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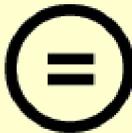
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Development of Module For the Analysis of
HIV/AIDS-related Legislation in the Western
Pacific Region

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Development of Module For the Analysis of
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Abstract

The aims of this study are to identify global targets for HIV/AIDS, create a module for the analysis of laws regarding HIV/AIDS in countries and areas in the Western Pacific Region, conduct a pilot study of analysis of laws regarding HIV/AIDS in seven countries in the Western Pacific Region, and lastly, to perform a cross country comparison. The module was based on the Tool that the World Health Organization (WHO) developed to assess the public health laws in the countries of the Western Pacific Region. Module questions were based on key fast-track actions listed in the WHO's Global Health Sector Strategy on HIV, 2016-2021. Module questions included key components of HIV/AIDS response such as equity, financial protection, ethical HIV testing, information system, review and update of national HIV strategy, monitoring of national HIV program, HIV prevention and intervention, prevention of stigmatization and discrimination. The pilot test of this module was carried out on seven countries in the Western Pacific Region – Republic of Korea, Fiji, Philippines, Australia, Mongolia, Papua New Guinea, Vietnam. Through the pilot study, gaps between HIV/AIDS-related laws of countries in the Western Pacific Region and global targets for HIV response, devised under the leadership of the Joint United Nations Programme on

HIV/AIDS (UNAIDS) and the WHO, were identified. Proposal of suggestions for amendment of laws to help each country meet the global agenda on HIV/AIDS response was also made.

Keywords: HIV, AIDS, public health, law, module, World Health Organization (WHO), Global Health Sector Strategy on HIV

1. Introduction

1.1. Background

1.1.1. Rising Importance of Law for Advancement of Public Health

Experts have been emphasizing the importance of law for the effective conduct of public health systems for three decades now.¹ Also, research interest in the impact of law on public health has been increasing, shown by the increase in number of publications on the impact of public health laws and the subsequent increase in number of systematic reviews and meta-analyses of these primary studies. To date, sixty-five systematic reviews of studies on the effectiveness of fifty-two public health laws have been conducted, laying a scientific foundation for the role of law as a public health tool.²

Moreover, public health systems need a strong legal foundation in order to establish public health infrastructure and equip public health organizations with

¹ Burris, Scott, Glen P. Mays, F. Douglas Scutchfield, and Jennifer K. Ibrahim. "Moving from Intersection to Integration: Public Health Law Research and Public Health Systems and Services Research." *Milbank Quarterly* 90, no. 2 (2012): 375-408. doi:10.1111/j.1468-0009.2012.00667.x.

² Moulton, Anthony D., Shawna L. Mercer, Tanja Popovic, Peter A. Briss, Richard A. Goodman, Melisa L. Thombley, Robert A. Hahn, and Daniel M. Fox. "The Scientific Basis for Law as a Public Health Tool." *American Journal of Public Health* 99, no. 1 (2009): 17-24. doi:10.2105/ajph.2007.130278.

legal power to pursue the population's health interests. Additionally, laws authorize financial funding for public health services. Lastly, since public health actions affect individuals and their rights, legal authority must be given to public health agencies.³

Furthermore, in the United States, legal interventions produced many of the most notable public health accomplishments from vaccination and control of infectious diseases to improvements in maternal and child health.^{4,5} There also continues to be more evidence for the effectiveness of law in resolving various health problems. As a result, organizations such as the Centers for Disease Control and Prevention and the Institute of Medicine (IOM) have been showing greater interest in the role of law for the development of public health.⁶ The

³ Koyuncu, Adem, and Wilhelm Kirch. "Public health law and the legal basis of public health." *Journal of Public Health* 18, no. 5 (2010): 429-36. doi:10.1007/s10389-010-0355-5.

⁴ "Law and Public Health at CDC." Centers for Disease Control and Prevention. December 22, 2006. Accessed January 4, 2017. <https://www.cdc.gov/mmwr/preview/mmwrhtml/su5502a11.htm>.

⁵ "Ten Great Public Health Achievements -- United States, 1900-1999." Centers for Disease Control and Prevention. April 2, 1999. Accessed January 4, 2017. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>.

⁶ Mello, Michelle M., Jennifer Wood, Scott Burris, Alexander C. Wagenaar, Jennifer K. Ibrahim, and Jeffrey W. Swanson. "Critical Opportunities for Public Health Law: A Call for Action." *American Journal of Public Health* 103, no. 11 (November 2013): 1979-988. doi:10.2105/ajph.2013.301281.

Centers for Disease Control and Prevention celebrated the fifteenth anniversary of its Public Health Law Program last December.^{7,8}

The World Health Organization (WHO) has also recognized that the role of law is crucial for the health promotion of member states, and that the public health laws of many members of the Western Pacific Region are inconsistent with WHO policies and resolutions. Thus, the WHO has developed frameworks to help each member state to analyze health-related laws in the country and has helped measure the effectiveness of laws and amend laws when necessary.⁹

1.1.2. Making of the WHO assessment Tool

The WHO developed an assessment tool, the first step to developing the framework in May 2011, as a guide to assist Member States with the assessment of their public health law.¹⁰ Since “public health” is such a broad term and there

⁷ "Public Health Law Program." Centers for Disease Control and Prevention. December 17, 2013. Accessed January 4, 2017. <https://www.cdc.gov/phlp/about/index.html>.

⁸ "Public Health Law: A Tool to Address Emerging Health Concerns." Centers for Disease Control and Prevention. November 23, 2016. Accessed January 4, 2017. <https://www.cdc.gov/cdcgrandrounds/archives/2016/december2016.htm>.

⁹ World Health Organization. Regional Office for the Western Pacific. "Workshop on Public Health Law in Pacific Island Countries, Auckland, New Zealand, 12-15 February 2007 : report." WHO IRIS. 2007. Accessed January 11, 2017. <http://iris.wpro.who.int/handle/10665.1/1758>.

¹⁰ Kim, So Yoon, Yuri Lee, Myongsei Sohn, and Ki-Hyun Hahm. "Developing a Tool for Assessing Public Health Law in Countries." *Asia Pacific Journal of Public Health* 24, no. 5 (October 2, 2012): 867-71. Accessed January 4, 2017. doi:10.1177/1010539512462502.

are many laws that affect health directly or indirectly, participants of the First Expert Consultation on Public Health Law narrowed fields of study down to four areas based on important WHO policies and works, organizing each area into an independent module: (1) International Digest of Health Legislation (IDHL), (2) Primary Health Care, (3) International Health Regulations (IHR) 2005, and (4) Framework on Tobacco Control (FCTC).

The tool was designed as a questionnaire that first checked whether primary and/or secondary legislation existed in the country for a specific topic and second, if legislation does exist, cited which laws and which parts of the laws were related to the topic of interest. The scope of laws was limited to primary and secondary legislation to increase the tool's practicality and keep the tool as simple as possible. Moreover, the questionnaire design allows responses to be as objective and consistent as possible. Creators of the tool also envisioned further studies that would analyze how the identified legislation was being implemented and what results were produced. In addition, to improve the accuracy of the responses to the questions in the tool, participants of the Expert Consultation agreed to have those with legal qualifications such as government officials double-check the responses. Moreover, participants decided not to utilize the service of consultants in order to meet the build the capacity of in-country officials, the ultimate goal of the tool.

Thus, Module 1 of the tool on IDHL allows a wide view of the country's public health legislation. Each question in Module 1 focuses on a specific subject heading or sub-category, in the order written, in the IDHL. Module 2 assesses the extent of adherence to the principles of primary health care by the country's legislative framework; more specifically, Module 2 questions take into account the six building blocks of health system strengthening defined by the WHO. Module 3 based on IHR 2005 assesses the status of a country's compliance to international responsibilities in public health. Module 4 on FCTC measures the country's degree of compliance towards its international obligations regarding tobacco use. Both questions in Module 3 and 4 focus on the provisions of the IHR and FCTC related to law.

In addition, the tool can be used to identify gaps in a country's legislative framework and compare legislation, related to specific areas such as important WHO policies and agendas, of different countries. Most importantly, the tool may be used to assess the implementation and effectiveness of legislation related to specific areas. Lastly, the module form was designed for future modules covering a different subject area.¹¹

¹¹ Kim, So Yoon, Yuri Lee, Myongsei Sohn, and Ki-Hyun Hahm. "Developing a Tool for Assessing Public Health Law in Countries." *Asia Pacific Journal of Public Health* 24, no. 5 (October 2, 2012): 867-71. Accessed January 4, 2017. doi:10.1177/1010539512462502.

1.1.3. Need for Research on HIV/AIDS-related legislation

Furthermore, the following declaration by the United Nations General Assembly's 2001 *Declaration of Commitment* supports the clear role of law in the response to HIV: “By 2003, enact, strengthen or enforce as appropriate legislation, regulations, and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS.; in particular to ensure their access to, inter alia education, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.”¹² The role of law in HIV response is reemphasized in the United Nations General Assembly 2006 *Political Declaration on HIV/AIDS* which stated to “promote a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status.”¹³

¹² "Declaration of Commitment on HIV/AIDS Adopted by the General Assembly." United Nations. Accessed January 4, 2017.

<http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html>.

¹³ "Political Declaration on HIV/AIDS." United Nations Population Fund. January 01, 1970. Accessed January 11, 2017. <http://www.unfpa.org/Node/8674>.

Moreover, since law has a clear role in the HIV response, there have been much discussions that law's primary function in HIV response should be protective and not punitive and obstructive. Edwin Cameron, one of the world's leading experts on HIV and law and Justice of the South African Constitutional Court, stresses that the law is a blunt instrument and that the inclusion of legal instruments and mechanisms in public health may be counter-productive and harmful. He further stated that law's primary role in the HIV response should be protective, containing the HIV epidemic and decreasing its impact.¹⁴ Additionally, it has been argued that punitive laws can create legal barriers that block effective HIV/AIDS interventions by punishing people with HIV.¹⁵ As a result, the UNAIDS recommends the removal of punitive laws, policies, and practices, and the international community's concerns about the use of criminal law as a tool for HIV prevention has been increasing.

On the other hand, public health law may provide better protection for individual rights and public health than criminal law. Public health laws can

¹⁴ "South Africa's Justice Edwin Cameron: 'irrational fear' and 'stigma' feed increasing calls for criminal HIV transmission laws." HIV & AIDS Information. Accessed January 11, 2017. <http://www.aidsmap.com/South-Africas-Justice-Edwin-Cameron-irrational-fear-and-stigma-feed-increasing-calls-for-criminal-HIV-transmission-laws/page/1427669/>.

¹⁵ Gable, Lance, Lawrence O. Gostin, and James G. Hodge. "A Global Assessment of the Role of Law in the HIV/AIDS Pandemic." *SSRN Electronic Journal*, March 2009, 260-64. doi:10.2139/ssrn.1406573.

disable individuals through quarantine or hospitalization, authorize counselling and treatment, and mandate individuals to refrain from behaviors that may expose others to HIV. Also, public health can meet the goal of HIV prevention by only targeting individuals who need interventions and avoiding much of the negative public health consequences of criminalization. Moreover, public health laws have been used instead of criminal laws in the United States, Canada, and Australia.¹⁶

Evidence shows that progress will backslide, more people will be newly infected with HIV/AIDS, and more people will die from AIDS-related causes if the current level of HIV coverage is simply maintained. Moreover, new sustainable development goals, new innovative solutions, and the rise of regional, national, and local leadership and institutions provide more opportunities than ever before to fast track the HIV response over the next five years. Experts hope that the current opportunities will be fully utilized to end the AIDS epidemic by 2030.¹⁷

Accordingly, countries should also quickly walk hand-in-hand in implementing the new goals and strategies in various ways; one of the ways being

¹⁶ "Fundamentals - The role of the law in the global response to HIV." HIV & AIDS Information :: Fundamentals. Accessed January 18, 2017. <http://www.aidsmap.com/The-role-of-the-law-in-the-global-response-to-HIV/page/1441838/#ref1499360>.

¹⁷ UNAIDS. "UNAIDS Strategy 2016-2021." UNAIDS Strategy 2016-2021 | UNAIDS. August 10, 2015. Accessed April 24, 2017. http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18.

the assessment and updating of legislation related to HIV/AIDS. A module, one like that already made and tested by the WHO, regarding HIV/AIDS will help assess whether laws regarding HIV/AIDS of each Member States and areas of the Western Pacific are up-to-date and take into consideration recent global policies and strategies for HIV/AIDS.

1.2. Objectives

The first objective of this study is to identify global targets for HIV/AIDS through a literature review. The second objective is to create a module, based on the Tool developed by the WHO, for the analysis of legislations specifically regarding HIV/AIDS in countries in the Western Pacific. The third objective is to conduct a pilot study of analysis of laws regarding HIV/AIDS in seven countries in the Western Pacific Region to determine gaps between HIV/AIDS-related laws of countries in the Western Pacific Region with global targets and key fast-track actions devised by the WHO to meet the global targets. The fourth and last objective is to carry out a comparative law analysis between the HIV/AIDS related legislation of seven countries in the Western Pacific Region.

1.3. Methods

First, a comprehensive literature review was conducted to understand the latest global policies and actions on HIV/AIDS and the latest studies of legal analysis on laws related to HIV/AIDS. Second, key goals and actions, including five strategic directions and specific fast-track actions, were identified from “Global Health Sector Strategy on HIV, 2016-2021,” a strategy devised by the WHO for global HIV response. Third, a module (questionnaire), based on global targets, values such as universal health coverage and public health approach, and key fast-track actions from WHO’s Global Health Sector Strategy on HIV, was created. Fourth, a pilot study of the module on seven countries was conducted. The seven countries of the Republic of Korea, Fiji, the Philippines, Australia (Tasmania), Mongolia, Papua New Guinea, and Vietnam, were specifically selected because all countries had a separate law for HIV/AIDS. Lastly, a comparative law analysis for the results of the pilot study for seven countries was carried out.

2. Global Trends of HIV/AIDS Strategy

2.1. HIV/AIDS

2.1.1. Basics of HIV/AIDS

HIV or human immunodeficiency virus causes HIV infection. If left untreated, HIV infection leads to AIDS (acquired immunodeficiency syndrome), the most advanced stage of HIV infection. HIV targets and destroys a specific white blood cell called CD4 cells of the immune system. Since CD4 cells fight infections, loss of CD4 cells leads to the loss of the ability of the body to combat infections and specific cancers.¹⁸

HIV can be spread through contact with the following body fluids of those infected with HIV: blood, semen, breast milk, vaginal fluids, pre-seminal fluid, and rectal fluids. HIV can also be spread from an mother to her child during pregnancy, birth, or breastfeeding. However, HIV medications decrease mother-to-child transmission of HIV if applied to HIV-infected women during pregnancy and

¹⁸ "HIV/AIDS: The Basics | Understanding HIV/AIDS | AIDSinfo," National Institutes of Health, accessed January 4, 2017, <https://aidsinfo.nih.gov/education-materials/fact-sheets/19/45/hiv-aids%E2%80%94the-basics>.

childbirth or their babies after birth.¹⁹

Antiretroviral therapy (ART) refers to the use of HIV medication to treat HIV infection. ART uses a combination of HIV medicines (also called antiretrovirals or ARVs) each day, blocks HIV from multiplying, reduces the amount of HIV, and, as a result, prevents the HIV infection from advancing into AIDS. Thus, ART cannot cure an HIV infection but can help those living with HIV to live longer and healthier lives. HIV medications can also decrease HIV transmission, reducing the chance of transmission by ninety-seven percent.^{20,21}

Symptoms may appear on and off for a month or two after HIV infection. Some experience flu-like symptoms, such as fever or headache. Since, HIV multiplies at a very low rate after the earliest stage of HIV infection, more serious symptoms of HIV infection such as rapid weight loss and diarrhea usually do not appear for many years. Moreover, HIV can be transmitted at any stage of infection even if there are no symptoms of infection.

If left untreated, HIV may advance into AIDS in ten years or more, but the time varies. To determine whether a person infected with HIV has AIDS, the person's CD4 concentration is counted (number of CD4 cells in a sample of blood). A person

¹⁹ Same as above.

²⁰ Same as above.

²¹ "HIV and AIDS." Global Fund Blog. Accessed January 4, 2017.
<https://www.theglobalfund.org/en/hiv aids/>.

with a severely damaged immune system shows a CD4 count of less than 200 cells per mm³. On the other hand, a healthy person shows a count of 500 to 1,600 cells per mm³. In addition, or alternatively, the person undergoes check-up for opportunistic infections.

When left untreated, HIV infection advances through three main stages. ART using HIV medications can help HIV-infected people at all stages if conducted properly and daily. ART treatment can slow or halt progression.

Stage 1: Acute HIV infection²²

HIV-infected people may experience symptoms much like that of a flu, which may be prolonged for a few weeks, within two to four weeks after infection. During acute HIV infection, a large quantity of virus is produced in the blood, and risk of HIV transmission increases; however, people with acute infection are often unaware of their infection. A fourth-generation antibody/antigen test or a nucleic acid (NAT) test is needed to determine acute HIV infection.

Stage 2: Clinical latency (HIV inactivity or dormancy)

This second stage of HIV infection is called chronic or asymptomatic HIV

²² "About HIV/AIDS." Centers for Disease Control and Prevention. November 30, 2016. Accessed January 4, 2017. <https://www.cdc.gov/hiv/basics/whatishiv.html>.

infection. HIV is still active during this period but reproduces in small amounts. People may also not show any symptoms or sickness during this period. This period can be prolonged for ten years or more if no HIV medications are taken, but for some this period can be shorter. If ART is conducted properly and daily, this period may be prolonged for several decades.

