

IV. Proposal to address HIV/AIDS among Businesses through Multi-sectoral Collaboration

A. Proposal to Address HIV/AIDS among Workers

1) Multi-sectoral framework

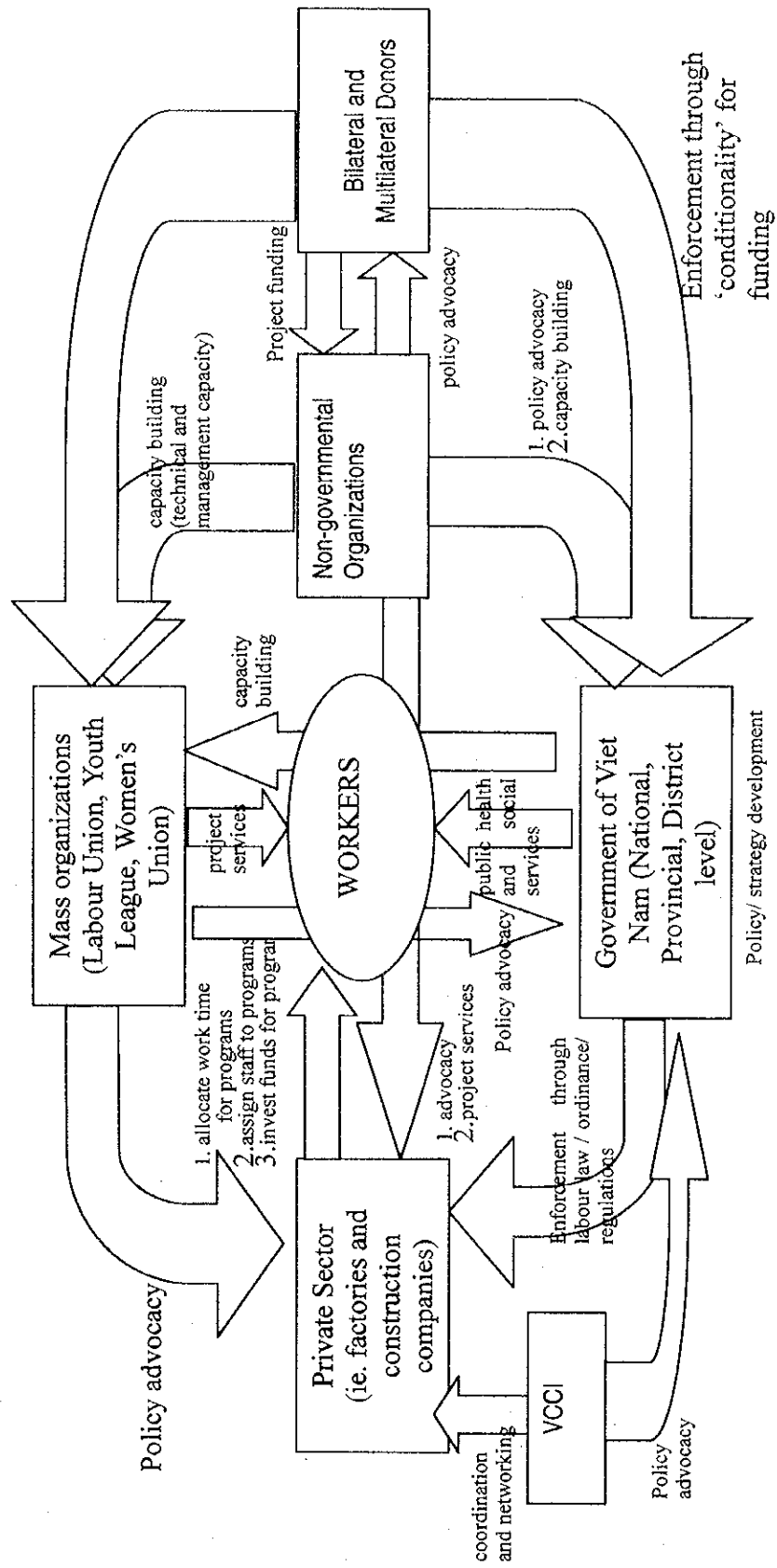
The focus of this research has been on the workers, mainly in the secondary sector such as factory and construction workers. In comparison to IDUs and CSWs, the rates of infection may not be alarming at present. However, the behaviour patterns of mobile workers in particular lead us to believe that the risks of infection are high. In addition, the fact that large numbers of workers are coming together in factories and at other work sites presents a unique opportunity for HIV/AIDS prevention and education activities and interventions. Employers and work based organisations can play a key role in the battle against HIV/AIDS.

HIV/AIDS is first and foremost an issue that affects the health, economic situation, and social life of the individual that has contracted the virus as well as his/her family. However, the implications are greater; when groups of workers are affected, it becomes a serious issue for the region, and the country as whole.

The Government of Viet Nam has begun to take measures to address the issue, such as setting up of policies and establishment of institutional structures. Mass organizations such as Trade Unions and Youth Unions have also been engaging actively in addressing HIV/AIDS among the workers on the ground. NGOs have been experimenting with various models to promote IEC in the workplace and providing technical assistance to company managers. Several companies are implementing HIV/AIDS programmes with the help of mass organizations and NGOs. The donor community has been channeling resources to support HIV/AIDS related initiatives on a large scale.

While there seems to be serious commitment from many of the stakeholders in addressing HIV/AIDS among workers in Viet Nam, coordination among them has not been very systematic. In this section, a multi-sectoral model will be proposed to enhance collaboration to achieve greater impact. A diagram will be presented in the beginning to demonstrate the model in visual form. (Figure 12) The same model will then be explained verbally, in terms of the specific roles and responsibilities of each stakeholder, and the relationships among the various actors. This section aims to provide an overview, which will be further pursued in the section on specific programme/ project ideas to be implemented through this collaborative framework.

Figure 12 Multi-sectoral Collaboration Diagram



2) Government sector: *'creating an enabling environment and enforcing compliance'*

The Government of a nation shoulders the dual burden of increased costs of treatment and care, as well as reduced economic growth. The Government of Viet Nam has recognized the affects of HIV/AIDS epidemic on the labor force as well as its potential consequences on the national economy⁵¹.

The Government of Viet Nam has demonstrated a high level of commitment, as shown in the establishment of the NAC and further renewal of the national level coordination group into the NADPC. The Government has a central role in setting the general direction of nation wide efforts to combat HIV/AIDS and ensuring that the multi-sectoral framework is established and functions effectively. It cannot be denied that success depends to a large extent on the political will of the diverse stakeholders as well as the appropriate incentive and enforcement mechanism set up by the government of Viet Nam. Moreover, with the restructuring of government institutions involved in addressing the issue of HIV/AIDS and the shift from NAC to NADPC, there is a great deal of expectation for improved coordination among the various institutions⁵².

General recommendations:

- a) The Government (especially in a country where many of the companies are state-owned) is in a position to create an enabling environment through the provision of incentives for the private sector in order to encourage their involvement in addressing the issue in the workplace. One critical role the government could play is to support the Viet Nam Business Community Mobilization for HIV/AIDS Prevention and Control (VBMA) and similar initiatives through both financial and technical assistance. Incentives may take form of financial arrangements, such as approving the incorporation of HIV/AIDS programme costs in the price of goods. (see Specific recommendations c)
- b) Regulations and punitive measures to enforce compliance must be combined with the above incentives. The work has already begun, with the issuing of the ordinance on HIV/AIDS awareness programmes in the workplace. However, the development of the guidance for implementation and dissemination process needs to be taken further in terms of adoption at the company level and to allow for these regulations and measures to demonstrate its effectiveness. Members of the NADPC are key actors in achieving this task.
- c) Define a strategy to achieve the common goal for the various agencies in the newly restructured NADPC. The new structure attempts to create better collaboration among key agencies that may not necessarily have a similar perspective on how to address HIV/AIDS in the workplace. A prime example would be the relationship between the

⁵¹ World Bank Report 1993: *Investing in Health*

⁵² MOH, MOLISA, MOET, MPI, MOCI, MPS, MOF, MOD, MOJ, MOFA, General Department of Tourism, Women's Union, Youth Union, Federation of Trade Union, Peasant's Association, Viet Nam Red Cross Society, and The Fatherland Front.

two agencies, Ministry of Health and the Ministry of Public Securities with seemingly conflicting view points.⁵³

- d) Define clearly the roles and responsibilities and lines of communication under the new structure and ensure that each institution understands and accepts its mandate. As the new structure was established in May, 2000 and Viet Nam is currently in a phase of transition, it is critical for each institution to realize what they are expected to do and how they are to relate to one another. This will prevent confusion and lead to reduced inefficiencies.

Specific recommendations

- a) The NADPC has been directed by the Government of Vietnam to take the lead role in coordinating multi-sectoral agencies and creating policy at the national level. The role of the NADPC in day - to - day activities are limited due to the fact that they come together only twice a year. The NADCP should be supported by international donors in its efforts to map out HIV/AIDS strategy for the country as a whole, based on empirical evidence and recommendations presented by NASB and in the process, proactively solicit input from the stakeholders, including businesses, NGOs, mass organizations, and donors.
- b) The NASB needs to be supported in its work of developing and disseminating government decree and guidance, implementing programmes and compiling lessons learned to feed back into policy recommendations to NADPC. The NASB should continue to work closely with provincial level authorities such as PACs, and the Provincial People's Committee to obtain feedback on the initiatives implemented. Moreover, partnerships with mass organizations as well as NGOs will be vital in the process, as they are on the ground implementing programmes and possess a vast amount of empirical information and experience.
- c) MOF to provide financial incentives for companies to invest in workers by allowing worker safety and health programme related expenses (ie.STD and HIV/AIDS programmes) to be recovered by the companies.. One of the major obstacles mentioned by manufacturing companies in investing in HIV/AIDS programmes was limited financial incentive. For the purpose of ensuring that companies are able to recover the costs of HIV/AIDS awareness programmes and to prevent dependency on external funding, MOF must work closely with the private sector to determine the best incentive and mechanism to increase their investment.⁵⁴
- d) MOLISA (National level) to consider including provisions for HIV/AIDS in health

⁵³ Ministry of Health views HIV/AIDS as a serious problem that needs to be addressed immediately through the promotion of preventive measures such as condom use, and the Ministry of Public Securities is responsible for curbing drug use and prostitution.

