

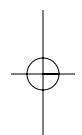
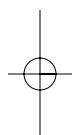
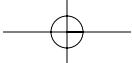


THE HENRY L.
STIMSON CENTER

TRANSNATIONAL TRENDS: **Middle Eastern and Asian Views**

Amit Pandya Ellen Laipson
Editors

July 2008



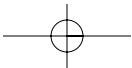
Copyright © 2008
The Henry L. Stimson Center

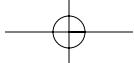
ISBN: 0-9770023-4-9

Cover photos: Women of the Islamic Universities, Gaza, © Rula Halawan/
Sygma/Corbis; Philippine farmer at dried water pond, ROMEO
GACAD/AFP/Getty Images; Man at Vishwa Hindu Parishad rally, New Delhi,
India, PRAKASH SINGH/AFP/Getty Images
Cover design by Rock Creek Creative

All rights reserved. No part of this publication may be reproduced or
transmitted in any form or by any means without prior written consent from
The Henry L. Stimson Center.

The Henry L. Stimson Center
1111 19th Street, NW, 12th Floor
Washington, DC 20036
Telephone: 202-223-5956
Fax: 202-238-9604
www.stimson.org





— 10 —

BUILDING REGIONAL CAPACITY TO MAINSTREAM HIV/AIDS MANAGEMENT: ENGAGING THE PRIVATE SECTOR

Anthony Pramualratana with Karabi Baruah

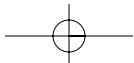
CAPACITY BUILDING: ADDRESSING THE EMERGENCE OF HIV/AIDS

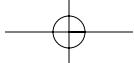
The focus of capacity building should be to enable institutions to cope with change in proactive ways. The HIV/AIDS epidemic poses tremendous challenges to economic growth and the stability of the workforce in both the public and the private sectors worldwide. The epidemic continues to grow at an alarming pace. As of 2006, an estimated 39.5 million people were living with HIV, an increase of 2.6 million since 2004. Of these cases, 37.2 million were adults (15 to 49 years old), with newly infected individuals estimated at 3.8 million. Implicit in this trend is a grim picture of a world where HIV/AIDS strikes individuals in their most productive years. Experience drawn from the worst-affected nations of sub-Saharan Africa underscores the need for high-quality, cohesive, and accountable multisectoral responses to HIV/AIDS challenges.

Challenges in the Asia-Pacific Region

HIV/AIDS has reached epidemic proportions in many nations across the Asia-Pacific region from the time of its first detection more than two decades ago. The epidemic has become a threat to global security and the socioeconomic stability and prosperity of nations. Since 2004, South Asia and Southeast Asia have recorded the fastest-growing HIV infection rates in the world. Southeast Asia has the highest national HIV infection levels. An estimated 8.6 million people in the region were living with HIV in 2006, including 960,000 people who had been newly infected the previous year; about 630,000 died in 2006 from AIDS-related illnesses.¹ Additionally, in 2001, the economic losses from HIV/AIDS in the Asia-Pacific region were US\$7.3 billion, and the Asian Development Bank and UNAIDS project that continuation of current infection rates could result in annual economic losses of US\$18.7 billion by 2010 and US\$26.9 billion by 2015.²

The challenges posed by the HIV/AIDS epidemic have been exacerbated by geopolitical as well as socioeconomic complexities and the increased interconnectedness of the nations in the Asia-Pacific region. While globalization has many benefits, a major consequence is the mobility of people and the resulting spread of





HIV throughout the region. Mobility and the spread of HIV/AIDS are both closely linked to development issues such as poverty, income differentials, and landlessness. The Greater Mekong Subregion provides an excellent example of the convergence of these two trends. With increased connectivity and disparate economic development between and even within countries, mobility and migration have become inevitable and bring with them the problem of HIV/AIDS.³ The Asia-Pacific region, characterized by wide-scale discrepancies in population distribution, wealth, and political organization, also shows variations in HIV/AIDS patterns:⁴

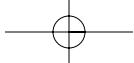
- Rapid rise of HIV prevalence, as in Vietnam, Indonesia, and parts of China;
- HIV/AIDS already well entrenched and spreading among the wider population, as in Myanmar and parts of India;
- Decline of high-risk behaviors and of new infection rates as a result of intensive prevention efforts, as in Thailand and Cambodia;
- Low levels of HIV prevalence and great prevention opportunities in certain countries including Bangladesh, Pakistan, Sri Lanka, the Philippines, Laos, and East Timor; and
- A potentially more severe epidemic in parts of the Pacific region than elsewhere in Asia.

