

**Economics and Social Commission
for Asia and The Pacific**

Information Kit

Mobilizing Responses to

fight HIV/AIDS

in the Asian and the Pacific Region



United Nations

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Introduction

It is now widely accepted that HIV/AIDS is a threat to social and economic development with serious implications not only for the health and well-being of individuals but also for productivity, economic development, the social fabric of communities and national security. HIV/AIDS therefore requires the full commitment of all sectors: public, private and civil society. What might an expanded response to HIV/AIDS, that extends beyond the health sector and calls for the mobilization of all societal resources to combat the disease, look like?

Examining Mainstreaming >

A multisectoral approach to HIV/AIDS aims at mobilizing resources – financial and otherwise. Sector-wide approaches provide opportunities for integrated responses to HIV/AIDS, moving away from the traditional vertical approach that addresses HIV/AIDS as a disease specific (biomedical) or a narrowly-defined problem rather than incorporating poverty, development, nutrition, education and other prevalent factors that may help drive the epidemic.

Mainstreaming is an effective way of implementing a multisectoral approach. Links between sectors can be created; prevention, care and treatment, as well as the impact of the epidemic on society can be addressed simultaneously. Ministers of health, education, finance, agriculture, transportation, defence, interior and other fields could potentially address HIV/AIDS as an integral component of their respective portfolios. Institutions that address AIDS-related issues through mainstreaming are ensuring that every relevant activity they carry out has an AIDS component.



Definition:

“Mainstreaming HIV/AIDS is a process which enables public, private and civil society actors to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work and within their workplace”.

*Adapted from UNAIDS Support to Mainstreaming HIV/AIDS in Development:
Strategy Note & Workplan 2004-2005*

Mainstreaming means integrating HIV and AIDS into strategic planning at all levels and into day-to-day operations inside organizations and in relationships with others. Mainstreaming may be viewed in two respects: **INTERNAL MAINSTREAMING** and **EXTERNAL MAINSTREAMING**.

INTERNAL MAINSTREAMING focuses attention on the vulnerabilities and risks of people within the organization, sector or programme itself. The challenge of HIV/AIDS is addressed within this context by consciously formulating workplace policies and guidelines that inform day-to-day practice, thus contributing to the protection of the workforce and the deepening of an organization’s understanding of the multidimensional impact of the epidemic. Some believe that internal mainstreaming is a prerequisite to building up external mainstreaming. One example is management training to raise awareness of risk factors concerning HIV/AIDS, addressing stigma and discriminations and discussing possible solutions to the issues raised.

WHEN MAINSTREAMING EXTERNALLY, HIV/AIDS is incorporated into the core mandate, activities and business of the sector, institution or project, based on available capacities. HIV/AIDS becomes a part of the interaction between these organizations and their target or client communities. External mainstreaming can take shape for instance when a private company encourages or enforces its suppliers to act in accordance with its own corporate social responsibility pledge. An example of such mainstreaming would be a precious stone company that enforces mining companies to provide accommodation for families rather than single sex dormitories.

Definition: Internal Mainstreaming



Internal mainstreaming is changing organizational policy and practice in order to reduce the organization's susceptibility to HIV infection and its vulnerability to the impacts of AIDS. The focus is on AIDS and the organization.

Adapted from Holden, Sue (2003). AIDS on the Agenda: The Challenge to Development and Humanitarian Organizations. Oxfam, London.

Examples of internal mainstreaming:

- ➔ Preventive interventions; promotion of education on safe sexual behaviour.
- ➔ Training of peer educators and promotion of peer training on HIV/AIDS issues.
- ➔ Designation of an HIV/AIDS focal point at the workplace.
- ➔ Provision of care for and support of people living with HIV/AIDS (PLWHA) at the workplace.
- ➔ Active employment of people living with HIV/AIDS.
- ➔ Introduction and implementation of workplace policies on HIV/AIDS which could include all of the above and which demonstrate organizational commitment.



Definition: External Mainstreaming

External mainstreaming refers to adapting public, private and civil society work in the changing context created by HIV/AIDS in order to take into account susceptibility to HIV transmission and vulnerability to the impacts of HIV/AIDS.

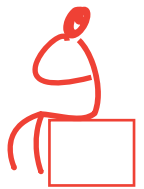
Adapted from Holden, Sue (2003). AIDS on the Agenda: The Challenge to Development and Humanitarian Organizations. Oxfam, London.

Examples of external mainstreaming:

- Community-level HIV/AIDS work.
- Incorporation of HIV/AIDS issues and how they relate to community development in training programmes and materials.
- Establishment of complementary programmes to reach communities.
- Encouragement of others to do similar work to address HIV/AIDS.
- Deliberation on the potential impact of HIV/AIDS vulnerability in companies' marketing and distribution or linked with HIV/AIDS-related advocacy as a cause.
- Inclusion of HIV/AIDS in the strategic framework of companies/organizations with specification of how to deal with supplies, marketing, promotion, outsourcing and other functions.
- Inclusion of HIV/AIDS in national strategic frameworks or national HIV/AIDS policies such as the Poverty Reduction Strategy Papers (PRSPs).



Should we or should we not?



In low prevalence countries of Asia and the Pacific, often national agencies are given the responsibility but lack the necessary authority or resources to bring about policy changes. In the countries where the epidemic has not yet significantly spread to the general population, but is either nascent or concentrated in certain population groups of higher risk, it might be difficult to find the motivation to advocate for mainstreaming.

Targeting risk groups and mainstreaming may be seen as two opposite positions along a continuum, where countries/organizations/sectors can position themselves anywhere along this continuum. By targeting high-risk groups the primary focus is on the groups affected and infected by HIV/AIDS directly, and resources are not diluted on populations with no – or little risk of contracting HIV/AIDS. This approach will not direct attention away from the population that carries the highest burden of disease.

There are pros and cons to both mainstreaming and a targeted approach and neither approach should be seen as isolated efforts against the epidemic. Rather, they should be seen as part of a comprehensive approach to tackle the epidemic.

By mainstreaming in low prevalence settings like Asia and the Pacific, external and internal mainstreaming may be kept at a low level of intensity. For instance

internal mainstreaming of HIV/AIDS could be combined with awareness building and education in wider health issues such as preventing sexually transmitted infections (STIs), or nutrition and personal hygiene.

Internal as well as external mainstreaming means greater inclusion of HIV/AIDS in public, private and civil society work activities. Mainstreaming HIV/AIDS can help companies/organizations to pre-empt financial and operational crises caused by the pandemic. Ideally, if HIV/AIDS is mainstreamed, stigma and discrimination is reduced as people become better informed about HIV/AIDS and some of the myths about the epidemic are addressed.

One marked obstacle to mainstreaming is funding. How will governments/organizations/companies get funding to conduct mainstreaming activities? When first embracing mainstreaming activities, the budget for mainstreaming will not be well integrated into the work plans and additional funds may be necessary. Where should these funds come from? Will they deplete resources from another area? Is this sustainable? In most cases, only certain cost-effective elements of a mainstreaming approach will be chosen. In the long run, considering HIV/AIDS in the overall strategic planning of companies (or civil society organizations or the public sector) may lead to savings, while costs associated with mainstreaming may be limited.

International Response >

International declarations have called for mainstreaming as a way to convert global commitments into national agendas, these commitments have been widely adopted and governments in the ESCAP membership have accepted the commitments.

The Millennium Development Goals (MDG) and the 2001 UN Declaration of Commitment on HIV/AIDS provide a policy framework to address HIV/AIDS.

The 2001 UN Declaration of Commitment on HIV/AIDS urges diverse stakeholders to be actively involved in national responses. By 2003, countries were expected to establish and strengthen national-response mechanisms by involving the private sector, civil society partners, people living with HIV/AIDS, and key vulnerable population groups.

The World Bank and the International Monetary Fund declared in 2001 that it was a priority to mainstream AIDS into major development frameworks. Despite these commitments and declarations, there is not yet much evidence of increased successful mainstreaming. One obstacle is a lack of willingness to turn international commitments into local action. Another obstacle is the lack of adequate funding for multisectoral work. There are only few examples of governments that budget mainstreaming AIDS into all government sectors.

Declaration of Commitment:

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity.

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans.

Included in this information kit are five examples of mainstreaming efforts. Some of the examples cover only a selection of elements that constitute mainstreaming and can be viewed as first steps towards mainstreaming. Other examples show starting points for successful internal and external mainstreaming. The range of examples across sectors included here does not reflect the full extent of mainstreaming activities in the region. The intention is to provide the reader with some examples of what is currently done by various actors to address HIV/AIDS more comprehensively and should not be seen as representative of the entire range of interventions taking place. This information kit is a reference source to help the reader go beyond the examples presented here and design mainstreaming interventions in creative and imaginative ways.

This information kit should be read in conjunction with *Saving Our Future, Multiministerial Action Guide, HIV/AIDS in Asia and the Pacific*, published by the United Nations Economic and Social Commission for Asia and the Pacific, 2003 (ST/ESCAP/2250).

The examples in this information kit are of:

- Mainstreaming HIV/AIDS in the workplace.
- Mainstreaming HIV/AIDS in the private sector.
- Mainstreaming HIV/AIDS in uniformed services.
- Mainstreaming HIV/AIDS in transportation.
- Mainstreaming HIV/AIDS in the education networks.