⁵⁴ During the research, it was found that under the current regulation, companies are not permitted to report funds spent on such programmes as 'expenditures'. It is recommended that the Government consider the possibility of incorporating such costs in its formula of cost calculation.

insurance and social insurance policies, and mandating companies to cover all workers under short, medium, or long contracts.⁵⁵ DOLISA (Provincial level) to place monitoring and enforcement mechanism as per labour law. DOLISA is the only agency that has been empowered to penalize companies according to Vietnamese law and regulations and suspend operations at work sites. It must recognize this unique and very important role in protecting workers' rights, and take on a proactive role in HIV/AIDS prevention among workers. Mass organizations would be effective partners in monitoring this role.

- e) MOH to continue to support PACs/ PHCs to incorporate HIV/AIDS prevention and care and surveillance activities into its programmes and improve health services. In addition to reinforcing the current preventive activities, behavior change surveillance system (BCS) should be implemented, particularly at provinces reported to have large numbers of high risk groups and mobile workforce. The promotion of condom use should be targeted to areas consistent with an analysis of their behaviour patterns; in the case of mobile populations, non-traditional outlets such as condom cafes, cigarette vendors, and other hotspots to carry and sell condoms. The Department of Public Security must be involved in such initiatives to ensure there is support.

3) Mass organizations: *'advocating for the worker's rights and working with them on the ground'*

Mass organizations in Viet Nam have a vast network that stretches across sectors as well as all levels, and have a central role in communicating directly with the workers. Trade Union/Youth Union⁵⁶/Women's Union exist throughout the country, and have been engaged extensively or have expressed strong interest in addressing HIV/AIDS issues among workers. In particular, some Trade Unions have set up Social Activity Centres to be responsible for HIV/AIDS programming, and further assigned personnel in the Women's Group to work on HIV/AIDS issues. Experiences which they have accumulated, and their enthusiasm to tackle the problems that affect their constituencies are ideal conditions for effectively combining forces to address HIV/AIDS among workers.

General Recommendations:

- a) Monitor working conditions and advocate for the rights of the workers to prevent health workers from contracting HIV, and to promote the social acceptance of workers with HIV/AIDS in the company. The primary role of mass organizations is to protect the rights of workers by representing the members' interests and ensuring that they are heard. Their responsibility would be to study HIV/AIDS policies, ordinance and guidance of the government as well as the HIV/AIDS policies of the companies themselves and monitor whether they are being applied. As they do not have the authority to enforce compliance, they must work closely with DOLISA to ensure that the claims are further investigated and appropriate measures are taken.

⁵⁵ requirements for companies may need to differ between factory and construction workers

⁵⁶ 100% of state owned companies have Youth Unions, and approximately 10% private companies have them

- b) Be supported in utilizing its nationwide network to continue implementing HIV/AIDS prevention campaigns. Human and material resources as well as lessons learned from implementing programmes at different levels may be shared to improve the quality of the services to its members. NGOs will be able to assist in compiling documentation and organizing cross-sharing opportunities. Mass organizations may also capitalize on its complementarity focus HIV/AIDS programmes on specific target groups.
- c) Combine financial resources from both the Federal, Provincial and company unions and from external sources such as foreign donors to effectively address HIV/AIDS among the workers. It is important to note that the external funds should not be regarded as long-term subsidies for the companies and unions. Funding could be utilized to pilot or experiment with new approaches, but once the model has been established, the unions must invest its own resources from the Federal, Provincial or company level to expand the programme on a wider scale.
- d) Ensure that unions, particularly Youth Unions and Trade Unions are strengthened to serve mobile workers who have a higher levels of vulnerability towards HIV/AIDS. While unions are set up and function fairly well in factories with stable worker populations, it is more difficult for unions to function in the construction sites where workers often come from different provinces and have varying contract periods.
- e) Strengthen its sub-unit within the organization that specifically address HIV/AIDS. The Trade Union in several Provinces have already assigned the Centre for Social Activities to plan and implement HIV/AIDS activities in the workplace, and some have already produced guidelines. The Women's Group within the Trade Union has also taken on an important role in companies with many women workers. These initiatives should be supported and expanded.

Specific Recommendations:

- a) Trade Union to utilize both federal funds allocated to the local Trade Union and the company Trade Union Fund to more effectively conduct HIV/AIDS programmes.
- b) Youth Union leaders to mobilize young workers and plan and implement programmes targeted towards young workers. As the Youth Union (covering the age group 15-30 year old) has the ability to reach young workers who are in the prime of their productivity, it is critical for them to develop and conduct activities that appeal to the younger population. Sub-units within the Youth Union must be strengthened and given the role of organizing sports and music events that would be effective in communicating key HIV/AIDS messages to the young workers. Aside from the companies that employ the workers, companies which target the young population to market their products may be approached to sponsor events.
- c) Women's Union to support HIV/AIDS programmes in the workplace where there are large groups of female workers. They may take on a role in linking worker-focused initiatives with the on-going HIV/AIDS programmes targeted at CSWs and their

clients (many of who are mobile workers).

4) Private sector: 'investing in the workers = investing in the company'

The most critical condition for success in addressing HIV/AIDS issues among the workplace is the depth of understanding and level of commitment by the business owners themselves. They are in a position to make decisions regarding the allocation of the human and financial resources within the companies. Business leaders are far more likely to believe the words of other similar business leaders, and thus opportunities for exchange between the business leaders must be increased to expose key persons in the private sector to 'success stories'. There is an important role for the VCCI and NGOs in facilitating this process.

- a) Investment in HIV/AIDS prevention and care:
 - human resources: time of staff in implementing HIV/AIDS prevention and care programmes, and time of workers (allow them to attend training/ workshops during work hours)
 - financial resources: greater contribution by the companies in allocating resources to cover the costs of implementing HIV/AIDS activities⁵⁷.
- b) Share experiences and information among the business community through the VCCI. Programmes to address HIV/AIDS in the workplace cannot be implemented in isolation from one-another. For example, mobile workers are by nature likely to move from one location to another, seeking employment, perhaps similar type of work but not necessarily in the same company. Therefore, promoting HIV/AIDS programming in the private sector as a whole (and not just for own company) has indirect benefits for all companies, as they would reduce individual company level risk to the negative affects of the disease in terms of productivity.
- c) Develop and adopt HIV/AIDS policies in the workplace based on and consistent with the Government of Viet Nam ordinance and guidance. While it is obvious that a close partnership must be formed with Government counterparts such as the NASB, several NGOs have experience in assisting businesses in the process, particularly during the transition period.
- d) Integrate STD/HIV/AIDS prevention and care activities into its regular operations and corporate structure to ensure effectiveness as well as institutional and financial sustainability. Rather than invest large resources in creating a new structure, the more reasonable approach would be to take a step-by-step process. Utilizing existing structures will be important in the initial stages, such as incorporating STD/HIV/AIDS training into existing health and social programmes currently conducted by the companies.

⁵⁷ initial funds may be provided by external source ie. government or NGO, but later on must be covered by the companies themselves (after a few years) in order to ensure the financial sustainability of the programmes

- e) Develop and apply own measures of success from the business perspective, to determine effectiveness of the programme. As 'impact' or 'success' as viewed by the companies that are interested in financial performance may be slightly different from what would be considered 'effectiveness' by the mass organizations representing the workers. These could be developed side by side to allow each stakeholder to enhance their understanding of the motivations of others and to recognize these critical differences but collaborate to achieve them collectively.
- f) VCCI to continue sharing information and experiences through networking, workshops and seminars (VBMA may be considered a potential body to coordinate efforts). HIV/AIDS programming in the private sector is relatively new and not necessarily widely accepted by corporations at present. Therefore, the VCCI has a very important role in increasing awareness among business leaders by conveying the benefits of addressing HIV/AIDS in the workplace from a business point of view (cost – benefit analysis: worker motivation and health conditions leading to productivity increase), as well as providing ideas and information on effective models. Workshops convened by VCCI may be conducted with the assistance of NGOs and with PAC.

5) NGOs: *'facilitating the process and building capacity'*

While NGOs have a multiple role in promoting initiatives to address HIV/AIDS among workers in Viet Nam, the focus should be on facilitating the process (including enhancing relationships⁵⁸) and building capacity among the diverse stakeholders. All, if not most NGOs operating in Viet Nam are international NGOs, and have a temporary presence in the country and naturally, the services provided by NGOs will not and should not continue indefinitely. Yet, the impact of the assistance is expected to last for a long time. Thus, NGOs must make a concerted effort to place its resources in areas that are likely to have sustainable impact.

Furthermore, NGOs in Viet Nam possess extensive experience in HIV/AIDS programming as well as capacity building. Unless this international experience is matched well with local conditions (ie. the state of the epidemic, health infrastructure, political - economic set up), NGOs cannot be effective in addressing the issue in Viet Nam. Governments, mass organizations, and the private sector not only possess the knowledge, but also can take on a central role in developing the most appropriate and effective strategy for their own country. The responsibility of NGOs is not to determine the strategy for them but assist them in formulating and executing this strategy.

- a) Facilitate and promote linkages between stakeholders at different levels. While it is difficult for mass organizations to allocate funds to programmes that are not targeted directly at the workers, NGOs are able to design and implement programmes that either incorporate or completely focus on building linkages among stakeholders. It is recognized that enhanced relationships between the government, mass organizations, companies, and NGOs will allow more efficient flows of information and learning,

⁵⁸ Relationships can be defined in terms of vertical relationships such as the national, provincial, district, commune or lateral relationships such as donors, research institutions, government, etc.

reduce redundancy and lead to improved services for the workers. More and more donors recognize the importance of institutional strengthening, and are providing NGOs with funding to carry out such activities.

