policies on HIV and AIDS in their enterprises. HIV and AIDS issues are felt to be addressed by effectively implementing safety and health policies. For health care and other related services where there is exposure to infected body fluids, employers are encouraged to access the wide range of published policies for hospitals, pathology laboratories and other health facilities. In the context of the Principles of the ILO Code, it was felt the majority of its members were aware and promoting them.

Initiatives by the Unions

The National Trade Union Congress (NTUC), with a total number of 400,000 members, is actively addressing HIV and AIDS in the workplace. It has embarked on public education efforts to inform workers on HIV and AIDS. These efforts include distributing HIV and AIDS educational materials (pocket calendars, posters on safe sex) to union members, organizing seminars and forums to engage union leaders in recognizing HIV and AIDS as workplace issues and organizing road-shows to educate workers. Efforts to strengthen the capacity of union leaders are being made using the *ILO Code of Practice* and SNEF Guidelines on HIV/AIDS in the workplace. NTUC has called on employers to establish human resource policies on HIV and AIDS adopting principles outlined in the *ILO Code of Practice* and SNEF Guidelines and that these policies be communicated to employees so that they know the company's stance with regards to HIV and AIDS. NTUC has urged employers to abide by the ILO Code

and SNEF Guidelines. It was felt by the NTUC that the majority of their members were promoting the principles outlined in the ILO Code.

Initiatives by NGOs

Two NGOs playing an active part on HIV and AIDS and the workplace are the Action for AIDS and the Business Coalition on AIDS in Singapore (BCAS). Action for AIDS (AFA), an NGO and registered charity established in 1988, has a mission to prevent to transmission of HIV through education of vulnerable groups, to advocate for access to affordable care and against discrimination based on HIV status and provide support for PLHAs, caregivers and volunteers. It has trained educators to conduct workshops as well as assist organizations develop HIV and AIDS policies in the workplace. It is the only organization that conducts anonymous HIV testing and counselling. Recognizing its tremendous contribution to HIV and AIDS efforts in the country, it is included as a member of the AIDS Task Force. The BCAS was established in Singapore in the year 2002 to address issues related to HIV and AIDS in the workplace. Organizations playing a key role in BCAS include Levi Strauss Asia Pacific Division Pte Ltd, the Body Shop and Standard Chartered Bank. Along with the advocacy role it plays, the BCAS is involved in disseminating information to businesses, conducting executive briefings, helping companies develop HIV and AIDS policies, developing workplace manuals on HIV and AIDS, and facilitating the introduction of relevant training and service providers and networking as well as share best practices among the companies.

5.10. VIETNAM

Epidemiology of HIV and AIDS

The first case of an HIV positive person was reported in 1990. Since then, the number of cases of HIV infection and AIDS are growing rapidly in all provinces in Vietnam with a number of sub-epidemic hot spots. The epidemic in Vietnam is in the concentrated epidemic stage, with a national prevalence rate of 0.4%. The total number of reported cases of HIV infections was 43,410 by December 2001. The estimated number of PLHAs by the end of 2003 was 220,000, with 200,000 of them in the adult age group and 65,000 of them women. The overall prevalence rate of HIV infection among IDUs is 30% and in some areas is as high as 60%. The prevalence rate among female sex workers varied in the various provinces from 0% in Da Nang to 11.5% in Hanoi and 21% in Ho Chi Minh City in 2000 and continues to increase. The rates among military recruits have risen from 0% in 1994 to between 0.8% in Hanoi and 2.0% in Hai Phong in 2001. An increase is also seen among pregnant women attending antenatal clinics where the prevalence rose from 0% in 1994 to 0.4% in 2001 and in some provinces/clinics it is now greater than 1%. WHO estimates there are about a million cases of Sexually Transmitted Infections (STIs) including syphilis, gonorrhoea and chlamydial infection. There is also a strong link reported between HIV and tuberculosis in Vietnam. Although the main mode of transmission of HIV infection is through IDU, there has been a trend of the infection moving away from female sex workers to their clients. The government is beginning to recognize this change, that HIV is a problem not only of IDUs and female sex workers but also of society at large and needs a multisectoral response.

