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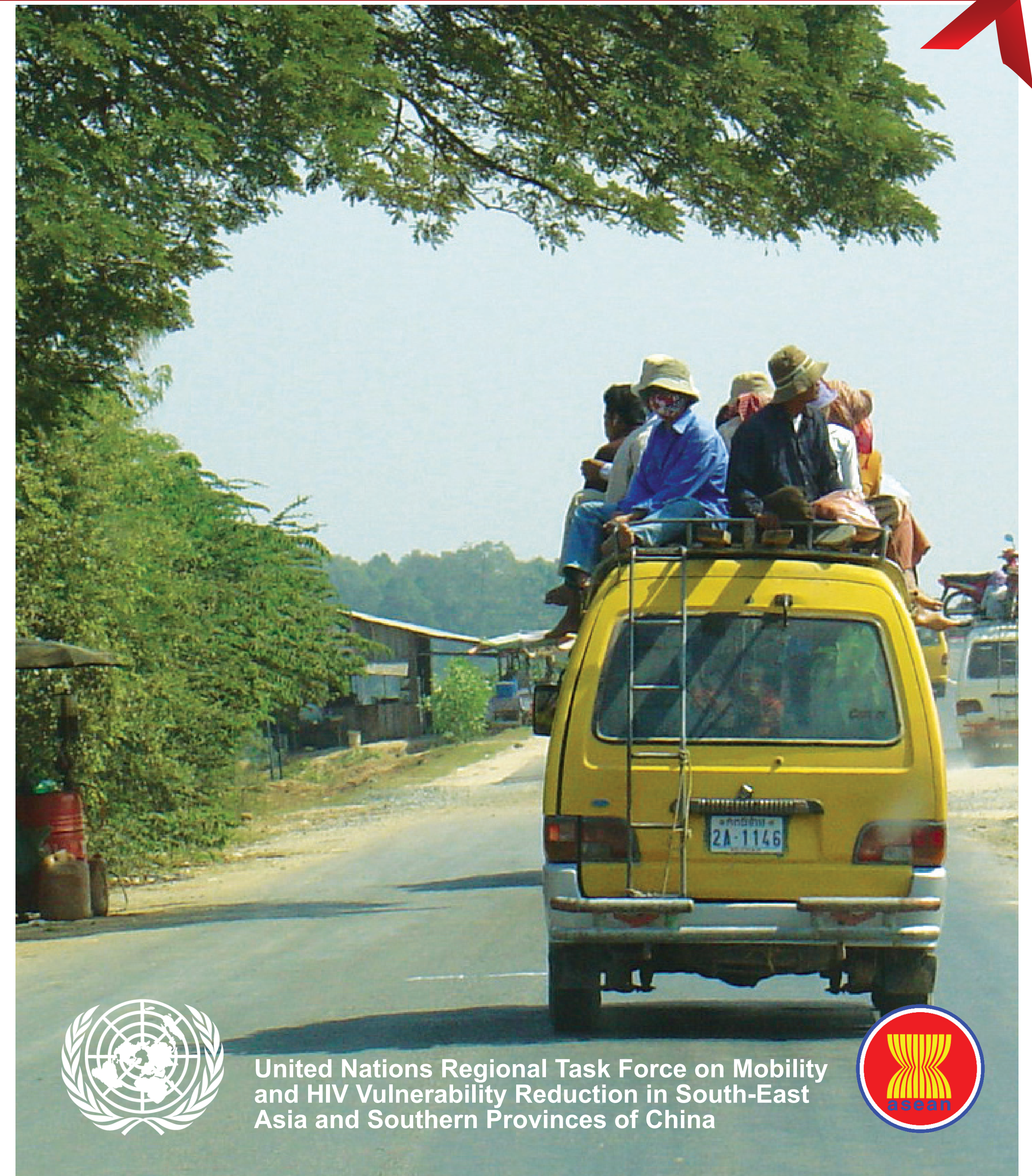
HIV/AIDS & Mobility in South-East Asia

Rapid Assessment



United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China

The analysis and policy recommendations of this document do not necessarily reflect the views of the United Nations, ASEAN or their Member States. The Strategy is the fruit of a collaborative effort by the members of the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China (UNRTF).

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HIV/AIDS & Mobility in South-East Asia

Rapid Assessment

Part I:
Country Profiles: HIV/AIDS and Mobility in South-East Asia

Part II:
Organizations Engaged in Multi-country HIV and Mobility Programmes in South-East Asia

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UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

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This publication highlights critical information collected in 2007-2008 through an extensive collaborative process of research and programme design for a regional proposal on migration and HIV in South-East Asia. The proposal aimed to address the vulnerabilities of migrant and mobile populations to HIV and AIDS in South-East Asia and involved several partners in the region: ASEAN[1] Secretariat, Governments of the 10 ASEAN Member Countries[2] (through the ASEAN Task Force on AIDS and national ministries of labour, health or similar bodies), UN and international organizations (UNRTF[3] Secretariat, UNDP, UNAIDS, IOM, ILO, UNESCO, UNHCR), CIDA, CSEARHAP[4], and regional NGOs (APN+, Migrant Forum Asia, CARAM Asia and several CARAM Asia national counterparts like Achieve and Raks Thai).

Many people participated in the various consultations to design the proposal while several government officials, NGOs, UN and international organizations provided key information and validated various drafts.

It is difficult to acknowledge everyone involved in the production of this document. However, this publication would not have been possible without the collaboration and substantive contributions of the following persons: Dr. Bounpheng Philavong and his team in the ASEAN Secretariat, as well as members from the ASEAN Task Force on AIDS, Dr. Tia Phalla and Ms. Soimart Rungmanee from UNRTF Secretariat, Ms. Caitlin Wiesen and the regional HIV practice team from UNDP, Ms. Sue Carey and her team from CSEARHAP, Dr. Nenette Motus, Mr. David Trees and their country delegations at IOM, Dr. NweNwe Aye and various Country Coordinators from UNAIDS, Ms. Cynthia Gabriel from CARAM Asia, Mr. Promboon Panitchpakdi from Raks Thai, Ms. Malu Marin from Achieve, Mr. Shiba Phurailatpam from APN+ and Mr. William Gois from Migrant Forum Asia. The compilation of this report was a team effort led by Ms. Marta Vallejo Mestres from the UNDP Regional HIV and Development Programme with support from Ms. Céline Artal who updated and synthesized all the information found herein.

Lastly, we extend our gratitude to UNDP and CIDA for funding the collaborative proposal development and this publication.

[1] Association of Southeast Asian Nations

[2] ASEAN includes Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam

[3] United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China

[4] Canada South East Asia Regional HIV/AIDS Programme

FOREWORD

Asia in general and ASEAN countries in particular are witnessing an unprecedented mobility and migration of populations in the region, fuelled by robust and consistent economic growth in the last decade. These patterns are likely to continue into the future. Today there is a growing body of evidence that migrants and mobile people are more vulnerable to HIV than are populations that do not move. The recent report of the Commission on AIDS in Asia stated that "the future of Asia's epidemics depends to a considerable extent on what happens to men's incomes and their mobility outside family settings. Men who have disposable income, and who travel or migrate to work opportunities, provide most of the demand for commercial sex." Women are a significant proportion of the migrant population and face a wide range of risks and vulnerability that expose them to exploitation, abuse and HIV.

Even though migrants and mobile populations are included as a vulnerable group in the National Strategic Plans (NSPs) of each of the 10 ASEAN Member States, comprehensive programmes to address their needs have yet to be developed, funded and implemented. Likewise, epidemiological data on HIV among migrants needs consolidation, and comprehensive and regular updating, and should be made accessible to practitioners and policy makers from all sectors.

Drawing on data collected during large resource mobilization efforts in 2007, the secretariats of the UN Regional Task Force on HIV and Mobility (UNRTF) and ASEAN agreed to put together the following rapid assessment document. It combines a concise country-by-country overview of HIV and mobility in each of the 10 ASEAN Member States with profiles of the major organizations working in the region on this issue.

We hope that policy makers and practitioners find this report useful as they develop comprehensive rights-based responses to address the HIV-related issues that confront migrants and mobile populations throughout the migration cycle from their home countries, in transit to their destination and upon return.

Gwi – Yeop Son
UNRTF Task Force Convener
United Nations Resident Coordinator
In Thailand

JVR Prasada Rao
Director
UNAIDS Regional Support Team
in Asia and the Pacific

A MESSAGE FROM THE SECRETARY-GENERAL OF ASEAN

The ASEAN Heads of State and Government met in a Special Session on HIV and AIDS during the 12th ASEAN Summit in Cebu, Philippines, on 13 January 2007, to review and renew Member States' commitments on HIV and AIDS. The Leaders reaffirmed ASEAN commitments to preventing the further transmission of HIV and mitigating the impacts of HIV and AIDS, by improving regional responses and enhancing Member States' development of people-centred initiatives.

An important focus of ASEAN's efforts has been on migrant and mobile populations, who are by far among the groups most-at-risk. Recognising this, the ASEAN leaders endorsed an ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers by recognising the contributions of migrant workers to the society and economy of both receiving states and sending states of ASEAN.

In line with this, the ASEAN Task Force on AIDS (ATFOA) and the ASEAN Secretariat have been working closely with UNDP and the UN Regional Task Force on HIV and Mobility (UNRTF) to conduct a Rapid Assessment on HIV and Mobility Issues in all ten ASEAN Member States. This assessment provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high-quality prevention and treatment services.

I would like to thank UNDP, the UNRTF and all others involved in this outstanding endeavour. This productive collaboration has put in place a milestone document which will further enhance ASEAN's efforts at preventing and reducing the impacts of HIV and AIDS. It is through initiatives like this that we give meaning to ASEAN's vision in forging a caring and sharing society.

Dr. Surin Pitsuwan
Secretary-General of ASEAN

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UNDP – United Nations Development Programme 69
UNESCAP – United Nations Economic and Social Commission for Asia and the Pacific 72
UNESCO – United Nations Educational, Scientific and Cultural Organization 73
UNHCR – The Office of the United Nations High Commissioner for Refugees 74
UNRTF – United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China 75

ABBREVIATIONS and ACRONYMS

ABC	Abstinence, Be faithful and use Condoms
ACD	Association for Community Development
ACTFORM	Action Network for Migrants (Sri Lanka)
ADB	Asian Development Bank
AIDS	Acquired immunodeficiency syndrome
AMC	Asian Migrant Centre (Hong Kong)
ANC	Antenatal clinic
ANM	Action Network of Migrants
APN+	Asia-Pacific Network of People Living with HIV
ART	Anti-retroviral therapy
ARV	Anti-retroviral
ASA	Aski Stop AIDS
ASD	AIDS Prevention and Sex Education Division, PDA (Thailand)
ASK	Ain O Shalish Kendra
ASEAN	Association of Southeast Asian Nations
ATFOA	ASEAN Task Force on AIDS
BCC	Behaviour communication for change
BEAN	Border Esan Action Network
BSS	Behavioural surveillance survey
CAR	Centre for AIDS Rights
CARAM	Coordination of Action Research on AIDS and Mobility
CDC	Centre for Disease Control
CEC	Centre for Education and Communication
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHAS	Centre for HIV/AIDS and STI
CHASPPAR	Control of HIV/AIDS/STD Partnership Project in Asia Region
CHRD	Center for Human Rights and Development
CIDA	Canadian International Development Agency
CMPE	Centre for Malaria Parasitology and Entomology
CMR	Coalition for Migrant Rights
CSEARHAP	Canada South East Asia Regional HIV/AIDS Programme
DFID	Department for International Development (UK)
DGIS	Directorate-General for International Cooperation (Netherlands)
DTP	Diplomacy Training Programme
ECHO	European Commission's Humanitarian AID Office
EEC	European Economic Community
EU	European Union
FHI	Family Health International
FSW	Female sex worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Greater Mekong Subregion
GTZ	German Agency for Technical Cooperation
HDN	Health and Development Networks
HOME	Humanitarian Organization for Migration Economics
ICT	Information and communication technology
IDUs	Injecting drug users
IEC	Information, education and communication
ILO	International Labour Organization
IMPACT	Implementing AIDS Prevention and Care Project (Family Health International)
IMWU	Indonesian Migrant Workers Union
IOM	International Organization for Migration
IPL	Interpersonal communication
IRC	International Rescue Committee
JCMK	Joint Committee for Migrant Workers
KAP	Knowledge, attitudes and practice
KHANA	Khmer HIV/AIDS NGO Alliance
LYAP	Lao Youth AIDS Prevention Programme
MAP	Migrant Assistance Programme Foundation
MFA	Migrant Forum Asia
MFI	Migrant Forum India
MOPH	Ministry of Public Health
MSAI	Migrant Savings for Alternative Investment (Migrant Forum Asia)
MSM	Men who have sex with men
MTWGs	Mobility technical working groups
NCHADS	National Centre for HIV/AIDS, Dermatology and STD (Cambodia)
NGO	Non-governmental organization
OFWs	Overseas Filipino Workers
OVC	Orphans and vulnerable children
PACT	Impact Alliance
PCCA	Provincial Committee for Control of AIDS (Lao PDR)
PDA	Population and Community Development Association
PHAMIT	Prevention of HIV/AIDS among Migrant Workers in Thailand Project
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International
Q & A	Question and Answer
RAMP	Reflection and action within most-at-risk populations
RMMRU	Refugee and Migratory Movement Research Unit
SAARC	South Asian Association for Regional Cooperation
SAPA	Solidarity Asian Peoples Advocacy
SBC	Strategic behavioural communication
SDC	Swiss Agency for Development and Cooperation
SEAMO TROPMED	Southeast Asia Ministers of Education Organization – Tropical Medicine and Public Health Network
SMJ	Solidarity Migrants Japan
SPC	Secretariat of the Pacific Community
STD	Sexually transmitted diseases
STI	Sexually transmitted infections
TB	Tuberculosis
TBIRD	Thai Business Initiative in Rural Development
TUC	Thailand Ministry of Public Health – US Citizens Development Corps Collaboration
UA	Universal access
UBW	Unified Budget and Workplan (UNAIDS)
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNRTF	United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China
USAID	United States Agency for International Development
US CDC	US Citizens Development Corps
VCT	Voluntary counseling and testing
VCCT	Voluntary and confidential counseling and testing
WARBE	Welfare Association of Repatriated Bangladeshi Employees
WFP	World Food Programme
WHO	World Health Organization
WOREC	Women's Rehabilitation Center (Nepal)
WWP	Women and Wealth Project (UNDP)

Mobility is a broad term that describes the full range of mobility, from short-term movement to longer-term or permanent relocation. Mobile people are defined as "those who move from one place to another, temporarily, seasonally or permanently, for either voluntary or involuntary reasons." Mobile people include: Refugees, asylum seekers, migrant workers and internally displaced persons.[5]

Overview

In South-East Asia, mobility is a growing phenomenon and a major concern due to the high vulnerability to HIV of mobile populations. The dynamics of population movement have evolved in South-East Asia over the last decade, and are in a phase of acceleration due to multiple factors including geopolitical and socio-economic changes, infrastructure development and closer cooperation among ASEAN Member Countries. Whether mobility is internal or cross-border, whether it is voluntary or forced, this increasing population movement generates particular conditions and circumstances that render migrants vulnerable and at risk of HIV infection.

Largely due to growing political and economic integration in South-East Asia, the region is witnessing a steady increase in the millions who migrate between ASEAN Member Countries annually in search of employment. Migrants are a growing and essential part of the workforce in more economically developed countries in the region and beyond in some cases. Remittances from these workers to their families represent a significant portion of the national GDP (14.5% in the Philippines, according to World Bank 2006) and balance of payments.

