

# ASEAN Initiatives on the Prevention and Control of HIV and AIDS in the Workplace



one vision  
one identity  
one community



# **ASEAN Initiatives on the Prevention and Control of HIV and AIDS in the Workplace**

The ASEAN Secretariat  
Jakarta

The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.  
The ASEAN Secretariat is based in Jakarta, Indonesia.

For inquiries, contact:  
The ASEAN Secretariat  
Community Relations Division (CRD)  
70A Jalan Sisingamangaraja  
Jakarta 12110, Indonesia  
Phone: (62 21) 724-3372, 726-2991  
Fax: (62 21) 739-8234, 724-3504  
E-mail: [public@asean.org](mailto:public@asean.org)

### **ASEAN: A Community of Opportunities**

#### Catalogue-in-Publication Data

ASEAN Initiatives on the Prevention and Control of HIV and AIDS in the Workplace  
Jakarta, ASEAN Secretariat, March 2017

362.196 97

1. Communicable Disease – Immune Deficiency
2. ASEAN – Social aspects – Psychological aspects

ISBN 978-602-6392-40-4

The text of this publication may be freely quoted or reprinted, provided proper acknowledgement is given and a copy containing the reprinted material is sent to the Community Relations Division (CRD) of the ASEAN Secretariat, Jakarta.

General information on ASEAN appears online at the ASEAN Website: [www.asean.org](http://www.asean.org)

Copyright Association of Southeast Asian Nations (ASEAN) 2017.  
All rights reserved.

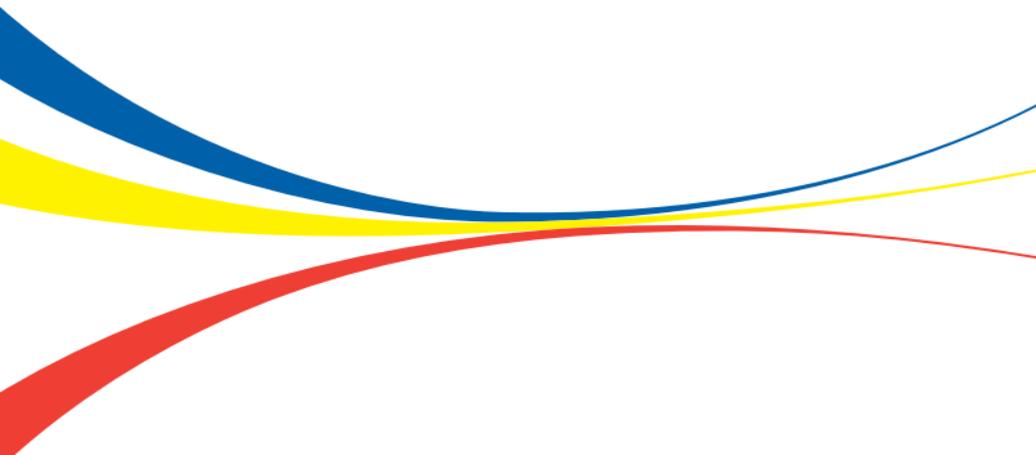
## Table of Contents

Terms of Reference of the ASEAN Business Coalition on HIV-AIDS (ASEAN-BCA)	1
Logo and Terms of Reference of the ASEAN Red Ribbon for Outstanding Workplace (ARROW) Award	11
ASEAN Guidelines on Essential Workplace Action for Enterprises on the Prevention and Management of HIV and AIDS in ASEAN Member States	23
ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths	31





Terms of Reference of  
the ASEAN Business Coalition on  
HIV-AIDS (ASEAN-BCA)





## **Terms of Reference of the ASEAN Business Coalition on HIV-AIDS (ASEAN-BCA)**

### **A. Background**

1. The First Meeting of the Senior Labour Officials Meeting's Working Group on HIV-BCA Prevention and Control in the Workplace (SLOM-WG-HIV) held in Jakarta, Indonesia, on 20-21 July 2011 adopted the SLOM-WG-HIV Work Plan 2011-2015, in which the establishment of an ASEAN Business Coalition on HIV-AIDS (ASEAN-BCA) is planned. The establishment of the ASEAN-BCA supports the building of a people-oriented ASEAN as called for in the ASEAN Charter, and implementation of the ASEAN Labour Ministers' Work Programme 2010-2015.
  
2. As the majority of people living with HIV in ASEAN Member States are of productive working age, this adversely gives impacts on the well-being of millions of workers and their families, and on the productivity of nations and their enterprises. Considering this, the business community, which is usually represented by employers' associations, shares the responsibilities to prevent and protect their workers from HIV and AIDS-related problems and discrimination. In partnerships with stakeholders, the business community would be

able to build networks and mobilise resources to prevent and control HIV and AIDS in the workplace with greater results. Against this backdrop, the ASEAN-BCA is developed.