Prevention and control of HIV

The concern for prevention and control efforts have been addressed since the Party Resolution and a National Assembly Ordinance on the Prevention and Fight Against HIV/AIDS Infection was issued on 31 May 1995. The Ordinance included measures to prevent and fight against HIV infection, state management of the prevention and fight against HIV and AIDS and handling of violations and provisions for implementation. This was further strengthened by the issuance on 1 June 1996 of Governmental Decision No. 34/CP on Guidance to Execute Laws on HIV/AIDS Prevention and Protection. This Decision clearly stated the responsibilities of the National AIDS Committee and of the Ministry of Health. It also outlined the responsibilities of the various Ministries including the Ministry of Labour, Invalids and Social Affairs (MOLISA) in the fight against AIDS. This Committee is known as the National Committee for the Prevention and Control of AIDS, Drugs and Prostitution (NCADP). It is chaired by the Deputy Prime Minister and has three Vice Chairpersons including the Minister of Health, Minister of Public Security and the Minister of MOLISA. Its responsibilities include formulating strategies, policies and plans, coordinating prevention and control activities with the various ministries, social organizations and coordinating contributions of international organizations. This committee has multisectoral representation from 13 ministries and 6 mass organizations. These activities are implemented under the National AIDS Program. In March 2004, the Prime Minister approved the first National Strategy on HIV/AIDS Prevention and Control up to 2010 (with a vision up to 2020) to prompt a multisectoral approach and mobilizing the whole society.

HIV and AIDS and the World of Work

Initiatives by the Government

The legal framework for initiatives on HIV/AIDS Prevention and Control in Vietnam, including workplaces in Vietnam, came about as result of the issuance of three major documents: Instruction NO 52-CT/TW in March 1995 by the Central Secretariat of the Vietnamese Communist Party, the Ordinance on the Prevention and Fight Against HIV/AIDS Infection issued in May 1995 by the Standing Committee of the National Assembly, and the Governmental Decision No. 34/CP on Guidance to Execute Laws on HIV/AIDS Prevention and Protection in 1996. Under the Ordinance, all state agencies including the MOLISA were required to carry out prevention and fight against HIV and AIDS. Under this Ordinance, HIV infected persons are not allowed to work in a number of areas that it considers likely to spread HIV. The MOLISA and the MOH have developed a list of what they consider HIV-communicable occupations. The State offices, social organizations, economic organizations, and people army units have responsibilities to provide information, education and communication on HIV prevention and protection to their own staff. Responsibility of the MOLISA (under Decision 34/CP) includes cooperating with the National Committee for Prevention and Control of AIDS, Drugs and Prostitution (NCADP) on HIV prevention and protection activities (including social evils, drugs, prostitutes). An occupational risk insurance regime has been developed by the state for those managing, or attending to, HIV positive persons at social welfare establishments. The state contributes to occupational risk insurance for those working at state health or treatment facilities. The Ministry of Finance provides guidance for those not working with the State.

Initiatives by the Vietnam Chamber of Commerce and industry (VCCI)

Initiatives by the private sector were started by VCCI with the support of the Ford Foundation. This response of the business sector to HIV and AIDS came about as a result of a meeting with business representatives on HIV and AIDS and its impact on the workplace at a satellite meeting of the 2nd National Scientific Conference in 1999. As a result of this, VCCI collaborated with the National AIDS Bureau on 2 projects: “Working with AIDS project” and “Confronting AIDS at the Workplace”. Under the “Working with AIDS” project, companies developed Plans of Action (POAs) to prevent and control HIV. This was carried out in 2 enterprises - Haiha-Kotobuki Export Company (Hai Ha Cookie Company) and the Ngoc Ha Shoe Company. Based on the results of these projects, suggestions were provided by VCCI to the government resulting in the government issuing directives to all enterprises in Hanoi to have their own POAs. The “Confronting AIDS at the Workplace” project was initiated in 2000 and funded by AUSAID and supported by CARE. It is planned to expand HIV prevention and AIDS care and support activities for PLWHA. This has been introduced in 20 enterprises in Quang Ninh Province. In 2003, VCCI cooperated with the Project Strategically Managing AIDS Responses Together (SMART) and implemented it in 24 enterprises in 6 provinces. Training of Trainers Courses on HIV and AIDS for VCCI’s Master Trainers were organized throughout the country. Principles embedded in the *ILO Code of Practice* are included in training courses, seminars and publications on HIV and AIDS for employers.

