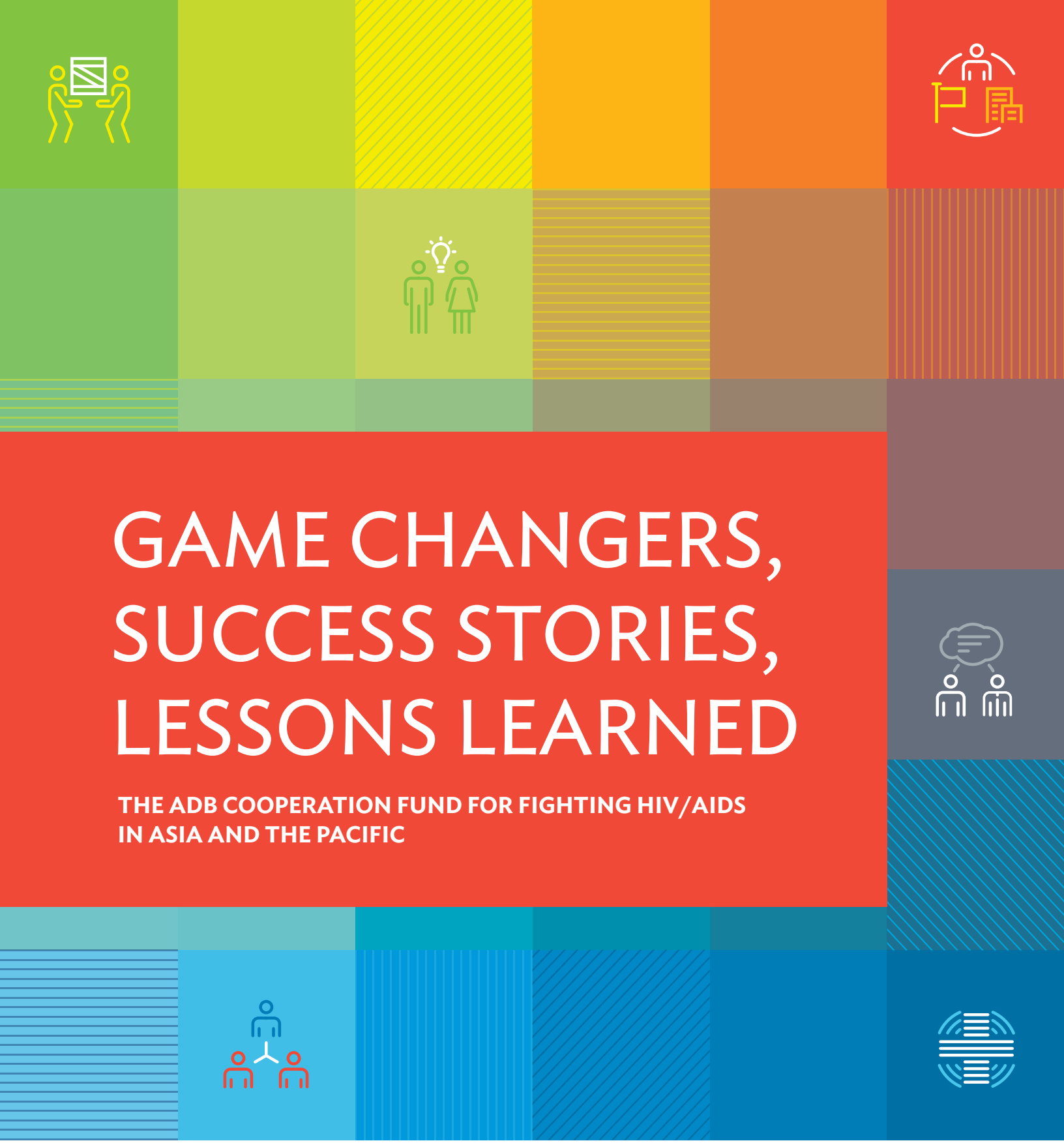

GAME CHANGERS, SUCCESS STORIES, LESSONS LEARNED

THE ADB COOPERATION FUND FOR FIGHTING HIV/AIDS IN ASIA AND THE PACIFIC

ASIAN DEVELOPMENT BANK

ADB

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EXECUTIVE SUMMARY

THE HIV EPIDEMIC IN ASIA AND THE PACIFIC

The low overall prevalence of HIV in Asia and the Pacific belies the existence of rising epidemics in several countries in the region, with significant numbers of people continuing to be infected. These place a significant burden both on affected families and on the countries' health systems.

While the response to the region's HIV epidemic has chalked up impressive gains in HIV prevention and treatment, too many people continue to fall through the gaps in existing services. At the same time national financing of the AIDS response has not kept pace with the epidemic.

All the evidence points to the need for accelerated and intensified comprehensive prevention measures targeted at local epidemics among specific subpopulations; community engagement to reach higher risk and vulnerable populations with HIV-related services; and a commitment at policy level to bring testing and treatment to everyone who needs it.

ADB'S COOPERATION FUND FOR FIGHTING HIV/AIDS IN ASIA AND THE PACIFIC

In 2005, an Asian Development Bank (ADB) trust fund, the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific[1] was established with a $19.2 million grant from the Government of Sweden to be utilized by the end of 2014. Its objective was to support developing member countries to develop a comprehensive AIDS response; partner with ADB in areas that play to ADB's strategic value and advantages; and benefit subregions, countries, and communities that are most vulnerable to HIV.

ADB has particular advantages in tackling the HIV epidemic. It has unique entry points to respond to the epidemic among key populations along economic corridors via its infrastructure and construction projects. ADB has extensive regional and subregional networks, and is in a prime position to enhance leadership and advocacy for the AIDS response, including beyond the health sector.

The trust fund's activities were spread over three areas: pilot demonstrations; knowledge base, policy, and capacity building; and program coordination, technical support, and monitoring and evaluation.

The trust fund worked with governments in 17 countries and in collaboration with numerous partner organizations on regional and cross-border projects.

1 Financing partner: the Government of Sweden. Administered by the Asian Development Bank.

This report showcases the fund's achievements across five domains:

1 CORRIDORS OF RISK, OPPORTUNITIES FOR PREVENTION

Several of the trust fund's projects aimed to mitigate the increased risk of HIV from infrastructure projects, or to capitalize on infrastructure projects to access otherwise hard-to-reach groups such as sex workers, people who inject drugs, men who have sex with men, mobile populations, and migrant workers through HIV prevention programs, including projects in Cambodia, the People's Republic of China (PRC), the Lao People's Democratic Republic (Lao PDR), Mongolia, Myanmar, Papua New Guinea, and Viet Nam.

2 STRONG DATA FOR EVIDENCE-BASED RESPONSES

Projects under the trust fund significantly contributed to the knowledge base on HIV in Asia and the Pacific, such as the online HIV and AIDS Data Hub for Asia Pacific launched in 2008 by the trust fund, and other knowledge products such as guidelines for HIV and AIDS programs within ADB's infrastructure projects.

3 NEWLY EMERGING POPULATIONS VULNERABLE TO HIV

The trust fund was able to focus on areas where HIV risks and vulnerabilities lie, geographically, socially, and economically through projects targeting key populations, cities, border areas, and through cross-border intergovernmental collaboration.

4 PARTNERSHIPS AND CONNECTIONS

Partnering with organizations that have good connections to marginalized groups and target populations extended the reach of ADB. At the same time, such partnerships also opened up opportunities for ADB to strengthen partner organizations and build their capacity.

5 ADB AS CONVENER AND HONEST BROKER

Through the fund, ADB facilitated cooperation between governments and community-based organizations through technical assistance packages, where ADB acted as a knowledge broker, for example, between the Asian Football Confederation (AFC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

This report examines the valuable lessons learned for ADB, both in its future work on HIV prevention, and also in managing similar health-oriented trust funds. As a result, this report's forward-looking recommendations are:

- **Use the convening power of ADB to forge partnerships**
  The most successful projects were those that played to ADB's strengths in infrastructure and construction and its convening power.

- **Work with partners as knowledge brokers**
  ADB can best operate in the health field by partnering with other agencies with specific expertise and complementary assets.

- **Focus on a few strong projects**
  Ultimately, it is better to successfully complete a small number of projects rather than dilute efforts with too much diversification.

- **Work closely with governments**
  Projects can only succeed if they are country-owned, and signed off by the ministry of finance. Pilot projects must be linked to the broader policy agenda and to the government's existing HIV programs.

- **Bring the private sector on board**
  Knowing how to capitalize on the unique strengths of the private sector requires open-mindedness, flexibility, and a certain degree of imagination.

- **Strengthen health systems**
  The projects with the greatest impact were those that positioned HIV and AIDS in the context of broader health and social development goals.

- **Work with and strengthen nongovernment organization networks**
  Nongovernment organization networks may have a larger and more robust organizational structure than individual organizations, and at the same time may have strong and active links to smaller grassroots organizations. They can also benefit from strengthening through ADB funding and technical assistance.

- **Combine grants and technical assistance with infrastructure loans**
  One of the most powerful ways to play to ADB's strengths is to provide health-related grants and technical assistance in association with infrastructure development and other loans.

- **Use trust fund financing to scale up projects and mobilize more financing**
  Arguably the greatest testament to the positive impact of the trust fund on HIV prevention in Asia is the ways in which project funding became a catalyst for sustainable interventions.

Looking to the future, as the HIV epidemic reaches into new geographical areas and continues to pose a threat to a diverse range of communities, so must ADB find new and innovative ways for its funding to make the biggest possible impact and contribute to an end to HIV and AIDS in Asia and the Pacific. More than ever, the AIDS response will require partnerships between ADB and governments, United Nations agencies, the private sector, and civil society.

1

INTRODUCTION

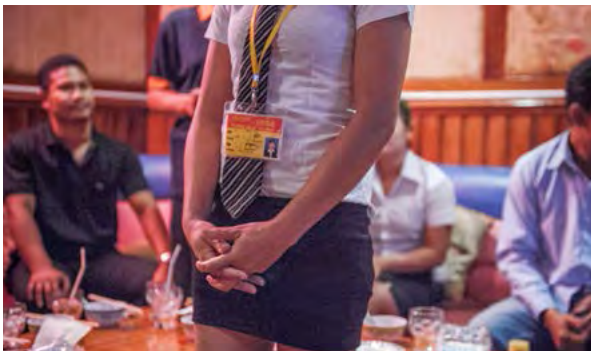
RISING EPIDEMICS ACROSS THE REGION

In Asia and the Pacific, the prevalence of HIV was below 1% in the general population in 2013, but this low population wide statistic belies the existence of rising epidemics in several countries in the region, with significant numbers of people continuing to be infected (Figure 1).[2] Concentrated epidemics (affecting more than 5% of a specific key population) exist or continue to emerge in several countries or in certain geographic areas within countries, due to a confluence of factors that are intricately tied to its socioeconomic development, the cultural landscape, and the legal and policy environment.

