HIV/AIDS Prevention for Mobile Population in Greater Mekong Subregion

-Corporate Social Responsibility in JBIC Infrastructure Projects-

Date: Saturday, July 2, 2005 18:30～20:00
Venue: International Conference Center Kobe (Meeting Room 401)
Sponsor: Japan Bank for International Cooperation (JBIC)
Language: English
**Outline**

The risks of HIV infection for mobile population is recognized throughout the Greater Mekong Subregion. The Japan Bank for International Cooperation (JBIC) provides assistance in infrastructure development and poverty reduction through yen loans as one of the pillars for Japanese Official Development Assistance (ODA). Along with the economic development, the movement of people is expected in the case of such large-scale infrastructure projects among various JBIC assisted projects. To prevent HIV and other sexually-transmitted diseases from spreading by this effect, JBIC has implemented HIV/AIDS prevention activities that include dissemination of appropriate knowledge about prevention to workers at construction sites and local communities. These HIV/AIDS prevention activities are conducted with understanding and cooperation from not only the executing agencies of the infrastructure project, but also Japanese and other country’s contractors, NGOs and local health bureaus. In this satellite meeting, the importance of HIV/AIDS programs at labor sites and the unique approach from the viewpoint of corporate social responsibility (CSR) will be introduced, based on case studies on prevention activities at the bridge construction project on the border between Thailand and Lao PDR, and the port development project in Cambodia.

**Program**

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<th>18:30</th>
<th>Opening - HIV/AIDS Prevention for Construction Workers in Infrastructure Projects</th>
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|       | **Mr. Keiichi Tango,**  
|       | Senior Executive Director, Japan Bank for International Cooperation (JBIC)  
|       | **Ms. Bai Bagasao,**  
|       | Asia Pacific Leadership Forum Manager, Asia Regional Support Team,  
|       | United Nations Programmes on HIV/AIDS (UNAIDS) |

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<th>18:50</th>
<th>Panel Discussion - Report from the Field</th>
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|       | **Moderator**  
|       | **Ms. Kiyoko Ikegami,**  
|       | Director, Tokyo Office, United Nations Population Fund (UNFPA)  
|       | **Panelists**  
|       | **Mr. Sunhout Ma,**  
|       | Deputy Director General, Port Authority of Sihanoukville, Cambodia  
|       | **Mr. Yasutoshi Takeda,**  
|       | SMIB Project Manager, Oriental Consultants Co., Ltd.  
|       | **Mr. Hidenori Yanagisawa,**  
|       | Administration Manager, Bangkok Office, International Division, Sumitomo Mitsui Construction Co., Ltd.  
|       | **Dr. Panom Phongmany,**  
|       | Deputy Director, Savannakhet Provincial Health Department, Lao PDR  
|       | **Mr. Montri Pekanan,**  
|       | Deputy Executive Director, The Planned Parenthood Association of Thailand  
|       | **Dr. Anthony Pramualratana,**  
|       | Executive Director, Asian Business Coalition on AIDS, Thailand |
"Our Commitment and Involvement in Fighting against HIV/AIDS"

JBIC’s "Basic Strategy of Japan’s ODA Loan" highlights “global issues and peace-building” among its priority areas, and HIV/AIDS is one of the problems under the global issues. JBIC has conducted a HIV prevention program for construction workers and communities by the following reasons: 1) A lot of workers who come from rural areas away from their family or partner are mobilized in a large infrastructure project, and such a situation could lead to a risky behavior for HIV infection; and 2) An infrastructure project will stimulate economic activity and increase the people’s movement, which may increase the risk of HIV infection.

JBIC HIV/AIDS program started in 2001 under Sihanoukville Port Urgent Rehabilitation Project in Cambodia, and another program for the Second Mekong International Bridge Construction Project between Thailand and Lao PDR has followed since 2003. Keys for successful implementation are: 1) awareness and understanding of construction companies, 2) partnership with local health authorities and local/international NGOs having expertise, and 3) commitment of companies who are involved in the project.

Nowadays there are a lot of talks on Corporate Social Responsibility (CSR). CSR does not necessarily mean donation of funds for activities outside their regular business, but could mean some activities in the companies’ own field. Putting efforts to HIV/AIDS prevention by securing health and safety of workers would be significantly important as it is down to earth CSR.