Despite their contribution to national economies, migrants are often exploited, marginalized and stigmatized throughout the migration process. Studies show that mobile populations are vulnerable to discrimination, racism, exploitation and harassment at home and abroad. Their basic rights are violated in terms of pay and working conditions. Often poor and powerless, migrants have little or no right to legal or social protection and generally lack access to HIV/AIDS services and information.

While migration alone is not a vulnerability factor for HIV infection, the conditions under which people migrate expose them to HIV infection risks. New-found freedoms, disposable income, exploitation or abuse lead some migrants to high-risk behaviours, such as unprotected sex or drug use, making them vulnerable to HIV.

It is now clearly recognized in the region that the implementation of bilateral and regional memoranda of understanding, regional work plans, such as ASEAN Work Plan III, and regional strategies and declarations, such as the UNRTF Regional Strategy on Mobility and HIV Vulnerability Reduction and the ASEAN Declaration on the Rights of Migrants, require operationalization into coherent, collaborative and funded implementation plans at the national level. If envisioned results are to be achieved, regional coordination of the implementation of national plans and cross-border interventions in support of signed agreements is essential.

This document presents the key findings and recommendations of a rapid assessment conducted on HIV and mobility issues in the 10 ASEAN Member Countries in 2007-2008. It includes the migration patterns and HIV situation across the region, and the challenges and opportunities facing South-East Asian countries as they work together to develop a comprehensive response to HIV for migrant and mobile populations.

A migrant worker is defined as "a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a national."[6]

Key findings

Migration patterns in South-East Asia are the result of complex push and pull factors. Dynamic and growing economies of Thailand, Malaysia, Singapore and Brunei Darussalam have attracted in cumulative numbers an estimated 7.6 million migrants—of which more than 3.8 million were undocumented. An estimated 12.6 million workers left Cambodia, Indonesia, Lao PDR, Myanmar, the Philippines and Viet Nam for better economic opportunities abroad (see table below[7]).

Estimated **HIV prevalence and mobility in South-East Asia**

Country	Adult (ages 15-49) HIV prevalence[8]	Documented migrant workers	Undocumented migrant workers	Estimated total migrant workers
Source countries				
Cambodia	0.9%	50,000	180,000	230,000
Indonesia	0.16%	3,500,000	175,000	3,675,000
Lao PDR	>0.1%	180,000	20,000	200,000
Myanmar	0.7%[9]	1,850,000	1,150,000	3,000,000
The Philippines	<0.1%	3,600,000	1,300,000	4,900,000
Viet Nam	0.5%	400,000	200,000	600,000
TOTAL		9,580,000	3,025,000	12,605,000
Destination countries				
Malaysia	0.4%	1,800,000	1,300,000	3,100,000
Thailand	1.4%	1,200,000	2,500,000	3,700,000
Singapore	0.07%[10]	713,000	N/A	713,000
Brunei	<0.1%[11]	122,000	N/A	122,000
TOTAL		3,835,000	3,800,000	7,635,000

No definitive source of population estimates for documented and undocumented migrant workers within ASEAN is available. The above estimates have been gathered from various sources including: *Asian Migrant Yearbook 2004* and *Resource Book - Migration in the Greater Mekong Subregion 2002-2003* both by ASEAN and Asian Migrant Centre & Migrant Forum in Asia; *State of Health of Migrants 2005* and *State of Health of Migrants 2007* by CARAM Asia.

Human trafficking has been reported in the majority of South-East Asian countries. Cambodia, Indonesia and Thailand are source, transit and destination countries for persons trafficked for forced labour and sexual exploitation. Malaysia and Viet Nam are source and destination countries for trafficked persons, while Lao PDR, the Philippines and Myanmar are source countries. Overall, limited reliable information is available on the magnitude of human trafficking in the region.

HIV trends

There are signs of progress in reducing the prevalence of HIV in some countries in the region. For example in Myanmar, Thailand and Cambodia, where despite the earlier presence of generalized HIV epidemics, the number of new infections per year has declined. In Cambodia and Myanmar, the general prevalence is now below 1% (0.9% and 0.7% respectively), according to the latest 2007 estimates. In contrast, Indonesia is experiencing one of the fastest growing HIV epidemics in Asia, through injecting drug users (IDUs) and men having unprotected sex with multiple partners. Viet Nam also saw a rapid increase of people living with HIV from 2000 to 2005, driven by injecting drug use and unprotected sex. Increasing numbers of women are infected by male partners who engage in either unsafe paid sex or injecting drugs. Moreover, Malaysia is facing a concentrated epidemic among IDUs: over 65% of HIV infections are estimated to result from unsafe injecting drug habits. In the other countries in the region, prevalence of HIV among adults (aged 15-49) is low at or below 0.1% and the main mode of transmission is unprotected sex.

Though comprehensive epidemiological data on HIV prevalence in migrants in South-East Asia is unavailable, current evidence indicates that in particular settings risk behaviour and HIV infection rates are considerably higher among migrants than in the general population. Exclusion, loneliness, exploitation, abuse, and other hardships which migrants and mobile populations face may result in higher incidences of transactional sex, sex for survival, rape, or commercial sex and increased risk of STI/HIV transmission. In Thailand, where more comprehensive data exists, migrant fishermen exhibited much higher risk behaviour, with HIV infection rates as high as 9%.[12] HIV infection rates in sex workers in border areas are consistently reported higher than elsewhere in Thailand and HIV rates among pregnant women tested at antenatal clinics (ANC) were significantly higher in migrant women than among local Thais.[13] In the Philippines, 35% of registered people living with HIV were returning migrants as were 30% in Lao PDR, according to data from each country's National AIDS Programme. Most of them acquired the virus through unprotected sex in the destination country.

Response: Opportunities and challenges

Every ASEAN Member Country has responded to the HIV epidemic's health and development challenges. Six countries – Cambodia, Indonesia, Lao PDR, the Philippines, Thailand and Viet Nam – are currently implementing a total of over USD 200 million in HIV grants received from the Global Fund to Fight AIDS, TB and Malaria (GFATM) from its first round in 2001 to 2007. Several other bilateral and multilateral donors are contributing financial support to the regional response.

National HIV/AIDS Strategic Plans and mechanisms to address the HIV/AIDS epidemic through HIV prevention, care and treatment have been developed in all ASEAN countries. These plans identify migrants as a distinct vulnerable group that should be included in the national response primarily through HIV prevention strategies. However, the response has focused on high-risk groups such as sex workers and their clients, men who have sex with men and IDUs, without addressing the mobility factor within these groups.

Overall, national health policies and HIV interventions in origin, transit and destination countries do not offer a comprehensive package of HIV prevention, care and treatment services that address HIV vulnerabilities and needs of migrants through all phases of the migration cycle: pre-departure, transit, destination and return. Recent studies have identified the risks and vulnerabilities of migrant and mobile populations. However, operationalization of national HIV strategic plans has yet to include comprehensive and coordinated national and regional responses that meet the needs of migrant and mobile populations.

Some programmatic and budgetary issues to take into account are:

Migrants are not covered by National AIDS Programmes' services

Most national AIDS programmes do not make provisions for migrants' access to essential HIV prevention, care and treatment services. Undocumented migrants have no access to health services or programmes within the host country.

Pre-departure HIV prevention efforts in origin countries may be ineffective

Countries of origin, especially Cambodia, Indonesia, Lao PDR, the Philippines and Viet Nam, have developed pre-departure training for outbound, documented migrant workers that includes HIV awareness sessions. The Philippines offers the most comprehensive HIV prevention interventions, including compulsory pre-departure HIV education. However, monitoring and evaluation mechanisms to ensure effective delivery of good quality HIV prevention messages and services to migrant workers remain to be developed. Migrants and trainers report that HIV sessions occur too late in the migration process, are of short duration and not comprehensive, and that migrants pay little attention to HIV issues a few days before moving abroad.

Mandatory health examinations may breach migrants' rights

As in many other parts of the world, pre-departure and post-arrival health examinations are part of recruitment processes for migrant workers. Mandatory HIV testing in health examinations is required by the majority of ASEAN destination countries, except Thailand. Mandatory testing breaches migrant rights, including confidentiality and consent.

Health and HIV services in host countries not geared to migrants

Migrants, especially minorities, face cultural and language barriers. They often do not read or speak the host country language, and consequently do not understand the HIV/AIDS prevention information provided to them.

Migrants also seldom have full access to health services in destination countries. In Thailand, registered migrants have access to health services with subsidized medical costs, but anti-retroviral treatment (ART) is not included. In other destination countries, documented migrant workers can access medical services although the cost varies depending on health insurance, if any. If migrants are found to be HIV-positive through routine testing in Malaysia, Singapore or Brunei Darussalam, they are repatriated.

Gaps in host-country treatment and referrals for migrants

Subsidised ARV treatment is not available to migrants in any destination country, making it unaffordable. Moreover, there are no provisions for referral services for migrants found HIV-positive during health examinations. This is a major gap in health services throughout the region.

Undocumented migrants have limited access to health services

A large and growing percentage of the migrant population is undocumented or under-documented. Undocumented migrants, including those that have been trafficked, are less likely to seek health care, including treatment for STIs, testing for HIV, or any other services that would put them in contact with health authorities. They are difficult to reach with HIV prevention programming and rarely benefit from government health programmes given the underground nature of their situations. This presents a significant challenge to a comprehensive HIV prevention response.

Discrimination against migrants, especially those with HIV

Migrants are often stigmatized and face discrimination in host countries, with HIV-positive migrants facing even greater discrimination and often immediate deportation if their sero-status is discovered. As a result, migrants are reluctant to determine their HIV status or to access other health services, increasing their vulnerability. Due to economic necessity, migrants will sacrifice access to treatment and services to remain in the host country. Upon return to their home countries, limited support is available for HIV-positive migrants and their HIV-positive status makes it unlikely that they will have the opportunity to work abroad again.

Recommendations

1) Develop gender-sensitive epidemiological data collection mechanisms

Limited HIV interventions targeting migrants in South-East Asia have inhibited data collection on risk behaviours and vulnerabilities in people on the move. This has hindered effectively addressing migrant needs, reducing their vulnerabilities and providing strategic HIV programmes throughout the migration cycle. Greater commitment to rights-based research and epidemiological studies aimed at accurately asses-sing HIV vulnerability, risks, trends and patterns along migratory routes is required.

2) Strengthen regional cooperation to ensure a continuum of services for migrants

Effective coordination of the response to HIV and mobility in South-East Asia requires better cooperation among ASEAN Member Countries in translating national HIV provisions for migrant and mobile populations into harmonized interventions and health policies that focus on HIV prevention, care and treatment services throughout the migration cycle. Linguistic and cultural sensitivity is important to an effec-tive regional response.

3) Create and fund coordinated, multi-sectoral, cross-border HIV efforts

A comprehensive approach to addressing HIV and mobility issues across borders requires promotion of non-discriminatory HIV and mobility policies by relevant ministries, such as Health, Labour, Transport and Foreign Affairs, and also the private sector, which employs the majority of migrants. The allocation of resources, both financial and human, to improve policy coordination, and the establishment of multisectoral partnerships between the public and private sectors are essential. The meaningful engagement of civil society, including migrant representatives, is crucial for an effective response.

4) Reinforce an enabling policy environment

Effectively addressing the issues of mobility and HIV vulnerability requires the creation of an enabling environment through policy reforms affecting migrant and mobile populations. The appropriate enforcement of existing positive policies, and ASEAN commitments on HIV/AIDS and the Declaration on the Protection and Promotion of the Rights of Migrant Workers (January 2007) is essential.

Rights-based national health policies and HIV interventions for migrants and mobile populations will ensure their access to health services, as stipulated in the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. At present, Cambodia, Indonesia and the Philippines are the only ASEAN Member Countries to have signed this Convention. Effective regional cooperation requires that the remaining seven Member States also sign it and establish services for migrant workers.

5) Allocate sufficient financial and human resources to address migrants' needs

Recognize the contribution of migrants to the economies of destination countries through their work and to their home countries through remittances by ensuring they have access to affordable HIV prevention services and health care. Targeted investments and allocations of human and financial resources are required to ensure provision of treatment, care and support for mobile populations and migrant workers throughout the migration cycle.

[5] Family Health International, *Protecting People on the Move, Applying Lessons Learned in Asia to Improve HIV/AIDS Interventions for Mobile People*, 2006
[6] The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990)
[7] No definitive source of population estimates for documented and undocumented migrant workers within ASEAN is available. The above estimates have been gathered from various sources including: *Asian Migrant Yearbook 2004* and *Resource Book - Migration in the Greater Mekong Subregion 2002-2003* both by ASEAN and Asian Migrant Centre & Migrant Forum in Asia; *State of Health of Migrants 2005* and *State of Health of Migrants 2007* by CARAM Asia.
[8] UNGASS, *Country Progress Reports* - South and South-East Asia, 2008
[9] UNAIDS, *Overview of the Global AIDS Epidemic, 2006, Report on the Global AIDS Epidemic 2006*, 2006, p. 28
[10] Ministry of Health Singapore 2008 data
[11] UNAIDS, *2006 Report on the Global AIDS Epidemic, Brunei Darussalam*, Annex 1: Country Profiles, p. 322
[12] Brahm Press, *Migrants' Health and Vulnerability to HIV/AIDS in Thailand,* Raks Thai Foundation, PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand)
[13] Idem

Part I:

Country Profiles: HIV/AIDS and Mobility in South-East Asia

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Brunei Darussalam

Overview:

Health and HIV situation

Over the years, HIV prevalence rates in the Kingdom of Brunei Darussalam[14] have remained low. By the end of 2004, a cumulative total of 618 HIV cases, including 26 AIDS cases, had been reported.[15] The HIV prevalence rate in Brunei is below 0.1%, according to 2006 estimates.[16]

The large majority (95.8%) of new reported HIV cases is among migrant workers with nearly all reported HIV and AIDS cases occurring in men (92%) and heterosexuals (84%).[17]

National HIV programme and response

The people of Brunei enjoy free medical health care provided via government hospitals, health centres and clinics throughout the country. All medical expenses incurred by Brunei citizens are borne by the Government. HIV treatment, care and support, including life adjustment counseling, are provided free of charge to Brunei citizens and permanent residents, regardless of age, gender or race. However, access to health for its large population of migrants and overseas workers depends on their work contracts and permits.

In accordance with the national HIV control programme, and the Foreign Workers Health Screening Programme established in 1967, the Ministry of Health of Brunei Darussalam has developed Operational Procedures for Foreign Workers Health Screening with provisions on pre-departure medical examinations for foreign workers seeking employment in Brunei.[18] If found HIV-positive, migrant workers cannot obtain a work visa or permit.

On-arrival health screenings and mandatory periodic health checks that include HIV testing are also part of national HIV control procedures.[19] Migrant workers tested HIV positive in Brunei are repatriated to their origin country, and do not benefit from referral and counseling services in Brunei. In many instances, migrant workers' countries of origin are not equipped with comprehensive HIV prevention, care, treatment, VCT and support services for returning migrant workers.

Migration patterns

Brunei is a major destination country for domestic or low-skilled labour from Indonesia, Malaysia, the Philippines, Bangladesh, and Thailand.[20] There were 122,400 estimated migrants in 2006, according to the National Encyclopedia. Major destination countries for citizens of Brunei Darussalam are Australia, Canada, Germany, the Philippines, the United Kingdom, and the United States.[21]

Comprehensive information on HIV infection rates and risk behaviours among migrants is not available.

HIV response for migrant populations: Gaps and opportunities

The challenge for Brunei remains to include migrant workers in national medical health care systems and to ensure comprehensive HIV prevention, care, treatment, VCT and support services for migrant workers in the national HIV control programme.

Referral services for migrants testing HIV positive in Brunei need to be put in place. The absence of gender-based data collection mechanisms and surveillance systems on HIV and mobility issues remains a gap.