- b) Build capacity at relevant levels of the organizations and agencies involved through diverse methods including as training as well as process involvement. While training needs assessment would be necessary to identify specific topics and curriculum and methodologies, it must be noted that training should address both technical (ie. training of trainers in IEC methods, knowledge on HIV/AIDS and prevention) and management aspects (ie. planning, monitoring). Formal training may not be appropriate for developing capacity in improving collaboration and networking. Process learning would be more effective, and joint workshops could be conducted to encourage greater understanding and dialogue between all stakeholders.
- c) Policy advocacy towards the Government of Viet Nam, business leaders, and the donor community. Advocacy towards the Government would focus on the creation of incentives and penalties to ensure that private sectors comply with regulations. NGOs may be able to communicate to the relevant government agencies what motivates businesses, as well as convey the concerns businesses may have in implementing HIV/AIDS in the workplace. Business leaders must be made aware and encouraged to become actively involved in addressing HIV/AIDS among workers. Workshops organized by NGOs in collaboration with the VCCI and participated in by companies with successful models could facilitate this. Obtaining the support of donors is necessary to securing resources to invest in such initiatives on a mid- to long-term basis. In this respect, jointly setting priorities for resources allocation in Viet Nam with donors and the Government will be a critical step. Furthermore, NGOs may work with mass organizations to appeal to both the donor and recipient governments to agree to place conditions in the bilateral agreements to ensure HIV/AIDS issues are dealt with appropriately in large-scale infrastructure projects.
- d) Introduce successful models for STD/HIV/AIDS programme approaches and design innovative programming. While it has already been noted that facilitation and capacity building are the two most important roles of NGOs, direct involvement in programmes through partnerships with mass organizations and companies must also continue primarily for three reasons. The first is to accumulate lessons learned to develop and refine programme models for adoption on a larger scale. The second is to gain insight into the realities of programming on the ground and identify capacity gaps to determine the appropriate type and level of support. Lastly, NGOs will be able to obtain greater understanding of the link between field level programming and policies and provide input into policy making.

6) Donors: *'providing resources to initiate the process'*

Donors play a critical part in providing resources to support the establishment and functioning of the multisectoral collaboration framework and simultaneously the implementation of specific programmes and projects. Due to the large financial resources of some

donors, they may have significant influence on initiatives to address HIV/AIDS. It must be noted that initiatives for both HIV/AIDS specific programmes implemented by mass organizations and NGOs and incorporating HIV/AIDS components into large-scale bilateral projects is ideal for creating optimum effect. The following are factors that need to be taken into consideration in setting funding priorities as well as determining disbursement routes.

- a) Improve coordination among the donor community. With greater interest among donors in HIV/AIDS and infectious diseases, increased size of funding may not necessarily lead to improved results of programmes unless donors are able to allocate funds in a manner that complement each other. The funding coordination meeting could be attended by representatives from all sectors, and take place twice a year, once to review progress to date, and once to discuss allocation of funding for the following year.⁵⁹ Various funding schemes may have different goals and mechanisms, and donors are responsible for communicating with the implementing organizations and agencies regarding available schemes, so they are able to utilize these resources. UNAIDS has the potential to become the central body for collaboration among donors, with its vast network of UN agencies and other multilateral donors, as well as bilateral donors.
- b) Identify and select appropriate partner/ counterparts for collaboration. With increased size of funding and number of programmes, careful consideration is needed to avoid the centralization of resources and work overload of certain agencies, such as the NADPC. Donors and NGOs alike must understand fully the role of each agency in the new NADPC structure, and also consult with the NASB on which level/ agency would be the most appropriate partner for the particular initiative in mind.
- c) Ensure that HIV/AIDS issues are addressed in large-scale infrastructure projects involving migrant or mobile workers. Specific measures would include socio-economic analysis of HIV/AIDS impact at during the construction phase as well as post-project completion in the project development studies and feasibility studies. An effective tool to enforce compliance is the inclusion of a provision in the contract that obligates the contractor to allocate a certain amount of resource (time and funds) to addressing HIV/AIDS on the construction sites.⁶⁰ The clause must clearly specify the responsibilities of the contracting party and mention the need for working with relevant bodies such as mass organizations and NGOs to develop and implement HIV/AIDS programmes to promote awareness, prevention and care. HIV/AIDS pro-

⁵⁹ a new consortium may need to be set up if the existing forums such as the HIV/AIDS Group Meetings and HIV/AIDS Coordination Meetings are not appropriate.

⁶⁰ The European Commission has produced a document titled 'Considering HIV/AIDS in Development Assistance: A Toolkit', for the purpose of helping to reduce the spread of HIV/AIDS in development cooperation projects. Document 3 talks specifically of HIV/AIDS in the transport sector; Document 4 provides Guidelines for Including HIV/AIDS in Project Cycle Management; Document 5 outlines very clear and detailed steps for Including HIV/AIDS in Consultants' Terms of Reference. The ADB has included an HIV/AIDS clause under the Health and Medical Facilities section in certain contracts, but the phrase and words used are not sufficiently specific to ensure compliance.

gramming may be made mandatory by listing specific inputs as provisional items. Moreover, it is necessary to set up a mechanism to monitor and enforce the compliance of the contractors. An agency such as PAC/PHC could collaborate with the contract management consulting firm to report to the donor and confirm compliance or non-compliance, and in addition suggest measures to improve the situation. DOLISA which has been mandated and given the power to penalize companies that do not comply with labour law will also need to be involved.

B. Programme and Project Ideas

The HIV/AIDS pandemic has a great impact on a country's labour force and subsequently on the development of the national economy. Increasingly stakeholders from a variety of different sectors are becoming aware of the problem and attempting to implement small-scale projects to address it. It is time to implement larger-scale, and comprehensive programmes to confront the pandemic. As individual projects are not always systematic in their approach and often limited in scope, it is necessary for projects to be coordinated to avoid duplication and encourage a cohesive response to the problem. This section aims to provide a model for such a programme.

As stated earlier, maintaining, strengthening and developing collaboration among concerned parties is a key factor in determining success. Therefore, the programme as outlined in this paper considers the roles and responsibilities of all relevant stakeholders from the private and public sectors.

The nature of the HIV/AIDS pandemic requires that the programmes be designed taking into consideration long-term interventions that focus on both prevention of new cases and care for those effected.

It must be noted that the programme components described in this section are ideas that will need to be further explored through a more detailed project design process prior to implementation. The intention here is to provide a general recommendation on what aspects need to be considered in developing a project. Specific strategies, activities and methodologies will most likely need to be adjusted to the local context.

1) The programme framework:

	Narrative	Indicators
Goal:	To ensure the wellbeing of workers in Viet Nam	<ul style="list-style-type: none"> - workers' health has improved - workers' social life has improved - workers' economic condition has improved
Objectives	<p>1.To prevent new cases of HIV among workers</p> <p>2.To improve the physical/social/economic conditions of people living with HIV/AIDS (PLWHA)</p>	<ul style="list-style-type: none"> - STD/HIV/AIDS infection rate is reduced - symptoms of PLWHAs are reduced - PLWHAs are socially accepted (in community or at workplace) - PLWHAs have job security
Outputs	<p>1.1 workers use safe practice</p> <p>1.2 workers who are HIV(-) utilize medical service</p> <p>2.1 H(+) workers utilize health/medical service</p> <p>2.2 H(+) workers are able to exercise their right (in terms of legal protection in workplace)</p> <p>2.3 workers in general accept the HIV(+) workers in the workplace</p>	<ul style="list-style-type: none"> - proper condom use and safe practice - number of times H(-) workers access/use services (in company outside of company), medical care, counselling, etc - number of times H (+)workers access/ use services - if non-compliance by company, seek assistance of government or mass organizations - reduced marginalization and discrimination as perceived by PLWHAs
Activities	<p>1.1 provide H(-) workers with knowledge and skills for HIV/AIDS prevention</p> <p>1.2 provide H(-) workers with reliable STD/HIV/STD prevention, and counseling service</p> <p>2.1 provide H(+) workers with treatment and care service</p> <p>2.2 provide H(+) workers with economic protection in the workplace</p> <p>2.3 conduct HIV/AIDS related social activities</p>	<ul style="list-style-type: none"> - number of training conducted - number of participants - level of increase in knowledge - level of increase in skill - number and type of service set up(e.g. prevention programme, treatment centers and facilities, counselling center) - number and type of service set up - legal protection (e.g. hiring, firing policies) - number and type of social activities conducted to promote H(+) worker acceptance in workplace

2) Strategies:

In order to achieve the programme's objectives, the following major strategies should be considered:

- i. Create a system to mobilise and effectively combine resources and technical assistance from the government, businesses, NGOs and donor agencies.
- ii. Strengthen the capacity of central and local governments to develop and implement laws, ordinances, and policies on HIV/AIDS prevention among the business sector.
- iii. Develop strategic linkages with business groups to develop ongoing dialogue regarding HIV/AIDS, and demonstrate to businesses and business groups (ie. Chambers of Commerce and VCCI) the costs and benefits of implementing HIV/AIDS initiatives.
- iv. Apply effective and innovative approaches that take into consideration the needs of target groups.
- v. Implement different approaches depending on the characteristics of the target groups, such as factory workers or construction workers.
- vi. Undertake continuous monitoring, and review of the effectiveness of HIV/AIDS initiatives, and refine the model accordingly for expansion or adoption in other areas

3) Programme components

From the above framework and strategies, the programme can be designed and implemented through several components. It is preferable that these components be implemented as a comprehensive package, but may be dealt with separately or in various combinations.

a) Development of legal framework for HIV/AIDS prevention in the business sector

i. Logical Framework

Objective	Activities	Indicators	Major assumptions
To protect the rights of workers in HIV/AIDS prevention and care	Further developing and refining the ordinance on HIV/AIDS prevention and control among business	- Ordinance developed - Ordinance issued - Ordinance accepted and applied by businesses	No major changes in government private sector policies
	Developing decrees or guidance for the implementation of the ordinance	- Decree and guidance developed and applied by businesses	No major dropout of business due to market depression
	Establishing monitoring and evaluation systems in line with current legislation.	- National-wide monitoring system developed and functioning - All programmes implemented by businesses monitored and evaluated - Lessons learned available to be shared among stakeholders nationwide and internationally	No major changes in government private sector policies

ii. Methodologies

Based on the existing ordinances for HIV/AIDS prevention and control in Viet Nam in general, ordinance for the business sector will be developed by the NASB and NADPC. Following the ordinance will be specific decrees or guidance for the implementation of the ordinance. The decree should reflect major concerns and provide a clear explanation on the reward and penalty mechanism to be applied to businesses in relation to HIV/AIDS prevention and control. It should also provide clear instructions on accessing technical assistance and resources, as well as on accounting and auditing system in relation to AIDS prevention by MoF.