I. Mainstreaming HIV/AIDS in the Workplace

Background

THE MINISTRY OF LABOUR aims to develop labour skills; promote job creation and thus increase income levels; and build a welfare base and social solidarity. Ministry of Labour has recognized that the majority of new infections of HIV/AIDS occurs in the age group 15-39 years which is the age group of the active workforce. In Thailand, there is no binding national policy framework on HIV/AIDS in the workplace. However, the Ministry of Labour is finalizing a national code of practice with guiding principles for employers, workers and government officials. The code of practice is planned to be launched in the form of a Notification by the Minister of Labour in January 2005. The code of practice will not be enforceable. The Thai code of practice has been modelled on that of the International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work.

Ministry
of Labour,
Thailand:

**“Expands its
outreach to
workplaces
through
HIV/AIDS
education.”**

The ILO Code of Practice represents the ILO’s commitment to help secure decent work and social protection in the face of the epidemic and a framework for workplace action. It contains fundamental principles for policy development and practical guidelines from which effective responses could be developed at enterprise, community and national levels in the following key areas:

- Prevention of HIV/AIDS.
- Management and mitigation of the impact of HIV/AIDS on the world of work.
- Care and support of workers infected and affected by HIV/AIDS.
- Elimination of stigma and discrimination on the basis of real or perceived HIV status.

The ILO developed its Code of Practice on HIV/AIDS and the World of Work in response to many requests for guidance and through a widespread process in consultation with government, employer and worker constituents in all regions of the world, including those in the ESCAP region.

Rationale:

Department of Labour Protection and Welfare (PLPW), Ministry of Labour, Thailand

- In Thailand, there are about a 570,000 people living with HIV/AIDS, with approximately 21,260 new infections in 2003. Almost 80 per cent are between 20 and 39 years old (UNAIDS/WHO 2004).
- Studies show that stigma and discrimination against people living with HIV/AIDS is widespread and largely due to misperceptions (Busza 2001). Stigma and discrimination occur among employers and employees alike.
- Since April 2004, the Social Security Office is covering the treatment of all private sector employees living with HIV/AIDS using generic AIDS drugs.
- Since 2001, the Government of Thailand is implementing the Universal Health Care Policy or the “30 Baht Treat All Diseases” scheme and aims to provide universal health coverage to the Thai population. Antiretroviral treatment was included in the benefit package in October 2005.

AIDS is a workplace issue not only because it affects employees and productivity, but also because the workplace has a vital role to play in the wider struggle to limit the spread and effects of the epidemic.

- The disease cuts the supply of labour and reduces income for many workers.
- Valuable skills and experience are lost.
- Productivity falls in enterprises and in agriculture, and labour costs rise.
- Investment is undermined and tax revenue cut, just as countries face more pressure on public services.
- The social cost of HIV/AIDS falls disproportionately on men and women. The burden for women gets heavier as they have to earn a livelihood and are expected to care for sick family members and neighbours.

HIV/AIDS threatens the livelihoods of many workers and those who depend on them - families, communities and enterprises. In doing so, it also weakens national economies. Discrimination and stigmatization against women and men with HIV threaten fundamental principles and rights at work, and undermines prevention and care efforts.

Response

During his visit to Bangkok in 2003, the President of the Global Business Coalition on HIV/AIDS called for more private sector commitment to fight against the spread of the epidemic.

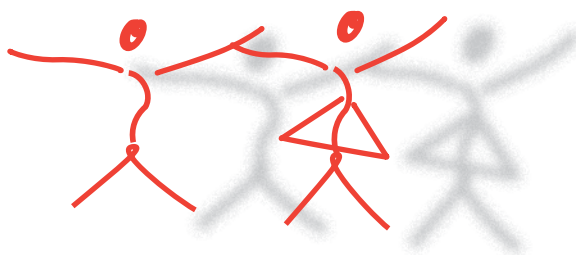
In Thailand where the HIV prevalence rates are fairly low, it can be challenging to convince companies and trade unions that HIV/AIDS is also their responsibility. In order to improve services to enterprises and trade unions wishing to implement HIV/AIDS workplace programmes, the Ministry of Labour is carrying out an ambitious programme that includes advocacy, policy reform, capacity building and direct assistance to the workplaces across Thailand.

Since 2001, the ILO has been assisting the Ministry of Labour, Department of Labour Protection and Welfare, to intensify its support for HIV/AIDS workplace interventions. The Thailand Business Coalition on AIDS (TBCA) and ILO are jointly executing the project, which is funded by the World AIDS Foundation. ILO is providing technical assistance. ILO and the Department of Labour Protection and Welfare have established a network of public and non-governmental service providers to support companies, in addition to being involved in strategic planning, awareness raising, capacity building and policy development.



In 2002 the project “Developing a Model on HIV/AIDS Prevention and Management in Workplaces: Outreach to Factories in Rayong Province” was launched. This project reaches almost 100 enterprises employing over 5,000 workers. The project focuses on HIV/AIDS education and peer educators’ training and guidance for the development of workplace policies. Furthermore, through the project’s multisectoral nature, officials from the Provincial Labour Department, trade union representatives and other services providers have been trained.

In 2004, the project was expanded from Rayong province to 29 areas in Thailand, this part of the project is funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). This phase is set to achieve coverage of 1,000 workplaces that will attain ASO accreditation by 2005. The project aims to create sustainability by building a Business AIDS Network (BAN) among those workplaces that attain ASO accreditation.



Objectives



The objectives for the expanded project (funded by GFATM) are as follows:

- » Reach 2,500 workplaces by 2005.
- » Achieve AIDS-response Standard Organization (ASO)¹ accreditation for 1,000 workplaces.
- » Train HIV/AIDS focal points in organizations.
- » Educate 125,000 workers in HIV/AIDS related issues.



Reflections

- » Enterprises that respond actively to HIV/AIDS in Thailand are still in the minority, and support structures for the implementation of workplace programmes are now readily available.
- » By creating an inducement to achieve ASO accreditation, companies are encouraged to implement workplace policies, thereby mainstreaming internally earning a reduction in their insurance premiums.
- » One challenge for this project is to ensure sustainability since many interventions were initially driven by government (MLPW), an international organization (ILO) and local NGOs. Ownership by managers and unions who will remain at the workplace beyond the project duration still needs to be reinforced by intensifying training for managers and involving management and unions more strongly in planning processes.
- » The intervention spearheaded by the Ministry of Labour Protection and Welfare with assistance from ILO and TBCA, shows political commitment at the highest level in externally mainstreaming HIV/AIDS into enterprises.
- » Advocacy for mainstreaming at all levels is necessary to develop political commitment, managerial motivation and to ensure that funds are allocated.
- » Examples of external mainstreaming are scarce, and this project is still new. This project provides an opportunity to observe and report on the lessons learnt from its implementation. What led to this project? Was there a champion? Was there a conducive environment? Can it be replicated in other countries?
- » This example encompasses elements of external mainstreaming, as it creates a conducive environment by actively supporting HIV/AIDS workplace interventions and because it reaches out to the wider community. Internal mainstreaming is illustrated by prevention activities carried out by the participating business as a result of this initiative.

¹ The AIDS-response Standard Organization (ASO) initiative encourages companies to implement HIV/AIDS workplace programs and policies. Companies agreeing to implement at least three HIV/AIDS workplace policies receive a reduction of 5 to 10 per cent off their group life insurance premiums from American Insurance Association (AIA), Thailand's largest insurance provider, if they were AIA clients. Additional incentives include a certificate endorsed by the government and awarded at a high-profile public ceremony. For each company agreeing to participate, Thailand Business Coalition on AIDS (TBCA) offers assistance to enhance their activities, including providing educational leaflets, videos, and a mobile exhibition, as well as condoms, peer education training, counselling and referrals to support groups for HIV-positive employees, and assistance with writing company HIV/AIDS policies.

References



Busza JR. (2001). "Promoting the positive: responses to stigma and discrimination in Southeast Asia", *AIDS Care*, 3(4):441-56, 13 August 2001.

UNAIDS/WHO (2004). Thailand: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, 2004 Update. (<http://www.who.int/GlobalAtlas/PDFFactory/HIV/index.asp>, 6 December 2004)

II. Mainstreaming HIV/AIDS in the Private Sector

> Introduction

The utilization of corporate resources, such as management and marketing know-how, distribution and suppliers' networks and funds, is of crucial importance to effectively address HIV/AIDS in the workplace.

Businesses could minimize the socio-economic costs of the AIDS epidemic by educating workforces, implementing non-discriminatory policies and partnering with the public sector and civil society to provide medical care to HIV-positive employees. By doing so, businesses are able to promote the important message that people living with HIV/AIDS can have bright and productive lives.

As AIDS poses a significant threat to human and economic resources in the Asian and Pacific region, businesses need to look for effective solutions to protect their interests. The need for HIV/AIDS prevention in the workplace is especially urgent in emerging markets where public resources are constrained. Mainstreaming HIV/AIDS into the private sector is effective, cost-efficient and sustainable:

- Companies provide access to large populations of workers who are between 25 and 49 years old, an age group that is at the peak of its productivity and that is at the same time especially vulnerable to HIV/AIDS.
- Corporate resources, such as organizational structures and training capacities, could with relative ease be harnessed to fight AIDS.
- Management of HIV/AIDS in the workplace prevents costs that would otherwise be incurred by the growing AIDS epidemic. Companies will thus reap tangible and intangible benefits from mainstreaming HIV/AIDS, such as increased workplace morale, enhanced corporate reputation and improved employer's image.

