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HIV/AIDS in South East Asia

The impact on organisations
and their development

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Introduction

No-one really knows the impact of HIV/AIDS on organisations in South East Asia. The majority of research has been undertaken in sub-Saharan Africa. HIV in Asia, however, has significantly lower infection rates and different modes of transmission. This means the impact of HIV/AIDS on organisations is likely to be lower. But by how much? And for how long? Infection rates in many parts of South East Asia are rising and absolute numbers are high. It is possible that should HIV infection reach a critical mass or the disease mutate, Asian organisations could face a similar crisis to African ones.

This PraxisNote outlines the current situation in South East Asia and provides an overview of how business, government and non-government organisations (NGOs) are responding to HIV/AIDS in the workplace. The note highlights future organisational challenges in the region and suggests ways to develop a level of organisational resilience. It is hoped that this contribution provides another small piece in the global jigsaw on how people living with HIV/AIDS (PLWHA) can be supported to become full and equal members of society, including taking their rightful place in helping organisations develop to their full potential.

HIV/AIDS in South East Asia

South East (SE) Asia is a vast region, including the countries of Brunei Darussalam, Cambodia, China, India, Indonesia, Laos, Malaysia, Myanmar,

Philippines, Singapore, Thailand, Vietnam and Timor Leste. The HIV statistics for the entire Asian region are daunting. By the end of 2005 an estimated 8.3 million adults and children in the region were living with HIV. In the same year 1.1 million people became newly infected with just over half a million people dying due to AIDS.¹ While the estimated HIV prevalence rate of 0.4% for the combined Asian region seems relatively low when compared to Africa, the large population numbers lead to high numbers of people affected by HIV/AIDS. In countries such as China, there are an estimated 830,000 adult PLWHA, and in India there are a staggering five million adults estimated to be living with HIV.

The SE Asian region is by no means spared the impact of HIV/AIDS, with a variable epidemic from an estimated adult HIV prevalence rate of under 0.01% in countries such as Brunei Darussalam and the Philippines, 0.1% in countries such as Indonesia and Laos, and much higher rates such as 2.6% in Cambodia, 1.2% in Myanmar and 1.5% in Thailand. The absolute estimated numbers of adult PLWHA in SE Asian countries is also a cause for alarm with 170,000 in Cambodia, 110,000 in Indonesia, 320,000 in Myanmar, 560,000 in Thailand and 200,000 in Vietnam.² The impact of the HIV epidemic on the adult working population will be felt for many decades to come.

¹ UNAIDS HIV Epidemic Update 2005.

² UNAIDS HIV Report 2004, figures to the end of 2003.

Several SE Asian countries have had some success, however, in slowing the growth of the HIV epidemic. Intensive prevention efforts in Thailand and Cambodia in the 1990s led to significant decreases in the number of men using sex worker services and an increase in condom use. Such gains are quickly lost unless there is continued revitalisation and revision of efforts to meet the challenges of a changing epidemic. For example, in Thailand, recent surveillance shows that 10% of brothel-based female sex workers, 45% of injecting drug users attending treatment centres³ and 17% of men who have sex with men are HIV positive.⁴

HIV/AIDS transmission in SE Asia is largely through injecting drug use and sex workers. This is exacerbated by political and social environments that often take a punitive approach to dealing with 'social evils'. This can lead to these marginalised groups being scared away from the reach of effective HIV prevention and care programmes. The HIV figures for 'at risk' populations show the potential for the epidemic to increase dramatically in the near future with findings indicating that one in three injecting drug users in Hanoi and Ho Chi Minh City (Vietnam) are HIV positive⁵; 48% of injecting drug users in Jakarta (Indonesia) attending rehabilitation centres are HIV positive⁶; and 10% of sex workers in Kuala Lumpur (Malaysia) are HIV positive.⁷ The HIV epidemic in many SE Asian countries is also negatively affected by poor public awareness around modes of HIV transmission, high levels of stigma and discrimination and inadequately resourced health systems.