In conjunction with the development of the ordinance and guidance, a monitoring and evaluation system (MES) for the implementation of the legislation should be developed. The MES will be comprised of authorities from government and mass organisations. The MES should include clear indicators for assessing the process and the effectiveness of programmes implemented by businesses or concerned bodies (communities). In line with the evaluation, a reward - penalty mechanism would ensure that businesses have equal responsibility and benefits in HIV/AIDS prevention for their workers.

iii. Actors and Responsibilities

This component will be implemented mainly by the Government of Viet Nam. Main actors and their responsibilities include:

- NADPC will develop recommendations for the National Assembly in issuing the ordinance and guidance.
- NASB will facilitate the process of developing ordinances and guidance and distributing them. Representatives will be assigned to participate in the MES.
- PAC will contribute to the development of ordinances as well as disseminate these to concerned authorised bodies within its system.
- Mass organisations will, apart from implementing ordinance at the workplaces and grass root level, participate in the MES.
- NGOs will give feedback on the content of ordinance and guidance and their dissemination and MES based on their experiences working with the business sector.

Discussions

Proposal for the development of ordinance for business to confront HIV/AIDS is based on the fact that the serious impact of HIV/AIDS on the nation's development needs to be curbed through the protection of the dynamic and productive workforce. In addition, the ordinance for HIV/AIDS for businesses will enhance the effectiveness of the on-going and future programmes for workers.

The proposal is relevant to all levels of the government. Evidence that the GoV has been developing and adapting several ordinances on HIV/AIDS shows that they are strongly committed. With an ambitious plan for economic development and growth⁶¹ and the realization of HIV/AIDS as a threat to the national economy, this commitment has been demonstrated in the comprehensive plan for HIV/AIDS, which includes the highest levels of the Government (Communist Party, National Assembly and National Army). Furthermore, in recent years, mass media and government efforts have led to greater interest among the general public. Several NGOs have been experimenting with HIV/AIDS programmes in the business sector. The successful development and application of the guidance for businesses can be considered highly feasible and appropriate in terms of timing.

⁶¹ Percentage of set goal for 5 year economic growth plan

b) Business linkages for HIV/AIDS prevention and care

i. Logical Framework

Objective	Activities	Indicators	Major assumptions
To build the institutional capacity of businesses in implementing sustainable HIV/AIDS programmes.	Monitoring and modifying the structure of Business Community Mobilization for AIDS Prevention and Control (VBMA)	VBMA functioning more effectively, businesses participating in activities	VCCI supports the establishment of VBMA
	Expanding the VBMA's activities and networks at regional and provincial levels	3 regional VBMA and relevant provincial VBMA established and functioning	Support from the PAC
	Establishing monitoring and evaluation system for programme implementation	Monitoring and evaluation system established and functioning	Support from the NADPC
	Establishing the technical consultancy group on HIV/AIDS for business sectors	Technical consultancy group established and effectively functioning	NA
	Training the VBMA in programme implementation and management	Programme effectively managed by VBMA	NA
	Sharing expertise among business initiatives on HIV/AIDS at national and international level.	VBMA updated on knowledge and skills for HIV/AIDS programme implementation	No major dropout of business due to market depression

ii. Methodologies

The Vietnam Business Community Mobilization for AIDS Control and Prevention (VBMA) has recently been established in the VCCI. It is important that the body explore options for providing coverage for relevant groups that are most in need of assistance in the area of HIV/AIDS prevention and care (such as sex entertainment industry, health care service for PLWA etc).

At regional and provincial levels, representative bodies of VBMA could be established depending upon the magnitude and speed of industrialisation. Hanoi, Hai Phong, Ho Chi Minh City and several big scale construction projects sites are targeted locations. The structure of regional or provincial VBMA should therefore also be adjusted accordingly. Moreover, although VBMA is structured with consideration to business linkages, there should be specialised institutions delegated to coordinate and to assist business in HIV/AIDS programme activities. A technical consultation group may be established by mobilising existing resources within the government or mass organisations such as NADPC, PAC, MoH, Women's Union and from sound private institution including NGOs.

iii. Actors and Responsibilities

The VCCI will take on a leading role.

- As VBMA is established as an organisation that belongs under the VCCI, the latter is expected to assist the development of systems and strengthen the capacity of the VBMA.
- NASB will support company initiatives and business sector initiatives from the perspective of creating an enabling environment.
- PAC will collaborate with VBMA in its establishment as well as capacity building at the regional level

Discussions

VCCI operates under a membership system, where company representatives share experiences and participate in joint initiatives. It is extremely important that executives of companies that hire migrant workers or companies that provide labourers actively engage in VCCI coordinated HIV/AIDS related activities.

The VBMA, which comes under the supervision of the VCCI, has been identified as a potential body to promote concerted efforts to address HIV/AIDS among the business sector. The assumption here is that their mandate is consistent with the recommendations outlined in this report. As it has only recently been established, the structures and systems are not yet in place and are not fully functioning. The potential for the body to take on the above mentioned responsibilities will need to be explored further.

c) Company leadership and HIV/AIDS initiatives

i. Logical framework

Components	Activities	Indicators	Major assumptions
To sustain business initiatives on HIV/AIDS prevention care	Advocating for HIV/AIDS initiatives among the business leadership	Level of awareness of HIV/AIDS among business leaders increased.	No major dropout of business due to market depression
	Creating enabling environment for business leadership to develop standardised policies and action plans to address HIV/AIDS in the workplace for all businesses in Viet Nam	Policies and action plans on HIV/AIDS are developed, approved and adopted by business leadership.	No major changes in government private sector policies
	Establishing reward- penalty scheme at national and international levels to recognise businesses that demonstrate progress in HIV/AIDS initiatives	Successful businesses are nationally and internationally recognised and used as role models. Businesses are aware of potential penalties.	NA

ii. Methodologies

Convincing businesses of the positive impact of HIV/AIDS on profitability has proven to be key factors for their involvement in developing sustainable projects to protect their employees from HIV/AIDS. The lack of awareness among business leaders in Viet Nam reveal an extensive need for such a strategy. Workshops, forums, study tours, mass media involvement or continuous provision of updated information are among methods to heighten the awareness of the leaders. Business leaders should also be provided with a mechanism to transfer their knowledge into practice i.e. developing policies and actions for HIV/AIDS prevention in their workforces. Official training or on-the-job training on technical and managerial issues should be considered priorities.

Another common but important aspect is business concern about corporate image recognition. There should be an official reward scheme for businesses that demonstrate progress in HIV/AIDS prevention and management. This is practical and feasible. The Elderman Health AIDS and Employment Awards for European, organised by European AIDS and Enterprise network (EAEN) is an excellent example. As identified in these research findings, most of the companies involved in HIV/AIDS work expressed their interest in the expectation that the public will recognise their efforts. The fact that recognition was given by the NADPC has encouraged these initiatives to continue.

iii. Actors and responsibilities

The component should involve these key stakeholders

- NASB⁶² will facilitate the involvement of businesses, and communicate the process and report the established policies to Viet Nam's Central Government.
- VCCI and NGOs will demonstrate the impact of HIV/AIDS on the business sector, and organise formal and informal activities to raise awareness amongst business leadership.
- NADPC, relevant GOs (PAC, NADPC Member Ministries) and key business will draft and disseminate sample policies for the business sector and monitor and evaluate the implementation of policies.
- Companies will develop and implement HIV/AIDS policies in accordance with ordinance and guidance and provide feedback to NASB. In particular, successful businesses will share case studies to demonstrate the needs of HIV/AIDS programme in the workplace.

Discussions

An important issue is the resource necessary for the commencement of business and AIDS reward scheme; external resources should be mobilised to stimulate the process. As soon as the VBMA and the network of business and HIV/AIDS becomes functional, membership and consultancy fees could be collected to cover the costs of this scheme.

⁶² Experiences from nation wide orientation workshops in Hanoi and in HCMC organised could be utilized.

d) Material and technical support to promote behavioural change

i. Logical Framework

Components	Activities	Indicators	Major assumptions
To improve the quality of HIV/AIDS prevention and care services for workers	Providing businesses at all levels with sufficient information, skills HIV/AIDS prevention	KAP improved	No major dropout of business due to market depression
	Providing businesses with facilities and materials (condoms, education materials) to initiate HIV/AIDS programme	Improved facilities	
	Providing businesses with technical support in planning and implementing HIV/AIDS programmes (including administration and accounting)	Programmes are designed and implemented effectively	
	Assisting businesses in monitoring and evaluating HIV/AIDS programmes		

ii. Methodologies

The main methodologies for this component are IEC activities and material support. IEC should be conducted with consideration towards replication of proven effective innovative approaches, cultural sensitivity, local preference and other identified needs of target audience. NGOs and mass organizations have extensive experiences in this field. Mobilising expertise from these recourses will be important.

The behaviour change process requires supporting means such as condoms and essential drugs for STD treatment. These items should be sufficiently supplied. Experience from CARE Viet Nam, FHI and Population Council, should be utilised to stimulate condom use behaviours among workers. Social marketing approach on condom use and subsidised condom supply by DKT should be utilized as a means to introduce, reinforce and maintain the behavioural changes. Once they have taken on a cycle, market mechanisms could be used to further create demand and sustain behaviour.

iii. Actors and responsibilities

- NADPC will mobilise resources and promote models for HIV/AIDS prevention and care for business
- VCCI will connect businesses with NGOs and other technical resource agencies
- Businesses will mobilise personnel resources to be permanently involved in the programme/projects. It will also initially participate in the design, monitoring and

evaluation system with the support of technical consultants and gradually become self-sustaining.

- Mass organisation (Trade Union, Youth Union) will transfer knowledge and skills on HIV/AIDS and project implementation/ management skills to the business, and participate in setting up and implementing the monitoring system of the projects
- NGOs will train stakeholders in topics related to HIV/AIDS in the workplace, and introduce approaches used by NGOs.⁶³

iv. Implementation Model

Different models for business and community initiatives on HIV/AIDS management should be applied according to nature of the business. Following are recommended models, their approaches, key actors involved and their roles.

Factory based model for HIV/AIDS prevention

- Implementing actors:** factory managers will be the lead, and will work closely with the Trade Union, Youth Union, and Women's Union which are the key implementors
- Programme activities:** includes IEC through peer education, HIV/AIDS awareness campaigns, condom supply services, STD service provision which is integrated into existing health services or which employ a referral system.