Following are six examples of private companies that have taken initial steps towards internal and/or external mainstreaming of HIV/AIDS¹.

- **The Gajah Tunggal Group – Indonesia.**
- **General Motors – Asia and the Pacific.**
- **Nike – Thailand.**
- **Standard Chartered Bank- Malaysia.**
- **Tata Tea Limited – India. The Timberland Company – China.**

The last case study, CPA Positive Marketing Co., Ltd. is a company established by people living with HIV/AIDS. It constitutes a unique example of mainstreaming of HIV/AIDS.

- **CPA Positive Marketing Co., Ltd. – Thailand.**

¹ The examples are adapted from the World Economic Forum Global Health Initiative case studies. Where no other source is indicated, information has been obtained from the relevant case study.

<http://www.weforum.org/site/homepublic.nsf/Content/Global+Health+Initiative%5CGHI+Case+Studies+and+Supporting+Documents>

Background

THE GAJAH TUNGGAL GROUP (GTG) is a large Indonesian conglomerate and a leading tyre manufacturer in South-East Asia. GTG is a diversified group with business interests spanning from shrimp farming, and tyre manufacturing, petrochemical and consumer network services in the Asian and Pacific region. In 2003, the Group managed more than 60 companies and directly employed 55,000 people.

PT Gajah Tunggal Tbk. (GT Tires) is South-East Asia's largest tyre manufacturer. GT Tyre has five factories in Indonesia for production. GT Tires has a distribution network of more than 50 dealers throughout Indonesia and other international outlets in over 75 countries. In 2003, GT Tires employed approximately 14,000 workers, including 7,500 at its factory site in Tangerang, outside Jakarta.

The Indonesian epidemic is characterized by a concentration of infections primarily among injecting drug users. Prior to 1999, most people living with HIV/AIDS had acquired the infection through heterosexual sex. Since 2000, reported cases infected through injecting drug use have sharply increased. In 2003, 48 per cent of the reported AIDS cases acquired infection via heterosexual sex, and 34 per cent via injecting drug use.

There were approximately 110,000 adults between 15 and 49 years of age living with HIV/AIDS at the end of 2003.

Rationale: Gajah Tunggal Group, Indonesia

- ★ GTG believes that, through unsafe sexual behaviour, its employees and their families could be directly at risk of contracting sexually transmitted infections.
- ★ Approximately 95 per cent of the employees of GT Tires Tangerang facility are men.
- ★ Most of these men are between 20 and 40 years old and have received vocational high school education.
- ★ The large majority of the men are not from Tangerang but have moved there for work.
- ★ There is a well-established commercial sex industry near the factory.

Objectives

- ★ Management training in HIV prevention.
- ★ Mandatory staff training in HIV prevention by peer educators.

Response

With collaboration between two NGOs Yayasan Kusuma Buana (YKB) and Family Health International (FHI), GTG and GT Tires provide workplace prevention interventions.

- A GTG management briefing was held for those of the senior management level. The briefing lasted two hours and included a discussion of the current HIV situation in Indonesia, the basics of HIV transmission, the impact of HIV on business, and components of a workplace prevention programme.
- Following the same format as the management briefing, a half-day training was held for GT Tires' top management.
- GTG enrolls promising employees in an internal company technical university. GTG implemented the prevention efforts with this group to pilot the training tools developed as well as to protect its investment in human capital. The training sessions were one-day long for teachers and three days long for students.
- GT Tires trained 28 people to be peer educators to deliver HIV prevention messages to its employees.
- From February through December 2004, GT Tires estimates that all of its 7,500 factory workers will have undergone the two-hour training session.
- A factory gathering organized by GT Tires was held in May 2004, which included 25 senior managers from eight other GT Group companies, along with the factory workers. The gathering included an executive briefing, a "questions-and-answers" session, a knowledge quiz for the peer educators, a planning session for managers to discuss implementation, and distribution of information material on HIV/AIDS.

The core team of GT Tires management provides regular updates on the number of employees reached through prevention efforts.

Since March 2004 the core team and YKB have held monthly meetings to address any particular issues, questions raised during the training sessions, share information and to plan future activities.

Reflections

GT Tires provides a promising beginning towards internal mainstreaming by workplace prevention interventions through the training of peer educators and promotion of peer education.

(Thailand is used here to illustrate the example, but India, China and Indonesia have or will shortly have similar programmes as described below)

Background

GENERAL MOTORS CORPORATION (GM) is the world's largest vehicle manufacturer. The company has manufacturing operations in 32 countries and its vehicles are sold in 192 countries. In 2003, GM sold more than 8.6 million cars and trucks, representing approximately 15 per cent of the global market. GM employs approximately 326,000 people and generated US\$ 186 billion in revenue (2003).

GM Asia Pacific (GMAP) employed approximately 14,000 in 2003 and generated US\$5.3 billion in revenues (2003).

Rationale: General Motors Corporation

GM was motivated by corporate social responsibility and a conviction that it is the company's moral imperative to respond proactively to HIV/AIDS.

Objectives

The objectives of GMAP's HIV/AIDS Programme are to:

- Ensure that a policy of non-discrimination and support for those employees living with HIV/AIDS is in place and implemented.
- Invest in prevention to reduce the incidence of HIV/AIDS among employees, their families, and the communities where GM operates and sells its products.

Response

GMAP developed HIV/AIDS programme guidelines for each factory. The GM prevention and awareness programme uses peer education to train employees, managers, and families in HIV/AIDS awareness and prevention.

Each location selects peer educators who can conduct the training of their peers. In Thailand, six peer-educators were selected. The peer educators were trained in a 24 hour session run by the Thailand Business Coalition on AIDS (TBCA). The peer education training sessions lasted for about two hours. There were 25 to 30 participants, and the training covered: GMs HIV/AIDS policy; definition of HIV/AIDS; modes of exposure; how to treat a colleague who has HIV/AIDS; resources available to the community for further education: testing and counselling; assurances of confidentiality of health information; information on voluntary counselling and testing (VCT).

- From 2003 and onwards, the training programme on HIV/AIDS was integrated into the staff induction programme.
- GM Family Education reaches out to families of GM employees and the training includes: explanation of what HIV/AIDS is; prevention; VCT services and why GM pays attention to HIV/AIDS. Approximately 2000 families have been reached through the training and through a GM Family Day.

- Condoms were distributed by GM Thailand during the GM Family Day.
- GM Thailand provided funds for a HIV/AIDS hotline which can be called by anyone from anywhere in the country.
- GM Thailand provided funding, clothing and toys to an orphanage for children with parents affected or infected by HIV/AIDS.

GMAP has evaluated its project both on a country and a regional level using standard internal tools.

Reflections

GMAP is moving towards mainstreaming by including a prevention and awareness programme that focuses on peer education to train employees, managers, and families in HIV/AIDS awareness and prevention.

A good start has been made towards external mainstreaming by including community level HIV/AIDS work in the GMAP HIV/AIDS programme (reaching out to families, hotline and orphanage support).

continued from page 17

Background

NIKE designs, produces, and markets athletic footwear, apparel, and accessories. Nike sells its products in approximately 140 countries, operates in more than 200 retail outlets, and runs nearly 700 factories worldwide. In 2001, Nike worldwide directly employed 22,700 staff and generated US\$ 9.5 billion in revenue. In the same year, Nike Thailand Liaison Office had 230 employees. The Nike Thailand Liaison Office manages the production process through suppliers and factories in Thailand. In 2001, Nike indirectly employed more than 50,000 workers through 70 suppliers and factories in Thailand.

Rationale: Nike, Thailand

A Knowledge, Attitudes and Practices (KAP) assessment was conducted in September 1999 assessing 9,603 employees from 125 companies, including 111 employees (48 per cent of all employees) from Nike.

As a result of the self-reported high-risk behaviour among employees, Nike estimated that the employees could face an increased exposure to HIV/AIDS if no action was taken.

Objectives

The objectives of Nike's intervention were magnified:

- Develop an HIV/AIDS policy for the Nike Liaison Office in Thailand.
- Train employees.
- Develop a peer education system.
- Provide voluntary counselling and testing.
- Donate products for auction to support community projects.

Response

Based on the severity of the epidemic and the KAP assessment, Nike joined a joint project offered by American Insurance Assurance (AIA), the Population Council and the Thailand Business Coalition against HIV/AIDS (TBCA). This project provided Nike with access to a network of other businesses initiating similar programmes, expertise in training its workforce, and a third party assessment in changes in behaviour.

The internal prevention programme was conducted through a partnership with TBCA, which held training workshops and trained peer educators who subsequently held informal training sessions at Nike.

The Nike programme is evaluated through externally administered assessments. Nike's employees are surveyed through a KAP assessment, and the company is interviewed by TBCA annually. These results are evaluated and a score is assigned.

Reflections

Initial steps towards internal mainstreaming have been taken by training employers through the internal prevention programme and by training peer educators and hosting peer training sessions.



Background

STANDARD CHARTERED BANK (SCB) employs 30,000 people in over 500 locations in more than 50 countries in the Asian and Pacific region. It serves both consumer and wholesale banking customers. In 2002, SCB generated 8 billion in revenue.

SCB Malaysia Berhad (SCB-MY) operates in 33 locations, including 30 branches in Malaysia. The other offices include back office support and subsidiaries. In 2002, SCB-MY employed approximately 1,600 people.