In addition, HIV can still be transmitted to other people during this period. HIV will much less likely be transmitted to others if HIV-infected people undergo ART and have very small concentrations of HIV. Once near the end of this period, the virus concentration increases and the CD4 cell counts begins to decrease. The HIV infected may start to show symptoms as the virus concentration rises in the body, moving the person into Stage 3.

Stage 3: Acquired immunodeficiency syndrome (AIDS)

AIDS is the last, most serious stage of HIV infection. AIDS severely damages the immune system, exposing its host to more serious illnesses called opportunistic illnesses. AIDS can kill its host within three years if left untreated. Common AIDS symptoms are fever, weight loss, swollen lymph glands, chills, and weakness. If people show CD4 cell counts of less than 200 cells/mm or certain opportunistic illnesses, they are diagnosed with AIDS. People who develop AIDS show high concentrations of HIV and can be very contagious.

There is no cure yet for HIV. However, HIV can be suppressed with medications. With the proper medical care, people infected with HIV who are treated before the infection advances can live nearly as long as people who do not have HIV. The Global Health Sector Strategy on HIV, devised by WHO, lays out goals and actions, including five strategic directions, for the global health sector response: “(1) strengthening and focusing national HIV programs and plans through sound strategic information and good governance; (2) defining a package of essential HIV services and high-impact interventions along the HIV services continuum; (3) adapting and delivering the HIV services continuum for different populations and locations to maximize quality and achieve equitable coverage; (4) implementing systems to fully fund the continuum of HIV services and to minimize the risk of financial hardship for those requiring the services; (5) and embracing innovation to drive rapid progress”.²³

To measure the final goal of eliminating the AIDS epidemic by 2030, tracking new HIV infections has been set as the leading indicator.

²³ "Global health sector strategy on HIV, 2016-2021," World Health Organization, 08, accessed January 4, 2017, <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

2.1.2. Challenges²⁴

HIV is still a real public health threat in all regions even with progress in the response. Benefits of effective HIV services and interventions are not being fully reaped as there is not enough coverage and the rate of expansion is not quick enough to reach global targets. Furthermore, at the end of 2014, seventeen out of thirty-seven million HIV-infected people did not know they were infected, and 22 million were not receiving antiretroviral therapy. In addition, because the HIV response globally has been uneven, populations are being left out and serious inequities still exist. Moreover, HIV incidence is increasing in some countries and regions. In sub-Saharan Africa, teen girls and young women are being infected twice as fast as that of teen boys and young men their age. Most importantly, progress in the combat against the HIV epidemics is not reaching many of the populations with the highest risk for HIV infection and is insufficient and not quick enough.

Significant gaps in access to treatment and care also exist in many countries. Gender-based violence, discrimination, stigmatization, and human rights

²⁴ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

violations continue to inhibit key populations, young women, adolescents, and children, adolescents from accessing health services. Also, as approximately 70% of people infected with HIV live in middle-income countries, the success of worldwide HIV treatment will be affected by the amount of efforts made in these countries. Increasing sustainable and equitable health financing systems for middle-income countries will be crucial as the priorities of donors continue to change. Moreover, low-income countries will continue to depend on funding from other countries. Humanitarian emergencies, triggered by natural disasters, economic crises, climate change, and conflict, dismantle local health systems and force large numbers of people into migration with disrupted or little access to health services.

Other challenges include the exclusion of populations and areas by national HIV responses and rapid expansion of HIV programs without ensuring quality, which decrease program effectiveness, waste resources, and lead to harmful public health outcomes, such as the emergence of drug resistant HIV strains.²⁵ As demand for and use of HIV programs increase, ensuring the quality of prevention, diagnostic, and treatment products is crucial.

²⁵ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

Moreover, coinfections, such as hepatitis B and C, and other comorbidities, such as cancers, cardiovascular disease, diabetes and other noncommunicable diseases challenge investments being made in HIV treatment. Tuberculosis still causes the most HIV-related deaths and hospitalization of adults and children infected with HIV even with the expansion of antiretroviral therapy and improvements in prevention and management of HIV and tuberculosis.²⁶

Most importantly, maintaining coverage at current levels or gradually scaling up HIV response leads to a backfire of new HIV infections and HIV-related deaths. If new actions are not taken, the number of new HIV infections will increase, and consequently more people will need HIV treatment and care. As a result, costs for prevention, care, and treatment will continue to increase. The number of people infected with HIV worldwide reached about 33.3 million at the end of 2015.²⁷

To prevent the aforementioned outcomes, the WHO has devised actions to do in its strategy. Actions include the acceleration of development and application of wide-ranging, high-impact HIV prevention and treatment interventions, use of people-centered and rights-based approaches, preparation of sustainable financing

²⁶ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

²⁷ Same as above.

for HIV programs, and introduction of HIV response into more health programs and services.

2.2. Global Health Sector Strategy on HIV, 2016-2021²⁸

2.2.1. The Sustainable Development Goals^{29,30,31}

The Sustainable Development Goals have set an auspicious and comprehensive development plan for the years 2016~2030. Health is a major component of the post-2015 agenda as health plays an important role in lessening poverty and assisting development. Sustainable Development Goal 3 identifies health challenges crucial to development, including target 3.3 on communicable diseases, which embraces ending of the AIDS epidemic.

Working to end AIDS helps achieve other health targets such as decreasing maternal mortality (target 3.1), reducing preventable deaths of newborns and children under the age of five (target 3.2), decreasing mortality of noncommunicable diseases, preventing and treating sexual and reproductive health (target 3.7), and achieving universal health coverage (target 3.8).

²⁸ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

²⁹ "United Nations Official Document." United Nations. October 21, 2015. Accessed January 4, 2017. http://www.un.org/ga/search/view_doc.asp?symbol=A%2FRES%2F70%2F1&Lang

³⁰ UNAIDS. "UNAIDS Strategy 2016-2021." UNAIDS Strategy 2016-2021 | UNAIDS. August 10, 2015. Accessed April 24, 2017.

http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18.

³¹ The Global Fund. "The Global Fund Strategy 2017-2012." The Global Fund Strategy. Accessed January 11, 2017. <https://www.theglobalfund.org/en/strategy/>.

Not just that, stopping the AIDS will help end poverty (Goal 1), end hunger (Goal 2), increase good health and well-being (Goal 3), achieve gender equality and empower women and girls (Goal 5), reduce inequality in access to services and goods (Goal 10), create inclusive societies (Goal 16), and strengthen financing, capacity building, and health systems for implementation (Goal 17).

2.2.2. Universal Health Coverage³²

As a result of out-of-pocket health expenses, 150 million people suffer financial crisis and 100 million go through impoverishment every year. The Sustainable Development Goals emphasize securing financial security and health equity, and universal health coverage outlines the framework for achieving financial security and health equity.

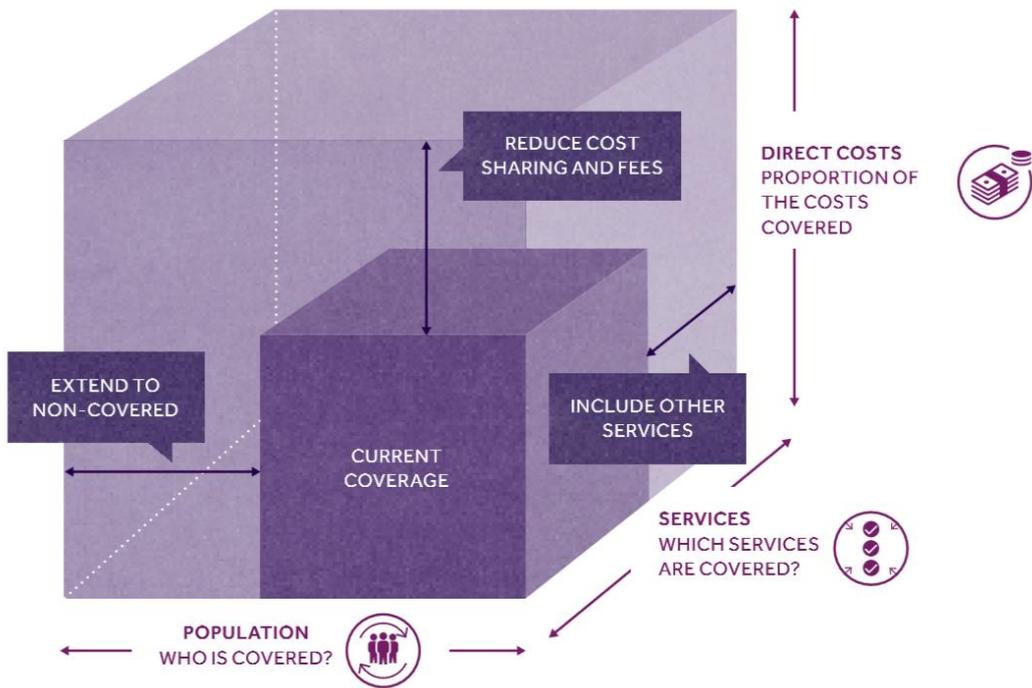
The goal of universal health coverage (see Figure 1) is to provide all people the health services they need without making them suffer financial hardships as they pay for the services.³³ Universal health coverage is composed of three major objectives, which are covering the range of services needed, covering the

³² "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

³³ "What is universal health coverage?" WHO. Accessed January 2017. http://www.who.int/features/qa/universal_health_coverage/en/.

populations in need of services, and covering the costs of populations through reduction of costs and provision of financial protection.

Figure 1. Three Dimensions of Universal Health Coverage³⁴



³⁴ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

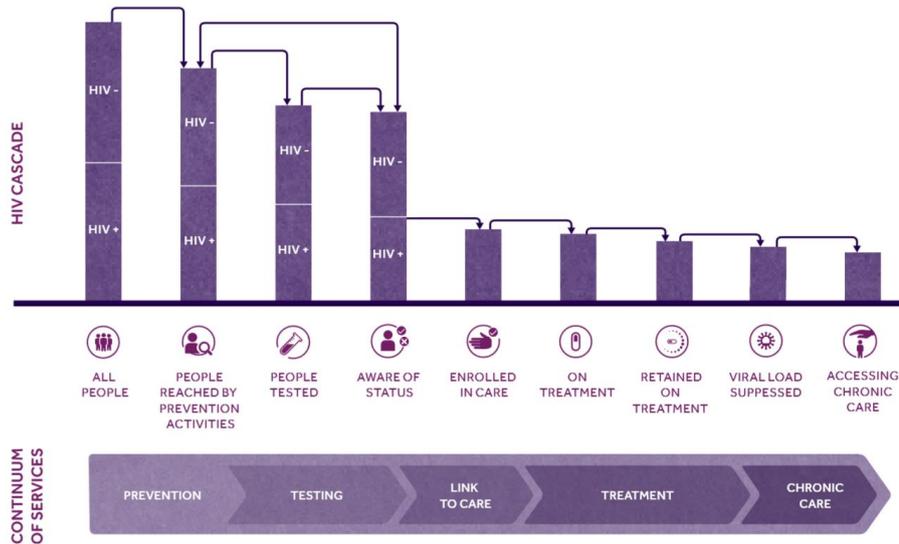
2.2.3. The Continuum of HIV Services³⁵

The continuum of HIV services serves as an organizing framework for implementation while universal health coverage serves as an all-encompassing framework for the strategy. It is crucial that countries carry out highly effective and evidence-based interventions throughout the whole continuum of HIV services, especially on populations and areas that have the greatest burden for HIV and where most HIV transmission occur. Thus, the continuum of HIV services need to be modified accordingly to best suit different populations and environments. Common comorbidities such as tuberculosis and viral hepatitis should also be taken care of.

The strategy aims to help individuals receive care as early as possible according to the continuum, keep them in care, and reduce as much exits from or halts to treatment along the cascade. The strategy recommends methods to improve quality of services and programs and outlines essential services and interventions. Also, as shown in Figure 2, follow-up for people living with HIV decreases as they move along the continuum for HIV services, creating retention.

³⁵ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

Figure 2. Continuum of HIV services³⁶



2.2.4. A Public Health Approach³⁷

The Global Health Sector Strategy on HIV takes a public health approach through the inclusion of prevention of disease, promotion of health, and extension of life of the population. A public health approach also includes achieving health equity, supporting gender equality, providing the best and widest possible access to high-quality services through standardized interventions and services that can

³⁶ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

³⁷ Same as above.

be increased or decreased in quantity accordingly to the demand, especially in situations where resources are limited. The public health approach also aims to strengthen health in all policies through legal, policy, and regulatory reforms. Moreover, a public health approach involves the strengthening of linkages and integration between HIV and other services to increase the performance of HIV programs.

Most importantly, the Global Health Sector Strategy on HIV utilizes the positive and lasting changes that HIV responses have brought to many countries, strengthening their health systems and improving quality of services. The strategy also focuses on reducing financial risks to individuals and communities living with HIV/AIDS through financing models and strategies, utilizing advancements in science and technology that make possible the quick provision of services in resource-limited settings, using various methods of service delivery such as decentralized and linked services, applying provision of lifelong care, and improving monitoring, evaluation, attainment, and distribution systems. Lastly, the strategy emphasizes working with communities to design, implement, and monitor HIV programs.

2.2.5. Critical Areas for Fast-Track Action³⁸

The Global Health Sector Strategy mentions six areas where efforts, resources, and new resolutions must be committed in order to attain the 2020 and 2030 goals.

The first area pertains to prevention of HIV transmission through combination of antiretroviral therapy and pre-exposure prophylaxis and other new tools. Pre-exposure prophylaxis are antiretroviral drugs that prevent HIV infection and when combined with antiretroviral therapy can stop HIV transmission to sexual and drug partners who do not have HIV. Moreover, male and female condoms together with lubricants must continue to be utilized, and improvements in condom programming can advance HIV response. Male circumcision also plays a huge role in the prevention of HIV transmission. Aiming for 80% coverage in regards to voluntary medical male circumcision in countries of priority will reduce new infections in these countries with the largest HIV epidemics. Lastly, a HIV vaccine would greatly help the spread of HIV.

The second area is the upgrade of quality of HIV testing services to increase

³⁸ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

awareness of HIV infections. New HIV testing methods and technologies of good quality will connect more people infected with HIV to early treatment and care, increasing HIV prevention and effectiveness of treatment. Also, concentration of HIV testing services on people with high risks of HIV infection will help in their treatment.

The third area is the expansion of quality treatment for all people living with HIV. As of June 2016 according to UNAIDS, only 17 million people out of 30 million people living with HIV have been treated and expanding treatment to all people living with HIV will surely reduce new infections and deaths. Countries and partners will have to make exceptional efforts to provide antiretroviral therapy for all people infected with HIV. Moreover, access to treatment must be provided to infants, children, teenage boys and girls, men, and key populations who often do not have access to HIV treatment. In addition, the quality of medicines and services must be ensured, and strategies to keep patients on treatment must be carried out to maximize treatment.

The fourth area is provision of complete care. Thirty-million people infected with HIV all have different health needs, which must be attended to. Treating common comorbidities such as tuberculosis and hepatitis alongside HIV is reducing morbidity and mortality. Strengthening linkages with treatment services for common comorbidities and noncommunicable diseases will significantly

increase the effectiveness of HIV programs. Mental health and substance use disorders must also be addressed.

The fifth area is providing protection for those most vulnerable and affected. HIV prevention interventions and services must reach girls and young women, who are the most vulnerable and affected in many communities, particularly in sub-Saharan Africa. Efforts need to be made to strengthen community-based services to reach key populations (especially men who have sex with men, sex workers, prisoners, transgenders, and people who inject drugs), reduce gender-based violence, provide proper interventions for adolescents, and provide services to mobile and displaced populations. Moreover, laws and policies that stigmatize people with HIV, create access barriers to services, and prolong inequities and inequalities must be amended.

The sixth area is the reduction of costs and improvement of efficiencies. Since there are other competing global health and development priorities and resources are limited, cost of key HIV medicines and other commodities need to be reduced and the efficiencies of service delivery need to be enhanced.

2.2.6. Global Targets for 2020³⁹

Global targets for HIV-related deaths are (1) reducing global HIV-related deaths to below 500,000, (2) reducing tuberculosis deaths among people living with HIV by 75%, (3) and reducing hepatitis B and C deaths among people coinfecting with HIV by 10.

Global targets for HIV testing and treatment are (1) 90% of people living with HIV knowing their HIV status, (2) 90% of people diagnosed with HIV receiving antiretroviral therapy, and (3) 90% of people living with HIV, and who are on treatment, achieving viral load suppression.

Global targets for prevention are (1) reduction of new HIV infections to below 500,000 and (2) zero new infections among infants.

Global targets for discrimination are (1) zero HIV-related discriminatory laws, regulations and policies, and zero HIV-related discrimination in all settings, especially health settings, (2) 90% of people living with HIV and key populations reporting no discrimination in the health sector.

Global targets for financial sustainability are (1) overall financial investments for the AIDS response in low- and middle-income countries reaching at least

³⁹ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

US\$ 26 billion, with a continued increase from the current levels of domestic public sources and (2) all countries having national health financing arrangements with essential HIV services integrated into them.

Global targets for innovation are (1) increase of research and development of HIV related vaccines and medicines for use in treatment and prevention and (2) provision of access to health services for HIV, tuberculosis, hepatitis B and C, reproductive health and sexually transmitted infections by 90% of countries.