Construction site based model for HIV/AIDS prevention

- Implementing actors:** PAC and local or company Trade Union, Youth Union or HIV/AIDS specialised agencies or other community groups
- Programme activities:** includes IEC activities through outreach or peer education, HIV/AIDS awareness campaigns, extensive local condoms supply services, STD service provision which is provided through the most accessible facilities (local public and/or private health facilities).

Workplace and community combined model for HIV/AIDS prevention

- Implementing actors:** company Trade Union, local Youth Union, Women's Union and HIV/AIDS specialised agencies or other community groups
- Programme activities:** includes IEC activities through HIV/AIDS awareness campaigns, extensive local condoms supply services, STD service provision which is provided at accessible facilities (local public and/or private health facilities).

⁶³ Peer education appears to be a very effective approach. The effectiveness and relevance of the outlet approach in the project by the Population Council and HCMC PAC and Trade Union should be considered.

Model for workers living with AIDS (both workplace based and community based)

- i. **Implementing actors:** Business managers, health staff in the workplace, special social groups and religious groups and Trade Union, Youth Union or Women's Union (to provide psychological and emotional support), community leaders (to ensure non-discriminatory living environment).
- ii. **Programme activities:** includes provision of high quality care services, peer support from community (ie. Friend to Friend Club), and IEC activities to ensure non discrimination

Model for other groups (ie. CSWs and clients)

- i. **Implementing actors:** local Women's Union, Youth Union or PAC
- ii. **Programme activities:** includes IEC campaigns, peer education, impact assessments, KAP improvement activities

Note:

As noted in Chapter 2, workers who have migrated from outside the area are at higher risk than the other workers. Thus, the greatest priority would be programmes targeted at mobile workers, particularly the construction site based model described above.

Behaviour pattern of construction workers and other mobile populations, many of whom are male, show that they are often clients to commercial sex workers and there are indications that migrant workers are also more likely to use intravenous drugs.⁶⁴ Therefore, models for HIV/AIDS prevention for workers should also target other associated groups such as commercial sex workers or sexual partners. These groups should be provided with information and skills to protect themselves and to support men in the behaviour change process.

⁶⁴ CARE International Quang Ninh Project findings

C. Capacity Building of Stakeholders

The critical factor that determines whether the multi-sector model is established and functions as envisioned, and that the programme and project ideas are put into implementation, is the capacity of the various stakeholders. This section outlines the recommendations to develop the overall capacity of stakeholders.

1) Capacity Building Framework

Human Resources Capacity

It is not sufficient to simply build the technical competencies of each group separately. The more important and more difficult task is to develop the ability to design and manage Programmes, as well as coordinate efforts to work together to address HIV/AIDS from a holistic perspective.

Financial Resources Capacity

Investment of financial resources is also vital, as hiring the appropriate persons, training them, and increasing their capacity through the development and implementation of programmes all require financial resources. However, the recommendations outlined in this report do not necessarily advocate for large sums of money to be added to what has already been committed. It must be noted that significant resources may be saved by incorporating the various recommendations into the on-going activities (ie. HIV/AIDS related services in current health programmes), or by simply 'doing things differently' (ie. replacing previous programmes with new initiatives that are more effective).

Materials and Resources and Facilities Capacity

While most of the recommendations in this report have focused on human and financial resources, they may be complemented well by improvements in facilities such as provisioning of materials and equipment. However, many of the physical resources are normally provided through technical assistance type programmes. Thus, the key is to coordinate well with such projects rather than allocate additional physical resources under the multi-sectoral collaboration schemes proposed here.

2) Strategies

- a) Build capacity with the right people and at the right level⁶⁵ and combine direct and indirect capacity building. It is important to realize that capacity building does not need to be at all levels. Identifying the level at which there will be greatest impact is a pre-requisite to all capacity building initiatives.

⁶⁵ While restructuring took place on a national scale and has led to changes at all levels including national, provincial, district, and commune level, the shift of personnel from one place to another has created gaps in capacity primarily at the Provincial level. Capacity building will need to focus on this Provincial level in the transition stage.

- b) Focus not only on training, but on involving the stakeholders in the process and thereby building capacity. A multi-sectoral approach will not be understood and multi-sectoral collaboration will not be realized merely through lectures in training courses. What has proven most effective is to learn to work together and experience the benefits of working together through the process of joint planning and implementation.
- c) Combine technical capacity such as communication skills and training skills, together with management skills such as design, monitoring and evaluation, as well as advocacy skills. Many of the training to date appear to have been focused primarily on technical aspects. While this may well have been effective in conducting individual programmes within companies, it is insufficient when considering the adaptation of the model and further innovation throughout the company, and eventually the business sector.
- d) Increase the number of staff who are committed to HIV/AIDS prevention and care. With regard to the staffing of HIV/AIDS related initiatives, it is not so much the commitment of the personnel but more the limited number of staff assigned to these programmes. Increase in the number of personnel must be combined with increase in capacity of the current and new staff.
- e) Provision of information: updated info on facts and figures, prevention and treatment. The spread of HIV/AIDS around the world and rapid health and medical advances mean that information on HIV/AIDS needs to be updated very frequently. It is also critical that the information is accurate and is presented in a comprehensive manner.
- f) Upgrading of facilities including medical centres and business health centres. Materials and equipment to enhance the effectiveness of the multi-sectoral initiatives will be necessary, but the focus should not be on the upgrading of physical infrastructure per se, but the overall performance of the service providers.

3) Capacity Building Components

This section will focus on what is required to carry out the activities outlined in the previous section on programme/ project ideas, and will be a brief list of areas to be strengthened. Specific capacity building needs for each stakeholder may be very different, and a detailed analysis of each will need to take place, prior to the development and implementation of capacity building initiatives.

a) Legal framework for HIV/AIDS Prevention in the Business Sector

NADPC:

- technical assistance from legal authorities to develop the ordinance and guidance for HIV/AIDS

DOLISA:

- technical assistance from NGOs and business groups to design and establish

reward/penalty mechanism and monitoring systems for compliance

Mass Organizations:

- technical assistance from NGOs to monitor and report protection of worker rights

b) Business Linkages for HIV/AIDS Prevention

VBMA:

- technical assistance from VCCI and NAC to establish the VBMA, including policies, systems and regulations
- technical assistance to develop HIV/AIDS prevention strategies as well as planning and managing HIV/AIDS programmes

c) Company Leadership and HIV/AIDS Initiatives

NASB:

- technical assistance from NGOs in drafting recommendations for the development of HIV/AIDS related ordinance and guidance for companies

VCCI:

- technical assistance from NGOs to compile lessons learned from success cases for demonstration purposes

Businesses / Companies:

- technical assistance from PAC and NGOs to develop policies and action plans at the individual company level

d) Material and technical support to promote behavioural change

Businesses/ Companies:

- technical assistance from NGOs, mass organizations and PAC for the experimentation and adoption of innovative and effective IEC methods (ie. peer education) for health workers
- technical assistance from NGOs and mass organizations to set up monitoring systems for programme implementation and effectiveness
- material assistance such as condoms, IEC materials such as audio-visual equipment, drugs for treatment

V. Recommendations for Japanese Development Assistance in the Area of HIV/AIDS Prevention and Care among Workers in Vietnam

In July, 2000, the Government of Japan announced 'Japan's Initiative in the Fight against Infectious and Parasitic Diseases' ('Okinawa Infectious Diseases Initiative - IDI') at the Kyushu-Okinawa G8 Summit. The intention was to demonstrate to the world, Japan's serious commitment to addressing infectious diseases as a central issue in its development assistance programmes to reduce poverty. The IDI highlighted the importance of partnerships with civil society, donor countries, and international organizations, and local and international NGOs to combat the disease.⁶⁶

While there are many areas of need as described in the previous section, it is important to take into consideration the past experiences and future directions of donors and bilateral aid implementing agencies as well as the requests of the recipient Government in selecting focus areas for Japanese assistance to Vietnam.

The Japanese Government has been providing a great deal of support in materials and equipment and through the upgrading of facilities, including supporting the provision of HIV/AIDS testing kits and other medical equipment, IEC materials, and condoms. However, a major finding of this research and a strong recommendation is that, complementary assistance in capacity building is much needed for the service providers to take full advantage of these resources to improve health care services for workers. With this in mind, the fourth programme component in the previous section, 'technical and material support to promote behaviour change' would be an important pillar for Japanese assistance. This may be combined with the third component, 'company leadership and HIV/AIDS initiatives', as activities cannot be implemented in isolation from company policies and plans relevant to the workers' health. Another important area for the Japanese Government to focus on is the consideration of HIV/AIDS issues in large-scale bilateral infrastructure projects, from the early stages of project design to post-project completion. The Japanese Government is recognized as a major donor and important partner in such large scale infrastructure projects and has a unique opportunity to address HIV/AIDS considerations through the project agreements and associated contracting processes.

The Japanese Government has identified formerly existing as well as newly established funding schemes that would be utilized to enhance cooperation as proposed in the Okinawa IDI, which are briefly described below. Under the current bilateral aid structure, Grant Assistance for Grassroot Project, JICA Community Empowerment Programme, JICA Partnership Programme, JICA Small-scale Partnership Programme, as well as the United Nation Human Security Fund, World Bank Japan Social Development Fund, Asian Development Bank Japan Fund are schemes through which funding is disbursed to NGOs. On the other hand, MOFA's General Grant Aid, JICA Technical Cooperation, Japan Bank for International Cooperation do not at present have a mechanism to fund projects by NGOs and therefore require a special arrangement.

⁶⁶ www.mofa.go.jp/policy/oda/summit/infection

A. Description of Funding Schemes

1) Embassy of Japan / MOFA Grassroots Grants Projects

- The GGP fund is allocated to the Embassies in 116 developing countries and Palestine⁶⁷ for projects that promote socio-economic development at the grassroots level. Particular attention is given to projects that address basic human needs in the following areas: primary health care, primary education, poverty relief, public welfare; and environment. Projects that involve women in development activities are also preferred. In Viet Nam, close to 20 projects were approved in the year 2000, many related to flood rehabilitation, school construction as well as upgrading of health facilities and improvement of medical equipment.
- GGP finances physical structures and supply of equipment in principle. It does not normally cover the following budget items: 1) staff salaries, 2) fuel, 3) travel expenses and per diem charges, 4) consumables, 5) land purchase and rent, and 6) other administrative and operating costs of the organization. Expenses for hiring Japanese experts for technical support and advice are covered. GGP has gradually come to finance on a case-by-case basis, seminars and publications.