Malaysia's growth rate of HIV infection is the fifth fastest in the Asian and Pacific region (UNDP 2004). There are over 52,000 cases of HIV/AIDS in the country, although it is commonly accepted that the actual number is significantly higher. The adult prevalence (15-49 year-olds) was estimated to be 0.4 per cent in 2004 (UNAIDS/WHO 2004a). There is evidence that infections are moving out of the initial drug user/sex worker groups into the general population. Awareness of HIV/AIDS is growing among the country's leaders, and the issue is receiving increased attention among the public. However, it is still seen primarily as a health issue, rather than as a phenomenon that affects all aspects of society.



Rationale: Standard Chartered Bank, Malaysia

SCB developed a group-wide HIV/AIDS policy in 1999 after surveying existing policies and practices in more than 40 countries. This policy was disseminated through its "Living with HIV" campaign². SCB believes that the campaign helps fulfil its responsibility to its employees.

- SCB-MY launched the "Living with HIV" campaign in 2002.
- The current CEO in SCB-MY had previously worked in Africa, where at any given day 10 per cent of all employees had been absent due to HIV/AIDS-related matters.
- The campaign is also an outreach to the communities in the hope that the information flows from employees to their families and thereby to the wider community.



Objectives

The objectives of the campaign were to:

- Introduce SCB's policy on HIV/AIDS.
- Increase staff awareness of the scale and impact of HIV/AIDS.
- Provide staff with preventive measures to avoid infection.
- Provide facilities and local support for employees and their families.

² More information about the campaign can be found: http://www.standardchartered.com/global/csr/com/com_hiv.html

- Promote the “Living with HIV” campaign more widely to governments, customers and communities.



Response

Each country implements the global peer education prevention campaign through HIV Champions. The first SCB training programme for Asia began in December 2002. By June 2003, SCB-MY had trained approximately 80 per cent of its employees.

The campaign is a peer education prevention campaign, which aims to inform employees about the facts of HIV/AIDS: prevention, transmission, care and support, and reducing stigma and discrimination.

SCB-MY actively advocates for HIV/AIDS prevention interventions in the workplace by sharing the SCB-MY experience with other companies.

Each individual SCB country office implemented the campaign through HIV champions. These champions were trained from 2002 onwards. The training of champions followed a “trickle down” approach. Altogether 30 champions were trained in Kuala Lumpur. Upon return to their respective countries, they trained new country champions, adapting the peer-education method to the local contexts.

Reflections

SCB-MY is moving towards internal mainstreaming by training peer-educators and providing peer-education training sessions, which is being supported by a group-wide written HIV/AIDS policy.

Background

TATA TEA LIMITED (TTL) is the largest integrated tea company in the world with a presence in over 35 countries worldwide. TTL is involved in all parts of the black tea value chain, from research and development to tea cultivation, manufacturing, blending, packaging, branding, marketing, sales and distribution.

In India, TTL owns 55 tea estates and 11 packaging facilities. In 2001, TTL had 59,000 employees, of whom 200 are in management.

In 2001, TTL generated US\$162 million in revenue. The Tata Group of Companies owns 30 per cent of TTL.

In 2003, the national adult prevalence in India was 0.8 per cent. However, the aggregate does not show the multiple sub-epidemics in the country. Out of the 35 States of India, six states have generalized epidemics and these States account for nearly 80 per cent of all reported AIDS cases in India. In the southern States, heterosexual transmission accounts for the majority of the reported cases, whereas in the north-eastern States, injecting drug use is the predominant mode of transmission. Other States in India have concentrated epidemics and yet others have low-level epidemics (UNAIDS/WHO 2004b).

Rationale: Tata Tea Limited, India

TTL decided to implement an HIV/AIDS programme after experiencing an increase in HIV/AIDS related deaths. A baseline survey of TTL workers indicated that the risk factors for HIV/AIDS infection were present for this number to continue to increase.

TTL's regional office is located in the city of Munnar. The workers live in a high-risk environment in Munnar while the HIV prevalence in the entire state of Kerala is high; Munnar has the highest reported prevalence in the state. Sex work in Munnar is prevalent, and sex workers have more clients per night than in any other city in Kerala.

A needs assessment was conducted in 1999, when 880 workers and community members were surveyed to assess behavioural and health indicators. The findings showed that workers were engaging in unsafe sexual practices. TTL estimated that each new HIV infection will incur a total cost of US\$ 8,000. This corresponds to approximately eight times the annual average wage. Given the high rates of sexually transmitted infections (STIs) and reported high risk sexual behaviour among plantation workers TTL estimated that, without an intervention, it could expect an escalation of HIV prevalence among its workers to approximately 3 per cent within five years.

continued>>

Objectives

- To reduce the spread of HIV/AIDS and other sexually transmitted infections in the workforce and the local community.
- To provide care and treatment for those who have STIs or HIV.
- To reduce the business impact of HIV/AIDS.

Response

TTL implemented the programme with the help of a TTL programme implementation team.

With regard to the community project, TTL formed an implementing NGO in order to create flexible funding arrangements and attract private sector investment.

The TTL workplace HIV/AIDS programmes currently cover 18 of the tea estates in Southern India, with coverage totalling 18,000 employees (15 per cent of all TTL employees).

The workplace and community prevention intervention focused on behaviour change:

- Increasing stakeholder awareness – workshops have been held targeted at the management level.
- 450 peer educators have been trained through training programmes and follow-up review sessions. The peer educators attend monthly meetings at their respective estates. The ratio of peer educator per worker is 1:60. The peer educators also distribute condoms.
- The peer educators conduct ambitious community outreach programmes to engage the local community.
 - ➔ One-to-one sessions and group presentations are conducted aimed at the high-risk population, mainly direct and indirect commercial sex workers and their clients.
 - ➔ Condom demonstrations and distribution.

A voluntary counselling and testing (VCT) programme (launched in 1999) is offered at the 18 estates. The service is free of charge and available for everyone in the community.

Care, support and treatment are offered through a wellness management programme (launched in 1999) with the purpose of:

- Providing STI care (free).
- Offering the workers and dependants a baseline medical consultation when they have tested HIV positive in the VCT.
- Providing workers and dependents treatment for all secondary infections (covered in the employee health care plan).

- Rapid treatment for HIV-positive employees that test positive for Tuberculosis.

TTL invests in capacity building by extending the medical infrastructure in India:

- TTL manages 63 hospitals, including two large referral hospitals. The referral hospitals provide neighbouring populations with free medical and welfare aid.
- Doctors and medical practitioners are trained in HIV/AIDS issues (30 have so far been trained).
- Training has been provided to bare-foot tribal doctors.

The TTL internal and external programmes are regularly monitored, expected impact is adjusted and programmes are refined through well developed internal procedures.

Reflections

TTL has also laid the foundation towards both external and internal mainstreaming by adopting a multi-faceted approach to mainstreaming HIV/AIDS.

Internal mainstreaming: TTL is promoting preventive interventions, training peer educators and promoting peer training and providing care and support.

External mainstreaming: TTL is engaged in community level HIV/AIDS work by training bare-foot doctors and in establishing complementary programmes to reach communities by investing in the medical infrastructure.

continued from page 23

Background

TIMBERLAND designs, develops, engineers, markets and distributes premium priced footwear, apparel and accessories. Timberland products are sold in North America, Europe, Asia, Latin America and the Middle East. Timberland generates US\$ 1.3 billion in revenue.



Timberland directly employs approximately 5,400 people and it estimates that approximately 33,000 workers in supplier factories manufacture its products.

- China has one of the most rapidly expanding HIV epidemics in the world. It is estimated that, in 2003, there were 840,000 living with HIV/AIDS (UNAIDS/WHO 2004c).
- Heterosexually transmitted HIV is occurring mainly in the Eastern provinces, this is fuelled by increasing commercial sex industry and by the large number of migrants moving to these provinces in search of work.
- The percentage of female commercial sex workers who do not use condoms decreased from nearly 67 per cent in 1999 to 37 per cent in 2000 (UNAIDS/WHO 2004c).
- Many sex workers are also injecting drug users (IDU) and thereby provide a bridge between the high risk IDU group and the general population (UNAIDS/WHO 2004c).

Rationale:

The Timberland Company, China

Timberland has assessed that consumers expect ethical practices throughout Timberland's operations. Downstream in the value chain, workers employed by suppliers are at risk of contracting HIV. As this results both in a social and an economic cost, Timberland decided to support workplace HIV prevention programmes as a social and business investment.

Timberland has key suppliers based in Guangdong Province, China. This province has a large migrant workforce population originating from the inland provinces. Many of these supplier workers are young women in their 20s with a primary or middle school level of education. The workers usually live in factory dormitories, far away from home, with limited exposure to HIV/AIDS information.

“ The number of reported sexually transmitted infections (STI) cases in China has **increased more than 100-fold** in the period **from 1985 to 2001** (UNAIDS/WHO 2004c). ”

Objectives

The HIV/AIDS workplace education project is part of Timberland's strategic initiative projects, which have the following objectives:

- Enhance the quality of life for workers through programmes that include literacy, technical skills, health, labour law, financial management and saving opportunities.
- Build capacity for local stakeholders, including non-governmental organizations, factory management, workers, government agencies and trade unions, which can sustain the quality of life for workers.