[14] Hereinafter referred as "Brunei"

[15] UNAIDS/WHO, *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Diseases, Brunei Darussalam*, December 2006, page 4

[16] UNAIDS, *2006 Report on the Global AIDS Epidemic, Brunei Darussalam*, 2006, p. 322

[17] UNAIDS/WHO, Idem

[18] Ministry of Health, Brunei Darussalam, *Information on the Operational Procedures for Foreign Workers Health Screening* (year of publication not available)

[19] Idem

[20] US Department of State, Trafficking in Persons Report 2007, 2007, p. 216

[21] *Migration Policy Institute, MPI Data Hub, Brunei*, Source: Development Research on Migration

Cambodia

Overview:

Health and HIV situation

It is estimated that there were 64,750 people living with HIV in Cambodia in 2007, out of which 3,350 were children under the age of 15.[22] The total number of people living with HIV who receive ART has more than doubled from 12,247 in December 2005 to 25,353 in September 2007.[23]

The adult national HIV prevalence rate decreased to 0.9% in 2006 from 1.2% in 2003 following the successful implementation of the 100% Condom Use Programme and extensive information campaigns on condom use and HIV transmission risks targeting sex workers and their clients.[24] In 2006, among the total number of people living with HIV, 52% were estimated to be women compared to 37% in 1998.[25] In 2005, UNAIDS reported that married women accounted for almost half of new infections.

The sex trade has driven the HIV epidemic in Cambodia and female sex workers remain one of the most at-risk groups of HIV infection, despite a significant decrease of the HIV prevalence rate among this group from 21.4% in 2003 to 12.7% in 2006.[26]

National HIV programme and response

The *National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS (2006-2010)* was developed with development partners, civil society organizations and people affected by HIV/AIDS. The Plan has specific objectives and strategies and an operational plan that involves all stakeholders, including the Government, civil society and the private sector. The Plan aims to reduce new HIV infections among at-risk groups, to provide care and treatment to people living with HIV/AIDS (PLWHA), and to address the socio-economic and human impacts of HIV.[27]

In its commitment to provide universal access to treatment and continuum of care for PLWHA, the Cambodian Government has accelerated the decentralized implementation of the *Operational Framework for the Continuum of Care for People Living with HIV/AIDS*. The Ministry of Health provides public health services through provincial health departments and operational health districts. From December 2005 to September 2007, the number of facilities that provide ART increased by 60%; there are currently 48 facilities providing ART in Cambodia.[28] In addition, the number of health facilities providing voluntary and confidential counseling and testing increased from 109 in December 2005 to 140 by December 2006.[29] Prevention interventions are carried out by non-profit organizations, and by private and public sector agencies, and have had particular success among high-risk groups, especially female sex workers in brothels.

Despite national efforts to address the HIV epidemic, access to health care, treatment and reproductive health services is limited, notably in rural areas where most Cambodians live and migrate from. In addition, the significant epidemiological shift of the HIV epidemic to a larger population, including spouses, young people and indirect sex workers in massage parlours, casinos and beer bars, calls for the adjustment of national HIV prevention, care and treatment strategies to reflect new realities if low prevalence rates are to be maintained. Injecting drug users, men who have sex with men, youth out of school and internal and cross-border migrants are also populations of concern.

In 2004, the National AIDS Authority set up a Mobility Working Group on HIV/AIDS, first to address HIV issues among migrants, and second to strengthen government capacity to deal with these issues. In May 2006, the Ministry of Labor and Vocational Training issued a regulation, *Education of HIV/AIDS, Safe Migration and Labour Rights for Cambodian Workers Abroad*. Its objectives are to raise awareness on HIV/AIDS for migrant workers and their families, to provide pre- and post-departure training on HIV/AIDS, and to inform migrants on safe migration and labour rights.[30]

In 2006, the Ministry signed an MOU with CARAM Cambodia to provide training on HIV/AIDS to migrant workers, and an MOU with the Cambodian non-profit organization, Legal Support for Children and Women, to provide outgoing migrant workers with training on legal issues and migrants' rights.[31]

Migration patterns

Cambodia is a major sending country of migrant workers to booming Asian economies, including Malaysia, the Republic of Korea and neighbouring Thailand. From 1998 to 2007, 8,969 documented migrants worked in Malaysia, 7,042 of them women.[32] An estimated 10,000, regular and irregular Cambodian migrants worked in Malaysia in 2003, and 2,464 Cambodian migrants currently work in the Republic of Korea.[33] In 2002-2003, remittances to Cambodia amounted to approximately USD 3,177,600.[34]

Documented migrant workers to Malaysia and the Republic of Korea receive a three-month pre-departure vocational training course from recruitment agencies that focuses on reproductive health, HIV/AIDS and general medical exams.[35] There are no evaluation and monitoring processes to ensure the delivery of such training courses and to assess their quality. Undocumented migrant workers, who are especially exposed to exploitative forms of labour in their destination countries, are difficult to reach with information on HIV-risk situations and safe migration.

Porous borders, well-established local trans-border networks and economic inequalities have led to the extensive migration of documented and undocumented Cambodian labour migrants to Thailand. These migrants usually perform low-skilled work in agriculture, fishing, mining, and construction. In 2005, 181,579 Cambodians were registered with the Thailand Ministry of Interior, 123,998 male and 57,581 female, representing approximately 13% of all registered migrants in Thailand but this figure decreased to an estimated 37,142 by 2006 as few new work permits are being issued.[36] It is estimated that there are another 180,000 undocumented migrants.[37] Male migrant workers tend to stay short term in Thailand, while female migrant workers usually stay longer.

Undocumented migration from Cambodia to Thailand is an increasing concern. Documented migrant workers in Thailand have limited access to health care and treatment services due to language and cultural barriers. Undocumented migrants, who are less visible and thus more difficult to reach by non-profit organizations, remain largely isolated from HIV prevention, care and treatment services. Poor living conditions and discrimination are just some of the difficulties Cambodian migrants face.

Cambodia is a destination country for labour migrants, mainly from Viet Nam and China. The sex industry employs Vietnamese female migrants, who are quite vulnerable to HIV due to their profession and irregular status. The country has also been a major host for Vietnamese asylum seekers and refugees.

Cambodia is a source and transit country for men, women, and children trafficked for commercial sexual exploitation and forced labour to Thailand and Malaysia;[38] it is also a transit and destination country for Vietnamese and Chinese women and children for sexual exploitation.

There is a lack of comprehensive information on HIV infection rates and risk behaviours among mobile populations.

HIV response for migrant populations: Gaps and opportunities

Cambodia's commitment to address the HIV epidemic has translated into the development of impactful prevention strategies and expanded care and treatment coverage for those in need. However, HIV interventions and programmes specifically targeting migrant and mobile populations remain to be developed and the capacity of national institutions to address HIV and mobility issue needs to be strengthened. Comprehensive gender-based data collection mechanisms and surveillance systems are necessary to develop evidence-based, targeted HIV interventions among migrants and mobile populations.

Evaluation and monitoring mechanisms need to be put in place to ensure the delivery of good quality pre- and post-departure training courses on HIV/AIDS issues to migrants. HIV prevention, care, treatment, and support services for returning migrants are also required, as well as provisions that address trafficked persons' specific health and psychological needs.

[22] UNGASS, *Country Progress Report, Cambodia. Reporting period January 2006-December 2007*. January 2008, p. 2
[23] Idem, p. 13, Source: National Centre for HIV/AIDS, Dermatology and STDs, *Annual Reports 2005 and 2006* and *Third Comprehensive Quarterly Report 2007.*
[24] Idem, p. 2
[25] UNAIDS, *Overview of the Global AIDS Epidemic, 2006 Report on the Global AIDS Epidemic*, 2006, p. 27. Source: National Center for HIV/AIDS, Dermatology and STDs 2004
[26] UNGASS, p. 7
[27] National AIDS Authority, *National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010, Cambodia*
[28] UNGASS, p. 13
[29] Idem, p. 11
[30] International Organization for Migration (IOM) – Cambodia, *Review of Labour Migration Dynamics in Cambodia, September 2006, p. 20*
[31] Idem
[32] CARAM Asia, *State of Health of Migrants 2007*, 2007, p. 225
[33] IOM, p. 36, Source: CARAM Malaysia
[34] Asian Migrant Centre, *Asian Migrant Yearbook 2002-2003*, 2003
[35] IOM, Idem
[36] IOM, p. 24
[37] CARAM Asia, *State of Health of Migrants 2007*, 2007, p. 225
[38] US Department of State, *Trafficking in Persons Report 2007*, 2007, p. 73

Indonesia

Overview:

Health and HIV situation

Overall, the HIV prevalence rate of Indonesia remains low at 0.16%, but the HIV epidemic in the country has been among the fastest growing in Asia.[39] Indonesia now faces a concentrated epidemic mainly fuelled by injecting drug use and the sharing of contaminated equipment, unprotected paid sex and, to a lesser degree, unprotected sex between men.[40]

HIV infection rates vary in Indonesian provinces. The two provinces of Papua (Papua and West Papua) face a generalized epidemic. In Papua province, the number of AIDS cases is 15 times higher than the national average and HIV prevalence is estimated at approximately 2.4%.[41] Even higher infection rates have been recorded in remote highlands (3.2%) and less accessible lowland areas (2.9%).[42] In West Papua, the number of AIDS cases is twice the national average.[43]

Currently, an estimated 193,000 people live with HIV in Indonesia,[44] up from 170,000 in 2005, and 110,000 at the end of 2003.[45] It is estimated that 46% of people living with HIV are injecting drug users (IDUs) and 14% are clients of sex workers.[46] AIDS-related deaths have also drastically increased from 2,300 at the end of 2003 to 5,500 in 2005.[47] In 2006, 2,873 AIDS cases were recorded, 82% of them men.[48] Every year, an estimated 3,000 to 5,000 lose their lives to AIDS in the country, or 8 -14 people per day.[49]

As of December 2006, out of the estimated 20,577 people who had an advanced HIV infection, 5,100 of them (24.78%) were receiving ART.[50] In Papua, which presents a generalized epidemic, only 3% of people living with HIV had received ARV treatment.[51]

The number of women infected by HIV has almost doubled from 15,000 in 2003 to 29,000 in 2005.[52] As of December 2006, an estimated 2,563 pregnant women were HIV-positive in Indonesia.[53] Women in stable relationships are increasingly becoming infected by their partners who are either injecting drugs or having multiple unprotected sexual relationships. HIV transmission between female sex workers and their partners is a cause of concern with 6.37% of female sex workers living with HIV in Jakarta (2003).[54]

In 2006-2007, the percentage of most-at-risk populations tested for HIV and informed of the results doubled compared to 2004-2005.[55]

National HIV programme and response

In 2007, the National AIDS Commission launched the *HIV/AIDS Response Strategies 2007-2010*. Key objectives include HIV prevention by targeting high-risk behaviour and vulnerable populations, and providing medical treatment, care, and support services to people living with HIV. The Strategy encourages greater stakeholder involvement in the HIV/AIDS response; more partnerships between the government, professional organizations, civil society, NGOs, the private sector, as well as strengthened policy coordination in HIV/AIDS efforts at national and local levels.[56]

In January 2004, the Sentani Commitment was signed by Indonesian central and provincial governments to reach the following goals: promoting condom use in every high-risk sexual activity; promoting harm reduction practices among IDUs; providing ART to at least 5,000 PLWHA by end 2004; reducing discrimination against PLWHA; establishing active provincial and district AIDS committees; developing laws and regulations conducive to HIV/AIDS prevention, care and support programmes; and expanding information, education and communication efforts, including religious instruction, to reduce the spread of HIV/AIDS. The Commitment was re-endorsed in July 2005 by 14 provinces.[57]

To increase and improve access to ART for PLWHA, the Ministry of Health developed national guidelines for ART and case management, as well as policy initiatives, which are currently being undertaken.[58] Indonesia has 296 VCT clinics and 153 hospitals that provide free ART, 19 of which run PMTCT programmes.[59] In addition, there are 20 referral networks for Integrated Management Adult Illnesses.[60]

Weak institutional and human resource capacities however, hinder national efforts to extend ART among PLHWA. National AIDS programmes reach a limited number of injecting drug users and sex workers with their HIV prevention, care and treatment strategies. Stigma and discrimination limit the successful delivery of any HIV intervention. Implementation programmes face other challenges such as weak HIV programme management, uncoordinated interventions between partners and the limited capacity of the HIV surveillance system.

Internal and cross-border migrants are recognized as a vulnerable and sometimes at risk group, but limited national capacity exists to address their HIV issues.[61]

The Ministry of Manpower and Transmigration and the Ministry of Health have developed policies on medical testing for migrants that prohibit using HIV test results in recruitment. However, because in most cases destination countries require HIV testing as part of the recruitment process, migrant workers undergo thorough mandatory medical tests, including an HIV test, under the responsibility of recruitment agencies before employment.

In 2006, the Government accredited 119 clinics to perform HIV testing.[62] Prospective migrants are not always informed of test procedures or their purpose,[63] and pre- or post-test counseling and HIV prevention and information services are not given to migrant workers. There is also no standardised referral system to provide care, support and treatment services to those found HIV positive, although there are currently several institutions in Indonesia that provide those services to PLWHA and that can be accessed by migrant workers.[64]

Recruitment agencies are responsible for providing health and reintegration services to repatriated migrant workers under the *2004 Placement and Protection of Indonesian Migrant Workers in a Foreign Country*. Undocumented migrants or trafficked persons do not benefit from this decree. Migrant workers found HIV positive in destination countries receive no treatment or referral services before being repatriated.[65]

The Medical Service Centre (Pusat Pelayanan Medis, or PPM) of Raden Soekanto Hospital in Jakarta provides medical services to migrant workers and trafficked persons in cooperation with IOM and assists their reintegration to their villages with the help of a local non-profit organization.[66]

Migration patterns

Indonesia is a major sending country of migrant workers to the Middle East and to neighbouring Hong Kong, Malaysia, Singapore and Taiwan.[67] In 2006, 680,000 Indonesian migrant workers — 80% (541,708) of them female[68] — were deployed by the government; 502,432 migrants (73.9%) worked in the non-formal sector including domestic work, and the rest in the formal sector.[69] Government estimates of the total annual number of Indonesian migrants abroad was 1 million in 2007. However, because migrants are often deployed overseas for more than one year with not all of them going through official channels, the number of Indonesian migrants overseas at any point in time is much larger than annual numbers. It is currently estimated that 3.5 million Indonesians work overseas.[70] Undocumented migration remains an issue with an estimated annual 150,000-200,000 undocumented migrants working abroad.[71] In 2006, remittances amounted to USD 4.4 billion.[72]

Indonesia is a source, transit, and destination country for women, children, and men trafficked for sexual exploitation and forced labour.[73] In 2006, Indonesia and Malaysia signed an MOU ceding basic worker rights to employers; this may increase the incidence of exploitative forms of labour among migrant workers.[74]

An estimated 150,000-250,000 people are displaced in Indonesia.[75] In 2006, UNHCR reported 301 refugees and 265 asylum seekers in the country.[76]

Limited information is available on HIV infection rates and risk behaviours among migrant and mobile populations from Indonesia. No surveillance systems are in place to monitor and evaluate HIV infections among this vulnerable group.

HIV response for migrant populations: Gaps and opportunities

Indonesia has shown commitment to address HIV vulnerability among migrants and mobile populations with their inclusion in national HIV prevention, care and treatment strategies. Policies have been developed to provide migrants with health and reintegration services and to prohibit HIV mandatory testing during the recruitment process.

However, HIV testing is mandatory in most destination countries as part of recruitment procedures and on-site medical exams often take place upon arrival. This raises concerns about the availability of care, treatment and referral services for potential and returning migrants found HIV positive.

Strengthening national capacities to provide migrant and mobile populations with quality prevention, care and treatment services throughout the migration cycle is needed. In addition, gender-based data collection and surveillance systems that target vulnerable migrant and mobile populations with strategic HIV interventions remain to be developed.