Urgently needed across the Asia-Pacific region are interventions designed to reduce sexual transmission of HIV, accurate knowledge about HIV risks, reduction of risk behaviors, and adoption of protective behaviors that would in the long-term change trends of the HIV/AIDS epidemic, address sustainability issues, and improve societal responses. Differences in cultures, societies, economies, politics, and patterns of the epidemic have shaped the varied responses to HIV/AIDS by countries across the Asia-Pacific region.

HIV/AIDS—A Challenge for All

In the light of the experience gained over the years, it is clear that the capacity of national governments alone is not sufficient to tackle the HIV/AIDS epidemic. To confront the threat effectively, it is imperative to scale up mobilization and participation of all stakeholders (including nongovernmental organizations, corporations, and trade unions) in partnership with governments and international aid agencies. Globalization has added complexities and created a far greater need for collaboration and coordinated responses from nations across the region.

As far as the private sector is concerned, it is important to emphasize the serious consequences of inaction, even where the incidence of HIV is low. The documented evidence of declining productivity of companies in countries hard hit by the epidemic suggests that the private sector cannot remain a silent spectator to the onslaught of HIV/AIDS.⁵ It is important for the Asia-Pacific region not to be complacent but to deal with the pending catastrophe using effective measures.

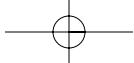


Because of the large concentration of HIV-positive individuals among people active in the labor force, certain manifestations of the epidemic have particularly affected workplaces: discrimination in employment, social exclusion of persons living with HIV/AIDS, low productivity, depleted human capital, challenged social security systems, and threats to occupational safety and health, especially among certain groups at risk such as migrant workers and their communities and workers in the medical and transport sectors. Corporate executives around the world are realizing that, unless they respond to HIV/AIDS, both their customer bases and their labor forces are likely to be affected, thus threatening the profitability and efficiency of their businesses. Good business sense dictates the rationale for companies to engage in workplace programs to protect their employees from HIV/AIDS.

In recognition of the tremendous potential that workplaces have to provide prevention and care and protect workers' rights, the UN General Assembly urged nations to "strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programs in public, private and informal work."⁶ The private sector possesses valuable resources that can be utilized in cost-efficient ways to reach the wider community through the workplace.

To deal with the challenges posed by HIV/AIDS in workplaces, existing capacities need to be strengthened or new ones built that are conducive to the changes that are taking place or are likely to occur in the near future. Recognition of this need has led some conscientious and forward-thinking companies to integrate HIV/AIDS policies and programs into their corporate social responsibility (CSR) strategies. These employers' responses to HIV/AIDS are, however, mostly generic in nature and often governed by existing company policies centered on health and workplace safety.

A need clearly exists for a common and recognizable standard for HIV/AIDS policies and programs similar to, for example, ISO 9000, which can become an international reference for quality HIV/AIDS management for businesses across the globe.⁷ Recently, the International Labour Organization (ILO), along with its member countries, established the Code of Practice on HIV/AIDS in the World of Work.⁸ This code is a globally accepted guideline but not an implementation tool (see Figure 1). Thailand is the only country in the world that has developed its own National Code of Practice, based on the ILO Code, which includes a national certification program called the *AIDS-Response Standard Organization (ASO)*, a quality standard for HIV/AIDS prevention and management in the workplace. ASO was launched in 2000 by the Thailand Business Coalition on AIDS (TBCA), a nonprofit organization that currently manages Thailand's national HIV/AIDS prevention and management in the workplace. So far, the ASO program has demonstrated remarkable success. Its success has fostered hopes of forging alliances with international organizations with the goal of replicating the Thai ASO model in the global arena.



CAPACITY DEVELOPMENT: THE KEY TO SUSTAINABLE HIV/AIDS WORKPLACE POLICIES AND PROGRAMS

HIV/AIDS Challenges and the Business Response

If HIV/AIDS challenges in workplaces are to be mastered, concerted efforts must be made to develop and strengthen existing human capacity. Like the epidemic, this capacity development concerns all stakeholders: nongovernmental organizations, the public sector, and private business enterprises.