2.2.7. Five Strategic Directions⁴⁰

Strategic direction 1 “What is the Situation?” entails understanding the HIV/AIDS epidemic and response for national planning, implementation, resource mobilization and allocation, political commitment, and improvement of national HIV programs.

Strategic direction 2 “What Services Should Be Delivered?” discusses the interventions and services needed along the continuum of HIV services to achieve national and global targets and addresses the first dimension of universal health coverage.

Strategic direction 3 “How Can These Be Delivered?” discusses how best the

⁴⁰ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

continuum of HIV services can be delivered to different populations and in different areas to achieve equity, quality, and effectiveness and addresses the second dimension of universal health coverage.

Strategic direction 4 “How Can the Costs of Delivering the Package of Services Be Covered?” discusses how the continuum of HIV services can be delivered without causing financial difficulties for people living with HIV, how costs can be reduced, and addresses the third dimension of universal health coverage.

Strategic direction 5 “How Can The Trajectory of the Response Be Changed?” discusses how actions can be fast-tracked to reach the 2020 and 2030 targets and identifies gaps in knowledge and technology.

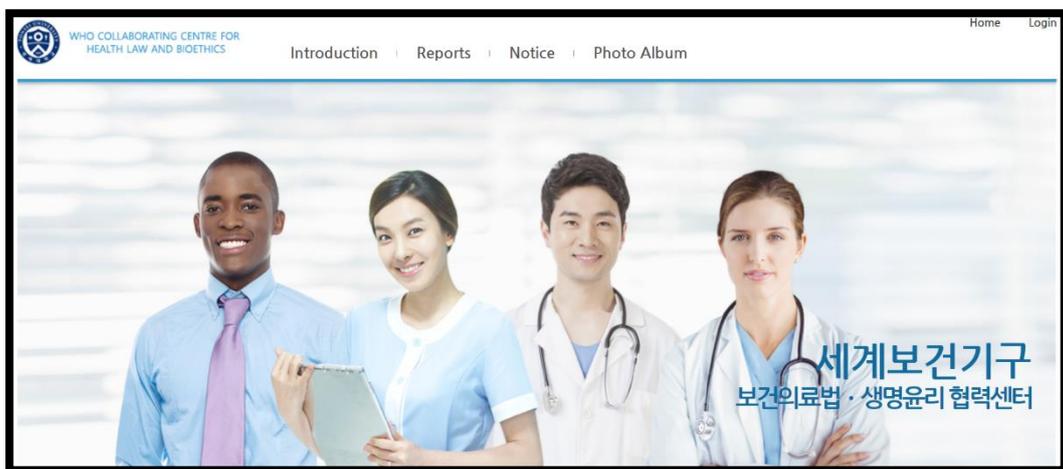
3. Module for the Analysis of HIV/AIDS related legislation

3.1. Tabulation of Countries and Areas in the Western Pacific Region With HIV/AIDS related Legislation

As of date, the WHO assessment tool has been applied to a total of thirty-five Member States of the WHO in the Western Pacific Region. Accordingly, thirty-five reports of in-country analysis for public health laws have been synthesized. Using these reports and with the permission of the WHO Regional Office for the Western Pacific, the Asian Institute for Bioethics and Health Law (AIBHL), also designated as WHO collaborating centre for Health Law and Ethics, has created a public health law database in 2016. As shown in Figure 3, through the website, one can look up the results for reports of in-country analysis for public health laws, more specifically the results (names of laws) for each question listed in Module 1 on International Digest of Health Legislation (IDHL), for any of the thirty-five desired countries and areas in the Western Pacific Region and download the laws related to each module question. The strengths of this database are that it possesses the latest versions of laws and that new amended laws will be uploaded accordingly each year.

Moreover, the author of this study has taken part in the creation of this public health law database and the tabulation of public health laws listed in each of the thirty-five reports of in-country analysis for public health laws.

Figure 3. Asian Institute for Bioethics and Health Law (WHO Collaborating Centre for Health Law and Bioethics) Public Health Law Database



The following countries and areas were identified to possess laws related to HIV/AIDS: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Guam, Hong Kong (SAR China), Japan, Kiribati, Macao (SAR China), Malaysia, Marshall Islands, Mongolia, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Singapore, Tonga, Tuvalu, Vanuatu, and Vietnam.

Out of the twenty-four countries with laws related to HIV/AIDS, eight countries - Australia, Cambodia, China, Fiji, Mongolia, Papua New Guinea,

Philippines, Republic of Korea - had separate laws just for HIV/AIDS, while twenty-one countries possessed articles that mentioned HIV/AIDS in laws such as the Public Health Act (Australia, Cook Islands, Vanuatu), Infectious Diseases Act (Brunei Darussalam, Singapore), Employment (Amendment) Act 2008 (Kiribati), Communicable Diseases Prevention and Control Act 1988 (Marshall Islands), and Prostitution Reform Act 2003 (New Zealand).

3.2. Making of the Module for the Analysis of HIV/AIDS related legislation - Five Strategic Directions

As HIV/AIDS is still an ongoing global epidemic that threatens public health in all regions, a module encompassing the major policies, strategies, and areas of the fight against HIV/AIDS will assist countries in assessing the current status of their legislation regarding HIV/AIDS, meeting the current challenges, and ultimately ensuring that their legislation support conditions that enable those with HIV to live healthy lives. As already described in details, the WHO has put together clear and thorough strategic directions and priority actions for the global combat against ending the AIDS epidemic in the “Global health sector strategy on HIV, 2016-2021”. The making of the module for the analysis of HIV/AIDS related legislation centers mainly upon the strategy. Most of the questions were based on fast-track actions for each of the five strategic directions.

The topics and keywords of the questions listed in the module can be organized as seen in Table 1. The “Main Subject” column refers to the five strategic directions set in the “Global health sector strategy on HIV, 2016-2021.” The second column, “Specific Subjects,” lists the specific topics under each of the five strategic directions. The last column, “Keywords,” includes the keywords of each of the module questions, or key fast-track actions that were selected for each

of the five strategic directions. For example, under the first strategic direction of “Information for Focused Action,” there were specific topics of comprehensive strategic information system, governance, national strategic planning, and accountability of national HIV/AIDS programs. Under the same strategic direction of “Information for Focused Action,” a total of four module questions were created with the following keywords: laws for management of HIV/AIDS (Module Question #1), HIV information system (Module Question #2), review and update of the national HIV strategy (Module Question #3), and monitoring of national HIV program (Module Question #4).

Table 1. Categorization of Module Questions by Subject^{41,42}

Main Subject	Specific Subjects	Keywords (Module Question #)
Information for Focused Action	<ul style="list-style-type: none"> - Comprehensive information system - Governance - National Strategic Planning - Accountability 	<ul style="list-style-type: none"> - Laws for management of HIV/AIDS (Module Question #1) - HIV information system (Module Question #2) - Review and update of the national HIV strategy (Module Question #3) - Monitoring of national HIV program (Module Question #4)
Interventions for Impact (covering the range of services needed)	<ul style="list-style-type: none"> - HIV Treatment - HIV Testing - Treatment and Care 	<ul style="list-style-type: none"> - Prevention and interventions (Module Question #5) - Elimination of mother-to-child HIV transmission infants, lifelong antiretroviral therapy (Module Question #6) - Meeting ethical standards (Module Question #7)

⁴¹ "Global health sector strategy on HIV, 2016-2021." World Health Organization. June 2016. Accessed January 4, 2017. <http://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/>.

⁴² Main subjects and some keywords have been used word-by-word from WHO's "Global health sector strategy on HIV, 2016-2021."

Delivering for Equity (covering the populations in need of services)	<ul style="list-style-type: none"> - Adapting Services - Securing Supply - Human Resources - Enabling Environment 	<ul style="list-style-type: none"> - Diversification of testing approaches and services, decentralization of services (Module Question #8) - Provision of testing services to reach populations and locations where HIV burden is greatest (Module Question #9) - Regular review and update of national HIV treatment (Module Question #10) - Continuity of treatment, differentiated care (Module Question #11) - Adaptation of service delivery models to strengthen linkages with other health areas and to achieve equity, with a focus on reaching adolescents, young women, men, and key populations (Module Question #12) - Enabling of effective engagement of and capacity building of communities, ensuring of legal framework facilitating collaboration partnerships with community groups and between public and private sectors (Module Question #13) - Creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination (Module Question #14)
Financing for sustainability (covering the financial costs of services)	<ul style="list-style-type: none"> - Reducing Financial Barriers - Monitoring of Health Expenditures, costs, and cost-effectiveness of HIV services 	<ul style="list-style-type: none"> - Universal protection against health-related financial risk (Module Question #15)
Innovation for acceleration (looking towards the future)	<ul style="list-style-type: none"> - Optimizing HIV Prevention, Testing, and Diagnostics - Optimizing HIV Medicines and Service Delivery 	<ul style="list-style-type: none"> - Procurement of quality-assured HIV medicines (Module Question #16)

After the process of discerning the five strategic directions and specific topics included in each of the five strategic directions and selecting important key fast-track actions and extracting the keywords from these key fast-track actions, the rationale behind the selection of specific key fast-track actions were written out (see Table 2). Then, sixteen module questions were made as listed in Table 3. Question 1, however, is not a key fast-track action, but a basic question for the existence of laws for the management of HIV/AIDS.

Table 2. Rationale Behind Keywords of Each Module Question

Keywords (Module Question)	Rationale
Management of HIV/AIDS (Module Question #1)	Some countries have separate laws for HIV/AIDS. More details in regards to HIV/AIDS prevention, care, and treatment are generally listed in laws made separately for HIV/AIDS.
HIV information system (Module Question #2)	In order to understand the HIV epidemic thoroughly and respond effectively, a nation must build and maintain an information system that informs all national strategic planning, resource allocation, and specific actions for HIV response.
Review and update of the national HIV strategy (Module Question #3)	National HIV strategy is a crucial factor for effective HIV response, national strategic planning, resource allocation, coordination of roles and actions of different stakeholders, and alignment of the HIV response with more far-reaching health programs, global targets and actions; therefore, the national HIV strategy must be consistently updated to take into account new national HIV targets and priorities.

Keywords (Module Question)	Rationale
Monitoring of national HIV program (Module Question #4)	Likewise, national HIV programs play a critical role in national HIV response. Thus, regular reports must be submitted, assessed, and taken into account to make sure HIV programs are meeting objectives and effectively contributing to national HIV response.
Prevention and interventions (Module Question #5)	In order to meet the goal to reduce new HIV infections to less than 500,000 by 2020, high-impact prevention interventions that reduce vulnerability, prevent sexual transmission, transmission through injecting drug use, transmission in health care settings, and mother-to-child transmission must be implemented.
Elimination of mother-to-child HIV transmission, lifelong antiretroviral therapy (Module Question #6)	Lifelong antiretroviral therapy for all pregnant and breastfeeding women living with HIV, early infant diagnosis, and infant treatment are needed in order to achieve the target of zero new infections among infants by 2020.
HIV testing meeting ethical standards (Module Question #7)	Testing should be consensual and confidential. Information and counselling should be provided also.
Diversification of testing approaches and services, decentralization of services (Module Question #8)	In order to achieve the global target of 90% of people with HIV knowing their status by 2020, new and effective HIV testing methods, strategies, and technologies must be used more widely. HIV testing is the first crucial step for the enabling of people with HIV to know their status and receive services for prevention, treatment, and care.
Provision of testing services to reach populations and locations where HIV burden is greatest (Module Question #9)	Especially in regions or situations where resources are limited, HIV testing services should be focused on populations and locations where HIV burden is greatest.

Keywords (Module Question)	Rationale
Regular review and update of national HIV treatment (Module Question #10)	In order to reach the global target of 90% of people with HIV receiving antiretroviral therapy and viral suppression of 90% of people on antiretroviral therapy by 2020, the scale-up of antiretroviral therapy needs to be fast-tracked, and major improvements in treatment adherence, antiretroviral therapy procedures, and effective HIV drug-resistance surveillance need to be made. Thus, national HIV treatment and care guidelines and protocols must be regularly reviewed and updated to make the improvements possible and also to take into account new scientific evidence, new medicines, and technologies are produced. Also, common comorbidities such as tuberculosis and hepatitis are major causes of morbidity and mortality for people with HIV. Therefore, guidance on prevention and management of common comorbidities must also be regularly reviewed and updated.
Continuity of treatment, differentiated care (Module Question #11)	Since people with HIV also experience other health issues such as non-HIV-related coinfections, comorbidities, and ageing, continuity of care must be ensured. Moreover, since there is a broad range of comorbidities and coinfections, differentiated care must be provided. Continuity of treatment and differentiated care support universal health coverage.
Adaptation of service delivery models to strengthen linkages with other health areas and to achieve equity, with a focus on reaching adolescents, young women, men, and key populations (Module Question #12)	It is important to take a public health approach in regards to HIV response. Laws regarding HIV response should aim to achieve health equity, engage communities, strengthen integration and linkages between HIV and other services, and promote health in all policies.
Enabling of effective engagement of and capacity building of communities, ensuring of legal framework facilitating collaboration	As mentioned above, laws regarding HIV response should take a public health approach by enabling and engaging communities and

Keywords (Module Question)	Rationale
partnerships with community groups and between public and private sectors (Module Question #13)	encourage and support stronger collaboration and partnerships with community groups and between the public and private sectors to improve the impact and efficiency of the HIV response.
Creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination (Module Question #14)	Often, because of stigmatization and discrimination, people with HIV hesitate to access HIV services and reveal their HIV infection. Therefore, it is crucial that HIV response-related laws should ensure the creation of safe environments in which people with HIV can receive HIV services without fear of discrimination.
Universal protection against health-related financial risk (Module Question #15)	Everyone has a basic right to be healthy and receive treatment when ill. A person with HIV should not suffer impoverishment just for paying for HIV services. Universal protection against health-related financial risk is an important part of universal health coverage, and laws related to HIV response must ensure financial protection for HIV patients.
Attainment of quality-assured HIV medicines (Module Question #16)	In order to reach the global targets for HIV response by 2020, attaining quality-assured goods for HIV prevention, testing, treatment, and care is important for accelerating the current HIV response.

As shown in Table 3, a total of sixteen module questions are listed in the first column. In the second and third columns labeled “Y” and “N”, if the laws of the country under assessment includes sections on the topics of the module questions, the second column, “Y,” would be marked with a circle. For example, the law for HIV/AIDS, Prevention of Acquired Immunodeficiency Syndrome Act, in the Republic of Korea included a section on the ensuring of HIV testing meeting ethical and quality standards, so the “Y” column was marked with a circle (as shown in page 108). The last column labeled “Explanatory Note” includes the section of the law that specifically mentions or is related to the topics of the module question. It may also include specific interpretations of the author in regards to how specific sections of the law may talk about certain topics in the module questions, but are not directly related.

In regards to the first module question of whether there are any law(s) relating to the management of HIV/AIDS, the criteria was restricted to primary legislation, excluding national policies, strategies, plans, and more. Moreover, some countries had separate laws for the management of HIV/AIDS, and these laws were carefully looked through.

Table 3. Module for the Analysis of HIV/AIDS related legislation⁴³

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?			
2. Does your country have law(s) that ensure a HIV information system?			
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?			
4. Does your country have law(s) relating to the monitoring of national HIV programs?			
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?			
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?			
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?			
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?			
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?			
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and			

⁴³ Some of the content of module questions have been used word-by-word from WHO's "Global health sector strategy on HIV, 2016-2021."

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
management of common comorbidities such as tuberculosis and hepatitis?			
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?			
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?			
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?			
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?			
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?			
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?			

4. Analysis of HIV/AIDS related legislation in seven countries in the Western Pacific Region

Reports of in-country analysis for public health laws, synthesized through the WHO Tool for assessment of country-level public health law and legislation, were referred to when searching for HIV/AIDS-related legislation. Question 11 of Module 1 on IDHL specifically asks for the existence of laws regarding HIV/AIDS, including criminal laws, immigration laws, and family laws.

Laws identified as being related to HIV/AIDS were then read through to determine whether the laws included key components (strategies and goals) of the “Global health sector strategy on HIV, 2016-2021”.

4.1. Republic of Korea

Questions	Y	N
1. Does your country have law(s) relating to the management of HIV/AIDS?	●	
2. Does your country have law(s) that ensure a HIV information system?	●	
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●	
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●	
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●	
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●	
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?	●	

Questions	Y	N
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●	
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?		●
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●	
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?		●
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?	●	
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●	
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●	
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?	●	

There were two laws identified (Prevention of Acquired Immunodeficiency Syndrome Act and Infectious Disease Control and Prevention Act) in the WHO Report of In-country Analysis for Public Health Law for the Republic of Korea as being related to HIV/AIDS.⁴⁴ The Prevention of Acquired Immunodeficiency Syndrome Act ensures that HIV testing services meet ethical standards through prohibition of divulgence of confidential information, notification of results of a medical examination of AIDS only strictly to the person who took the medical examination, and penal provisions for people who divulged any confidential information. The Act also ensures differentiated care through establishment of specialized medical institutions and sanatoriums that provide information and counselling services to people living with HIV. In addition, the Prevention of Acquired Immunodeficiency Syndrome Act includes a section in Article 3 on the creation of community environment that encourages people to access HIV services without fear of discrimination through the provision of education and publicity campaigns for the prevention of discrimination and prejudice against people infected with HIV. The Act also mentions in Article 3 the duty of the state, local governments, and citizens to respect fundamental rights and dignity of

⁴⁴ Korea Legislation Research Institute. "Prevention of Acquired Immunodeficiency Syndrome Act." Statutes of the Republic of Korea. Accessed April 18, 2017. http://elaw.klri.re.kr/eng_service/lawView.do?hseq=27751&lang=ENG.

people infected with HIV and not having them suffer a disadvantage or discrimination because of their HIV infection. Moreover, the Act states in Article 3 that no employer can put a worker in disadvantage or discrimination because of his or her HIV infection. Moreover, the Act provides, in Article 4, universal protection against health-related financial risk through the provision of financial protection for family members dependent on the person infected with HIV who faces difficulty in maintaining their living. Article 22 describes the bearing of expenses related to HIV testing, treatment, and care by the state or local government. The Act also states that the state and local governments contribute to activities for the prevention and medical treatment of AIDS through cooperation with the international community in Article 3; however, the Act does not mention the SDGs and global targets devised by the international community under the leadership of UNAIDS and WHO. Moreover, the following three out of eight module questions were not mentioned: (1) elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women; (2) regular review and update of national HIV treatment and care guidelines and protocols; and (3) adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity.