3. The ASEAN-BCA would contribute to the realisation of the collective commitment of ASEAN Member States in the ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths which was adopted by the Leaders at the 19<sup>th</sup> ASEAN Summit held on 17 November 2011 in Bali, Indonesia.
4. The ASEAN-BCA would also contribute to the realisation of the individual commitment of ASEAN Member States to accelerate progress in achieving the Millennium Development Goal 6 (MDG 6) which refers to halting and reversing the spread of HIV and AIDS and other related Goals by 2015.

## **B. Vision**

5. Strengthen the role of the business community in meaningful partnerships amongst tripartite partners in ASEAN Member States towards Zero New HIV Infection, Zero Discrimination and Zero AIDS-Related Deaths.

### **C. Objectives**

6. Promote greater involvement of employers' associations in ASEAN Member States in HIV and AIDS prevention and control in the workplace;
7. Encourage the inclusion of HIV prevention and control in the workplace into the business agenda.

### **D. Composition**

8. Members of the ASEAN-BCA consist of:
  - a. National business coalitions on AIDS in ASEAN Member States, where applicable or equivalent organisation; and
  - b. Representatives of employers' associations in ASEAN Member States, including the chambers of commerce, employers' federations and/or related representatives from national business forums.
9. The initial members from each ASEAN Member States shall include representatives of one national business coalition on AIDS, where applicable, and up to three national employers' associations.
10. The membership of the ASEAN-BCA may be expanded in future with criteria to be determined by the initial members as appropriate.

## **E. Roles and Responsibilities**

11. The ASEAN-BCA would assume the following roles and responsibilities that would be carried out by its members:
  - a. Establish and/or strengthen national business coalition on AIDS in ASEAN Member States;
  - b. Encourage companies in ASEAN Member States to develop and implement policies and programmes on HIV and AIDS prevention and control in the workplace;
  - c. Develop and regularly convene the ASEAN Red Ribbon for Outstanding Workplace (ARROW) Award;
  - d. Provide capacity building and communication strategy plan for business leaders on HIV and AIDS programme in the workplace;
  - e. Convene a regular ASEAN forum as a platform for employers and stakeholders to share information and experiences in the implementation of HIV and AIDS programme in the workplace;
  - f. Share experiences and good practices on HIV and AIDS programmes of business coalitions on AIDS in the region;

- g. Encourage companies to promote access to early HIV testing that is voluntary, confidential, and rights-based in the workplace;
- h. Mobilise resources from various parties including the governments and international organisations such as the UNAIDS and International Labour Organization (ILO);
- i. Build partnerships with the governments and employees' organisations of ASEAN Member States, ASEAN Task Force on AIDS (ATFOA), ASEAN Secretariat, Asia Pacific Business Coalition on AIDS (APBCA), other international organisations, relevant UN agencies (including International Labour Organization (ILO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), and relevant parties within or outside the region.

## **F. Organisational Structure**

12. The roles and responsibilities of the ASEAN-BCA would be coordinated by one of ASEAN Member States. The Coordinator would be rotated amongst ASEAN Member States every two years on an alphabetical order among ASEAN Member States with National Business Coalition on AIDS or equivalent organisation. In case the next country in line is not ready to assume the role, it can forgo its turn and may be asked for its readiness in the

subsequent term of Coordinator. The ASEAN Member State assuming the Coordinator role would nominate one of its country members of the ASEAN-BCA as the Coordinator with the support of a secretariat (hereafter referred to as the “ASEAN-BCA Secretariat”) from the same country.

13. For the first two years following the establishment of the ASEAN-BCA, the Indonesia Business Coalition on AIDS (IBCA) would assume the Coordinator role with the support of a secretariat.
14. Each member of the ASEAN-BCA shall appoint a focal point who will be responsible for communications with the other members of the ASEAN-BCA. The focal point will also be responsible to disseminate information to his/her organisation accordingly.

#### **G. Coordinator and Secretariat of the ASEAN-BCA**

15. The ASEAN-BCA Coordinator shall:
  - a. Convene the annual meeting of the ASEAN-BCA within the two year period of its coordination;
  - b. Prepare the agenda and report of the annual meeting for the consideration and concurrence of the members;
  - c. Coordinate the ASEAN Red Ribbon for Outstanding Workplace (ARROW) Award, host

- the Award Ceremony, and prepare the Award certificate;
- d. Coordinate the preparation and implementation of the ASEAN-BCA's work and financial plans;
  - e. Report the progress of work of the ASEAN-BCA to the ASEAN-OSHNET annually. For this purpose, the Coordinator shall prepare an accomplishment report;
  - f. Perform other tasks as may be assigned to the coordinator; and
  - g. Build partnerships with relevant partners as specified in article 11(i) above.
16. The ASEAN-BCA Secretariat is responsible to support the Coordinator in managing the activities of the ASEAN-BCA and communications with its members, and to be the repository of all documents of the ASEAN-BCA.
17. Upon the rotation of the ASEAN-BCA Coordinator and Secretariat, the outgoing Coordinator and Secretariat shall prepare a comprehensive handover report, including the repository of documents, for the incoming Coordinator and Secretariat accordingly.