[39] UNGASS, *Country Progress Report, Indonesia, Reporting period: 2006-07*, 2008, p. 9
[40] Idem
[41] Idem, p. 21-22
[42] Idem, p. 10
[43] Idem, p. 22
[44] Idem, p. 9
[45] UNAIDS/ WHO, *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections*, Indonesia, December 2006, p. 2
[46] UNGASS, p. 19
[47] UNAIDS/ WHO, p. 3
[48] UNGASS, p. 19-20
[49] Idem, p. 25
[50] Idem, p. 34
[51] Idem
[52] UNAIDS/ WHO, p. 2
[53] UNGASS, p. 35
[54] UNAIDS/ WHO, p. 4
[55] UNGASS, p. 10
[56] National AIDS Commission, *HIV/AIDS Response Strategies 2007-2010*, 2007, p. 20
[57] WHO, *Summary Country Profile for HIV/AIDS Treatment Scale-up*, Indonesia, December 2005, p. 2
[58] Idem
[59] Idem
[60] Idem
[61] CARAM Asia, *State of Health of Migrants 2007*, 2007,p. 53
[62] Idem
[63] Idem, p. 54
[64] Idem, p. 58, p. 61
[65] Idem, p. 60
[66] Idem, p. 61
[67] CARAM Asia, *State of Health of Migrants 2007*, p. 53
[68] Idem
[69] Idem
[70] Idem, p. 226
[71] CARAM Asia, *State of Health of Migrants 2005*, p. 216
[72] Idem, Source: Ministry of Manpower
[73] United States State Department, *Trafficking in Persons Report 2007*, p. 118
[74] Idem, p. 109
[75] Internal Displacement Monitoring Centre, *Between 150,000 and 250,000 people still displaced by conflict in Indonesia at the end of 2006,* Indonesia Country profile
[76] UNHCR, *2006 UNHCR Statistical Yearbook (Annex)*, Indonesia, p. 1

Lao PDR

Overview:

Health and HIV situation

In June 2007, the official cumulative number of registered HIV infections reached 2,400 of whom 1,523 were known to be AIDS cases and 775 had died of AIDS.[77] Reportedly, 85% of such infections were transmitted through heterosexual contact.[78] By the end of 2007, an estimated 700 people received ARV, which represents 60% of those in need, compared to 300 in 2005.[79]

While the HIV prevalence rate has remained low in Lao PDR at 0.1%, HIV infections among the most vulnerable groups, including sex workers and their clients, and men who have sex with men (MSM), are on the rise.[80] In 2004, 2.2% of tested sex workers were HIV positive, compared to 0.9% in 2001.[81] In addition, a recent survey on HIV infections among MSM in Vientiane has shown that 5.6% tested HIV positive and that 43% of them also had a female sex partner in the last three months.[82]

The National Committee for the Control of AIDS of Lao PDR recently reported that more than half of registered people living with HIV/AIDS in Lao PDR were either migrant workers or farmers working outside of the country, especially in Thailand,[83] and their partners.

One should also note that Lao PDR is surrounded by neighbours with much higher infection rates, like Thailand, Cambodia, the southern provinces of China, and Viet Nam, which has a growing epidemic. Low levels of HIV awareness and limited access to prevention increase HIV vulnerabilities in Lao PDR[84] and among Lao migrants.

National HIV programme and response

The National Strategic and Action Plan on HIV/AIDS and STI 2006-2010 developed by the National Committee for the Control of AIDS aims to expand national capacity for universal access to prevention, treatment, care and support. Priority areas include: expanding HIV counseling and testing services and data collection, monitoring, evaluation and surveillance mechanisms; strengthening prevention campaigns; increasing condom use; and building capacity of implementing agencies.

The Plan targets vulnerable groups, including sex workers and their clients, mobile populations, drug users, MSM and young people.[85]

Regarding HIV and mobility, the Plan aims to: raise HIV risk awareness among mobile populations and their families; provide pre-departure and post-arrival information and counseling at selected border crossings; promote behaviour change and increase condom use; provide confidential STI services; establish and strengthen voluntary counseling and testing (VCT) and referral services; and build local authorities' capacity to support mobile populations and their families.

The Plan expects that by 2010, 5% of mobile men and their partners will use VCT services, 75% of migrant men will use condoms, and that STI prevalence among mobile men will be reduced by 50%.

In 2007, a *Task Force on HIV and Drug Use* was established to address issues related to injecting drug use and HIV transmissions. The Task Force is co-chaired by the Lao National Commission of Drug Control and Supervision and the Ministry of Health.[86]

Companies sending Lao workers overseas must meet receiving countries' immigration requirements. HIV testing of migrants before departure is carried out with informed consent, counseling and confidentiality. The Ministry of Labour and Social Welfare recently approved a pre-departure orientation regulation that mandates labour export companies to provide HIV/AIDS education for outgoing documented migrant workers.

Overall, national progress in addressing the HIV epidemic has been noted in STI prevention and treatment, communication for behaviour change, peer education, life skills training in school, and community-based interventions. In addition, the 100% Condom Use Programme has been expanded and covers 14 provinces. VCT services are available in 17 provinces and 16 districts, and drop-in centres have been established in five provinces with services targeting sex workers and MSM.[87]

However, access to care remains limited and HIV awareness is low. In addition, Lao PDR experiences coordination challenges and lacks comprehensive monitoring and evaluation systems.[88]

Migration patterns

Lao PDR is both a source and destination country for migrant workers mainly employed in infrastructure projects, domestic and agricultural work, and the fishing industry. Malaysia and Thailand are the primary destination countries for Lao migrant workers. In Thailand, migrants from Lao PDR account for 12% of the estimated 1,284,920 migrants and dependents registered for the general ID card, and the 849,552 migrants registered for a work permit.[89] These figures do not include the probably large numbers of undocumented migrants from Lao PDR in Thailand. Long, porous borders and Thailand's demand for low-skilled labour make possible various migration networks for economic opportunities abroad.

Lao PDR is also a destination country for migrant workers, especially from Viet Nam and China. In 2006, 5,731 Vietnamese migrant workers worked in Lao PDR,[90] while in 2008 an estimated 300,000 Chinese workers were in the country as well.

The Lao population is vulnerable to trafficking due to high poverty levels and porous borders. Lao PDR is a source country for trafficked men, women and children to Thailand and a destination country for trafficked Vietnamese, Chinese and Burmese women and girls.[91]

HIV response for migrant populations: Gaps and opportunities

The *National Strategic and Action Plan on HIV/AIDS and STI 2006-2010* shows commitment to address HIV and mobility issues with provisions on HIV prevention, testing and counseling for mobile populations and their families.

Pre-departure HIV information and linguistically and culturally appropriate prevention programmes for prospective migrants need to be expanded, as do comprehensive HIV prevention, care, treatment, VCT and support services for returning migrants. To successfully address HIV and mobility issues, it is important to develop a more comprehensive surveillance system including gender-based data to target HIV interventions among migrant and mobile populations.

[77] UNGASS, *Country Progress Report, Lao PDR, January 2006-December 2007*, p. 4
[78] Idem, p. 4
[79] Idem, p. 6
[80] Idem, p. 2
[81] Idem, Source: Centre for HIV/AIDS/STI: Second Generation Surveillance Round 1 and 2
[82] Idem, p. 4
[83] The National Committee for the Control of AIDS, *National Strategic and Action Plan on HIV/AIDS/STI 2006-2010*, July 2005, p. 15
[84] Idem, p. 5
[85] Idem, p. 10
[86] UNGASS, p. 5
[87] UNGASS, p. 6
[88] Idem, p. 7
[89] CARAM Asia, *State of Health of Migrants 2007*, p.232, Source: Ministry of Labour
[90] Idem, p. 100, Source: Administration Bureau of Overseas Labour, Ministry of Labour, Invalids and Social Affairs, 2006 and 2007
[91] US Department of State, *Trafficking in Persons Report 2007*, 2007, p. 132

Malaysia

Overview:

Health and HIV situation

By December 2006, an estimated 5,830 new HIV cases were reported in Malaysia compared to 7,000 in 2002.[92] AIDS-related deaths reached 976 in 2006.[93] With an estimated HIV prevalence rate of 0.4%,[94] Malaysia currently faces a concentrated epidemic primarily driven by injecting drug use and unprotected heterosexual contact.[95]

In 2006, 3,127 new HIV infection cases were reported among injecting drug users.[96] It is estimated that nine out of ten HIV infections occurring through injecting drug use were among men.[97] While injecting drug use has been the primary mode of HIV transmission, new HIV infections acquired through heterosexual contact are on the rise, 17.5% in 2002 compared to 27.4% in 2006.[98]

Despite limited data available, recent trends in the HIV epidemic in Malaysia may indicate a decrease in HIV infections through injecting drug use among men and an increase in HIV infections among women through heterosexual contact.[99] In 2002, 63.9% of tested women acquired HIV through heterosexual contact.[100] By 2006, HIV infections among women and girls represented almost one-fifth of newly infected persons in Malaysia.[101]

The 2003-2004 first round of the National Behavioural Survey showed that the HIV prevalence among commercial sex workers was above 5%.[102]

Mandatory medical screenings for migrant workers in Malaysia have shown that 0.03% of those screened tested HIV positive as of 2004.[103]

National HIV programme and response

The National Strategic Plan on HIV and AIDS 2006-2010 concentrates on reducing the transmission and impact of HIV/AIDS by using harm-reduction approaches and by increasing access to HIV prevention, care and treatment for affected populations. Strategies to address the HIV epidemic include strengthening leadership and advocacy at the highest government levels to address stigma and discrimination and to increase access to HIV services.[104] Upgrading surveillance systems and human resources through training is also part of the HIV National Strategic Plan.[105]

The National Strategic Plan identifies the following groups as highly vulnerable to HIV: commercial sex workers, men who have sex with men, transsexuals, mobile populations including documented and undocumented migrants, displaced persons and refugees.[106] The Plan's objectives are to raise awareness on HIV risk behaviours through HIV/AIDS, sexual and reproductive health information and education; to promote the use of condoms; and to provide mobile populations with VCT services including mobile units. The focus is also on increasing the coverage and quality of outreach programs by establishing new programmes, training staff and volunteers, and by involving target populations in the design, delivery and evaluation of programmes.[107] The Malaysian Government aims to develop and amend policies and laws to address discrimination, and to increase vulnerable populations' access to services and programmes in a culturally appropriate manner.

HIV testing is mandatory for incoming prospective migrant workers and for the annual renewal of work permits under the Policy of Mandatory Testing.[108] Due to the government's concerns over potential health risks to Malaysians, migrants have to undergo three mandatory medical screenings in the first two years of their arrival.[109] Female migrant workers are also tested for pregnancy.[110]

If migrants have tested positive for pregnancy or any infectious diseases including HIV, they face deportation. Provisions for treatment, medical assistance and post-test counseling have been developed[111] in the case of deportation but remain difficult to access for migrants. Also, there is no referral system for migrants who are HIV positive or considered unfit, which hinders potential follow-up, care and treatment in migrants' origin country.[112]

The confidentiality of results in mandatory HIV testing remains an issue. The Foreign Workers Medical Examination Agency is in charge of medical screenings and notifies the Immigration Department of the HIV test results; the Immigration Department then informs the employer. The majority of unskilled and semi-skilled labourers are women, and they are the ones that are tested and screened while professionals and expatriates are exempted.[113]

Health information and education programmes for migrant workers are not available through formal channels in Malaysia. Some NGOs work with migrants to increase their awareness of their rights and of health issues; however the limited number of NGOs and lack of resources available make reaching out to the large number of migrant workers very difficult.

Refugees with appropriate UNHCR documentation are able to receive medical services at government hospitals at subsidised cost.[114]

As of December 2007, UNHCR registered 39,094 refugees and asylum seekers in Malaysia.[115] Since 2005 UNHCR has conducted HIV awareness activities, including the distribution of information leaflets and condoms. In addition, a volunteer counseling and testing campaign conducted in 2007 reached more than 1,800 refugees and asylum seekers.[116] HIV counseling, shelter homes and nursing care were made available to UNHCR's persons of concern infected with HIV. UNHCR provided financial assistance to refugees living with HIV and funded ARV treatment. The Government of Malaysia funds two-thirds of the cost of ARV drugs for refugees. Recently, the Czech Embassy in Kuala Lumpur provided UNHCR with USD 19,000 to implement a nine-month project aimed at reaching 1,000 refugees in Malaysia with health care services.[117]

Migration patterns

In Asia, Malaysia is a major destination country for migrant workers from Indonesia, Nepal, Viet Nam, Pakistan, India, Bangladesh, the Philippines, Cambodia, Myanmar, Lao PDR, Thailand and Sri Lanka.[118] Migrants represent almost 12% of the Malaysian population.[119]

Migrant workers are mainly employed in 3-D (dirty, dangerous and demanding) jobs.[120] Latest estimates show 1.8 million documented migrant workers employed in Malaysia; 17% are domestic workers, 15% employed in construction, 36% in manufacturing, 9% in services and 7% in agriculture.[121] Undocumented migrant workers may equal the number of documented workers employed in the country, although this is hard to verify. Data on remittances from Malaysia to the origin countries is scarce.

Malaysia is a source and destination country for trafficked persons. Malaysian women and children, primarily of Chinese ethnicity, are trafficked to Singapore, Macau, Hong Kong, Taiwan, Japan, Australia, Canada, and the United States where they are sexually exploited.[122] In 2006, fewer than 100 Malaysian women were trafficked abroad and the number of trafficking, especially among women and children, seems to be declining.[123] Men, women and children are also trafficked to Malaysia from Indonesia, Thailand, the Philippines, Cambodia, Viet Nam, Myanmar, and China.[124]

No information has been found on HIV prevalence rates and HIV vulnerabilities and risk behaviour among migrants and mobile populations, including trafficked persons and refugees in Malaysia. The National Strategic Plan identifies refugees as a group vulnerable to HIV, but data on HIV incidence rates amongst refugees are not yet captured through the existing HIV surveillance system.

HIV response for migrant populations: Gaps and opportunities

Despite national commitment to address the HIV epidemic, several gaps remain including a lack of HIV prevention interventions targeting sex workers and their clients.[125] The majority of HIV prevention programmes targeting vulnerable groups (injecting drug users, sex workers and men who have sex with men) are carried out by NGOs and community-based organizations which face numerous financial and human resource challenges.[126]

While Malaysia has identified migrant and mobile populations as a group vulnerable to HIV, there is a need to increase their access to HIV information and prevention and to deliver services in a language that they can understand. Care, support, post-counseling and referral services for migrant workers who test HIV positive during mandatory HIV testing should be strengthened.

The health situation and HIV vulnerabilities of migrant workers in the country remain to be substantiated with in-depth research and studies. To this aim, gender-based data collection mechanisms and HIV surveillance systems that protect migrants' rights and dignity need to be developed.

