

Business and Labour
Responds to
HIV/AIDS
in Asia



Bangkok, 18-19 September 2001

Contents

Executive Summary 03

Session I **Opening Ceremony** 05

Opening Remarks and Welcome Address

- Richard E. Hecklinger, Ambassador to Thailand, Embassy of the United States of America
- William Levine, Senior Medical Officer, Centers for Disease Control and Prevention, Thailand
- Thapabutr Jamasevi, Deputy Permanent Secretary, Ministry of Labour and Social Welfare, Royal Thai Government
- Nibhon Debavalya, Officer-in-Charge, United Nations Economic and Social Commission for Asia and the Pacific

Keynote presentations

- Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the World of Work, Geneva
- Bruce Kilmister, Representative, Asia Pacific Network of People Living with HIV/AIDS (APN+), New Zealand
- Johan Strydom, Manager, Personnel Services, Ford Motor Company of Southern Africa Ltd., South Africa

Session II **The Challenge of HIV/AIDS – Corporate Motives for Addressing the Epidemic**

- Peter H. Kilmarx, Chief, Chiang Rai Section, CDC/The HIV/AIDS Collaboration, Thailand
- Ellen Devlin, General Manager, Nike Inc. Liaison Office, Thailand

Session III **Best Practices - Effective Business and Labour Responses to HIV/AIDS**

- Sen Sushanta Kumar, Deputy Director General, Confederation of Indian Industries, India
- Ariel Castro, Director for Education, Trade Union Congress of Philippines, Philippines
- Dej Pathanasethphong, Managing Director, Thong Thai Textile Co. Ltd, Thailand
- Johan Strydom, Manager, Personnel Services, Ford Motor Company of Southern Africa Ltd., South Africa
- Norati Anterea, President, Kiribati Island Overseas Seamen’s Union, Kiribati

**Session IV Strengthening Partnerships on HIV/AIDS -
Ensuring Success**

- Anthony Pramualratana, Executive Director, Thailand Business Coalition on HIV/AIDS and Facilitator, Asian Business Coalition on HIV/AIDS
- Mina K. C. Cheah, Managing Director, The Body Shop, Malaysia, and Founding Member of the Malaysia Business Coalition on HIV/AIDS
- Joselito Gapas, Chief Medical Officer (Director), Shell companies in the Philippines, Philippine Business for Social Progress

**Session V Recommendations and Commitments for the
Future Response**

- Presentation of group discussions in plenary - conclusions and recommendations

Annexes

Executive Summary

It is increasingly apparent that both business and labour play critical roles in expanding national, regional and international responses to HIV/AIDS. International experience demonstrates the importance of developing sound workplace policies, conducting effective public awareness campaigns on HIV/AIDS and the need to mobilize political commitment and business leadership in support of national responses.

In this context, a regional conference on “Business and Labour Responds to HIV/AIDS in Asia” was held in Bangkok on 18-19 September 2001. The conference aimed to bring together senior level representatives from business and labour sectors and other key partners to share experiences, strengthen networks and develop recommendations for an enhanced business and labour response to HIV/AIDS in Asia. The conference was organized by the US Department of State, the US Centers for Disease Control and Prevention, and UNAIDS South-East Asia and Pacific Intercountry Team in collaboration with ESCAP, ILO Regional Office for Asia and Pacific, UNDCP Regional Centre for East-Asia and the Pacific, and Asian Business Coalition on AIDS.

Participants included representatives of employers’ federations, chambers of commerce, private foundations, business coalitions, multinational and national companies and labour unions based in Bangladesh, Cambodia, China, India, Indonesia, Kiribati, Lao PDR, Malaysia, Myanmar, New Zealand, Philippines, Republic of Korea, Singapore, South Africa, Thailand, and Viet Nam.

The participants discussed the status of the HIV/AIDS epidemic in Asia and the Pacific as well as corporate motives for getting involved in the fight against HIV/AIDS. It was underlined that HIV/AIDS policies in the workplace can, among other things, help ensure stable production by preventing high turnover of staff and decreasing absenteeism. Moreover, HIV/AIDS policies were beneficial for the corporate image, as the signs of social responsibility helped enhance the company’s reputation with customers.

Best practices on effective business and labour responses to HIV/AIDS were presented covering the lessons learned from large and smaller companies as well as trade union experiences. The best practices stressed the importance of raising awareness and commitment at all levels of the company or trade union through innovative means of communication on HIV/AIDS prevention and care in the workplace. Only through informative and participatory processes could sustainable programmes and policies be established.

The participants also discussed the importance of strengthening partnerships on HIV/AIDS within the business and labour sector and between public and private sectors to effectively address the epidemic. Through effective partnerships, various actors engaged can benefit from each other’s experiences and reach out to a broader constituency. Formal as well as informal networks help facilitate the expanded response, including, organizations and networks of people living with HIV/AIDS.

With regards to access to care in the workplace, participants emphasized that businesses has an important role to play in providing essential components of basic humane HIV/AIDS care and support. For example, businesses can ensure employees have access to proper information on care and take on an advocacy role for access to voluntary testing and counselling. In addition, it was stressed that all parties involved must share the cost of HIV/AIDS care and support in the workplace.

Although many good initiatives to raise awareness and address HIV/AIDS issues in the workplace were highlighted during the conference, it was also evident that more work and challenges lies ahead. Johan Strydom, Manager, Personnel Services, Ford Motor Company of Southern Africa, South Africa, made this call for action in his key note address to the conference: "Today, there is enough knowledge and expertise to guide us on how to constructively address the problem. There is no need to re-invent the wheel. Please stop the ongoing talk... starting now!" Nike reminded the participants that to combat HIV/AIDS, the business and labour sector must simply: "Do the right thing".

Session I: Opening Ceremony

Moderator: **Steven J. Kraus, Intercountry Programme Development Adviser, UNAIDS South-East Asia and Pacific**

Richard E. Hecklinger, Ambassador to Thailand, Embassy of the United States of America welcomed the participants and called for public-private partnerships to provide clear and concerted programmes and messages on prevention, care, support and treatment. He brought to attention the establishment of a new global fund to fight HIV/AIDS, malaria and tuberculosis and welcomed the support and dynamism of the private sector in the effort to make the fund operational by January 2002.

The Ambassador said that business and labour should be concerned about HIV/AIDS, because the disease strikes at persons in their most productive ages of live. The fight against HIV/AIDS and other major infections is good for business and labour, good for the productivity of each and every Asian nation, and good for the global community.

With the strong support from the Royal Thai Government, the U.S. Centers for Disease Control and Prevention, and the United Nations agencies, the U.S. government hopes that a broad, effective multi-sectoral response can become a reality throughout Asia.

William Levine, Centers for Disease Control and Prevention (CDC), United States of America welcomed the participants on behalf of CDC Director, Jeff Koplan. He said that many businesses have not yet adopted workplace policies on HIV/AIDS. Much more progress needs to be made in educating the workforce and preventing workplace discrimination. Access to voluntary counselling and testing (VCT) for HIV needs to be greatly expanded, as does access to treatment and care for persons living with HIV/AIDS.

Only through concerted efforts, constant attention, and collaboration among business, labour, government agencies, NGOs, and communities large and small, can progress be made. It is for that reason that CDC is co-sponsoring and participating in this conference, thus providing an important opportunity to move ahead in this area. Mr. Levine was confident that the discussions will promote the dialogue, collaboration, and action needed to face the grave challenges presented by the HIV/AIDS epidemic.