## **H. Budget**

18. The ASEAN Member State assuming the Coordinator and Secretariat roles shall bear the operational costs related to its responsibilities. For this purpose, the concerned ASEAN Member State may mobilise resources from various partners.
19. The members of the ASEAN-BCA would self-sustain the operational costs of the ASEAN-BCA's work by mobilising resources from various partners including the governments of ASEAN Member States.
20. The members shall cover their participation costs to the annual meeting of the ASEAN-BCA. The hosting costs of the annual meeting shall be borne by the Coordinator.

## **I. Review and Amendment**

21. This Terms of Reference (TOR) may be reviewed by the members of the ASEAN-BCA every five years or as necessary at the annual meeting of ASEAN-BCA. Amendments to this TOR shall take effect upon the approval of the annual meeting of the ASEAN-BCA
-



Logo and Terms of Reference  
of the ASEAN Red Ribbon for  
Outstanding Workplace  
(ARROW) Award









## **Terms of Reference of the ASEAN Red Ribbon for Outstanding Workplace (ARROW) Award**

### **A. Background**

1. The First Meeting of the Senior Labour Officials Meeting's Working Group on HIV Prevention and Control in the Workplace (SLOM-WG-HIV) held in Jakarta, Indonesia, on 20-21 July 2011 adopted the SLOM-WG-HIV Work Plan 2011-2015, in which the establishment of an ASEAN Business Coalition on AIDS (ASEAN-BCA) and the ASEAN Red Ribbon for Outstanding Workplace (ARROW) Award (hereafter referred to as "the Award") are initiated.
2. The development and regular convening of the Award are part of the responsibilities of the ASEAN-BCA as stipulated in its Terms of Reference. The convening of the Award would take into account the similar national awards existing in some ASEAN Member States.
3. The Award would support one of the ASEAN's purposes, as stipulated in the ASEAN Charter, to promote a people-oriented ASEAN in which all sectors of society are encouraged to participate in, and benefit from, the ASEAN Community building process.

4. The Award would also contribute to the realisation of the collective commitment of ASEAN Member States in the ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths which was adopted by the Leaders at the 19<sup>th</sup> ASEAN Summit held on 17 November 2011 in Bali, Indonesia.

## **B. Vision**

5. The Award would cultivate better awareness and greater involvement of the business leaders in achieving Zero New HIV Infection, Zero Discrimination and Zero AIDS-Related Deaths in the workplace in ASEAN Member States.

## **C. Objectives**

6. Recognise the roles, outstanding achievements and contributions of companies in ASEAN Member States on HIV and AIDS prevention and control in the workplace;
7. Encourage employers and workers to develop, expand and/or participate in programmes and activities to reduce the prevalence of HIV and AIDS in the workplace in line with the ILO Recommendation 200 and Millennium Development Goal 6 which refers to halting and reversing the spread of HIV and AIDS by 2015;

8. Promote inclusiveness through closer cooperation and partnerships of the employers with the governments, workers, and non-governmental organisations on HIV and AIDS prevention and control in the workplace in ASEAN Member States;
9. Encourage companies to provide supportive environment and human resource policies in the workplace for workers with HIV and AIDS.

#### **D. Criteria**

10. Companies that are eligible to receive the Award should fulfill the general criteria as set forth in these terms of reference. Each ASEAN Member State may adopt additional criteria contextual to the country in selecting the appropriate company to accept the Award based on the general criteria.
11. The general criteria of the Award are as follows:
  - a. Adherence to the principles of non-discrimination and confidentiality to workers related to HIV and AIDS;
  - b. Availability of policies, its arrangement and organisation, and programmes on HIV and AIDS in the workplace;
  - c. Providing workers with access to trainings on HIV and AIDS in the workplace;

- d. Implementation of HIV and AIDS at workplace programme through:
- Awareness programme for workers on HIV and AIDS in the workplace;
  - Provide or facilitate workers with access to services for counseling and testing (VCT) and HIV Care Support and Treatment (CST), Tuberculosis (TB) treatment and care according to WHO Standard of Procedure, any other HIV-Related infection, and to other related services from the HIV and AIDS service center; as well as availing education, information and communication materials accessible to workers and others; and
  - Community awareness raising on HIV and AIDS as the company's Corporate Social Responsibility (CSR) programme.
- e. Availability of administration and reporting systems of the HIV and AIDS in the workplace programme implementation.

## **E. Selection Mechanisms**

12. Each ASEAN Member State may determine its own selection mechanism of the companies based on the general criteria. In this regard, the selection mechanisms of the existing relevant national

awards would be leveraged by the concerned ASEAN Member States, such as:

- a. Certificate of Appreciation on HIV Response in the Workplace signed by the Minister of Labour and Vocational Training of Cambodia;
  - b. HIV/AIDS Award at Workplace Programme in Indonesia;
  - c. National Occupational Safety and Health Awards in Malaysia;
  - d. AIDS-Response Standard Organisation (ASO) Awards in Thailand;
  - e. Gawad Kaligtasan at Kalusugan (Reward for Best Practice for Occupational Safety and Health) Awards in the Philippines;
  - f. Singapore Health Award; and
  - g. Other relevant national awards.
13. The nominated companies shall submit the following information to the ASEAN-BCA Members from the concerned countries:
- a. The company profile which outlines the establishment, organisational structure, program, experiences and achievements on HIV and AIDS programme;

