

# Implementation of HIV and Aids Policies Companies in Indonesia

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**Abstract:- Prevention of *Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)* in the workplace has become a global issue. Various regulations and policies on this matter both international conventions and national policies. Based on these policies in addition to human rights reasons, spurred several companies such as in South Africa, the United States, including Indonesia, to formulate a policy on HIV and AIDS prevention and control in the workplace.**

**Policy formulation in several other countries and Indonesia is actually no different in accessing HIV and AIDS services because all countries prioritize the principle of confidentiality and volunteerism. In addition, the country, including Indonesia, is also committed to eliminating stigma and discrimination against people with HIV and AIDS. However, it clearly seems different in implementing other countries' policies and Indonesian government policies in the workplace such as companies.**

**Companies in other countries such as Africa and America are trying to perfect government policies in the prevention and control of HIV and AIDS in the workplace. They implement it comprehensively through promotive, preventive, curative, and rehabilitative efforts. While companies in Indonesia are still more oriented towards promotive aspects without maximizing other health efforts.**

## I. INTRODUCTION

Most people with HIV and AIDS are in the productive age between 15 to 49 years. The age group is the age group of productive workers working in various employment sectors. Therefore, HIV and AIDS can pose a huge threat to the Indonesian workforce and have a devastating impact on the economy and problems in companies. If HIV and AIDS spread to the working community, it will result in various negative impacts such as lack of productive human resources workers, swelling medical and care costs, loss of work days, non-conductive work situations that will affect the decline in work productivity and threaten the survival of the business world. Therefore, to anticipate the negative impacts of HIV and AIDS cases in the workplace, optimal prevention and prevention is needed.

The Government of Indonesia addresses such issues by issuing policies on HIV and AIDS prevention and control in the workplace. The policy regulates among others the obligations of employers to develop policies, disseminate information and organize education and training as an effort to prevent and control HIV and AIDS in the workplace. Employers are also required to provide protection to workers who are tested positive for HIV from discriminatory treatment and ensure that workers who are HIV positive have the same rights to occupational health services.

HIV and AIDS policy in a company shows that management has recognized HIV and AIDS as a problem in the work environment that can affect all components of the company including managerial and employees. HIV and AIDS prevention policies in companies have been widely applied and developed in various countries and companies. For example the provision of facilities and infrastructure for VCT services (voluntary counseling and testing) for employees, regular and ongoing socialization for employees and managerial, and treatment and care for employees who are HIV positive.

Such a policy is considered not to conflict with existing regulations in Indonesia, on the contrary it will perfect a series of activities that should be carried out by the company in preventing and controlling HIV and AIDS transmission in the workplace. However, the policies that have been issued by the Indonesian government are considered not optimal in their implementation. It has been proven that until now there are no companies in Indonesia that have commitments and policies that are internal in implementing a comprehensive HIV program. They only focus on handling HIV and AIDS in the workplace through promotive and preventive efforts. Whereas implicitly in the regulation the company is expected to be able to implement policies comprehensively including promotive, preventive, curative, and rehabilitative efforts.

## II. HIV AND AIDS POLICY IN THE COMPANY

Several factors that influence companies to respond to HIV and AIDS in the workplace include management support and the company realizes that HIV and AIDS prevention and control is part of corporate social responsibility<sup>3</sup>. However, the response of most companies, especially in Indonesia, in carrying out these efforts is still far from what was expected.

In some countries have developed policies on HIV and AIDS in the workplace with a different focus on handling. In South Africa, for example, out of 34 policies related to HIV and AIDS in the workplace, 16.7% focused on regulations and policies on HIV and AIDS in the workplace, 50% focused on prevention and 16.7% focused on efforts. increasing knowledge and attitudes about HIV and AIDS. Of these regulations there are 33.3% which are specific to the mining industry sector<sup>2</sup>. Policies that focus on this sector are more numerous than other sectors because employees and management in the mining business are one of the high risk groups of HIV transmission so as early and as much as possible are regulated with maximum policy.