[92] UNGASS, *Country Progress Report 2008, Malaysia. Reporting period: January 2006-December 2007*, January 2008, p. 11
[93] Idem
[94] Idem
[95] Idem, p. 12
[96] Idem, p. 17
[97] Idem, p. 12
[98] Idem, p. 21
[99] Idem, p. 12
[100] Idem
[101] Idem
[102] Idem, p. 18
[103] Idem, p. 20
[104] The Government of Malaysia, *Strategic Plan on HIV/AIDS 2006-2010, 2006*, p. 10
[105] Idem
[106] Idem, p. 14
[107] Idem, p. 13
[108] CARAM Asia, *State of Health of Migrants 2007*, p. 159
[109] UNGASS, p. 32
[110] CARAM Asia, p. 160
[111] UNGASS, p. 32
[112] CARAM Asia, p. 168
[113] UNGASS, p. 32
[114] UNGASS, p. 33
[115] 2007 data reported by UNHCR
[116] Idem
[117] UNHCR, *Czech mission funds mobile health care project for refugees in Malaysia*, News Stories, June 2007
[118] CARAM Asia, p. 159
[119] Idem
[120] Idem
[121] Idem, Source: Ministry of Home Affairs, Malaysia, 2006 obtained from the Indonesian Embassy in Kuala Lumpur
[122] Humantrafficking.org, *Malaysia*, Source: US Department of State, *Trafficking in Persons Report 2007*, 2007
[123] Idem, Source: US Department of State, *2006 Human Rights Report*
[124] US Department of State *Trafficking in Persons Report 2007*, 2007, p.143
[125] UNGASS, p. 18-31
[126] Idem, p. 30

Myanmar

Overview:

Health and HIV situation

In 2007, an estimated 240,000 people were living with HIV in Myanmar, with the national prevalence rate at 0.7% that year.[127] Myanmar's eastern provinces remain the most affected by HIV.

Recent national responses to the epidemic have led to a decline in HIV infection rates among pregnant women (prevalence rate of 1.8% in 2004, down from 2.2% in 2000), but infection rates among other groups, including female sex workers (FSWs) and injecting drug users (IDUs), are still high and rising.[128] In 2003, HIV infection rates among IDUs tested ranged from 50% to 85% in Yangon and Mandalay.[129] From 1992 to 2003, HIV infection rates among sex workers rose to 31% from 5%.[130] In 2004, one in four FSWs were infected with HIV as were one in three IDUs.[131] AIDS-related deaths were estimated at 24,000 in 2007.[132]

According to latest estimates, primary modes of transmission are heterosexual contact (65%), injecting drug use (26%) and contaminated blood (5%).[133] Treatment, care and support services still fall short of needs, with less than 10% of AIDS patients receiving ARV treatment. The high incidence of unsafe injecting drug use and unprotected sex along well established internal migratory routes has contributed to the HIV epidemic's expansion in Myanmar.[134]

National HIV programme and response

The *National Strategic Plan on HIV/AIDS 2006-2010* is the first national response to the HIV/AIDS epidemic to use participation of all sectors, including Government departments, UN agencies, international NGOs and churches. The Plan focuses on the control and prevention of HIV, mobilizing resources, providing care and support for AIDS patients, and expanding peer education-based behaviour change programmes.

The Plan identifies and prioritizes HIV interventions for the groups at highest risk of HIV infection: sex workers, clients of sex workers, drug users, men who have sex with men, and partners of people living with HIV.

Mobile populations are also considered a group vulnerable to HIV infection. To reduce HIV-related risk, vulnerability and impact among migrant and mobile populations, the Plan aims to reach 110,000 people on the move from April 2007-March 2008, and 121,000 from April 2008-March 2009 with a programme package of HIV prevention.[135] Data and mapping mechanisms on HIV and mobility will be developed to reach priority areas and populations and to implement HIV prevention interventions among them. Treatment, care and support services for returning migrants, including displaced populations inside Myanmar, are lacking.

Overall, the HIV national response faces various challenges. The country is reliant on international financial support from a limited number of international donors, so the success of the national response will depend on making the new Three Diseases Fund successful. Although the Plan advocates for multi-sectoral participation in HIV interventions, there is restricted space for community organizations. Despite a great demand for self-help groups and networks of people living with HIV/AIDS. In addition, treatment, care and support services and ART coverage for at-risk groups need to be scaled up.

Migration patterns

Myanmar is a source country for migrant workers who are primarily employed in Malaysia and Thailand. It is estimated that 3,000,000 people are living and working overseas with at least half of them in Thailand.[135] Porous borders and economic inequalities have driven this large cross-border migration from Myanmar to Thailand.

Burmese migrants remain the largest migrant population in Thailand. In 2004, 633,692 Burmese migrant workers were registered for work permits, 75% of Thailand's total registrations.[136] The same year, an estimated 20% of Burmese migrants were employed in agricultural work, 14% in household work, 13% in construction, and 10% in seafood processing and related industries.[137] Undocumented migrants are estimated to be twice the number of those registered.

Burmese migrants who register for work in Thailand have to undergo a health examination, but are not tested for HIV. If considered fit for work they are included in Thailand's national health insurance scheme. They receive a subsidized rate for health services, are assigned a health provider and the same health provisions as Thai nationals through the 30-baht scheme.[138] Those not holding a work permit are not included.

Migrants face numerous language barriers throughout medical testing and at the time of results delivery, as documents are usually in Thai and medical personnel rarely speak Burmese.[139] Migrants found with unfit health conditions may lose their employment status and face deportation. It is the employer's decision to retain migrants or renew their employment. There is no indication that Myanmar provides care, treatment and support for returning migrant workers. HIV testing of returning migrants is mandatory and exposes HIV-positive migrants to stigma and discrimination.

There are internally displaced persons in nine border camps at the Thai-Burmese borders. As of October 2006, an estimated 500,000 people were internally displaced.[140] There is limited comprehensive information on HIV infection rates among displaced people and refugees, who are located primarily at the Thai-Burmese border and in Thailand.

An estimated 200,000 Burmese are refugees in neighbouring countries.[141] Thailand hosts a large number of them.

Cases of trafficking have also been reported. Myanmar is a source country for trafficked men, women and children to Thailand, China, Bangladesh, Malaysia, the Republic of Korea and Macau.[142] Myanmar is also a transit country for trafficked persons from China to Thailand, Malaysia, and Singapore.[143]

Some information on HIV infection among Burmese migrants is available. In 2001, an estimated 1.4% of Burmese migrants from a surveillance sample tested HIV positive in the Thai province of Samut Sakhorn.[144] In 2004, 9.4% of tested Burmese fishermen were found HIV positive in the Thai province of Chumporn. This represents the highest HIV infection rate among fishermen found in any provincial surveillance site in Thailand.[145] Unprotected sex between migrants and sex workers is believed to be the primary mode of HIV transmission. Limited access to condoms and low condom use by migrants due to lack of information, familiarity and trust increase HIV risks.[146]

HIV response for migrant populations: Gaps and opportunities

In Myanmar, there is a need to develop linguistically and culturally appropriate pre-departure HIV information and prevention programmes, as well as counseling and referral services for returning migrants. Despite funding challenges, HIV prevention, treatment, care and support services for migrant and mobile populations need to be expanded.

Comprehensive gender-based data collection mechanisms to identify infection patterns and risk behaviours are essential to target highly vulnerable migrants and mobile populations in migrant prone areas. Part of this means involving Myanmar in a broader regional strategic information system, including surveillance.

[127] *Epidemiological Fact Sheet on HIV and AIDS, Myanmar, 2008 Update*, WHO, UNAIDS and UNICEF
[128] UNAIDS, *Overview of the Global AIDS Epidemic, 2006 Report on the Global AIDS Epidemic* 2006
[129] WHO, *Summary Country Profile for HIV/AIDS Treatment Scale Up*, Myanmar, June 2005, p.1
[130] Idem
[131] UNAIDS, p.29
[132] *Epidemiological Fact Sheet on HIV and AIDS, Myanmar, 2008 Update*, WHO, UNAIDS and UNICEF
[133] UNAIDS/WHO, *Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections*, Myanmar, 2006, p. 4
[134] Ministry of Health, *National Strategic Plan on HIV and AIDS, Operational Plan, April 2006-March 2009*, Myanmar, p. 10
[135] *Asian Migrant Yearbook 2004*, Asian Migrant Centre and Migrant Forum in Asia, p. 99-100
[136] CARAM Asia, *The State of Health of Migrants 2007*, 2007, p. 232, Source: Ministry of Labour, Thailand, 2004, 2006
[137] Brahm Press, *Migrants' Health and Vulnerability to HIV/AIDS in Thailand*, Raks Thai Foundation, PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand) Project, (date of publication not found), p. 5, Source: Office of Foreign Workers Administration, Department of Employment, Ministry of Labour, 2004
[138] CARAM Asia, p. 169
[139] Idem, p. 171
[140] Internal Displacement Monitoring Centre, *Thailand-Burma Border Consortium estimates at least 500,000 IDPs in Eastern Burma as of October 2006*, Myanmar, Country profile
[141] UNHCR, *Borders with Myanmar remain calm, no influx of refugees*, News Stories, October 2007
[142] US Department of State, *Trafficking in Persons Report 2007*, 2007, p. 71
[143] UNODC, *Trafficking in Human Beings: Global Patterns*, April 2006
[144] Brahm Press, *Migrants' Health and Vulnerability to HIV/AIDS in Thailand*, Raks Thai Foundation, PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand) Project, (date of publication not found), p. 15, Source: Office of Foreign Workers Administration, Department of Employment, Ministry of Labour, 2004
[145] Brahm Press, p. 16, Source: Ministry of Public Health, Disease Control Center Thailand: 2001-2004
[146] Idem, p. 17

The Philippines

Overview:

Health and HIV situation

In 2007, 7,490 people were estimated to be living with HIV in the Philippines, out of which 1,788 (23.9%) were women.[147] An average of 29 new HIV infection cases were reported per month in 2007.[148] The national HIV prevalence among adults remains below 0.1%.[149] The cumulative number of AIDS cases reached 3,061 and 782 respectively in the 1984-2007 period.[150] Currently, a total of 336 patients receive free ARV treatment.[151]

HIV prevalence among most-at-risk populations, including injecting drug users (IDUs), female sex workers (FSWs) and their clients, and men who have sex with men (MSM), is low at 0.08%.[152] Unprotected sex remains the most common mode of HIV transmission (88%).[153]

In the 2007 *Integrated HIV Behaviour Serologic Studies* conducted in 10 sentinel sites, 48% of IDUs reported using sterile injecting equipment the last time they injected.[154] The same year, 48% of interviewed FSWs, 49% of MSM, 27% of male IDUs and 65% of male clients of FSWs reported to have had more than one sexual partner and to have used a condom during their last sexual intercourse.[155]

In relation to HIV and mobility, approximately 35% of the total reported HIV infection cases were among overseas Filipino workers (OFWs).[156] By the end of 2007, 33% of the sero-positive cases among OFWs were seafarers and 17% were domestic workers,[157] 74% of them were male[158] and 94% of them acquired HIV through unprotected sexual contact.[159]

National HIV programme and response

In 2005, the Philippines launched its 4th AIDS Medium Term Plan, a road map for the national HIV response from 2005-2010. The Plan includes a new push to expand universal access to HIV prevention, care and treatment among highly vulnerable groups, including FSWs and their clients, IDUs, MSM, and OFWs.

The national strategy against HIV includes mobilizing and involving all sectors including the Catholic Church, continuing implementation of surveillance and research systems on the HIV epidemic, and focusing on local HIV interventions.[160] Now, 32 public VCT centres are available with trained staff.

Full implementation of the AIDS component of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has boosted the country's prevention, treatment and care programmes. Generic ARV drugs are provided free of charge to adults and children living with HIV. The expansion of GFATM sites has broadened service coverage to people most likely to be exposed to HIV. Through UNICEF, the Filipino Government has procured 20 million pesos (about USD 400,000) of additional ARV for opportunistic infections and diagnostic reagents. Challenges remain in assuring continuum of prevention and care interventions in a decentralized setting and in having enough well-trained personnel despite the ongoing "brain-drain" in the health sector.[161]

HIV prevention and education have long been mandatory for overseas workers. The Philippines HIV/AIDS Prevention and Control Act of 1998 outlines the need to provide HIV/AIDS education for overseas workers and gives guidelines for voluntary HIV testing. Foreign Service Officers receive training from the Foreign Service Institute in collaboration with the career development arm of the Department of Foreign Affairs (DFA), the Office of the Undersecretary for Migrant Workers Affairs of DFA and the Overseas Workers Welfare Administration.[162] In addition, the *Positive Response: Guidebook on Handling Migration and HIV/AIDS Issues for Foreign Service Personnel* has been developed and made available in all 89 foreign posts along with a 33-minute HIV awareness video for OFWs.[163]

Most receiving countries require departing migrants to undergo mandatory HIV testing. Despite this, the government-mandated pre-departure seminars do not always deliver accurate health information and quality HIV counseling and testing services.

Overseas workers must undergo a medical examination after the recruitment agency – or the destination country employer – interviews and pre qualifies them.[161] Tests for HIV, TB and pregnancy are also mandatory. Some destination countries require overseas workers to go through another round of medical tests upon arrival. The AIDS Law in the Philippines guarantees confidentiality of HIV test results, but test results including HIV are sent directly to the recruitment agency. [164]

By 2010, the *4th Aids Medium-Term Plan* aims to provide all migrants with access to improved HIV prevention and information services, information and referral sites in destination countries, reintegration programmes, and testing centres with quality assurance surveys and strategies. Pre - departure and post-arrival prevention and care programmes need to be further developed.

Migration patterns

International migration is an integral part of the Government's poverty alleviation programme. The Philippine Overseas Employment Administration reports that in 2006, 1,092,055 Filipinos were employed abroad, 24% of them sea-based.[165] This is a 10% increase compared to 2005.[166] There are an estimated 3.6 million contract workers overseas at any point in time working in more than 160 countries, with an additional 1.3 million undocumented Filipinos working abroad.[167] The Philippines received an estimated USD 12.8 billion in remittances in 2006.[168]

The Philippines is a source country for trafficked men, women and children to Saudi Arabia, Kuwait, the United Arab Emirates, Qatar, Bahrain, Malaysia, Hong Kong, Singapore, Japan, South Africa, North America, and Europe.[169] Trafficking rings also operate internally with people trafficked from rural areas, such as Visayas and Mindanao, to urban centres.[170]

UNHCR reports 100 refugees and 40 asylum seekers present in the Philippines in 2005.[171] The Internal Displacement Monitoring Centre estimates that 91,905 people were internally displaced during 2006.[172] The southern island of Mindanao witnessed the most displacement.[173]

Little is known about HIV infection rates and vulnerability among internally displaced persons, asylum seekers and refugees. Recently, the Philippines Senate proposed a bill, *Improving Philippine Commitment to Human Rights Promotion and Protection by Providing the Necessary Mechanisms for the Prevention of the Occurrence and Protection from the Adverse Effects of Internal Displacement and for Other Purposes (Internal Displacement Act of 2006)*, with health provisions for internally displaced persons with a focus on women's reproductive health.[174] However, the bill does not ensure HIV prevention, care, treatment and support for them.

HIV response for migrant populations: Gaps and opportunities

The Philippines renewed its commitment to increase access to improved HIV prevention and information services for overseas workers through its 4th AIDS Medium Term Plan. Moreover, the GFATM guarantees expanded prevention, treatment, care and support services for migrants (before departure and upon return).

To fully address HIV vulnerabilities among OFWs, quality comprehensive pre-departure, post-arrival and reintegration programmes need to be strengthened. The new counseling referral programme for Filipino migrants testing HIV positive overseas needs to be expanded in the Philippines and replicated in other countries. Strengthening surveillance and gender-sensitive data collection mechanisms is crucial to develop strategic HIV prevention, care and treatment services for mobile populations.