While population wide prevalence may remain in single digits, that low prevalence in Asia still translates into large numbers of people infected due to large populations in some countries. Thus, the number of people infected with HIV places a significant burden both on the countries' health systems and on the financial stability of affected households.

The growth of Asian megacities, and the opening up of economic and transport corridors have given rise to large and growing mobile and migrant populations. Improvements in road infrastructure and the concentration of migrant workers along these routes tend to result in a boom in entertainment and sex venues in surrounding locations.[3] With the availability of cheap transport due to opening of transport corridors, sex workers' mobility and options to find new markets have expanded.[4] In addition, the illegal drugs trade is well-established and highly active in parts of the region. However, access to health and other services continue to be a barrier for these population groups (Box 1).

BOX 1: CHANGING PATTERNS OF SEX WORK



An estimated 4.3 million women in 23 countries in Asia and the Pacific region sell sex to a large number of men who regularly buy sex.[a] *Rapid urbanization and economic growth have led to changes in the pattern of sex work, including a shift from brothel-based to home-based, entertainment venue-based, and internet-based sex work, especially in urban centers and transport corridors.*[b] *This changing context has brought about greater heterogeneity among women who engage in sex work. In several countries, young educated urban women are choosing to sell sex as income from sex work tends to be much higher than from other available work options.*[c]

However, sex work is criminalized in most countries in the region. Sex workers continue to face high levels of stigma and discrimination, high levels of violence, as well as social ostracism on moral grounds. Although the region has made tremendous gains in reducing infection among female sex workers, particularly in Cambodia, India, Myanmar, and Thailand, legal policy barriers and the lack of an enabling environment hinder sex workers' access to HIV services.

a www.aidsdatahub.org; based on country size estimation data, *Global AIDS Response Progress Report 2014*.

b UNAIDS and aids2031 Initiative. 2009. Asian Economies in Rapid Transition: HIV Now and Through 2031.

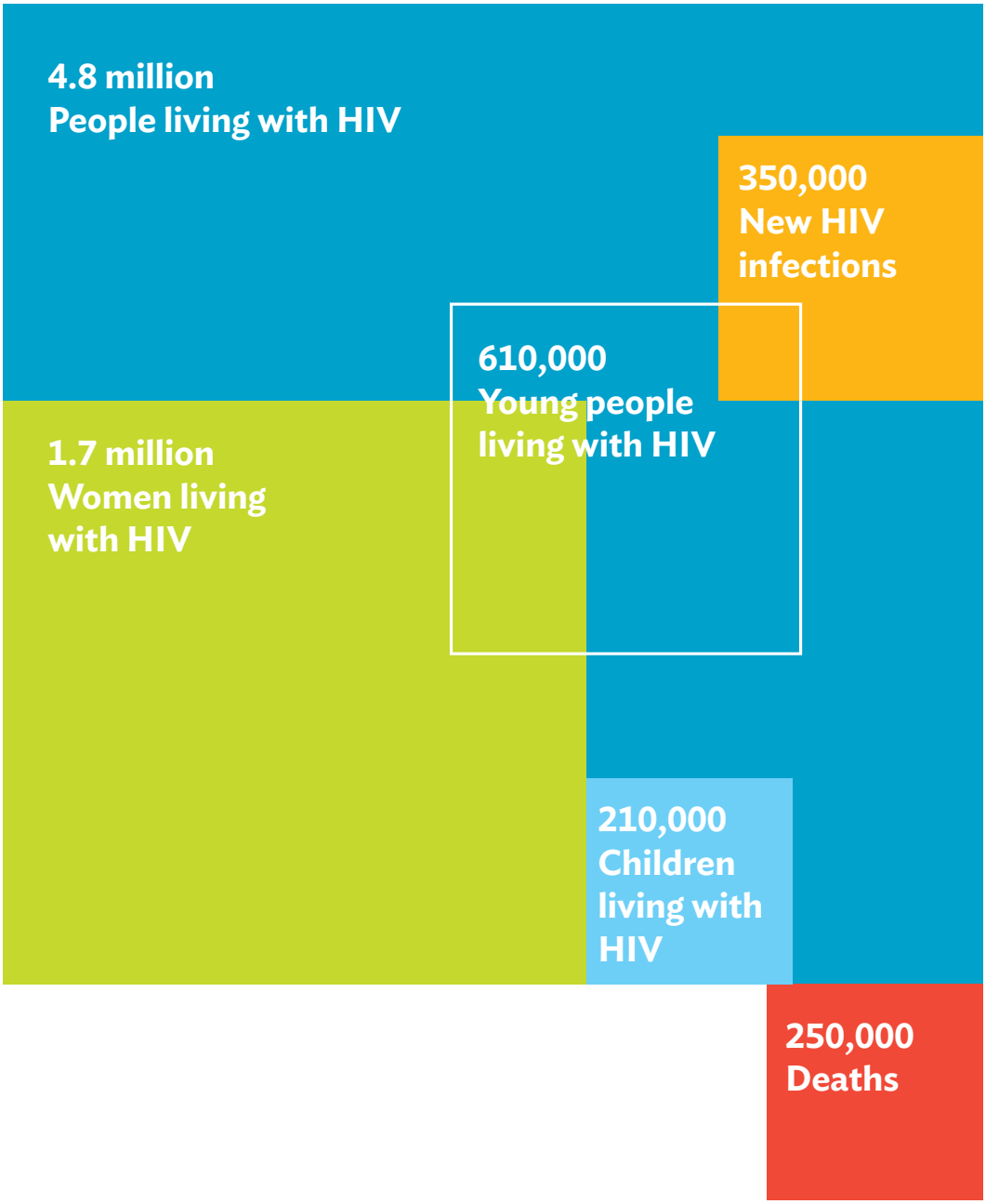
c Footnote b.

2 Except Thailand, which has an adult HIV prevalence of 1.1%.

3 Overs and Jenkins. 2006. HIV and Sex Work: Responses to Date and Opportunities for Scaling Up. Geneva: UNAIDS. Unpublished memo.

4 UNAIDS and aids2031 Initiative. 2009. Asian Economies in Rapid Transition: HIV Now and Through 2031.

FIGURE 1: HIV IN ASIA AND THE PACIFIC: 2013 SNAPSHOT



Source: Prepared by HIV and AIDS Data Hub for Asia Pacific based on 2013 UNAIDS estimates for UNAIDS. 2014. *Gap Report*.

HITS AND MISSES

The response to the HIV epidemic in Asia and the Pacific in recent years has been a story of both impressive successes and missed opportunities. By 2012 there were 26% fewer new HIV infections than there were in 2001, and more people living with HIV than ever were receiving treatment, with 1.56 million people on antiretroviral therapy in 2013 versus 180,000 in 2005 (Figure 2).[5,6] As a result, AIDS-related deaths also declined by 27% from 2005 to 2013.

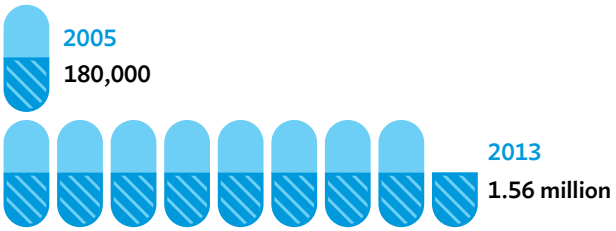
Despite this progress, too many people continue to fall through the gaps in existing HIV prevention, testing, and treatment services. The epidemic has been effectively stabilized in most countries in the region, but progress has been patchy. AIDS-related deaths declined in Cambodia, India, Myanmar, and Thailand between 2005 and 2013, largely thanks to better access to treatment. However, they increased in Indonesia, Malaysia, Nepal, and Pakistan, according to 2013 estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS).[7]

Major regional and global calls to action, such as the Report of the Commission on AIDS in Asia (2008) , and the Political Declaration on HIV/AIDS adopted during the June 2011 United Nations High Level Meeting (Box 2) spurred national governments to evaluate their AIDS responses and adopt new targets.

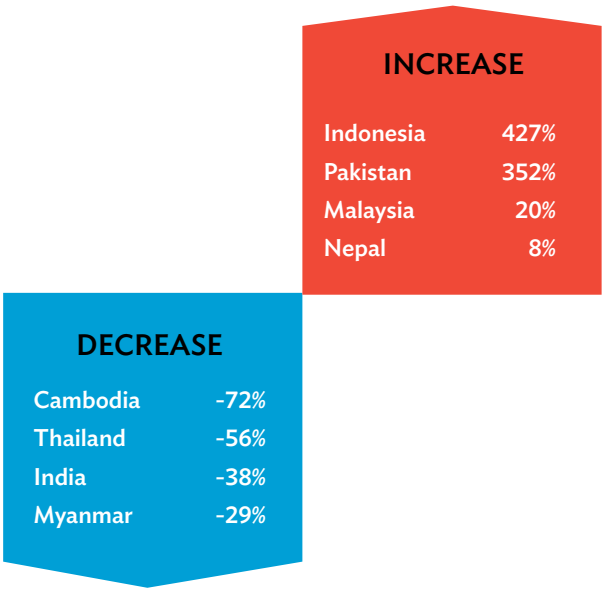
New HIV epidemic threats are emerging, notably in cities, along economic corridors, in border areas, and within certain populations. Although national financing of the AIDS response has increased with 59% of investment in the AIDS response now covered domestically, it is not enough to keep pace with the epidemic.[8] Moreover, investments are not being deployed strategically enough.

FIGURE 2: DATA FROM THE REGION

PEOPLE LIVING WITH HIV RECEIVING ANTIRETROVIRAL TREATMENT IN ASIA AND THE PACIFIC



SELECTED COUNTRIES IN ASIA AND THE PACIFIC WHERE AIDS-RELATED MORTALITY DECLINED AND INCREASED BETWEEN 2005 AND 2013



Source: United Nations Joint Programme on HIV/AIDS (UNAIDS). *Gap Report*, 2014.