The existence of a written HIV and AIDS policy in a company, shows that management has recognized HIV and AIDS as a problem in the work environment intended for both managers and employees, they are expected to act when dealing with HIV and AIDS issues. According to Smartwork (2006), written policies on HIV and AIDS in the work environment have several advantages including the availability of references and frameworks for dealing with HIV and AIDS consistently, establishing procedures for dealing with HIV and AIDS so as to avoid confusion and uncertainty by making it easier to describe employee and management duties, policies are not only related to health and safety issues, but also to avoid stigma and discrimination against workers infected with HIV, the company also informs employees about protection rights and confidentiality rights. Some researchers believe that companies with HIV and AIDS policies in the work environment have greater confidence in managing the impact of this outbreak<sup>3</sup>.

For example, in the group of health sector workers who are a group of workers at high risk of transmission of HIV and AIDS, the international labor organization (International Labor Organization / ILO) and the world health agency (World Health Organization / WHO) have made a joint agreement in the fight against HIV and AIDS in the workplace, especially for health sector workers<sup>4</sup>. The American Association of Occupational Health Nurses (AAOHN) issues policies and procedures for prevention and treatment of HIV and AIDS by conducting educational programs for employees, conducting exposure categories for all workers and prevention procedures for transmission, developing procedures for preventing disability, conducting HIV testing, developing non-policy discrimination for individuals who are declared HIV positive. In South Africa HIV and AIDS policies have been developed specifically in the public service sector<sup>5</sup>.

Potential economic benefits can also be obtained as a positive impact of HIV and AIDS policies in the workplace. Existing policies are expected to be able to reduce the number of sufferers and even prevent HIV transmission which ultimately reduces funding due to HIV and AIDS transmission. Strategies and approaches need to be promoted that are investment in response to the HIV and AIDS epidemic that will produce long-term benefits. This strategy is considered efficient and beneficial through

community mobilization, program synergy, and continuity of antiretroviral therapy for the prevention of HIV transmission. The annual cost provided for HIV prevention, treatment, care and support in 2015 is estimated at no less than US \$ 22 billion<sup>8</sup>. These costs can be used as a development investment if the program carried out successfully prevents transmission of HIV and AIDS.

HIV and AIDS prevention and control in the workplace has become a global issue of consumption. Various regulations and policies on this matter both international conventions and national policies include:

➤ *ILO Conventions on HIV and AIDS and the World of Work*

This document provides practical guidance for HIV and AIDS prevention, care and support programs, and presents principles for developing policies and protecting rights. ILO principles have 10 main principles namely recognition of HIV and AIDS as an issue at work, non-discrimination, gender equality, a healthy work environment, social dialogue for the successful implementation of HIV and AIDS policies and programs, there is no screening for the purpose of removal from work or work processes, confidentiality, continuation of employment relations, prevention, care and support<sup>7,9</sup>.

This proves that international commitments are very good in preventing and overcoming the danger of HIV and AIDS transmission in the workplace. This agreement is certainly a breath of fresh air especially for employees who have been feeling anxiety and discrimination if they are found out as sufferers of HIV.

Based on observations made by the ILO in six countries including Belize, Benin, Cambodia, Ghana, Guyana and Togo, it was found that workers living side by side with HIV sufferers had a positive attitude. For example in Ghana, the percentage of people who have a positive attitude towards coworkers living with HIV increased from 33% to 63%.

➤ *ILO recommendations on HIV and AIDS and the world of work in 2010 number 200*

ILO Recommendation number 200 calls for the importance of various steps that must be implemented in the workplace and through the workplace in order to reduce HIV transmission and facilitate access to treatment for people with HIV (PLHIV).