Initiatives by the Vietnam General Confederation of Labour (VGCL)

The VGCL, in a decree issued in 1995, called for implementation of HIV and AIDS awareness raising campaigns among its subsidiaries. Manuals have been produced and distributed to its members. The VGCL organizes conferences, seminars, workshops and dialogues on HIV and AIDS. These awareness-raising campaigns cover 300,000 workers each year from state enterprises, but not the private sector enterprises. HIV prevention activities have been included in the routine plan of action of trade unions at all levels, especially the enterprise level. The

ILO Code of Practice on HIV/AIDS has been disseminated to trade unions for employers to follow. The principles in the ILO Code are included in the awareness sessions. HIV and AIDS concerns have been included in collective bargaining agreements of several enterprises. There is currently no programme available for the treatment of HIV positive workers, except for those under health insurance schemes. Health insurance schemes in Vietnam do not provide treatment for HIV infection but provides coverage only for opportunistic infections.

Various other NGOs including Family Health International, Population Council, Academy of Educational Development (SMARTWork) and mass organizations like the Women Union and Youth Union are also implementing HIV and AIDS educational activities.

The United Nations Country Team Discussion Paper No. 5 presents the report of a Joint ILO/UNDP Project on Reducing HIV/AIDS Related Employment Discrimination in Vietnam conducted in 2003. The findings of the project concluded that discrimination and stigmatization of PLHA was widespread and could affect the fundamental rights of PLHA to work. Workplace discrimination took the form of dismissal of infected workers and mandatory screening of job applicants in a number of enterprises. This discrimination was partly attributed to a lack of understanding about transmission of HIV and partly to the perceived linkage of HIV and AIDS to socially-disapproved behaviour, e.g. injecting drug use and sex work. In another survey referred to in the report and conducted in Hanoi at the request of the UNAIDS, of 30 enterprises surveyed, all preferred not providing employment to HIV infected applicants.

Echoing the conclusions of the ILO/UNDP Project, it is evident that there are no clear guidelines on implementing HIV Prevention and Control Programmes in the workplace. IEC campaigns by the VGCL are limited to the public sector and need to be extended to the private sector. Stigma and discrimination towards PLHAs is prevalent in the workplace. The VGCL feels that most employers do not attach enough importance to HIV and AIDS, and the trade unions lack human and financial resources.

Note: The Ordinance on HIV/AIDS Prevention and Control is currently being revised.

6. GAPS IN INITIATIVES ON HIV AND AIDS AND THE WORLD OF WORK

1. HIV Screening for Purposes of Exclusion from Employment/Forced Testing: There does exist a legislative framework in the form of Ministerial Decrees and Codes of Practice in the ASEAN countries that makes specific mention against HIV testing (pre-employment or during employment). However, HIV screening for employment is still prevalent in a majority of the countries. Furthermore, valid information on the percentage of employers implementing this form of forced testing and a catalogue of national legislation that permits such testing is not available and needs further study.
2. Gender Equality: The status of women (e.g. education level, employment, decision making) is not the same in the various ASEAN countries. Their participation in HIV prevention and control activities is also very much dependent on the “roles” they play in society. Beyond specific programmes targeted at women in some Member Countries, training and education programmes have not been made gender sensitive. This needs to be addressed, especially in specific employment sectors where the majority of workers are women.
3. Health Schemes and Social Security: The level of treatment, care and support provided in the different countries in ASEAN to HIV positive persons and to those with AIDS vary depending on the programmes for HIV and AIDS and health care systems in each country. Each of these programmes has its own individual characteristics e.g.. coverage under the Invalidity Pension Scheme for workers registered with the Social Security Organization in Malaysia; persons with social welfare cards receiving free service at public health facilities in Thailand, and coverage through Medisave in Singapore. Which model is best suited and can be applied uniformly in ASEAN is difficult to say because of the different arrangements for health care among the ASEAN members. Certainly, changes in health care provisions should only be made after much debate and consensus is achieved.
4. Mobile/Migrant Workers: Member Countries in ASEAN differ in their opinions regarding HIV screening for employment of migrant workers. While many of the Member Countries’ Ministerial Decrees/ Codes of Practice/ Guidelines do not allow forced pre-employment and employment HIV testing for local workers, HIV testing is included in medical examinations for migrant workers and used to screen out HIV+ workers. These tests are carried out during both pre-departure and periodical medical examinations once in the host country. Bringing about any change in attitude regarding HIV screening would require specific interventions in the form of educational programmes targeted at those employment sectors employing migrant workers. It would also require convincing policy makers that the most appropriate public health response is to replace HIV screening for employment with Voluntary and Confidential Counselling and Testing (VCCT).
5. Small and medium enterprises (SMEs) and the informal sector: Workers in small and medium enterprises and in the informal sector form the majority of the workforce in ASEAN Member Countries. Their involvement in national policy formulation and participation is low. Except for specific educational programmes on HIV and AIDS targeted at them, these groups have, generally, been left out. Getting them to participate in programmes and activities needs new innovative approaches in which the benefits of participation are clear.