There are, however, significant national differences. In the Philippines 82.5% of AIDS cases are now attributed to heterosexual activities.⁸ If HIV is spread largely through heterosexual activity, the impact on staff in organisations is likely to be much higher.

The Impact of HIV/AIDS on South East Asia

The direct and indirect costs of HIV/AIDS to Asian economies in the year 2000 were estimated at US\$52 billion. With prevalence rates increasing, this figure is likely to rise in the next decade.⁹ The size of the labour force in high-prevalence countries is estimated to be 10–30% smaller by 2020 than it would have been without HIV/AIDS.

The International Labour Organisation (ILO) in 2004 noted that in China HIV infection rates were rising at the same pace as occurred in Africa 20 years ago. They predict that by 2010 an additional 1.8 million people in China will have been killed by AIDS. Given China's regional economic dominance (in 2006 it will become the fourth-largest economy in the world) and political influence, the consequence of this is unknown. As the ILO director-general Juan Somavia remarked, 'HIV/AIDS is not only a human crisis. It is a threat to sustainable global social and economic development'.¹⁰ But, it should also be noted that not all research indicates that SE Asia will experience the same prevalence rates as those of sub-Saharan Africa.¹¹

³ UNAIDS HIV Epidemic Update 2005, p.40.

⁴ Van Griensven *et al* 2005, in UNAIDS HIV Epidemic Update 2005, p.41.

⁵ Ministry of Health Viet Nam 2005, in UNAIDS HIV Epidemic Update 2005, p.37. It should also be noted that in Vietnam 52.4% of AIDS cases are attributed to 'unknown'.

⁶ Riono and Jazant 2004, in UNAIDS HIV Epidemic Update 2005, p.36.

⁷ Ministry of Health Malaysia & WHO 2004, in UNAIDS HIV Epidemic Update 2005, p.38.

⁸ UNAIDS/WHO Epidemiological Fact Sheets – 2002 Updates.

⁹ Action against AIDS in the workplace. The Joint United Nations Programme on HIV/AIDS (UNAIDS) October, 2002, Geneva.

¹⁰ Why Business Should Make AIDS Its Business. Business Week, August 2, 2004.

¹¹ See Brown, T. (2003) 'HIV/AIDS in Asia'. East-West Center. Available at: www.eastwestcenter.org/stored/pdfs/api068.pdf

The Impact of HIV/AIDS on Organisations in South East Asia

The impact of HIV/AIDS on organisations in SE Asia is unclear. There is little empirical evidence to draw conclusions from.

High rates of HIV have a direct impact on labour supply, featuring a decline in productivity, and a reduction in skilled human resources. In countries with an already low-skilled human resource pool, if unchecked the epidemic may lead to a reduction in economic growth. As economic growth declines, employment growth rates reduce, resulting in an overall decline in average wage earnings. This reduces disposable income for basic family health and nutrition needs. For people affected by and living with HIV/AIDS this may mean an increase in the incidence of AIDS as members of households become more vulnerable to opportunistic infections. A reduction in household expenditure also has implications for access to antiretroviral therapies (ARVs) and associated care costs.

The authors believe that that the level of human resource devastation being experienced by organisations in sub-Saharan Africa (as graphically portrayed by James 2005)¹² is not currently being experienced by organisations in SE Asia. The lower prevalence rates of SE Asia compared to those of sub-Saharan Africa bear out this assertion. HIV/AIDS has the potential to become a major threat to organisations in SE Asia, but how HIV/AIDS is impacting on organisations is not well understood.

In 1993 it was estimated that by the year 2000, 33% of deaths among the Thai working population would result from AIDS. With this came the realisation of the direct impact this would have upon

companies' productivity and profits, and how AIDS mortality would eventually result in decreased productivity, increased healthcare costs, a decline in tourism, reduced labour exports, and labour shortages.¹³ It is this growing awareness that has prompted business, government and civil society to think more carefully about how HIV/AIDS impacts on organisations more generally.

