



A Prospective Policy Analysis of HIV/AIDS Policies in Japanese Multinational Corporations in Asia

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1. Purpose

The purpose of this study was to examine the present state of corporate HIV/AIDS policies among Japanese multinational corporations (MNCs) in Asian countries, with a special focus on those operating in northern Thailand.

This study aimed to offer a set of policy options for corporate HIV/AIDS policies in Japanese MNCs, based on the understanding of the reasons why policies endorsed by international organizations had not been successfully transferred to Japanese MNCs.

2. Background

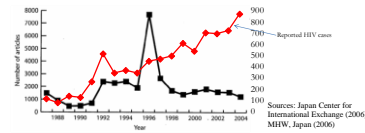
Poor corporate responses to HIV/AIDS among Japanese companies

1. The first descriptive survey on the corporate attitudes and practices of Japanese companies regarding HIV/AIDS measures, targeted at 1,655 companies listed on the Tokyo Stock Exchange as of April 1993, found that **only 7% of the respondent companies** (the response rate was 38%) had policies related to HIV/AIDS and **only 5% of the companies were developing them**. It also found that 36.8% of companies had implemented some measures (Muto, Fukuwatari & Onoda, 1996).

2. A study of corporate reports of Japanese companies listed in the First Section of the Tokyo Stock Exchange in November 2004 found that **only 1% of the companies that published corporate reports mentioned HIV/AIDS** (Kawahata et al., 2005).

Lack of social responses to HIV/AIDS and rising HIV cases in Japan

Figure 1 HIV/AIDS-related newspaper articles by year of reporting in three national Japanese newspapers and reported HIV cases in Japan, 1987-2004



The public interest in HIV/AIDS was heightened during the early- to mid-1990s, when the link between contaminated blood products and the outbreak of HIV/AIDS came to light and HIV-infected hemophiliacs patients successively filed lawsuits against the Ministry of Health and Welfare (MHW) and five pharmaceutical companies. But the public interest fell after 1996 following a settlement agreement between the MHW and the patients, and the level of interest remains low.

Prospects of Japanese Direct Investment and HIV/AIDS in Asia
Table 1 HIV/AIDS statistics and Japanese direct investment by region, 2005

Region	Adults (15-64 years) living with HIV/AIDS (Number)	Adults (15-64 years) living with HIV/AIDS (%)	Total population (Number)	Number of cases
East Asia	1,420,000 (100%)	0.17%	823 billion	462
China	1,380,000 (100%)	0.17%	824 billion	361
India of Africa	1,140,000 (100%)	0.17%	673 billion	49
Latin America	1,140,000 (100%)	0.17%	673 billion	35
Middle East	1,140,000 (100%)	0.17%	673 billion	25
South East Asia	1,140,000 (100%)	0.17%	673 billion	169
Thailand	1,140,000 (100%)	0.17%	673 billion	1974
Western Pacific	1,140,000 (100%)	0.17%	673 billion	762
Europe	1,140,000 (100%)	0.17%	673 billion	341
North America	1,140,000 (100%)	0.17%	673 billion	324
Australia	1,140,000 (100%)	0.17%	673 billion	158
Other	1,140,000 (100%)	0.17%	673 billion	194
Asia Total	1,140,000 (100%)	0.17%	673 billion	662

Source: 2006 report on the global AIDS epidemic (UNAIDS 2006) Report on Global Development (World Bank 2006) and WHO World Health Statistics Quarterly (WHSQ) 2005, 100 (10) 1000-1004 (2005) (http://whostat.who.int/). Accessed on August 25, 2006.

3. Analytical approach and methods

A prospective policy analysis

The result of a comprehensive review of HIV/AIDS policies among Japanese companies operating in Asian countries

Synthesis: The result of the ethnographic case study analysis

Comparison: Policy gaps → Policy options

The result of a comprehensive review of the global standards for workplace HIV/AIDS policies

* A detailed examination of policy gaps in corporate HIV/AIDS policies was made by setting a policy as a unit of analysis and dividing the main unit into five subunits: policy structure, principles and elements, actors, strategies, and values and interests the actors hold.

Ethnographic research site and characteristics of the case companies

Map 1 An industrial park in Lamphun province of northern Thailand

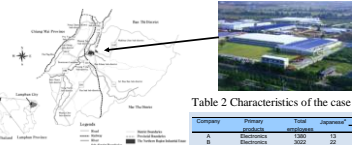


Table 2 Characteristics of the case companies

Company	Industry	Year established	Employees	Size
A	Electronics	2000	13	200
B	Electronics	1992	20	200
C	Electronics	1992	20	200
D	Manufacture	2000	40	750
E	Manufacture	1991	30	1400
F	Manufacture	2002	10	430
G	Chemicals	1992	10	200
H	Chemicals	1992	10	200
I	Clothing products	198	1	67
J	Manufacture	1992	2	225

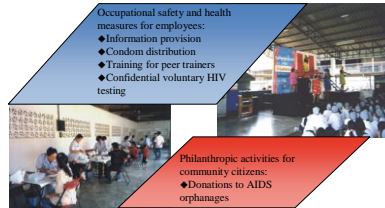
* All Japanese workforces were men, except Factories F and J, each of which has one female female employee.

Ethnographic methods (1997-2006)

- Participant observation
 - A total of three months participant observation in 1999 in one of the 10 case companies, where I worked as a trainee on the production floor.
 - In 1998 and 1999, I also participated as an assistant instructor in nine educational seminars on HIV/AIDS carried out in eight companies.
 - A series of a short-term participant observation throughout the research period, inside and outside the case companies.
- Qualitative interviews and a KAP survey
 - Individual interviews with Japanese and Thai managers, ordinary workers, nurses and safety committee members of the affiliated companies, as well as key persons of outside organizations.
 - Informal and casual talks with the personnel staff.
 - A KAP survey, targeted at 1,000 female workers in 1999.