Thapabutr Jamasevi, Deputy Permanent Secretary, Ministry of Labour and Social Welfare, Royal Thai Government wished all the participants a pleasant stay in the City of Bangkok on behalf of the Royal Thai Government. The Ministry of Labour and Social Welfare feels that schemes for effective long-term solutions for HIV/AIDS in the workplace should consist of three aspects:

1. Providing appropriate measures to prevent the spread of the epidemic
2. Providing social protection to help cope with the disease
3. Giving assistance on medical care and other services

The project developed by the Ministry, UNAIDS and ILO on the development of a model “HIV/AIDS Prevention and Management in the Workplace” aims to promote an effective model and to create a workplace environment where discrimination based on HIV/AIDS status is eliminated. It is hoped that this project will become a regional example and that Thailand can serve as a sub-regional technical cooperation centre. Workshops and similar events in the past and the future are ideal venues for sharing experiences, exchanging opinions and establishing networks in order to jointly solve the problems we face.

Nippon Debavalya, Officer-in-Charge, United Nations Economic and Social Commission for Asia and the Pacific welcomed the participants on behalf of the United Nations system. He said that this meeting was especially timely given the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) held in New York 25-27 June 2001, which stressed the importance of partnerships with the private sector. In 1999 UN Secretary General Kofi Annan proposed a Global Compact between the private sector, civil society and the United Nations in order to promote universal principles on human rights, labour standards, and the environment.

Many business are getting involved out of a sense of corporate social responsibility, yet HIV/AIDS also affects the workplace and as such the bottom line.

The United Nations is working to develop a unified approach, intensifying our partnerships in the areas of policy, public awareness, fundraising, and development cooperation. The ILO launched a Code of Practice on HIV/AIDS and the World of Work to be used by businesses, governments and labour organisations. By working together, we can provide leadership in the region that demonstrates our commitment to:

- Halting the spread of HIV/AIDS
- Providing care and support for those infected, and
- Ensuring that globalization benefits all

Keynote presentations

Moderator: **Yasuyuki Nodera, Regional Director, Asia and the Pacific Region, ILO Regional Office for Asia and the Pacific**

In the first of three keynote presentations **Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the World of Work, Geneva** introduced the ILO Code of Practice on HIV/AIDS and the World of Work, which was adopted and launched globally at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in New York on June 25-27. The full text of the code is available on request and can be downloaded from the websites of the ILO (www.ilo.org) and UNAIDS (www.unaids.org).

The HIV/AIDS epidemic is now a global crisis that constitutes a formidable challenge to economic development and social progress. Beyond the suffering that HIV/AIDS imposes on individuals and their families, the epidemic is profoundly affecting business and labour. It is a serious threat and a major challenge to the attainment of goals, objectives and aspirations in the world of work. HIV/AIDS is affecting the most productive segment of the labour force. In addition to absenteeism, reduced productivity, higher labour turnover, loss of skills and experience, HIV/AIDS is affecting fundamental human rights at work through discrimination and stigmatisation directed at workers living with and affected by the virus.

The impact of HIV/AIDS on the world of work has affected employers and workers in every sector of society, both private and public, at both the macro and micro levels of economic activity. This is why the ILO is committed to making a strong statement through a Code of Practice.

The Code of Practice is a pioneering document, developed and approved on the basis of consensus, involving the active participation of ILO's tri-partite constituents from all regions of the world. It also benefited from the cooperation and experience of ILO's international partners, mainly the UNAIDS Secretariat, WHO, UNESCO, the World Bank and regional organizations. NGOs were also involved in the wide range of consultations undertaken by the ILO in connection with the preparation of the Code.

The Code is an invaluable tool in helping to control the spread of the epidemic, to mitigate its impact on workers and their families and to provide social protection to help individuals and communities cope with the epidemic.

The Code aims to provide guidelines for developing concrete responses to HIV/AIDS 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; and

- Elimination of stigma and discrimination on the basis of real or perceived HIV+ status.

ILO estimates that 24 of the 30 million adults infected are workers in their productive prime (between 15 and 49 years), so emphasis on the world of work is important. The Code applies to all sectors -including the informal sector- and relates to government work and the private sector.

In conclusion, Lisk said that the ILO regards the Code as an important contribution to the global efforts to fight HIV/AIDS. It will help to secure conditions for decent work in the face of this major humanitarian and developmental crisis. He said: “We are convinced that the private sector, as well as the government sector have an important contribution to make in terms of the accumulated experiences and skills to deal with the epidemic and that their contribution can certainly make a difference to the global struggle with HIV/AIDS.”

Bruce Kilmister, Representative, Asia Pacific Network of People Living with HIV/AIDS (APN+), New Zealand introduced the APN+. As an HIV positive person he has experienced first hand the impact HIV/AIDS has on one’s own personal life and explained that “Nothing focuses the mind and re-evaluate your attitude towards money than when your own mortality is brought into question.”

APN+ is the regional Asia-Pacific arm of the Global Network (GNP+) and covers both developed and developing countries. Despite the diversity in culture, religion, economy and peoples, common themes are aspirations for peace, good health and basic human rights. It is the sharing of these human qualities that brings this meeting together in order to determine better ways to combat HIV/AIDS.

Kilmister said that education is central in programmes initiated by APN+. Many people (HIV+ or presumed to be HIV+) in our communities have been subjected to prejudice, discrimination, stigmatisation, vilification and even violence. Some have been forced out of employment and accommodation, some have been denied basic health care or have had no access to basic health care in the first place. Privacy, confidentiality and basic human rights are being violated. Fear of discrimination deters many from taking an HIV test, thus driving the epidemic underground.

The stigmatisation that surrounds this illness reaches all societies and all classes. It is the stigmatisation of certain “forms” of sex, such as homosexuality, prostitution and casual sex, that has led to legislation which criminalizes the very people it wishes to protect. Instead, these forms of sex should be subjects for the conscience of the individual, within parameters that protect the vulnerable.

Kilmister stressed that it is vital that we learn from each other, since no one group of people or organization can be responsible for a better future for those infected with HIV; It will take a world effort to impact on the very basic human behaviour of all peoples. There can be no exclusions, there can be no excuses.

Before we can initiate change throughout society we need to initiate change at the national level, primarily change that is enshrined in legislation. Over the last 20 years in New Zealand laws have been amended to bring the disease out into the open, so it could be dealt with openly and honestly. After this law reform, “social reform” was embarked upon.

Kilmister said that unless human rights are enshrined in legislation, they will be violated and “Codes” will be ignored. In 1993 New Zealand amended the human rights legislation to make discrimination on the grounds of sex, marital status, family status, religious or ethical belief, race, colour & ethnic or national origins, disability, age, political opinion, and sexual orientation illegal. It is the discrimination of disability that includes “those with an organism in the body capable of causing illness, including those who are HIV+ or those who have AIDS”.

In the first half of 2001 the New Zealand authorities received notification of only 12 new cases of AIDS. This low ratio reflects national policies that focus on education at all levels. “What has helped protect its people is education, education, and even more education enshrined in legislation to protect what is the common responsibility of all states, and governments world wide, regardless of national differences.”

Johan Strydom, Manager, Personnel Services, Ford Motor Company of Southern Africa Ltd., South Africa introduced the initiatives taken on HIV/AIDS by his company.

The reality and seriousness of HIV/AIDS is beyond dispute and the time for talking is over. As Nelson Mandela said at the 13th Annual International Conference on AIDS held in Durban in July 2000: “We have to move from rhetoric into action... but action at an unprecedented intensity and scale.” In South-Africa as many as 80% of state hospital beds are occupied by AIDS patients. Unless teachers focus on behaviour change amongst school-going children, South Africa will be doomed to a nation without a workforce, a country covered by cemeteries, and communities of old people trying to care of sick orphans. Funeral and coffin-making companies battle to cope with demand, many religious leaders are tied up in funeral services, and at the work place absence from work increasingly relates to illness and death in the circle of family and friends, with all the negativities associated with an added burden on fellow-workers, affecting productivity and morale.