5 United Nations Joint Programme on HIV/AIDS (UNAIDS). 2014. *Gap Report*.

6 United Nations Joint Programme on HIV/AIDS (UNAIDS). *HIV in Asia and the Pacific: UNAIDS Report 2013*.

7 Footnote 5.

8 United Nations Joint Programme on HIV/AIDS (UNAIDS). *HIV in Asia and the Pacific: UNAIDS Report 2013*. http://www.unaids.org/en/resources/documents/2013/20131119 _HIV-Asia-Pacific

BOX 2: REGIONAL AND GLOBAL CALLS TO ACTION ON HIV/AIDS

In 2008, the Report of the Commission on AIDS in Asia titled Redefining AIDS in Asia—Crafting an Effective Response, *concluded that sex workers, people who inject drugs, and men who have sex with men were the most at risk for acquiring HIV. Based on literature review, consultations, and national data modeling, the report found that this group's frequency of unsafe exposure to HIV and its size were the key determinants of the HIV epidemic in the region. The Commission estimated that $3 billion would be required to launch a decisive and prioritized response to the HIV epidemic in Asia and the Pacific. An expanded response was costed at $6 billion.*

In May 2010, all 62 members and associate members of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) adopted Resolution 66/10, which also noted that those most affected by the HIV epidemics in the region were sex workers, men who have sex with men, and people who inject drugs.[a] *ESCAP stated that an effective response requires working closely with these populations, and called for the removal of legal and political barriers to universal access.*

The following year, ESCAP unanimously adopted Resolution 67/9, which reinforced the previous year's resolution and reconfirmed the region's country commitments to reaching universal access to HIV prevention, treatment, care, and support and to address critical barriers hampering responses to AIDS.[b] *The impetus for Resolution 67/9 came from the Asia and the Pacific Regional Consultation on Universal Access in March 2011. This gathered together policy makers from 30 countries and over 80 civil society and community representatives. They jointly developed a text outlining what actions were needed for Asia and the Pacific to achieve zero new HIV infections, zero discrimination, and zero AIDS-related deaths.*

The Political Declaration on HIV/AIDS adopted during the June 2011 United Nations High Level Meeting emphasized the crucial role prevention must play in the HIV response at regional and national levels.[c] *It also called for interventions to be firmly evidence-based and tailored to the epidemic profile of each country. Thus, resources should be targeted at specific geographical locations, and dedicated to those subpopulations with the greatest vulnerability to HIV. The declaration also underlined the need to remove legal, social, and policy barriers to HIV prevention and to tackle stigma and discrimination against people living with HIV.*

The declaration set 10 targets and elimination commitments with the overall goal of achieving universal access to HIV prevention, treatment care, and support by 2015. The achievement of the 10 targets is considered to be a key step toward the vision of zero new HIV infections, zero discrimination, and zero AIDS-related deaths.

a ESCAP resolution 66/10. Regional Call for Action to Achieve Universal Access to HIV Prevention, Treatment, Care and Support in Asia and the Pacific. http://www.unescapsdd.org/files/documents/HIV_IGM1_INF4.pdf

b ESCAP Resolution 67/9: Asia-Pacific Regional Review of the Progress Achieved in Realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. http://www.unescap.org/resources/escap-resolution-679-asia-pacific-regional-review-progress-achieved-realizing-declaration

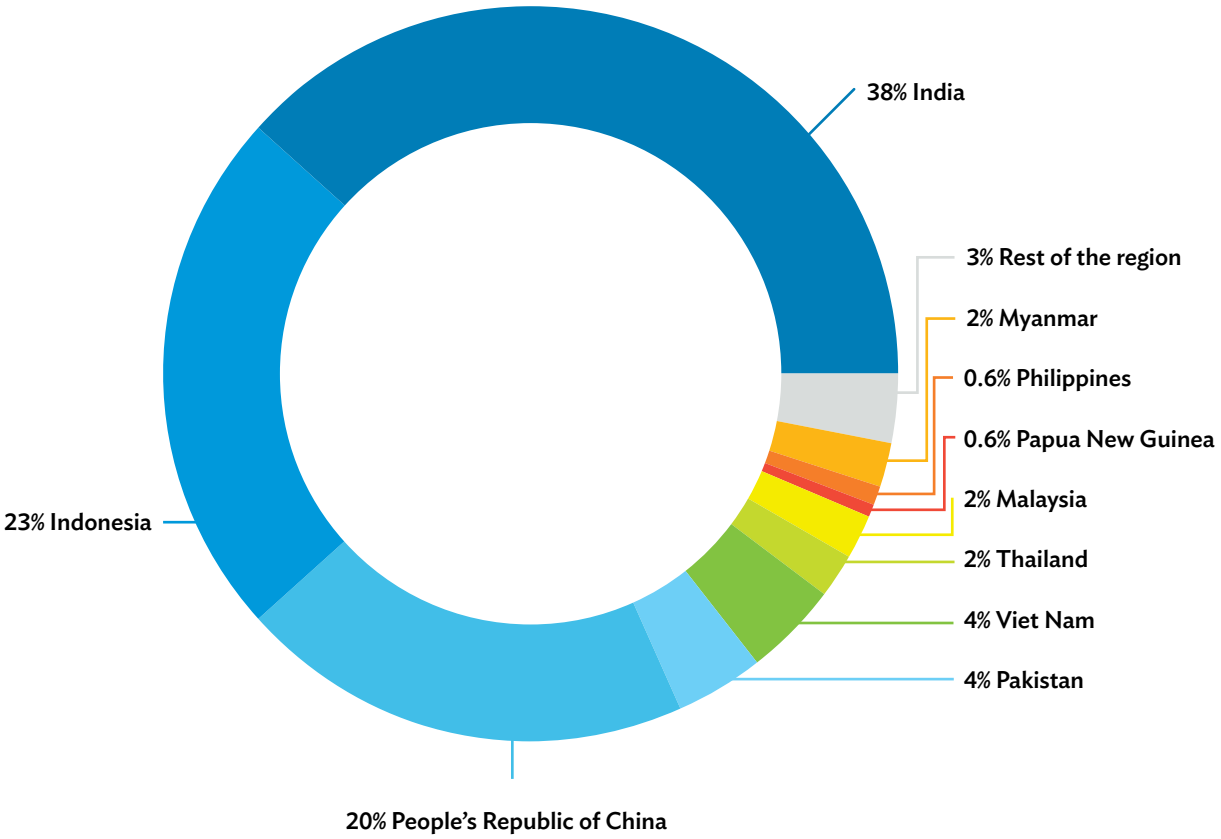
c UN Resolution 65/277. Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS. http://www.unaids.org/sites/default/files/en/media/unaids /contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf

MAKING UP FOR LOST TIME

As the HIV epidemic continues to evolve, all the evidence points to the need for comprehensive prevention, treatment, care, and support measures targeted at specific subpopulations; community engagement to reach key populations at higher risk and vulnerable populations with HIV testing; and a commitment to bring treatment to everyone who needs it, in order to maximize both the lifesaving and preventative benefits of antiretroviral therapy.

By not focusing earlier on key populations at increased risk of HIV, Asia and the Pacific lost valuable time in the AIDS response. There has been no overall change in new HIV infections since 2008, and while infections in some of the earlier epidemic countries declined, between 2005 and 2013, there were increases in new infections in some parts of the People's Republic of China (PRC) and India, while new epidemics emerged in Indonesia, Pakistan, and the Philippines (Figures 3, 4, 5).[9]

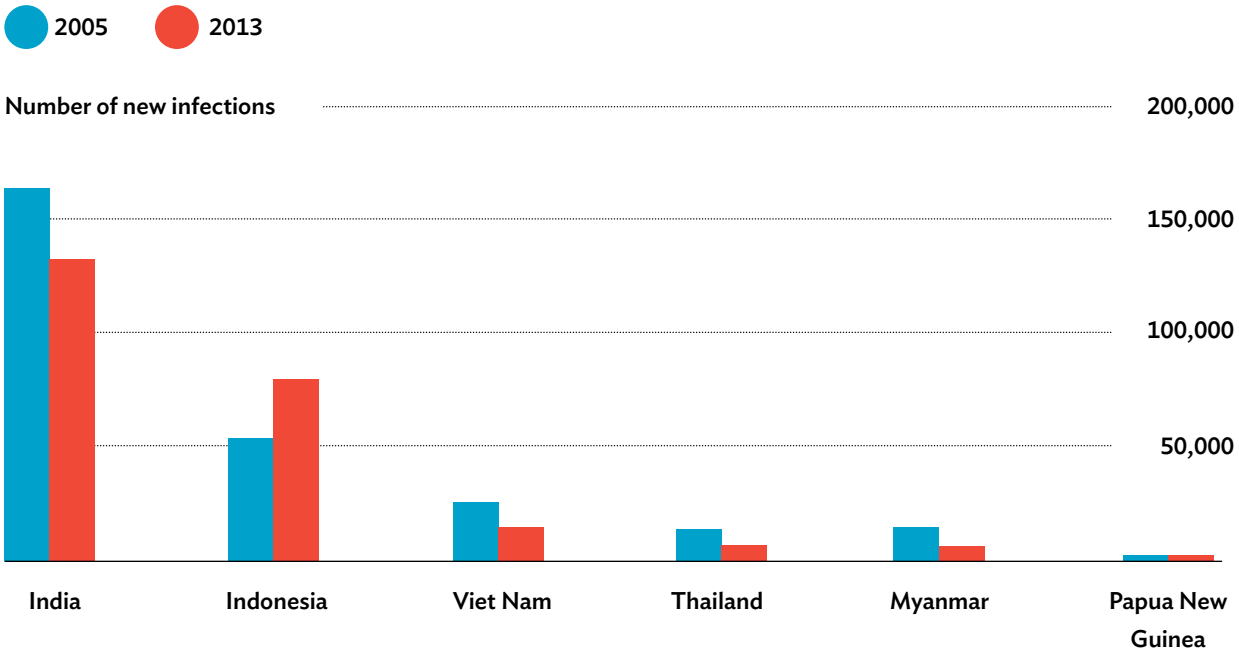
FIGURE 3: HIV INFECTIONS IN ASIA AND THE PACIFIC, 2013



Source: United Nations Joint Programme on HIV/AIDS (UNAIDS). *Gap Report*, 2014.