2) JICA Community Empowerment Program (CEP)

- CEP is a three year funding scheme available to local NGOs working in countries designated by JICA. The scheme funds projects in the areas of community development; elderly, disabled, and child welfare support; health and hygiene improvement; women's empowerment; improvement of living environment; capacity building; and promotion of local industries.⁶⁸ Viet Nam is included in the list of applicable countries, and several projects have been funded last year.
- The following budget items are approved under the scheme: 1) seminar and training; 2) construction and civil works; 3) research, monitoring and evaluation; 4) facilities, equipment and supplies; 5) rental of vehicles, office and furniture; 6) staff salaries; 7) technical services; 8) temporary workers; and 9) other expenses including travel expenses, printing and communication. While CEP covers indirect cost in the field, it does not cover support cost at the headquarters.
- Technical assistance may be provided to CEP projects by Japanese experts at the expense of JICA and based on official requests of the governments of programme countries.

3) JICA Partnership Program (PP) and Small-scale Partnership Program (SPP)

- DPP funds projects implemented by Japanese NGOs and research institutions as well as local administrative bodies in Japan. DPP and SPP funding are available for projects in 30 developing countries where both the Embassy of Japan and JICA Country Office are present. Viet Nam is included in the list of applicable countries, and two projects in the areas of adult education and cultural heritage conservation were funded last year. The primary difference between the two is that PP is three-year funding as supposed to SPP which is a single-year funding.

⁶⁷ as of April 2000

⁶⁸ Additionally, priority areas may be considered by the respective Country Office in accordance with the Country Assistance Implementation Plan.

- Program areas include social development and environment conservation as well as intellectual support. Funding is allocated to community development which include elderly, disabled, and child welfare support, health and hygiene improvement, women's empowerment, improvement of living environment, capacity building, promotion of local industries, other activities that contribute to dissemination of knowledge and techniques to local people.
- DPP finances the following budget items: 1) travel expenses and per diem charges of Japanese project staff; 2) administrative and operating costs in the field, including local staff salaries, rental of vehicles, consumables, printing and communication; 3) office rent; 4) seminar and training; 5) facilities, equipment and supplies; 6) travel expenses and per diem charges for staff training; 7) implementation planning costs; 8) Japanese staff salaries⁶⁹; and 9) other administrative and operating costs of the organization, including support cost at the headquarters.

4) MOFA General Grant Aid (GGA)

- Grants assistance is disbursed based on bilateral agreements signed by the Government of Japan and the recipient Government. The funding is provided to address areas of basic human needs, which include medical care, and human resources development. Viet Nam has received US\$ 40 million for AIDS Prevention programme in 1999 to upgrade medical and IEC equipment.

5) JICA Technical Cooperation (JICA TC)

- JICA extends technical assistance to a country through various means. Technical training in Japan and third countries as well as the dispatch of experts are arranged to transfer technology and know-how to the recipient country and promote human resources development and nation building. In the aim to help build the country's facilities and infrastructure, JICA provides equipment such as medical supplies. A more comprehensive approach is the project type technical cooperation, which combines training programmes, dispatch of experts, and provision of equipment. There have been special instances where JICA has taken up a pilot project successfully implemented by a Japanese NGO⁷⁰ and expanded it into a full-scale project type technical cooperation. In addition, development studies are conducted prior to project implementation, and consist of the formulation of the master plan and feasibility study.

6) Japan Bank for International Cooperation (JBIC)

- The Japan Bank for International Cooperation ⁷¹ promotes economic cooperation through lending and other financial operations. Soft loans are primarily allocated to infrastructure projects, but may also include socio-economic development projects. It has also undertaken grant-based technical assistance, including Special

⁶⁹ A partner NGO is required to place its staff member as a project manager devoted to the concerned project. A project manager is in principle a Japanese.

⁷⁰ Japan Organization for International Cooperation in Family Planning (JOICFP) has been a partner in implementing the Reproductive Health Project in Nghe An Province.

⁷¹ merger of the former Export Import Bank of Japan and the Overseas Economic Cooperation Fund (OECF)

Assistance for Project Formulation (SAPROF) during the project planning stage, Special Assistance for Project Implementation (SAPI) for smooth project implementation, and the Special Assistance for Project Sustainability (SAPS) for effective operation or maintenance. In certain cases, JBIC is able to fund research through SAPI on topics that may be of particular significance to a project, such as the potential spread of HIV/AIDS in a construction project during and after construction. This research may be combined with the piloting of a project model.⁷²

7) United Nations Volunteers (UNV)

- During the past few years, under the UNV-NGO collaboration framework, Japanese UNVs have been placed within NGOs and participated in development assistance activities at the field level. In general, UNV assignments are one-year contracts, but the period may be extended. The purpose is to strengthen the human resources capacity of NGOs as well as facilitate linkages with the UN.

8) Funding Through Multilateral Organizations

- Japan Human Resource Development Fund (JHRDF) is a cost-sharing fund that provides funding to UNDP projects that contribute to development of human resources of developing countries, in accordance with the focus areas of UNDP, i.e., poverty eradication, empowerment of women, protection of environment, good governance, etc. All program areas and budget items are considered under the fund.
- Human Security Fund (HSF) is established as a trust fund in the UN Secretariat, based on the concept of 'Human Security' defined as the '(enhancement of) the freedom of individual human beings and their abundant potential to live creative and valuable lives'. Various program areas (i.e. infectious diseases, emergency) are applicable. MOFA approves budget line items such as direct costs and shared costs (% allocation), excluding indirect costs and support cost at the headquarters.⁷³
- The Japan Social Development Fund (JSDF) in the World Bank was established in June, 2000 to alleviate the social impact of the 1997~99 economic and financial crisis. The funding is available to cover all lower and middle income countries but has a special focus on Asia.
- The Japan Fund was set up in May, 2000 within the Asian Development Bank, to provide developing member countries with grants to support innovative poverty reduction and related social development activities that can add substantive value to ADB financed projects.

⁷² ie. HIV/AIDS prevention in Cambodia's Sihanoukville Port Rehabilitation Project

⁷³ A UN agency may charge an execution fee on the project budget according to their internal rules and procedures

B. Matching of Funding Schemes and Project Components

The recommendations presented in section IV. pose many implications for each stakeholder involved, whether it be the government, mass organizations, companies, NGOs, or donors. They provide guidance to respective parties in designing and implementing their mandate as well as conducting day-to-day activities on their own prerogative.

1) Funding to promote multi-sectoral partnerships

Institutional structures and mechanisms / procedures take significant time to set up and to begin functioning effectively. Thus, multi-year funding schemes that allow for significant investments in time and do not expect immediate visible results would be most appropriate. Moreover, the greatest costs that would be incurred in such a programme would be personnel time, rather than physical equipment. Unfortunately, schemes of this nature currently do not exist within the Japanese bilateral assistance programme, and thus institutional capacity building will need to be incorporated as a component of other projects that include training activities and materials provision. The multilateral agency funding such as the Japan Human Resources Development Fund (UNDP) and Human Security Fund (UN Secretariat) may be more flexible than the bilateral funding disbursed through MOFA and Japanese implementing agencies, in terms of the length of the project and approved budget line items.

2) Funding to support the implementation of programmes and projects

Funding possibilities for specific programmes or projects described above are examined for 'best fit' and presented below.

Programme	Goals	Project activities/ components	Funding source
a) Development of a legal framework	To protect the rights of workers in HIV/AIDS prevention and care	further developing the ordinance	JICA TC
		developing decrees and guidance for implementation	JICA Partner
		establishing monitoring and evaluations systems	JICA CEP JHRDF, HSF, JSDF, JF
b) Business linkage for HIV/AIDS prevention	To build the institutional capacity of businesses in implementing sustainable HIV/AIDS programmes	Strengthen the VBMA	JICA Partner
		Forming networks	JICA CEP
		Establishing monitoring and evaluation systems	JHRDF, HSF, JSDF, JF
		Establishing technical assistance group	
		Training VBMA staff	
c) Company leadership in HIV/AIDS initiatives	To sustain business initiatives on HIV/AIDS prevention and care	Implementation and sharing	
		Advocating for HIV/AIDS initiatives among business sector	JICA Partner JICA CEP
		Developing standardized policies and operational plans	JHRDF, HSF, JSDF, JF
		Establishing reward system for model businesses	
d) Material and technical support to promote behavioural change	To improve the quality of HIV/AIDS services for workers	Providing facilities and materials for HIV/AIDS programmes (ie. condoms, IEC material)	GGP GGA JICA TC
		Providing information to businesses	JICA TC
		Providing technical support in HIV/AIDS programming	JICA Partner, JICA SSP JICA CEP
		Assisting monitoring and evaluation	JBIC JHRDF, HSF, JSDF, JF

VI Annexures

Annex A
Research Matrix

Annex B
List of Organizations Visited

Annex C
Photos of Field Research

Annex D
Sample of Company Policy on HIV/AIDS

Annex E
Sample of Company Annual Operating Plan on HIV/AIDS

Annex F
Bibliography and Reference Information

**JICA Project Formulation Research
Addressing HIV/AIDS among Workers in Vietnam: Towards Multi-sectoral NGO Partnerships
Research Question Matrix**

I. Background and Overview

Objectives	Specific question	Information source	Data collection method
Overview of country	Demography Geography Political, Economic, Social system International cooperation Health policy/system	Publication - UNHDR - WBR - APIC	Document review

II. Problem Analysis: HIV/AIDS in Vietnam

Objectives	Specific question	Information source	Data collection method
Describe current situation of STD including HIV/AIDS	Epidemiology Prevalence Incidence	UNDP/UNAIDS/NAC publication WWW	Document review
Describe current STD including HIV/AIDS situation among workers	KAP among high behaviour groups Working condition Law related prevention and treatment re: STD including AIDS Education level etc. STD/AIDS prevalence/incidence Worker's needs	Company manager Workers NAC publication	Interview NAC(law) Document review Surveys Focus group discussions

III. Initiatives to Address HIV/AIDS Issues among Workers

Key question: Policies and programmes of government, private and public businesses, donors, and programme implementors to support workers in STD/HIV/AIDS prevention and RH care and their effectiveness.

