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

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This paper presents the state of corporate HIV/AIDS policies and measures among Japanese multinational corporations (MNCs), for the period 1996-2006, with a special focus on those operating in northern Thailand. It also explores gaps between the actual and ideal state of HIV/AIDS management promoted by international organizations as a global standard for the same period. Based on the findings, I suggest four policy options for improving corporate HIV/AIDS management among Japanese MNCs.

Keywords: HIV/AIDS, workplace policy, multinational corporation, policy analysis, Thailand

I. Introduction

Globalization has accelerated dramatically over the past 50 years, and many health issues have become global issues requiring transnational and multisectoral collaboration. During this period, the United Nations (UN) has played a major role in coordinating the development of health management systems globally. However, since 2000, the centripetal force of the UN has increasingly diminished and new players have taken up the role of global health management. Multinational corporations (MNCs) are one of the new players, and their potential contribution to global health issues is frequently discussed by international organizations (GHC, 2006; UN, 2003, 2006; UNAIDS/GBC/PWBLF, 2000). In the area of HIV/AIDS, these contributions include enterprise-level initiatives in promoting comprehensive workplace measures against HIV/AIDS.

Business-based organizations have also articulated the potential benefits of engagement in the global health domain for MNCs. One of the benefits, largely economic, is that MNCs can reach a to-date untapped market of potential customers by promoting the health and well-being of underserved populations (GBC, 2006b). Another benefit, more social in nature, is that the appropriate demonstration of corporate social responsibility (CSR) can give companies a competitive edge in the global market (Birley, 2005; Ruggie, 2004). In this context, HIV/AIDS has become a business issue for MNCs.

While the authority and responsibility of MNCs to tackle the global health agenda have increased, the means by which they actually collaborate with other major players in the global health field has not yet been adequately examined. International and business organizations have published many case studies on workplace initiatives related to HIV/AIDS undertaken by Western MNCs (GBC, 2006a;

ILO/WEF/UN/UNAIDS, 2002; UNAIDS/GBC/PWBLF, 2000). However, it remains to be clarified whether the global policies enacted by international organizations are smoothly transferred to and shared among the MNCs or whether the MNCs participate in the initiatives based on their own values and interests. Moreover, as the majority of studies have been carried out in North America, Europe and South Africa, there is little information available on the situation regarding Asian MNCs.

The lack of studies targeting Japanese MNCs, which seems to reflect the general lack in HIV/AIDS activities displayed by these companies, is striking. While case studies involving Western MNCs have demonstrated promising developments in corporate initiatives, given the complexity of global health politics, it is predicted that the global policies would not be easily transferred to other MNCs. If this prediction is true, it is likely that various policy gaps in corporate initiatives, depending on the geographical region and nationality of the MNCs, will be generated.

Japanese MNCs, as a major economic power, have exerted a strong influence on the lives of people around the world, and an understanding of the current state of HIV/AIDS management in Japanese MNCs is crucial for predicting the future direction of global actions on HIV/AIDS and for introducing any necessary amendments. According to a survey of the overseas business operations of Japanese manufacturing companies undertaken by the Japan Bank for International Cooperation (JBIC), the majority (79.1%) of respondent companies (590 of 945 targeted companies[i]) stated that they would strengthen and expand their overseas business operations. Although the response rate was only a little over 62%, only 0.7% of respondents indicated that they would reduce or withdraw from overseas business operations (JBIC, 2006).

With regard to region, the companies hold strong positions in Central and Eastern Europe and Asia, and view four countries as particularly promising for business development over the medium term: China, India, Thailand and Vietnam.[ii] Regarding HIV/AIDS, the estimated number of persons living with HIV/AIDS (PLHA) in Asia (8.3 million) was the second highest in the world (UNAIDS, 2006b). Both HIV prevalence and the estimated number of HIV/AIDS cases are relatively high in China (0.1, 650,000), India (0.9, 5.7 million) and Thailand (1.4, 580,000) (UNAIDS, 2006b). This brief review of the state of the HIV/AIDS epidemic and Japanese direct investment suggests that Japanese MNCs should consider formulating an HIV/AIDS policy if they are going to strengthen or expand their overseas business operations.

In this paper, I will investigate the present state of corporate HIV/AIDS management among Japanese MNCs with a special focus on those operating in northern Thailand. I will also explore gaps between the actual and ideal situation regarding the management promoted by international organizations as a global standard. Based on these findings, I will discuss policy options for improving corporate HIV/AIDS management among Japanese MNCs.

Theoretical approach

The theoretical approach taken here is a form of prospective policy analysis designed to generate a set of policy options through a detailed examination of the available evidence regarding the past and present situation in relation to the study theme from a variety of sources (Buse, Mays, & Walt, 2005; Walt & Gilson, 1994). The final conclusion; in this study, the set of policy options for corporate HIV/AIDS management among Japanese MNCs, is inferred from a series of analyses of the available information on the past and present situation. While the goal of this study is to make a set of inferences regarding future events, this can be achieved only by a series of examinations of past and present evidence. Therefore, the research questions are configured in such a way as to address the current and past evidence while establishing a connection to propositions for the future.

I introduce the concept of a "policy gap" to make this connection possible. Policy gap refers to a state in which there is a suspension in the process of "policy transfer" from one time

and/or place to another due to inconsistent or conflicting values and interests between policy actors as well as to contextual differences between the two times and/or places. The concept of policy transfer was first articulated by Dolowitz and Marsh in the field of political science and public policy (Dolowitz & Marsh, 1996). Policy transfer refers to a process in which knowledge regarding policies, administration, and institutions in one place at a particular time period is applied and used in another place at another particular time period.