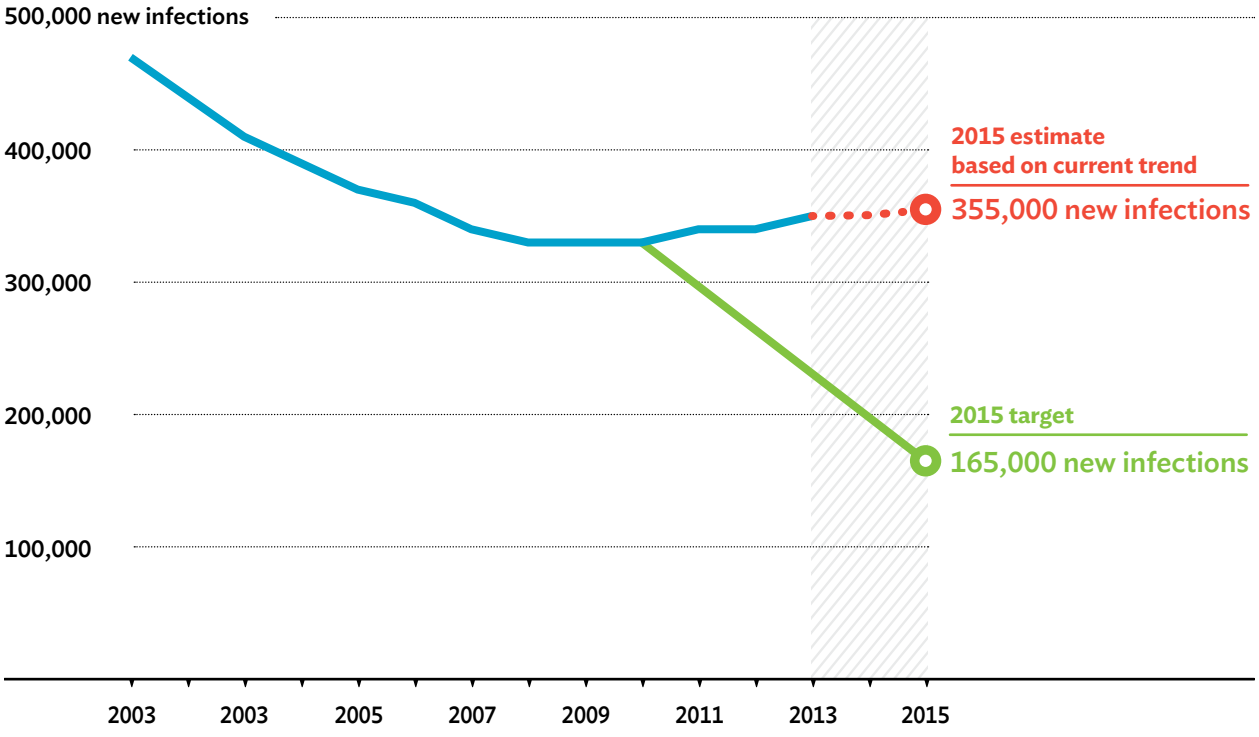
9 Footnote 5.

FIGURE 4: TRENDS IN NEW HIV INFECTIONS AMONG SELECTED COUNTRIES IN ASIA AND THE PACIFIC, 2005 AND 2013



Source: United Nations Joint Programme on HIV/AIDS (UNAIDS). *Gap Report*, 2014.

FIGURE 5: NEW HIV INFECTIONS IN ASIA AND THE PACIFIC, 2001–2015



Source: Prepared by HIV and AIDS Data Hub for Asia Pacific based on 2013 UNAIDS estimates for UNAIDS. *Gap Report*, 2014.

Too many people do not know their HIV status: two-thirds of men who have sex with men and people who inject drugs, and more than half of female sex workers, do not know their HIV status. Discriminatory and punitive laws that criminalize consensual sex between adults of the same gender, transgender identity, and activities related to sex work and injection drug use are still in place in many countries in the region and are a serious obstacle to the AIDS response.

Not enough people are receiving treatment. Two-thirds of people living with HIV do not receive antiretroviral therapy, and only five countries—Australia, Cambodia, the Republic of Korea, New Zealand, and Thailand—have attained more than 50% treatment coverage. In many countries, less than 40% of children under the age of 15 living with HIV are receiving antiretroviral therapy. Only Cambodia, Malaysia, Myanmar, Thailand, and Viet Nam have attained over 40% treatment coverage for children living with HIV.[10]

To effectively face up to the impact of HIV, governments are compelled to come to grips with many pressing challenges. HIV does not respect geographical boundaries, and in many countries it has been difficult for governments to harmonize their national AIDS responses with those of their neighbors, particularly with regard to border-dwelling populations and migrants.

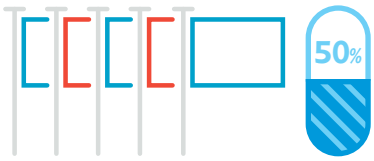
Although the scientific evidence supports focusing on key populations—sex workers, men who have sex with men, transgender people, and people who inject drugs—it is at times problematic for governments to take this approach. Firstly, it requires an acceptance of

FIGURE 6: GAPS IN TREATMENT AND CARE

HALF TO TWO-THIRDS OF KEY POPULATIONS DON'T KNOW THEIR HIV STATUS

TWO-THIRDS OF PEOPLE LIVING WITH HIV ARE NOT RECEIVING ANTIRETROVIRAL THERAPY

ONLY FIVE COUNTRIES HAVE ATTAINED MORE THAN 50% TREATMENT COVERAGE



Sources: United Nations Joint Programme on HIV/AIDS (UNAIDS). *HIV in Asia and the Pacific: UNAIDS Report 2013*, and United Nations Joint Programme on HIV/AIDS (UNAIDS). *Gap Report*, 2014.

10 Footnote 5.

the existence of such groups in society, and an acknowledgment of their basic human rights, including the right to HIV prevention, testing, treatment, and care. This can cut across deeply held religious and cultural beliefs. Secondly, it pits marginalized, stigmatized subpopulations against other less politically sensitive groups in the competition for scarce healthcare resources.

Then there are competing priorities for governments, e.g., zero tolerance of drug use as a component of national drug policy, versus needle and syringe programs, and methadone maintenance for harm reduction and HIV prevention among people who inject drugs. Although it is clear that a "business as usual" approach will not see an end to AIDS in Asia and the Pacific, governments often struggle to find innovative new ways to address the epidemic.

It is against this backdrop that the Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific was tasked to do its work since it was established in 2005 until completion in 2014.The Cooperation Fund benefitted from a $19.2 million grant from the Government of Sweden with the goal of assisting ADB's developing member countries meet their commitment to Millennium Development Goal 6, target 6A: to have halted by 2015 and begun to reverse the spread of HIV. The objective of the fund was to support these countries to develop a comprehensive AIDS response; enable them to partner with ADB in areas that play to ADB's strategic value and advantages; and particularly to benefit subregions, countries, and communities that are most vulnerable to HIV.

The creation of the fund formalized and focused ADB's existing contribution to the region's AIDS response. ADB had supported projects relating to HIV since the early 1990s, through interventions focusing on cross-border areas and mobile populations in the Mekong region, studies on the economic implications of HIV in its developing member countries, and a joint World Health Organization–ADB treatment and care initiative in Papua New Guinea.

HIV and other communicable diseases have long been recognized as a risk factor that can undermine the success of ADB's work in poverty eradication through core programs such as infrastructure development. As a result, even before the advent of the trust fund, ADB had acquired extensive experience in designing HIV components for integration with road projects.

Under the Asian Development Fund IX replenishment of ADB in 2004, 2% of funds by ADB donors were earmarked for projects focused on HIV and other communicable diseases prevention. In 1999, ADB initiated a new requirement that loan covenants for all infrastructure projects must have an HIV prevention component linked to labor standards and social provisions, and this has been progressively enforced since. In fact, ADB has become the lead agency on HIV and infrastructure mitigation in the region.

Not only is there a clear rationale for ADB to be involved in HIV prevention programs, ADB also brings unique attributes to the table, complementing the efforts of other agencies such as UNAIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and other bilateral agencies directly involved in the AIDS response.

ADB has extensive regional and subregional networks, and routinely engages in regional knowledge sharing and dialogues with government leaders across many sectors. This puts ADB in a prime position to enhance leadership and advocacy for the AIDS response also outside the health sector. ADB's unique convening role enables it to promote government-to-government dialogue, and strengthen the commitment and capacity of regional leaders to address HIV. ADB encourages governments to look at HIV beyond the health sector, to include finance, transport, and other infrastructure.

ADB's work on HIV prevention is also consistent with its Regional Cooperation and Integration Strategy, which guides the development of greater cross-border collaboration, fosters better convergence of knowledge and policy solutions, and the promotion of regional public goods. Linkages with subregional cooperation programs like the Greater Mekong Subregion economic program can enable scale-up and sustainability.

ADB is in a strong position to build capacity at regional, subregional, and country levels. ADB also has unique entry points to participate in the AIDS response among key populations through economic corridors via its infrastructure and construction projects. Given that HIV both exacerbates and causes poverty, with its clear mission of poverty eradication, ADB can also effectively run targeted programs that expand HIV interventions to mitigate risk among the poor, vulnerable, and those at increased risk of infection.

THE STRUCTURE OF THE TRUST FUND

The trust fund's activities were spread over three areas: pilot demonstrations; knowledge base, policy, and capacity building; and program coordination, technical support, and monitoring and evaluation.

PILOT DEMONSTRATIONS

- Support innovative approaches to the AIDS response
- Integrate HIV into ADB's nonhealth sector operations
- Focus on poor and vulnerable, including women, people with high-risk behavior, people living with HIV
- NGOs play a key role

KNOWLEDGE BASE, POLICY AND CAPACITY BUILDING

- Develop knowledge base used in planning interventions
- Target users are public and private sector leaders, community heads, policy makers, program planners
- Build human resources capacity in government and civil society, including NGOs

PROGRAM COORDINATION, TECHNICAL SUPPORT, MONITORING AND EVALUATION

- Ensure all programs under the fund are consistent with national policies and priorities
- Conduct annual and midterm reviews
- Develop results indicators
- Boost ADB's internal capacity to manage the fund

Since its start in 2005 until the fund's end in 2014, the fund evolved to encompass a wide range of projects, focusing on different aspects of the HIV epidemic, targeting diverse populations, and working with governments in 17 countries and in collaboration with numerous partner organizations on regional and cross-border projects.[11] As with any innovative endeavor, not all of the projects were successful, but this illustrates one of the strengths of the trust fund: it gave governments the scope and opportunity to test alternative approaches, question their business-as-usual practices, and develop new ways of dealing with the HIV epidemic in their country.