According to a Business for Social Responsibility issue brief, “Estimates by the World Bank suggest that the macroeconomic impact of HIV/AIDS may reduce the growth of national income by up to a third in countries where the prevalence among adults is 10 percent.”⁹ Worldwide rates of infection are highest among people aged 15–49, who are also the foremost components of the workforce; thus, the spread of HIV/AIDS puts at risk a nation’s economic and social development. The negative socioeconomic impacts of HIV/AIDS include the following:

- Threats to labor supply and undermining of the livelihood of workers and their dependents;
- Risks to the survival of enterprises due to losses of expertise and experience;
- Rising labor costs resulting in diminished capacity to produce and deliver goods and services on a sustainable basis; and
- Declining morale due to workplace conflict, loss of coworkers, destructive rumoring, and discriminatory practices that undermine fundamental workers’ rights.¹⁰

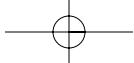
Considering the high stakes involved, the business community’s response has been rather slow. Yet businesses possess valuable resources that can be used cost-

Figure 1: Characteristics of an Ideal Workplace with HIV/AIDS Policies Mainstreamed

The ideal workplace:

- Ensures that HIV/AIDS policies are institutionalized.
- Ensures that workers are not discriminated against or stigmatized on the basis of real or perceived HIV status.
- Promotes prevention and intervention programs.
- Ensures confidentiality of information.
- Ensures no pre-employment HIV/AIDS screening or testing of persons already employed, but provides for voluntary counseling and testing.
- Does not allow for dismissal of HIV-positive employees.
- Ensures confidentiality of a worker’s HIV/AIDS status.
- Promotes care and support to workers living with HIV/AIDS, through company clinics or in partnership with other health care providers.

Source: Adapted from The ILO Code of Practice on HIV/AIDS in the World of Work.



efficiently to reach the wider community through the workplace and to take up a leadership role in the HIV/AIDS arena. Companies need not only to promote and mainstream workplace policies but, more importantly, to institutionalize workplace programs on HIV/AIDS in order to build sustainability and continuity. More than two decades since the pandemic began, only a handful of large multinational companies identify HIV/AIDS as one of their core issues and have companywide programs to counter the threats that the epidemic poses to their businesses.¹¹

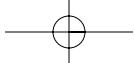
The key findings of a global survey by the World Economic Forum (WEF), in which 10,993 business executives in 117 countries were polled, show that nearly 50 percent expressed growing concern about the potential impact of HIV/AIDS on their companies' operations over the next five years; this concern was particularly high in countries with HIV prevalence rates above 5 percent.¹² In countries where HIV prevalence exceeds 20 percent, about 58 percent of respondent firms have formal HIV/AIDS policies. In countries where prevalence is less than 20 percent, about 20 percent of respondent firms have informal policies. Most company policies focus on HIV prevention; antiretroviral drug treatment is less common. Except for a few firms in wealthy regions, addressing discrimination based on HIV/AIDS status is rare.

The TBCA's Mainstreaming Initiative

Prior to the establishment of the Thailand Business Coalition on AIDS (TBCA), a survey of companies in and around Bangkok in 1992 revealed that all the companies were aware of the AIDS problem, with 85 percent being greatly concerned, 90 percent willing to buy an AIDS manual if available, and 60 percent interested in employee training, but only 1 percent having actually implemented any training. Seventy percent of the respondents did not know where to turn for workplace assistance.¹³ At a time when HIV/AIDS was hitting working-age Thais the hardest, the survey highlighted the shortcomings in the private sector's capacity to cope with HIV/AIDS workplace challenges.

With the epidemic showing no sign of abatement, the TBCA, the first coalition of its kind in the world, was established in 1993 to serve the needs of the country's businesses through linkages with public health, international development, and nonprofit organizations. Its twin objectives were identified as (1) promoting nondiscriminatory workplace policies and education programs to businesses; and (2) bringing corporate resources, tangible (funds) and intangible assets (management skills, marketing know-how, and organizational training structures) to assist in HIV/AIDS prevention. The objectives and roles of the TBCA were shaped by the problems and obstacles associated with HIV/AIDS prevention in Thailand at the time:¹⁴

- Lack of laws directly prohibiting discrimination in the workplace;
- Existence of discrimination and stigma associated with HIV/AIDS;
- Decreased donor funding; and
- Lack of promotion of existing government policies that emphasized nondiscrimination in the workplace.