"Infrastructure Projects: Boon or Bane-Development, Mobility and HIV in the Greater Mekong"

The epidemics in Asia and the Pacific vary by country, but in countries belong to Greater Mekong subregion (GMS), they are in rapid escalation. GMS identified how mobility leads to further marginalization and greater vulnerability to HIV.

Mobile people often come from poor areas of GMS: 1) have little knowledge of the epidemic or right skills to protect themselves; 2) lack the social support to deal with loneliness and separation from partner, and such a situation may pressure them to visit amusement services; 3) have little social or legal protection; and 4) have less participation in the host community and very limited access to AIDS services and commodities due to cultural and language bias and unfamiliarity with the area.

As a negative impact of HIV in development, gains attained through poverty reduction efforts were diminished, for example, in Cambodia by 60%. This has prompted funders like ADB and JBIC to take a pro-active approach in integrating HIV prevention into larger components of its infrastructure and non-health sector projects. This is certainly the way forward.

Challenges are comprehensive multi-sectoral response to AIDS. The highest levels of political leadership are critical, but we also need the active involvement of other sectors, such as business leaders in responding to AIDS.
"Installation of HIV/AIDS Program as Sihanoukville Port Rehabilitation Project and Continuation of Activity"

When JBIC assisted the development of Sihanoukville Port, Port Authority of Sihanokville, a governmental agency acting as an executing agency of the Project, needed about 300 construction workers per day, and such a situation was recognized as a the risk factor of HIV infection for workers and surrounding community. AIDS program was then prepared and conducted for 20 months after the project commencement, with the JBIC’s research budget named Special Assistance for Project Implementation (SAPI).

Activities started by collecting and analyzing the information on existing local programs and HIV knowledge, attitudes, beliefs, and behaviors of the target workers, commercial sex workers, and community people. A pilot project under SAPI conducted activities such as: 1) advocacy, 2) HIV/AIDS education through peer education within workers, 3) life skills workshop, 4) condom provision through social marketing approach, 5) STI treatment, and 6) counseling. In order to conduct the program, we invited the local health authorities and local and international NGOs, such as PSI, an international NGO, and Cambodian Red Cross. Through those activities, the level of HIV/AIDS knowledge within target groups were improved, and the risk of infection was minimized. After the completion of SAPI, the Port Authority of Shihanoukville has continued its successful implementation by its own fund.

Key success factors were analyzed: 1) multi-sector participation from government sectors and private sectors, 2) HIV/AIDS prevention clause as a requirement for contractor, 3) capacity building of local executive agency, and 4) partnership with a local service provider.

"The Second Mekong International Bridge Project"

The Second Mekong International Bridge is in part of Indo-China East West economic corridor and expected to be a driving force of economic development. Now 60% of the construction has finished and the work is still ongoing.

As a Project Manager of consultants for the Project, I am in charge of overall management of the Project with three contractors employing 1,300 staff and workers in total. Many workers are crossing the Mekong River everyday, which is an international border between Lao PDR and Thailand.

AIDS program was our first challenge to implement. We had very little knowledge about AIDS, no detailed requirements or action plans for the program, no cost estimation, difficulty in coordination with both governmental agencies, different work plans among three contractors, and no experience of working together with NGOs.

To coordinate such a situation, we prepared a memorandum of understanding (MOU), and established an AIDS/STI program task group, consisting of 1) government counterpart, Thailand and Lao PDR; 2) consultant; 3) contractors for three contract packages; and 4) NGO group including health bureaus and local health bureaus. Based on the contract, the consultant should report to the government counterpart, while supervise the contractors. For this purpose, the consultant has developed monthly monitoring and reporting system of the activities. To care for people and community by education, training and counseling, the task group has contacted with construction workers and community groups to minimize AIDS vulnerability.
"AIDS Prevention Program at the Second Mekong International Bridge Construction Project: Role of Construction Company"

As a construction company, Sumitomo Mitsui Construction entered into the construction contract with Thai and Lao government for Second Mekong International Bridge Construction Project, and found that an AIDS prevention activity was listed in the requirements of contract, which was very unusual. We started challenges to include AIDS program with quite limited knowledge, limited personnel, limited time, and limited budget.

Planned Parenthood Association of Thailand (PPAT) and Provincial Committees for the Control of AIDS (PCCA) helped us to conduct AIDS program, as a professional for preventing AIDS and AIDS activities. At a construction site, the company plans safety meetings every other week, which is normal procedure; therefore, PPAT/PCCA suggested that AIDS program be merged into these meetings. With AIDS activities, the company changed and improved its attitude. We have started to learn by ourselves, and conducted management training, such as safety officer’s awareness and management seminar.