11 Afghanistan, Bangladesh, Cambodia, the People's Republic of China, Fiji, India, Indonesia, Kazakhstan, the Lao People's Democratic Republic, Mongolia, Myanmar, Papua New Guinea, the Philippines, Sri Lanka, Tajikistan, Thailand, and Viet Nam.

2

GAME CHANGERS AND SUCCESS STORIES FROM THE TRUST FUND

CORRIDORS OF RISK: OPPORTUNITIES FOR PREVENTION

There is no doubt that developing infrastructure and opening up economic corridors is one of the most transformational forces in the development of the communities they connect. Building transport links opens up opportunities for communities and countries to reach their full potential and plays a key role in efforts to reduce poverty in the region. Trade opportunities expand, and populations can become more mobile. Infrastructure development along transport and economic corridors is one of ADB's core businesses in the region, and its involvement in infrastructure also presents a natural point of entry for ADB to engage in the AIDS response for several reasons.

Firstly, in the developing member countries where ADB works in partnership with governments and collaborates with the private sector, its reputation and high-level dialogue with countries is already well established. ADB's convening power is hugely beneficial to its work in social protection, including health and health systems strengthening.

Secondly, while transport and economic hubs and corridors are economically beneficial, they are also powerful routes of transmission for HIV. With a large, mobile workforce, including many men with disposable income outside their home communities, construction projects create ideal conditions for sex work. Injection drug use can also thrive along corridors that connect opium-producing areas with new or existing markets, such as in Central Asia where new infrastructure projects are connecting the Kyrgyz Republic and Tajikistan with neighboring Afghanistan; and projects in the Greater Mekong Subregion opening up greater transport links within the Golden Triangle. This also has a knock-on effect on the communities' neighboring infrastructure projects, increasing their vulnerability to HIV.

Once new economic corridors are opened up, labor mobility increases, leading to higher numbers of mobile and migrant workers, and long-distance truck drivers, along transport routes. The living and working conditions in which these populations find themselves can make them vulnerable to HIV. Several studies among migrant populations in the region have shown that the shift to new lifestyles and behavioral patterns can contribute to risk-taking behavior among migrant workers (e.g., unprotected sex and drug use).[12]

However, infrastructure projects, and the transport and economic corridors they open up, can also be highly effective channels for HIV prevention and treatment. Several of the trust fund's projects aimed to mitigate the increased risk of HIV from infrastructure projects, or to capitalize on infrastructure projects to access otherwise hard-to-reach groups with HIV prevention programs, including projects in Cambodia, the People's Republic of China (the PRC), the Lao People's Democratic Republic (Lao PDR), Mongolia, Myanmar, Papua New Guinea, and Viet Nam.

12 Footnote 5.

GREATER MEKONG SUBREGION

Under one project, staff from the ministries of public works and transport of Cambodia, the Lao PDR, and Viet Nam were trained in mainstreaming HIV risk mitigation into transport and road development projects.[13] The training tools for construction workers and affected communities, and practice guidelines for integrating HIV prevention in the infrastructure sector that were developed under the project, were widely disseminated and continue to be used by ADB transport staff and consultants in the Greater Mekong Subregion.

PAPUA NEW GUINEA

In Papua New Guinea, the project focused on Lae Port, which successfully engaged with a private sector entity, the Lae Chamber of Commerce Inc. as implementing partner.[14] This was an effective way to reach out to the corporate sector to observe and implement HIV prevention practices in the workplace. The project included developing guidelines on good practice for workplaces; and increasing access to HIV information services, including a mobile voluntary confidential counseling and testing unit that worked at the port area and main project site during the first phase of construction.

The Lae Port initiative also promoted awareness of HIV in high-risk settings through training of peer educators; provided training for nongovernment organizations (NGOs); and conducted a needs assessment for improving police services for female survivors of violence. An AIDS code of conduct developed under the project was used to stimulate dialogue with multinational corporations with operations in Papua New Guinea. The project also made progress in building the capacity of civil society organizations (CSOs), including those for people living with HIV to assume a more active participation in prevention initiatives.

Top: Cambodian workers returning after a day's work near the border with Viet Nam.

Above: HIV prevention training workshop, Lae Port, Papua New Guinea.

Right: Construction site workers in Guangxi Zhuang Autonomous Region, PRC, receiving peer-led HIV prevention counselling.

13 ADB. RETA 6321: *Fighting HIV/AIDS in Asia and the Pacific*. SP3: *HIV/AIDS Prevention and the Infrastructure Sector in the GMS*. June 2006. Manila.

14 ADB. Grant 0102: *HIV Prevention and Lae Port Development*. December 2007. Manila.

PEOPLE'S REPUBLIC OF CHINA

Before the advent of the trust fund, ADB and the PRC already had a positive experience of working together on HIV prevention projects related to highway construction projects. The PRC's HIV epidemic is concentrated in six provinces and regions, including Guangxi Zhuang Autonomous Region and Yunnan province. Under the trust fund, an HIV prevention and action program was launched in Yunnan province and Guangxi Zhuang Autonomous Region.[15] The project focused on construction sites, and provided materials and training for field and peer educators, as well as HIV prevention materials tailored to construction workers.

The Guangxi Zhuang Autonomous Region project started at the preconstruction phase, which proved to be key to its success, as managers and key staff were more amenable to advocacy and training activities at this time. The second phase of the project in Yunnan province adopted many of the approaches used in Guangxi Zhuang Autonomous Region, and was also highly participatory with the local communities, who identified the issues that were their main concern. The project was also designed in close cooperation with local health agencies, to ensure that it complemented existing work underway and strengthened partnerships with local agencies. Multiple groups at increased risk of HIV were identified, including people who inject drugs, sex workers, and mobile populations. The design also took account of increasing economic disparities in the region, the growing tourism industry, and the different ethnicities and cultures in the area.

Because the road project extended to the border with Myanmar, undocumented immigrants from that country were incorporated into the target group. This was key, as up to 60% of new HIV cases in the region in the previous three years were among migrant workers from Myanmar. The project developed culturally sensitive training materials for workers and cross-border communities, distributed testing kits, and supported voluntary counseling and testing. It also targeted young people in border communities with training on decision making and health management beyond HIV on a range of other health issues.

15 ADB. RETA 6321: *Fighting HIV/AIDS in Asia and the Pacific*. SP7: *HIV/ AIDS Prevention in Road Development in Guangxi and Yunnan*. May 2006. Manila.

STRONG DATA FOR EVIDENCE-BASED RESPONSES

Reliable data are needed to understand the HIV epidemic in the region, and how it is changing as socioeconomic circumstances evolve. Without these data, governments, policy makers, program planners, and civil society are working in the dark, making it impossible to effectively target scarce HIV resources where they can make the most impact.

Several subprojects under the trust fund have significantly contributed to the knowledge base on HIV in Asia and the Pacific, including the HIV and AIDS Data Hub.[16] This website was launched in 2008, and has since become the leading source for high-quality, accessible, and up-to-date data on HIV in Asia and the Pacific in one convenient site. The HIV and AIDS Data Hub is also a clear example of how the trust fund has facilitated ADB projects in partnership with other organizations.

Other knowledge products have also resulted from projects under the trust fund. Subprojects for the Greater Mekong Subregion, Central Asia, and Mongolia produced a collection of documents published by ADB that continue to be used by ADB staff and consultants (Table 1).

TABLE 1: KNOWLEDGE PRODUCTS FROM THE TRUST FUND

Publication title	Date
ADB, Roads and HIV/AIDS: Resource Book for the Transport Sector	2008
Practice Guidelines for Harmonizing HIV Prevention Initiatives in the Infrastructure Sector: Greater Mekong Subregion	2010
Toolkit on Implementing Effective HIV Mitigation Interventions in the Context of Infrastructure Development Projects	2013
For Life, With Love: Training Tool for HIV Prevention and Safe Migration in Road Construction Settings and Affected Communities	2009
Healthy Together — Our Future: Guidebook for HIV/AIDS/STI Prevention in the context of Mining and Transport	2013
HIV/AIDS Vulnerabilities in Regional Transport Corridors in the Kyrgyz Republic and Tajikistan.	2012
Implementing HIV Prevention in the Context of Road Construction: A Case Study from Guangxi Zhuang Autonomous Region in the People's Republic of China	2014
Build It and They Will Come: Lessons from the Northern Corridor on Mitigating HIV and Other Diseases	2009
Intersections — Gender, HIV, and Infrastructure Operations: Lessons from Selected ADB-Financed Transport Projects	2009

16 ADB. RETA 6321: *Fighting HIV/AIDS in Asia and the Pacific*. SP11: *Evidence-based Advocacy for Action*. April 2010. Manila.

BOX 3: LOOKING BEYOND NATIONAL BORDERS

An analysis of HIV vulnerabilities in regional transport corridors in the Kyrgyz Republic and Tajikistan highlighted the urgent need to address the increased risk of HIV in the Kyrgyz Republic.[17] *HIV risk associated with unsafe injecting drug use, for example, comes with the development of transport corridors that are also major drug corridors between neighboring Afghanistan and countries with high prevalence of HIV, including Kazakhstan and the Russian Federation. Similarly in Tajikistan, the population of sex workers is increasing in line with growing numbers of migrant laborers, and HIV prevalence among both groups is rising. The report,* HIV/AIDS Vulnerabilities in Regional Transport Corridors in the Kyrgyz Republic and Tajikistan, *presented the argument for the two countries to frame their low-prevalence HIV epidemics in the regional context, taking into account the higher prevalence in neighboring countries. It provided evidence of the need for strong cooperation between neighboring countries in the region on HIV prevention.*

NEWLY EMERGING POPULATIONS VULNERABLE TO HIV

By having a more evidence-informed picture of the HIV epidemic, the trust fund has been able to focus projects on where the HIV vulnerabilities lie, geographically, socially, and economically. The key populations that have already been clearly identified as being at increased risk of HIV—men who have sex with men, transgender people, sex workers, and people who inject drugs—are also those groups most in need of HIV prevention services in the region. But there are also other vulnerable groups: migrant workers who are often undocumented and therefore unable to access HIV or other health services in the host country, border area inhabitants, and communities along newly developing transport corridors.