While I draw on their concept of policy transfer in exploring policy gaps, I focus more on the set of conditions under which the transfer has failed and use the concept of policy gap to understand how and why the policy transfer has been suspended. It is also important to note that the concept of policy gap in this study is not simply an analytic lens through which to observe failures of policy transfer but also a strategic lens with which to generate solutions based on an understanding of the reasons for the failure. Furthermore, the successful bridging of a policy gap can help fill another gap, that between the actual and the ideal, which is often strategically portrayed by public health professionals in order to design actions, projects and programs. In this framework, the concept of policy gap entails both critical and constructive aspects as well as a methodological perspective.

Methods

This study rests on a comprehensive review of academic literature and international policy reports as well as on a secondary analysis of ethnographic case studies. A systematic search was performed for published materials stored in four electronic databases, MEDLINE, EMBASE, Business Source Premier Enhanced, and Web of Science, for the period 1996-2006. The search was done for both English and Japanese language papers. A further search was made for the same period in two Japanese electronic databases, JDreamII (Japan Science and Technology Agency) and Ichushi Web (Japan Medical Abstracts Society; JST), which are widely used to search for domestic scientific journals. I limited my search to materials from the decade 1996 to 2006 as this was a crucial period in which international organizations paid increasing attention to the potential of MNCs in the HIV/AIDS management and established global standards for corporate policies. It is also a period when HIV/AIDS policy in Thailand went through a major transformation, with progress made toward multi-sectorial collaboration.

The search strategy applied to all searches of these databases was comprised of two key concepts: HIV/AIDS and corporations; and four sub-concepts: Japan, policy, corporate governance and public-private. The search strategy was designed to combine the two main concepts and one of the sub-concepts, while differentiating the search into three contexts: Japan, Asia and global. The global context addressed issues and policies related to corporate HIV/AIDS management on a global scale, which was not restricted to specific geographical regions or countries. Bibliographies of key background papers included in this review and websites of international organizations and Japanese business organizations were also searched to identify additional papers.

Papers were eligible for inclusion if they involved HIV/AIDS policies involving Japanese MNCs and global standards for workplace HIV/AIDS policies. Papers included exploratory, descriptive and explanatory studies, evaluation, technical and miscellaneous reports, and commentaries. Furthermore, papers that described policies on occupational safety and health, social and environmental activities and CSR were included if they contained descriptions of HIV/AIDS-related activities. I screened the titles and abstracts retrieved to assess papers against the selection criteria. A summary of the review is available upon request.

I also conducted ethnographic case studies as part of broader ethnographic fieldwork in North Park,[iii] an industrial park located in Lamphun province in northern Thailand. The case studies were carried out for 10 Japanese MNCs operating in North Park intermittently from 2002 to 2004. The two goals of the fieldwork were to gain an understanding of the

HIV risk among factory workers and to promote HIV prevention activities in the workplace. For the purpose of this paper, I re-examined the case studies of the 10 Japanese MNCs to explore what had been done in these companies, what gaps existed between the companies and the global standard, and, most importantly, how the policy gaps emerged and how they could be successfully bridged. One particular focus of the analysis is the interactions of stakeholders both inside and outside of the companies and their interests and commitment to workplace HIV/AIDS management. Finally, taking the findings of the comprehensive review as a backdrop, I interpreted the results of the case study analysis.

II. Results

1. Literature Review

Corporate measures by Japanese companies in relation to HIV/AIDS

Between 1993 and 1995, six studies were conducted to identify the situation with regard to HIV/AIDS measures in Japanese companies (JALL, 1996; JRSLA, 1996; Muto, Fukuwatari, & Onoda, 1996; Muto, Umetada, Sakurai, Nagumo, & Fukuwatari, 1997; Tanaka, 1996a, 1996b). They found that the measures were centered on information provision, awareness-raising and education for their employees. No corporate policies related to the prevention and control of HIV/AIDS had yet been developed. For example, according to the first descriptive survey on the corporate attitudes and practices of Japanese companies regarding HIV/AIDS measures, targeting 1,655 companies listed on the Tokyo Stock Exchange as of April 1993, only 7% of the respondent companies (the response rate was 38%) had policies related to HIV/AIDS, with a further 5% of the companies developing such policies at that time (Muto, Fukuwatari, & Onoda, 1996). The survey also found that 36.8% of the respondent companies had implemented some measures with a further 25.8% in the process of developing them.

The most frequently implemented measure was education for employees, while some companies provided training for supervisors and education for employees' family members, and a few provided HIV testing for employees as well as care and support for HIV-positive employees (Muto, Fukuwatari, & Onoda, 1996). A similar result was observed in a 1995 Labor Safety and Health Survey, undertaken by the Ministry of Labor, which targeted a representative sample of 12,000 companies with more than 10 employees. This survey revealed that 23% of the companies surveyed conducted AIDS education in the workplace in 1994, while the rate among large companies with more than 1,000 employees was much higher at 69% (JALL, 1996; JRSLA, 1996).

A more recent study of corporate reports published by Japanese companies listed in the First Section of the Tokyo Stock Exchange on such issues as environmental action, social activity and CSR, undertaken in November 2004, found that only 1% of the companies that published corporate reports mentioned HIV/AIDS (Kawashita et al., 2005). Two reports from occupational health professionals also showed that the HIV/AIDS-related measures in the workplace focused primarily on providing information about prevention (Kimura, 2004; Sugita, 2004). These reports suggest that corporate HIV/AIDS policies and measures among Japanese companies have not progressed over the last 10 years and remain in the development phase.