- b. Description of the HIV and AIDS programme dedicated to increase the comprehensive understanding of their workers and the community (CSR) and the project's contribution to the national HIV and AIDS targets/programme of the country; and
  - c. Information of the company's policy, certificate, budget, schedule, photos, videos and other documents related to the implementation of the HIV- AIDS programme.
14. Each ASEAN Member State will nominate no more than three companies on a ranking basis to be nominated to receive the Award, with priority given to local company<sup>1</sup>, and submit the name and information of the nominated company to the ASEAN-BCA Coordinator for consolidation and dissemination to the members of the ASEAN-BCA. Hence, there will be up to ten Awardees from ten ASEAN Member States.
15. The same company with multiple country offices cannot be nominated by more than one ASEAN Member State. If such case occurs, the ASEAN-BCA Coordinator should inform the concerned ASEAN Member States for deliberation among themselves on the most appropriate company/ country to receive the Award.

---

<sup>1</sup> Definition of Local Company is contextual to each ASEAN Member States in accordance with its national legislation and policy.

16. The ten nominated companies from ten ASEAN Member States will be verified by the members of the ASEAN-BCA based on the companies' compliance with the general criteria of the Award.
17. The confirmed Awardees will be submitted to the ASEAN Occupational Safety and Health Network (ASEAN-OSHNET) which will be submitted to the ASEAN Senior Labour Officials Meeting (SLOM) for notation and support prior to the Award Ceremony.

#### **F. Award Ceremony**

18. The Award will be conducted once every two years and presented in the Ceremony that will be convened in conjunction with the annual meeting of the ASEAN-BCA or back-to-back with ASEAN-OSHNET Award Ceremony which is in conjunction with the ASEAN-OSHNET Conference. The ASEAN-BCA Coordinator should coordinate with the ASEAN-OSHNET Secretariat and the host country of ASEAN-OSHNET Award Ceremony.
19. The administration of the Award and Award Ceremony will be coordinated by the ASEAN-BCA Coordinator and Secretariat.
20. Certificates of the Award will be arranged by the ASEAN-BCA Secretariat. The Certificates will be co-signed and presented by the Secretary-General of ASEAN and the Minister in charge of labour/

manpower of the ASEAN Member State assuming the ASEAN-BCA Coordinator role.

21. The schedule of the Award selection and confirmation process, and programme of the Award Ceremony will be prepared by the ASEAN-BCA Coordinator and submitted to the annual meeting of the ASEAN-BCA one year prior to the Award Ceremony for the consideration and concurrence of the members.

#### **G. Financial Sources**

22. The costs of national selection process shall be borne by the concerned ASEAN Member State.
  23. The cost of certificate and trophy production will be borne by the ASEAN-BCA Coordinator.
  24. The participation costs of the Awardees to the Ceremony shall be self-funded. In a case that the Awardee is unable to join the Ceremony, the Award may be received by one of the ASEAN-BCA members from the same country who is attending the Ceremony.
-



ASEAN Guidelines on  
Essential Workplace Action for  
Enterprises on the Prevention and  
Management of HIV and AIDS in  
ASEAN Member States





## **ASEAN Guidelines on Essential Workplace Action for Enterprises on the Prevention and Management of HIV and AIDS in ASEAN Member States**

### Envisioning:

ASEAN as a concert of Southeast Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies.

### Considering that:

1. The majority of people living with HIV in ASEAN Member States are of productive working age; and that this adversely impacts on the well-being of millions of workers and their families, and on the productivity of nations and their enterprises;
2. HIV and AIDS is not only a health issue, but also as a social and economic and a workplace issue;
3. HIV and AIDS is closely related to decent work and social responsibility;
4. A large number of employees are working in various sectors with high risk to HIV infection and potential as chain of transmission of HIV in community as well;

5. In order to deal effectively with the negative impact of HIV and AIDS, especially stigma and discrimination against people living with HIV, the workplace must take action;
6. Workplaces would benefit from guidance on their role in preventing the transmission of HIV and managing the impact of HIV and AIDS, in ways that can be adapted to meet the growing needs of economies and workplaces throughout ASEAN Member States.