Furthering TBCA's Capacity-Building Process and AIDS-Response Standard Organization (ASO)

TBCA meticulously built up human capacity throughout the country, which paved the way for the introduction and success of the unique certification and award program called ASO. This program has six certification requirements, presented in Figure 2.

ASO has expanded nationally with support from the Ministry of Labor (MOL) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). To achieve financial sustainability, TBCA not only established itself as a fee-based membership organization which companies could join, but also created partnerships with the business community. Thus, rather than merely seeking paying clients, it seeks project sponsorships, as well as project partnerships that serve business interests.

The level of involvement and commitment varies considerably from company to company, but members of TBCA can be grouped into three categories: (1) companies with comprehensive nondiscriminatory policies and active education and prevention programs; (2) those with partial policies and programs; and (3) those providing financial support for community programs.

TBCA advocates the replacement of nonsupportive practices such as pre-employment testing, screening, and dismissal with HIV/AIDS education and policies as the most effective means of reducing the incidence of HIV/AIDS in the workplace. The coalition concentrates its efforts in the following main areas:¹⁵

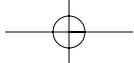
Leadership

The TBCA acts as a mechanism by which the creativity and dynamism of business executives can be channeled to formulate solutions to the resource, technical, and strategic planning problems in mounting effective HIV/AIDS prevention and “living with AIDS” programs. It offers confidential consultation to enable executives to respond effectively to HIV/AIDS in the workplace.

Figure 2: ASO Certification Requirements

The six standards for companies to obtain the ASO certificate

1. HIV/AIDS policy development
2. HIV/AIDS prevention training
3. Confidentiality procedures
4. Appropriate assistance to staff with HIV
5. Community outreach activities
6. Complementary activities



Coordination and Facilitation

The coalition provides a forum that fosters, guides, and supports efforts among businesses, governmental organizations, and nongovernmental organizations. TBCA, by working closely with the private sector, provides assistance to communities affected by HIV/AIDS. Through its Community Program, TBCA undertakes activities nationwide that support the coalition's broader objectives in three key ways:

1. Direct community engagement through TBCA's support to large networks of people living with HIV/AIDS ensures that the coalition remains aware of their issues and experiences.
2. TBCA acts as a conduit between communities and private sector actors who wish to invest in the communities, based on a sense of corporate social responsibility.
3. TBCA successfully draws on the expertise of the private sector to increase support services for HIV/AIDS-affected communities. This involves integrating private sector know-how into community projects through activities such as providing technical assistance and fund raising. TBCA's key community initiative revolves around the Buddy Program, which directly assists individuals and families affected by HIV/AIDS.*

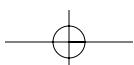
Communication

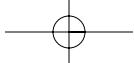
Through its Workplace Resource Center, the TBCA provides its clients with a range of services, including access to information, education, and communication (IEC) materials, quarterly newsletters, and consultation on management of HIV/AIDS in the workplace and policy development. An important tool developed by TBCA is the handbook *AIDS in the Workplace*, to be used by businesses or by NGOs that work with or are planning to work with private enterprises. The handbook includes the national guidelines for HIV testing and persuasive case studies, which have proven effective in convincing companies and organizations to adopt HIV/AIDS policies and programs.

Workplace Training Services

To assist members in their HIV/AIDS education efforts, TBCA offers various training services, of which workplace training is in the greatest demand and has been the most effective in instituting policies and programs.¹⁶ After a thorough

*This program was started in 1998 at the request of several member companies. Through the program, medical staffs at four hospitals in the Bangkok area are able to concentrate on providing needed medical care to persons living with HIV/AIDS. The budget was raised mainly from the UNESCAP Pro-Poor Public Private Partnerships, the Bangkok Metropolitan Administration project, and fund-raising activities supported by TBCA's private sector partners.





assessment of needs, TBCA developed multiple training opportunities for companies, each having specific objectives and designed for the different learning styles of various workplace target groups. The curricula take into consideration the requirements and constraints of the companies and balance these with the training needs of the participants. TBCA now has six educational curricula on HIV/AIDS that target management and employees: executive briefings for senior management, human resource (HR) workshops for HR management, workshop training for all staff, peer education training for management executives, training of counselors for HR and supervising management, and training of trainers for educating managers/staff.