Eight studies dealt with HIV/AIDS policy in Japanese society and employment issues facing PLHA (Ikegami, 1997; JCIE, 2004; Kunii, 2004; Muto, 1999; Nemoto, 2004; Ouchi, 2006; Wakabayashi & Ikushima, 2005; Yonemoto, 1997). They showed that the public interest in HIV/AIDS peaked 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 hemophiliac patients successively filed lawsuits against the Ministry of Health and Welfare (MHW) and five pharmaceutical companies. Public interest fell after 1996, following a settlement agreement between the MHW and infected patients, and the level of interest remained low until 2006.

The government's domestic policies on HIV/AIDS arose out of the 1996 settlement but did not enter the mainstream policy agenda, perhaps

partly due to the absence of any national commission on HIV/AIDS. Similarly, with regard to foreign policy, the government has not prioritized HIV/AIDS in its Official Development Assistance (ODA) program, although HIV/AIDS is an element of its comprehensive measures on infectious disease control, which are centered on tuberculosis, polio and parasitic diseases (JCIE, 2004). Furthermore, the participation of non-governmental actors' in HIV/AIDS-related activities, including policy making, remains low with Japanese companies having little sense of the ongoing crisis or little interest in partnering with government and non-governmental organizations to tackle HIV/AIDS issues globally (JCIE, 2004).

Nonetheless, it is important to note that there are some signs of progress with regard to the corporate attitude toward HIV/AIDS, due to the efforts of the Friends of the Global Fund, Japan (FGFJ) and the Nippon Keidanren. The FGFJ was established in 2002 and began a series of activities that united government, business, philanthropic, academic and society leaders. It organized international symposiums, titled "The role of business in the fight against AIDS, tuberculosis, and malaria," in June 2005 and February 2007, with support from Nippon Keidanren.

These actions were expected to raise the awareness of managers at the headquarters of Japanese companies and encourage communication between top management at the headquarters and at affiliated companies. Accordingly, eight reports, published by Nippon Keidanren, the Japan Research Institute (JRI) and FGFJ, showed increasing awareness among Japanese corporations of their roles in relation to global social issues including HIV/AIDS together with an associated increase in social-contribution activities among Japanese corporations (FGFJ, 2005; JRI, 2006; Nippon-Keidanren, 2005a, 2005b, 2005c, 2006a, 2006b, 2006c).

Corporate members of these organizations categorized and reported philanthropic activities related to HIV/AIDS, i.e., donations to international, national and community organizations, as social-contribution activities. According to a report by Nippon Keidanren on social-contribution activities among its member companies specifically undertaken in developing countries in 2004, 18 of the 180 reported activities were related to HIV/AIDS, malaria and prevention of other infectious diseases, with two (Sumitomo Mitsui Banking Corporation and Mitsubishi Electric Corporation) of the 18 cases focused on HIV/AIDS prevention (Nippon-Keidanren, 2006b).

Another report, a case study compiled by Nippon Keidanren, based on the responses from 354 companies in relation to their social activities in 2004, identified four other cases in which companies had engaged in HIV/AIDS-related activities: two (AIG Companies in Japan, Orient Corporation) in Japan and the other two (Kyodo Printing, Sankyo) overseas (Nippon-Keidanren, 2006a). In a similar case study conducted on social activities in the year 2003, four (ALSOK, AVEX, Orient Corporation, Sankyo) of the 307 respondent companies had engaged in HIV/AIDS-related activities (Nippon-Keidanren, 2005a).

Overall, this literature review showed that corporate measures on HIV/AIDS among Japanese companies have focused on information provision and awareness-raising among their workers and that no further actions, apart from philanthropic activities, have been carried out.

Global expectations regarding corporate HIV/AIDS initiatives

The year 2000 was a turning point in global action on HIV/AIDS. In that year, various international organizations delivered official statements and embarked on ground-breaking actions on HIV/AIDS. On July 17, the United Nations Security Council (UNSC) adopted Resolution 1308, its first-ever resolution on the issue of HIV/AIDS. In this resolution, the UNSC encouraged member states to develop long-term strategies for HIV/AIDS education and prevention, voluntary and confidential testing and counseling, and treatment for personnel to be deployed in international peacekeeping operations (UNSC, 2000). On July 26, the Global Compact's operational phase was launched at the

UN Headquarters in New York. It encouraged collaboration between the UN system and the private sector in addressing global issues, including HIV/AIDS (GC, 2003).

Next, the eight Millennium Development Goals were announced in the Millennium Declaration on September 8. The goals included halting the spread of HIV/AIDS by the target date of 2015 (UN, 2000). Next, on June 27, 2001, the first UN General Assembly Special Session on HIV/AIDS unanimously adopted the Declaration of Commitment on HIV/AIDS (UN, 2001). Subsequently, the Global Fund to fight AIDS, Tuberculosis and Malaria became operational in 2002, leaders at the G8 Summit in Gleneagles in 2005 pledged universal access to antiretroviral treatment by 2010, and leaders at the UN World Summit in New York in 2005 agreed to scale up HIV prevention, treatment, care and support (UNAIDS, 2006a).