Objectives	Specific question	Information source	Data collection method
Describe policies/ programmes to address STD/HIV/AIDS: - INGOs (CARE, Pop Council, FHI, DKT) - GO (NAC, NASB, PAC, PHC, VCCI etc) - Mass Organizations (Youth Union, Trade Union)	<ul style="list-style-type: none"> - Organization's policy/ history - Programme description - Objectives/ mainactivities - Target group / No of Beneficiaries - Area/ region - Approaches/methodologies - Results/ Impact - Lessons learned - Budget and donor - Staff capacity - Law related with STD/HIV/AIDS 	<ul style="list-style-type: none"> - Project implementing organizations - Employers and key persons (mid-managers, supervisor) - Workers/ project participants - Publication of relevant organizations (incl. Project docs) 	<ul style="list-style-type: none"> Interview Focus group discussions Document review
Describe policies/ priorities of donors JICA, JBIC, Japanese Embassy AusAID USAID UNAIDS	<ul style="list-style-type: none"> - policy - level of funding - priority areas 	<ul style="list-style-type: none"> - Project managers - Representatives of Org. - Organiz's documents 	<ul style="list-style-type: none"> Interview Document review
Describe policies/ activities to address STD/HIV/AIDS among: Private company Joint venture State-owned Company	<ul style="list-style-type: none"> - Business reason/ motivation to invest in STD/HIV/AIDS programmes - level of awareness and commitment - level of involvement in programmes - Lessons learned - Capacity for sustainable programme 	<ul style="list-style-type: none"> - Employer (mid-manager level, supervisor level) - written policies, etc - workers 	<ul style="list-style-type: none"> Interview Document review Focus group discussions
Assess effectiveness/ impact perceived by workers	<ul style="list-style-type: none"> - level of participation by workers - KAP change - preference towards certain programmes which they participated 	<ul style="list-style-type: none"> Workers Programme evaluation reports 	<ul style="list-style-type: none"> Focus group discussions Key informant interviews Document review

IV. Proposal to Address HIV/AIDS among Workers through Multisector Collaboration

1. Key question: What are potentially the most effective and feasible multi-sectoral model to address STD/HIV/AIDS Issues in the workplace?

Objectives	Specific question	Information source	Data collection method
Develop model to improve multi-sectoral collaboration	<ul style="list-style-type: none"> - key stakeholders - SWOT analysis of stakeholders - institutional framework / mechanism - implementing body - responsibility and reporting - financial / humanresources required - monitoring and evaluation - goals / objectives - strategy - approaches and methodologies 	All info from below	Compile ideas from collected data
Develop model (ie. policies, laws and regulations) for Government sector to support programmes among businesses	<ul style="list-style-type: none"> - goals / objectives - strategy - approaches and methodologies 	<ul style="list-style-type: none"> - Workers - Employer (mid-manager level, supervisor level) - ie. NAC, PAC 	Compile ideas from collected data
Develop model (ie. policy changes, attitudinal/ behavioural changes required) for public/private businesses	<ul style="list-style-type: none"> - goals / objectives - strategy - approaches and methodologies 	<ul style="list-style-type: none"> - Workers - Employer (mid-manager level, supervisor level) - Government 	Compile ideas from collected data
Develop model for mass organizations and NGOs to support programmes among businesses	<ul style="list-style-type: none"> - goals / objectives - strategy - approaches and methodologies 	<ul style="list-style-type: none"> - Workers - Employer (mid-manager level, supervisor level) - NGOs - mass organizations (ie. TU, YU) 	Compile ideas from collected data
Develop model to establish a strong technical and financial support mechanism by donors	<ul style="list-style-type: none"> - goals / objectives - strategy - approaches and methodologies 	<ul style="list-style-type: none"> - Employer (mid-manager level, supervisor level) - Government ie. NAC, PAC - Donors and specialized institutions 	Compile ideas from collected data

2. Key question: What are potential programme/ project ideas that may be implemented through Japanese ODA?

Objectives	Specific question	Information source	Data collection method
Develop programme/ project ideas to improve multi-sectoral collaboration	<ul style="list-style-type: none"> - goals / indicators of success - implementation strategy - approaches & methodologies - major activities - joint monitoring & evaluation strategy - SWOT analysis of stakeholders and appropriate implementing body - financial & human resources required - partnerships (roles & responsibilities) 	All info from above	Compile ideas from collected data
Develop programme/ project ideas for Government sector (ie. Policies, laws and regulations) to support programmes among businesses	<ul style="list-style-type: none"> - goals / indicators of success - implementation strategy - approaches and methodologies - major activities - monitoring & evaluation strategy - implementing body - financial & human resources required - partnerships 	<ul style="list-style-type: none"> - Workers - Employer (mid-manager level, supervisor level) - Government ie. NAC, PAC 	Compile ideas from collected data
Develop programme/ project ideas (ie. policy changes, attitudinal/ behavioural changes required) for public/private businesses	Same as above	<ul style="list-style-type: none"> - Workers - Employer (mid-manager level, supervisor level) 	Compile ideas from collected data
Develop programme/ project ideas (ie. IEC) to be targeted at the worker level directly by NGOs and mass organizations	Same as above	<ul style="list-style-type: none"> - Workers - mass organizations and other programme implementing agencies/ organizations 	Compile ideas from collected data
Develop programme/ project ideas to establish a strong technical and financial support mechanism by donors and specialized institutions	Same as above	<ul style="list-style-type: none"> - Employer (mid-manager level, supervisor level) - Government ie. NAC, PAC - Donors and specialized institutions (Project managers, Reprs of Org) 	Compile ideas from collected data

3. Key question: What capacity building initiatives are necessary to ensure that the recommendations are implemented and produce results?

Objectives	Specific question	Information source	Data collection method
Develop initiatives to improve the capacity of employers to develop and implement programmes	<ul style="list-style-type: none"> - capacity necessary to carry out the recommendations - current capacity - capacity gap/ training needs - capacity building/ training programme 	Analysis from above	Compile ideas from collected data
Develop initiatives to improve the capacity of mass organizations and service organizations	Same as above	Analysis from above	Compile ideas from collected data
Develop initiatives to improve the capacity of government institutions	Same as above	Analysis from above	Compile ideas from collected data

V. Recommendations to Utilize Japanese ODA Schemes to Support HIV/AIDS Prevention

Objectives	Specific question	Information source	Data collection method
Identify types of funding schemes by the Japanese Government	<ul style="list-style-type: none"> - schemes via Embassy of Japan - schemes via JICA - schemes via JBIC - schemes via MOFA - schemes via UN, WB, ADB (funded by Japanese ODA) 	<ul style="list-style-type: none"> - Embassy of Japan - JICA, JBIC - MOFA - MOH - APIC - Vietnam Economic Research Center - Japan Foundation for AIDS Prevention 	<ul style="list-style-type: none"> - Interviews - document review
Match the recommended programmes/projects with the respective schemes	Matrix to include <ul style="list-style-type: none"> - project ideas - funding scheme 	na	na

List of Organizations Visited

Multilateral/ Bilateral Organizations

- AusAID
- Embassy of Japan in Viet Nam
- Japan Bank for International Cooperation (JBIC)
- Japan International Cooperation Agency (JICA) Viet Nam Office
- JICA Reproductive Health Project in Nghe An Province (meeting in Hanoi)

International Organization

- CARE International Ha Noi Representative Office, Ho Chi Minh City Project Office
- DKT International Viet Nam Office
- Family Health International Viet Nam Office
- Population Council Viet Nam Office

Viet Nam Governmental Organizations

- National AIDS Committee of Viet Nam
- Viet Nam Chamber of Commerce and Industry
- Ho Chi Minh City Provincial AIDS Committee
- Ho Chi Minh City Trade Union
- Ho Chi Minh City Youth Union
- Dong Nai Provincial AIDS Committee
- Can Tho Provincial AIDS Committee
- Can Tho Provincial Trade Union
- Can Tho Department of Labour, Invalids and Social Affairs
- Can Tho Dermatology and Venerology Center

Companies

- Ngoc Ha Company management and IEC workers (state owned shoe company)
- Ha Ha Kotabuki management and IEC workers (Japan-Viet Nam joint venture confectionery company)
- Baulderstone Hornibrook Company management (Australian construction company)
- Dong Nai Rubber Company management (state owned company)

Workers

- Ngoc Ha Company workers
- Hai Kotabuki Company workers
- Workers at My Thuan Bridge project (implemented by Co. Baulderstone Hornibrook)
- Dong Nai Rubber Corporation workers
- Commercial Sex Workers in Can Tho Province

Annex C Field Research



Ho Chi Minh PAC and Research Members



Can Tho Province DOLISA meeting

Ngoc Ha Shoe Company



Manager Interview



Work Environment



IEC Trainer Interview



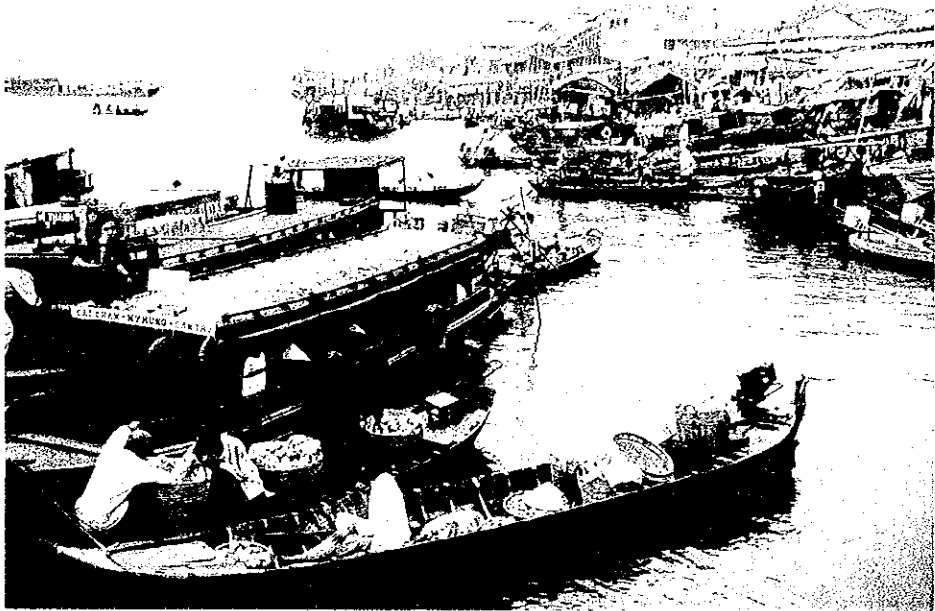
Hai Ha - Kotobuki Company
Group Discussion