The main principles in the recommendation include respecting human rights, fundamental freedoms and gender equality, recognizing HIV and AIDS as an issue at work, non-discriminatory and continuing work relations, no screening for the purpose of exclusion from work or work processes : encourage voluntary and confidential HIV counseling and testing, privacy and confidentiality guaranteed, the workplace makes it easy for employees to gain access to prevention, care and support for HIV and AIDS, a healthy work environment and work safety, employees participate in the preparation and implementation of policies in the workplace<sup>9</sup>.

That the company is responsible for the safety and health of everyone employed physically, mentally and socially. Of course the commitment and consistency of the management and employees are expected to jointly plan, implement, and evaluate policies and programs to achieve the goal of minimizing or even eliminating HIV and AIDS transmission in the workplace.

➤ *Presidential Regulation No. 75/2006 concerning the National AIDS Commission*

Presidential Regulation No. 75 has established a National AIDS Commission (KPAN) body and explains the tasks it carries. The National AIDS Commission is tasked with establishing and implementing general guidelines and national strategic policies for the prevention, control and control of HIV and AIDS. The National AIDS Commission must coordinate cooperation at the provincial, district/city, national, regional and international levels in efforts to prevent and deal with the problem of HIV and AIDS<sup>10</sup>.

The fact is that coordination at the district/city level often exposes data related to the number and distribution of HIV and AIDS patients who are less synchronous with the data displayed by the level above it. As a result, data on the number and distribution of people suffering from HIV and AIDS was allegedly invalid. Therefore, maximum coordination is needed between and among related institutions that provide supporting data. No less important is the availability of a data bank through one door so that variations in data on the number and distribution of HIV and AIDS can be avoided. The uniformity of data will become an updated database and the availability of important information in the effort to compile HIV and AIDS prevention and control programs so that the program activities are targeted and sustainable.

➤ *Decree of the Minister of Manpower and Transmigration and Technical Guidelines on HIV and AIDS Prevention and Management in the Workplace No. PEM. 68/MEN/2004*

This decree requires governments, employers and trade/labor unions to prevent and combat the spread of HIV and AIDS in the workplace. This decree explains the various obligations in the workplace that must be fulfilled by employers, including 1) Developing policies on prevention and control of HIV and AIDS in the workplace (stated in Company Regulations or Collective Labor Agreements), 2) Disseminating information related to HIV and AIDS and organizing education and training activities on HIV and AIDS, 3) Protecting HIV positive workers / laborers from discriminatory actions and treatments, 4) Implementing occupational safety and health procedures for HIV and AIDS prevention (Article 2), 5) Ensuring that workers / HIV positive workers have the right to occupational health services and equal employment opportunities with other workers / laborers (Article 3), 6) Prohibit the use of HIV testing as a prerequisite for a recruitment process, continuation of worker / labor status or as an obligation for routine health checks (Article 5), 7) Only conduct HIV testing on the basis of written consent from the worker / laborer transport and offer counseling

services to workers / laborers before and after an HIV test (Article 5), 8) Ensure the confidentiality of information obtained from counseling activities, HIV testing, medical treatment and other related activities<sup>1</sup>.

Space for participation of all components in the workplace is the main key to the successful implementation of this regulation. The company is expected not to rigidly interpret this regulation so that the opportunity for employers to do more with managers and workers is not half-hearted in creating a work environment free of HIV and AIDS.

### III. VARIOUS RESPONSES TO THE IMPLEMENTATION OF HIV AND AIDS POLICY

The response of various countries emerged as the implementation of HIV and AIDS policies. For example in 2000, the South African Ministry of National Health developed a planning strategy on HIV and AIDS for the period 2000-2005. After a long debate, in 2003 it launched a program called The Comprehensive HIV and AIDS Care and Treatment Plan for South Africa in the Public Sector. The results of research involving elements from both government, academia, NGOs, and PLWHA on the implementation of HIV and AIDS policies indicate that the government as a policy maker is considered successful in facilitating policy implementation, as well as NGOs are able to develop programs at both district and provincial scale by getting support from academics and government<sup>11</sup>. The Heineken Company in Africa has since 2001 developed a model for HIV AIDS prevention and control in the workplace through a comprehensive HIV program<sup>6</sup>.