We faced several problems or concerns: 1) delay in construction work, and 2) damaging company’s image. Our construction work is planned with tight schedule, and conducting AIDS program may cause the delay in such work. If the company delays from the schedule for completion, it has to pay for the liquidated damage to the Thai and Lao government, as well as everyday expenses. Delay in completion will also damage the image of company.

Therefore, it is important to keep balance between private enterprise activities and AIDS prevention activities. In order to accomplish this balance, the construction site needs efforts to cope with AIDS activities. Also, the executing agency of the Project should provide us a little more budget for AIDS program. I expect that Sumitomo Mitsui Construction, not only as the construction site but as a company whole, should be aware of CSR, although it might be an activity in the near future.


In Savannakhet, a project site with having around the half of HIV infection in Lao PDR, migrant farmers and migrant workers are in risk, and the Provincial Committee for Control of AIDS was set up as the multi-sectoral commitment for taking measures with the vice-governor as a chair. This committee has very strong collaboration with Lao Women Union, Lao Youth Union, Lao Trade Union, and Lao Front Union and other sectors besides health sector, such as communication sector and education sector.

Regarding the AIDS program under the Project, provincial health department has two objectives: 1) to improve the awareness and behavior of construction workers; and 2) to improve the awareness and behavior of community populations, including community leaders, mass organizations and villagers, teachers and students, and service women. Our first activity is capacity building. We advocate for leaders, governors, and community leaders, and conduct training of trainers for peer education. Second activity is behavior change. We conduct survey on knowledge, attitudes and practices (KAP).

The lesson learned is multi-sectoral, and leadership at every level and partnership with another sector is very important. In transport sector, strong commitment of private sector, construction companies, and consultants, as well as cooperation with neighboring provinces is necessary.
"Bridge of Hope: HIV Prevention for Temporary Construction Workers and Communities at the Second Mekong International Bridge on the Border of Lao PDR and Thailand"

The Planned Parenthood Association of Thailand (PPAT), an affiliate NGO of International Planned Parenthood Federation (IPPF) has implemented AIDS program named "Bridge of Hope Project" at the Second Mekong International Bridge Construction Project using the Japan Trust Fund.

I would like to emphasize two major difficulties of making this project possible: companies’ cooperation and communities’ stigmatization. The construction company has had great concern, and has been stressed to conduct AIDS program, so we spent quite a bit of time on negotiation on what to do, how to do and how we got through these difficulties. Capacity building for the construction company, the consultant, engineers and all other staffs was the key to our success. Another difficulty is to get the community to accept to involve people living with HIV/AIDS, in other words, reduction of the stigmatization. After listening to the life of infected people, community people, engineers and the management team of construction company would understand that those people who got HIV are still healthy and are able to work.

Major key approaches for prevention were behavioral change activity through participation, and condoms promotion with training on how to use condom and how to negotiate with their clients. I think future challenge are: 1) advocacy for the adoption of the workplace policy in the companies, 2) acceptance of multi-sectoral approach among the ODA projects, 3) increased efforts to cover more workers, 4) further services such as voluntary counseling and testing (VCT) or services on tuberculosis (TB), and 5) sustainability and expansion of activities after the completion of the bridge.

"Business & HIV/AIDS: Why Should We Care?"

The Asian Business Coalition on AIDS is a network of organizations in many countries in Asia. I would like to congratulate JBIC and Sumitomo Mitsui Construction for taking challenges to start AIDS project for the most economically active population, although it was a difficult process. I also think CSR does not only mean donations but also means "good management principles." AIDS at workplace brings about conflict and fear, loss of skilled staffs and cost of rehiring and training. These are management issues, and not prevalence issues. Doing nothing is bad management.

What JBIC and the multi-sectoral partners have done are: educate managers; develop an AIDS policy; ensure confidentiality; do not do compulsory blood testing; provide HIV/AIDS education; and provide access for people living with AIDS. These are conducted by the companies that have been active.

I would like to stress that HIV/AIDS people can have fun, can be healthy and active, and can work for many more years. If you give them support, you will have their work, and you will have their support for the rest of their lives. So such actions could mean good management principles.
### (1) Questions to private sector

**Q1. What do you think is the best way to convince the headquarters?**

**Mr. Yanagisawa**
I might not have convinced our managers for this kind of AIDS activity yet, since it is still in the early stage. CSR has just started in Japanese companies. Therefore, I need to, not convince, inform the head office in Tokyo to recognize AIDS activity conducted by our overseas office.