This is particularly so in the Greater Mekong Subregion. A 2001 memorandum of understanding (MOU) committed the Cambodia, the PRC, the Lao PDR, Myanmar, Thailand, and Viet Nam governments to a Joint Action Programme for Mobility-related HIV Vulnerability Reduction. The review and renewal of the MOU in 2011 was timely for ADB, because it gave other trust fund projects targeting this area a strong backbone. It also opened up an opportunity to engage with the Myanmar government for the first time on a health-related project and serve communities that were not being covered by projects from other development agencies.[18]

17 ADB. RETA 6321: *Fighting HIV/AIDS in Asia and the Pacific*. SP8: *Training on Mainstreaming HIV Prevention in Transport Sector. Central Asia*. May 2006. Manila.

18 ADB. RETA 6467: *HIV Prevention and Infrastructure: Mitigating Risk in the Greater Mekong Subregion*. SP11: *Strengthening Response to Address HIV Risks along the Economic Corridors*. June 2008. Manila.

As in border areas, Asia's rapidly expanding cities are also proving to be hotspots of HIV infection, particularly among key populations. Cities in the PRC, Indonesia, the Philippines, and Viet Nam are all experiencing rising HIV prevalence among men who have sex with men, according to national data reported to UNAIDS. Rates of condom use and HIV testing are low, at less than 50% regionwide. Similarly, HIV prevalence rates among people who inject drugs in the region are alarmingly high and rising, especially in cities. In Cebu, Philippines for example, HIV prevalence among people who inject drugs was negligible in 2009, but stood at more than 52% in 2013.

Harm reduction services are proven to have a dramatic effect on HIV prevalence among this population, but can fall foul of existing drug control laws in many countries. This is the case in the Philippines, but one of the Cooperation Fund's most innovative projects aimed to break that deadlock between harm reduction and drug control.[19] People who inject drugs are criminalized, and needle and syringe programs are forbidden by law, but ADB was able to convince the government to engage in a pilot program in Cebu. Operations research for the project was approved in June 2014, with three components: drug treatment and rehabilitation; basic health services including harm reduction; and community development services, e.g., advocacy and awareness campaign. The operations research generated evidence to help the government develop and implement a harm reduction program appropriate to the country setting. Under the same project, an integrated HIV and AIDS behavioral and serologic surveillance study was undertaken to better understand HIV risks and the level of HIV knowledge in prison settings in the country. Prisons and other closed settings in the country are typically overcrowded, and reports on risk behaviors in prisons, such as consensual and nonconsensual unprotected sex, lack of adequate health facilities, sharing of

PARTNERSHIPS AND CONNECTIONS

The nature of the HIV epidemic is that it most harshly affects those populations who are also the most marginalized and hard to reach. Experiences from many settings around the world have shown that one of the most effective ways to reach vulnerable populations with HIV prevention services is to work directly with community-based organizations and NGOs that already have access to those communities. This is especially so in the case of marginalized and stigmatized populations. Partnering with such organizations has extended the reach of ADB. At the same time, such partnerships have also opened up opportunities for ADB to strengthen partner organizations and build their capacity.

Engaging with small-scale NGOs is a challenge for ADB. As an organization, ADB is not well-placed to disburse very small-scale grants and manage relations with multiple small agencies for one project. One of the fund's most successful projects solved this problem by working together

unsterilized needles and syringes when injecting drugs, tattooing with the use of unsterilized and shared equipment, and lack of prevention services imply that prisoners are at higher risk of HIV infection.

In the Philippines, the trust fund also supported the creation of four drop-in centers for men who have sex with men where they can go for confidential peer-led HIV counseling and testing. The centers proved popular with men who have sex with men, and also attracted strong buy-in from the Metro Manila and Cebu City governments, which both committed to allocating funds for the drop-in centers after the project funding ended.

Top left: Migrant workers from Myanmar undergoing voluntary HIV testing at a shrimp factory in Mahachai, Thailand.

Top: Inmates from the Sputnik gang at New Bilibid Prison in Muntinlupa City, Philippines. One of the world's largest prisons, its 200,000-plus inmates face overcrowding and violence, and have minimal access to health care.

Bottom: Injecting drug users at a shooting galley in Barangay Kamagayan in Cebu City, Philippines. The most common drug is Nubain, which costs 50 pesos for a capsule.

19 ADB. RETA 6321: *Fighting HIV/AIDS in Asia and the Pacific*. SP5: *Strengthening Country Response to HIV/AIDS among High Risk Groups*. Philippines. May 2014. Manila.

ADB AS CONVENER AND HONEST BROKER

with Raks Thai Foundation, a large and well-established NGO with proven access to local and regional stakeholders, including civil CSOs.[20]

NGOs are not the only organizations that can transform ADB-funded projects and enable them to have high impact within otherwise inaccessible populations. A project in Mongolia aimed at transport and mining sector workers very successfully increased HIV prevention awareness among its target groups, and led to a sustainable program of HIV prevention activities within the mining sector.[21] This was achieved by partnering with the Mongolian Employer's Federation, an NGO with a mandate to promote the country's private sector.

One of ADB's unique strengths is its convening role and ability to bring government together at the table, and to bring together government departments that otherwise have no natural linkage points. Because of its honest broker position, ADB can also facilitate cooperation between governments and community-based organizations, and can bring them on board and strengthen them. One such project was a technical assistance package that was part of a loan and grant for HIV prevention in the Greater Mekong Subregion. The grant from the trust fund enabled the Lao PDR and Viet Nam to engage in joint initiatives in cross-border areas, projects that were hard for the respective governments to justify funding from a national loan or grant.[22]

ADB is also able to act as a knowledge broker, as it did between the Asian Football Confederation (AFC) and UNAIDS.[23] Although UNAIDS has been involved in similar campaigns in other regions, ADB's funding for AFC involvement in HIV prevention brought a new player to the AIDS response in Asia and the Pacific. Technical support from UNAIDS was key to the AFC's ability to convey accurate and powerful messages through its "Protect the Goal" campaign.

20 ADB. RETA 6321: *Fighting HIV/AIDS in Asia and the Pacific*. SP3: *HIV/AIDS Prevention and the Infrastructure Sector in the GMS, Raks Thai Strengthening CSO Collaboration in Regional HIV Prevention, Care and Treatment Promoting Mobile Populations Health Among GMS/ASEAN Countries*. May 2014. Manila.

21 ADB. TA 7175: *HIV/AIDS Prevention in ADB Infrastructure Projects and Mining Sector*. Mongolia. November 2008. Manila.

22 ADB. TA 8204: *Regional Capacity Development Technical Assistance for Greater Mekong Subregion Capacity Building for HIV/AIDS Prevention*. October 2012. Manila.

23 ADB. RETA 8408: *Communications Campaign for Prevention of HIV/AIDS*. July 2013. Manila.

SPECIAL SECTION

GAME CHANGERS

THE HIV AND AIDS DATA HUB FOR ASIA PACIFIC:

Creating public goods

Policies and interventions on HIV can only be fully effective when they are based on strong evidence. Launched in 2008, the HIV and AIDS Data Hub for Asia Pacific's mission is to support regional and country partners with quality and relevant data to inform policies, strategies, and programs in the AIDS response and strengthen health systems. The Data Hub website (www.aidsdatahub.org) has become the go-to source for high-quality, accessible and up-to-date data on HIV in Asia and the Pacific in one convenient site.

The only single source of HIV and AIDS-related data from the region, the Data Hub analysis team works with many regional and national partners to compile, update, and analyze evidence on the HIV epidemic. Reflecting the concentrated and localized nature of HIV epidemics in the region, the Data Hub has a strong emphasis on subnational data on key populations at higher risk. It covers 24 Asian and 22 Pacific countries and territories, including data disaggregated by age and sex.

All the resources in the Data Hub are freely available, and these public goods have proven invaluable to a wide range of stakeholders

Data sources include published literature and national HIV websites from a network of country and regional partners, and are carefully vetted before inclusion in the database. The Data Hub team generates and regularly updates country profiles, as well as data sheets, slide sets, and publications on key populations and other groups at increased risk of HIV such as young people, children, and migrants. Data is also presented according to thematic areas, such as treatment, the economics of AIDS, and stigma and discrimination. Data products are also directly commissioned by the Data Hub's partners, including ADB.

The Data Hub's online regional database enables users to generate data specifically tailored to their needs. All the resources in the Data Hub are freely available, and these public goods have proven invaluable to a wide range of stakeholders, including governments, the public, researchers, civil society, the United Nations, and donors. Users can access a comprehensive online reference library with over 3,000 downloadable references, including national strategic plans, surveillance reports, population-based surveys, tools, and guidelines.

It is already acknowledged that a data revolution built on coordination at national, regional, and international levels is key to poverty eradication and achieving sustainable development and pursuing the post-2015 development agenda goals. Initiatives such as the Data Hub lead the way in that revolution, showing how the increasing availability of data from disparate sources can be harnessed to create a global public good that is more powerful than the sum of its parts.

The Data Hub's partners are ADB, UNAIDS, UNICEF and WHO (technical partner). The UNAIDS Regional Support Team for Asia and the Pacific hosts the Data Hub in Bangkok, Thailand. ■

MYANMAR:

A catalyst for mobilizing funds

As well as being effective in their own right, there was also scope for projects under the trust fund to act as a catalyst for larger projects funded by other agencies. One such project was in Myanmar, where ADB set out to strengthen the local response to HIV risks along the country's economic corridors and newly developed infrastructure.

This is ADB's first health project in Myanmar and the first health project by any organization in the country specifically focused on the border areas and economic corridors. In setting up the project, ADB's advantage was that it was already working in border areas and economic corridors where no other agencies were engaged. The five townships under the ADB project were not yet covered under any project funded by grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, for example.

This is ADB's first health project in Myanmar and the first health project by any organization in Myanmar specifically focused on the border areas and economic corridors.

The border townships were selected because of the ample opportunities they provide to serve cross-border and migrant mobile populations. Instead of the funding being directed to the government, ADB engaged international NGO Malteser International, which already has its own program of build-operate-transfer rural health clinics in the area, to create and offer the service provision packages for at-risk populations, mobile migrant populations, and people living with HIV.