The Framework Act on Health and Medical Services included keywords of other module questions. The Act mentions the provision of testing services to

achieve equity (Module Question 9) by having state and local governments meet the demand of all citizens for basic health and medical services in an equitable manner. The Act also includes the ensuring of stronger collaboration between the public and private sectors (Module Question 13) by giving the Minister of Health and Welfare, the head of relevant central administrative agency, a mayor or Do governor, and the head of the a si/gun/gu the authority to request related institutions and organizations to cooperate such as submitting data when needed to formulate or implement plans for the development of health and medical services.

Even though the Republic of Korea had a separate law for the management of HIV/AIDS, other laws such as the Framework Act on Health and Medical Services had to be looked through to understand the bigger picture for HIV/AIDS response. Also, it would help consolidate the legal basis for a more wholesome HIV/AIDS response if the Prevention of Acquired Immunodeficiency Syndrome Act could include the important HIV/AIDS responses that were included in other Acts and also the three key fast-track actions that were not mentioned by all three Acts that were studied.

4.2. Fiji

Question	Y	N
1. Does your country have law(s) relating to the management of HIV/AIDS?	●	
2. Does your country have law(s) that ensure a HIV information system?		●
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●	
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●	
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●	
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?	●	
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●	
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●

Question	Y	N
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●	
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●	
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●	
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?	●	
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?		●
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●	
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●	
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?	●	

There were four laws identified (one law just for HIV/AIDS, HIV/AIDS Decree 2011, and Public Health Act 2004, Crimes Decree 2009, and Family Law Act 2003) as being related to HIV/AIDS in the WHO Report of In-country Analysis for Public Health Law for Fiji.⁴⁵ The HIV/AIDS Decree 2011 covered the key fast-track actions recommended by the WHO in regards to equity, universal health coverage, financial protection, development and update of treatment plans to ensure continuity of treatment and differentiated care, prohibition of discrimination and stigmatization, ensuring of HIV testing services meeting ethical standards, regular update and review of national plans for HIV strategy and treatment and care guidelines and protocols, ensuring of attainment of quality-assured HIV medicines, and inclusion of international guidelines. However, the decree did not include the following key fast-track actions recommended by the WHO such as HIV information system (Module Question 2), diversification of testing methods and services (Module Question 8), and enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks for stronger collaboration with community groups and between the public and private sectors (Module Question 13). Amending the HIV/AIDS Decree to include a HIV information system,

⁴⁵ Report of In-country Analysis for Public Health Law for Fiji. World Health Organization Regional Office for the Western Pacific.

diversification of testing methods and services, and enabling of effective engagement of communities would strengthen the legal basis for a more comprehensive and effective HIV/AIDS response in Fiji.

4.3. Philippines

Questions	Y	N
1. Does your country have law(s) relating to the management of HIV/AIDS?	●	
2. Does your country have law(s) that ensure a HIV information system?	●	
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●	
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●	
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●	
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●	
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?	●	

Questions	Y	N
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●	
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●	
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?		●
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?	●	
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?	●	
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●	
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●	
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?		●

There was only one law identified (Philippine AIDS Prevention and Control Act of 1998) as being related to HIV/AIDS in the WHO Report of In-country Analysis for Public Health Law for the Philippines.⁴⁶ The Philippine AIDS Prevention and Control Act of 1998 covered the key fast-track actions recommended by the WHO in regards to equity, universal health coverage, differentiated care, regular update and review of national plans for HIV strategy and treatment and care guidelines and protocols, and inclusion of international guidelines. Moreover, the Act includes the functions of a national AIDS council, which are clear and concise, such as establishment of a comprehensive HIV/AIDS monitoring system, provision of accessible and affordable HIV testing and counselling services to those who are in need of it, and coordination of activities of and strengthening of working relationship between government and non-government agencies involved in the campaign against HIV/AIDS, and cooperation and coordination with foreign and international organizations regarding data collection, research and treatment methods concerning HIV/AIDS.

On the other hand, the Act did not include key fast-track actions recommended by the WHO such as elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and

⁴⁶ <http://hivhealthclearinghouse.unesco.org/library/documents/philippine-aids-prevention-and-control-act-1998>

breastfeeding women (Module Question 6), development and update of treatment plans to ensure continuity of treatment and differentiated care (Module Question 11), and ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities (Module Question 16). However, the Philippines passed an administrative order (Administrative Order No. 2009-0016 of 20 May 2009 of the Department of Health) to include policies and guidelines on the prevention of mother-to-child HIV transmission.

The HIV/AIDS response in the Philippines would be strengthened if the Philippine AIDS Prevention and Control Act of 1998 were amended to include key fast-track actions that were not included. On the other hand, Philippines serves as a good example that legislation other than primary legislation, the only type of legislation studied in this study, may be used to fill in the gaps in the primary legislation for the management of HIV and AIDS. Therefore, there may not be a need to amend the primary legislation to include the global key fast-track actions for HIV/AIDS response and might be more convenient and time-efficient for the country to pass an order or devise a policy instead.

4.4. Australia (Tasmania)

Question	Y	N
1. Does your country have law(s) relating to the management of HIV/AIDS?	●	
2. Does your country have law(s) that ensure a HIV information system?		●
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?		●
4. Does your country have law(s) relating to the monitoring of national HIV programs?		●
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●	
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●	
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●

Question	Y	N
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?		●
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?		●
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?		●
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?		●
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?		●
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?		●
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?		●
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?		●

HIV/AIDS Preventive Measures Act 1993 was identified as being related to HIV/AIDS in the Report of In-country Analysis for Public Health Law for Australia (more specifically, the state of Tasmania). Report of In-country Analysis for Public Health Laws for other five States (New South Wales, Queensland, South Australia, Victoria, Western Australia) and one territory (Northern Territory) mentioned that there were no separate laws for HIV/AIDS.

As the Act did not contain many of the key fast-track actions recommended by the WHO, another law, Public Health Act 2007, related to communicable diseases was looked through. It did not, however, include any of the key fast-track actions recommended by the WHO also, but only mentioned the HIV/AIDS Preventive Measures Act 1993 once.

The HIV/AIDS Preventive Measures Act 1993 only includes two of the fifteen key fast-track actions, which were prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication (more specifically, strict regulation of syringe or needle use that may lead to HIV transmission during drug intake or treatment) and ensuring that HIV testing services meet ethical standards. The act also interestingly includes an extensive section called “Needle Exchange

Programme” on the strict regulation of needle use for the prevention of HIV transmission.

Since only a few key fast-track actions recommended by the WHO for HIV/AIDS response were included in the HIV/AIDS Preventive Measures Act 1993, other forms of legislation other than primary legislation were looked at. It was interesting to find that five national strategies played crucial roles in making Australia’s response to HIV prevention, treatment, and care a success.

Australia was an interesting country to study since Australia is known for its distinctive and quick response to the AIDS epidemic and maintaining of a low rate of HIV infection through prevention and public health programs such as the needle and syringe programs, but the one law devised just for HIV/AIDS in Tasmania, Australia did not include many of the key fast-track actions recommended by the WHO. Australia is an example of a country where policies and public health programs played a bigger role than primary legislation in alleviating the AIDS epidemic. The case of HIV/AIDS response in Australia shows that not all key actions or components of HIV/AIDS response, especially those agreed upon by the global community have to be included in primary legislation of a certain country in order for the HIV/AIDS response to be successful in that country. Moreover, full activation of several key actions such as

strict regulation of use of needles and syringes, mandatory HIV testing, and protection of people living with HIV from discrimination may lead to a successful HIV/AIDS response as in the case for Australia.

4.5. Mongolia

Question	Y	N
1. Does your country have law(s) relating to the management of HIV/AIDS?	●	
2. Does your country have law(s) that ensure a HIV information system?		●
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?		●
4. Does your country have law(s) relating to the monitoring of national HIV programs?		●
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●	
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●	
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●

Question	Y	N
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?		●
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?		●
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?		●
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?		●
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?		●
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●	
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●	
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?		●

The Mongolian Law on AIDS Prevention was shorter than other primary legislation specifically for the management HIV/AIDS in other countries; law was only four pages long. The law has a section to ensure that HIV testing services meet ethical standards. Article 12 “Protection of Human Rights In Connection With HIV Infection” prohibits any restriction of humans rights on the basis of HIV or AIDS, enables the person being tested to ask the person performing tests for HIV infections to show that the person has the accreditation to perform the test, and constrains any organization, employer, or citizen from revealing to anyone that a HIV patient is infected with HIV. The law thoroughly listed out the duties of each group (government, state central public health authorities, health organizations, local governor, press and NGOs, population, physicians and health workers, HIV infected persons and AIDS patients, citizens of Mongolia). The law also included sections on the prevention of spread of HIV through syringes, needles, and other medical instruments in Article 5 and the participation of the population in AIDS prevention activities in Article 8. However, the law did not include any sections on achieving equity, review and update of national HIV treatment and care guidelines or protocol, and enabling of engagement of and capacity building of communities for HIV response.

One interesting detail of the law was the mentioning of the duty of the press and NGOs to actively contribute to distribution of AIDS prevention information to the population of Mongolia.

Since sufficient information was not found in the Mongolian Law on AIDS Prevention, the Criminal Code of Mongolia, described in the report of in-country analysis for public health law for Mongolia as mentioning HIV/AIDS, was also looked through. The Criminal Code included two articles on penalties and fines on failure to treat AIDS and infecting others with AIDS; however, it did include any sections that were not mentioned in the Mongolian Law on AIDS Prevention such as establishment of a HIV information system, review and update of national HIV strategy to adapt new national HIV targets, and diversification of testing methods and services.

In addition, Mongolia's National Strategy To Respond HIV/AIDS in Mongolia included many of the key fast-track actions not mentioned by both the Mongolian Law on AIDS Prevention and the Criminal Code of Mongolia such as a HIV information system (Module Question 2), the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy (Module Question 3), monitoring of national HIV programs (Module Question 4), diversification of testing methods

and services through joining of provider-initiated and community-based testing (Module Question 8), provision of testing services to reach populations where the HIV burden is greatest and to achieve equity (Module Question 9), and enabling of effective engagement of and capacity building of communities and ensuring of legal frameworks for the support of stronger collaboration and partnerships with community groups and between the public and private sectors (Module Question 13).

4.6. Papua New Guinea

Question	Y	N
1. Does your country have law(s) relating to the management of HIV/AIDS?	●	
2. Does your country have law(s) that ensure a HIV information system?		●
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●	
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●	
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●	
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●	
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●

Question	Y	N
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?		●
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●	
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●	
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?	●	
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?	●	
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●	
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●	
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?		●

The National AIDS Council Act 1997 and HIV/AIDS Management and Prevention Act 2003 of Papua New Guinea together included sections on nine of the fifteen key fast-track actions recommended by the WHO. The Act describes functions of the council, which include (1) review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy (Module Question 3), (2) monitoring of national HIV programs (Module Question 4), (3) ensuring that HIV testing services meet ethical standards (Module Question 7), (4) regular review and update of national HIV treatment and care guidelines and protocols (Module Question 10), (5) development and update of treatment plans to ensure continuity of treatment and differentiated care (Module Question 11), (6) adaptation of service delivery models to strengthen integration and linkages with other health areas (Module Question 12), (7) enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors (Module Question 13), (8) creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination, involving communities in the planning and delivery of services to improve their reach, quality and effectiveness (Module

Question 14), and (9) provision of universal protection against health-related financial risk (Module Question 15).

On the other hand, National AIDS Council Act 1997 of Papua New Guinea did have sections on a HIV information system, equity, prioritization of high-impact prevention interventions, diversification of testing methods and services, provision of testing services to reach populations and burden where the HIV burden is greatest, and ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities. Also, like Australia and Mongolia, Papua New Guinea has made up for some of these shortcomings through the Papua New Guinea National HIV and AIDS Strategy 2011-2015 and HIV/AIDS Management and Prevention Act 2003; however, the remaining key fast-track actions recommended by the WHO should be met through amendment of their laws.

4.7. Vietnam

Question	Y	N
1. Does your country have law(s) relating to the management of HIV/AIDS?	●	
2. Does your country have law(s) that ensure a HIV information system?	●	
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●	
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●	
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●	
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?	●	
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●	
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?	●	

Question	Y	N
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●	
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●	
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●	
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?	●	
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?	●	
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●	
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●	
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?	●	

The Law on HIV/AIDS Prevention and Control is an exemplary law that the WHO and the global community will very much like. It included specific sections on all of the fifteen key fast-track actions recommended by the WHO and includes all the values of universal health coverage, equity, removal of discrimination and stigmatization, and public health coverage.

4.8. Cross country comparison

‘Yes or no’ based cross-country comparison of the seven countries (listed in Table 4) in the Western Pacific Region showed interesting results. All countries possessed primary legislation that included sections on the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication (Module Question 5) and the ensuring of HIV testing services meeting ethical standards (Module Question 7). Most of the countries had primary legislation that included sections on the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination (Module Question 14; a total of six countries) and the provision of universal protection against health-related financial risk (Module Question 15; a total of six countries). At least five of the seven countries had primary legislation that included sections on the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy (Module Question 3) and monitoring of national HIV programs (Module Question 4).

On the other hand, HIV/AIDS related primary legislation of five countries did not include sections on the elimination of mother-to-child HIV transmission and

provision of lifelong antiretroviral therapy for pregnant and breastfeeding women (Module Question 6). Furthermore, HIV/AIDS related primary legislation of four countries did not include sections on (1) ensuring of HIV information system (Module Question 2), (2) diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services (Module Question 8), and (3) ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities (Module Question 16).

Based on these results (limited as only primary legislation of seven countries were assessed), it seems the seven countries in the Western Pacific Region understand the importance of (1) prevention of HIV/AIDS through interventions such as condoms, injection safety, and behavior change communication, (2) provision of HIV testing services that meet ethical standards, (3) creating an environment where HIV patients are not discriminated or stigmatized for the fact that they are infected with HIV (so that HIV patients can quickly receive testing and treatment services to stop further spread of HIV and delay morbidity and mortality of AIDS), and (4) provision of universal protection against health-related financial risk. On the other hand, the primary legislation of seven countries do not fully embrace the importance of possessing an information system for HIV,

elimination of mother-to-child HIV transmission, provision of lifelong antiretroviral therapy for women living with HIV, diversification of testing methods and services, adaptation of service delivery models to strengthen integration with other health areas and to achieve equity, enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks in support of stronger collaboration in regards to HIV response, and lastly the ensuring of attainment of quality-assured HIV medicines.

Table 4. Comparative Analysis Result – Yes/No Chart

MODULE : HIV/AIDS							
Questions	ROK	FJI	PHL	AUS	MNG	PNG	VNM
1. Does your country have law(s) relating to the management of HIV/AIDS?	○	○	○	○	○	○	○
2. Does your country have law(s) that ensure a HIV information system?	○	X	○	X	X	X	○
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	○	○	○	X	X	○	○

MODULE : HIV/AIDS							
Questions	ROK	FJI	PHL	AUS	MNG	PNG	VNM
4. Does your country have law(s) relating to the monitoring of national HIV programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	<input type="radio"/>	<input type="radio"/>					
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?	<input checked="" type="checkbox"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	<input type="radio"/>	<input type="radio"/>					
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>

MODULE : HIV/AIDS							
Questions	ROK	FJI	PHL	AUS	MNG	PNG	VNM
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	X	○	○	X	X	○	○
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	○	○	X	X	X	○	○
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?	X	○	○	X	X	○	○
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?	○	X	○	X	X	○	○
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	○	○	○	X	○	○	○
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	○	○	○	X	○	○	○

MODULE : HIV/AIDS							
Questions	ROK	FJI	PHL	AUS	MNG	PNG	VNM
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?	○	○	X	X	X	X	○

When performing a vertical comparison instead of the aforementioned horizontal comparison, the coverage of the fifteen key fast-track actions by the HIV/AIDS-related laws of each country can be assessed. Vietnam had the highest coverage, covering all fifteen key fast-track actions, while Australia showed the lowest coverage, covering just three out of the fifteen key fast-track actions. The countries following soon after with the second and third highest coverage were the Republic of Korea, Fiji, and the Philippines (all covering twelve out of fifteen) and the Papua New Guinea (covering ten out of fifteen), and the countries with the second lowest coverage being Mongolia (covering only five key fast-track actions).