The most significant global action on HIV/AIDS in the workplace was undertaken by ILO in 2000. In June of that year, a Resolution on HIV/AIDS was passed at the International Labour Conference, and the ILO's Programme on HIV/AIDS and the World of Work (ILOAIDS) was formally established (GC, 2003). In 2001, the ILO developed the Code of Practice on HIV/AIDS and the World of Work (ILO, 2001). This has had a profound impact on actions related to HIV/AIDS in the workplace since it officially set forth guidelines for developing policies and programs that address the HIV/AIDS epidemic in the workplace. The Code approaches workplace HIV/AIDS issues from the perspective of human rights. The basic premise states that a decent workplace and proper health care must be ensured for workers infected with or otherwise affected by HIV/AIDS. Life for workers with family members infected with HIV change drastically due to the need to provide care and support for those infected. This health care is intended to protect their dignity and human rights. Logistically, the ILO Code stresses multisectoral partnerships and social dialogue among all parties concerned. It aims at promoting consensus building and democratic involvement among the tripartite constituents, including workers infected and affected by HIV/AIDS. The proposed partnerships also become a key strategy for community outreach and family-assistant programs.

Meanwhile, business-based international organizations and funding agencies that approached workplace HIV/AIDS issues from a business perspective started and revived business actions on HIV/AIDS on a global scale. Such organizations included the Global Business Coalition on HIV/AIDS (GBC), World Economic Forum-Global Health Initiative (WEF-GHI), German Technical Cooperation (GTZ) and the International Finance Corporation (IFC) (GBC, 2006a; GTZ/GBC, 2005; IFC, 2002; WEF/GHI, 2004). In the context in which public-private partnerships were promoted widely in global health initiatives, the roles and responsibilities of the business sector expanded to the global public domain.

In Africa, for instance, American and European MNCs participated in the global agenda on HIV/AIDS management so as to cover governance failures and bridge gaps in HIV/AIDS management (GBC, 2006b). The motives of the participating companies varied from economic necessity to the building of reputation for philanthropy, and from sheer altruism to the acceptance of broader social responsibility. Overall, business-based international organizations have strong motives to advocate business-oriented systematic management of HIV/AIDS, such as co-investment schemes (Bloom, Bloom, Steven, & Weston, 2006; GBC, 2006b; IFC, 2002; ILO/GFATM, 2003).

2. Ethnographic Case Studies

In this section, I will first describe the situation regarding HIV/AIDS in Lamphun province in northern Thailand and that in North Park in particular. I will then present the general characteristics of the companies examined together with those of their workforce. Finally, I will provide a detailed examination of the content of corporate HIV/AIDS activities, the key stakeholders associated with the activities, and their powers, interests and commitment.

HIV/AIDS epidemiology

The northern region of Thailand, particularly the upper north to which Lamphun belongs, has been heavily impacted by HIV/AIDS. From 1984 to 2003, the reported number of AIDS cases in the upper north constituted nearly 23% of the national total(MOPH 2003). In Lamphun, after the first four AIDS cases were reported in provincial and district hospitals in 1989, the number of reported HIV/AIDS cases increased rapidly from five in 1990 to 969 in 1996, but thereafter began to decline, falling to 308 in 2003(LPH 2004). The cumulative number of reported HIV/AIDS cases in Lamphun as of 2003 was 7,459 (LPH 2004).

The ratio of women to men was about 5:1 from 1989 to 1999, but this changed to about 1.5:1 from 2000 to 2003. The estimated prevalence rate of HIV among pregnant women in Lamphun reached 9.86% in 1995, and then gradually declined thereafter to 0.9 in 2004 (UNAIDS, 2006c). From 1989 to 2003, nearly 77% of the cases affected were in the 20-39 age group, and about 90% of the cases were due to heterosexual transmission. Occupationally, nearly 65% of the cases were general employees (rapcaangthuapai), a class which includes the employees at North Park.

There are few reliable studies on the HIV/AIDS prevalence among employees at North Park. A 1994 survey by the Office of Communicable Disease Control Region 10 (CDC10) of volunteer company employees (106 men and 393 women), mostly working at North Park, revealed that seven of the 106 men and five of the 393 women were HIV positive, for an overall prevalence of 2.4% (Natpratan et al., 1996). Another study conducted in 1999 by Lamphun Provincial Office of Public Health (LPH) and CDC10, as a part of a community health surveillance project in Lamphun, found that five of 127 company employees (3.9%) were HIV positive (Personal interview with the director of the AIDS Control Division, LPH, 2000).

In 2002, informal interviews with personnel managers of seven specifically selected Japanese companies at North Park, with an average number of employees of 2,100, showed more moderate rates of infection: the annual reported cases of HIV/AIDS from 1995 to 2000 ranged from two to ten in each company, with the number sharply decreasing after 2001. The actual figures are hard to determine as some employees quit their jobs without reporting to their bosses after being found to be HIV positive.

General characteristics of the examined companies and their workforce

I selected 10 companies from the 22 Japanese MNCs operating at North Park. In making this selection, I considered both the representativeness of each selected company in terms of size and industry as well as the accessibility to information within the company. Characteristics of the selected companies are summarized in Table 1.

Table 1

Company	Primary products	Total employees	Japanese[a]	Thai	
				Men	Women
A	Electronics	1380	13	260	1107
B	Electronics	3022	22	450	2550
C	Electronics	1710	10	255	1445
D	Machineries	1390	10	630	750
E	Electronics	3111	20	216	2875
F	Electronics	3522	30	439	3053
G	Glass	715	10	78	627
H	Clothing products	136	1	67	68
I	Wooden products	429	2	202	225
J	Electronics	293	3	17	273

Source: Interviews with Thai administrative managers of 10 case companies at the North Park in 2002

[a] All Japanese workforce were men, except Factory F and J, each of which has one Japanese female employee.