Regarding pre-test counseling and informed consent filling as a series before HIV testing, in 2006 the Centers for Disease Control and Prevention (CDC) recommends routine HIV testing for all Americans aged 13-64 years by eliminating the conditions for pre-test and informed counseling consent that was previously a requirement for taking an HIV test. Based on the results of a survey conducted on these regulations, it was found that many countries lately have not consistently followed the recommendations of the CDC on the grounds that it is not easy to change the pre-counseling and informed consent requirements because it is associated with an increase in HIV testing<sup>12</sup>. Pre-test counseling and informed consent are still appropriate to be held on the grounds of awareness and volunteerism so as to take an HIV test.

In further research conducted on responses to CDC policies. The method used by interviewing 25 members from the United State HIV advocacy field, care, policy, and research on the ethical benefits and disadvantages of four changes in HIV screening policies. The results obtained by informants said that HIV screening without targets and making HIV screening similar to screening for other diseases is an ethical issue. They believe it is unethical to disrespect someone who takes an HIV test. Some informants believe that before testing for HIV, someone is

tested whether to provide additional funding because they believe that patients only want to know their HIV status if it is beneficial and has positive consequences. Other informants found ethical problems if testing was imposed on patients because this could discriminate against those who could not pay. These problems can be overcome by facilitating medical care for those infected with HIV and to reduce HIV transmission<sup>13</sup>.

In other studies but still related to the response of health care providers in King Country, Washington to the CDC's recommendations for barriers when routinely tested for HIV. Although 76% of 221 respondents knew that the CDC recommends routine HIV screening so that they avoid the risk of HIV transmission, 99 (45%) providers report that they have clinical rules for carrying out testing based on patient risk factors. About 44 (20%) health care providers reported that they had policies about routine HIV screening, 54 (25%) reported no official policies, and 15 (7%) did not know whether the policies existed. Only 11 (5%) providers offered HIV testing for all patients at the initial visit. When asked about the barriers to routine HIV screening, 57% of providers agreed that patients' perceptions of the risk of HIV transmission were low thereby limiting their HIV testing. Most providers participating in this survey continue to target HIV testing<sup>14</sup>.

Based on the results of research conducted on HIV care providers in the United States about compliance officers (doctors, nurses, and physician assistants) to offer routine HIV testing to outpatients based on the CDC's recommendations. The results show that 60 percent of providers reported offering HIV screening to all patients aged 13-64 years. Many HIV care providers still carry out routine risk-based testing. In health care settings as outlined in the revised CDC recommendation, the need for health care providers to meet with patients as an opportunity to offer routine HIV testing<sup>15</sup>.

Meanwhile various research and opinion results in South Africa show that HIV counseling and testing is an effort to prevent and reduce the risk of HIV and AIDS transmission. In Indonesia, this stage also becomes a condition that must be done because it puts forward the principle of volunteerism in taking an HIV test.

#### IV. CONCLUSION

Various programs have been and are being carried out by companies in Indonesia responding to the problem of HIV and AIDS in the workplace. The company's response is a commitment in supporting the Government of Indonesia's policies in the prevention and control of HIV and AIDS in the workplace. Where the policy governs the company's obligations to plan and determine policies, disseminate information and organize education and training for employees and managerial. In addition, companies are also required to provide protection to workers who are tested positive for HIV from discriminatory treatment and ensure that workers who are

HIV positive have the same rights to occupational health services.

That in the implementation Indonesia Government policies in the prevention and control of HIV and AIDS in companies there are still many obstacles and are considered not optimal in their implementation. It has been proven that until now there are no companies in Indonesia that have commitments and policies that are internal in implementing a comprehensive HIV program. They only focus on handling HIV and AIDS in the workplace through promotive and preventive efforts. Therefore, a breakthrough is needed in developing HIV and AIDS prevention and control programs in the workplace through promotive, preventive, curative and rehabilitative approaches.

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