5. Discussion

Through the study, the following objectives were met. First, the global targets for HIV/AIDS were identified through a literature review. Second, a module, based on the Tool developed by the World Health Organization, for the analysis of legislation regarding HIV/AIDS in countries in the Western Pacific was created. Third, a pilot study of analysis of laws regarding HIV/AIDS was conducted for seven countries in the Western Pacific Region. Lastly, a ‘yes or no’ based cross country comparison was carried out to determine the public health law coverage for each key fast-track action for HIV response recommended by the WHO.

Through the pilot study, gaps between HIV/AIDS related primary legislation of seven countries in the Western Pacific Region and global targets for HIV response were identified. Many of the HIV/AIDS related primary legislation were not fully aligned with the global targets described in the "Global health sector strategy on HIV, 2016-2021"; countries with no separate laws for HIV/AIDS probably will most likely meet less of the global targets for HIV response. However, the lack of full alignment or adherence to global targets for HIV/AIDS response does not necessarily mean that the seven countries that were studied are performing poorly in HIV/AIDS response as only primary legislation were studied

through the module. For example, the primary legislation of Australia (Tasmania) for management of HIV/AIDS met only two of the key fast-track actions recommended by the WHO; however, Australia has excelled in the HIV/AIDS response through national strategies and concentration on several key actions such as mandatory HIV testing, strict regulation of needles and syringes, and protection of people living with HIV from discrimination.

Most importantly, since the Global Health Sector Strategy on HIV, 2016-2021 is only a guideline and not an actual law, countries are not obligated to amend their HIV/AIDS related legislation. Also, the difference between domestic law and international law must be acknowledged, and the results of this study can be used only for encouragement or promotion of future amendment of domestic primary legislation of each country to adhere more closely to global targets for HIV/AIDS response; as global cooperation is crucial in fighting the global epidemic of HIV/AIDS and decreasing the number of HIV infections and morbidity and mortality of HIV and AIDS globally.

Moreover, results from cross country comparison showed that laws of the seven countries excelled in meeting the global targets for prevention of HIV, decrease and elimination of HIV/AIDS related discrimination and stigmatization, financial protection, equity, and ethical HIV testing services (e.g. confidentiality

of HIV test results). However, laws of the seven countries did not include key fast-track actions recommended by the WHO such as elimination of mother-to-child HIV transmission, provision of lifelong antiretroviral therapy for pregnant and breastfeeding women, and adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity.

The strengths of this study are as following. This study presents a tool for the analysis of legislation, specifically related to HIV/AIDS, based on an adapted version of a tool used by the WHO for the analysis of laws related to public health in thirty-five countries in the Western Pacific Region. Moreover, the study provides a summary of the global targets for HIV response and the five key strategic directions which the WHO has devised to assist Member States to work together to achieve the ambitious global targets by 2020 and how these global targets for HIV response and five key strategic directions and fast-track actions were devised into module questions for the assessment of HIV/AIDS related legislation. Also, the study identifies gaps between the primary legislation for the management of HIV/AIDS in seven countries in the Western Pacific Region with the global targets for HIV response. Furthermore, the study shows which key fast-track actions recommended by the WHO for HIV response are included the most

by the primary legislation of the seven countries and which were the least included.

The weaknesses of this study are as following. Important key goals or criteria needed for the comprehensive analysis of whether HIV/AIDS-related legislation fully support global targets for HIV response or the most basic services needed for HIV response may have been omitted. Several module questions may have been too specific, demanding more actions than needed for the most basic HIV/AIDS response, from the primary legislation of the seven countries.

The results of this study can be used for future suggestions to Member States in the Western Pacific Region by the WHO Regional Office for the Western Pacific for the reform and update of HIV/AIDS related laws to assist more countries in using law, in particular, primary legislation, to work together to achieve the SDGs in regards to HIV/AIDS and the global targets of 2020 for the HIV response.

Expectation for this study are future applications of the HIV/AIDS module to HIV/AIDS-related laws of countries of interest. Moreover, this study can be used to support future suggestions for the amendment and updating of HIV/AIDS-related laws in including clear national actions and strategies for reaching the global targets for HIV/AIDS response. Also, this study can be used as a guide for

making separate laws for HIV/AIDS in other Member States of the WHO that do not possess separate laws for HIV/AIDS.

There is a need for follow-up study. First, the module can be used for further assessment of HIV/AIDS related legislation in the remaining thirty-one countries and areas of the Western Pacific Region and other Member States of the WHO in other regions of the world. Second, studies for the correlation between laws, starting with primary legislation and expanding to other forms of legislation such as policies and strategies, and the actual effects and results that these laws bring to national HIV/AIDS response should be conducted. This particular study will definitely give an accurate assessment of the role of legislation in fighting infectious diseases and epidemics such as HIV/AIDS, what its shortcomings are, and what specific actions must be taken to upgrade legislation related to HIV/AIDS.

Therefore, laws related to HIV/AIDS should be amended to assist countries in fully utilizing opportunities, including new sustainable development goals, new innovative solutions, and the rise of regional, national, and local leadership and institutions, to fast-track the HIV response over the next five years and prevent the backsliding of progress made on HIV response and occurrence of new HIV

infections and deaths from AIDS-related causes. Most importantly, opportunities should be fully utilized to end the AIDS epidemic by 2030.

6. Conclusion

The aims of this study were to identify and understand global trends of HIV/AIDS strategy, in particular, global targets for HIV/AIDS, create a module for the analysis of laws regarding HIV/AIDS in countries especially in the Western Pacific Region, conduct a pilot study of analysis of laws regarding HIV/AIDS in seven countries in the Western Pacific Region, and lastly, to perform a cross country comparison. The module was based on the Tool that the WHO developed to assess public health laws in the countries and areas of the Western Pacific Region.

Through the pilot study, gaps between HIV/AIDS-related laws of countries in the Western Pacific Region and global targets for HIV response devised under the leadership of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the WHO were identified. Proposal of suggestions for amendments of laws to help each country meet the global agenda on HIV/AIDS response were also made.

The following methods were conducted for the study. First, a comprehensive literature review was conducted to understand the latest global policies and actions on HIV/AIDS and the latest studies of legal analysis on laws related to HIV/AIDS. Second, key goals and actions, including five strategic directions and specific fast-track actions, were identified through the “Global Health Sector

Strategy on HIV, 2016-2021,” a strategy devised by the WHO for global HIV response. Third, a module (questionnaire), based on global targets, values such as universal health coverage and public health approach, and key fast-track actions from WHO’s Global Health Sector Strategy on HIV, was created. Fourth, a pilot study of the module on the primary legislation in regards to the management of HIV and AIDS in seven countries, the Republic of Korea, Fiji, the Philippines, Australia (Tasmania), Mongolia, Papua New Guinea, and Vietnam, was conducted; the seven countries were specifically selected since they all possessed primary legislation focused on the management of HIV and AIDS. Lastly, a horizontal and vertical cross-country comparison, using the results of the pilot study, for the seven countries were carried out.

The study showed that there is a gap between the primary legislation of the seven countries for the management of HIV and AIDS and global targets for HIV/AIDS response set by the global community under the leadership of UNAIDS and WHO. The study also suggests that the gaps can be mended to create a stronger legal basis or safety net for people living with HIV. In addition, the study describes an analysis tool that can be used for the analysis of legislation related to a specific topic of interest; in this case the topic being HIV and AIDS. Furthermore, the strengths and weaknesses of the study are described alongside expectations and follow-up studies for the study. The study also mentions that the

results of this study may solely be used as suggestions for countries to mend the gaps in their primary legislation for HIV/AIDS management as other forms of legislative or regulatory frameworks such as national policies and strategies that mend the gaps in the primary legislation may already exist and are being successfully enacted and domestic laws are not obliged to adhere to international laws and standards. Lastly, the study strongly suggests that global cooperation even on the level of primary legislation is needed to meet global targets for the reduction of new HIV infections, morbidity, and mortality of HIV/AIDS, and ultimately to put an end to the global AIDS epidemic.

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[Annex 1] Module for the Analysis of HIV/AIDS related legislation (including Explanatory Note)

1. Republic of Korea

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?	●		- Prevention of Acquired Immunodeficiency Syndrome Act - Infectious Disease Control and Prevention Act - Framework Act on Health and Medical Services
2. Does your country have law(s) that ensure a HIV information system?	●		<u>Infectious Disease Control and Prevention Act</u> Article 4 (Duties of State and Local Government) (2) The State and a local government shall perform the following projects for the purpose of the prevention and control of infectious diseases; 5. Collection, analysis and provision of information on infectious diseases;

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●		<p><u>Infectious Disease Control and Prevention Act</u></p> <p>Article 4 (Duties of State and Local Government)</p> <p>(2) The State and a local government shall perform the following projects for the purpose of the prevention and control of infectious diseases;</p> <p>11. Evaluation of infectious disease control projects;</p> <p>Article 7 (Formulation, etc. of Prevention and Control Plans of Infectious Diseases)</p> <p>(1) The Minister of Health and Welfare shall formulate and implement a master plan for the prevention and control of infectious diseases (hereinafter referred to as "master plan") every five years. <Amended by Act No. 9932, Jan. 18, 2010></p> <p>(2) A master plan shall include the following matters:</p> <ol style="list-style-type: none"> 1. Basic objectives of and direction-setting for executing the prevention and control of infectious diseases; 2. Project plans for the prevention and control of major infectious diseases, and methods of executing them; 3. Schemes to train experts and enhance emergency preparedness capability for infectious diseases; 4. Schemes to manage statistics and information on Infectious diseases; 5. Any other matter necessary for the prevention and control of infectious diseases. <p>(3) A Special Metropolitan City Mayor, Metropolitan City Mayor, Do Governor, the Governor of a Special Self-Governing Province (hereinafter referred to as "Mayor/Do Governor") and the head of a Si/Gun/Gu (referring to the head of an autonomous Gu; hereinafter the same shall apply) shall formulate and implement an implementation plan based on a master plan.</p> <p>(4) The Minister of Health and Welfare, a Mayor/Do Governor or the head of a Si/Gun/Gu may request relevant administrative agencies or associations to provide necessary data for the formulation and implementation of master plans or implementation plans under paragraph (3). <Amended by Act No. 9932, Jan. 18, 2010></p>
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●		<p><u>Infectious Disease Control and Prevention Act</u></p> <p>Article 74-2 (Request for Provision of Materials, and Inspection)</p> <p>(1) The Minister of Health and Welfare, a Mayor/Do Governor, or the head of a Si/Gun/Gu may request the heads of infectious disease control institutions, etc., to provide materials concerning the establishment and operation of infectious disease control facilities, and isolation wards,</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
			sanatoriums, or clinics as prescribed in Article 37, and shall assign public officials under his/her jurisdiction to enter the relevant facilities and inspect related documents, facilities, equipments, etc., and to make inquiries to interested parties. (2) A public official who enters and conducts inspections pursuant to paragraph (1) shall carry a certificate evidencing his/her authority, and produce it to interested parties.
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●		<u>Prevention of Acquired Immunodeficiency Syndrome Act</u> Article 3 (Duties of State, Local Governments and Citizens) (1) The State and local governments shall establish and implement measures for the prevention and management of AIDS and the protection of and support to infected persons, and provide education and conduct publicity campaigns for the prevention of discrimination and prejudice against infected persons and for the prevention of AIDS. (2) The State and local governments shall contribute to activities for the prevention and medical treatment of AIDS in cooperation with the international community.
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●	
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●		<u>Prevention of Acquired Immunodeficiency Syndrome Act</u> - Article 7 (Prohibition against Divulgence of Confidential Information) - Article 8-2 (Notification of Results of Medical Examinations) (1) No person who has conducted a medical examination of AIDS shall notify any person, other than the person himself/herself subject to the medical examination, of the results of such medical examination: - Article 26 (Penal Provisions) Any of the following persons shall be punished by imprisonment for not more than three years or a fine not exceeding ten million won: 1. A person who has divulged any confidential information , in contravention of Article 7; 2. A person who fails to conduct an examination, in contravention of Article 9 (1) or (2)

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?	●		<p><u>Infectious Disease Control and Prevention Act</u></p> <p>The whole act diversifies testing methods and services through diverse entities (Infectious Disease Hospital, oriental medical doctor, military doctor, heads of public health clinics, or any other health and medical service institution or any other institution or organization.</p>
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●		<p><u>Framework Act on Health and Medical Services</u></p> <p>Article 4 (Obligations of State and Local Governments)</p> <p>(2) The State and local governments shall endeavor to meet the demand for basic health and medical services of all nationals in an equitable manner.</p>
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?		●	
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●		<p><u>Prevention of Acquired Immunodeficiency Syndrome Act</u></p> <p>Article 13 (Establishment of Specialized Medical Institutions, etc.)</p> <p>(1) The Minister of Health and Welfare may establish and operate specialized medical institutions or research institutions necessary for the prevention and management of AIDS and the protection of, support to or medical treatment of infected persons.</p> <p>Article 16 (Establishment and Operation of Sanatoriums, etc.)</p> <p>(1) The Minister of Health and Welfare or Mayor/Do Governor may establish and operate facilities for medical treatment, recuperation, etc. of infected persons (hereinafter referred to as "sanatorium") and facilities for providing information and counselling, helping self-support, etc. for infected persons (hereinafter referred to as "shelter").</p>
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents,		●	

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
young women, men and key populations?			
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?	●		<p><u>Frame work Act on Health and Medical Services</u></p> <p>Article 18 (Cooperation in Formulation of Plans)</p> <p>(1) The Minister of Health and Welfare, the head of the relevant central administrative agency, a Mayor/Do Governor, and the head of a Si/Gun/Gu may request related institutions, organizations, etc. to provide cooperation, such as submission of data, when necessary for formulating and implementing plans for the development of health and medical services, measures to promote major policies under their jurisdiction, and regional plans for health and medical services.</p> <p>(2) The relevant institutions, organizations, etc., upon receipt of a request for cooperation under paragraph</p> <p>(1), shall comply with such request unless any special ground exists otherwise.</p>
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●		<p><u>Prevention of Acquired Immunodeficiency Syndrome Act</u></p> <p>Article 3 (Duties of State, Local Governments and Citizens)</p> <p>(1) The State and local governments shall establish and implement measures for the prevention and management of AIDS and the protection of and support to infected persons, and provide education and conduct publicity campaigns for the <u>prevention of discrimination and prejudice against infected persons</u> and for the prevention of AIDS.</p> <p>(4) In cases falling under paragraphs (1) through (3), the State, local governments and citizens shall respect the human dignity and value of infected persons, protect their fundamental rights, and shall not have the m suffer a disadvantage or discriminate against the m except as otherwise provided for in this Act.</p> <p>(5) <u>No employer shall have a worker suffer a disadvantage or discrimination in labor relationship</u> except as otherwise provided for in the Act on the ground that such worker is an infected person.</p>
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●		<p><u>Prevention of Acquired Immunodeficiency Syndrome Act</u></p> <p>- Article 20 (Protection of Family Dependents)</p> <p>When the Mayor of a Special Self-governing City, the Governor of the Special Self-governing Province or the head of a Si/Gun/Gu deems that dependents of an infected person</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
			<p>face difficulty in maintaining their livelihood, he/she shall take measures necessary to protect their livelihood, as prescribed by Presidential Decree.</p> <p>- Article 22 (Bearing of Expenses)</p>
<p>16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?</p>	●		<p><u>Prevention of Acquired Immunodeficiency Syndrome Act</u></p> <p>- Article 17-2 (Securing Technologies for Preventive Medical Treatment, etc.)</p> <p>(1) The Minister of Health and Welfare shall endeavor to secure medical supplies and technologies for the prevention and medical treatment of AIDS.</p> <p>(2) The Minister of Health and Welfare may support research projects for securing medical supplies and techniques under paragraph (1).</p> <p><u>Infectious Disease Control and Prevention Act</u></p> <p>Article 4 (Duties of State and Local Government)</p> <p>(2) The State and a local government shall perform the following projects for the purpose of the prevention and control of infectious diseases;</p> <p>10. Stockpiling of medicines, etc. for the treatment and prevention of infectious diseases;</p>