The number and composition of employees at each company were varied little throughout the period of my fieldwork.

The workforce in each of the 10 companies was hierarchically organized with a Japanese managing director at the top, followed by Japanese or Thai managers who were assigned to the production, quality control, engineering or administrative departments. The administrative department contained a personnel section, to which a section manager and two to five clerks were assigned depending on the size of the company. The Thai workforce at each of these 10 companies showed similar sociocultural characteristics. Nearly 70% of the total workforce consisted of young single men and women, ranging in age from their late teens to early 30s. Almost 80% of the total workforce worked as assembly-line operators or manual laborers who carried stock and performed miscellaneous jobs other than assembly-line work. Those assigned to managerial and clerical positions needed a higher level of education, whereas those appointed to the positions as assembly-line operators or manual laborers had to have a secondary school education.

Content of corporate HIV/AIDS activities

All of the 10 companies had carried out several HIV/AIDS-related activities. These were divided into those that catered to employees and those that catered to the community at large. The former consisted of three preventive measures: information provision, condom distribution and training for peer trainers. In addition, the 10 companies offered their employees access to confidential voluntary blood tests for HIV at the annual health examination provided by each company. No pre- or post-test counseling for HIV was performed. While none of the companies provided in-house medical support or care specifically for HIV/AIDS, such support was available at hospitals to which the employees were registered under the terms of their contracts and the social security fund.

The community activities, such as donations to AIDS orphanages and widows in Chiang Mai province and the distribution of second-hand clothes to AIDS orphanages in remote villages in Chiang Rai and Payao provinces, were philanthropic in nature. The average donation by the companies was around 500 baht (1,500 yen). The distribution of clothes took place in November before the temperatures fell in the mountainous area where villagers were often left without adequate clothes to survive the cold weather.

The companies examined did not have a specific HIV/AIDS policy and, therefore, carried out HIV/AIDS activities without any specific principles of action. With regard to the provision of information, the personnel department of each company scheduled an annual AIDS educational seminar, inviting instructors from outside organizations and asking them to formulate the educational goals, contents of activities and methods of instruction. In planning the educational seminar, the personnel department did not initiate a specific goal or plan of action. The outside organizations directly involved in carrying out the AIDS education seminar in North Park were the Lamphun Provincial Office of Public Health (LPH), the Lamphun Provincial Office of Labour and Social Welfare (LLSW) and the Raks Thai Foundation Regional Office in Chiang Mai (RTF-Chiang Mai).

These outside organizations collaborated in organizing the AIDS education seminars for the companies so that the themes and organization of the series of seminars were fairly consistent throughout. The three main themes were HIV prevention, awareness-raising, and care and support for the people living with HIV and AIDS (PLHA). The information was provided in the form of a lecture on basic biomedical and epidemiological information about HIV/AIDS, risk factors, and preventative methods as well as through a series of talks organized by PLHA. A demonstration of condom use and distribution of condoms to the participants followed the lecture.

Key stakeholders: Their powers, interests and commitment

The key stakeholders identified in this study included those inside the companies involved in corporate HIV/AIDS activities, and

those outside the companies who influenced the manner in which the activities were conducted. The former group consisted of Japanese managers at headquarters in Japan and the Japanese managers, Thai managers, nurses, safety committee members and ordinary workers at affiliated companies in North Park in Thailand. The latter group was made up of the International Labour Organization (ILO), the Global Fund, Thai Ministry of Public Health (MOPH), Thai Ministry of Labour and Social Welfare (MOLSW), Thailand Business Coalition on AIDS (TBCA), Care International and their regional and local offices. Figure 1 shows a plan of the relationships among these key stakeholders. The relationships cover both communication and cooperation among the two groups with regard to consultation, planning and implementation of workplace HIV/AIDS. The black lines indicate the existence of such relationships.

There is the contrast between the multiple relationships among outside organizations and the sparse relationships among those inside the companies. This contrast is parallel with the existence of multisectoral partnerships among international, governmental and non-governmental organizations in Thailand and the lack of such relationships in Japan.

Stakeholders outside the company

In Thailand, the MOLSW served as a key institute for organizing multisectoral involvement in workplace HIV/AIDS projects. From the initial phase in the mid-1990s, a technical labor officer at the Labour Welfare Division of the MOLSW had taken a leading role in organizing collaboration among various organizations. Her project partners in other organizations included a technical officer at the Bureau of AIDS, TB and STIs of the MOPH, a managing director of TBCA, and a technical specialist on HIV/AIDS and the World of Work at the Asia and the Pacific regional office of the ILO. In the initial phase, the Population Council, the International Center for Research on Women, and Program for Appropriate Technology on Health were also involved in workplace HIV/AIDS projects. By 2004, however, these organizations had ceased all workplace projects and entrusted the MOLSW and TBCA with the task of developing the next phase activities.

In 2004, the MOLSW and TBCA worked together on a Global Fund project. The project sought to encourage private companies to join the AIDS-response Standard Organization (ASO) program, a group life insurance scheme initiated by TBCA and American International Assurance, Thailand (AIA) in 2000 (TBCA 2007). The ASO program was aimed at promoting codification of an HIV/AIDS policy, providing HIV/AIDS training for employees, and reducing discrimination in the workplace (TBCA 2007). The main goal of the Global Fund project was to create public-private partnerships in various provinces in Thailand so as to encourage the business sector to join in workplace HIV/AIDS initiatives.