Strydom then shared some basic observations with reference to the initiatives taken at Ford Motor Company:

1. Direct involvement, support, and commitment of company executives are of vital important for success.
2. Direct and participative involvement of all stakeholders in the company is of paramount importance, including management, supervision, employees (white and blue collar) representatives, health care service providers, Human Resources.

3. Companies have a:
 - moral obligation to the well-being of employees
 - financial responsibility to shareholders in terms of human capital
 - social responsibility to the communities in which a business enterprise operates
4. A 3-circle approach was designed in supporting the fight against the spread and effects of the HIV/AIDS pandemic: inner circle (aimed at the work place), middle circle (aimed at the families of employees), and outer circle (aimed at the communities)
5. Sustainability of the workplace programme is absolutely critical. One-off events are often little more than window-dressing
6. The elements of the programme contain nothing different from those recognised worldwide. Success depends to a large degree on: How it is done, the level of passion, the dedication and the enthusiasm.

In conclusion, he noted that also in Asia there seems to be full understanding and acceptance of the reality and seriousness of the pandemic. Companies are recognising HIV/AIDS as having strategic importance. It is impossible for governments to go it alone. Employers and labour organisations have a direct responsibility to make a contribution and have an excellent opportunity, considering their ability to access audiences at and through their respective workplaces. Today there is enough knowledge and expertise to guide us on how to constructively address the problem. There is no need to re-invent the wheel. "Please stop the ongoing talk... starting now!"

Session II: The challenge of HIV/AIDS – Corporate Motives for Addressing the Epidemic

Moderator: **Sandro Calvani, Representative, United Nations International Drug Control Programme (UNDCP)**

Peter Kilmarx, Chief, Chiang Rai Section, CDC/The HIV/AIDS Collaboration, Thailand presented an update of the HIV/AIDS Epidemic in Asia (CD-ROM II.1).

The latest research shows that HIV transmission rates are as follows:

- Sexual transmission
 - Penile-vaginal: about 1 per 1,000
 - Penile-anal: relatively more efficient
 - Oral sex: relatively less efficient
- Injection drug use: very efficient
- Mother-to-child: 20-30% (without treatment)
- Blood transfusion: very efficient
- Accidental needle stick: about 3 per 1,000

HIV typically progresses following these stages, yet there is substantial individual variation:

- Primary HIV infection: 50-90% have symptoms, onset 2-4 weeks after exposure, typically fever, sore throat, and rash
- Sero-conversion: "window period" of 3-12 weeks after exposure before patients develop antibody; 95% of patients have antibodies by 6 months after infection
- Asymptomatic infection: 7-10 years
- AIDS: indicator disease or T-helper (CD4+) cell count of <200
- Death 1-3 years after AIDS; 10 to 11 years after infection

By the end of 2000 UNAIDS/WHO global estimates include:

- People living with HIV/AIDS: 36.1 million
- New HIV infections in 2000: 5.3 million
- Deaths due to HIV/AIDS in 2000: 3.0 million
- Cumulative number of deaths due to HIV/AIDS: 21.8 million
- New HIV infections per day in 2000: 15,000
 - More than 95% are in developing countries
 - About 1,700 are in children under 15 years of age
 - About 13,000 are in persons aged 15 to 49 years, of whom:
 - 47% are women
 - Over 50% are 15- to 24-year-olds

For Asia, the following table was provided:

AIDS in Asia – 2000 (WHO 2001)

Country	Population age 15-49	Number HIV +	Adult HIV prevalence	Main mode of transmission
Cambodia	6,091,000	169,000	2.77	Hetero
Myanmar	25,768,000	510,000	1.99	Hetero, IDU
Thailand	36,241,000	671,000	1.85	Hetero, IDU
India	522,862,000	3,900,000	0.75	Hetero, IDU
Malaysia	11,654,000	42,000	0.36	IDU
Vietnam	42,275,000	122,000	0.29	IDU, Hetero
Singapore	2,027,000	3,900	0.19	MSM
Indonesia	116,009,000	100,000	0.09	IDU
China	720,355,000	600,000	0.08	IDU
Lao PDR	2,402,000	1,300	0.05	-
Philippines	38,428,000	10,000	0.03	-
Bangladesh	68,021,000	13,000	0.02	-
Japan	58,098,000	10,000	0.02	MSM
Rep Korea	22,700,000	3,800	0.01	-

Recent substantial increases are observed in:

Vietnam: up to 50% of IDUs and >10% of female sex workers (FSW) HIV infected in some provinces

Indonesia: >35% of IDUs in Jakarta and >10% of FSWs in some sites HIV infected

China: up to 80% of IDUs infected in southern provinces, substantial spread due to unsafe blood collection, rapid increase in other STDs

India: >1% of pregnant women infected in 4 southern states, IDU transmission in east

Regarding programmes and policies Kilmarx reiterated that prevention does work. The example of Thailand is being used world wide. It included a nation-wide education campaign through the mass media and in schools in the late '80s and the "100% condom" programme, implemented in 1991. This programme consisted of:

- cooperation of sex workers, establishment owners
- police sanctions against establishments in which STDs were diagnosed
- millions of free condoms distributed every year

Critical elements for success include: leadership, data, and resources

As a result seroprevalence has been decreasing, yet also in Thailand there is room for improvement in prevention. In certain regions of the country the infection rate of 2-3% continues. There is also good evidence of successful prevention efforts in Cambodia.

The role for businesses lies in prevention and care. It has become clear that voluntary counselling and testing can be effective in reducing risky behaviour. Yet, stigmatisation is an obvious barrier to testing, and care is an incentive to testing. Businesses should ask

themselves what they are doing in order to decrease stigmatisation and increase care in the work place.

Ms. Ellen Devlin, General Manager, Nike Inc. Liaison Office, Thailand presented the HIV/AIDS policy of Nike Inc in Thailand.

In Asia Nike has Sales and Marketing Offices in over 20 countries and Liaison Offices in 9 countries, including Thailand. The Bangkok office was established 20 years ago and employs 170 employees. It deals with about 60 contract factories which employ 48,000 workers.

Nike has 11 maxims:

1. It is our nature to innovate.
2. Nike is a company.
3. Nike is a brand.
4. Simplify and go.
5. The consumer decides.
6. Be a sponge.
7. Evolve immediately.
8. Do the right thing.
9. Master the fundamentals.
10. We are on the offence. Always.
11. Remember the man.

Of these, 3 really apply to what the company is doing in the HIV/AIDS area: 1. It is our nature to innovate, 5. The consumer decides, and 8. Do the right thing.

The corporate (global) HIV/AIDS policy states the following:

- Employees suffering from AIDS, ARC or HIV+ continue to be valued employees of NIKE, provided they are medically able to work and evidence indicates no health or safety threat to themselves or others.
- Employees affected with AIDS, or any other serious illness, will be treated with compassion and understanding, and will be given the same consideration as other employees with life-threatening illnesses.
- Based on scientific evidence that the virus cannot be casually transmitted, co-workers have no basis to refuse to work or withhold their services from fear of working with an AIDS-affected employee.

In Thailand, this general corporate policy was made more specific through the creation of an HIV/AIDS policy in collaboration with the Thai Business Coalition on HIV/AIDS and in conjunction with many other businesses here in Thailand.