Reponses

Timberland works with Verité, its partner for HIV/AIDS work in China. Verité is an independent, non-profit social auditing, research organization that works to ensure that people worldwide work under safe, fair and legal working conditions. Verité develops and delivers workplace evaluations, factory-level remediation programmes, worker rights and skills training.

Through its partnership with Verité, Timberland provides the workers of its suppliers with access to HIV/AIDS prevention courses.

Timberland and Verité jointly developed two factory based worker education initiatives in Guangdong Province that include HIV/AIDS content:

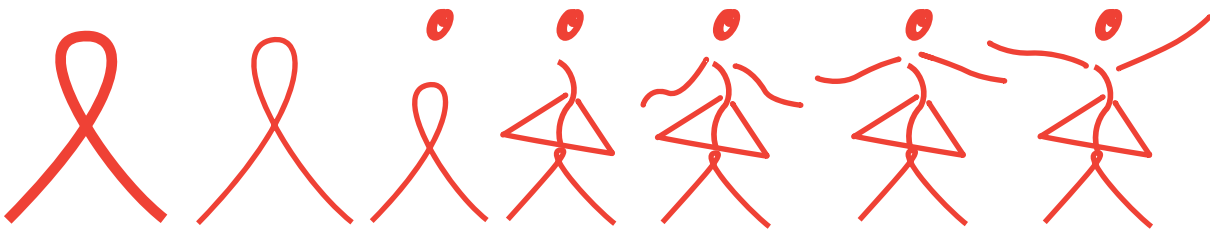
- The Mobile Training Programme (which visits factories 10 times per year to deliver classes and books). The focus of the training is on sexual health, women's hygiene and reproductive health.
- The Life Skills Training Programme. The classes offered are based on the interest of the workers. Topics include writing, tailoring, labour law, computer skills, nutrition and English. HIV/AIDS, women's hygiene and reproductive health issues are integrated into the class schedules (three-months in duration).

So far 9,000 workers have accessed HIV/AIDS training through these two programmes.

Attendance for training and workshops was encouraged through the provision of convenient meeting locations.

Universities in the area were consulted, to help conduct training courses.

Verité provides Timberland with semi-annual reports, which contain a list of courses held, attendance and observations. Overall, since 2000, Verité has brought HIV/AIDS and women's reproductive health messages to more than 9,000 workers in over 20 supplier factories. This corresponds to approximately 45 per cent of the suppliers' workforce for Timberland in China.



Reflections

Timberland has made an effort to move towards internal mainstreaming by training workers in preventive measures against not only HIV/AIDS, but also on broader issues concerning sexual health. Significant steps towards external mainstreaming have also been taken actively through training not only Timberland's workforce, but also the workers of Timberland's suppliers.

Background

CPA POSITIVE MARKETING COMPANY LTD. (PMCL) was established in 2004 under a United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) project entitled “Providing Basic Services to the Poor through Public-Private Partnerships”.

The project was initiated in Thailand in 2003, in partnership with the Department of Disease Control, Ministry of Public Health, Thailand, and the Thailand Business Coalition on AIDS (TBCA). The goal of the ESCAP project was to improve the access of people living with HIV/AIDS (PLWHA) to antiretroviral treatment and quality-assured HIV/AIDS-related services through public-private-community partnerships. PMCL was established as the private sector entity to financially support PLWHA at community-level in attaining the ESCAP project goal.

The core business of PMCL is to market and retail primarily textile-based products made by PLWHA and HIV-affected communities in Thailand. PMCL focuses its business activities on the event-based market, including conferences and meetings. At the end of 2004, PMCL directly employed four PLWHA and had indirectly employed an estimated 120 PLWHA that undertook production of the orders facilitated by PMCL.

In the period January-December 2004, PMCL retail activities, including for the XV International AIDS Conference (11-16 July, Bangkok) resulted in revenue amounting to more than US\$ 203,000.

The Centre for People and Families Affected by AIDS (CPA) Health Care Fund, and TBCA are the major PMCL shareholders, each owning 2000 of the total 5000 PMCL shares available. The registered capital of PMCL is approximately US\$ 12,700.

Rationale: CPA Positive Marketing Company Ltd., Thailand

In 2002, the Government of Thailand made the expansion of antiretroviral (ARV) treatment a priority, significant efforts to introduce ARV treatment into the universal health coverage scheme and to expand access to ARVs. In 2003, the Government set the goal of expanding treatment delivery to 50,000 people by the end of 2004. Implementation of this expanded treatment programme required enhanced Thai health-care capacity, in response to the expected increase in patient numbers. That increase was expected to push the limits of human and technical capacities at central, provincial and community-levels.

Due to health-care infrastructure limitations and financial constraints, a significant number of PLWHA do not have access to ARV treatment or the support required for developing the strict discipline that is integral to adhering to an ARV regimen.

At community-level, an income-generating mechanism was established that could financially support the provision of outreach care and psychosocial support by trained PLWHA community members to PLWHA receiving ARVs. Thus, the income-generating mechanism

could support the health system in meeting the PLWHA need for care and support that is crucial to treatment adherence. Furthermore, this support could enable hospitals to increase the number of patients receiving ARV treatment by reducing the amount of time that each patient required of hospital staff members.

Objectives

In line with its role set out under the ESCAP project, PMCL has established its company mission as follows:

- To improve the access of PLWHA to care and support services and to provide a modality for their economic and social empowerment through public-private-community partnership.
- To strive for the inclusion of PLWHA in all aspects of PMCL business.
- To dedicate PMCL business to the support of PLWHA in mitigating the impact on HIV/AIDS on their quality of life, including the reduction of stigma and discrimination.

Response

Starting in 2005, 35 per cent of PMCL annual profits after tax will be allocated to care and support activities undertaken by the Centre for People and Families Affected by AIDS (CPA) Health Care Fund, Bangkok. These funds will be primarily allocated to the provision of care and support services to patients receiving ARV treatment in hospital outpatient departments in the Greater Bangkok Area. All services will be provided by trained PLWHA and will be coordinated by the CPA Health Care Fund.

PMCL provides direct and indirect employment to PLWHA. This increases the capacity of these PLWHA to mitigate the socio-economic impact of HIV/AIDS on their lives. In addition, profits generated by the PLWHA suppliers of PMCL have been used to strengthen existing community programmes in the affected communities.

By providing PLWHA with the opportunity to be productive members of society, either as PMCL staff and suppliers, or as peer-counsellors undertaking care and support activities financed by PMCL, PLWHA involved in the initiative perceived a reduction in stigma and discrimination.

Reflections

This example provides a special illustration of mainstreaming since the company is a for-profit company set up to directly benefit employees and communities affected or infected by HIV/AIDS.

By actively employing only PLWHA, PMCL is involved in one of the steps necessary for internal mainstreaming. Initial steps towards external mainstreaming are demonstrated by the sourcing of PMCL orders to PLWHA suppliers and by providing a percentage of annual profits to community-level care and support services for PLWHA. Lastly, HIV/AIDS has been solidly incorporated in the strategic framework as one of the founding principles of the company.

Lessons Learnt for Mainstreaming HIV/AIDS in the Private Sector

The examples included here show companies that have taken initial steps towards mainstreaming or adopted some of the numerous measures that constitute mainstreaming.

The process of mainstreaming HIV/AIDS internally and externally is an incremental non-linear progression. The first step for a company may be preventive interventions through peer-based training, promoting HIV/AIDS focal points within the organization or other workplace-based interventions, such as providing care and support to employees living with HIV/AIDS.

Workplace interventions may spark the beginning of the process to develop a company-specific HIV/AIDS policy. The policy development should include consultation with employees including employees living with HIV/AIDS. The policy should, as a minimum, seek to reduce stigma, fight discrimination and protect confidentiality.

The workplace policy will underpin and create a supportive environment for awareness raising of HIV/AIDS among employees. Awareness raising activities could include condom promotion, peer-training in sexual health issues, encouraging employees to know their HIV/AIDS status and ensuring that employees have access to treatment and care support.

Corporate social responsibility is integral to effective HIV/AIDS mainstreaming because corporations should be accountable to their employees and the social and economic environment within which they operate. Moreover, HIV/AIDS increasingly has an impact on productivity. Therefore, starting mainstreaming initiatives also makes economic sense.

Work-based interventions can be a precursor to external mainstreaming, but are not a prerequisite for external mainstreaming to occur.

External mainstreaming for companies may be initiated because of any of the following reasons:

- Corporate social responsibility.
- Ethical conduct of business.
- Holistic approach to employee welfare.
- Productivity gains.
- Culture and tradition.
- Government or other financial incentives or regulations.

Some common factors for mainstreaming in the examples provided are summarized below:

- Commitment and dedication from top management is pivotal.
- An enabling political environment makes implementing HIV/AIDS initiatives easier, but it is not a prerequisite for mainstreaming. Rather, successful companies can set a trend by addressing HIV/AIDS. This may lead to expanding activities towards mainstreaming as well as setting examples for other companies to follow.

International guidelines, such as the ILO Code of Practice on HIV/AIDS in the World of Work (for more information, please see the Ministry of Labour example), national regulation or national initiatives by business associations could build the foundation for business initiatives to ensure consistency and create synergies between different companies. If governments mainstream HIV/AIDS into regulation, such as industrial and sectoral legislation, mainstreaming on the business level will be enhanced.

To sustain and advance HIV/AIDS initiatives, companies have to set up and fund the appropriate institutional mechanisms. These could include HIV/AIDS committees, HIV focal points, as well as transparent and enforceable sanction mechanisms.