[147] Philippine National AIDS Council (PNAC), *Follow-up to The Declaration of Commitment on HIV and Aids,* UNGASS Country Report of the Philippines: January 2006 to December 2007, 2008, p. 22
[148] Idem, p. 4
[149] Idem
[150] Idem, p. 19
[151] Idem, p. 32
[152] Idem, p. 4
[153] Idem
[154] Idem, p. 15
[155] Idem, p. 14
[156] Idem, p. 18
[157] *HIV Vulnerability Faced by Women Migrant Workers - from Asia to the Middle East, Philippine Research Report*. To be published in 2008 by Achieve in partnership with UNDP
[158] Idem
[159] Idem
[160] PNAC, *4th AIDS Medium-Term Plan (AMTP)*, Philippines
[161] UNAIDS, *Country Situation Analysis*, Philippines
[162] PNAC, p. 31
[163] Idem
[164] CARAM Asia, *State of Health of Migrants 2007*, p. 86
[165] Idem, p. 81
[166] Idem
[167] Idem, p. 227
[168] Idem
[169] US Department of State, *Trafficking in Persons Report 2007*, 2007, p. 168
[170] Idem
[171] UNHCR, *2006 UNHCR Statistical Yearbook (Annex)*, p. 2
[172] The Internal Displacement Monitoring Centre, *Internal Displacement in the Philippines (Country Profile),* January 2007
[173] Idem
[174] Philippine Senate, Senate Bill No 2548, *An Act Improving Philippine Commitment to Human Rights Promotion and Protection by Providing the Necessary Mechanisms for the Prevention of the Occurrence and Protection from the Adverse Effects of Internal Displacement and for Other Purposes (Internal Displacement Act of 2006)*, 6 December 2006, p. 3, 5

Singapore

Overview:

Health and HIV situation

At the end of 2007, the cumulative number of known HIV-positive Singaporeans was 3,224, up from 2,075 in 2003.[175] In 2006, 357 newly diagnosed HIV infection cases were recorded compared to 317 in 2005.[176] The prevalence of known HIV cases in the resident population (aged 15 and above) was 0.07% and for pregnant women 0.05%.[177] The male population is most affected by the virus.

Out of the above-quoted 3,224 cumulative HIV cases, 89% were among men, 69% acquired HIV through heterosexual transmission, and 24% contracted HIV through homosexual or bisexual contact.[178] In the same period, only 2% of all HIV infection cases occurred through injecting drug use.[179]

In the first six months of 2007, 76% off all diagnosed HIV cases were detected during medical care and 12% through voluntary HIV screening.[180]

At-risk groups mainly include female sex workers and men having unprotected sex with multiple partners, including men who have sex with men.

National HIV programme and response

The Singapore *National AIDS Control Programme* includes a broad range of strategies to address HIV: public education; legislation; blood supply screening; counseling and care for people living with HIV/AIDS; contact tracing and tracking; surveillance among high-risk behaviour groups; and training of medical personnel. Both government and non-government stakeholders are engaged in the HIV response, including the Ministry of Health, a multi-sectoral National HIV/AIDS Policy Committee, civil society groups such as Action For AIDS (AFA) and the Association for Women and Action (AWARE), and the private sector.

Education is provided to both the general population and to those at high risk of HIV infection. Special education programmes are carried out for sex workers to educate them on STIs, particularly HIV, and their modes of transmission, and to strongly promote condom use. Educational messages on STIs, including the use of condoms, also target men who have sex with men and high-risk heterosexual men.[181]

The Health Promotion Board of Singapore (a Statutory Board under the Ministry of Health) carries out various prevention and education activities to promote HIV/AIDS awareness among migrant workers. These include distributing information materials in various languages to foreign workers and holding group discussions and Q&A sessions. In addition, the AIDS business Alliance of Singapore has launched the *Rallying Employers to Support the Prevention, Education and Control of STI and HIV/AIDS (RESPECT)* in 2006 to raise awareness on HIV issues among workers and to fight discrimination against HIV-positive people in the workplace.[182]

In 2000, the Ministry of Health issued a new directive making mandatory HIV testing part of the health examination for prospective migrants applying for a work permit who have obtained in-principle approval for employment.[183] Those tested HIV-positive are not granted employment passes and if identified HIV-positive in Singapore they are repatriated.

Migration patterns

Singapore is a destination country for migrant workers from South-East and South Asia, including Bangladesh, India, Indonesia, Thailand, Pakistan and the Philippines. While Singapore attracts highly-skilled workers, the country also employs many domestic workers, especially from the Philippines, and construction workers. In 2006, the estimated number of foreign workers (non-resident workforce) reached 613,000.[184]

While cases of trafficking to Singapore for sexual exploitation have been reported, Singapore's investigation has substantiated very few of these cases.[185]

HIV response for migrant populations: Gaps and opportunities

Singapore's policies and interventions do not specifically target migrant and mobile populations. Migrants have access to the same HIV prevention programmes, VCT and treatment services that are available to the general population. There are also HIV prevention and education programmes that reach out to migrants, with plans to continue their expansion.

Strengthening HIV data collection mechanisms and surveillance systems with gender-based approaches and increasing access to referral services in Singapore remain an important condition to strategically address HIV risks and vulnerabilities among migrant workers.

[175] Ministry of Health data
[176] UNGASS, *Country Progress Report: Singapore, Reporting Period January 2006-December 200*7, March 2008, p. 1
[177] Ministry of Health data
[178] UNGASS, p. 1
[179] Idem
[180] Idem, p. 2
[181] Singapore Ministry of Health
[182] UNGASS, p. 3
[183] Ministry of Health, Singapore, *Medical Examination For Successful Applicants Of Employment Pass,Long-Term Immigration Pass And Permanent Residence*, News, Press Releases, 17 February 2000
[184] Ministry of Transport 2007
[185] The US Department of State *Trafficking in Persons Report 2007* reports that women and girls from Thailand, the Philippines, China and Indonesia are supposedly trafficked to Singapore for sexual exploitation (p. 182)

Thailand

Overview:

Health and HIV situation

The implementation of national strategic HIV interventions in Thailand since the late 1990s, including the 100% Condom Programme and the increased provision of care and treatment services for people living with HIV/AIDS (PLWHA), has led to a decline in HIV infection rates in Thailand. Estimates of the number of new infections for 2007 reached 13,936 and is projected to decline to 10,097 by 2011, which would result in the decline of the total cumulative number of PLWHA from 546,578 in 2007 to 481,770 by 2011.[186]

In 2007, 52.9% of reported adults and children with advanced HIV infection received ART compared to 41% in 2006.[187]

Despite encouraging efforts that reduced new HIV infections, the country still faces a generalized epidemic with a 1.4% HIV prevalence rate.[188] New HIV infection patterns, especially among women in stable relationships who are infected by their long-term partners or their sexual partners, have been of concern. In 2005, an estimated 37% of women newly infected with HIV contracted HIV through sexual contact with their male partner, 80% of whom acquired HIV through paid sex.[189]

In addition, a 2007 survey of the Bureau of Epidemiology showed a high HIV prevalence rate among men who have sex with men (MSM), reaching 24.6%.[190]

In Bangkok, a recent survey has shown an increase in HIV infections among MSM from 18.9% in 2005 to 27% in 2007.[191] Injecting drug use and the sharing of injecting equipment also remains a source of concern with an estimated 27.8% of injecting drug users (IDUs) being HIV positive in 2006.[192]

National HIV programme and response

The new *National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation (2007–2011)*, developed through a broadly consultative and inclusive national process, aims to increase HIV prevention efforts, improving the lives of PLWHA, and fighting stigma and discrimination.[193] The Plan also aims to integrate AIDS prevention and alleviation strategies into organizations at all levels, to promote a multi-stakeholder approach in addressing the epidemic and to integrate prevention, care and treatment for all targeted population groups.[194] Target groups include husbands and wives or discordant couples, MSM, sex workers and their clients, drug users, children and adolescents, and other groups such as migrant workers.[195]

Thailand has successfully expanded access to HIV care, treatment and support services for PLWHA and their families. ART has been included in the *National Health Security Scheme* and the Government issued two compulsory licenses for anti-retroviral drugs. ART coverage now reaches more than two thirds of those in need.[196]

Thailand is considered a leading country in the region in recognizing the importance of migrant workers' access to health. The migrant health strategy developed jointly by the Thai Government and civil society focuses mainly on health promotion, prevention, treatment and care among migrants, as well as universal access to health, and the participation of migrants and communities in national responses to HIV.[197] In addition, the Government signed an agreement for the Border Health Programme to provide health care, including HIV and AIDS prevention and treatment services to anyone living at the Thai borders, including Thais, migrants, stateless people and ethnic minorities.[198] However, HIV prevention measures for documented and undocumented migrants and mobile populations remain to be strengthened.

Migrants registering for a work permit in Thailand must undergo a health examination, but HIV testing is not mandatory, as stipulated in *Thailand's National Code of Practice on Prevention and Management of HIV/AIDS in the Workplace* (January 2005).[199] If found unfit, migrant workers may lose their work permit and face deportation.

Registered migrants who pass the health examination are included in the national 30-baht health insurance scheme, with health services available at a subsidized cost and assignment of a health provider. ART is not available to migrants at subsidized cost, often making the therapy financially inaccessible to them. Stigma, discrimination and fear of arrest, especially among undocumented migrants, remain additional hindrances to migrants' access to health services.[200]

Displaced persons from Myanmar, housed in 9 border camps at the Thai borders, are believed to receive health care. In 2007 they started to benefit from HIV prevention, care and treatment services from a government-mandated programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Migration patterns

Thailand is a major destination country for migrant workers due to its booming economy. The International Organization for Migration (IOM) reports that approximately 1.2 million workers from Cambodia, Lao PDR and Myanmar registered for a work permit with the Ministry of Labour in 2004.[201] Of these migrants, 75% were from Myanmar, 12% from Lao PDR and 13% from Cambodia.[202]

Undocumented migration remains a source of concern in Thailand with an estimated total number of 2.5 million (including dependents).[203] To address irregular migration, the Ministry of Interior registered 1,280,000 workers from neighbouring countries in July 2004. The Thai Government has initiated regional cooperation talks on labour migration management with neighbouring countries. It has also engaged in bilateral agreements with neighbouring countries Cambodia, Lao PDR and Myanmar, resulting in an elaborate system of temporary employment.[204]

Thailand is also a sending country of migrant workers, primarily to East and South-East Asia and to the Middle East. More than half of Thai migrant workers abroad have been employed in Taiwan.[205] Remittances from overseas Thai migrant workers may amount to USD 1.5 billion per year.[206]

Thailand has a significant number of displaced persons with approximately 135,000 residents in camps.[207] Trafficking is also an issue in Thailand, which is a source, transit and destination country for trafficked persons.

Large cross-border migration from Myanmar and Cambodia to Thailand poses numerous HIV prevention, care and treatment challenges. In 2001, a surveillance sample among Burmese migrants estimated that 1.4 percent (316 individuals) tested positive for HIV in Samut Sakhorn Province.[208] In another study, HIV infection rates of 4.3% among pregnant migrant women at ANC clinics were found to be higher than for Thai women (2%).[209] IOM, in cooperation with the Ministry of Health, is developing a comprehensive national surveillance system to monitor and evaluate HIV infection rates among migrants and mobile populations in the country.

HIV response for migrant populations: Gaps and opportunities

The accessibility of HIV prevention and care services, and current efforts to include treatment for migrants and mobile populations is a leading example in the region that should be replicated.

Current efforts from various stakeholders (Ministry of Health, civil society organizations, etc) should be strengthened to expand coverage, including providing health service delivery in a language understood by migrants. Culturally sensitive and linguistically appropriate prevention materials and behaviour-change communication programming remain to be fully scaled up, as do peer education programmes to enhance access to health and HIV services among migrants and mobile populations.

[186] UNGASS, *Country Progress Report, Thailand, Reporting period January 2006-December 2007*, January 2008, p. 10
[187] Idem, p. 14
[188] UNAIDS, *2007 AIDS Epidemic Update, Regional Summary, Asia*, 2008, p. 16
[189] Idem, p. 29
[190] UNGASS, p. 43
[191] Idem, p. 28
[192] Idem, p. 44
[193] Idem, p. 11
[194] Idem
[195] Idem, p. 12
[196] UNAIDS, *Country Situation Analysis, Thailand*
[197] UNGASS, p. 45
[198] Idem, p. 46
[199] CARAM Asia, *State of Health of Migrants 2007*, 2007, p. 170
[200] Brahm Press, *Migrants' Health and Vulnerability to HIV/ADIS in Thailand*, Raks Thai Foundation, PHAMIT (Prevention of HIV/AIDS Among Migrant Workers in Thailand Project, (date of publication not found), p. 19
[201] International Organization for Migration (IOM), *International Migration in Thailand*, 2005, p. 47
[202] CARAM Asia, p. 232, Source: Ministry of Labour, Thailand, 2004, 2006
[203] Idem, p. 232
[204] IOM, p. 36
[205] Idem, p. 25
[206] Idem, p. 30
[207] Idem, p. 3
[208] Brahm Press, p. 15, Source: Bhumiprabhas, 2001
[209] Idem, p. 15, Source: United Nations Development Programme (UNDP), 2004

Viet Nam

Overview:

Health and HIV situation

It is estimated that there were 293,000 people living with HIV in Viet Nam in 2007.[210] The national HIV prevalence among the general population is estimated at 0.53%.[211] Cumulative reported data has indicated that there were 132,628 HIV infection cases, 26,828 AIDS cases and 15,007 deaths due to AIDS as of 31 August 2007.[212] Out of all reported HIV infection cases, 78.9% are in the 20-39 age group and 85.2% were among men.[213] There are concerns that HIV infections among young people are on the rise as well as HIV transmission through heterosexual contact.[214]

Viet Nam currently experiences a concentrated epidemic with at-risk populations including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with (MSM).[215] The national HIV prevalence rate among IDUs has been estimated at 28.6%, and at 4.4% for FSWs.[216] In 2006, the HIV prevalence rate among MSM was 9.4% in Ha Noi and 5.3% in Ho Chi Minh City.[217]

Studies show that IDUs have engaged in unprotected sex with different partners, including FSWs. Unprotected sex between IDUs and FSWs reached 55% in An Giang and 54.8% in Ho Chi Minh City.[218] The rate of condom use between street FSWs and their clients was low at 37%, and condom use among MSM remains also low.[219] There are concerns on the high rate of FSWs injecting drugs.

The Ministry of Health of Viet Nam has estimated that 72,970 people living with HIV will need to receive ARV treatment by 2010.[220]

National HIV programme and response

The first national strategy for Viet Nam's response to HIV/AIDS, the *National Strategy on HIV/AIDS Prevention and Control in Viet Nam up to 2010 with a Vision to 2020,* sets clear strategies and ambitious goals to control the spread of HIV. It uses a comprehensive set of prevention, care and treatment interventions, harm reduction programmes, and provisions for access to ARV treatment for people living with HIV/AIDS (PLWHA). High risk groups, such as injecting drug users and sex workers are the National Strategy's main targets.

The National Strategy's goals include: integrating HIV/AIDS prevention and control into local social economic development plans across the country; reaching out to people with HIV prevention activities in rural, urban and mountainous areas; implementing a comprehensive intervention programme to control HIV transmission from high-risk groups to the general population. It also ensures care and appropriate treatment for PLWHA so that 90% of HIV/AIDS adults, 100% HIV infected mothers, and 100% of HIV/AIDS infected or affected children receive appropriate care, treatment and counselling services. The strategy also aims to provide 70% of AIDS patients with ARV treatment and to improve the surveillance, monitoring and evaluation systems for HIV/AIDS prevention and control.[221]

In addition, the condom promotion programme has been implemented in 314 out of 639 districts, in 58 provinces and cities and in Centres for Treatment, Education and Social Support for IDUs and sex workers.[222] In 2006, 228 sites provided VCT compared to 157 in 2005.[223]

However, major challenges remain in the national response to the epidemic. Legal regulations on HIV prevention need to be harmonized and implemented by key sectors at all levels.[224] In addition, human resources and programme management capacities remain to be strengthened and civil society organizations more involved in the national response to HIV.[225]

On HIV and mobility, the National Strategy aims to collaborate with neighbouring countries on HIV prevention and control[226] and to expand intervention measures to mobile populations.[227] In 2007, the Government *Decision on Cross-Border HIV/AIDS Prevention and Control* was approved and, like the other nine ASEAN Member Countries, Viet Nam signed the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers.