It has two main objectives:

- Educate staff on HIV prevention
- State how the Office would deal with any of its employees that acquire HIV/AIDS

The policy consists of ten elements:

1. The Nike Thailand Liaison Office will begin providing annual HIV/AIDS programs that will be available to all staff members. The initial program will be presented by the Thailand Business Coalition on AIDS. The programs will be scheduled to maximize the amount of attendees.
2. HIV/AIDS information and consultation will be available for employees. This will include videos, books, brochures and updated articles in the Footwear and Apparel resource libraries.
3. The Office Corporate Responsibility Department will be responsible for making sure all new employees go through a short HIV/AIDS orientation program.
4. The Office will not include HIV/AIDS testing as a pre-employment requirement but will provide voluntary confidential testing during the Office annual physical examination.
5. The Office treats all employees, whether infected with HIV/AIDS or not, in an equal and non-discriminatory manner. This includes job application, promotions, discharge, training or other condition and privileges of employment.
6. The Office allows employees infected with HIV/AIDS to continue working provided he/she complies with the Nike Thailand Liaison Office accepted work performance standards.
7. The Office allows employees infected with HIV/AIDS to continue working if medical authorities indicate that his/her condition and presence at work does not affect his/her work performance and health as well as the health of his/her colleagues.
8. The Office has a flexible and reasonable attitude to employment condition, unless it may impose an undue hardship on the business. In the case that the employee is, per the doctor's orders, unable to work, the Nike Thailand Liaison Office may consider terminating the employment in accordance with the Nike Thailand Liaison Office "Rules of Employment" and regulations as per the Thai Labour Laws.
9. The Office keeps all medical information, medical records or related information in absolute confidence. An employee infected with HIV/AIDS is not required to inform the Nike Thailand Liaison Office, except at his/her own discretion. We will assist and support employees with HIV like any other employee with a life threatening illness.
10. The Office Director of Administration will be responsible for making sure all of our staff have a copy of this policy and understand this policy.

During 2000, workplace education was organised for all employees and there will be an HIV/AIDS Fair this October. In order to reach the employees in the contract factories the Human Resource managers from all contract factories have been trained. The company, as well as the factories offer annual check ups, including confidential blood testing.

Corporate incentives to get involved in the fight against HIV/AIDS include:

- Direct experiences in the company in knowing someone with HIV/AIDS and are touched by the suffering caused by HIV/AIDS.
- Consumers understand the HIV/AIDS epidemic as a socially important issue. Socially responsible companies gain trust and support through repeat customers.
- Education of the workforce and consumers helps create awareness, acceptance and prevention.
- A good way to communicate our values (internally and externally)

The most difficult thing about HIV/AIDS for a company is: How to deal with employees who have developed AIDS? A company needs to provide the right care and treatment.

Session III: Best Practices: Effective Business and Labour Responses to HIV/AIDS

Moderator: **Franklyn Lisk**, Director, ILO Programme on HIV/AIDS and the World of Work, Geneva

Sen Sushanta Kumar, Deputy Director General, Confederation of Indian Industries, (CII) India introduced the CII and its work in the field of HIV/AIDS at the work place (**CD-ROM III.1**).

The CII is the national association of Indian industry covering the interests of 4,000 companies all over the country, with 25 offices in India and 10 offices overseas. The main focus of work is working with the Government in development of policy, but activities also included education, literacy, health, wasteland management, watershed management, disability, and women's empowerment.

Since 1995, the HIV/AIDS campaign of CII has reached over 1,5 million people (of a total of 5 million), in more than 2,000 of the 4,000 member companies. An HIV/AIDS programme has been started and a workplace policy has been developed in these companies, dealing with issues such as pre-employment testing, non-discrimination, and confidentiality. CII collaborates with UNDP and UNFPA and is involved in education at schools and colleges, income generation, Training of Trainers, and initiatives focussing on youth.

CII produced advocacy material for its members with guidelines for workplace programmes and policies which was well received. Many member companies have integrated the "HIV/AIDS policy for industry" into their own policy and there is no example of any discriminatory practice.

A separate Indian Business Trust for HIV/AIDS was set up, launched recently by the Prime Minister, and consisting of some of the finest names from the public and private sector of India. The message of the Trust is: "Our commitment to managing HIV/AIDS prevention and care, making it our business in the interest of society and the next generation."

Kumar ended by emphasising that it is important to find original and effective ways to communicate the message. He gave examples of prevention messages in manuals, pay-slips, covers, and labels. By involving the print media and electronic media maximum coverage can be established.

Ariel Castro, Director for Education, Trade Union Congress of Philippines (TUCP), Philippines presented what the work of TUCP and its affiliates in implementing HIV/AIDS prevention and care programmes in the workplace (**CD-ROM III.2**).

TUCP is a trade union organisation dedicated to building democratic organizations, strengthening the labour movement, and improving the conditions of work and life of workers and their families. Since 1975, TUCP has a tradition of providing comprehensive social, legal, and recreational support and services including health. It is a pioneer in HIV/AIDS programmes in the workplace in the country in the context of reproductive health.

Why the workplace?

- There is great concern in the Philippines about the incidence of HIV infection being highest in people who are in the most productive years of their life.
- Workers have the right to know how to protect themselves.
- As trade unions, it is a vital role to educate workers.
- Imminent danger of discrimination for workers with HIV/AIDS.
- One of the areas where unions can collaborate with employers
- The workplace and unions are effective networks for an effective and efficient HIV/AIDS prevention and control programme

Strategies include:

- Awareness raising among trade union leaders
- Developing policies spelling out trade unions' responsibilities in this field, including prevention and control, protection of workers' rights and dignity of PLWHA, recognition of the Labour Centre and its Federation
- Participation in the National Aids Council
- IEC campaigns, discussion and training modules.

An example of TUCP's activities is "Enhancing the Peer Education Programme in Selected Sites". Plant-based officers become the first line of information on reproductive health and HIV/AIDS at the workplace.

The long-term objective of the programme is to contribute to the attainment of the goals of the National HIV/AIDS Prevention and Control Program (NASPCP) through the protection of the labour force and their families and communities from the impact of HIV/AIDS and other sexually transmitted infections (STI). Short-term objectives are:

- To improve the capabilities of TUCP RH Peer Educators through updates and input on the Philippine National AIDS Law and development of quarterly work plans;
- To provide HIV/AIDS education to union officers through the development of an HIV/AIDS discussion module for workers and conducting AIDS awareness courses
- To provide HIV/AIDS and STDs services to workers and their families through existing services of the TUCP Family Welfare clinics.

Critical elements for success are:

- Support from the leaders themselves
- Utilisation of participatory approaches at all stages of the programme, leading to a sense of ownership of the workers and members

- Motivation and dedication of the staff of the union
- Commitment of the organisation to address the problem

Castro ended with the motto of the Philippines National AIDS Council: “Together, to get there.”

Dej Pathanasetpong, Managing Director, Thong Thai Textile Co. Ltd., Thailand introduced his company’s policy on HIV/AIDS.

The company has 1,200 employees and produces textile and garments for brands such as Nike, Marks & Spencer and Gap.

Since the death of an employees in 1997 of AIDS at the age of 54, Thong Thai Textile has been living in fear, resulting in an HIV/AIDS workplace policy which was issued in 1998. People are the company’s asset: With a turn-over of 5-7% the people who are already working should be protected, rather than focussing on recruiting policies. The company tried to create an atmosphere of trust and openness. The policy includes no compulsory pre- or post employment HIV testing, based on the idea that the company has to do the right thing, despite fears of financial consequences. The other elements of the policy are straightforward and common in many companies, such as regular training, education, counselling, confidentiality, non-discrimination. So far, there have been no reported cases of HIV. Focus is on education and protection of employees.

Johan Strydom, Manager, Personnel Services, Ford Motor Company of Southern Africa Ltd., South Africa elaborated on the initiatives taken on HIV/AIDS by his company, which were introduced in the third key note presentation on day one of this conference.

Ford recognizes that to keep on talking is an exercise in futility. It is clear that the problem is there, and that it is growing. At the end of 1998 Ford developed a strategy, based on statistics already available.