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III. Mainstreaming HIV/AIDS in Uniformed Services

Mainstreaming HIV/AIDS in Uniformed Services, Thailand (UNAIDS study).

Background

In 2000, the United Nations Security Council recognized HIV/AIDS as a threat to human and global security by adopting resolution 1308¹. The Security Council called upon the international community to develop programmes addressing HIV/AIDS among peacekeepers/uniformed services. It asked the Secretary-General to ensure that training was provided to peacekeeping personnel on issues related to HIV prevention. It was the first time in its history that the Security Council adopted a health issue as a security threat.

The Security Council urged Member States to increase cooperation among their relevant national bodies to assist in the creation and implementation of policies for HIV prevention, voluntary counselling and testing and treatment in their uniformed services.

The success of the Government of Thailand in preventing and controlling the spread of HIV/AIDS may be attributed to its comprehensive multisectoral approach. This approach has led to a sense of

responsibility in every sector, and has led to the concept that HIV/AIDS is not merely a public health problem, but it is a problem that concerns every person, in every community and in all sectors of society, including education, labour, industry and the uniformed services.

Mainstreaming HIV/AIDS into the Royal Thai Army (RTA) is seen as a crucial in addressing HIV/AIDS. Currently the RTA is being downsized from the present 223,000 in 2004 to 190,000 by 2005. There are approximately 200,000 reservists who have completed two years of national service and remain subject to recall until aged 55 (globalsecurity.org).

HIV prevalence reached an all time peak of approximately 2.35 per cent in 1995 and has consistently declined since then, to reach 1.18 per cent in 2003². One breakthrough spearheaded the resolute efforts to hold the epidemic in check; condom use in the commercial sex industry increased as men became aware of the risk.

Rationale: Uniformed Services, Thailand

The presence of large numbers of armed men in uniform spending long periods away from regular partners, homes and families and with some cash to spend, often results in a sex industry springing up, increasing HIV risk for sex workers and uniformed services personnel.

Uniformed services personnel generally have a culture of high risk taking, placing them at a higher risk of HIV infection. During conflict, both consensual and non-consensual sex tends to increase and adherence to

prevention measures declines (Winsbury 1992).

Conscripts in the RTA have long been indentified as a group at high risk of acquiring HIV infection; the first case of HIV was detected in 1987. In 1993, the prevalence among RTA conscripts was 4 per cent. Since 1993, a gradual decline has been observed in May 2003, the prevalence had decreased markedly to 0.5 per cent (UNAIDS 2004).

¹ The resolution can be found at: <http://ods-dds-ny.un.org/doc/UNDOC/GEN/N00/536/02/PDF/N0053602.pdf?OpenElement>.

² Prevalence rates in pregnant women (antenatal care data) were used as a proxy measure of the prevalence levels in the general population.

Objectives

- Formulate clear and appropriate policies on HIV prevention in the RTA.
- Establish an epidemiological database.
- Develop HIV prevention models suitable for RTA settings.
- Contribute to the alleviation of HIV related illnesses in the general public.
- Develop fundamental structures for clinical research for an HIV/AIDS vaccine.
- Establish technical collaboration and collaboration at national and international levels.

Response

In 2003, the RTA's response to the epidemic was in full compliance with the national policy on HIV/AIDS prevention³. The elements included in the response were five-fold.

National HIV/AIDS prevention and impact-alleviation policy and programmes:

In 2003, the RTA participated in the development of national HIV/AIDS prevention and impact-alleviation policy and programmes through four committees (National Committee on AIDS Prevention and Alleviation, RTA Medical Department Committee on HIV/AIDS Prevention and Control, Committee on AIDS Prevention and Control, Ministry of Defence, Committee on AIDS Prevention and Control, the RTA).

Monitoring of the epidemic:

Thailand's RTA monitors the national HIV/AIDS situation through HIV-, behavioural- and sexually transmitted infection surveillance of conscripts. The RTA monitors HIV/AIDS patients among RTA personnel and carries out regular knowledge, attitudes and practices surveys (KAP) of HIV/AIDS in the RTA.

Implementation of HIV prevention programmes:

The RTA has, along with a comprehensive set of interventions, been specifically involved in three

different focused interventions:

1. Chiang Mai: aimed at reducing risky sexual behaviour among conscripts.
2. Phitsanuloke: aimed at reducing risky sexual behaviour among conscripts.
3. Prachuab Khiri province: aimed at promoting knowledge of HIV prevention

Provision of care and support to people living with HIV/AIDS:

The military hospitals have been active in providing care to both conscripts and their families living with HIV/AIDS. The services provided are counselling, diagnosis, treatment (according to guidelines provided by the Ministry of Public Health).

Research:

Promotion of HIV/AIDS research (including epidemiological studies, virological studies and notably vaccine studies.

The RTA medical personnel played a significant role in supporting the execution and sustainability of the HIV/AIDS prevention and control programme.

³ A description can be found <http://www.south-south-ppd.org/doc/forum/ifpd2004/presentations/txt/thailand.pdf>.

Reflections

The RTA has played a pivotal role in Thailand's fight against HIV/AIDS. Two main success factors may be identified:

- HIV/AIDS is considered a threat to national security. This gives the issue a sense of urgency and the benefit of swift decision making and an enabling political environment.
- Multisectoral collaboration, such as RTA's efforts, has been crucial to Thailand's impressive fight against HIV/AIDS.

Mainstreaming HIV/AIDS into the uniformed services is an example of mainstreaming internally. The RTA example is a workplace-based intervention, which is about changing the armed forces' susceptibility to HIV and their vulnerability to the impacts of AIDS. By changing the armed forces' susceptibility, community vulnerability and susceptibility around army bases are also changing.

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IV. Mainstreaming HIV/AIDS in Transportation

Mainstreaming HIV/AIDS in the Maritime Industry (United Nations Economic and Social Commission for Asia and the Pacific).

Background

The Asian and Pacific region is the source of over 60 per cent of the world's seafarers. As mobile workers, they encounter unique challenges to maintaining a healthy and productive work-life. One of these challenges concerns HIV/AIDS.

To meet the needs of seafarers, the Transport and Tourism Division of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), in collaboration with the United Nations Development Programme South East Asia HIV and Development Programme (UNDP SEAHIV), Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Singapore Maritime Academy, with partial funding support from Canadian International Development Agency, developed a Computer-Based Training Programme on HIV/AIDS¹.

Rationale

Responding to demand, cheap commercial sex, alcohol and illicit drugs are often easily accessible in ports and surrounding communities. Combined with many seafarers' limited knowledge of HIV/AIDS prevention, this situation often leads to high-risk behaviour.

Their work imposed long absence from their home countries and their employment on foreign flagged vessels makes it particularly hard to ensure that seafarers are covered by HIV/AIDS prevention activities.

Mobility, having cash to spend and the isolated nature of their occupation, with prolonged periods away from family and friends, make seafarers a vulnerable group with regard to HIV/AIDS.

Objectives

- To raise awareness of HIV/AIDS among the seafaring community and associated groups through the development of a training programme which will be integrated into the nautical and engineering seafarer educational curriculum at all levels, and to promote the wide delivery of the programme through training institutes in the ESCAP region.
- To continue and sustain awareness and prevention of HIV/AIDS in the merchant marine industry through the development of a workplace programme. The programme will be implemented on board shipping vessels and in ports, and will include HIV/AIDS prevention and how to deal with employees who are living with HIV/AIDS.

¹ The computer-based training can be found at <http://www.unescap.org/ttdw/HIVAIDS/Index.asp>.

Response

ESCAP and selected maritime training institutes developed a training programme to raise awareness and prevent HIV/AIDS in the maritime sector. ESCAP worked closely with the Thai Red Cross and UNDP to develop the training curriculum.

The Thailand Business Coalition on AIDS (TBCA) was consulted to prepare a life-skills/peer-education programme for seafarers' in their workplace to complement the seafarer education programme.

An interactive multimedia training programme was developed through a multi-stakeholder approach, involving maritime training institutes, ship owners and managers, seafarer associations, seafarers undergoing continuing education and national maritime administrations. The seafarer training was subsequently presented to the seafarer industry at the Maritime Manpower Planning, Training and Employment (MNP) Forum held in 2003.

A training of trainers' programme was conducted to guide national maritime training institutes in selected countries to incorporate the training package into their curricula.

The training programme was developed in two parts. Part one targeted junior deck and engineering officers regarding aspects of HIV/AIDS in a commercial shipping environment. Part two focused on training trainers and on teaching senior officers how to enhance their crew's awareness of HIV/AIDS and encourage them to develop life skills resulting in safe practices that would prevent the spread of the disease. They were also trained on how to counsel crews in a working environment.

Building up awareness of HIV/AIDS among seafarers while they are still under training and before they take to the seas, can help reduce their vulnerability. Through web-based and CD Rom training delivery, seafarers who are already sailing on board ships can also easily be reached.

UNDP, ESCAP and UNAIDS will carry out a tri-partite review of the outcomes.