The different main mode of HIV transmission (injecting drug use) in SE Asia suggests that organisations are less likely to be affected by HIV than in Africa. PLWHA in Asia are more likely to be from marginalised groups (drug users, sex workers) – the targets of NGO work, rather than the staff. This generalisation is borne out by the authors' own work experiences. Injecting drug users in Vietnam are less likely to hold jobs in 'formal' organisation structures. By virtue of their marginalisation they become part of the 'informal' sector, and are often at the extremes of that sector – thus any impact on NGO organisation development in the formal sense is likely to be minimal. In the Philippines, however, where the majority of AIDS cases are attributed to heterosexual activity, anecdotal evidence indicates that PLWHA are more likely to be part of mainstream society, and thus more likely to hold jobs in the formal sector. Comparing Vietnam and the Philippines in this way would suggest that there is a direct link between mode of transmission and impact on organisation development. There is, however, no data yet to lend empirical support to these assertions – an issue that requires further research.

Workplace Response to HIV/AIDS

In this brief PraxisNote it is not possible to consider how each individual SE Asian country responds to HIV/AIDS in the

¹² James, R. (2005) 'Building Organisational Resilience to HIV/AIDS'. Praxis Paper No.4. INTRAC.

¹³ AIDS Weekly. 1993 Oct 11; 10-1.

workplace. Instead we identify some specific country examples as a means of providing an ‘overview’ of the situation in SE Asia. This overview, however, should not be considered a generalisation for the region. Certain countries have reasonably advanced approaches to addressing HIV/AIDS in the workplace (e.g. Thailand, Philippines); whereas others are only just beginning to recognise the implications of HIV/AIDS for organisation development. In some countries (e.g. Myanmar) it is simply not possible to tell what is happening due to the closed and restricted nature of society.

Organisational responses to combating HIV/AIDS in the workplace in SE Asia can be attributed mainly to non-government organisations, large business and government.

The NGO responses to the problem to date have been largely concentrated on prevention programmes and fighting discrimination and stigma related to HIV.

The Asia Pacific Network of People Living with HIV/AIDS

(APN+) advocate for organisations to be more proactive in adopting GIPA (Greater Involvement of PLWHA) principles and develop specific HIV workplace policies that focus on HIV prevention and care of people living with, and at risk of, HIV/AIDS.

The ART (Asian Red Cross and Red Crescent HIV/AIDS Network) HIV Discrimination Project, in collaboration with APN+, has made some progress in addressing the issue of HIV in the workplace by openly discussing and promoting the development of good regional and country based HIV workplace policies that specifically focus on creating supportive work environments for PLWHA who are staff members and volunteers.

Responses at an official aid level, for example, include the International Labour Organisation’s *Code of Practice on HIV/AIDS and the World of Work*, which focuses on the protection of rights at work, employment security, entitlement to benefits and gender equality. (The way the ILO is able to use its legal ‘muscle’ particularly in relation to core labour standards, and its long experience in promoting health and safety at work and social dialogue appear to be particularly effective in ensuring there is at least some responsible response to HIV/AIDS in the context of the world of work.) As in Africa, however, it has largely been the private sector that has pioneered workplace responses to HIV/AIDS, though with considerable collaboration from civil society organisations.

In the Philippines, businesses have come together to form the Philippine Business for Social Progress (PBSP) movement¹⁴ in order to raise awareness of HIV/AIDS amongst senior management, encourage companies to develop formalised HIV/AIDS policies, and assist companies in implementing HIV/AIDS workplace programmes. To complement this initiative the Philippines Trade Union Congress has put in place a network of 14 health centres which provide members with diagnosis, counselling and treatment in the areas of reproductive health, sexually transmitted infections and HIV/AIDS.¹⁵

In Vietnam a joint sectoral approach involving government, business and the NGO sector, under the auspices of the Vietnamese Chamber of Commerce and Industry (VCCI) has been adopted to address HIV/AIDS in the workplace. The VCCI has drawn on the expertise of a number of well-established NGOs

¹⁴ www.pbsp.org.ph

¹⁵ ‘Living with HIV/AIDS in South East Asia’. Conference hosted by the Standard Chartered Bank on private sector initiatives to HIV/AIDS. www.standardchartered.com/corporateresponsibility/download_ctr_hiv.html

working in HIV/AIDS such as CARE International and Family Health International (FHI). In addition, the Vietnam Chamber of Commerce and Industry has developed guidelines on HIV/AIDS prevention and care for both foreign and domestic companies operating in the country.