In North Park, regional offices of the above-mentioned governmental and non-governmental organizations carried out HIV/AIDS projects together. In 1994, LPH designated North Park as a target area for HIV/AIDS prevention and, in the following year, LPH and LLSW organized

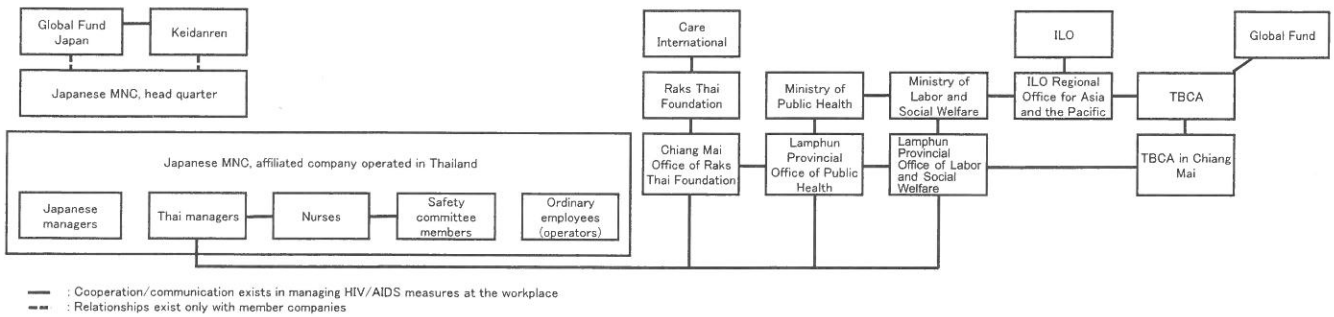

Figure 1

the first AIDS educational seminar in one of the companies included in this study(Company B). In 1998, the RTF-Chiang Mai joined in their initiatives, carrying out a total of 32 AIDS educational seminars in 13 companies at North Park. LPH and LLSW dispatched nurses, labor law professionals and other officials specialized in HIV/AIDS training. In 2001, the RTF-Chiang Mai began comprehensive reproductive health education, which integrated HIV/AIDS into an overall reproductive health management program. LPH and LLSW have since continued AIDS education seminars, with the LLSW serving as a provincial office for the Global Fund project on ASO.

These outside organizations maintained a strong interest and commitment to workplace HIV/AIDS projects but had only minimal influence in raising corporate management's level of interest and commitment to the projects. According to the director of TBCA, some subsequent changes in this situation were observed. The staff made an effort to persuade the managers of Japanese companies operating in the Bangkok metropolitan region to join in the ASO program, and the number of companies involved reached 21 in 2005.

Stakeholders inside the company

Thai mangers: Apart from Company I, all companies employed Thai managers who were aged from the late 20s to the late 30s. All were fluent in Japanese and all had undertaken graduate or post-graduate level studies.[iv] In each case, the manager was assigned to the position of administrative department manager or personnel section manager. The Thai manager played an important role in disseminating orders from the Japanese management to the Thai staff. He or she also served as a key person for contact with outside organizations. With regard to HIV/AIDS, the Thai managers' tasks included talking with representatives from outside organizations, making proposals of HIV/AIDS activities, and implementing the programs upon receipt of approval from the Japanese administrative manager. Although the Japanese manager had the final authority in making decisions, he rarely participated in the planning and implementation process.

Frequently, the Thai managers worked longer for the affiliated company and knew the local situation better than did the Japanese managers who were sent to the affiliated company for a fixed period. As a result, the Thai managers enjoyed the confidence of the Japanese managers and held real authority with regard to many issues including HIV/AIDS measures. In this situation, the success of outside organizations in receiving permission to implement HIV/AIDS-related activities within a company depended on the Thai manager's willingness to cooperate and his or her ability to formulate a proposal and negotiate with Japanese managers.

Assembly-line operators and manual laborers:

Assembly-line operators and manual laborers neither participated in the planning of HIV/AIDS activities nor held any power in negotiations with their supervisors. There were two major reasons for this situation. First, these workers generally underestimated the risk for HIV infection. In a series of personal interviews with assembly-line operators and manual laborers employed by the companies, I found that the majority of the interview participants denied the possibility of HIV infection, either saying that they did not have intimate sexual relations or insisting that they were in a relationship in which the partners trusted (raw waijai kan) or loved (raw rak kan) each other (Michinobu, 2000, 2003).[v]

They also had definite images about the groups at risk, such as sex workers, military, teenagers and drug addicts, whom they perceived as uneducated and sexually promiscuous. In addition, male informants who had steady sexual partners were generally confident that they had chosen a "good woman" who had either few or no previous sexual partners and who remained faithful to them (Michinobu, 2003). In a survey on HIV/AIDS knowledge, attitudes and practices targeting female operators in Companies B and C in 1999, it was found that only 15% of the respondents (37 of 246) acknowledged that they

could be at risk of HIV infection (Michinobu, 2005).

Second, there was no labor union at this industrial park so they felt unprotected and did not try to initiate collective action. In Thailand, employees can legally organize employee associations in companies with more than 50 employees and labor unions in companies with more than 10 workers. At North Park, however, workers did not organize labor unions.