The following steps were taken:

1. Established a steering committee on HIV/AIDS with a difference:
 - Chaired by the CEO
 - Meeting monthly with official minutes
 - Incorporating all the stakeholders
 - Publish its existence to the whole company
2. Developed a company policy on HIV/AIDS:
 - Consulted with lawyers, PLWHA, CDC
 - Published with a difference: in colour, laminated, all over the company premises, in every meeting room, reception areas
 - Co-signed by the CEO the trade unions

- Including no pre- & post employment testing, confidentiality, zero-tolerance for discrimination, pre & post test counselling
3. Conducted training of trainers:
- Developed a comprehensive manual for peer educators
 - Invited volunteers to become peer educators, offering supervision and the back-up of the trade unions
 - Conducted training of volunteers by professional people, formerly certificated and identifiable by clothing: “HIV/AIDS peer educator”
4. Educated the workforce:
- Shut the company down for one afternoon; awareness training for 3,000 people by professional people.
 - CEO opened the workshop, backing the initiative, introducing the peer educators, congratulations by the mayor
 - PLWHA told stories, ensuring proper gender and race representation, a theatre performance addressing suffering, death, discrimination, compassion, etc.
 - Issued educational material, including a small booklet with the basics about HIV/AIDS, to be taken home and shared with the families
5. Held family HIV/AIDS awareness training for spouses and children: a fun day, but with similar activities as above, including a run led by the CEO.
6. Ensured sustainability was through:
- Peer-educators training further peer educators
 - Educating new employees
 - Focus on pre & post test counselling

Norati Anterea, President, Kiribati Island Overseas Seamen’s Union introduced the initiative taken by his union with regards to HIV/AIDS.

The first case of HIV/AIDS in the small Pacific island of Kiribati was confirmed in 1991. In the early 90s, there was a motion in Parliament called for isolation of HIV infected people. It was hard on the seafarers, because they were thought to be the source of the HIV/AIDS problem. The reputation of the seafarers had to be protected. Programmes were carried out by the Ministry of Health, without the involvement of the people. In 1998 a government task force on HIV/AIDS was established and the union became a member. After a period it became clear that the seafarers had to become part of the programme, and the denial-period was over. In collaboration with the NGOs and the churches data was collected, exposing a lack of basic knowledge among the general population on reproductive health issues, including HIV/AIDS.

In 1999 a situational analyses report was produced, showing that indeed seafarers were an important group fuelling HIV transmission. This set in motion vigorous programmes targeting the seafarers and their spouses, getting away from the previous campaigns

which were primarily based on fear. With feedback and assistance, the community used meaningful data in order to develop effective strategies.

Sex workers were also targeted. Local businessmen were invited to join the task force. Bar owners were asked to cooperate with condom promotion and distribution. Results have been very promising: This year so far only 2 new cases have been confirmed.

After 1999 priority areas have been defined and the strategic plan has been build up. Kiribati is now in the implementation stage and in the process of seeking donors. Sustainability is a major task ahead. A seminar with the parliamentarians is being organised in order to mobilise support and commitment for the programme.

Session IV: Strengthening Partnerships on HIV/AIDS; Ensuring Success

Moderator: **Chris Leung, Asia-Pacific Regional Manager, International Business Leaders Forum**

Anthony Pramualratana, Executive Director, Thailand Business Coalition on HIV/AIDS and Facilitator, Asian Business Coalition on HIV/AIDS (ABC on HIV/AIDS) presented the challenges that ABC on HIV/AIDS is facing in its efforts to increase the business response in Asia (**CD-ROM IV.1**).

In early 2000 the Ford Foundation supported the start of the ABC on HIV/AIDS. With the objective to:

Prevent HIV infections among employees and to ensure non-discriminatory treatment of employees with HIV.

This will be done in two ways:

1. Increase the effectiveness of business responses in Asia through an interactive website on management of HIV/AIDS by businesses operating in Asia: www.abcon aids.org, scheduled to be launched in October 2001.
2. Increase the efficiency of HIV/AIDS business management by the exchange of information between the coalition members through linking together of national websites, documentation and dissemination of case studies and planning of regional meetings and human resource management workshops.

The following issues will be touched upon at the website:

- Why companies manage need to HIV/AIDS? (Compassion, bottom line, corporate image)
- How companies manage HIV/AIDS? (Examples of good practice)
- What do companies do when they have HIV+ staff?
- Cultural and legal issues in various countries?

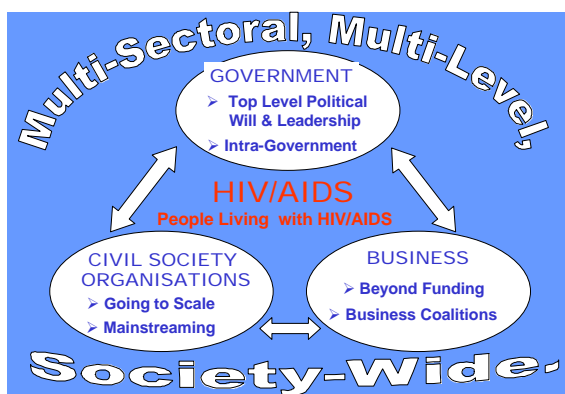
It will also address unsolved problems/discussion topics, including:

- How to convince your boss? (Strategies)
- Is there such a thing as confidentiality in companies? (Examples, concepts)
- Why AIDS, why not plant trees?
- Pre-employment HIV testing is necessary?
- Medical treatment (Strategies, staff only?, cost implication)

The ABC on HIV/AIDS at the moment covers visionary leaders from companies and organisations in many countries, including Bangladesh, India, Lao DPR, Malaysia, Myanmar, Philippines, Thailand, and Viet Nam.

Pramualratana finished with the following request: “If we fail to see the importance of engaging our business leaders to develop effective HIV/AIDS strategies we will have gained very little in our efforts to prevent and reduce the impact of HIV and AIDS in our workplace, our region and in our family. This is a challenge that the ABConAIDs is committed to and one that needs your continued assistance.”

In her presentation **Mina K.C. Cheah, Managing Director, The Body Shop, Malaysia, Malaysia Business Coalition on HIV/AIDS** focussed on the importance of tri-lateral cooperation between the private, public, and civil sector (**CD-ROM IV.2**).



In countries like Malaysia the most important factor is political will. Business is primarily focussed on the bottom line, rather than corporate responsibility. The Prime Minister himself is interested in the issue, as a health issue as well as a development issue. This top level political commitment helps to bring in other ministers and create a positive environment.

Yet, the government does not find it politically expedient to promote condom use, so they rely on the NGOs to take over that task. However, NGOs do not have a good distribution channel, whereas businesses do. For example, Body Shop has 28 stores in high traffic flow areas with a customer base of mainly women between 15 and 45 years. In this structure every partner gains: The government, NGOs and society (The Pink Triangle) distributes condoms with accurate information on HIV/AIDS in three main languages, and the company can put into place its corporate mission on social responsibility. Staff automatically receive proper information on the products.

Businesses need to move beyond funding. This means that businesses need to be convinced that it is not only the right thing to do, but it is also going to be beneficial for your business. The government can legislate, but it would better if companies join the effort from their own initiative. According to the recent UNGASS Declaration governments are expected to have accomplished all they have signed onto by 2003.

Joselito Gapas, Chief Medical Officer (Director), Shell companies in the Philippines, Philippine Business for Social Progress (PBSP) introduced the STI, HIV/AIDS in the Workplace Initiative: Philippine Scenario (**CD-ROM IV.3**).

The Philippine Business for Social Progress (PBSP):

- Is a private, national and non-profit corporate led foundation that encourages business sector commitment to social development

- Was founded in 1970 by 50 corporations as a response to social unrest at that time. It has now grown to 154 active members.
- PBSP members agree to set aside 20% of 1% of net income before taxes to fund PBSP.
- Believe that the business community should be open and utilize its resources to help the Filipino poor, and thus help achieve overall socio-economic growth.

About 5 years ago PBSP began seriously looking into the workplace as a community with HIV/AIDS in the Workplace Program.