In Thailand there has been a relatively comprehensive response by business to the growing epidemic through the Thailand Business Coalition on AIDS (TBCA). TBCA appears to be the first business coalition of its kind in the world.

American International Assurance (AIA)

AIA was established in Thailand in 1938. The company has 1,300 employees and began to recognise the seriousness of the spread of HIV/AIDS in 1992 as the country was experiencing a rapid rise in HIV rates. Its response was to enter into partnership with various NGOs and public health organisations on a range of projects focusing on HIV/AIDS prevention. AIA works in partnership with organisations to promote HIV/AIDS prevention and non-discrimination in the workplace of AIA policyholders using financial incentives. Companies are given an incentive to improve programmes which is assessed through measurable progress in knowledge, behaviour and attitudes of the workforce relating to HIV/AIDS. The aim in this approach is to help businesses work toward ways in which they can begin to assess the core business practices that may be affected by HIV/AIDS and then develop innovative mechanisms to contain the economic and human impacts.

It has collaborated with the likes of American International Assurance (AIA), NIKE (Thailand) Ltd., Northwest Airlines, Shell Oil Company and Glaxo Wellcome, and aims for an effective management of HIV/AIDS in the workplace and the wider community. The TBCA hopes to accomplish this by promoting clear, non-discriminatory workplace policies and education programmes to business; and also by

bringing corporate resources, such as human capital, management skills and funds, to assist in HIV/AIDS prevention.

At a more regional level, the Asian Business Coalition on AIDS is promoting the development of workplace policies on HIV/AIDS, education and prevention programmes, including access to health care, and support facilities for affected employees.¹⁶

Beyond business, governments also appear to be playing some part in attempting to combat HIV/AIDS. In November 2001, the heads of state in the Association of South East Asian Nations (ASEAN) adopted a Declaration on HIV/AIDS and a four-year work programme to combat the epidemic. This involved governments, companies and trade unions (sometimes jointly, sometimes independently) adopting initiatives against HIV/AIDS that include 'zero tolerance' stances for discrimination related to HIV status, and stands against compulsory testing of new or existing employees.¹⁷

Business, government and the non-government sector do appear to be collaborating on some responses to addressing HIV/AIDS in the workplace, although practice in this area is not yet widespread. Most approaches appear to be largely concentrated on prevention and awareness raising amongst the workforce. Whilst the level of rhetoric is high, the action is not always forthcoming. Anecdotal evidence suggests that some businesses are involved simply 'to put the certificate on the wall'.

¹⁶ Action against AIDS in the workplace. The Joint United Nations Programme on HIV/AIDS (UNAIDS) October, 2002. Geneva.

¹⁷ Action against AIDS in the workplace. The Joint United Nations Programme on HIV/AIDS (UNAIDS) October, 2002. Geneva.

Drawing Lessons from Experience

Drawing from experience in the way HIV/AIDS has impacted on organisations in sub-Saharan Africa there are a number of questions worth considering in the SE Asia context:

Should South East Asia be learning urgent lessons from Africa in terms of combating HIV/AIDS in the workplace?

Dr. Anthony Pramualratana, Executive Director of the Thailand Business Coalition on AIDS, believes that the South–South collaboration among business communities is playing a role in how SE Asia responds to HIV/AIDS. Multi-national companies like Daimler-Chrysler and Standard Chartered Bank are responding to HIV/AIDS in SE Asia by drawing on their comprehensive workplace experiences in South Africa.