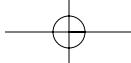
Since its inception, TBCA has provided services to over 7,000 local and international companies spanning all major sectors, including manufacturing, hospitality, banking, and pharmaceuticals. Additionally, it also serves the diplomatic/international sector, having provided training for the entire UN system and various embassies in Thailand. Through their effective prevention and support programs, business partners of TBCA in Thailand have demonstrated the significant contribution the private sector can make in addressing HIV/AIDS.

Formation of Partners and Coalitions

TBCA has already laid the necessary groundwork for capacity building across Thailand and the Asia-Pacific region. Active participation of the private sector ensures considerable survivability without compromising a nation's socioeconomic development. As an article from the World Economic Forum put it, "the potential of business associations and coalitions to tackle HIV/AIDS should continue to be utilized, as firms have a greater incentive to participate in and sponsor prevention activity if they can focus on the problems facing an industry sector or geographical area. Coalitions are also able to share experience and spread the cost of developing tools and approaches, ensuring lower start-up costs and greater efficiencies."¹⁷

Over the years, the TBCA has been able to develop sustained business partnerships, both domestically and internationally, by providing technical assistance to other organizations focused on HIV/AIDS in the private sector. Such organizations include the Myanmar Business Coalition on AIDS (MBCA) and the Business Coalition on AIDS Singapore (BCAS). In both countries, assistance was provided in administrative and office establishment, hiring of technical and support staff, development of HIV/AIDS training curricula, training of personnel in advocacy and implementation of HIV/AIDS training, development of company contacts, and marketing of services.

In 2007, TBCA began a formal partnership with the newly established Asia Pacific Business Coalition (APBCA), currently headquartered in Melbourne, Australia. This partnership involves strengthening training service delivery of existing business coalitions in Singapore, Myanmar, and Papua New Guinea, as well as newly



formed coalitions in India, Cambodia, and Indonesia. Because HIV/AIDS knows no political and economic boundaries, such national and transnational coalitions are vital to the development of effective nondiscriminatory and preventive workplace and community programs.

AIDS-Response Standard Organization (ASO)

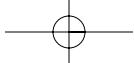
The objective of ASO is to market a certification program on HIV/AIDS in the workplace. The program assesses a company's HIV/AIDS policy, its training, support, and care procedures for employees, as well as its community outreach program (see Figure 3). Participating companies are evaluated before joining the program, given technical assistance to improve their performance, and evaluated again one year later. ASO certification is awarded to companies that meet minimum standards in dealing with HIV/AIDS. As an added incentive, these companies are offered reduced rates for the group insurance scheme of American International Assurance (AIA), Thailand.

TBCA realized very early the importance of receiving government support as a means of enhancing the outreach and recognition of ASO. With the endorsement of the Department of Labor Protection and Welfare (DLPW) of the Ministry of Labor (MOL), ASO has gained legitimacy in that the program is now nationally promoted as the certified quality standard in HIV/AIDS management. The DLPW's mandate and infrastructure enabled the TBCA and its NGO partners to expand the program to a national status. Government support has enabled ASO to

Figure 3: ASO Certification Criteria

The ASO quality standard program has a scale of 100 points. Companies that achieve 60 points or more receive the ASO Gold Certification. Companies that achieve between 30 and 59 points receive the Silver Certification. These standards are evaluated by TBCA auditors and certified by the ministries of public health and labor. The six measurement indicators that total 100 points are shown below.

Indicators	Points
Training and education	25
Workplace activities such as condom promotion and integration of HIV/AIDS activities into other workplace programs	20
Development of confidentiality procedures	20
Appropriate care and support procedures	20
HIV/AIDS policy announcements to staff	10
Community outreach activities	5
Total	100



be fully integrated into the national Code of Practice on HIV/AIDS in the Workplace and into policy development and program implementation in workplaces and factories under Thai Labor Standards (TLS).

As of June 2007, ASO had accredited a total of 4,111 companies of all sizes, with a total of 230,000 employees who attended the standardized training program.

CONCLUSION

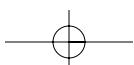
The TBCA experience in Thailand highlights that capacity building by all stakeholders is key to successful implementation of HIV/AIDS policies and programs in workplaces. The success of ASO in Thailand shows that such policies and programs need to strengthen capacity through the development of behavioral guidelines for all employees and to provide resources in compliance with local and national laws and standards.