The early beginnings of HIV/AIDS in the Workplace Initiatives in the Philippines:

- 1993: Pilipinas Shell Petroleum Corporation established its HIV/AIDS in the Workplace Policy and Program in response to the global requirement of Shell.
- 1995: PBSP's "Peer Education Approach" was initiated funded by Levi Strauss & Co. (San Francisco) and applied to 4 member companies.
- 1996: Remedios AIDS Foundation (NGO) initiated an "HIV/AIDS in the Workplace Program" focusing on policy development and training funded by Levi Strauss International with technical support from Pilipinas Shell. Successful in 2 companies.
 - No government initiatives and NGOs active on workplace issues
 - No legal or regulatory requirement or direction

Since then the following has been accomplished:

- 1997: PBSP (Mindanao Operations Group) developed an HIV/AIDS in the WP Peer Education Program and training manual supported by USAID-PATH.
- 1998: Manual review and improvement supported by the DOH and EU. Training of Mindanao Companies commenced.
- 1998: Philippine AIDS Prevention and Control Act (R.A. 8504) was passed by Congress identifying the DOLE as the lead agency. The law mandates that all companies should have an HIV/AIDS information and education programme for its workers.
- 1999: MOA signing between PBSP and DOH-EU identifying PBSP as the project proponent of the HIV/AIDS in the Workplace initiative of Government.
- 1999: Limited and hesitant participation of the DOLE due to absence of program owner in their organization, manpower and resource limitation.
- 2000: Institutionalization of Workplace Programs with DOLE with the support of PBSP, NGOs, and private sector.

Learning and insights related to networking and advocacy include

- Build partnerships:
 - Government is less flexible and nimble vs. PBSP, private sector and NGOs. Be patient and continuously encourage government to join.
 - Non-government partners should be aware of cycles and business procedures of the public sector.
 - Partners representing various sectors need not have the same goals to work well and productively.
- How partnership was facilitated:

- Conduct periodic checks and ensure that goals of other partners are met, not only your own.
- Partners adopt flexibility and willingness to adapt to the constraints of other parties.
- Consciously strive to maintain open channels of communication.

Session V: Recommendation and Commitment for the Future Response

Moderator: **Nanda Krairiksh, Chief, Human Resource Development Section, Social Development Division, ESCAP**

Participants were divided into four groups and asked to come up with recommendations, focussing on four different issues:

- 1) Incentives for businesses to get involved
- 2) Institutional networks
- 3) Workplace education and prevention
- 4) Managing HIV/AIDS and access to care

Group 1: Incentives for businesses to get involved

When a company has an effective HIV/AIDS policy in place it is beneficial for:

- Corporate image:
 - Enhance reputation/socially responsible
 - Consumer loyalty/pressure
- Productivity:
 - Stability of production
 - Avoid loss of skilled workers
 - Attract qualified workers
 - Less turnover/absenteeism
- Limitation of financial liability:
 - Lower health care costs
 - Minimize legal exposure
- Employee morale
 - Retain/attract better workers
 - Higher commitment leading to increased productivity
 - Promote rights of workers

Constraints business are faced with and suggestions as to how to overcome these constraints include:

1. Mindset of top management (looking at the bottom line)
 - Provide economic/financial impact analysis
 - Use peer pressure approach (ideally using examples from direct competitor)
 - Appeal to sense of social responsibility
 - Provide business incentives by the government
 - Ask business coalitions to lobby with government to set up effective workplace policies
2. Cost factors

- Business coalitions should lobby with governments for tax incentives and HIV/AIDS to be included in medical insurance
 - Business can create a pool of funds
3. Trade unions not on board
- Business coalitions to provide education and training to trade union leaders
4. Culture and religion
- Business coalition to promote awareness through mass media
 - Use celebrities as role models to get messages across
5. Background of workforce
- Business coalition to create prototype module and train trainers
 - Business coalition to tailor educational materials to fit background of workforce
6. Lack of sources for good practices
- Business coalition to provide examples of good practices
 - Business coalition to increase membership
7. Impact may not be visible to small and medium-sized enterprises (SMEs)
- Get larger companies to pressure SMEs to adopt policies, e.g. their suppliers and vendors

As Kofi Annan, United Nations Secretary-General said: “Thriving markets and human security go hand in hand; without one, we will not have the other.”

We should do it now!

Involvement of workers and their unions, rather than just business coalitions instigating and supplying education, services and support should be emphasised. Unions and management should come together to work for the common goal.

Group 2: Institutional Networks

Three forms of networks are considered important:

1. Informal networking: i.e.: golf course diplomacy, old boy / old girl network, personal networking.
2. International networking, particularly when national governments are reluctant
3. Existing networks/partnership between business, labour and civil society can push governments to take action on and support effective programmes

Identified networks that might be useful include:

- Asian Business Coalition on AIDS
- Travel and tour industry, e.g. Pacific Asia Travel Association (PATA)
- International Hotel and Restaurant Association

- International Federation of Free Trade Unions
- Oil companies and petroleum institutes, such as Shell Oil
- Big multi-nationals, such as Nike, Levis, Unilever and outlets and sub-contractors
- Umbrella organizations like the Philippines National AIDS Council
- National AIDS Committees
- National Tourism Authorities
- ILO can facilitate occupational health and safety integration of HIV/AIDS
- ISO 18000
- Professional Organizations
- Industry Associations, Rotary, Lions, Jaycees

An overall guideline would be: Identify right person at the right organization at the right time.

In summary

- Informal network (business or government)
- Companies with big supply chain
- Industry associations
- Labour organizations
- Continuous search of champions

Effective tools and mechanisms include:

- Peer influence: one-up-man ship. Champions teasing other CEOs
- Social and familiar networks
- Suppliers need to do work with multi-nationals: carrot as well as stick
- Labour organizations can put HIV/AIDS in bargaining

The network can be strengthened through:

- Fire from top and bottom (senior management and labour unions)
- HIV/AIDS as a good investment opportunity for business: Teach NGOs how to sell programmes to businesses
- Appropriate HIV/AIDS programme into existing programs (health/safety, workers education)
- Dialogue with organisations of HIV+ people at all levels
- Effective marketing and packaging the HIV/AIDS programme into other programmes (e.g. iodine deficiency, alcohol and drug abuse)
- Strengthen providers networks (to provide education, hotline, anonymous screening, etc.)
- Regional and international networking (ABConAIDS) for CEOs getting together, profiling business excellence
- International collaboration between trade unions
- Asian Business and Labour Response to AIDS Board of Directors
- Asian Awards for Business and Labour Excellence at an important international business meeting or conferences, such as ILO or other

Group 3: Workplace education and prevention

Key elements of workplace programmes on HIV/AIDS include:

1. Sensitize management (CEOs)
2. Identify and secure the commitment of all stakeholders: management, supervising, laborers, and health care providers
3. Establishment of a steering committee (consisting of all the stakeholders) with the task to develop a strategy and a plan of action

This would include:

- Design, and agree on, a company policy
- Design education materials on HIV/AIDS
- Implement training, including training of trainers for peer educators, management etc.
- Provide medical facilities and services
- Consider provision of private and easy access to condoms at the workplace
- Network with other companies, NGOs, etc.
- Expand programmes to families and communities

Requirements to put these programmes in place include:

- Commitment by executive management and employees' representatives
- Funding implications
- Use of available knowledge and expertise
- Assign specific responsibilities
- Motivation (passion, energy)
- Monitoring
- Government support to sustain and expand

It might be the ultimate goal to enshrine an HIV/AIDS policy in the policy a company might have on other diseases, such as cancer, heart attack, etc. or integrate it into an occupational safety and health policy. Yet, in order to reach that stage it is usually necessary to first treat HIV/AIDS separately, because of the specific nature of the disease, thus preventing sending it underground.