Recalling:

7. ASEAN Declaration of Commitment: Getting to Zero New Infections, Zero Discrimination, Zero AIDS-Related Deaths, which was adopted at the 19<sup>th</sup> ASEAN Summit in November 2011 in Bali, Indonesia;
8. The ASEAN Commitments on HIV and AIDS (2007), through which ASEAN Member States commit themselves to “Put into place necessary legislation and regulations (including workplace policies and programmes) to ensure that persons living with HIV and affected groups are protected and are not subjected to stigma and discrimination”;
9. International Guideline on HIV/AIDS and Human Rights (2006) which notes that “Laws, regulations and collective agreements should be enacted

or reached so as to guarantee workplace rights” related to HIV;

10. The ASEAN Declaration on HIV/AIDS Control (2001) which promotes “the creation of a positive environment in confronting stigma, silence and denial; elimination of discrimination; addressing the prevention, treatment, care and support needs of those in vulnerable groups and people at risk”;
11. The Declaration of Commitment on HIV/AIDS from the UN General Assembly Special Session on HIV/AIDS (2001) in which world leaders commit themselves to “take measures to provide a supportive workplace environment for people living with HIV/AIDS”;
12. ILO Code of Practice on HIV/AIDS and the World of Work (2001) and ILO Recommendation 200-2010 Concerning HIV and AIDS and the World of Work, that encourage application of its key principles to produce “concrete responses at enterprise, community, regional, sectoral, national and international levels” to HIV at the workplace; and
13. Millennium Development Goal 6: Combating HIV and AIDS, Tuberculosis and Malaria adopted in 2000.

Propose to the governments, workers and employers within ASEAN Member States the following essential actions related to HIV and AIDS that enterprises could take

in order to protect the dignity of workers and to promote their health and safety:

14. Promote workplace cooperation, by establishing an HIV/AIDS Committee or integrate the subject of HIV/AIDS into an existing committee (such as Occupational Safety and Health or substance abuse), with participation from workers and management at all levels and people living with HIV, as appropriate, with a view to gender balance. Written workplace policies and/or guidelines through which the SLOM Working Group on HIV Prevention and Control in the Workplace (SLOM-WG-HIV)<sup>2</sup> initiates the following actions, should be developed by this Working Group;
15. Provide a sustainable HIV and AIDS education programme to all workers aimed at value formation behaviour change and non-discrimination, which includes: basic education on ways of HIV transmission; how workers can protect themselves and their families from HIV transmission (by evaluating and reducing their own risk factors); how HIV positive workers can live productive, meaningful lives; and how workers can access

---

<sup>2</sup> The 10<sup>th</sup> Senior Labour Officials Meeting (SLOM) on 19-20 May 2014 in Nay Pyi Taw, Myanmar decided to subsume SLOM-WG-HIV under the ASEAN-Occupational Safety and Health Network (ASEAN-OSHNET) in order to streamline the issue of HIV prevention and control in the workplace under the realm of occupational health.

basic HIV-Related services and commodities in the workplace and in the community;

16. Maintain the confidentiality of all medical records or other related information (including information related to HIV status) and keep such information separate from personnel files; provide access to files only to authorized medical personnel and only release information relating to HIV status upon written approval of the individual worker whose file is in question;
17. Recruit, train and retain workers on the basis of their professional merits, irrespective of their HIV status, as long as qualified and independent medical professionals consider them to be medically fit in available, appropriate work;
18. If the health condition of the workers living with HIV deteriorates or if they have special needs, provide reasonable accommodation<sup>3</sup> in the workplace in consultation with workers who are living with HIV;
19. Prohibit/eliminate the practice of non-promotion and termination based on the HIV/AIDS status of employees;
20. Reduce, with a view towards eliminating, HIV-related stigma and discrimination, including a

---

<sup>3</sup> In accordance with the definition of reasonable accommodation in the ILO Code of Practice on HIV/AIDS and the World of Work

“zero tolerance” policy against spreading rumours related to HIV status, whether real or imagined, and against any action or speech that is discriminatory against another person, based on his/her sex, gender, sexual orientation or sexual behaviour;

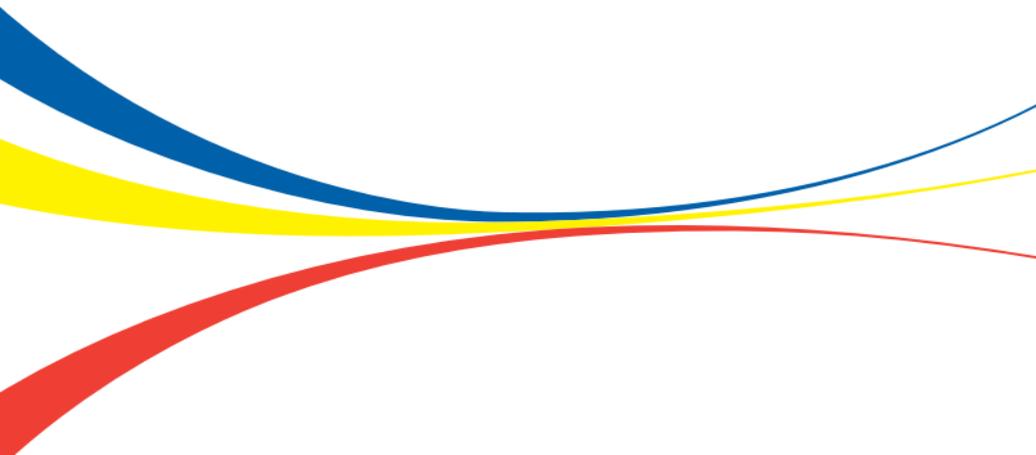
21. Publicise the workplace policy and ensure that it is widely understood and implemented by all workers and management;
22. Promote an environment of solidarity, cooperation and goodwill between all workers and management as well as community regardless of HIV status;
23. Create a healthy and safe working environment, by promoting universal precautions, such as the provision and maintenance of protective equipment and appropriate first aid measures;
24. Monitor, evaluate and share its progress under the HIV and AIDS workplace policy based on a self-evaluation or accreditation system.