Safety committee: The selected companies relied on a similar mechanism with which to encourage the participation of all employees in the task of managing occupational safety and health at the workplace. Following a 1997 directive by the MOLSW, which specified the appointment of safety officials at the basic work, foreman and executive levels, each company set up a safety committee consisting of more than five worker representatives from various occupational positions and ranks. In the monthly committee meetings, committee members discussed such topics as wages and allowances, uniform designs, employees' health and welfare, work rules and regulations, miscellaneous complaints and disputes among employees. They also talked extensively about policies and activities related to health and safety and health. According to an administrative manager at Company A, the company was able to entrust the safety committee with the planning of comprehensive HIV/AIDS activities from the perspective of safety and health promotion. He stated that the safety committee is a place where Thai employees initiate ideas about how an occupational safety and health system should be organized taking into account the attitudes and opinions of the Thai people (Interview conducted in 2003).

Similarly, a Japanese administrative manager at Company B stated that the company should become a Thai company in the near future, managed fully by Thai people (Interview 1998). Accordingly, these managers expected that Thai employees would act in a way that demonstrated their commitment to the company. In reality, however, a rigid hierarchical structure in the companies deprived the committee members of the necessary motivation to make proposals and promote bottom-up policy making.

Nurses: In each of the companies examined, except Company I, nurses were stationed at a nursing room to provide first aid. The nurses belonged to a nurse association in Lamphun, with which each of the companies made a contract for the deployment of nurses to the nursing room. In the large companies examined (e.g., Companies A and B) three nurses were stationed in rotation to maintain a 24 hour/day presence. In the midsized companies (e.g., Companies H and J), a nurse was stationed for eight hours during the day. LPH required annual HIV counseling training for all nurses stationed at companies and expected them to provide counseling for employees on request. The nurses were also invited to the monthly meetings of the safety committee. In addition, LPH, LLSW and the RTF-Chiang Mai asked the nurses to keep hand-made brochures outlining methods of HIV/AIDS prevention at the nursing station and distribute them to the employees free of charge.

The Thai administrative managers in the companies examined shared the idea that if there was a demand among employees for a scaling up of HIV counseling and treatment, the companies would be able to offer basic counseling and treatment at the nursing station. According to the nurses, however, few employees visited the nursing station for HIV/AIDS-related issues. According to a nurse working at Company B, who had worked there for the company for nearly eight years, apart from requests for free condoms, no one had ever consulted nurses about HIV (Personal Interview conducted in 1998).

Japanese managers: In general, Japanese managers had no interest in HIV/AIDS or its management. In 2002, when I conducted extensive interviews with Japanese managing directors of the 10 companies studied, no one demonstrated any intention to initiate comprehensive HIV/AIDS measures that involved not only the provision of information

but also the codification of a formal corporate HIV/AIDS policy and provision of care and treatment. They were generally satisfied with the present measures that focused on information provision and condom distribution. A Japanese administrative manager at Company C made a fairly typical comment on this issue: HIV/AIDS, he remarked, is a national issue and as such ought to be managed by the government, not by private companies that can provide little beyond education and training.

Furthermore, the Japanese managing directors at Companies D, E and G insisted that any additional activities must be based on solid research with a good projection of outcomes. The Japanese managing director at Company E stated that under conditions in which manufacturing companies had to survive severe competition, they could not spare the time and money to promote activities for which the outcomes were uncertain. This statement was made in relation to a specific project proposed by LPH on HIV/AIDS control and reproductive health promotion among employees at North Park in 2002. The Japanese managing directors also attributed their reluctance to initiate any HIV/AIDS activity to the fact that their headquarters had not yet formulated any group-wide policy on HIV/AIDS. While they understood that HIV/AIDS activities had to respond to local conditions, they thought it impossible to initiate any activities without a formal order from headquarters. Accordingly, Japanese managers of the companies rarely discussed HIV/AIDS issues with their counterparts at their headquarters or in other affiliated companies.

III. Discussion: Policy Gaps, Policy Options

The MOLSW coordinated governmental and non-governmental organizations, and collaboration with the TBCA in particular strengthened national responses to the issue of the management of HIV/AIDS in the workplace. The existing mechanism of multi-sectorial collaboration in Thailand, coordinated by the National AIDS Committee, also supported the work of the MOLSW. Under this mechanism, the MOLSW and TBCA were able to serve as key institutions for the transfer of the global standard of HIV/AIDS workplace management articulated by the ILO Code to other organizations.

The case studies at North Park revealed, however, that the global standard was not shared among the companies examined and that a huge policy gap existed. They also showed that no one in the companies was clearly responsible for the issue of HIV/AIDS in the workplace. The literature review confirmed that this inactivity is a general tendency among Japanese companies. In order to understand this situation in general, and how and why the policy transfer was suspended in the companies examined in particular, I next conducted a stakeholder analysis using my ethnographic data. Specifically, I examined the roles and responsibilities of stakeholders inside the companies and their interaction and commitment to the issue of HIV/AIDS in the workplace. My examination revealed that the companies lacked a system of communication enabling policy transfer. Without such a system, communication gaps emerged on the issue of HIV/AIDS between the headquarters and the affiliated company, between Japanese managers and Thai managers, and between Thai managers and assembly-line operators and manual laborers. The following is a brief review of the results and their implications, that is, the policy options available to Japanese companies if they are intent on expanding their HIV/AIDS-related activities.