Yet as Dr. Pramualratana warns:

The prevalence of the epidemic in Southern Africa and Asia is different and this difference results in many Asian workplaces placing less importance on their programmes. HIV/AIDS in Asia may never be as serious as in Africa (though rates in Eastern Europe, India and China may be proving this wrong), and advocacy messages may have to be different. In Asia we have found that effective human resource management, such as education, non-discrimination and continuation of employment, are key factors of good management.¹⁸

Just as in Africa, much of the success of an effective workplace response to HIV depends on the implementation of good management practices. HIV/AIDS cannot be dealt with in isolation but involves taking a wider organisation development approach – one that is

tailored to the cultural context in which it is implemented.

In South East Asia cultural beliefs play a key role in how the epidemic is viewed and managed in the workplace. In organisations that have more of an international orientation, these factors are, perhaps, more readily identifiable. However, it is often said that the concept of organisation development (and ‘organisation learning’) are ‘problematic’ concepts in Asian settings. This indicates that organisation development initiatives need to be undertaken in ways that are culturally relevant and meaningful, and preferably where there is an explicit recognition of the values underpinning the process. Given the level of stigma and discrimination many PLWHA face in SE Asia as documented in the APN+ AIDS Discrimination Report¹⁹, there is still a long way to go until the values of equality for PLWHA become truly aligned with those espoused by Asian businesses.

Will South East Asia follow the African example?

The extent to which HIV/AIDS will cause in SE Asia the catastrophic organisational problems experienced in Africa is not clear.

What is clear is that some organisations in SE Asia are recognising HIV/AIDS as a core business issue. They are waking up to the fact that illness or discrimination will lead to a loss of skills and experience. This means costs will rise and profits fall. The impact of this not only affects their own companies but may have ramifications for the entire economic sector.²⁰ Such increased corporate social responsibility should be welcomed. The fact that it is happening largely for economic reasons warns us that

¹⁸ UNDP (2006). ‘YOUANDAIDS’. The HIV/AIDS Portal for Asia Pacific.

¹⁹ www.apnplus.org (2004).

²⁰ Walzholz, G. ILO/AIDS Regional Technical Specialist 2004. ILO, Bangkok.

organisations are predicting the organisational costs of the epidemic in South East Asia to deteriorate. Governments and NGOs should strive to follow this lead. Whilst SE Asia has not (yet) experienced the same reduction of human capital as experienced in sub-Saharan Africa, this does not mean it never will.

Conclusions

The impact of HIV/AIDS on organisations in SE Asia is not well-understood. What is clear, from lessons learned in the sub-Saharan context, is that organisations need to broaden their response from simply front-line prevention to becoming more organisationally resilient to the very adverse impact of HIV/AIDS. Organisations need to recognise that dealing with HIV-related social issues, such as stigma and discrimination, may be just as important as HIV prevention and treatment programmes. There is a need to create supportive work environments where the implementation of GIPA (Greater Involvement of PLWHA) principles is encouraged. This will in turn encourage workers to access HIV testing and care services, join with employers in developing a sense of mutual responsibility and be more compassionate towards their fellow workers living with HIV. There is a need for greater strategic insight into how organisations are preparing to manage future impact as well as the way organisations work in partnership with the wider community.

Organisations can begin this process by having expertise on HIV/AIDS within their staff. These agents for change could be responsible for developing GIPA plans, developing PLWHA capacity and networks, and forging alliances and partnerships with other organisations as a way of ensuring a more systematic approach to building organisational resilience to HIV/AIDS.

We certainly hope a crisis in SE Asia is not imminent, but in this age of globalisation, consequences are difficult to predict. More research on this subject is required. In the meantime all workplaces should consider these issues and implement appropriate responses. To mitigate the risk, we should look to the African experience and learn how organisations on that continent are developing resilience, rather than wait for the crisis to destroy us first. In the words of Hamel and Välikangas:

Any company that can make sense of its environment, generate strategic options, and realign its resources faster than its rivals will enjoy a decisive advantage. This is the essence of resilience. And it will prove to be the ultimate competitive advantage in the age of turbulence – when companies are being challenged more profoundly, and more rapidly, than ever before.²¹

²¹ Hamel, G. and Välikangas, L. (2003) 'The Quest for Resilience'. Harvard Business Review, Sept 2003, Boston. p. 63.