The application of the recommendations in these guidelines shall be pursuant to the prevailing legislation and policies of the ASEAN Member States.

---



ASEAN Declaration of  
Commitment: Getting to  
Zero New HIV Infections,  
Zero Discrimination,  
Zero AIDS-Related Deaths





## **ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths**

1. We, the Heads of State/Government of the Association of Southeast Asian Nations (hereinafter referred to as “ASEAN”), namely Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People’s Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam, on the occasion of the 19<sup>th</sup> ASEAN Summit in Bali, Indonesia reviewing comprehensively the progress achieved in the decade since the adoption of the 2001 ASEAN Declaration on AIDS and the implementation of the 2007 ASEAN Commitments on HIV and AIDS;
2. Reaffirming the commitment of ASEAN Member States to accelerate progress in achieving the Millennium Development Goal 6 (MDG 6), which specifically refers to halting and reversing the spread of HIV and AIDS, and other related MDGs by 2015; and the 2010 High Level Plenary Meeting United Nations General Assembly on MDGs entitled: Keeping the Promise: United to Achieve the Millennium Development Goals;
3. Confirming our commitment to Resolutions 66/10 and 67/9 of the 66<sup>th</sup> and 67<sup>th</sup> Sessions of the United Nations Economic and Social Commission for Asia

and the Pacific, respectively, and the outcome of the 2011 United Nations General Assembly High Level Meeting on AIDS entitled, the “Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS” which reaffirmed the 2001 Declaration of Commitments on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and called for efforts to end the epidemic with renewed political will and strong, accountable leadership, and to work in meaningful partnership with all stakeholders at all levels to implement bold and decisive actions;

4. Guided by the ASEAN Charter which entered into force in December 2008, and with a strong commitment to accelerate the establishment of the ASEAN Community by 2015 through the implementation of the Blueprints of the ASEAN Economic Community (AEC), ASEAN Political Security Community (APSC) and the ASEAN Socio-Cultural Community (ASCC);
5. Emphasising that under the ASCC Blueprint, concrete actions have been provided to improve our capability to control communicable diseases including HIV and AIDS, and particularly in reducing the transmission of HIV and the impact of the epidemic on individuals, community and society;
6. Acknowledge the relevant outputs of the 10<sup>th</sup> ASEAN Health Ministers Meeting (AHMM) last July 2010 held in Singapore that outlined goals, targets and activities for the regional collaboration on health, including HIV

and AIDS initiatives through the Strategic Framework on Health Development (2010- 2015);

7. Recalling that accelerated liberalisation of trade will enhance the region's competitiveness and realise welfare gains for our peoples in the long run, and that efforts are also needed to ensure that access to affordable health care is not undermined and health policies will be equitable and pro-poor, as noted in the Declaration of the 7<sup>th</sup> ASEAN Health Ministers Meeting adopted on 22 April 2004;
8. Concerned that the HIV epidemic continues to threaten the realisation of an ASEAN Community, with socio-economic consequences that pose a formidable challenge in our community-building and our efforts to ensure access to affordable health care;
9. Noting the finding from ASEAN's first regional report on HIV and AIDS of 2010 which observed that in the region, the HIV epidemic continues to affect more than 1.5 million people affecting Member States with varying intensity; that HIV prevalence remains high among key affected populations, including sex workers and their clients, people who inject drugs, and men who have sex with men and transgender population, while other populations continue to be vulnerable (such as partners/spouses of key affected populations, migrant and mobile populations, children and youth, women and girls, people in correctional institutions, and specific occupational groups like uniformed services, people in conflict and disaster-affected

areas), and that to be effective, AIDS responses must deliver focused, evidence-informed interventions that address the particular risks and vulnerabilities faced by these populations;

10. Welcoming the finding that progress has been made in the region in the AIDS response, and that in some of the Members States the number of new HIV infections has declined with combined implementation of proven evidence-based interventions in prevention, treatment and care; noting the reduction in HIV prevalence rates in Cambodia, Myanmar and Thailand; noting also the efforts of other Member States on harm reduction, comprehensive condom use programming; use of TRIPS flexibilities and other prevention, treatment, care and support initiatives;
11. Welcoming the findings of recent studies that demonstrate that access to HIV treatment significantly reduces the risk of HIV transmission to a partner; and, that access to affordable medicines in the context of epidemics such as HIV is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical, social and mental health;
12. Concerned that intellectual property, trade policy barriers and social aspects such as stigma and discrimination, are hindering prevention activities on HIV and AIDS, access to HIV treatments and treatments for co-infections and opportunistic infections, as well as pose as serious threats to the

quality of life and livelihood of people living with and affected by HIV;

13. Further acknowledging that the number of HIV infections could have been averted among newborn children with the implementation-proven strategy on prevention of mother-to-child transmission;
14. Realising that an effective response to HIV requires relentless efforts and continued commitment by all stakeholders in implementing comprehensive responses to prevent and reduce the number of new infections, and to provide appropriate treatment, care and support to key affected populations and other vulnerable groups;
15. Concerned that women and girls account for a high proportion of new infections, recall our commitment to the declarations and the outcomes of conferences on women and children such as the UN General Assembly Resolution 48/104, 1993 on the Declaration on the Elimination of Violence Against Women; the Beijing Declaration on the Fourth Conference on Women; the Beijing Plus Five; and, the Hanoi Call to Action for Children and HIV/AIDS in East Asia and Pacific Region, 2006, that aimed to undertake further responses.