Viet Nam's Labor Law stipulates that Vietnamese employment agents should provide migrant workers with orientation prior to their departure. Mandatory tests including HIV testing are required as requested by receiving countries. No pre- or post-test counseling is ensured and breach of confidentiality of results remains an issue. Currently, there are 70 government-mandated hospitals that provide health testing and issue health certificates for migrants.[228]

Article 16 of the new Law on HIV/AIDS Prevention and Control, passed in 2006, addresses HIV prevention among migrants, spelling out government and private sector agencies responsible for HIV/AIDS prevention and propaganda work. These include People's Committees, accommodation and service establishment owners, medical quarantine offices, and employment agencies sending Vietnamese workers abroad.

Vietnamese migrant workers have almost no access to health information in destination countries, mainly due to language barriers and lack of information. Migrants returning with HIV or TB face discrimination. No medical, social and financial services are in place to help them reintegrate. The issue of referral services for migrants who test HIV positive abroad still remains to be addressed.

Migration patterns

Viet Nam is a major sending country of migrant workers to South-East and East Asia with Malaysia and Taiwan the top destination countries. The Ministry of Labour, War Invalids and Social Affairs (MOLISA) estimates that 400,000 Vietnamese workers were abroad by mid 2006.[229] There were 37,941 recorded migrant workers in Malaysia in 2006 compared to 24,605 in 2005, and 22,784 migrants employed in Taiwan in 2005 compared to 14,127 in 2006.[230] To a lesser extent, Vietnamese migrant workers are employed in the Republic of Korea, Japan and in the Gulf countries.

Estimates from MOLISA refer to officially deployed migrant workers; however many have moved to bordering Cambodia, Lao PDR and China without going through official channels. Although there is lack of reliable data on the number of Vietnamese workers in Cambodia, it is estimated that at least there are 150,000 of them there. As in the Philippines, migration in Viet Nam is considered a socioeconomic strategy to alleviate poverty. Recent estimates show that remittances from Vietnamese migrant workers amounted to USD 6.82 billion in 2006 and are expected to exceed USD 7.5 billion in 2008.[231]

Viet Nam has become a source and destination country for trafficked men, women and children.[232] Women and children are trafficked to Cambodia, China, Thailand, Hong Kong, Macau, Malaysia, Taiwan, the United Kingdom and the Czech Republic for sexual exploitation.[233] Vietnamese women and children may also be trafficked to Taiwan, China and the Republic of Korea.[234] Although substantive information on its scope and health risks is lacking, the migration phenomenon of Vietnamese brides to the Republic of Korea and Taiwan raises trafficking, abuse and HIV vulnerability concerns.

Thousands of Vietnamese refugees are abroad and internal displacement remains an issue. UNHCR estimates that there were 374,000 Vietnamese refugees as of January 2007, one of the highest recorded worldwide.[235]

HIV response for migrant populations: Gaps and opportunities

HIV and mobility issues have been recognized in Viet Nam, but provisions on pre-departure HIV prevention, care, treatment, support, counseling and VCT services for migrants and mobile populations are lacking. Migrants and mobile populations have been included in the National Strategy, but specific HIV interventions among this group remain to be developed. Greater national efforts to mainstream HIV/AIDS interventions among migrants and mobile populations are needed.

Quality pre-departure HIV information and prevention, counseling, and referral services remain to be put in place. Referral services for migrants, and provision of HIV prevention, care and treatment, are also needed for returning migrants.

As in the majority of ASEAN countries, expanding comprehensive gender-based data collection and surveillance systems on HIV infection rates and risk behaviours in migrants and mobile populations is an important precondition to strategically target this vulnerable group with effective HIV/AIDS programmes.

[210] UNGASS, *The Third Country Report on Following up the Implementation to the Declaration of Commitment on HIV/AIDS, Reporting period: January 2006-December 2007,* 2007 p. 6
[211] Idem
[212] Idem
[213] Idem
[214] Idem
[215] Idem
[216] Idem, p. 7
[217] Idem
[218] Idem
[219] Idem
[220] Idem, p. 20
[221] Ministry of Health, *National Strategy on HIV/AIDS Prevention and Control in Viet Nam up to 2010 with a Vision to 2020*, Viet Nam, p. 2-3
[222] UNGASS, p. 16
[223] Idem, p. 18
[224] Idem, p. 25
[225] Idem
[226] *Ministry of Health*, p. 71
[227] Idem, p. 33
[228] CARAM Asia, *State of Health of Migrants 2007*, 2007, p. 101
[229] *Asian Migrant Yearbook 2004*, Asian Migrant Centre and Migrant Forum in Asia, p. 303
[230] CARAM Asia, *State of Health of Migrants 2007*, 2007, p. 100
[231] Ministry of Foreign Affairs, Viet Nam, *Overseas Remittances Expected to Reach US$7.5 Billion this Year*, New York Times, 2008
[232] US Department of State, *Trafficking in Persons Report 2007*, 2007, p. 207
[233] Idem
[234] Idem, p. 208
[235] UNHCR, Viet Nam, *Key Indicators*

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Asia-Pacific Network of People Living with HIV (APN+)

Type	Regional network of NGOs of people living with HIV/AIDS

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PROJECT/PROGRAMME INFORMATION

Focus	Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building; research and surveillance; advocacy; stigma reduction
Activities	Organizational development; networking; advocacy; knowledge sharing
Target	People living with HIV, governments, bilateral agencies, NGOs
Coverage	Asia-Pacific region
Partners	UNAIDS, UNDP, Ford Foundation, HIV/AIDS Alliance, Levi Strauss Foundation. Tides Foundation, Constella Futures (USAID), CIDA, 7 Sisters, and groups of people living with HIV

FUNDING

Funding	In 2007: Approximately USD 1 million
Funded by	UNAIDS, UNDP, Levi Strauss Foundation, Tides Foundation, Constella Futures, Ford Foundation and others
Funded until	All of 2008

Association of Southeast Asian Nations (ASEAN) Secretariat

Type	Inter-governmental organization

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PUBLICATIONS AND WEB LINKS

Stopping AIDS, Acting Together — Strategic Framework for the Third ASEAN Work Programme on HIV and AIDS, 2006-2010, available at: www.aseansec.org/8561.htm

Socioeconomic Impacts of and Resource Requirements for HIV and AIDS, 2007

Regional Report: The ASEAN-Rockefeller Foundation Project on Intellectual Property Laws Review and Capacity-building on Intellectual Property Rights Related to Public Health in the ASEAN Region, 2005

ASEAN's Fight Against HIV/AIDS: Success Stories and Future Challenges, 2005

PROJECT/PROGRAMME INFORMATION

Title	Third ASEAN Work Programme on HIV and AIDS
Duration	2006-2010
Focus	Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building ; research and surveillance; monitoring and evaluation
Activities	Leadership development; gaps, strengths and emerging issues; integration of HIV in development priorities; non-programme strategies; monitoring and evaluation
Coverage	All ASEAN member countries: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam
Partners	UNAIDS, UNDP, USAID, UNRTF, WHO, Seven Sisters, ILO, IOM

FUNDING

Funding	Approximately USD 1 million
Funded by	UNAIDS, UNDP, USAID
Funded until	2008

Coordination of Action Research on AIDS and Mobility (CARAM Asia)

Type	Regional network of NGOs

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PUBLICATIONS AND WEB LINKS

Most recent publications:
State of Health of Migrants 2007 – Mandatory Testing, available at: http://www.caramasia.org/reports/SoH2007/SoH_Report_2007-online_version.pdf

State of Health of Migrants 2005, available at: http://www.caramasia.org/index.php?option=com_content&task=view&id=313&Itemid=343

Foreign Domestic Worker Campaign Toolkit, available at: http://www.caramasia.org/index.php?option=com_content&task=view&id=537&Itemid=343

PROJECT/PROGRAMME INFORMATION

Focus	Advocacy, education, information and prevention; capacity-building; research and surveillance
Activities	Advocacy and rights-based approaches to HIV prevention for migrants
Target	Migrant workers and mobile populations
Coverage	17 countries in Asia and in the Gulf countries, including Bahrain, Bangladesh, Cambodia, Hong Kong, India, Indonesia, Japan, Jordan, Korea, Malaysia, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Thailand and Viet Nam

FUNDING

Funding	In 2007: Approximately USD 1 million
Funded by	Main funder: Netherlands Directorate-General for International Cooperation (DGIS)
Funded until	End of 2008

CARE International (Viet Nam)

Type	International NGO

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PROJECT/PROGRAMME INFORMATION

Title	Can Tho Bridge Project to Health
Duration	2 years
Focus	Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building (company health staff); community health service providers and peer educators in HIV/AIDS and STDs prevention and treatment; communication and counseling skills to mobile populations and migrant workers); monitoring and evaluation
Activities	Condom promotion (social marketing; written and audiovisual information; behaviour change and communication; group information and training; individual counseling and referral; peer education; community mobilization and capacity-building)
Target	Migrant workers, female sex workers, construction companies' management staff, employees and health staff
Coverage	Viet Nam
Partners	Provincial Department of Health, Provincial AIDS Centre, commune health stations, construction companies and sub-contractors

FUNDING

Funding	USD 150,000
Funded by	JBIC/Tasei Corporation
Funded until	February 2008

CSEARHAP

Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP)

Type	Bilateral programme (CIDA)

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PUBLICATIONS AND WEB LINKS

A list of CSEARHAP publications is available at: www.csearhap.org

PROJECT/PROGRAMME INFORMATION

Duration	January 2004-December 2008
Focus	Advocacy, education, information and prevention; capacity-building (public sector policy reform; advocacy; national planning; gender mainstreaming; cross-border collaboration, regional coordination and programme design; implementation; monitoring; reporting and financial management); research and surveillance (HIV prevention among mobile and migrant populations (MMPs)); health services data collection, analysis and triangulation on MMPs in Thailand; policy self-audits in Cambodia, Lao PDR, Thailand and Viet Nam; monitoring and evaluation
Activities	Public sector reform and implementation of the UNRTF's Mobility and HIV Vulnerability Reduction Regional Strategy; policy and advocacy; national planning; capacity development of Mobility Technical Working Groups (MTWGs); national and cross-border demonstration projects; regional coordination and harmonization of activities and resources (financial and non-financial)
Target	Multiple sectors involved in HIV prevention including: Governments, civil society, private business, people living with HIV/AIDS, mobile and migrant populations in Cambodia, Lao PDR, Thailand and Viet Nam
Coverage	Greater Mekong Sub-region (GMS): Cambodia, Lao PDR, Thailand and Viet Nam
Partners	MTWGs in each country and in the GMS, including multiple sectors of the national governments of Cambodia, Lao PDR, Thailand and Viet Nam, and key regional actors in HIV prevention including: UNRTF, UNDP, UNAIDS, UNESCAP, ASEAN Secretariat/ASEAN Task Force on AIDS (ATFOA) Focal Points, International Red Cross and Red Crescent, USAID, EEC, DFID, FHI, Ford Foundation, IOM, ILO, AIDS Positive Network - APN+, MFA, CARAM, CARE International, Raks Thai Foundation, Equal Access, Health Development Network (HDN), Burnett Institute, Khmer HIV/AIDS NGO Alliance (KHANA), the Rockefeller Foundation, PDA, PSI

FUNDING

Funding	USD 6.3 million
Funded by	Canadian International Development Agency (CIDA)
Funded until	30 September 2008

FHI

Family Health International (FHI)

Type	International NGO

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PUBLICATIONS AND WEB LINKS

Viet Nam - *IMPACT Final Report*, December 2007
Cambodia - *IMPACT Final Report*, December 2007
Lao PDR - *IMPACT Final Report*, July 2007

For copies of all reports, please contact: sunee@fhibkk.org

FHI: PROJECT 1 of 4 INFORMATION (Viet Nam)

Title	Implementing AIDS Prevention and Care Project (IMPACT)– Asia Regional Programme
Duration	September 1997-September 2007
Focus	Advocacy, education; information and prevention; treatment, counseling, care and support; capacity-building (VCT, ART, SBC); research and surveillance (Behavioural Surveillance Survey (BSS)
Activities	Under IMPACT/Viet Nam, FHI initiated strategic prevention interventions among injecting drug users (IDUs), female sex workers (FSWs), men who have sex with men (MSM) and their clients by establishing drop-in-centres and through community outreach work, peer evaluation, and behaviour communication change. As the epidemic advanced and prevention and care needs increased, IMPACT/Viet Nam extended its focus to include: • Voluntary counseling and testing (VCT) for HIV; • Preventing, diagnosing, and treating sexually transmitted infections (STIs); • Clinical management of HIV and TB, including anti-retroviral therapy (ART) • Care, support and treatment of people living with HIV/AIDS and their families through the development of the continuum of care model; • Support to orphans and vulnerable children (OVC); • NGO support and development; • Participatory planning and community mobilization at the district, province and national levels; • Supporting the Ministry of Health of Viet Nam to develop HIV care and treatment policies, procedures and guidelines.
Target	Injecting drug users, sex workers, men who have sex with men and mobile
Coverage	Viet Nam

FHI

FUNDING	
Funding	USD 7.9 million
Funded by	USAID
Funded until	30 September 2007

FHI: PROJECT 2 of 4 INFORMATION (Indonesia)	
Title	Aksi Stop AIDS (ASA)
Duration	October 2005-September 2008
Focus	Advocacy, information and prevention; treatment, counseling, care and support; capacity-building; research and surveillance, monitoring and evaluation
Activities	To reduce risky behaviours among high-risk groups and the general population in Papua, the programme introduced a packaged approach to deliver STI and HIV/AIDS services through key partnerships and a mix of proven technical interventions. Overall, programme activities have raised demand for prevention services and supplies, increased the quality and coverage of outreach and peer education activities, increased availability of testing, screening, care, treatment and support services, and reduced barriers to accessing those services. STI and HIV prevention activities to promote risk-reduction and risk-elimination behaviours through an "ABC" approach (ABC refers to Abstinence, Be faithful and use Condoms), HIV prevention among injecting drug users and through strengthened health care-seeking behaviours. STI clinical services provide user-friendly STI diagnosis, testing and treatment, access to VCT and entry into the continuum of care. Care, support and treatment activities are offered to target groups such as People Living With HIV/AIDS (PLWHA) and their families by the Government of Indonesia, NGOs, faith-based Organizations, private clinics and hospitals, and local support groups. In Papua, where the epidemic is different from the rest of Indonesia, FHI works on health and education programmes for communities and migrant workers in Mimika and its surrounding districts. Many employees of Freeport and its contractors return regularly to their home villages in the Central Highlands. While this enables an efficient spread of the epidemic, it also presents an effective avenue for prevention activities. FHI/Indonesia therefore collaborated with Pelni, the domestic passenger shipping company, to develop IEducation Communication materials and edutainment videos to be shown on ships for people moving around the province.
Target	Men who have sex with men, female sex workers and their clients, high-risk men, mobile populations, waria (transgender), and injecting drug users
Coverage	Indonesia, Papua Province

FHI

FUNDING	
Funding	USD 7.9 million
Funded by	USAID
Funded until	30 September 2007

FHI: PROJECT 3 of 4 INFORMATION (Cambodia)	
Title	Implementing AIDS Prevention and Care (IMPACT) Project – Cambodia
Duration	June 1998-September 2007
Focus	Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building
Activities	The project's mission was to strengthen Cambodia's capacity to prevent HIV/AIDS; to provide care, support and treatment; and to mitigate the epidemic's impact. Programs and activities included: • Providing technical support to the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) to develop and use strategic information to generate a comprehensive response. This included support for the design, implementation and data analysis of the National HIV Sentinel Surveillance, the Behavioural Surveillance Survey (BSS) and the Sexually Transmitted Infection (STI) Sentinel Surveillance Surveys; • Developing, implementing and monitoring targeted behaviour-change interventions to reduce the risks and vulnerability of those most susceptible to STIs and HIV, including entertainment workers, uniformed services personnel and men who have sex with men. FHI also carried out STI/HIV prevention and vulnerability reduction interventions for the wives and family members of military personnel; • Collaborating with the Government and NGOs to strengthen STI service delivery for high-risk populations in the civilian and military health systems; • Providing technical support and systems for the rapid scale-up of HIV/AIDS care, support and treatment, using the Continuum of Care approach.
Target	Men who have sex with men, female sex workers and their clients, high-risk men, mobile populations, waria (transgender), and injecting drug users
Coverage	Cambodia
Partners	Government and NGOs