2. Fiji

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?	●		HIV/AIDS Decree 2011, Public Health Act 2004, Crimes Decree 2009, and Family Law Act 2003
2. Does your country have law(s) that ensure a HIV information system?		●	
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●		<p><u>HIV/AIDS Decree 2011</u></p> <p>Functions of the Board</p> <p>8.-(1) The functions of the Board shall be to –</p> <p>(b) advise the Minister on the-</p> <p>(i) mobilising, disbursement and monitoring of resources including financial resources; (ii) development, review, update and preparation of content for national strategic plans to respond to HIV/AIDS;</p> <p>(i) to keep under review the appropriateness and effectiveness of this Decree, the regulations, policies, standards of practice, guidelines and codes of conduct made under it and to propose any changes or modifications, the Board deem necessary in writing to the Minister.</p>
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●		<p><u>HIV/AIDS Decree 2011</u></p> <p><i>PART 2: THE HIV/AIDS BOARD</i></p> <p><i>Accounts and Annual Financial Report</i></p> <p>10.-(1) The CEO shall cause to be kept full and correct accounts of all monies received and expended by it and such accounts shall be audited by the Auditor-General or such other auditors as may be appointed to carry out such audit by the Minister responsible for Finance.</p> <p>(2) The Board shall as soon as practicable after its financial year prepare and furnish to every member of the Board and to the Minister an annual financial report for the previous financial year including a copy of the audited accounts.</p> <p>(3) After the Board notes and approves the financial report it shall, as soon as practicable, be forwarded to the Permanent Secretary for approval and onwards transmission to the Public Accounts Committee for scrutiny and thereafter to Cabinet.</p>
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions,	●		<p><u>HIV/AIDS Decree 2011</u></p> <p>PART 2: THE HIV/AIDS BOARD</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
including male and female condom programming, injection, and blood safety, and behavior change communication?			<p>- Functions of the Board</p> <p>8.-(1) The functions of the Board shall be to -</p> <p>(a) consider and recommend the goals and objectives for the national response to HIV/AIDS generally in Fiji to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV prevention, treatment, care and support, including antiretroviral and other safe and effective medicines including traditional and herbal remedies, diagnostics and other technologies for preventive, curative and palliative care of HIV/AIDS including the management of the HIV/AIDS related illnesses;</p>
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?	●		<p><u>HIV/AIDS Decree 2011</u></p> <p>PART 3: DISCRIMINATION AND OTHER UNLAWFUL ACTS</p> <p><i>Access to means of protection and post exposure prophylaxis</i></p> <p>26.-(1) For the purposes of this section, "person" includes an unborn child.</p> <p>(2) It is unlawful to knowingly -</p> <p>(a) deny a person access to a means of protection from infection of her or himself or another by HIV; or</p> <p>(b) deny a person access to post exposure prophylaxis in accordance with any guideline, standard of practice, protocol or code of conduct after their risk of exposure to HIV has been assessed and determined by a health professional who is competent to make the assessment and determination.</p>
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●		<p><u>HIV/AIDS Decree 2011</u></p> <p>PART 4: COUNSELLING, TESTING, REPORTING AND CONFIDENTIALITY</p> <p><i>HIV testing</i></p> <p>29.-(1) It is unlawful for any person who is not the person who is to be tested –</p> <p>(a) not being the person who is to be tested, a health professional or other authorised person, to request a HIV test be performed on a sample capable of being tested; or</p>

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			<p>(b) subject to subsection (2), to perform a HIV test except on the request of a health professional or other authorised person.</p> <p>(2) It is unlawful to request that a HIV test be performed except -</p> <p>(a) with the voluntary informed consent of the person who is to be tested;</p> <p>(b) where the person who is to be tested is aged under 18 and is, in the opinion of the person providing the pre-test information, capable of understanding the meaning and consequences of a HIV test, as appropriate, with the voluntary informed consent of the person;</p> <p>(c) where the person who is to be tested is aged under 18 and is, in the opinion of the person providing the pre-test information, not capable of understanding the meaning and consequences of a HIV test, as appropriate, with the voluntary and informed consent of a parent or guardian of the person or if such parent or guardian refuses to give such consent with the consent of a court following a hearing at which the person aged under 18 must be represented by legal counsel;</p> <p>(d) subject to subsection (3), where the person who is to be tested has a disability which, in the opinion of the person providing the pre-test information, renders the person incapable of understanding the meaning and consequences of a HIV test, as appropriate, and incapable of giving informed consent to a HIV test, as appropriate, with the voluntary informed consent, in order, of-</p> <p>(i) a guardian of the person;</p> <p>(ii) a spouse or partner of the person;</p> <p>(iii) a parent of the person; or</p> <p>(iv) an adult child of the person; or</p> <p>(e) where a person is required to undergo a HIV test in accordance with any written law; or</p> <p>(f) in any other case with the consent of the Minister acting with the advice of the Permanent Secretary and the Board.</p> <p>(3) The voluntary informed consent required under subsection (2) (d) shall be obtained in the following manner-</p>

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			<p>(a) the consent of the person in the categories referred to in subparagraphs (2) (e) (i), (ii), (iii) and (iv) shall be sought in the order of those subparagraphs; and</p> <p>(b) where there is no person in a category or a person in such category cannot, after reasonable inquiry, be contacted, a request may be made to the person in the next category.</p> <p><i>Confidentiality of information</i></p> <p>34.-(1) Subject to the permitted and required disclosures under sections 31 and 32, subsection (2), sections 35 (3) and 36, any person who-</p>
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●	
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●		<p><u>HIV/AIDS Decree 2011</u></p> <p>PART 1 - PRELIMINARY</p> <p>- Guiding Principles</p> <p>3.-(1) When interpreting or applying any provision of this Decree, and when exercising any prescribed power, duty or function, all persons and courts should as far as possible -</p> <p>(a) ensure that full regard is had to the recognised universal human rights standards and public international law applicable to the protection of rights and ensure that those standards and laws are applied to the fullest extent possible to protect all such rights including the highest attainable standard of physical and mental health including the availability and accessibility of HIV prevention and HIV/AIDS treatment, care and support for all persons regardless of age, gender, gender orientation or sexual orientation;</p>
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●		<p><u>HIV/AIDS Decree 2011</u></p> <p>PART 2: THE HIV/AIDS BOARD</p> <p><i>Functions of the Board</i></p> <p>8.-(1) The functions of the Board shall be to –</p> <p>(b) advise the Minister on the-</p>

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Question	Y	N	Explanatory Note
			<p>(i) mobilising, disbursement and monitoring of resources including financial resources;</p> <p>(ii) development, review, update and preparation of content for national strategic plans to respond to HIV/AIDS;</p> <p>(f) advise the Ministry on access to sustained, appropriate and affordable treatment for persons living with HIV or affected by HIV/AIDS, the prevention of infection with HIV and the promotion and protection of the rights of persons living with or affected by HIV/AIDS and those at risk of infection;</p> <p>(i) to keep under review the appropriateness and effectiveness of this Decree, the regulations, policies, standards of practice, guidelines and codes of conduct made under it and to propose any changes or modifications, the Board deem necessary in writing to the Minister.</p>
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●		<p><u>HIV/AIDS Decree 2011</u></p> <p>PART 2: THE HIV/AIDS BOARD</p> <p><i>Functions of the Board</i></p> <p>8.-(1) The functions of the Board shall be to -</p> <p>(a) consider and recommend the goals and objectives for the national response to HIV/AIDS generally in Fiji to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV prevention, treatment, care and support, including antiretroviral and other safe and effective medicines including traditional and herbal remedies, diagnostics and other technologies for preventive, curative and palliative care of HIV/AIDS including the management of the HIV/AIDS related illnesses;</p> <p>(b) advise the Minister on the-</p> <p>(i) mobilising, disbursement and monitoring of resources including financial resources;</p> <p>(ii) development, review, update and preparation of content for national strategic plans to respond to HIV/AIDS;</p> <p>(c) evaluate and review human rights-based policy guidelines, programmes and activities for the response to HIV/AIDS and report the same to the Minister;</p>

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Question	Y	N	Explanatory Note
			<p>(d) consider and advise the Minister on training and support for programmes designed to increase HIV/ AIDS awareness and protective measures against HIV;</p> <p>(e) promote research, awareness materials and information sharing on HIV/AIDS;</p> <p>(f) advise the Ministry on access to sustained, appropriate and affordable treatment for persons living with HIV or affected by HIV/AIDS, the prevention of infection with HIV and the promotion and protection of the rights of persons living with or affected by HIV/AIDS and those at risk of infection;</p> <p>(g) advise the Minister on any matter relating to HIV/AIDS as may be requested by the Minister from time to time;</p> <p>(h) foster national, regional and international networks among stakeholders engaging in continuing HIV/AIDS programmes and activities; and</p> <p>(i) to keep under review the appropriateness and effectiveness of this Decree, the regulations, policies, standards of practice, guidelines and codes of conduct made under it and to propose any changes or modifications, the Board deem necessary in writing to the Minister.</p>
<p>12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?</p>		●	<p><u>HIV/AIDS Decree 2011</u></p> <p><i>Access to means of protection and post exposure prophylaxis</i></p> <p>26.-(1) For the purposes of this section, "person" includes an unborn child.</p> <p>(2) It is unlawful to knowingly -</p> <p>(a) deny a person access to a means of protection from infection of her or himself or another by HIV; or</p> <p>(b) deny a person access to post exposure prophylaxis in accordance with any guideline, standard of practice, protocol or code of conduct after their risk of exposure to HIV has been assessed and determined by a health professional who is competent to make the assessment and determination.</p> <p>(3) Without limiting subsection (2), "means of protection" includes-</p> <p>(a) HIV/AIDS awareness materials;</p> <p>(b) condoms, condom lubricant and any other means of reducing the risk of the prevention of HIV transmission</p>

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			including effective treatment of a pregnant woman to prevent mother to child transmission of HIV; (c) exclusive personal use of skin penetrative instruments, including razors, needles and syringes; and (d) means of disinfecting skin penetrative instruments.
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?		●	
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●		<u>HIV/AIDS Decree 2011</u> PART 3: DISCRIMINATION AND OTHER UNLAWFUL ACTS <i>Unlawful discrimination</i> 21. Subject to section 23 and without prejudice to the safety and human rights of the public of Fiji and elsewhere, it is unlawful to discriminate, directly or indirectly, against a person having HIV/AIDS or affected by HIV/AIDS. <i>Unlawful stigmatisation</i> 25.-(1) Subject to subsection (2), it is unlawful to stigmatise a person on the ground that the person is living with HIV/AIDS or affected by HIV/AIDS.
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●		<u>HIV/AIDS Decree 2011</u> PART 2: THE HIV/AIDS BOARD <i>Functions of the Board</i> 8.-(1) The functions of the Board shall be to - (f) advise the Ministry on access to sustained, appropriate and affordable treatment for persons living with HIV or affected by HIV/AIDS, the prevention of infection with HIV and the promotion and protection of the rights of persons living with or affected by HIV/AIDS and those at risk of infection;
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV	●		<u>HIV/AIDS Decree 2011</u>

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Question	Y	N	Explanatory Note
medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?			<p>PART 2: THE HIV/AIDS BOARD</p> <p><i>Functions of the Board</i></p> <p>8.-(1) The functions of the Board shall be to -</p> <p>(a) consider and recommend the goals and objectives for the national response to HIV/AIDS generally in Fiji to ensure for all persons, on a sustained and equal basis, the availability and accessibility of quality goods, services and information for HIV prevention, treatment, care and support, including antiretroviral and other safe and effective medicines including traditional and herbal remedies, diagnostics and other technologies for preventive, curative and palliative care of HIV/AIDS including the management of the HIV/AIDS related illnesses;</p>

3. Philippines

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Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?	●		Philippine AIDS Prevention and Control Act of 1998
2. Does your country have law(s) that ensure a HIV information system?	●		<p>ARTICLE VIII</p> <p>THE PHILIPPINE NATIONAL AIDS COUNCIL</p> <p>SEC. 44. Functions.</p> <p>(2) The establishment of a comprehensive HIV/AIDS monitoring system;</p> <p>ARTICLE V</p> <p>MONITORING</p> <p>SEC. 28. Reporting Procedures.-All hospitals, clinics, laboratories, and testing centers for HIV/AIDS shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, file, including all data, which may be accessed from various data banks or information systems. The Department of Health through its AIDSWATCH monitoring program shall receive, collate and evaluate all HIV/AIDS related medical reports. The AIDSWATCH database shall utilize a coding system that promotes client anonymity.</p>

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Question	Y	N	Explanatory Note
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●		<p>SEC. 44. Functions.-The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:</p> <p>(a) Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of this Act. The Council shall integrate and coordinate such recommendations and issue implementing rules and regulations of this Act. The Council shall likewise ensure that there is adequate coverage of the following:</p> <p>(2) The establishment of a comprehensive HIV/AIDS monitoring system;</p> <p>(4) The provision of accessible and affordable HIV testing and counselling services to those who are in need of it;</p> <p>(5) The provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;</p> <p>(b) Monitor the implementation of the rules and regulations of this Act, issue or cause the issuance of orders or make recommendations to the implementing agencies as the Council considers appropriate;</p> <p>(c) Develop a comprehensive long-term national HIV/AIDS prevention and control program and monitor its implementation;</p> <p>(d) Coordinate the activities of and strengthen working relationship between government and non-government agencies involved in the campaign against HIV/AIDS;</p> <p>(e) Coordinate and cooperate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and</p> <p>(f) Evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS in the Philippines.</p>
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●		<p>ARTICLE VIII</p> <p>THE PHILIPPINE NATIONAL AIDS COUNCIL</p> <p>SEC. 46. Reports.</p> <p>-The Council shall submit to the President and to both Houses of Congress comprehensive annual reports on the activities</p>

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Question	Y	N	Explanatory Note
			<p>and accomplishments of the Council. Such annual reports shall contain assessments and evaluation of intervention programs, plans and strategies for the medium- and long-term prevention and control program on HIV/AIDS in the Philippines</p> <p>ARTICLE V</p> <p>MONITORING</p> <p>SEC. 27. Monitoring Program.-A comprehensive HIV/AIDS monitoring program or "AIDSWATCH" shall be established under the Department of Health to determine and monitor the magnitude and progression of HIV infection in the Philippines, and for the purpose of evaluating the adequacy and efficacy of the countermeasures being employed.</p> <p>SEC. 28. Reporting Procedures.-All hospitals, clinics, laboratories, and testing centers for HIV/AIDS shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, file, including all data, which may be accessed from various data banks or information systems. The Department of Health through its AIDSWATCH monitoring program shall receive, collate and evaluate all HIV/AIDS related medical reports. The AIDSWATCH database shall utilize a coding system that promotes client anonymity.</p>
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?		●	<p>SEC. 2. Declaration of Policies.- Acquired Immune Deficiency Syndrome (AIDS) is a disease that recognizes no territorial, social, political and economic boundaries for which there is no known cure. The gravity of the AIDS threat demands strong State action today, thus:</p> <p>(a) The State shall promote public awareness about the causes, modes of transmission, consequences, means of prevention and control of HIV/AIDS through a comprehensive nationwide educational and information campaign organized and conducted by the State. Such campaigns shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centers, workplaces, and communities. This program shall involve affected individuals and groups, including people living with HIV/AIDS.</p> <p>ARTICLE I</p> <p>EDUCATION AND INFORMATION</p>

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			<p>SEC. 4. HIV/AIDS Education in Schools.- The Department of Education, Culture and Sports (DECS), and the Technical Education and Skills Development Authority (TESDA), utilizing official information provided by the Department of Health, shall integrate instruction on the causes, modes of transmission and ways of preventing HIV/AIDS and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades, secondary and tertiary levels, including non-formal and indigenous learning systems: Provided, That if the integration of HIV/AIDS education is not appropriate or feasible, the DECS and TESDA shall design special modules on HIV/AIDS prevention and control: Provided, further, That it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices: Provided, finally, That it does not utilize sexually explicit materials.</p> <p>SEC. 6. HIV/AIDS Education in the Workplace.</p> <p>SEC. 7. HIV/AIDS Education for Filipinos Going Abroad</p> <p>SEC. 9. HIV/AIDS Education in Communities</p> <p>SEC. 10. Information on Prophylactics</p>
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●	
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●		<p>ARTICLE III</p> <p>TESTING, SCREENING AND COUNSELLING</p> <p>SEC. 15. Consent as a Requisite for HIV Testing.-No compulsory HIV testing shall be allowed, However, the State shall encourage voluntary testing for individuals with a high risk for contracting HIV: Provided, That written informed consent must first be obtained.</p> <p>SEC. 19. Accreditation of HIV Testing Centers.--All testing centers, hospitals, clinics, and laboratories offering HIV testing services are mandated to seek accreditation from the Department of Health which shall set and maintain reasonable accreditation standards.</p> <p>ARTICLE VI</p>

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Question	Y	N	Explanatory Note
			CONFIDENTIALITY
			ARTICLE III
			TESTING, SCREENING AND COUNSELLING
			SEC. 18. Anonymous HIV Testing.-
			The State shall provide a mechanism for anonymous HIV testing and shall guarantee anonymity and medical confidentiality in the conduct of such tests.
			SEC. 19. Accreditation of HIV Testing Centers.-
			All testing centers, hospitals, clinics, and laboratories offering HIV testing services are mandated to seek accreditation from the Department of Health which shall set and maintain reasonable accreditation standards.
			SEC. 20. Pre-test and Post-test Counselling.-
			All testing centers, clinics, or laboratories which perform any HIV test shall be required to provide and conduct free pre-test counselling and post-test counselling for persons who avail of their HIV/AIDS testing services. However, such counselling services must be provided only by persons who meet the standards set by the DOH.
			SEC. 21. Support for HIV Testing Centers.
			-The Department of Health shall strategically build and enhance the capabilities for HIV testing of hospitals, clinics, laboratories, and other testing centers primarily, by ensuring the training of competent personnel who will provide such services in said testing sites.
			ARTICLE IV
			HEALTH AND SUPPORT SERVICES
			SEC. 22. Hospital-Based Services.- Persons with HIV/AIDS shall be afforded basic health services in all government hospitals, without prejudice to optimum medical care which may be provided by special AIDS wards and hospitals.
			SEC. 23. Community-Based Services.- Local government units, in coordination and in cooperation with concerned government agencies, non-government organizations, persons with HIV/AIDS and groups most at risk of HIV infection shall provide community-based HIV/AIDS prevention and care services.
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●	