Reflections

- Getting HIV/AIDS education into the standard curriculum for seafarers is an institutional change and will benefit seafarers and their communities.
- By increasing seafarers' awareness about HIV/AIDS, a trickle-down effect to their communities will occur as the preventive measures they have learnt will be practiced.
- Institutional measures like this is only possible if preceded by advocacy and lobbying. Measures similar to this one should be encouraged, although it might be easier or only possible in workforces that are organized in associations or unions as a way to reach workforces that are normally hard to reach.
- The seafaring intervention reaches only the formal shipping industry, whereas the most vulnerable employees of the coastal shipping industry and the fishing industry remain out of reach.
- Pre-employment testing, which is commonplace for seafarers in the Asian and Pacific region, violates their human rights, and the seafarers who test HIV positive are commonly kept off ships. By not directly addressing this element, the merchant shipping industry is not considering the problem of HIV/AIDS in its entirety.
- This example provides an illustration of internal mainstreaming since the intervention involves a preventive work-based intervention, peer education training and care and support through counselling.

V. Mainstreaming HIV/AIDS in Education Networks

Voluntary Service Overseas (VSO) peer-education networks via volunteer teachers based in teacher training institutes in China.

VSO is an international development agency that works through volunteers to tackle global poverty and disadvantage. Since 1958, VSO has dispatched more than 29,000 volunteers to work in Africa, Asia, the Caribbean, the Pacific region and Eastern Europe. These volunteers work in partnership with colleagues and communities to share skills and learning and jointly achieve change. VSO has national partner

agencies in Canada, Kenya, the Netherlands and the Philippines. VSO currently has approximately 1,500 volunteers and 400 to 500 staff members.

VSO's work is guided by its corporate strategic plan, Focus for Change, which focuses efforts on achieving specific development goals in:

- ★ HIV and AIDS
- ★ Disability
- ★ Secure livelihoods
- ★ Education
- ★ Health and social well-being
- ★ Participation and governance

“*Mainstreaming is an integral part of the HIV/AIDS goal. It involves looking at the impact of HIV/AIDS on the organization and its staff members, all programme areas and aspects of programme development, as well as working directly in HIV/AIDS.*”

VSO reinforced its commitment to the global fight against HIV/AIDS in 2002 by making HIV/AIDS one of the priority development goals in Focus for Change. Mainstreaming is an integral part of the HIV/AIDS goal. It involves looking at the impact of HIV/AIDS on the organization and its staff members, all programme areas and aspects of programme development, as

well as working directly in HIV/AIDS. VSO is particularly well placed to mainstream HIV/AIDS because its approach of working through volunteers enables the organization to reach a diverse range of people, many of whom are highly disadvantaged and may otherwise be left out of development interventions.

Background: Driving Factors behind Mainstreaming in VSO Programmes

Despite localized successes in HIV prevention, the pandemic has continued to grow almost unabated. In response, many VSO country programmes have introduced HIV/AIDS as a programme area or cross-cutting theme. Useful learning and experience has been gained from the Regional AIDS initiative of Southern Africa (RAISA), using and adapting information and activities developed by RAISA Country Programme Offices and volunteers. Until now, VSO has focused on the countries where the impact of HIV/AIDS was evident. However, new epidemics are emerging all around the world and new learning strategies for increased effectiveness in early action to address HIV/AIDS in those countries where prevalence is still low. With that in mind, VSO emphasizes that HIV/AIDS mainstreaming is important for all its programmes.

Since 1981, VSO volunteers have worked in China mainly on education, specifically English Language Teacher Training. This has resulted in training approximately 80,000 Chinese trainee teachers. Although previous VSO volunteers have also included such professionals as doctors, nurses and agriculturalists, VSO took the strategic decision in 2001 to focus its work on education and build HIV/AIDS as a cross-cutting theme into this work. Currently VSO works in approximately 45 teacher-training colleges in nine western provinces in China. As of March 2004, out of the 45 teacher training colleges, 31 were integrating HIV/AIDS activities through their English Language Teaching programmes. This has contributed to raising awareness of HIV/AIDS among students and teachers at teacher training colleges in eight provinces in Western China.

VSOs five-year strategy (2004-2009) sets out a commitment to work in China to improve the quality of education in rural western China and to combat the threat of HIV and AIDS. One way to achieve this will be by mainstreaming HIV/AIDS across all of its work.

Motivation: Epidemic

The HIV/AIDS threat is growing in China. Government officials estimate that there are 840,000 people living with HIV, of whom 80,000 have progressed to AIDS (Ministry of Health, China, and others 2003). Although the general prevalence rate remains low nationally at 0.1 per cent, there are clusters of high prevalence, both geographically and among sub-groups with high-risk behaviour. The epidemic has spread to all 31 provinces and autonomous regions; the number of reported HIV/AIDS cases has increased significantly. Prevalence remains high among drug users and ex-blood plasma donors. However, other transmission modes and populations are increasing in proportion. There are growing signs that HIV infection in China is shifting, risk behaviour is on

the increase and general knowledge remains low. The outcome of a study conducted by the Futures Group and the State Family Planning Commission shows a fundamental lack of knowledge about HIV/AIDS transmission and about prevention as well as a lack of awareness of risk and vulnerabilities among people in China (Manchester 2002). In traditional Chinese culture, sex and sexuality are not openly discussed and sex education until recently has been excluded from school curricula. Many young people have not received life skills education, and their level of understanding concerning sexually transmitted infections (STI) and HIV infection modes and prevention remains low. The UN projects that, without appropriate measures, China could have up to 10 million people infected with HIV by 2010 (UNAIDS/WHO 2004).

Rationale for mainstreaming in the VSO China programme

Mainstreaming is a process which affects the design and delivery of programmes. It also requires internal organizational change. Thus, mainstreaming requires VSO to consider HIV/AIDS in all of its analysis, planning, work and policies, even when they might appear to have little direct relation to HIV/AIDS, and to analyze VSO's ability to carry out core business in the context of HIV and AIDS.

Within China, VSO has learnt lessons from several significant change stories reported by volunteers that their contribution to HIV/AIDS awareness outside the direct objectives of their placement has had a significant impact on the lives of individuals they have worked with. This, and the enthusiasm that several partner organizations have shown for VSO to integrate

HIV/AIDS, are encouraging indicators of the need for VSO to continue to engage in these activities.

To date, integration activities have been undertaken by volunteers in cooperation with partners. Out of 45 teacher-training colleges where VSO has a presence, a total of 31 have implemented HIV awareness activities). VSO's commitment to mainstreaming and past achievements build on its existing work.

VSO's international experience indicates that a multi-sectoral approach, including addressing HIV and AIDS through mainstreaming, will increase the developmental impact of VSO's Education Programme and contribute towards mitigating the spread of HIV/AIDS in China.

Objectives

VSO China aims is to reduce the spread of HIV and AIDS in China in poor provinces principally through, but not limited to, education on prevention and de-stigmatization.

VSO China's objective is to contribute towards mitigation of the impact of HIV/AIDS in China by developing the capacity of VSO and its partners to mainstream HIV/AIDS in their work and across all of VSO's programmes by involving staff, volunteers and partners.

Response

In 2004, VSO launched a HIV/AIDS peer-education workshop (the Dandelion Project). Through peer education, VSO aims to train college students studying to become teachers, who will in turn train future middle school children. Building on VSO's strong foundation, feedback from partners and its own research, in 2003 VSO China decided to have HIV/AIDS as a second programme area plan and to focus on education. VSO is well placed to support this work in the poor provinces through partnerships with local education commissions and teacher training institutions. This is also in line with national policies, such as the Ministry of Education's requirement that all school children receive HIV and AIDS education. VSO's Programme Area Plan is currently under development.

Implementation: Working Towards Mainstreaming

Activities implemented to date include:

- ★ Sensitization in the work place (a series of internal sensitization sessions and training have been implemented for all staff which has involved people living with HIV/AIDS, as well as discussions on workplace policies and strategies).
- ★ VSO's global workplace policy is being changed and tailored to meet the specific VSO China context.
- ★ VSO run sensitization workshops for partners and volunteers.
- ★ HIV/AIDS training for English Language teachers so that they are more able to effectively integrate HIV/AIDS into their work.
- ★ Since November 2001, VSO China has introduced HIV/AIDS as a cross-cutting theme in its education programme and has raised awareness in approximately 31 teacher-training institutions in eight provinces. These activities are ongoing and include discussions on HIV/AIDS through oral English classes, drama, poetry reading/recitations, workshops, extra curricula and other activities.
- ★ Guiyang College Red Ribbon Project - Through a VSO volunteer's initiative students designed and produced an HIV/AIDS ribbon with 'Chinese characteristics. The project is continuing to raise awareness as well as funds for local people living with HIV.
- ★ Regular activities on World AIDS Week involving partners, teachers, students, volunteers and staff.

Outcomes: Success and Challenges

Success:

- ★ VSO volunteers have successfully used English Language classes and extra curricula activities to raise awareness of HIV/AIDS.
- ★ Enhanced awareness and commitment by VSO China Programme Office staff to consider the impact of HIV/AIDS in their work, understand it themselves from a personal perspective (and their own risk), and to work on HIV/AIDS issues.
- ★ There is a growing commitment by partners, namely teachers and students at teacher-training colleges, to openly discuss issues surrounding HIV/AIDS and a growing acknowledgement of the importance of HIV/AIDS as a development issue. This has coincided with growing commitment by the national Government to address HIV/AIDS. Through mainstreaming HIV/AIDS across its education programme, VSO is able to bring national policy messages to partners at the local level where information is often limited.