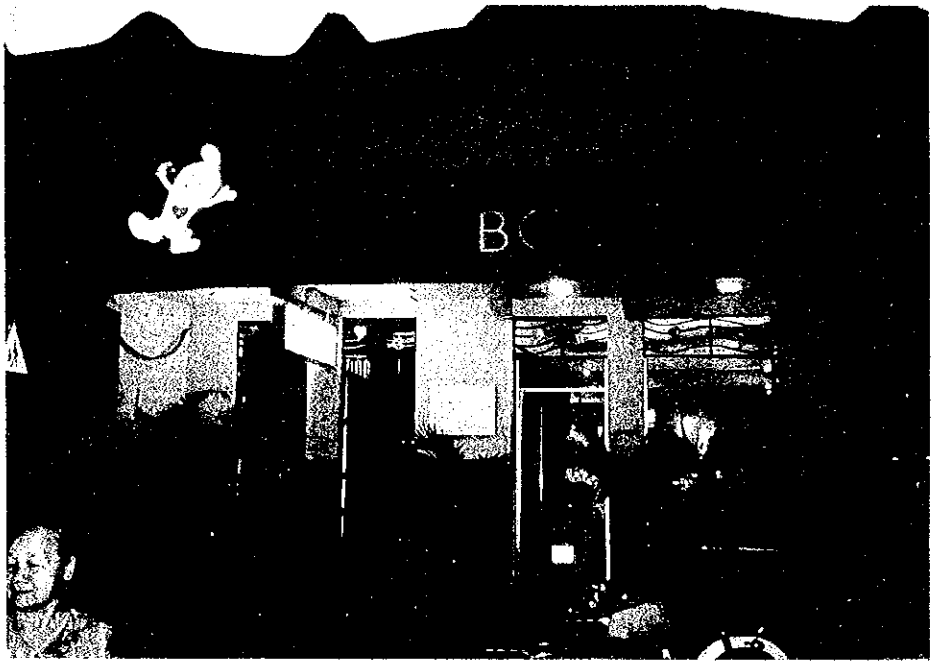
Dong Nai Rubber Company
Group Discussion



My Thuan Bridge Construction
Project
Group Discussion



Mekong Delta (Can Tho Province)



Condome Café (Ho Chi Minh)

Sample of Company Policy on HIV/AIDS**Content of Policy on Preventing and Managing HIV/AIDS in the Workplace****Article I. The implementation of HIV/AIDS prevention education in the company**

1. The company will provide education on HIV/AIDS for all employees.
2. The company will allow Information Education Communication (IEC) officers to organise seminars on HIV/AIDS and provide advice to employee of the company during working hours. Each employee is allowed to attend HIV/AIDS prevention sessions for at least two hours per year. The schedule for conducting seminars on HIV/AIDS will be included in the monthly working plan of the workshop.
3. Condoms will be made available by the company for employees. The cost for condom distribution will be covered by workers.
4. The company will continue to collaborate and liaise with other organisations such as the District People's Committee, District AIDS Committee, District Health Centre, National AIDS Committee, Viet Nam Chamber of Commerce and Industry and CARE International in Viet Nam.
5. The company will provide financial and human resources to conduct the prevention programme.
6. Employees are responsible for their participation in HIV/AIDS prevention activities and may need to contribute some money for HIV/AIDS prevention programme as required.
7. The company will set up a donation fund to help People Living With HIV/AIDS. This fund will be contributed to by the company and their employees.
8. Employees who attend the seminars on HIV/AIDS are responsible for educating their friends, colleagues and family members on HIV/AIDS prevention.

Article II. Testing for HIV

1. Applicants for a job in the company do not need to have an HIV test. HIV testing is only done for applicants to special sectors, which are stipulated by government regulations.
2. HIV testing for employees is voluntary.
3. If the health centre needs to obtain blood samples from people who display possible risk behaviours such as injected drug users or part-time prostitutes, they will be obliged to cover the costs for the test.
4. The company will work with the counseling service to make sure that employees are provided with pre and post test counseling sessions. The address and working hours of the service will be provided. The company will pay for this service.
5. Results of the test will be confidential. People maintaining records of the results are the Secretary of the Party, Director, and Doctor of the company.
6. The worker will be informed within one week of their HIV status by the Doctor.

Article III. Confidentiality

Results of HIV blood tests will be kept confidential and only maintained by those listed in points 5 of Article II above. If the information is disclosed and leads to discrimination, the person who disclosed the information will be made responsible for their mistake. The discipline for their mistake will be blamed to warning depending on the harm caused to PWHA.

Article IV. Avoiding discrimination against HIV positive employees

Procedures against discrimination

1. To avoid discrimination against HIV positive workers, employees will be educated about ways to prevent HIV transmission. Therefore, in the case that guaranteed confidentiality is not guaranteed, co-workers will be less likely to demonstrate discrimination because they will be more informed about risk avoidance.
2. The company promotes care and support for PWHA.

Procedures for dealing with discrimination occurring in the company

1. Each complaint will be dealt with fairly and quickly.
2. Organise a meeting amongst Directors and representatives of mass organisations.
3. Directors meet and console people who are discriminated and look for solutions.
4. Directors meet with co-workers to enable them to console and help people who are being discriminated.
5. People who discriminate against PWHA will be disciplined.

Article V. Work conditions for HIV positive employees

1. An employee who is HIV positive will receive fair treatment and respect like any other employees in the company.
2. An employee who is HIV positive will continue working and will not be separated from other employees.
3. The company will make adjustments within the workplace and schedules to suit the health of the HIV positive employees. If it is necessary, HIV positive employees will be transferred to less strenuous work at a later stage.
4. HIV positive employees will receive sick leave like other employees in accordance with Labour Code.
5. The company will liaise with counseling services to introduce HIV positive employees and their family members to counseling, if requested. The address and operating hours of the counseling service will be provided by the company. The company will cover costs of this service, if required.
6. The company will financially contribute to the cost of examinations and treatment for the opportunistic diseases of HIV positive employees.

Article VI. Responsibility of HIV positive employees

1. The HIV positive employees is responsible for attending seminars on HIV/AIDS and getting information on HIV/AIDS prevention.
2. The HIV positive employees are encouraged to prevent any transmission, by not donating or giving blood, organ, semen to others; to use condoms during sexual intercourse and not to share unclean syringes or needles with others.
3. The HIV positive workers are encouraged to keep themselves as healthy as possible, so as to maintain quality of life.
4. If the employee is injured at work, resulting in the loss of blood, remind the health worker to use universal precautions if he or she is not doing so.

Sample of Company Annual Operating Plan

Operation Planning for HIV/AIDS Prevention in Hai Ha Kotobuki Confection Company - from July to December 1999

Objective 1

By June 1999, the company's steering committee on AIDS prevention will be established and their policy on HIV/AIDS management finalised.

Item	Activities	Time	Responsible Persons	Budget	Expected Outcomes
1	Finalise the policy	May 15	Ms An – Workshop Manager	None	Liase with CARE
2	The Director of Board approves the policy	May 30	Ms Binh – Deputy General Director	None	The Policy is approved
3	Disseminate the Policy for the employees through the trade union network within the Company	June 30	Mr Dung – Office Manager	-	The Policy is printed and distributed to the employees through trade union teams
4	Establish the Steering Committee	June 10	Ms Binh – Deputy General Director	-	The list of members of the Steering Committee is sent to CARE
5	Steering Committee meeting to reach an agreement and implement the plan for the last 6 months of 1999	June 30	Ms Binh – Deputy General Director	-	The plan is presented and agreed

Objective 2

By October 1999, 80 % of employees of the company have attended training session on HIV/AIDS.

Item	Activities	Time	Responsible Persons	Budget	Expected Outcomes
1	Conduct 4 Training sessions for employees in each month	May -- Oct. 1999	Ms An -- Workshop Manager	540,000 VND (VND x 18 sessions)	18 sessions for 180 workers in the Company
2	Provide information on HIV/AIDS in monthly newsletters	May -- Dec. 1999	Ms Xuan -- Workshop Manager	None	The newsletter is updated monthly
3	Distribute condoms to employees	May -- Dec. 1999	Ms Tuyet -- IEC Officer Mr Thanh -- IEC Officer	None	5 boxes of condoms are distributed to employees Write monthly reports on condom consumption
4	Regular direct communication on HIV/AIDS for those who need the information	May -- Dec. 1999	IEC Officer Team	None	Monthly reports
5	Conduct meetings to respond to World AIDS Day on December 1	Dec. 1, 1999	Ms An -- Workshop Manager	VND 150,000	Meetings, slogans, bulletin boards, etc.
6	Buy communication documents (book, video tape)	June, 1999	Ms An -- Workshop Manager	VND 100,000	Books, tape

Objective 3

Maintain and strengthen AIDS prevention according to the Operation Plan.

Item	Activities	Time	Responsible Persons	Budget	Expected Outcomes
1	Steering Committee meeting to develop AIDS prevention plan for the year 2000	Nov. – Dec. 1999	Ms Binh – Deputy Director General	None	AIDS prevention plan for the 2000
2	Evaluation Report	Nov. 1999	Ms An – Workshop Mnager	-	Evaluation Report for AIDS prevention activities in 1999
3	Plan budget for AIDS prevention activities in the year 2000	Nov. 1999	Ms Binh – Deputy Director General	-	Financial plan for AIDS prevention for the year 2000
4	Collect contribution for the fund	Dec. 1, 1999	Ms An – Workshop Mnager	-	Reports
5	Manage and co-ordinate AIDS prevention fund within the Company	June – Dec. 1999	Ms An – Workshop Mnager	-	Maintain cash-book for AIDS prevention fund within the company

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