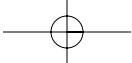
To replicate the Thai ASO model across the Asia-Pacific region, it will be necessary to build a strong network of coalition partners and strengthen their capacity to implement standardized HIV/AIDS management in workplaces through a certification program. It is only in this way that we can effectively prevent the spread of HIV and reduce discrimination in the Asia-Pacific workplace. Large and small companies must come on board and demonstrate their commitment through the prevention programs and supportive company policies already championed by the business coalitions around the region.

The ASO expansion plan comprises three related strategies:

1. Inclusion of ASO into the upcoming ISO 26000 series, under the section on human rights through Thailand's membership in the International Accreditation Forum;
2. Bilateral agreements with ASEAN and APEC members to develop a shared ASO international standard that would be promoted in the respective countries; and
3. Provision of ASO certification to multinational companies operating in Asia through the Asia-Pacific Business Coalition on HIV/AIDS (APBCHA), launched by former US President Bill Clinton in February 2006.

The establishment of a common regional HIV/AIDS standard and certification program for private businesses could play a tremendous role in fighting the epidemic, while at the same time strengthening the Asia-Pacific region's global competitiveness.





322 | NOTES

- Future Directions for Coastal Fisheries in Asian Countries," WorldFish Center Conference Proceedings 67 (2003): pp. 1–40; and I. C. Stobutzki, G. T. Silvestre, and L. R. Garces, "Key Issues in Coastal Fisheries in South and Southeast Asia, Outcomes of a Regional Initiative," *Fisheries Research*, 78: 109–118, 2006.
20. Silvestre et al., "South and South-East Asian Coastal Fisheries."
 21. Sugiyama et al., op. cit.
 22. Silvestre et al., "Assessment, Management and Future Directions."
 23. United Nations Environment Programme (UNEP), *Report of the Thirteenth Meeting of the Coordinating Body on the Seas of East Asia (COBSEA) on the East Asian Seas Action Plan* (Bangkok: UNEP, 1998), p. 69; L. M. Chou, C. Wilkinson, E. Gomez, and S. Sudara, "Status of Coral Reefs in the ASEAN Region," in C. R. Wilkinson, ed., *Living Coastal Resources of Southeast Asia: Status and Management* (Townsville, Australia: Australian Institute of Marine Science, 1994); M. Fortes, "Seagrass Resources of ASEAN Region," in C. R. Wilkinson, ed., *Living Coastal Resources of Southeast Asia: Status and Management* (Townsville, Australia: Australian Institute of Marine Science, 1994), pp. 106–109.
 24. UNEP, op. cit.
 25. L. Burke, E. Selig, and M. Spalding, *Reefs at Risk in Southeast Asia* (Washington, DC: World Resources Institute, 2002).
 26. Ibid.
 27. Ibid.
 28. Ibid.
 29. L. Pet-Soede, H. S. J. Cesar, and J. S. Pet, "Blasting Away: The Economics of Blast Fishing on Indonesian Coral Reefs," in H. S. J. Cesar, ed., *Collected Essays on the Economics of Coral Reefs* (Kalmar, Sweden: CORDIO, Kalmar University, 2000).
 30. D. Alverson et al., "A Global Assessment of Fisheries by Catch and Discards," FAO Technical Paper 339 (1994), p. 223; E. Baran, "The Importance of Non-Commercial Fish," in *UNESCO Encyclopedia of Life Support Systems* (Theme—Fisheries and Aquaculture), 2001.
 31. I. Poiner et al., *Final Report on Effects of Trawling in the Far Northern Section of the Great Barrier Reef: 1991–1996* (Cleveland: CSIRO Division of Marine Research, 1998).
 32. N. D. Salayo, L. Garces, K. K. Viswanathan, and M. Ahmed, "Fish Fights over Fish Rights," in *Non-Traditional Security Issues in Fisheries in Southeast Asia* (Singapore: Nanyang Technological University, 2006), pp. 210–241; R. Emmers, M. Caballero-Anthony, and A. Acharya, eds., *Studying Non-Traditional Security in Asia: Trends and Issues* (Singapore: Cavendish, 2006), p. 252.
 33. Pomeroy et al., op. cit.
 34. Elizabeth Rosenthal, "Europe's Appetite for Seafood Propels Illegal Trade," *New York Times*, January 15, 2008.