ADB also brought in two United Nations agencies to provide the necessary technical support. UNAIDS was tasked to assess institutional development capacity. Its assessment was used to inform advice to the government about capacity building. The International Organization for Migration conducted research in two townships to ensure there was a match between vulnerable communities and services offered. The project highlights ADB's ability to convene diverse and expert partners to ensure maximum impact.

The same inputs that were used to design the project under the trust fund, which had $1m in funding, were then used by the Japan Fund for Poverty Reduction (JFPR) for a $10 million project that took over from where the ADB project left off. The assessment of the ADB-funded project was used by JFPR to determine where the actual institutional activities of its project would take place.

The beauty of this project was that not only as it was successful in achieving its objectives, it also provided the evidence base to justify scaling up the activities, prompting JFPR to commit a tenfold larger grant for continuation of the project's work. Moreover, whereas the ADB funding was channeled to international and local nongovernment organizations, the JFPR took the process a step further, by infusing more funds directly to the government to prepare them for principal recipient status with the Global Fund in 2016. ■

RAKS THAI FOUNDATION:

How to work with nongovernment organizations

In 2011, governments in the Greater Mekong Subregion signed an memorandum of understanding that acknowledged the crucial role communities play in protecting themselves from HIV. One of the key areas of collaboration under the memorandum is promoting community-based strategies that reduce HIV vulnerability using people-centered approaches and effective behavior change communication programs. NGOs are often the best-placed organizations to take on this work.

Raks Thai Foundation is a large NGO that implements programs and projects directly in over 40 provinces in Thailand through its 23 program offices. It also works jointly with academic institutions, government authorities, and local stakeholders. ADB was able to capitalize on the organization's well-established access to local and regional stakeholders and target communities in a project covering the six countries of the Greater Mekong Subregion.

The foundation was selected by ADB to implement a project to strengthen collaboration

among CSOs in regional HIV prevention, care, and treatment programs, with a focus on the health of mobile populations. Raks Thai engaged 12 CSOs in health promotion and HIV prevention, care, and treatment for mobile and migrant populations in GMS countries. ADB supported capacity development of these CSOs through its engagement with Raks Thai. The network also facilitated CSOs to engage in intercountry and regional collaboration between themselves, with counterparts in other countries, and, importantly, with government agencies and the private sector.

The project exposed some of the severe challenges facing migrants, especially those who are living with HIV. There are different policies and treatment protocols on either side of the border.

Many important lessons were learned through this project. The project exposed some of the severe challenges facing migrants, especially those who are living with HIV. There are different policies and treatment protocols on either side of the border. For migrant workers, diagnosis in the host country does not necessarily confer treatment there or at home, and undocumented migrants in particular face discrimination when seeking treatment. Migrants also fall through the cracks in existing HIV prevention efforts as they are not typically considered to be a key population.

Raks Thai's work demonstrated that nongovernment organizations and CSOs can become focal points to assist migrants with access to testing, counseling, and antiretroviral therapy, regardless of their residence status. To support this process, a database of migrant workers on antiretroviral treatment would be helpful to ensure continuity of care although there are challenges with regard to confidentiality.

To ensure that migrants get access to treatment for HIV, the availability of drugs needs to be increased, and cross-border drug compatibility issues need to be addressed. This is beyond the scope of civil society and must be dealt with at the government level through cross-border treatment protocols. Working with national- and provincial-level mass media to conduct a stigma reduction campaign can also help to build a favorable environment for access to health services for migrants. ■

Raks Thai's work demonstrated that nongovernment and civil society organizations can become focal points to assist migrants with access to testing, counseling, and antiretroviral therapy, regardless of their residence status.

Other page: During outreach work by Raks Thai Foundation in collaboration with the local Department of Health at a shrimp factory in Mahachai, Thailand, workers from Myanmar receive free, unlimited condoms (above) and undergo voluntary HIV testing

MONGOLIA:

Engaging with the private sector for peer-led HIV prevention

Mongolia's recent heavy investment in road, transport, and mining projects has brought with it concerns about the social impact of rapid economic development. As the scope of mining and infrastructure projects has expanded, so has the size of the mobile and migrant workforce. The interaction between construction and mining workers, local communities, and sex workers creates a perfect environment for the increased risk of HIV transmission. In response, the government requested technical assistance from ADB to help prevent the spread of HIV and maintain the country's current low HIV prevalence rate.

The project had four main aims: to boost knowledge of HIV and sexually transmitted infections among construction workers, contractors, sex workers, and communities; improve access to related health services; prepare HIV policy guidelines for the infrastructure and mining sectors; and increase HIV prevention capacity among national and local partners.

One of the strengths of the project from the outset was that the Office of the Deputy Prime Minister was the executing agency. This raised the profile of HIV within the government and provided the

necessary stewardship of the different ministries involved. Acknowledging that it lacked the tools and capacity to tackle the issue of HIV in these sectors alone, the government delegated implementation of the project to the Mongolian Employer's Federation (MONEF), an NGO with a mandate to promote the country's private sector through information sharing, capacity building, and legal advice to its 7,000 members.

MONEF created a new unit to conduct train-the-trainer workshops, and disseminate the guidelines and training materials developed by ADB in collaboration with the National Centre for Communicable Diseases. Workers from two private companies—Oyu Tolgoi working in a copper and gold mine in Khanbogd soum, and Energy Resource from a coal mine in Tsogt-tsetsli soum—were trained to conduct peer educator training on HIV and sexually transmitted infection prevention.

Energy Resources also provided health checkups, voluntary HIV and sexually transmitted disease (STD) testing, condoms, and HIV/STD prevention information. It also included HIV/STD prevention in its new employee induction

The Mongolia experience showed how important it is to also have a "plan B".

Above: Road construction workers complete a questionnaire on HIV/AIDS prevention at their work site in Dornogobi province, Mongolia.

program. MONEF took up the program after the ADB-funded project ended, and continues to conduct train-the-trainer sessions using the guidelines and training materials provided under the trust fund project.

While the mining component of this project was highly successful, the component targeting transport workers was limited by delays to the ADB-funded infrastructure project with which it was associated. Although using such projects as a point of entry for HIV prevention—and indeed, other health interventions—can be highly effective, the Mongolia experience showed how important it is to also have a "plan B" for access and implementation in case the underlying infrastructure project is delayed.

The project was also very successful in stimulating dialogue that led to meaningful policy change. In May 2012, the Ministry of Roads, Transportation, Construction and Urban Development together with the Ministry of Mineral Resources and Energy adopted an HIV prevention service package to be implemented in all infrastructure, road, and mining projects.

The same year Mongolia also passed a new HIV law that mandates all institutions to have a workplace safety program to address HIV. Bid documents for infrastructure, transport, and mining projects must also include a chapter on workplace safety, particularly HIV prevention. The success of the project highlights the importance of working both with government entities and the private sector.

Top: HIV prevention and counseling train-the-trainers session participants learning about the participatory action method for correct condom use in South Gobi province of Mongolia.

Above: Soil washing machine at a gold mine, Tuv province, Mongolia.

LAO PEOPLE'S DEMOCRATIC REPUBLIC AND VIET NAM BORDER:

Reaching mobile populations

In 2012, the Lao PDR and Viet Nam governments received a $5 million grant and a $15 million loan, respectively, from ADB to build capacity in HIV prevention. Over the course of five years from 2013–2018, the project has ambitious goals: strengthened planning and management capacity, increased access to quality services, better community outreach, and sustainable regional collaboration.

However, carving out funding in the area of cross-border collaboration is a challenge for both governments. The trust fund was able to fill this gap. The $1 million project had aims to achieve broadly the same goals as the grant and loan, but with a focus on migrant workers and mobile populations at border areas.

The project generated three memoranda of understanding between governments in the border provinces of the two countries, and based on these, the project facilitated a national-level bilateral memorandum of

understanding with specific regional cooperation measures on HIV prevention. Models for several pilot cross-border initiatives were developed under the project, which if successful can inform the way that the $20 million loan and grant is used.

In Viet Nam, the focus of the models developed was community outreach in border provinces, including with migrant workers, and also harm reduction for people who inject drugs. These models will be implemented under the block grant mechanism of the ADB loan project. All community members, especially ethnic minorities directly will benefit from the program, but it will also indirectly benefit district health workers and commune leaders, through building their capacity to undertake HIV prevention activities. Key activities include distribution of HIV awareness and education materials, behavior change communication activities for at-risk groups, and capacity building for health service providers.

At the border stations, activities include training for health quarantine staff in HIV prevention, and counseling rooms equipped with syringe drop boxes and condoms; and border guard training in HIV prevention, with the engagement of the Ministry of Health to ensure the guards are equipped to provide accurate information. Posters, billboards, and videos in Vietnamese and Lao are being used in the waiting areas of international checkpoints.

In the Lao PDR, the focus of two pilot projects is on harm reduction among populations in remote areas close to the Viet Nam border, with links to similar interventions underway on the Viet Nam side. The project is built on activities already been initiated under a project funded by the Australian government and on HIV prevention activities implemented under past ADB transport infrastructure projects. Implemented in two adjacent provinces in the far north, the project is currently the only one in that addresses the needs of people who inject drugs in the Lao PDR.

All community members, especially ethnic minorities directly will benefit from the program, but it will also indirectly benefit district health workers and commune leaders, through building their capacity to undertake HIV prevention activities.

The pilot comprises an outreach-based needle syringe program including village-based awareness events implemented through health centers and a point-of-care referral system with links to the needle syringe program, HIV voluntary counseling and testing, and services and AIDS treatment and care.

The other pilot project targets migrant laborers employed by private companies and enterprises as well as the management. The project also covers owners of bars and entertainment venues and staff from provincial health and other sectors involved with HIV prevention. The objectives are to increase HIV prevention knowledge and skills of migrant workers, and other vulnerable populations in the cross-border area through education for migrant workers, increased access to voluntary counseling and testing, and advocacy with the private sector.

ADB was the only agency engaging in cross-border HIV prevention efforts in these parts of the Greater Mekong Subregion, but given the porous borders between countries in the region, and the multiple risk factors for a significant HIV epidemic, clearly there is a compelling argument for concerted action with other agencies to continue the work started under the project. The imminent opening of borders to migrant labor that is expected to follow the launch of the ASEAN Economic Community in 2015 adds increased urgency to this action.

The success of this cross-border approach also underlines the importance of ADB continuing this work, e.g., through the Regional Malaria and Other Communicable Disease Threats Trust Fund and other health trust funds, as well as ensuring such work is linked to cross-border infrastructure projects. ■

Top left and right: Ethnic minority villagers in rural Viet Nam wait for sexual and reproductive health checkups at a mobile clinic.