Do hereby declare and renew our commitments to:

16. Work towards an ASEAN with Zero New HIV Infections, Zero Discrimination and Zero HIV-Related Deaths by:
  - a. Reducing sexual transmission of HIV by 50 percent by 2015;
  - b. Reducing transmission of HIV among people who inject drugs by 50 per cent by 2015;
  - c. Scaling up antiretroviral treatment, care and support to achieve 80 percent coverage for people living with HIV who are eligible for treatment, based on WHO HIV treatment guidelines;
  - d. Eliminating new HIV infections among children and substantially reducing AIDS-related maternal deaths by 2015; and
  - e. Reducing by 50 percent tuberculosis deaths among people living with HIV.
17. Commit to work towards zero new HIV infections in ASEAN through the following:
  - a. Acknowledge that prevention is the cornerstone of regional, national and international HIV responses and ensure that adequate financial resources are provided for scaling up evidence-based and targeted prevention programmes for key populations-at-risk;

- b. Ensure that national prevention strategies comprehensively target populations at higher risk, such as people who use drugs, sex workers, and men having sex with men, including transgender people, and that systems of data collection and analysis about these populations are strengthened;
- c. Develop and scale up community-led HIV prevention services to reduce sexual transmission of HIV and to address stigma and discrimination;
- d. Implement and expand risk and harm reduction programmes, where appropriate and applicable, for people who use drugs, taking into account the World Health Organization, United Nations Office on Drugs and Crime and UNAIDS Technical Guide for countries to set targets for universal access to HIV Prevention, treatment and care for injecting drug users in accordance with national legislations;
- e. Accelerate efforts to virtually eliminate parent-to-child transmission of HIV and preventing new paediatric HIV infections and eliminate congenital syphilis by 2015;
- f. Encourage and support the active involvement of key affected populations and vulnerable groups including young people, civil society and other community representatives as well as local governments in planning, implementing and evaluating responses;

- g. Promote access to timely and effective anti-retroviral treatment, as prevention strategy;
  - h. Address the social protection, sexual and health needs of key affected and vulnerable populations; and
  - i. Expand and promote access to HIV testing, including provider-initiated HIV testing that is voluntary, confidential and rights-based.
18. Commit to work towards Zero AIDS-Related Deaths through the following:
- a. Accelerate efforts to achieve the goal of universal access to antiretroviral treatment by 2015, with the target of 80 percent coverage of people living with HIV who are eligible, based on World Health Organization HIV treatment guidelines to increase life expectancy and the quality of life;
  - b. By 2015 improve treatment coverage, equity, effectiveness and efficiency by:
    - i. Fully implementing the most recent WHO guidelines and adopting the Treatment 2.0 approach that includes point of care diagnostics and treatment monitoring, decentralised and simplified service delivery and involvement of PLHA networks in service delivery;
    - ii. Addressing key obstacles such as drug stock-outs, financial barriers, stigma in health

services, loss to patient follow-up, and access barriers for migrant and refugee populations;

iii. Securing and expanding access to affordable and effective HIV diagnostics, ARV and OI drugs, through the full use of existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement, which are specifically geared to promoting access to and trade of medicines, including in particular the use of compulsory licensing to enable manufacturing or parallel importation of generic drugs;

iv. Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help reduce costs associated with life-long chronic care;

c. Expand efforts to combat HIV co-morbidities such as tuberculosis and hepatitis through integrated delivery of HIV and tuberculosis services in line with the Global Plan to Stop TB 2011-2015; developing as soon as practicable approaches of prevention and treatment of hepatitis C; and rapidly expanding access to appropriate vaccination for hepatitis B.