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Question	Y	N	Explanatory Note
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●		<p>ARTICLE IV HEALTH AND SUPPORT SERVICES</p> <p>SEC. 22. Hospital- Based Services.- Persons with HIV/AIDS shall be afforded basic health services in all government hospitals, without prejudice to optimum medical care which may be provided by special AIDS wards and hospitals.</p> <p>SEC. 23. Community- Based Services.- Local government units, in coordination and in cooperation with concerned government agencies, non-government organizations, persons with HIV/AIDS and groups most at risk of HIV infection shall provide community-based HIV/AIDS prevention and care services.</p> <p>SEC. 24. Livelihood Programs and Trainings.-Trainings for livelihood, self-help cooperative programs shall be made accessible and available to all persons with HIV/AIDS. Persons infected with HIV/AIDS shall not be deprived of full participation in any livelihood, self-help and cooperative programs for reason of their health conditions.</p> <p>SEC. 25. Control of Sexually Transmitted Diseases.-The Department of Health, in coordination and in cooperation with concerned government agencies and non-government organizations shall pursue the prevention and control of sexually transmitted diseases to help contain the spread of HIV infection.</p> <p>SEC. 26. Insurance for Persons with HIV.-The Secretary of Health, in cooperation with the commissioner of the Insurance Commission and other public and private insurance agencies, shall conduct a study on the feasibility and viability of setting up, a package of insurance benefits and, should warrant it, implement an insurance coverage program for persons with HIV. The study shall be guided by the principle that access to health insurance is part of an individual's right to health and is the responsibility of the State and of society as a whole.</p>
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●		<p>SEC. 44. Functions.-The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:</p> <p>(a) Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of this Act. The Council shall integrate and coordinate such recommendations and issue implementing rules and regulations of this Act. The Council</p>

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Question	Y	N	Explanatory Note
			<p>shall likewise ensure that there is adequate coverage of the following:</p> <p>(2) The establishment of a comprehensive HIV/AIDS monitoring system;</p> <p>(4) The provision of accessible and affordable HIV testing and counselling services to those who are in need of it;</p> <p>(5) The provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;</p> <p>(b) Monitor the implementation of the rules and regulations of this Act, issue or cause the issuance of orders or make recommendations to the implementing agencies as the Council considers appropriate;</p> <p>(c) Develop a comprehensive long-term national HIV/AIDS prevention and control program and monitor its implementation;</p> <p>(d) Coordinate the activities of and strengthen working relationship between government and non-government agencies involved in the campaign against HIV/AIDS;</p> <p>(e) Coordinate and cooperate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and</p> <p>(f) Evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS in the Philippines.</p>
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?		●	
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?	●		<p>ARTICLE VIII</p> <p>THE PHILIPPINE NATIONAL AIDS COUNCIL</p> <p>SEC. 45. Membership and Composition.-</p> <p>(b) To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labor, ethics and social services</p>
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity	●		<p>ARTICLE VIII</p> <p>THE PHILIPPINE NATIONAL AIDS COUNCIL</p>

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Question	Y	N	Explanatory Note
building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?			<p>SEC. 44. Functions.</p> <p>-The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:</p> <p>(a) Secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of this Act. The Council shall integrate and coordinate such recommendations and issue implementing rules and regulations of this Act. The Council shall likewise ensure that there is adequate coverage of the following:</p> <p>(d) Coordinate the activities of and strengthen working relationship between government and non-government agencies involved in the campaign against HIV/AIDS;</p>
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?		●	<p>SEC. 2. Declaration of Policies.- Acquired Immune Deficiency Syndrome (AIDS) is a disease that recognizes no territorial, social, political and economic boundaries for which there is no known cure. The gravity of the AIDS threat demands strong State action today, thus:</p> <p>(b) The State shall extend to every person suspected or known to be infected with HIV/ AIDS full protection of his/her human rights and civil liberties. Towards this end:</p> <p>(2) the right to privacy of individuals with HIV shall be guaranteed;</p> <p>(3) discrimination, in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV shall be considered inimical to individual and national interest; and</p> <p>ARTICLE VII</p> <p>DISCRIMINATORY ACTS AND POLICIES</p> <p>SEC. 35. Discrimination in the Workplace.-Discrimination in any form from preemployment to post-employment, including hiring, promotion or assignment, based on the actual, perceived or suspected HIV Status of an individual is prohibited. Termination from work on the sole basis, of actual, perceived or suspected HIV status is deemed unlawful.</p> <p>SEC. 36. Discrimination in Schools.-No educational institution shall refuse admission or expel, discipline, segregate, deny participation, benefits or services to a student</p>

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Question	Y	N	Explanatory Note
			<p>or prospective student on the basis of his/her actual, perceived or suspected HIV status.</p> <p>SEC. 37. Restrictions on Travel and Habitation.-The freedom of abode, lodging and travel of a person with HIV shall not be abridged. No person shall be quarantined, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual, perceived or suspected HIV status.</p> <p>SEC. 38. Inhibition from Public Service.- The right to seek an elective or appointive public office shall not be denied to a person with HIV.</p> <p>SEC. 39. Exclusion from Credit and Insurance Services.- All credit and loan services, including health, accident and life insurance shall not be denied to a person on the basis of his/her actual, perceived or suspected HIV status: Provided, That the person with HIV has not concealed or misrepresented the fact to the insurance company upon application. Extension and continuation of credit and loan shall likewise not be denied solely on the basis of said health condition.</p> <p>SEC. 40. Discrimination in Hospitals and Health Institutions.-No person shall be denied health care service or be charged with higher fee on account of actual, perceived or suspected HIV status.</p> <p>SEC. 41. Denial of Burial Services.-A deceased person who had AIDS or who was known, suspected or perceived to be HIV-positive shall not be denied any kind of decent burial services.</p> <p>SEC. 42. Penalties for Discriminatory Acts and Policies .- All discriminatory acts and policies referred to in this Act shall be punishable with a penalty of imprisonment for six (6) months to four (4) years and a fine not exceeding Ten thousand pesos (P10,000.00). In addition, licenses, permits of schools, hospitals and other institutions, found guilty of committing discriminatory acts and policies described in this Act shall be revoked.</p>
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●		<p>SEC. 44. Functions.-The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:</p> <p>(4) The provision of accessible and affordable HIV testing and counselling services to those who are in need of it;</p>

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Question	Y	N	Explanatory Note
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?		●	

4. Australia (Tasmania)

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Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?	●		HIV/AIDS Preventive Measures Act 1993
2. Does your country have law(s) that ensure a HIV information system?		●	
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?		●	
4. Does your country have law(s) relating to the monitoring of national HIV programs?		●	
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●		<p>Disposal of syringes and needles</p> <p>35-A person must dispose of a used syringe or needle-</p> <p>(a) by placing the syringe or needle in a container that-</p> <p>(i) has rigid walls; and</p> <p>(ii) is resistant to puncture; and</p> <p>(iii) is capable of being sealed or securely closed in such a way that its contents are not capable of causing injury; or</p> <p>(b) by such other method as the Secretary may determine.</p> <p>Penalty: Fine not exceeding 50 penalty units or imprisonment for a term not exceeding 2 years.</p> <p>Avoiding danger to life and safety of other persons</p> <p>36-A person who is in possession of a syringe or needle must use all reasonable care and take all reasonable precautions in respect of that syringe or needle so as to avoid danger to the life, safety or health of another person.</p> <p>Penalty: Fine not exceeding 50 penalty units or imprisonment for a term not exceeding 2 years.</p>
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong		●	

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Question	Y	N	Explanatory Note
antiretroviral therapy for pregnant and breastfeeding women?			
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●		<p>PART 2</p> <p>HIV TESTING</p> <p>Division 1 - HIV tests</p> <p>HIV tests</p> <p>6-(1) The Secretary is to ensure that confidential HIV testing facilities are made available to persons who</p> <p>Consent of HIV testing</p> <p>7-(1) A person must not undertake an HIV test in respect of another person except -</p> <p>(a) with the consent of that other person; or</p> <p>(b) if that person is a child under the age of 12 years, with the written consent of a parent or legal guardian of that child; or</p> <p>Division 2-Confidentiality</p> <p>Privacy guidelines</p>
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●	
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?		●	
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?		●	
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?		●	

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?		●	
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?		●	
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?		●	
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?		●	
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?		●	

5. Mongolia

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?	●		The Mongolian Law on AIDS Prevention
2. Does your country have law(s) that ensure a HIV information system?		●	
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?		●	
4. Does your country have law(s) relating to the monitoring of national HIV programs?		●	
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●		<p>Article 5 Rights and Duties of Health Organizations</p> <ol style="list-style-type: none"> 1. To treat HIV infection within the population to verify and provide treatment. 2. To take clinical management and to give official instruction for the infected person or his legal guardianship having place of residence within the territory for which the health organization is responsible. 3. Not to spread HIV infection via syringes, needles, and other medical instruments. 4. Not to use for treatment and prevention blood products and donor transplants not screened for HIV. <p>Article 8 Duties of the Population</p> <ol style="list-style-type: none"> 1. The population living in Mongolia shall have the following duties with respect to AIDS prevention: <ol style="list-style-type: none"> a. Shall endeavor to acquire accurate information on AIDS and to be able to take the necessary precautions for its prevention; b. Shall participate in AIDS prevention activities; and c. Shall not prejudice the fundamental rights of patients infected with HIV or having AIDS.
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong		●	

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
antiretroviral therapy for pregnant and breastfeeding women?			
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●		<p>Article 12 Protection of Human Rights In Connection With HIV Infection</p> <p>1. It shall be prohibited to restrict human rights on the basis of HIV or AIDS if it is not indicated otherwise in this law.</p> <p>2. The person being tested shall have the right to ask of the person performing tests or screening and surveillance for HIV infections to show that the person is accredited to perform this work.</p> <p>3. The citizen may be voluntarily tested and examined for HIV infection.</p> <p>4. An organization, employer, or citizen to whom by official or by other means learns that a person has HIV infection or AIDS cannot betray the personal secret of the person to the community.</p>
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●	
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?		●	
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?		●	
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?		●	
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents,		●	

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
young women, men and key populations?			
13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?		●	
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●		<p>Article 8 Duties of the Population</p> <p>1. The population living in Mongolia shall have the following duties with respect to AIDS prevention:</p> <p>c. Shall not prejudice the fundamental rights of patients infected with HIV or having AIDS.</p> <p>Article 12 Protection of Human Rights In Connection With HIV Infection</p> <p>4. An organization, employer, or citizen to whom by official or by other means learns that a person has HIV infection or AIDS cannot betray the personal secret of the person to the community.</p>
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?	●		<p>Article 3 Rights and Duties of the Government</p> <p>2. Medical examinations and testing for the screening of HIV infection and AIDS should be free of charge. The Government shall adopt the rule on examination and testing to be paid.</p>
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?		●	

6. Papua New Guinea

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?	●		National AIDS Council Act 1997, HIV/AIDS Management and Prevention Act 2003
2. Does your country have law(s) that ensure a HIV information system?		●	
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●		<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>5. FUNCTIONS OF THE COUNCIL</p> <p>(1) The functions of the Council are-</p> <p>(a) to be responsible for formulating, implementing, reviewing and revising national policy, in accordance with its objects, for the prevention, control and management of HIV/AIDS; and</p>
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●		<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>5. FUNCTIONS OF THE COUNCIL</p> <p>(1) The functions of the Council are-</p> <p>(c) to foster, co-ordinate and monitor HIV/AIDS prevention, control and management strategies and programmes in the country, and to foster their evaluation; and</p> <p>(j) to initiate, encourage, facilitate and monitor counselling, care and legal services in relation to HIV/AIDS; and</p> <p>(k) to initiate, encourage, facilitate and monitor research, whether medical, epidemiological, psychological, sociological, legal and otherwise, on or in relation to HIV/AIDS in Papua New Guinea, and to ensure that any such research is carried out in accordance with its objects</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
5. Does your country have law(s) relating to the prevention of HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?	●		<p><u>HIV/AIDS Management and Prevention Act 2003</u></p> <p>PART IV. PERSONS CREATING A RISK TO OTHERS.</p> <p>24. REASONABLE CARE. A person who is, and is aware of being, infected with HIV shall (a) take all reasonable measures and precautions to prevent the transmission of HIV to others, including the use of a condom or other effective means of protection from infection during sexual intercourse; and (b) inform any intended sexual partner or any person with whom a skin penetrative instrument is to be shared, in advance of the sexual intercourse or sharing of the skin penetrative instrument, that he is infected with HIV</p>
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?		●	
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●		<p><u>HIV/AIDS Management and Prevention Act 2003</u></p> <p>BEING an Act to give effect to the Basic Rights acknowledged in the Preamble to the Constitution, in particular the rights and freedoms of</p> <p>(g) the management of the lives and protection from discriminatory practices of people living with HIV/AIDS and of people who are affected by or believed to have HIV/AIDS; and</p> <p>15. TEST RESULTS. (1) A person who requests, performs or is otherwise involved in the performance of an HIV test shall take all measures within his control to ensure that (a) the testing process is carried out promptly and efficiently; and (b) the result of the test is communicated, in accordance with this Part, to the person who gave the consent to the test. (2) Failure to comply with Subsection (1) is unlawful. (3) It is unlawful for a person who has requested an HIV test to divulge information about the result of that test except (a) to the person who has been tested; or (b) where another person gave the voluntary informed consent to the test in accordance with Section 14(2)(b) or (c) to that person; or (c) with the consent of the person who gave the voluntary informed consent to a person who is directly involved in providing care to, or treatment or counselling of, the person tested, where the information is required in connection with providing the care, treatment or counselling; or (d) by order of a court; or (e) in accordance with Section 16.</p>

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Question	Y	N	Explanatory Note
			Division 3. — Confidentiality and Disclosure. 18. CONFIDENTIALITY OF INFORMATION.
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?		●	
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?		●	
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●		<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>5. FUNCTIONS OF THE COUNCIL</p> <p>(1) The functions of the Council are-</p> <p>(c) to foster, co-ordinate and monitor HIV/AIDS prevention, control and management strategies and programmes in the country, and to foster their evaluation; and</p> <p>(j) to initiate, encourage, facilitate and monitor counselling, care and legal services in relation to HIV/AIDS; and</p> <p>(k) to initiate, encourage, facilitate and monitor research, whether medical, epidemiological, psychological, sociological, legal and otherwise, on or in relation to HIV/AIDS in Papua New Guinea, and to ensure that any such research is carried out in accordance with its objects</p>
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●		<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>5. FUNCTIONS OF THE COUNCIL</p>

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Question	Y	N	Explanatory Note
			<p>(1) The functions of the Council are-</p> <p>(j) to initiate, encourage, facilitate and monitor counselling, care and legal services in relation to HIV/AIDS; and</p> <p>(k) to initiate, encourage, facilitate and monitor research, whether medical, epidemiological, psychological, sociological, legal and otherwise, on or in relation to HIV/AIDS in Papua New Guinea, and to ensure that any such research is carried out in accordance with its objects</p>
<p>12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?</p>	●		<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>4. OBJECTS OF THE COUNCIL.</p> <p>The objects of the Council are (a) to take multi sectoral approaches with a view to prevent, control and to eliminate transmission of HIV in Papua New Guinea</p> <p>5. FUNCTIONS OF THE COUNCIL</p> <p>(1) The functions of the Council are-</p> <p>(k) to initiate, encourage, facilitate and monitor research, whether medical, epidemiological, psychological, sociological, legal and otherwise, on or in relation to HIV/AIDS in Papua New Guinea, and to ensure that any such research is carried out in accordance with its objects</p>
<p>13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?</p>	●		<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>5. FUNCTIONS OF THE COUNCIL</p> <p>(1) The functions of the Council are-</p> <p>(g) to consult and co-operate with the appropriate Departments, State Services, statutory authorities and other</p>

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Question	Y	N	Explanatory Note
			<p>persons and organisations in Papua New Guinea and elsewhere on matters related to its activities; and</p> <p>(i) to liaise with and advise Departments, State Services statutory authorities, health workers and other health and allied services regarding testing, treatment, case management, drug trials, the setting of standards, and other medical issues in relation to HIV/AIDS</p> <p>(m) to provide advice to National and Provincial Governments and to other bodies and individuals on the operation of the law in relation to HIV/AIDS</p>
<p>14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?</p>		●	<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>4. OBJECTS OF THE COUNCIL.</p> <p>The objects of the Council are –</p> <p>(c) to ensure, as far as is possible, that personal privacy, dignity and integrity are maintained in the face of the HIV / AIDS epidemic in Papua New Guinea,</p> <p><u>HIV/AIDS Management and Prevention Act 2003</u></p> <p>6. UNLAWFUL DISCRIMINATION. (1) Subject to Subsections (2) and (3) and Section 8, it is unlawful to discriminate against a person to the detriment of that person on the grounds that the person is infected or affected by HIV/AIDS. (2) Subsection (1) does not prevent the taking of any action which is for the special benefit, assistance, welfare, protection or advancement of any person or group of a kind referred to in that subsection. (3) Notwithstanding Subsection (1), it is not unlawful to discriminate against a person on the ground of infection by HIV or having AIDS if the discrimination is no more detrimental than discrimination on the ground of having another life-threatening medical condition. (4) For the purposes of Subsection (1), where (a) an act of discrimination is done for two or more reasons; and (b) one of the reasons is a ground set out in Subsection (1), whether or not it is the dominant or a substantial reason for</p>

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Question	Y	N	Explanatory Note
			<p>doing the act, the act is presumed to have been done for that reason.</p> <p>7. SITUATIONS OF DISCRIMINATION.</p> <p>10. UNLAWFUL STIGMATISATION.</p>
<p>15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?</p>	●		<p><u>National AIDS Council Act 1997</u></p> <p>PART II. - ADMINISTRATION.</p> <p><i>Division 1.</i></p> <p>National AIDS Council.</p> <p>5. FUNCTIONS OF THE COUNCIL</p> <p>(1) The functions of the Council are-</p> <p>(d) to encourage, accept, administer and allocate aid monies, whether from within the country or elsewhere for purposes consistent with its objects, and to account for such of those monies as are allocated to non-government organisations; and</p> <p>(e) to administer and expend money appropriated by the National Parliament or raised or received by the Council for the purposes of the Council; and</p> <p>(f) to make comment on any proposals to be submitted to the National Executive Council on the allocation and sharing of public funds, aid monies and other resources in relation to HIV / AIDS between national and provincial levels, the public and private sectors and other persons and bodies</p>
<p>16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?</p>		●	