Challenges:

- ★ Attitudes and behaviour change take time. “Mainstreaming” is not a one off activity, but requires re-enforcement and regular training, sensitization and strong organizational commitment to HIV/AIDS.
- ★ Levels of commitment differ. Traditional views that HIV/AIDS is a health issue and should be addressed by ‘health professionals’ take time to change.
- ★ There is a risk of misinformation. Mainstreaming requires continuous monitoring and evaluation to ensure that messages are consistent and accurate.
- ★ Monitoring and evaluation frameworks address education programmes. With the introduction of ‘mainstreaming’ monitoring and evaluation frameworks need to include mainstreaming.

Monitoring and Evaluation

- ★ Monitoring and evaluation are undertaken through VSO’s standard monitoring framework which includes staff reports, field visit reports, volunteer and partners’ reports and volunteers’ significant change stories.

Reflections

- ★ It is crucial to sensitize senior management and leaders to the issues surrounding HIV/AIDS in order to have clear organizational commitment.
- ★ It is important to recognize that mainstreaming is a process and not a “one-off” activity.
- ★ There is a need to adapt concepts and strategies to meet local situations, establish clear definitions and set realistic targets within the local context.
- ★ Appropriate training and regular monitoring and evaluation play a pivotal role in ensuring that accurate and consistent messages are carried out.

VSO has laid a noteworthy foundation towards mainstreaming. Internal mainstreaming steps have been taken through sensitization in the workplace and for partners and volunteers. Externally, VSO has taken steps by reaching communities with AIDS-related education and by incorporating a cross-cutting theme into English language education programmes.

References

Manchester, Tim (2002). “Attitudes towards HIV/AIDS in China: Research on public knowledge, attitudes and behaviours in cities towns”, (Futures Group, Europe) (http://www.kaisernetwork.org/health_cast/uploaded_files/Futures_Group_09.24.02.pdf, 6 December 2004).

Ministry of Health, Peoples Republic of China and United Nations Theme Group on HIV/AIDS in China (2003). A joint Assessment on HIV/AIDS Prevention and Control. (1 December 2003).

UNAIDS/WHO (2004). China: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections, 2004 Update (<http://www.who.int/GlobalAtlas/PDFFactory/HIV/index.asp>, 6 December 2004).

VI. Concluding Remarks

In countries with low prevalence rates, HIV/AIDS is not seen as a priority, as the belief is still widespread that risky behaviour is limited to certain social groups and that the epidemic is unlikely to spread to the general population. However, all countries with general HIV/AIDS epidemics initially had hidden epidemics in specific regions or among particular groups before they spread into the wider population. To prevent this from happening, appropriate entry points for interventions need to be identified. It is important to relate HIV/AIDS interventions to issues that people can connect with, in order to achieve a positive impact. Addressing issues that are directly linked to vulnerability to HIV/AIDS, such as gender inequality, sexual violence or sexual reproductive health, will mitigate the threat of HIV/AIDS while also providing a platform for future mainstreaming of HIV/AIDS if the local situation deteriorates. Similarly, broader measures, such as comprehensive policies on chronic illness or measures to reduce any form of discrimination in the workplace (including discrimination against people living with HIV/AIDS), represent significant steps in mitigating the risk of increased prevalence.

Although countries in the Asian and Pacific region have adopted the international commitments such as the Declaration of Commitment on HIV/AIDS which called for mainstreaming as a way to convert

global commitments into national agendas, not enough has been done to turn the commitments into action.

Many countries in the Asia and Pacific region have a unique window of opportunity to act now before their HIV/AIDS epidemics spill over into the general population. In order to fulfil the Millennium Development Goals and adhere to the Declaration of Commitment on HIV/AIDS, countries should develop national development frameworks that encourage and ensure that efforts to fight HIV/AIDS are made in all sectors. These frameworks should ensure coordination of all mainstreaming efforts while providing legal guidelines and tools for all ministries, and provincial, state, district and municipal level governments to encourage effective mainstreaming.

To date evidence to support mainstreaming HIV/AIDS has been limited. Most of the information available is drawn from internal mainstreaming experiences of HIV/AIDS interventions in the workplace, such as peer training, to reduce vulnerability to HIV/AIDS. If internal mainstreaming is taken seriously, it will bring about wider institutional change by incorporating HIV/AIDS into the strategic framework. Internal mainstreaming can be fostered through legislation and/or by providing financial incentives.

Although initial steps have been taken towards external mainstreaming, more thorough evaluations are necessary to inform future plans and long-term interventions. This information kit provides some examples of initial steps towards external mainstreaming implemented by Standard Chartered, Tata Tea Limited and VSO China, which provide information on some general approaches to be used for external mainstreaming. However, for the sustainability and long-term viability of external mainstreaming measures, more needs to be done. The measures could include monitoring and evaluation, needs based assessments, information on local initiatives and the social environment within which HIV/AIDS is encountered and managed.

The following principles may provide useful insights for those who intend to engage in HIV/AIDS mainstreaming:

Sustainability:

- Often, the HIV/AIDS initiatives implemented are limited in duration and their long-term sustainability is not adequately considered. For mainstreaming to be effective, initiatives need to become an integral part of the company/organization/community, and the mainstreaming components should be built into the strategic approach, as well as the day-to-day operations.

Funding:

- Companies might find it a challenge to maintain constant funding levels and it may be difficult to make regular budgetary allocations for the foreseeable future. However, by allocating funding for mainstreaming, companies are making long-term investments into their human capital and minimizing their productivity losses.
- Organizations and communities might find it a challenge to source funding from donors for mainstreaming activities since positive changes attributable to mainstreaming activities may only become evident after some time. Donors often require progress reports, and the long-term effects of mainstreaming may not complement the conventional procedure for reporting.

Evidence based approach to mainstreaming:

- National development frameworks should include effective and sustained mechanisms to monitor and evaluate mainstreaming activities and encourage new mainstreaming initiatives. The results should be disseminated as widely as possible.

Enabling political environment:

- To ensure political commitment for mainstreaming, a number of measures need to be initiated:
 - ➔ Review laws and policies to identify specific areas of discrimination and bias and subsequently amend laws or enact new laws.
 - ➔ Introduce systematic and coherent measures to ensure that law and policies relating to maternal and child health, occupational health, migration, anti-trafficking initiatives, male health, anti-discrimination and equal opportunity measures are not in conflict with each other and address the wider socio and economic determinants of HIV/AIDS
 - ➔ Sensitize state agents, including the police and other law enforcement officials, and judges to issues relating to HIV/AIDS.
 - ➔ Adjust policies for responsiveness to factors that impact on HIV/AIDS in sectors such as agriculture, environment, security, health, poverty reduction, development and transport.
 - ➔ Encourage the involvement of influential political and community leaders as role models (champions).
- Develop an integrated policy approach to health to contribute to effective mainstreaming.
- Allocate adequate resources to sustain mainstreaming efforts.

Resources

Asian Business Coalition on AIDS (ABC on AIDS)

<http://www.abcon aids.org/>

Asian Development Bank - AIDS

<http://www.adb.org/AIDS/default.asp>

Australian Government Overseas Aid (AusAid)

<http://www.ausaid.gov.au/publications/pdf/multiministry.pdf>

Declaration of Commitment on HIV/AIDS

http://www.unaids.org/en/events/un+special+session+on+hiv_aids/declaration+of+commitment+on+hiv_aids.asp

Department for International Development (DFID)

<http://www.dfid.gov.uk/countries/asia/>

Deutsche Gesellschaft für Technische Zusammenarbeit

<http://www.gtz.de/de/themen/soziale-entwicklung/hiv-aids/894.htm>

Family Health International – AIDS (FHI)

<http://www.fhi.org/en/HIVAIDS/index.htm>

HIV/AIDS Mainstreaming: A Definition, Some Experiences and Strategies. A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming. Prepared by Helen Elsey, Prisca Kutengule.

http://www.nu.ac.za/heard/papers/2003/DFID%20mainstreaming%20report_Jan031.pdf

International Labour Organization (ILO)

www.ilo.org/aids

Joint United Nations Programme on HIV/AIDS (UNAIDS)

www.unaids.org

Millennium Development Goals (MDG)

<http://www.developmentgoals.org/index.html>

Oxfam

http://www.oxfam.org.uk/what_we_do/issues/hivaids/mainstreaming.htm

Pacific Parliamentary Assembly on Population and Development: The Suva Declaration of the First Conference for Pacific Parliamentarians on the Role of Pacific Parliamentarians in the Fight against HIV/AIDS

<http://www.unfpa.org/parliamentarians/docs/suva.doc>

Thailand Business Coalition on AIDS (TBCA)

www.abcon aids.org/tbca

United Nations Development Programme, South East Asia, HIV and Development Programme (UNDP)

<http://www.hiv-development.org>

United Nations Educational, Scientific and Cultural Organization (UNESCO) – Focusing Resources of Effective School Health

http://portal.unesco.org/education/en/ev.php-URL_ID=35179&URL_DO=DO_TOPIC&URL_SECTION=201.html

United Nations Social and Economic Commission for Asia and the Pacific

<http://www.unescap.org/>

Voluntary Service Overseas (VSO)

<http://www.vso.org.uk/>

World Bank – AIDS

http://www1.worldbank.org/hiv_aids/

World Economic Forum, Global Health Initiative, case studies

<http://www.weforum.org/site/homepublic.nsf/Content/Global+Health+Initiative%5CGHI+Case+Studies+and+Supporting+Documents>

World Health Organization – AIDS (WHO)

<http://www.who.int/hiv/en/>