Chapter 10

1. UNAIDS, "AIDS Epidemic Update: Special Report on HIV/AIDS," December 2006.
2. Asia-Pacific Business Coalition on AIDS, Third Ministerial Meeting on HIV/AIDS, Sydney, July 2007.
3. UNAIDS, "Population Mobility and AIDS," Technical update, February 2001.
4. Monitoring the AIDS Pandemic (MAP) Network, "AIDS in Asia: Face the Facts," 2004, http://www.mapnetwork.org/reports/aids_in_asia.html.
5. Global Business Coalition (GBC) on HIV/AIDS, "Leading the Business Fight against HIV/AIDS," p. 6. See case studies on the GBC website at www.businessfightsaids.org.
6. UN General Assembly, "Declaration of Commitments on HIV/AIDS," Twenty-Sixth Special Session of 2001 on HIV/AIDS, Paragraph 49.
7. For more details on ISO 9000, see the International Organization for Standardization (ISO) website at www.iso.org.

8. International Labour Organization, "The ILO Code of Practice on HIV/AIDS and the World of Work," 2001, <http://www.ilo.org/aids>.
9. Business for Social Responsibility, "HIV/AIDS in the Workplace," Issue Brief, <http://www.bsr.org/insight/issue-brief-details.cfm?DocumentID=49032>.
10. The summarized results related to employment discrimination of a survey conducted in Vietnam and Thailand can be found in Asia-Pacific Regional Office United Nations, Office of the High Commissioner on Human Rights, "Background Papers of Expert Meeting on HIV/AIDS and Human Rights in Asia-Pacific," Bangkok, Thailand, March 23–24, 2004.
11. Referenced in TBCA's annual reports and case studies at <http://www.abconaid.org/ABC/>.
12. World Economic Forum, "Business & HIV/AIDS: A Healthier Partnership? A Global Review of the Business Response to HIV/AIDS 2005–2006," <http://www.weforum.org/en/initiatives/globalhealth/Business%20Surveys%20&%20Reports/index.htm>.
13. Asian Business Coalition on AIDS, "A Case Study: Thailand Business Coalition on AIDS," a TBCA Report, <http://www.abconaid.org/ABC/asp/DispDoc.asp?DocID=294>.
14. Ibid.
15. TBCA annual report, 2004–2005.
16. Supanya Lamsam, "The Role of the Private Sector in HIV/AIDS Prevention," presentation remarks at the Asia-Pacific Alliance against AIDS: Public-Private Partnerships for AIDS Prevention in Asia-Pacific, Vancouver, British Columbia, Canada, July 7, 1996.
17. World Economic Forum, *Business and HIV/AIDS: Who Me? 2003–2004*, www.weforum.org/globalhealth.

Chapter 11

1. David Pollock, "Kuwait: Keystone of U.S. Gulf Policy," Policy Focus No. 76, Washington Institute for Near East Policy, November 2007, p. 41.
2. Ibid., p. 5.

Chapter 12

1. Mexico 2006: 4th World Water Forum, Middle East and North Africa Regional Document. Agriculture contributes a comparatively low amount to national GDPs due to the fact that most crops being produced are low-value. There is also a general cross-regional low efficiency of use of irrigation water, which contributes to the high percentage of water used for agriculture.
2. "Water Resources," *Green Gulf Report* (UAE: Gulf Research Center and Energy and Resources Institute, 2006), p. 44.
3. Ian Brownlie, *Principles of Public International Law*, 5th edition (Oxford: Oxford University Press, 1998), p. 268.
4. Moshe Shemesh, "Prelude to the Six-Day War: The Arab-Israeli Struggle over Water Resources," *Israel Studies*, vol. 9, no. 2 (Fall 2004).
5. Peter H. Gleick, ed., *The World's Water 2006–2007* (Washington, DC: Island Press, 2006), p. 240.
6. See the Nile Basin Initiative homepage at http://www.nilebasin.org/index.php?option=com_content&task=view&id=13&Itemid=42.
7. United Nations Economic and Social Commission for Western Asia, "Regional Cooperation between Countries in the Management of Shared Water Resources: Case Studies of Some Countries in the ESCWA Region" (New York: Author, 2006), pp. 11–16.
8. Gleick, op. cit., pp. 52–53.
9. Mandana E. Limbert, "The Senses of Water in an Omani Town," *Social Text*, vol. 19, no. 3 (Fall 2001), p. 41.