Group 4: Access to Care

Essential components of basic, humane HIV/AIDS care and support include:

- Financial support once ending employment. (Burden needs to be shared between businesses, government, NGOs.)
- Counselling for spouse and family members
- Education for infected person, spouse and families, to reduce stigma.
- Confidentiality
- Listen to what the person wants for care and support. (Assessment of those in need.)
- Health care systems, government support may not exist.

- Options for care need to be known by companies and need to be made aware to everyone, before those infected develop AIDS.
- Access to drugs
- Insurance for employee (Group Life)
- Lower prices of drugs

Businesses be involved in providing the essential components of basic humane HIV/AIDS care and support through:

- Education.
- Establish network or become aware of networks to maintain confidentiality. (E.g. mental health referrals in the USA)
- Government social services to be made available
- Employer can take on an advocacy role for employees. (Establish the network, encourage NGO's and government offices.)
- List of charitable organizations, referrals, that will be different from region to region (provided by NGOs, AIDS Coalition) that can help the employees. Make available confidentially. (Company website)
- Costs need to be shared by all involved.
- HIV/AIDS is a disease that is listed so you can take money out of the Provident Fund for care. (e.g. take a loan out of your own retirement fund held by the company.) In the USA you can take a loan out from your 401K. May have to lobby countries in this region to be able to do the same.
- Self managed fund to help. (e.g. Equatorial Hotel)
- "Lifting the Burden of Secrecy", pamphlets available from New Zealand.

The major barriers blocking access to quality HIV/AIDS care and support include:

- Financial, including prices of drugs and larger economic issues
- Lack of knowledge of available options
- Lack of knowledge of options from providers (Not getting access to diagnostics.)
- Complete lack of government infrastructure
- Social stigma, discrimination
- Patients do not know where to go to get treatment, outside of bigger cities, and later commit suicide
- No testing facilities
- Fear of non-acceptance for infected persons
- Fear that those infected will infect others
- Doctors are misdiagnosing, so patients do not know how serious the illness is. Doctors' inability to manage HIV/AIDS counselling
- Infected have not informed the people around them (Family, friends, co-workers.)
- Legal obstacles
- Lack of government support (political will) in some countries
- Lack of insurance company support of the infected beyond employment.

Requirements to improve the quality of HIV/AIDS care and support for employees include:

- Need a re-evaluation of health insurance, social security, Provident fund. Without this, businesses will not be able to manage this on their own.
- Burden needs to be shared with all aspects...social support, insurance policies, NGOs, Government, employers.
- Options for care needs to be offered as early as possible after infection takes place
- Investigate the Provident Fund change to include AIDS as a way to take money out for care
- Investigate insurance company changes to allow more care with treatment, hospice treatment, social security medical coverage
- Make use of existing networks of medical workers, provide training
- WHO and UNAIDS to help train medical professionals how to best work with HIV/AIDS patients (Doctors, nurses, social workers)
- Workshops for ASEAN networking-AIDS Coalitions
- UNAIDS needs to work closely with governments, NGOs, labour unions and private sector
- These same partners need to work more closely with the UNAIDS Programme.

In conclusion, Krairiksh urged the participants to serve as the driving force behind the effort to translate these recommendations into action. She stressed that the success of the meeting depends on the participants' follow-up in their respective countries. On behalf of the organisers she looked forward to the participants' leadership in this matter.

Annexes

1. Agenda
2. Questions for four groups (Session V)
3. Evaluation comments from participants
4. List of participants

1. Agenda

Tuesday, 18 September 2001

Royal Orchid Sheraton Hotel, 2 Captain Bush Lane, New Road, Siphya, Bangkok 10500, Thailand, Tel: (662) 266 0123, Fax: (662) 236 8320, E-mail: info@rosht.com

14:00 – 15:45	Registration Riverside Ballroom 2
Session I	Opening Ceremony Riverside Ballroom 2
16:00 – 16:30	Opening Remarks and Welcome Address <ul style="list-style-type: none">• Richard E. Hecklinger, Ambassador to Thailand, Embassy of the United States of America• William Levine, MD, Senior Medical Officer, Centers for Disease Control and Prevention, Thailand• Thapabutr Jamasevi, Deputy Permanent Secretary, Ministry of Labour and Social Welfare, Royal Thai Government• Nibhon Debavalya, Officer-in-Charge, United Nations Economic and Social Commission for Asia and the Pacific
16:30 – 18:00	Keynote presentations <ul style="list-style-type: none">• Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the World of Work, Geneva• Bruce Kilmister, Representative, Asia Pacific Network of People Living with HIV/AIDS (APN+), New Zealand• Johan Strydom, Manager, Personnel Services, Ford Motor Company of Southern Africa Ltd., South Africa Questions and discussions
18:30 – 21:00	Welcome dinner Royal Orchid Sheraton – River View Ballroom 5 Hosted by UNAIDS South-East Asia and Pacific Intercountry Team

Wednesday, 19 September 2001

UN Conference Center, Conference Room (CR) 4, Rajadamnern Nok Avenue, Bangkok 10200, Thailand,
Tel: (662) 288 2497/8, Fax: (662) 288 1092, E-mail: unaids-seapict.unescap@un.org

8:00 Depart by bus from the Royal Orchid Sheraton Hotel to the UN Conference Centre

Session II The Challenge of HIV/AIDS – Corporate Motives for Addressing the Epidemic

9:00 – 10:00

- Peter H. Kilmarx, Chief, Chiang Rai Section, CDC/The HIV/AIDS Collaboration, Thailand
- Ellen Devlin, General Manager, Nike Inc. Liaison Office, Thailand

Questions and discussions

10:00 – 10:30 Coffee/Tea Break

Session III Best Practices - Effective Business and Labour Responses to HIV/AIDS

10:30 – 12:00

- Sen Sushanta Kumar, Deputy Director General, Confederation of Indian Industries, India
- Ariel Castro, Director for Education, Trade Union Congress of Philippines, Philippines
- Dej Pathanasethphong, Managing Director, Thong Thai Textile Co. Ltd, Thailand
- Johan Strydom, Manager, Personnel Services, Ford Motor Company of Southern Africa Ltd., South Africa
- Norati Anterea, President, Kiribati Island Overseas Seamen's Union, Kiribati

Questions and discussions

12:00 – 13:00 Lunch
UNCC Dining Hall

Session IV Strengthening Partnerships on HIV/AIDS - Ensuring Success

13:00 – 14:00

- Anthony Pramualratana, Executive Director, Thailand Business Coalition on HIV/AIDS and Facilitator, Asian Business Coalition on HIV/AIDS

2. Questions to Guide Discussions in Small Groups (Session V)

Group One: **Incentives for Businesses to get Involved:**

- What are the incentives for businesses to get involved in combating HIV/AIDS?
- What are the constraints?
- How do businesses become more involved?

Group Two: **Institutional Networks:**

- Identify networks and partnerships that work.
- What makes these networks effective or less effective?
- How do we strengthen networks?

Group Three: **Workplace Education and Prevention:**

- Identify key elements of workplace programmes on HIV/AIDS.
- What are the requirements for putting these programmes into place?

Group Four: **Managing HIV/AIDS – Access to Care:**

- What are the essential components of basic humane HIV/AIDS care and support?
- How can businesses be involved in providing the essential components of basic humane HIV/AIDS care and support relevant to their needs and resources?
- What are the major barriers blocking access to quality HIV/AIDS care and support?
- What is required to improve the quality of HIV/AIDS care and support for employees?