**Mr. Takeda**
This is the first time to implement AIDS program. We have not received involvement of the head office for AIDS program yet, but we would like to have more involvement for next project, and for this purpose, we try to explain our experience to the head office.

**Dr. Pramualratana**
First, to promote these AIDS activities to influence headquarters is the job of NGOs, UN agencies, bilateral and multilateral donor agencies, and government. By giving awards, writing reports, or writing case studies, their headquarters would understand these activities, as we have done in Thailand. Second, there are many good company managers at the country level from the bottom-up, and these good managers, executives should develop a network. Ideas about what you are doing from bottom-up need to be shared within business sector, as we did by the Business and AIDS network in Thailand. It will take time but you will have partners, so that you will easily report to the headquarters.

**Q2. Please explain whether measures are taken place for the maintenance of employment for any worker who becomes HIV positive.**

**Mr. Yanagisawa**
Although we need to discuss with our management level, I think it would be no problem to maintain employment of HIV infected person in the project because the workers gradually have some knowledge about HIV/AIDS, and I hope other workers could accept an infected worker.

### (2) Questions to specialist

**Q1. How do you influence companies which are not having workplace HIV policy?**

**Dr. Pramualratana**
Dissemination of best practice, as well as good communication between country offices and headquarters within the companies is the most effective. ILO has strong roles and influence to the ministries of labor. So with multi-sectoral efforts, we can access to the companies and try to work our way up towards a policy.

**Mr. Pekanan**
Good understanding of the policy itself cannot lead to implementing the policy. And without understanding of HIV/AIDS and the rights of, and how to handle it, they are not settled on policy in the place. This is quite a long way to go, but we should proceed.

### (3) Questions to JBIC

**Q1. Is there any existing policy of JBIC on HIV/AIDS in development?**

**Mr. Yoshida**
JBIC is very much committed to AIDS issue, as one of the global issues included in priorities under JBIC basic strategies. However, since we have to respect the commitment and ownership of the country, we have to draw a line to what extent we can include AIDS programs.

**Q2. What strategies JBIC has for generating government leadership, when JBIC encounters resistance from the counterpart government regarding AIDS program?**

**Mr. Yoshida**
JBIC have incorporated a HIV/AIDS clause in the sample bidding documents, which will guide the implementing agency of the borrower government to be aware of the needs to take measures for HIV prevention. JBIC does not make it mandatory to work on AIDS program because by putting it mandatory from the very outset, sometimes we fail to draw a real ownership of the program and we will face a serious problem in the implementation. If the agreement on the AIDS program is not reached in the beginning, we will continue dialogue and seek an opportunity for necessary measures to be taken.

**Q3. Does JBIC plan to train JBIC Tokyo staff in HIV/AIDS so that they can deliver the HIV/AIDS activities with the workers?**

**Mr. Yoshida**
To maintain the institutional memory in these kinds of AIDS activities, we can train the local staff who tend to stay longer there, and also continue to promote awareness among all the staff members of the headquarters about the issues of HIV/AIDS and other important global issues. In addition, institutionalizing system is necessary to check whether a project has paid adequate attention to AIDS issue.
Profile
(as of March 31, 2005)

Japan Bank for International Cooperation (JBIC) is a policy-based financing institution responsible for conducting Japan’s external economic policy and economic cooperation.

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<th>Name</th>
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<tr>
<td>Establishment</td>
<td>October 1, 1999</td>
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<tr>
<td>Purpose</td>
<td>JBIC has a statutory mandate to undertake lending and other operations for the promotion of Japanese exports, imports and economic activities overseas; for the stability of international financial order; and for economic and social development as well as economic stability in the developing economies, thereby contributing to the sound development of the Japanese economy as well as international economy. JBIC operates under the principle that it will not compete with financial institutions in the private sector.</td>
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| Capital | International Financial Operations / 985.5 billion (JPY)  
Overseas Economic Cooperation Operation / 6,891.2 billion (JPY) |
| Fiscal 2005 Budget for Loans and Other Financing | International Financial Operations / 1,130 billion (JPY)  
Overseas Economic Cooperation Operation / 690 billion (JPY) |
| Outstanding Loans and Other Financing | International Financial Operations / 8,499.9 billion (JPY)  
Overseas Economic Cooperation Operation / 11,495.5 billion (JPY) |
| Staff | 872 |