4. Results

The double structure of HIV/AIDS measures employed in the 10 case companies

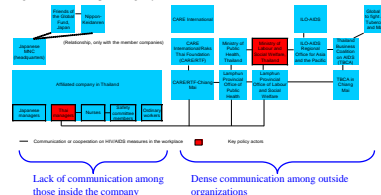


Lack of corporate policies and principles for the HIV/AIDS measures and activities; Most of the activities were initiated by outside organizations

- Lamphun Provincial Office of Public Health formulated the educational goal, contents of activities and methods of instruction for an annual AIDS educational seminar.
- CARE International-Raks Thai Foundation prepared condom vending machines for condom distribution, and planned and implemented training for peer trainers.
- Confidential voluntary HIV testing was conducted at the annual health examination of the company. Pre- or post-counseling was not performed.
- Community-based organizations asked for donations to AIDS orphanages.

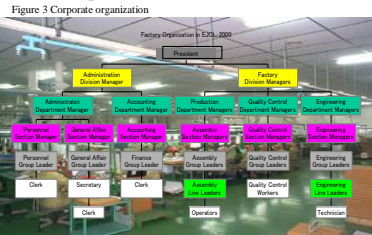
High social responses to the issues of HIV/AIDS in the workplace in Thailand vs. low responses from Japanese companies

Figure 2 Relationships among key actors

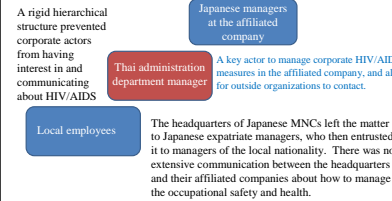


4. Results (continued)

Corporate organization of one of the 10 case companies, 2000



Fragmented occupational safety and health and HIV/AIDS management



5. Discussion and Conclusions

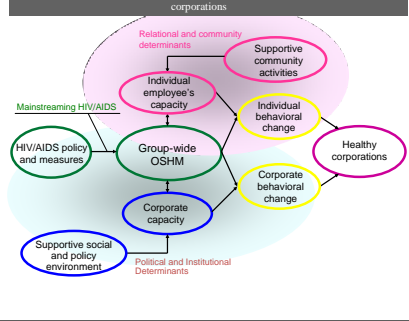
Findings

- The global standards were not shared among Japanese MNCs, and large policy gaps existed.
 - HIV/AIDS activities were centered on information provision, awareness-raising activities and condom distribution for their workers; further actions were not carried out except for philanthropic activities.
 - Japanese companies lacked a system of HIV/AIDS management that enables policy formulation and implementation both at the level of headquarters as well as at the level of affiliated companies.
 - Japanese management did not have an incumbent concern about the issue of HIV/AIDS in the workplace, nor did they participate in partnerships.
- There are potential risks of HIV infection among workers of the case companies.
 - HIV/AIDS-related activities by outside organizations did not successfully change workers' risk perception and behavior.

Policy options

- Mainstreaming HIV/AIDS into occupational safety and health management (OSHM)
 - Developing HIV/AIDS policy and measures as elements of the group-wide OSHM so that the company can respond to HIV/AIDS systematically and consistently.
 - Developing comprehensive policy and measures that can be expanded to a wider community.
- Capacity building of individual employees with the help of supportive community activities
 - Developing community-based actions to empower local workers.
 - Strengthening the role of safety committees to bring up the concerns of ordinary workers to management.
- Capacity building of corporations within supportive social and policy environment
 - Developing multisectoral partnerships among the Ministry of Health, Labour and Welfare; the Friends of the Global Fund, Japan; and the Nippon Keidanren (Japan Business Federation).

Figure 4 Hypothetical path of mainstreaming HIV/AIDS and building healthy corporations



HIV prevalence, perception of HIV risk and preventive behavior among workers in the industrial park

- HIV prevalence:**
 - 3.9% (Lamphun Provincial Office of Public Health 1999)
 - Annual reported cases of HIV/AIDS from 1995 to 2000 ranged from two to ten in each case company with the number sharply decreasing after the year 2001.
- Low perception of HIV risk:**
 - The majority of the interview participants denied the possibility of HIV infection (100 female and 27 male workers, interviewed in 1997-2000; 45 female and 30 male workers, interviewed in 2001).
 - A KAP survey on HIV/AIDS, targeted 1,000 female workers in two of the 10 case companies in 1999, showed that only 15% of the respondents acknowledged that they could be at risk of HIV infection.
- Multiple preventive behavioral strategies:**
 - Mutual love, trust and fidelity; warning; abstinence; condom use (Interview results, 1997-2000)
- Low participation** in the planning of HIV/AIDS activities in the workplace

The global standards for workplace HIV/AIDS policies

The ILO Code of Practice on HIV/AIDS and the World of Work

- Providing global guidelines for developing policies and programs that address the HIV/AIDS epidemic in the workplace.
- Articulating 10 principles of action.
- Covering four key areas of action: prevention of HIV/AIDS, management and mitigation of the impact of HIV/AIDS, care and support, and elimination of stigma and discrimination.
- Respecting the workplace policies and programs to reach beyond the workplace to include former employees, dependents, and community suppliers and contractors, through community outreach or family-assistance programs.
- Expecting partnerships with the wider society.

ILO's 10 principles

- Workplace issues
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- No screening for purposes of employment
- Confidentiality
- Continuing the employment relationship
- Prevention
- Care and support

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