3. Evaluation Comments from Participants

Positive aspects of the conference:

- Good opportunity to hear case studies and find out about projects, etc.
- Short and sharp presentations always welcome – lots of those.
- Good range of delegates in terms of countries represented.
- Very good hotel (food, meeting facilities, and organization).
- A good start – keep it going with regular meetings around Asia and information updated would be good.
- Bruce Kilmister
- The unselfish imparting of knowledge by the speakers.
- Best practices of various parts of the world.
- Diversity of group (countries involved, sectors involved).
- Involvement of group (almost everyone presented at some point).
- Energy of meeting (excellent facilitation by Steve, productive and relaxed meeting).
- A very effective and useful meeting to undertake business and labour policies on HIV/AIDS in context of our situation to protect the health of personnel working in industrial and labour sectors. These policies not only protect the rights, dignity and integrity of the personnel but also will increase the productivity. These experiences will be translated into actions immediately on return home.
- Examples of how business handle HIV and employees and best practices.
- The information provided by the speakers has definitely increased my knowledge on the situation and programme on HIV/AIDS in the business arena.
- The participants at the conference were all activists or people working in the business field related to AIDS. Thanks for inviting them.
- This brainstorming is great. I did not know there has been this much going on among the businesses and enterprises. Many experiences could be absorbed into the practices of my work and my country. Many thanks.
- Knowledge on good practices can be useful in promoting HIV/AIDS policy/programme.
- Networking for information and knowledge.
- Clear perspective on the issue.
- I think that it is important for employers to get involved in the protection and care and control of HIV/AIDS.
- Session II on stats breakdown by region and country.
- Business specific presentations on what they do to handle the issue.
- Excellent conference.
- From the conference, I have recognized the importance of combating HIV/AIDS. It is very good to strengthen our work.
- Full information. A well-prepared conference.
- The presentation on “The HIV/AIDS Epidemic in Asia 2001” by Peter Kilmarx is excellent. We need this presentation in our workshop.
- Good practices made by other organizations are very helpful.
- Update on HIV/AIDS is very useful.

- Small group discussion – get ideas, experience from other countries.
- Punctuality.
- A good workshop creating a new networking and get useful information from others.
- I see how seriously HIV/AIDS affects Asia. It is time we together should take action.
- We have learned and exchanged experience together with other countries.
- Very useful to learn the experience of these countries from both the employers' and employees' point of view.
- Group meeting is very useful for brainstorming.
- Concrete examples of corporate best practices e.g. Nike, Ford Motor.
- Time for brainstorming and working together in small groups.
- Good to work with a group of people that know what is needed to get the job done.
- Positive networking and sharing of ideas. Needs to be continued in future meetings.
- Good to meet new friends working in the same field and learn some new things and practices presented by other participants. Building a network.
- I myself learned a lot on HIV/AIDS programmes from other countries' experience.
- To promote cooperation among employers – labour and understanding.
- A very good and well organized workshop.
- This conference gave an opportunity to interact with the labour sector and realize that HIV/AIDS in the workplace is a common issue and collaboration is a must.
- I realized that HIV/AIDS in the workplace is a global movement and there are people working in the same area as you do.
- It provided re-assurance (ILO document) that you are doing the right thing.
- Good to see how large multinational companies are responding to the HIV/AIDS issue.
- Effective use of dialogues, feedback, and time management.
- It provided useful information and experience from other countries on HIV/AIDS programmes that could be useful in its prevention and control.
- I did not have any clear concept of HIV/AIDS before I participated in this conference. Now I have learned that HIV/AIDS is not their business but our business.
- Good presentation of core requirements.
- Sharing of experience on initiatives, policies, and programmes, including pitfalls to guard against HIV/AIDS.
- Use of practitioners involved in planning and managing workplace programmes as policies.
- Learned more information and explanation.
- Trading attitude around Asia Pacific region.
- Get to know more people.
- Good organization, less confusion.
- I enjoyed the mix of business/labour interest.

- Valuable networking opportunity with other colleagues working in the same issue.
- The meeting was very well planned out and run.
- I found it very useful for concerned government agencies. Really hope that CD Rom and all other materials would be sent to these agencies also.
- Experiences shared by unions, business coalitions.
- Strong commitment by participants is encouraging.
- Networking is starting off well.
- Information, networking, good mix of participants, and good arrangement for hospitality.
- Best practices are excellent.
- Presentations on best practice were excellent.
- This is the beginning of an international network for Asia.
- We should have another one soon.
- Networking and sharing good practices and guidelines.

Areas to Improve in Future Conferences

- Not enough time for Q&A after sessions.
- It could have started earlier on first day (even to have ½ day would have been good).
- Not enough time to meet everyone in breaks.
- Not enough discussion on stigma/prejudice and how to tackle that as a barrier to reducing HIV/AIDS.
- More discussions of problems in Thailand needed. Still huge discrimination, limited access to treatment and care for the poorest – and virtually no mention of how to tackle DU problem (too much of the “myth” of the success in Thailand).
- Many companies will not do anything without political will. This needed to be addressed more openly.
- More NGO representation would have been interesting.
- No session or possible commitment on how to move ahead? What next?
- In future, would include presentation on legal framework (e.g. from Nick Nuskin at ILO).
- Allocate more time for group work and Q&A.
- A little more time for discussing more details of experiences, lessons learned in greater depth.
- Circulation of contact details earlier with enough time to correct errors/omissions so everyone can take the finalized correct list home.
- Stronger commitments by governments - ministry representatives should be present to listen at the very least and hopefully learn and implement.
- This would increase the effectiveness of the whole networking process which is crucial to the war against HIV/AIDS.
- Need to do this type of workshop more frequently.
- Would be great to have even more participation from individual companies who can share their good practices in details.
- More information about UN-WHO programmes.

- Mobile phone rings disturbing audience & guest speakers.
- The time is too short.
- Connect to best practices in workplace programmes for the prevention of drug abuse (these programmes have driven the more recent programme technology in the area of HIV/AIDS).
- I do not find anything.
- Same venue for day 1 and day 2.
- Keynote speakers would have been nice to have media support (ppt), hard to follow.
- More business involved.
- Small groups on day 1, so you get a chance to know some people better, earlier in the conference.
- More notes on HIV/AIDS made available.
- Labour views/representation not sufficient.
- More time for questioning during sessions.
- Government representative should be involved.
- Governments should be brought in no matter how difficult and taxing it can be.
- It will be good if we have one extra session (small group) just to share experiences (personal, grass root type information).
- I think everything is well organized.
- Goals/targets of meeting(s) need to be identified in advance.
- Completion date of targets/goals need to be set.
- Level of success (or not) in achieving goals needs to be reported on the next meeting.
- Gender diversity in keynote speakers and presenters (more women represented).
- More focus on concrete next steps.
- More time for exchanging ideas, strategizing working in small groups.
- Invite more business people – the “On – the – Fence” types and the uninformed.
- Advocacy!
- Maybe one or two governments with achievement in this area could have made presentations on the thinking behind their policy and action.
- Suggest a review meeting after one year to monitor progress and learning.
- I would like to have the programme in advance (1 week), so that I can well prepare.
- It should be organized regularly, at least once a year.
- Have more practical points.
- Time constraint.
- Suggest to make this conference at national level to raise awareness.
- I hope I can get more information from your organization afterwards.
- Keep on this (easy to say, but I know hard to do).
- Hand outs of all presentations, at the time of or before the presentations.
- Need more advertisement, socialization for participants.
- We would like to have contacts and cooperation with different international and other countries’ organizations. Hope to strengthen the training works.
- Copies of handouts of the keynote speakers would have been useful if these could be supplied.

- Notice could be given a bit earlier to some organizations so they could get prepared and collect information better.
- How UNAIDS/UN will move the UN General Assembly Resolution S-26/2 forward with signatory countries will be very useful for activists.
- More time for discussion and Q&A.
- Include visit to workplace that was implementing HIV/AIDS policy.
- Longer time for presentation.
- A few films on the companies' programmes could help. Slide shows on company activity.
- Handouts of the speakers would be helpful.
- The next time: Should be held in Europe for changing experiences.

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