6. Behaviour Change Communication (BCC): BCC materials developed under the ILO/USDOL HIV/AIDS Workplace Education Programme are being used in Cambodia and Indonesia. The BCC programme targets specific sectors and includes advocacy for management, development of workplace policy, development of communication materials, training of peer educators, and information on access to services and monitoring. Innovative and interactive approaches are being used to implement these programmes. However, these BCC programmes are not being implemented in all ASEAN Member Countries.

7. RECOMMENDATIONS

The AIDS epidemic is a major health problem facing the world. Various initiatives have been implemented in ASEAN Member Countries in addressing issues related to HIV and AIDS and the world of work. These initiatives include developing legislative instruments, encouraging employers to develop and implement HIV prevention and control policies and programmes, implementing awareness and educational programmes, carrying out advocacy work to promote confidentiality and reducing stigma and discrimination against PLHAs. Stakeholders in the workplace are beginning to address issues related to care and support of PLHAs. The following are recommendations that Member Countries and ASEAN should consider in moving towards having workplaces that promote HIV prevention and are supportive of PLHAs.

1. Ministries of Labour should develop (if they do not already exist) and enforce legislative instruments on HIV and AIDS and the world of work e.g. Regulations, and Codes of practice based on the ILO Code of Practice.
2. Ministries of Labour and Ministries of Health should collaborate with employer federations and health professional associations to ensure that HIV screening for employment is not conducted at any point during the employment process and is replaced with Voluntary Confidential Counselling and Testing (VCCT). Furthermore, information on HIV and AIDS status should be kept confidential and not used to discriminate against applicants/employees. It is recommended that an ASEAN-level study should be conducted on HIV screening for employment, including the perception of stakeholders, and the best way to ensure that such forced HIV testing does not occur in the workplace.
3. Ministries of Labour should make efforts to promote gender equality in the workplace and work with Ministries/Departments of Women Affairs to empower women on issues related to HIV and AIDS. The participation of women in HIV and AIDS Committees in the workplace and in training and educational programmes on HIV and AIDS need to be enhanced. Training programmes being introduced into the workplace also need to be gender sensitive. These programmes have to be in accordance with the socio-cultural-religious beliefs of the local populations.
4. Ministries of Labour should require employers to implement HIV and AIDS prevention and control activities in their workplaces, either as part of their occupational safety and health programme or separately.
5. Ministries of Labour should collaborate with Ministries of Health/Ministries of Social Welfare to ensure that care and support is provided for PLHAs. It is also recommended that the various models of care and support being provided for workers with HIV and AIDS in ASEAN be studied further and guidance be provided to ASEAN members on directions its members could take.
6. Ministries of Labour in the ASEAN Member Countries should have discussions on HIV testing that is included in medical examinations of migrants for work and used, contrary to the ILO Code of Practice, to exclude them from employment. Both sending and receiving countries should develop a consensus statement, in accordance with UNAIDS guidelines, that could assist Member Countries on this matter. It is also recommended that HIV and AIDS education be included in pre-departure, arrival and return sessions for migrants for work.

7. The tripartite plus partners (government, employer federations and unions) should increase their efforts in raising awareness among policy makers, employers and workers that HIV and AIDS are workplace issues.
8. The tripartite plus partners should have regular dialogues to address HIV and AIDS issues and to reduce stigma and discrimination against workers with HIV and AIDS.
9. It is recommended that tripartite plus partners collaborate on developing innovative approaches (including incentive schemes) to promote involvement of employers in SMEs and workers in SMEs and the informal sector in development and implementation of HIV and AIDS educational programmes. Support of professionals who are familiar with working with SMEs and the informal sector would need to be sourced for this activity. Other vulnerable groups also need to be identified and specific programmes developed for them.
10. It is recommended that Ministries of Labour implement BCC programmes in the workplaces in their countries, targeting specific sectors for their implementation. Lessons learnt from Cambodia and Indonesia could be used to enhance these programmes.
11. Focal points from Ministries of Labour in Member Countries should be identified to facilitate sharing of information. A Regional Conference on HIV and AIDS and the World of Work should also be organized biennially.

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