THE ASIAN FOOTBALL CONFEDERATION:

Dynamic partner in a high-impact campaign

Few regional organizations have the broad social reach of the Asian Football Confederation. With 47 national football association members, it can galvanize support across the entire region, through a game that is loved by millions. Football players are considered national heroes; matches bring together diverse groups of people in one place; and the game is found on the sports curriculum of schools all over Asia and the Pacific.

It was this unique access to a diverse and passionate audience, its convening power with national-level organizations, and a recently strengthened commitment to corporate social responsibility that made the Asian Football Confederation (AFC) a natural ally for ADB in the AIDS response.

ADB's engagement with AFC began in 2013 through the trust fund, with programs in Cambodia, Malaysia, Myanmar, the Philippines, and Viet Nam. All programs were united through the Protect the Goal campaign, launched at the 2010 FIFA World Cup in South Africa. However, the target, approach, and outcome of each was tailored to the country concerned.

Each campaign was run in partnership not only with the national football association, but also with NGOs, government agencies, and UNAIDS. One of the key successes of the project was the way in which it was

Top: "Protect the goal" campaign kick-off at a football stadium in Yangon, Myanmar. The football-based HIV prevention program tackles the risk of HIV transmission among young people in the region.

Right: Football fans watching a game at a teashop in downtown Yangon, Myanmar.

able to mobilize knowledge partnerships, such as between the AFC and UNAIDS, and between national football associations and local NGOs from outside the sports world.

In the Philippines, the campaign was headlined by the Philippine football national team, Azkals, and featured national players, who are role models for many young people.

Using video, social media, and HIV testing and prevention promotion materials at Azkals games, the campaign reached out to youth, especially to young men who have sex with men. This group is particularly at risk for HIV in the Philippines: prevalence among young men who have sex with men is climbing in the country's major cities, but many do not know their HIV status.

By contrast, the campaign in Cambodia centered on high school and university tournaments, not only in football, which is not the main sport in the country, but also athletics and basketball. In Myanmar, the campaign also worked with university students to train them as peer educators. They took HIV prevention messaging with them to weekly high school team coaching sessions, incorporating health

These issues and more could be tackled through this unique partnership offering unparalleled access both to the general population and specific subgroups.

talks and decision-making skills training into warm-up and practice sessions.

In Malaysia, the focus was children and teens who were educated about HIV prevention as part of a school-based football clinic with a national team player. The sessions were mandatory, which ensured that they reached all children aged 10–15 and not just those who were avid football players. Each two-and-a-half-hour session included a 45-minute session of HIV education. In effect the children became family educators about HIV prevention, taking what they learned home with them and sharing with their parents.

The campaign in Viet Nam received an important boost when the country cohosted the 2014 Suzuki Cup together with Singapore. HIV education materials and videos were used during the event, the most prestigious football cup in the region with up to 300 million spectators. Voluntary testing and counseling for HIV was also available on-site.

Working together with the Suzuki Cup opened the door to running other health campaigns at the event in two years' time, as this was the first time the Suzuki Cup had adopted a social message.

The success of the HIV campaign with the AFC also shows promise for other health-related interventions, e.g., hygiene, violence against women, and malaria. All of these issues and more could be tackled through this unique partnership offering unparalleled access both to the general population and specific subgroups. ■

Top left: Street football next to Sule Pagoda, downtown Yangon. Football is the most popular sport among boys and young men in Myanmar.

Top right: Young boys engage in football in the early morning before class. Yangon, Myanmar.

3

LOOKING TO THE FUTURE: KEY RECOMMENDATIONS

Trying new and innovative approaches provided valuable lessons for ADB, both in its future work in HIV prevention, and in managing similar health-oriented trust funds.

USE THE CONVENING POWER OF ADB TO FORGE PARTNERSHIPS

Spanning a 9-year period amid a changing HIV epidemic, the trust fund financed a wide range of projects. What clearly emerged from this process was that the most successful projects were those that played to ADB's strengths: infrastructure, construction, government-to-government cooperation, government–private sector collaboration, and ADB's ability to bring governments and CSOs to the same table.

WORK WITH PARTNERS AS KNOWLEDGE BROKERS

ADB brings unique strengths to tackle intractable health problems that threaten to undermine the socioeconomic advancement of the region. ADB can best operate in the health field by partnering with other agencies with specific expertise and complementary assets. During the term of the trust fund, it became clear that ADB was able to add knowledge and expertise on HIV program implementation, and raise awareness through partnering with other organizations. In this respect, UNAIDS has been a particularly strong partner for the trust fund. Not only did ADB benefit from UNAIDS' specialist expertise and country presence, UNAIDS also hosts the HIV and AIDS Data Hub, one of the most successful projects to come out of the trust fund.

FOCUS ON A FEW STRONG PROJECTS

Wherever it works in the region, ADB does not exist in isolation, and this is especially so in the field of health. The projects that worked best under the trust fund were those that were not overly ambitious in scope, and were based on strong partnerships with other agencies, NGOs, and private sector partners. Ultimately, it is better to successfully complete a small number of projects with strategic partners than to fan out funding in all directions.

WORK CLOSELY WITH GOVERNMENTS

Another key to success is ensuring buy-in from the counterpart government bodies at the outset. Projects can only succeed if they are country-owned, and signed off by the ministry of finance. Pilot projects must be linked to the broader policy agenda and to the government's existing HIV programs. This can also help prevent overlap with existing programs.

BRING THE PRIVATE SECTOR ON BOARD

Knowing how to capitalize on the unique strengths of the private sector requires open-mindedness, flexibility, and a certain degree of imagination. The Asian Football Confederation, for example, may not seem to be the obvious choice as an ally to disseminate HIV prevention messages. However, together with technical expertise from UNAIDS, the AFC's incredible reach across all sectors of society through a regionwide passion for football was transformational. In addition, through this collaboration, ADB was able to assist the AFC to develop its corporate social responsibility program and strengthen its community work. Undoubtedly this collaboration ensured that ADB's investments had a far greater reach and impact than they would have had without engaging with the private sector.

STRENGTHEN HEALTH SYSTEMS

While the trust fund had a single disease focus, HIV, like every other disease, exists within a complex web of socioeconomic factors. The projects with the greatest impact were those that positioned HIV in the context of broader health and social development goals. This is likely to be the case for other single-disease trust funds, and can inform ADB's approach to investment in health. Indeed, any work that ADB does in the field of communicable diseases relates directly to its promotion of health systems strengthening in the region. ADB also has the influence to ensure that governments recognize HIV and other communicable diseases as not just a health problem but as a socioeconomic issue with measurable financial impact. In this way ADB can help push health and health systems strengthening higher up the policy agenda among developing member countries.

WORK WITH AND STRENGTHEN NONGOVERNMENT NETWORKS

NGOs and CSOs by their nature have greater reach into communities than ADB can achieve alone, and in that sense they can make effective partners. However, all projects require the same degree of administration and management regardless of size, making it cumbersome to manage small grants to multiple agencies. Moreover, when grant funding is significant relative to the size of an NGO's existing budget, one-off injections of resources raise issues of sustainability, making it difficult to maintain and extend gains made under a small grant project.

There is a middle way, which proved very successful under the trust fund, which is to work with NGO networks, and invest in building their capacity. These tend to have a larger and more robust organizational structure, and at the same time have strong and active links to smaller grassroots organizations that are already operating in the target location and disease area. Using this approach, funding can be used to scale up existing programs, rather than constantly pilot new projects that may not be sustainable. NGO networks can also be strengthened through funding from ADB for capacity building.

COMBINE GRANTS AND TECHNICAL ASSISTANCE WITH INFRASTRUCTURE LOANS

One of the most powerful ways to play to ADB's strengths is to use infrastructure development and other loans to provide health-related grant and technical assistance. However, this requires deft handling before it can work. Expecting a public works ministry to embrace responsibilities for promoting HIV prevention is unrealistic unless they can be matched with organizations that can work with them to execute projects. Also, loans and the infrastructure projects they finance can both be subject to delays, and it is essential for a project being associated with a loan to have in place a contingency plan should the main project be delayed. Single disease programs can also be linked to existing health impact assessments of infrastructure projects, but the HIV component in loan covenants must be meaningful and achievable and be funded to bring in outside support where needed.

USE TRUST FUND FINANCING TO SCALE UP PROJECTS AND MOBILIZE MORE FINANCING

Arguably the greatest testament to the positive impact of the trust fund on HIV prevention in Asia is the ways in which project funding became a catalyst for sustainable results. Examples include the mainstreaming of HIV prevention education in the workplace in Mongolia; large-scale funding for HIV prevention in Myanmar, which will increase the size of the original ADB-funded project ten-fold; and fostering new links between national health ministries and between provincial authorities in the border areas of the Greater Mekong Subregion. This positive effect will become all the more important as countries seeking transition funding for the AIDS response move toward more domestic funding as international funds move out.

PARTNERSHIPS: NOW MORE THAN EVER

Looking ahead, the AIDS response will require partnerships more than ever. ADB has shown how much can be achieved by partnering with governments, UNAIDS and other United Nations agencies, the private sector and NGOs. As the HIV epidemic reaches into new geographical areas and continues to pose a growing threat to a diverse range of communities, so must ADB find new and innovative ways for its funding, be it loans, grants, or technical assistance, to make the biggest possible impact and contribute to an end to AIDS in Asia and the Pacific.

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Game Changers, Success Stories, Lessons Learned

The ADB Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific

The ADB Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific benefitted from a $19.2 million grant from the Government of Sweden with the goal of assisting ADB's developing member countries meet their commitment to Millennium Development Goal 6, target 6A: to have halted by 2015 and begun to reverse the spread of HIV. The objective of the fund was to support these countries to develop a comprehensive AIDS response; enable them to partner with ADB in areas that play to the bank's strategic value and advantages; and particularly to benefit subregions, countries and communities that are most vulnerable to HIV. This report summarizes the experiences and lessons learned of the Cooperation Fund.

About the Asian Development Bank

ADB's vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries reduce poverty and improve the quality of life of their people. Despite the region's many successes, it remains home to approximately two-thirds of the world's poor: 1.6 billion people who live on less than $2 a day, with 733 million struggling on less than $1.25 a day. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.

ADB

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