19. Commit to work toward Zero HIV-Related Discrimination through the following:

a. Promote the health, dignity and human rights of people living with HIV and key affected

populations by promoting legal, political and social environments that enable HIV responses, including by establishing multi-stakeholder partnerships among the health sector, law enforcement and public security, academia, faith-based leaders, local government leaders, parliamentarians, workplace, civil society and other relevant stakeholders, with a view to removing legal and punitive barriers to an effective response, and to reduce stigma and discrimination;

- b. Initiate as appropriate, in line with national priorities a review of national laws, policies and practices to enable the full achievement of universal access targets with a view of eliminating all forms of discrimination against people at risk of infection, living with HIV and key affected populations;
  - c. Pledge to eliminate gender inequalities and gender-based abuse and violence especially by protecting and promoting the rights of women and adolescent girls, strengthening national social and child protection systems, empowering women and young people to protect themselves from HIV, and have access to health services, including, inter alia, sexual and reproductive health, as well as full access to, comprehensive information and education.
20. Commit to ensuring financial sustainability, national ownership and leadership for improved regional

and national responses to HIV through the following actions to take forward our commitments:

- a. Develop, update and implement evidence-based, comprehensive, country-led national strategic plans and establish strategic and operational partnerships with stakeholders at the national and community levels to scale up HIV prevention, treatment, care and support by 2015;
- b. Mobilise a greater proportion of domestic resources for the AIDS response in line with national priorities, from traditional sources as well as through innovative financing mechanisms, in the spirit of shared responsibility and national ownership and to ensure sustainability of the response;
- c. Reduce inefficiencies in national responses by prioritizing high impact interventions, reducing service delivery costs, and streamlining monitoring, evaluation and reporting systems to focus on impact, outcomes, cost-efficiency and cost-effectiveness;
- d. Strengthen the mechanisms of South-South collaboration, especially ASEAN to ASEAN sharing of expertise, inter-regional cooperation, in the provision of technical assistance and support to build capacity at the regional and national levels;
- e. Strengthen the role of ASEAN bodies responsible for health, that is, the ASEAN Health Ministers Meeting, Senior Officials Meeting on Health

Development and the ASEAN Task Force on AIDS in enhancing cross-sectoral and multi-stakeholders coordination by facilitating the meaningful participation of all relevant key stakeholders, including that of public and private sector, and under the coordination of the ASEAN Socio-Cultural Community Council, with the view to effectively implement regional responses to HIV consistent with ASEAN's regional and international commitments;

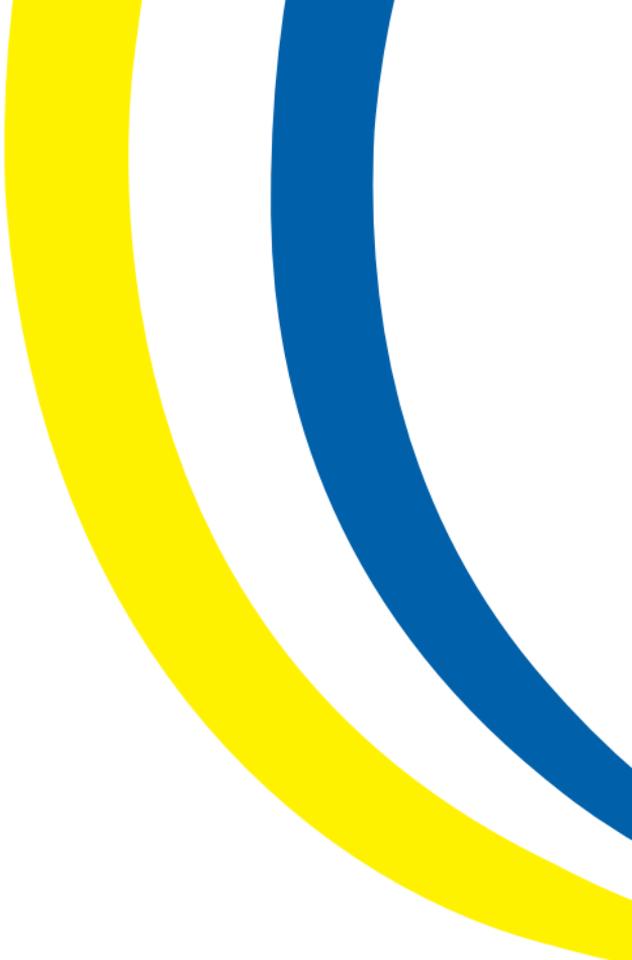
- f. Tasks the relevant ASEAN bodies responsible for health to effectively implement the Fourth ASEAN Work Programme on HIV which was adopted by the ASEAN Health Ministers;
  - g. Continue to support Global Fund to Fight AIDS, Tuberculosis and Malaria as a pivotal mechanism for achieving access to prevention, treatment, care and support by 2015; recognize the programme for reform of the Global Fund, and encourage Member States, ASEAN Dialogue Partners, the private sector, business community, including foundations and philanthropists to provide the highest level of support for the Global Fund, taking into account the funding targets to be identified at the 2012 midterm review of the Global Fund replenishment.
21. Task the concerned ASEAN Sectoral Ministerial Bodies as well as other relevant bodies to implement this Declaration including mobilising resources, and monitor its progress; Encourage all ASEAN Member

States to support these ASEAN Sectoral Bodies in accomplishing this Declaration through maximum efforts by such appropriate instruments as may be necessary and consistent with their respective national laws and policies.

Adopted in Bali, Indonesia, this Seventeenth Day of November in the Year Two Thousand and Eleven in a single original copy, in the English language.

---





ASEAN: A Community of Opportunities

 ASEAN

 ASEAN

 @ASEAN

 [www.asean.org](http://www.asean.org)