7. Vietnam

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
1. Does your country have law(s) relating to the management of HIV/AIDS?	●		Law on HIV/AIDS Prevention and Control
2. Does your country have law(s) that ensure a HIV information system?	●		<p><i>Article 2.- Interpretation of terms</i></p> <p>In this Law, the terms below are construed as follows:</p> <p>8. <i>HIV/AIDS epidemiological surveillance</i> is the regular and systematic collection of information on epidemiological indicators of HIV/AIDS of different risky groups to know temporal trends and results in order to provide information for the planning, prevention, control and evaluation of the effectiveness of HIV/AIDS prevention and control measures.</p> <p>9. <i>HIV/AIDS sentinel surveillance</i> is the collection of information through regular and systematic HIV tests of selected target groups to monitor annual HIV infection rates and trends in order to provide information for the planning, prevention, control and evaluation of the effectiveness of HIV/AIDS prevention and control measures.</p>
3. Does your country have law(s) relating to the review and update of the national HIV strategy to adapt new national HIV targets and priorities and develop a plan to implement the strategy?	●		<p><i>Article 5.- Responsibilities in HIV/AIDS prevention and control</i></p> <p>1. Agencies, organizations and people's armed force units shall, within the scope of their assigned functions and powers, formulate, and organize the implementation of, programs of action for HIV/AIDS prevention and control.</p> <p>2. The Vietnam Fatherland Front and its member organizations shall propagandize and mobilize the people to participate in HIV/AIDS prevention and control; participate and supervise the implementation of HIV/AIDS prevention and control measures; and organize and carry out campaigns to provide material and mental supports for HIV-infected people.</p> <p>3. Vietnamese and foreign agencies, organizations and individuals in Vietnam shall implement the law on HIV/AIDS prevention and control.</p>
4. Does your country have law(s) relating to the monitoring of national HIV programs?	●		
5. Does your country have law(s) relating to the prevention of	●		<i>Article 2.- Interpretation of terms</i>

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Question	Y	N	Explanatory Note
HIV/AIDS, such as interventions, including male and female condom programming, injection, and blood safety, and behavior change communication?			<p>In this Law, the terms below are construed as follows:</p> <p>15. Harm reduction intervention measures in the prevention of HIV transmission include propaganda, mobilization and encouragement of the use of condoms, clean syringes and needles, treatment of addiction to opium-related substances with substitute substances and other harm reduction intervention measures in order to facilitate safe behaviors to prevent HIV transmission.</p> <p>Article 3.- Principles in HIV/AIDS prevention and control</p> <p>3. Close combination of HIV/AIDS prevention and control with the prevention and control of drug abuse and prostitution, attaching importance to harm reduction intervention measures in the prevention of HIV transmission.</p>
6. Does your country have law(s) relating to the elimination of mother-to-child HIV transmission and provision of lifelong antiretroviral therapy for pregnant and breastfeeding women?	●		<p>Article 4. - Rights and obligations of HIV-infected people</p> <p>7. To support the prevention and control of mother-to-child HIV transmission, the rearing of under-six-month babies born to HIV-infected mothers with substitute milk, and support AIDS patients in particularly difficult circumstances.</p>
7. Does your country have law(s) that ensure that HIV testing services meet ethical standards?	●		<p>Article 4. - Rights and obligations of HIV-infected people</p> <p>1. HIV-infected people have the following rights:</p> <p>d/ To have their privacy related to HIV/AIDS kept confidential;</p>
8. Does your country have law(s) relating to diversification of testing methods and services through joining of provider-initiated and community-based testing, promoting decentralization of services?	●		<p>Article 6.- State policies on HIV/AIDS prevention and control</p> <p>1. To encourage domestic and foreign agencies, organizations and individuals to cooperate and support in all forms in HIV/AIDS prevention and control; to encourage the development of self-care models organized by HIV-infected people</p>
9. Does your country have law(s) relating to provision of testing services to reach populations and locations where the HIV burden is greatest and to achieve equity?	●		<p>Article 11.- Targeted audiences of information, education and communication on HIV/AIDS prevention and control</p> <p>2. The following subjects shall be given priority access to information, education and communication on HIV/AIDS prevention and control:</p> <p>a/ HIV-infected people and their family members;</p> <p>b/ Drug users, sex workers;</p>

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Question	Y	N	Explanatory Note
			<p>c/ People who have sexually transmitted diseases;</p> <p>d/ Homosexual people;</p> <p>e/ Mobile population group;</p> <p>f/ Pregnant women;</p> <p>g/ People living in remote, deep-lying areas or areas with particularly difficult socio-economic conditions.</p>
10. Does your country have law(s) relating to a regular review and update of national HIV treatment and care guidelines and protocols, including guidance on the prevention and management of common comorbidities such as tuberculosis and hepatitis?	●		<p><i>Article 23.-</i> Integration of HIV/AIDS prevention and control activities into socio-economic development programs</p> <p>2. The Government shall direct ministries, branches and local administrations to integrate HIV/AIDS prevention and control activities into hunger eradication and poverty alleviation programs, vocational training and employment generation programs, tuberculosis prevention and control, reproductive health, sexually transmitted infections prevention and control, and other socio-economic development programs.</p>
11. Does your country have law(s) relating to development and update of treatment plans to ensure continuity of treatment and differentiated care?	●		
12. Does your country have law(s) relating to the adaptation of service delivery models to strengthen integration and linkages with other health areas and to achieve equity, with a particular focus on reaching adolescents, young women, men and key populations?	●		<p><i>Article 3.-</i> Principles in HIV/AIDS prevention and control</p> <p>2. Implementation of multi-sectoral collaboration and social mobilization in HIV/AIDS prevention and control; integration of HIV/AIDS prevention and control activities into socio-economic development programs.</p> <p><i>Article 11.-</i> Targeted audiences of information, education and communication on HIV/AIDS prevention and control</p> <p>2. The following subjects shall be given priority access to information, education and communication on HIV/AIDS prevention and control:</p> <p>a/ HIV-infected people and their family members;</p> <p>b/ Drug users, sex workers;</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
			<p>c/ People who have sexually transmitted diseases;</p> <p>d/ Homosexual people;</p> <p>e/ Mobile population group;</p> <p>f/ Pregnant women;</p> <p>g/ People living in remote, deep-lying areas or areas with particularly difficult socio-economic conditions.</p>
<p>13. Does your country have law(s) relating to the enabling of effective engagement of and capacity building of communities and ensuring of legal and regulatory frameworks supporting stronger collaboration and partnerships with community groups and between the public and private sectors?</p>	●		<p><i>Article 17.- HIV/AIDS prevention and control in communities</i></p> <p>1. People's Committees of communes, wards or townships shall:</p> <p>a/ Organize HIV/AIDS prevention and control activities in the communities, education on care and support for HIV-infected people, develop good traditions of the family, the clan, the home village and the cultural identity of Vietnamese people;</p> <p>b/ Organize care and support for HIV-infected people and their family members, and facilitate HIV-infected people to integrate into the community and society;</p> <p>c/ Promote the role of heads of street population groups, heads of residential clusters, village patriarchs, heads of villages or hamlets, heads of Front working boards, heads of clans, religious dignitaries, elderly people and prestigious people in the community in the mobilization of the population in HIV/AIDS prevention and control.</p> <p>d/ Formulate and develop models of cultured family and street population groups, residential clusters, hamlets and villages in connection with HIV/AIDS prevention and control.</p> <p>e/ Organizing propaganda about anti-stigmatization and anti-discrimination against HIV-infected people.</p> <p>2. Street population groups, residential clusters, hamlets and villages shall:</p> <p>a/ Conduct propaganda about, mobilization and education for families in the area to participate in and implement regulations on HIV/AIDS prevention and control;</p>

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Question	Y	N	Explanatory Note
			<p>b/ Integrate HIV/AIDS prevention and control activities into public campaigns, sports, cultural and art events in the community and other social activities;</p> <p>c/ Fight stigmatization and discrimination against HIV-infected people and their family members.</p> <p>3. The State shall encourage relatives, neighbors and friends of HIV-infected people to provide moral support for, take care of, assist and facilitate HIV-infected people to integrate into the community and society.</p> <p><i>Article 19.-</i> Participation of social organizations in HIV/AIDS prevention and control</p> <p>The State shall facilitate religious, non-governmental and other organizations to establish humanitarian and charity establishments to care for and treat HIV-infected people and carry out other HIV/AIDS prevention and control activities.</p>
14. Does your country have law(s) relating to the creation of institutional and community environments that make it safe for people to access HIV services without fear of discrimination?	●		<p><i>Article 3.-</i> Principles in HIV/AIDS prevention and control</p> <p>4. Elimination of stigma and discrimination against HIV-infected people and their family members; facilitation of HIV-infected people and their family members to participate in social activities, especially in HIV/AIDS prevention and control.</p> <p><i>Article 8.-</i> Prohibited acts</p> <p>3. Stigmatizing and discriminating against HIV-infected people.</p> <p>5. Making public the name, address and images of an HIV-infected person or disclosing information on a person's HIV infection to another without consent of that person, except for the case specified in Article 30 of this Law.</p> <p><i>Article 10.-</i> Contents of information, education and communication on HIV/AIDS prevention and control</p>

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Question	Y	N	Explanatory Note
			<p>7. Fighting of stigmatization and discrimination against HIV-infected people.</p> <p>Article 14.- HIV/AIDS prevention and control in the workplace</p> <p>1. The employer shall:</p> <p>a/ Organize propaganda and education on HIV/AIDS prevention and control measures and anti-stigmatization and anti-discrimination against HIV-infected people in the agency, organization or people's armed force unit;</p> <p>b/ Arrange jobs suitable to the health and professional qualification of HIV-infected laborers;</p> <p>c/ Facilitate employees' participation in HIV/AIDS prevention and control activities;</p> <p>d/ Have other responsibilities related to HIV/AIDS prevention and control in accordance with law.</p> <p>2. The employer may not:</p> <p>a/ Terminate the labor or job contract of an employee or cause difficulties to this person in his/her work on the ground that such person is infected with HIV;</p> <p>b/ Force a physically fit employee to change the job he/she has been doing on the ground that such person is infected with HIV;</p> <p>c/ Refuse to give a salary raise to or to promote an employee, or fail to ensure his/her legitimate rights or benefits on the ground that such person is infected with HIV;</p> <p>d/ Request a job applicant to have an HIV test or produce an HIV test result, or refuse to recruit a person on the ground that such person is infected with HIV, except for the case specified in Clause 3, Article 28 of this Law.</p> <p>Article 15.- HIV/AIDS prevention and control in education establishments within the national education system</p> <p>1. Education establishments shall organize education for students and learners on HIV/AIDS prevention and control integrated with sex and reproductive health education, and conduct other HIV/AIDS prevention and control activities at their establishments.</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
			<p>2. Education establishments may not:</p> <p>a/ Refuse to admit a student or learner on the ground that such person is infected with HIV;</p> <p>b/ Discipline or expel a student/learner on the ground that such person is infected with HIV;</p> <p>c/ Separate, limit or forbid a student or learner from participating in the establishment's activities or services on the ground that such person is infected with HIV;</p> <p>d/ Request a student, learner or a candidate to have HIV tested or produce an HIV test result.</p> <p>Article 17.- HIV/AIDS prevention and control in communities</p> <p>1. People's Committees of communes, wards or townships shall:</p> <p>a/ Organize HIV/AIDS prevention and control activities in the communities, education on care and support for HIV-infected people, develop good traditions of the family, the clan, the home village and the cultural identity of Vietnamese people;</p> <p>b/ Organize care and support for HIV- infected people and their family members, and facilitate HIV- infected people to integrate into the community and society;</p> <p>c/ Promote the role of heads of street population groups, heads of residential clusters, village patriarchs, heads of villages or hamlets, heads of Front working boards, heads of clans, religious dignitaries, elderly people and prestigious people in the community in the mobilization of the population in HIV/AIDS prevention and control.</p> <p>d/ Formulate and develop models of cultured family and street population groups, residential clusters, hamlets and villages in connection with HIV/AIDS prevention and control.</p> <p>e/ Organizing propaganda about anti-stigmatization and anti-discrimination against HIV- infected people.</p> <p>2. Street population groups, residential clusters, hamlets and villages shall:</p> <p>a/ Conduct propaganda about, mobilization and education for families in the area to participate in and implement regulations on HIV/AIDS prevention and control;</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
			<p>b/ Integrate HIV/AIDS prevention and control activities into public campaigns, sports, cultural and art events in the community and other social activities;</p> <p>c/ Fight stigmatization and discrimination against HIV-infected people and their family members.</p> <p>3. The State shall encourage relatives, neighbors and friends of HIV-infected people to provide moral support for, take care of, assist and facilitate HIV-infected people to integrate into the community and society.</p>
15. Does your country have law(s) relating to the provision of universal protection against health-related financial risk, covering all populations?		●	<p>Article 39.- Access to ARVs</p> <p>1. HIV-infected people shall be facilitated by the State to have access to ARVs through programs and projects suitable to socio-economic conditions.</p> <p>2. People who have been exposed to or infected with HIV due to occupational accidents, people who have been infected with HIV due to risks of medical technique, HIV-infected pregnant women and HIV-infected under-six children shall be provided ARVs free-of-charge by the State.</p> <p>3. ARVs paid with the state budget or sponsored by domestic and foreign organizations and individuals shall be provided free-of-charge to HIV-infected people at HIV/AIDS treatment establishments in the following priority order:</p> <p>a/ HIV-infected children of between full 6 years and under 16 years old;</p> <p>b/ HIV-infected people who actively participate in HIV/AIDS prevention and control;</p> <p>c/ HIV-infected people meeting with particularly difficult circumstances;</p> <p>d/ Other HIV-infected people.</p> <p>Article 40.- Medical insurance for HIV-infected people</p> <p>1. Medical insurance participants who get infected with HIV have their medical examination and treatment expenses covered by the medical insurance fund.</p> <p>2. The Minister of Health shall issue the list of ARVs to be paid by the medical insurance fund.</p> <p>Chapter V CONDITIONS FOR GUARANTEEING THE IMPLEMENTATION OF HIV/AIDS PREVENTION AND CONTROL MEASURES</p> <p>Article 43.- Resources for HIV/AIDS prevention and control</p> <p>1. Annually, the State shall allocate an appropriate budget for HIV/AIDS prevention and control.</p> <p>2. The State shall encourage domestic and foreign organizations and individuals to provide financial and technical supports for HIV/AIDS prevention and control.</p> <p>Article 44.- The fund for support, treatment and care for HIV-infected people</p>

MODULE : HIV/AIDS			
Question	Y	N	Explanatory Note
			<p>1. The fund for support, treatment and care for HIV-infected people shall be set up and operate in accordance with law to provide support, treatment and care for HIV-infected people.</p> <p>2. The fund's financial sources shall be raised from contributions and financial donations from domestic and foreign agencies, organizations and individuals.</p>
16. Does your country have law(s) relating to the ensuring of attainment of quality-assured HIV medicines, diagnostics, condoms, male circumcision devices and other HIV-related commodities?	●		

국문초록

서태평양 7 개국의 HIV/AIDS 관련 법률 분석을 위한 모듈 개발

본 연구의 목적은 HIV/AIDS 관련 법률 분석을 위한 모듈 개발하는 것이다. 보다 세부적으로는 첫째, HIV/AIDS 에 대한 전 세계적 목표를 파악하고, 둘째, 서태평양 지역 국가의 HIV/AIDS 관련 법률 분석을 위한 모듈을 개발하고, 셋째, 서태평양 지역 7 개국에 모듈을 적용해보는 선행 연구를 수행하고, 넷째, 모듈을 통한 법률 분석 결과를 토대로 비교 분석을 수행하는 것을 포함한다. 모듈은 세계보건기구(WHO)가 서태평양 국가의 공중보건법의 범위, 완전성 및 적합성을 평가하기 위해 도구를 기반으로 개발했다. 모듈 질문은 WHO 의 Global Health Sector Strategy on HIV, 2016-2021 에 정리된 HIV/AIDS 대응 관련 다섯 가지 전략 방향 아래 제시된 주요 신속 조치를 선별하여 작성됐다. 모듈 질문은 형평성, 재정 보호, 윤리적인 HIV 진단, 정보 시스템, 국가 HIV 전략의 검토와 갱신, 국가 HIV 프로그램의 모니터링, HIV 예방과 개입, 낙인과 차별의 방지 등 HIV/AIDS 대응의 핵심적인 요소를 포함하고 있다. 이 모듈을 서태평양지역의 7 개국(대한민국, 피지, 필리핀, 호주, 몽골, 파푸아뉴기니, 베트남)에 적용하여 분석을 진행하였고, 전 세계적 HIV/AIDS 대응 목표와

각국 HIV/AIDS 관련 법률 간 격차를 줄이고, 각국이 HIV/AIDS 대응에 관한 전 세계적 목표를 충족시키기 위해, 각국의 HIV/AIDS 관련 법률을 개정하는 것을 제안하였다.

핵심되는 말: HIV, AIDS, 공중보건, 법, 모듈, 세계보건기구 (WHO), HIV 에 대한 세계 보건 전략