With regard to managing occupational safety and health issues at affiliated companies operating abroad, the headquarters of Japanese MNCs tended to leave the matter to the expatriate Japanese managers, who then entrusted it to local managers. There was no extensive communication between the headquarters and their affiliated companies about how to manage occupational safety and health as the Japanese management, both at the headquarters and at the affiliated companies, considered occupational safety and health management had to follow the laws and regulations of the country in which they operated. They believed that HIV/AIDS was a

local issue, better left to local managers.

Moreover, in Japanese companies, the personnel department in the administration division had virtually sole responsibility for managing occupational safety and health. Similarly, the personnel department in the affiliates managed occupational safety and health, as well as HIV/AIDS, in accordance with local conditions. The system wherein the headquarters entrusted the management of local health issues to the local personnel department left little room for the generation of open communication between the headquarters and affiliates on such matters. Such a system also prevented the Japanese management from regarding HIV/AIDS as both a local and global issue, requiring a group-wide approach.

In North Park, Japanese managers of the companies examined had no option but to leave the management of HIV/AIDS in the hands of the Thai managers, as it was seen as a sporadic response to the local conditions and requests from outside organizations, not to orders from their headquarters. The Thai managers acted as gate-keepers for outside organizations to receive permission to conduct HIV/AIDS activities. The outside organizations expected the Thai managers to generate corporate-initiated responses in the workplace. As this study has shown, the companies examined had neither an official policy of HIV/AIDS management nor formalized HIV/AIDS activities as a part of their occupational safety and management program. The lack of a formal HIV/AIDS management policy meant that the Thai managers were only informally entrusted with HIV/AIDS management. Under these conditions, the Thai managers had to depend on support from outside organizations for planning and implementation and no one demonstrated full commitment or accepted responsibility.

This case study also identified a communication gap between Thai managers and assembly-line operators and manual laborers, and lack of interest in the HIV/AIDS-related issue on all sides. There was a rigid hierarchical structure in the companies that provided little space for open discussion among employees and, therefore, discouraged assembly-line operators and manual laborers from openly expressing their opinions. All of these factors prevented the emergence of bottom-up initiatives in relation to HIV/AIDS management in the workplace.

Based on these findings, I suggest the following policy options.

1. The administration, occupational safety and health, and corporate governance divisions at the headquarters should work together to formulate a group-wide HIV/AIDS policy for the company. They should establish a mechanism for the dissemination of policy to global affiliates and to monitor and evaluate the implementation of this policy.
2. Japanese managers at the administration division of affiliated companies should take it upon themselves to receive orders from headquarters based on the group-wide policy, to provide the information to the Thai managers within the same division, and to supervise the implementation of the orders. They should also manage and inform the headquarters of the opinions obtained from Thai managers and workers.
3. Thai managers at the administration division of the affiliated companies should undertake the coordination of planning, as well as the implementation and evaluation of the group-wide policy within the company. If the group-wide policy requires revision so as to make it applicable to the local context, they should propose revisions to the Japanese managers.
4. The role of the safety committee at the affiliated companies should be strengthened so that the committee members are actively involved in the implementation and revision of the group-wide policy from the ranks. They should also act as representatives of the ordinary workers and disseminate their voices to the management.

Of these four suggestions, the first has the strongest implications to the management of HIV/AIDS in Japanese MNCs at present and in the future. Given the hierarchical management of Japanese MNCs, a top-down approach is

best able to generate an effective and prompt response to the issue of HIV/AIDS at the workplace. A group-wide policy would be disseminated into affiliated companies without obstacles once a system of communications is established. Awareness-raising activities by the FGFJ and Nippon-Keidanren for Japanese headquarters can contribute to the development of the policy.

Currently, the FGFJ and Nippon-Keidanren encourage Japanese MNCs to participate in the shared effort of preventing and managing HIV/AIDS by stressing corporate social responsibility (CSR). The results of this study suggest, however, that these organizations and Japanese MNCs should consider whether the HIV/AIDS measures promoted from the CSR perspective would work in the context of Japanese companies. To date, Japanese MNCs have not regarded HIV/AIDS management as their first priority. This is due to the fact that the situation with regard to HIV/AIDS in Western Europe and Asia, two regions in which they have heavily invested, has been much brighter than that in Africa, where only 4% of Japanese foreign investment has been directed.

Further, Japanese companies have developed a generous health and welfare system for their workers and families under the policy of life-long employment. A strong labor union also supports this development. Their activities for local communities have been undertaken purely for philanthropic reasons. Having such a tradition, they rarely regard HIV prevention and AIDS management as a business issue. A point of view that attempts to present HIV/AIDS management as a business chance is foreign to Japanese companies. As such, the more workplace HIV/AIDS management acquires business values and interests, the further out of place it becomes.

A more effective policy option for Japanese MNCs is to build up a system of communications within companies that enables policy transfer from international and national organizations to the headquarters and affiliated companies. This system of communication would also work to bring the voices of local employees in the affiliates to the attention of top-level management at the headquarters. With such a system in place, Japanese management at the headquarters can establish and maintain a group-wide policy that accounts for both the global standard and local needs.

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Notes

i The survey was targeted at 945 manufacturing companies that had three or more foreign affiliates, with at least one manufacturing base, as of 2004.

ii These numbers are the percentages of the companies which responded that they would strengthen or expand overseas business operations in the countries.

iii The name of the industrial park is a pseudonym.

iv Company I is a relatively small company at the North Park. A Japanese vice president of the company, fluent in Thai, also served as administrative manager.

v I conducted semi-structured interviews with a total of 60 female workers and 27 male workers in fieldworks intermittently done for a period of 1997-2000, and with 45 female workers and 30 male workers in 2002-2003.