FUNDING	
Funding	USD 19 million
Funded by	USAID
Funded until	30 September 2007

FHI: PROJECT 4 of 4 INFORMATION (Lao PDR)

Title	Implementing AIDS Prevention and Care (IMPACT) Project – Lao PDR
Duration	October 1997-June 2007
Focus	Advocacy, education, information and prevention; treatment, counseling, care
Activities	The project focused on: • Providing technical assessments; • Strengthening second-generation surveillance capacity and data use; • Implementing comprehensive Behaviour Communication for Change (BCC) and STI control programme for sex workers and their clients; • Setting up a pilot project for STI control and outreach in Luang Prabang; • Conducting research on Lao-Thai migration and HIV risk and providing BCC, STI and VCT intervention among migrant populations; • Expanding the Wellness Centres model and sex workers outreach for STI and VCT services; • Increasing capacity of government partners on the use of surveillance data, use of outcome data for programme implementation and quality assurance, programme and financial management, and provision of quality Strategic Behavioural Communication (SBC) and STI services; • Strengthening capacity of NGOs as implementing agencies to conduct HIV interventions and to advocate for prevention among vulnerable groups in targeted sites.
Target	Sex workers and their clients and mobile populations
Coverage	Lao PDR

FUNDING

Funding	USD 2.2 million
Funded by	USAID
Funded until	30 September 2007

International Labour Organization (ILO)

Type	United Nations organization

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PUBLICATIONS AND WEB LINKS

Publications to be released in 2008:
Mandatory HIV Testing for Employment of Migrant Workers in 8 Countries of Southeast Asia: An Analysis of National Law and International Practice

ILO/UNICEF Joint Assessment of HIV Vulnerabilities of Migrant Children Involved in the Worst Forms of Child Labour in Thailand

PROJECT/PROGRAMME INFORMATION

Title	HIV/AIDS and the World of Work
Duration	Ongoing: Activities listed here are for 2006-2007 and are ongoing for the current biennium, 2008-2009
Focus	Research on mandatory HIV testing for employment in Southeast Asia and HIV vulnerabilities of child migrant labourers in Thailand
Activities	• Study Mandatory HIV Testing for Employment of Migrant Workers in eight Countries of South-East Asia • ILO/UNICEF Joint Assessment of HIV Vulnerabilities of Migrant Children Involved in the Worst Forms of Child Labour in Thailand
Target	Child labourers, migrant workers
Coverage	South-East Asia
Partners	Ministries of Labour (in the region), workers' and employers' organizations, ASEAN Task Force on AIDS, UN partners (UNAIDS, UNICEF, IOM)

FUNDING

Funded by	UNAIDS, ILO
Funded until	End of 2009

International Organization for Migration (IOM)

Type	Inter-governmental organization

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PUBLICATIONS AND WEB LINKS

Please contact Dr. Nenette Motus at E-mail: nmotus@iom.int for a copy of the following publications:
A Journey from Vulnerability to Greater Resilience, 2007
For live, With love (safe mobility video and life skills activity package on HIV/AIDS), 2007
STIs/HIV KAP Survey among Migrant Factory and Sex Workers in Mae Sot, Tak Province (tentative title), 2008
The Missing Pieces: Recommendations for STIs/HIV/AIDS Data Collection and Programmatic Responses for Migrants in Thailand (tentative title), 2008

IOM: PROJECT 1 of 13 INFORMATION

Title	Violence against Women: A Rights-based Approach to Empowering Migrant Women Affected by Violence — Viet Nam
Duration	2008-2009
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Empowering migrant women affected by violence, including HIV prevention, care, counseling and support.
Target	Migrant women
Coverage	Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING

Funding	90,000 Euros (approximately USD 135,000)
Funded by	European Union (EU)
Funded until	June 2009

IOM: PROJECT 2 of 13 INFORMATION

Title	Comprehensive Return and Reintegration Through Partnership and Collaboration — Viet Nam
Duration	2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Supporting the return and reintegration of trafficked women, including HIV prevention, care, counseling and support
Target	Trafficked women
Coverage	Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING

Funding	USD 250,000
Funded by	US Department of State
Funded until	December 2008

IOM: PROJECT 3 of 13 INFORMATION

Title	HIV/STI Data Triangulation Project — Thailand
Duration	2007-2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Triangulation of behaviour data, local epidemiologic data and mapping of responses for future improvement on data collection and programmatic response

IOM

Target	Government health counterparts, mobile and migrant populations and Thais in host communities
Coverage	10 provinces in Thailand along Cambodian, Myanmar and Lao borders
Partners	IOM, CSEARHAP, UNAIDS, Thailand Ministry of Public Health

FUNDING

Funding	USD 76,000
Funded by	UNAIDS, CSEARHAP
Funded until	July 2008

IOM: PROJECT 4 of 13 INFORMATION

Title	Malaria, TB and HIV/AIDS Prevention, Diagnosis and Treatment or Care and Support for Migrants and Migration-impacted Communities in the Mon State — Myanmar
Duration	May 1, 2007 to April 30, 2008 with possible two-year extension
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Preventing HIV infections and AIDS by building the resilience of selected migration source communities and improving access to free testing, care and support for infected patients and their families. Activities: community-based, participatory HIV awareness raising; Voluntary Confidential Counseling and Testing (VCCT) home-based care and support; opportunistic infections treatment and ARV drugs (still in pilot
Target	Source communities, out-going and in-coming migrants in 75 villages of the Mon state, Myanmar
Coverage	75 villages in 6 townships of the Mon State, Myanmar
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING

Funding	USD 657,000 for the HIV component alone (Total project funding: USD 1.06 million)
Funded by	The 3 Diseases Fund, the Swiss Agency for Development and Coorperation (SDC), UNICEF (in kind contribution for the malaria component)
Funded until	30 April, 2007, with an expected two-year extension

IOM: PROJECT 5 of 13 INFORMATION

Title	Programme Review and Database Compilation on Experience with HIV Prevention Activities and the Infrastructure Sector — Viet Nam
Duration	2007-June 2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Collection and compilation of relevant materials and activities in preventing HIV alongside infrastructure projects
Target	Infrastructure Project implementers as well as migrant workers and communities affected by infrastructure development projects
Coverage	Greater Mekong Subregion - Cambodia, China, Lao PDR, Myanmar, Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING

Funding	USD 120,000
Funded by	ADB
Funded until	June 2008

IOM: PROJECT 6 of 13 INFORMATION

Title	Health Assessment Programme for Refugees (for host country resettlement), Regular and Irregular Migrants including Trafficked Persons — Cambodia, Indonesia, Thailand and Viet Nam
Duration	Ongoing, no timeline

IOM

Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Travel advice and health assessments of refugees bound for resettlement countries; and health processing for migrants and trafficked persons (voluntary testing; pre- and post-testing; HIV education and information dissemination; health promotion and education)
Target	Refugees, host-country governments, irregular migrants, trafficked persons
Coverage	Cambodia, Indonesia, Thailand and Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING	
Funded by	Self-payers, host countries
Funded until	Ongoing

IOM: PROJECT 7 of 13 INFORMATION

Title	Capacity-building for HIV/AIDS Prevention and Care for Migration affected Communities in the Mon State — Myanmar
Duration	2006-2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Building up local capacity by establishing community-based mechanisms to prevent and mitigate the impact of HIV/AIDS in mobility-affected areas.
Target	Out-going and in-coming migrants in 20 villages of the Mon state, Myanmar
Coverage	20 villages in 2 townships of Mon State, Myanmar
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING	
Funding	USD 600,000
Funded by	UNDP, Government of Switzerland, others
Funded until	2008

IOM: PROJECT 8 of 13 INFORMATION

Title	Adapting IEC Materials for HIV Prevention in Infrastructure Projects: Using the IOM Safe Mobility and HIV/AIDS Video and Life-Skills Activity Package (pilot project) — Viet Nam
Duration	2007-2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Develop animated film series to prevent HIV in migrants and communities affected by road construction and mobility
Target	Migrant workers
Coverage	Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING	
Funding	USD 15,000
Funded by	UNAIDS
Funded until	2008

IOM: PROJECT 9 of 13 INFORMATION

Title	Sexual Violence Against Migrant Women— Viet Nam
Duration	Ongoing
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation

Activities	Research on violence against migrant women
Target	Migrant women
Coverage	Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING	
Funding	USD 30,000
Funded by	CSIH, New Zealand Embassy in Viet Nam, IOM
Funded until	2008

IOM: PROJECT 10 of 13 INFORMATION

Title	Social Network Development of Trafficked Women — Viet Nam
Duration	2005-2007 (While the project is over, IOM still provides support to the self-help groups that have been created through the project. A similar project model is expected to be used to set up self-help groups in the provincial towns of Lao Cai and An Giang.)
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Support trafficked women by developing self-help groups, and by providing prevention, care, psycho-social support and training on counseling and facilitation. Beneficiaries included women living with HIV.
Target	Trafficked women
Coverage	Hanoi, Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING	
Funding	USD 120,000
Funded by	U.S. Department of State
Funded until	October 2007

IOM: PROJECT 11 of 13 INFORMATION

Title	Safe Mobility and HIV and AIDS Video and Life Skills Package for Migrants and Populations affected by HIV in the Greater Mekong Subregion (GMS)
Duration	November 2005- July 2007 (completed), draft in progress for phase 2 (training and dissemination)
Focus	Education, information and prevention; treatment, counseling, care and support; Capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff Capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	Develop an Information and Education Communication (IEC) tool for use by governments and NGOs, and create animated video, facilitator and training manuals focusing on HIV/AIDS prevention and safe mobility in five GMS languages (Khmer, Lao, Burmese, Thai and Vietnamese).
Target	Target groups: government agencies, NGOs working with migrants, mass organizations
Coverage	Cambodia, Lao PDR, Myanmar, Viet Nam and Thailand
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING	
Funding	300,000 Euros (Approximately USD 450,000)
Funded by	Government of the Netherlands
Funded until	Completed in July 2007; no donors as yet. Currently undergoing active resource mobilitization for phase 2 (training and dissemination)

IOM: PROJECT 12 of 13 INFORMATION

Title	Research – Mandatory Testing for Employment of Migrant Workers in 8 Countries in South East Asia – An Analysis of National Law and International Practice (IOM and ILO)
Duration	2007-2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation

Activities	An analysis of national laws and international practices on mandatory testing for HIV/AIDS
Target	Governments in eight South-East Asian countries
Coverage	Cambodia, Indonesia, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam
Partners	Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

FUNDING

Funding	USD 15,000
Funded by	ILO
Funded until	Completed, draft report in progress

IOM: PROJECT 13 of 13 INFORMATION

Title	Adapting Education and Behavior Change Campaigns for HIV Prevention in the Infrastructure Sector — Lao PDR
Duration	2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building with government transportation and health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
Activities	HIV prevention in infrastructure development settings
Target	Migrant workers and construction project workers working on road construction project, including impacted communities
Coverage	Lao PDR
Partners	Ministry of Public Works and Transport (MPWT), Ministry of Health - Center for HIV/AIDS and STIs (CHAS), Ministry of Information and Culture, provincial government authorities, non-governmental and mass organizations, UNAIDS

FUNDING

Funding	USD 75,000
Funded by	ADB
Funded until	2008

International Rescue Committee (IRC)

Type	International NGO

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Website and publications available at: www.theirc.org/where/the_irc_in_thailand.html

IRC: PROJECT 1 of 2 INFORMATION

Title	Tham Hin Health Assistance Programme – 2
Duration	September 2007–August 2008
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building (STI training for clinical providers); monitoring and evaluation
Activities	Prevention of HIV transmission through educational activities in the refugee community; care and support for AIDS patients, including the prevention and treatment of opportunistic infections, and the provision of HIV/AIDS clinical services
Target	Tham Him refugee camp
Coverage	Thailand-Myanmar border

FUNDING

Funded by	European Commission's Humanitarian Aid Office (ECHO)
Funded until	30 August 2008

IRC: PROJECT 2 of 2 INFORMATION

Title	Refugee Community , Reproductive and Child Health Capacity-building Programme — Mae Hong Son Province
Duration	August 2006-August 2009
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building (training for reproductive health workers in HIV including VCT, Prevention of Mother To Child Transmission (PMTCT), and basic counseling for PLWHA); monitoring and evaluation
Activities	Prevention of HIV transmission though educational activities in the refugee community, and capacity-building for health staff in VCT, PMTCT and basic counseling for PLWHA
Target	Ban Mai Nai Son and Ban Mae Surin refugee camps, Mae Hong Son, Thailand
Coverage	Thailand-Myanmar border
Partners	Karenni Health Department, Myanmar

FUNDING

Funded by	Europe AID
Funded until	August 2009

MFA

Migrant Forum Asia (MFA)

Type	Regional network of NGOs, associations and trade unions of migrant workers

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PUBLICATIONS AND WEB LINKS

Building Alliances and Lobbying for Migrants' Human Rights: Migrant Forum in Asia and the 92nd Session of the International Labour Conferences, available at: http://www.mfasia.org/mfaResources/ILCBooklet.pdf

Framework Setting and Information Package on Migrants Right to Health - A Resource Reader, available at: http://www.mfasia.org/mfaResources/HealthPrimer.pdf

A Report on the 7th and 8th Regional Conference on Migration, available at: http://www.mfasia.org/mfaResources/4-7th%20and%208th%20RCM-Edited.pdf

The 9th Regional Conference on Migration Report: Migration for "Development" and its Feminization Process

Harnessing Migrant Savings for Alternative Investments (MSAI) as a Community Development and HIV Resiliency Strategy

Adult Education vs. Poverty, 2004. A report on the impact of migrant savings for alternative investment adult education programme on poverty reduction

Migration, Health and Gender: Issues, Trends and Responses

Asian Migrant Yearbook 2004, available at: http://www.mfasia.org/mfaResources/Resources.html

MFA Quarterly Newsletter, available at: http://www.mfasia.org/mfaNews/MFAnews.html

All publications available at: http://www.mfasia.org/mfaResources/Resources.html

PROJECT/PROGRAMME INFORMATION

Title	Moving the Agenda Forward in the Promotion and Protection of All Migrant Workers and Members of their Families
Duration	January 2006 – December 2008
Focus	Advocacy and campaigns on migrants rights; migrants rights to health; capacity-building; information and education; networking and network building; women migrant workers and gender; migration and development; sustainable reintegration through the MFA Migrant Savings for Alternative Investment (MSAI) Task Force; West Asia networking
Activities	• Advocacy: Campaigns for the protection and promotion of the rights and well-being of all migrants and members of their families. Engaging at country, regional (ASEAN, SAARC), and international level (UNHRC, WTO, CEDAW, , International Labour Conference, Global Forum on Migration and Development • Capacity-building: Annual Diplomacy Training Programme (DTP); training on migrants rights violations monitoring (web-based migrants rights violations reporting system of the MFA network) and migrants rights to health; migration, gender and health capacity-building; • Strengthening migrants and families' ability to fight for their rights through information, education, training, group discussions, representation and lobbying; • Information and education: Organizing forums, publishing the Asian Migrant Yearbook, a quarterly newsletter, reports and manuals; • Networking and network building: Strengthening networking among members; engaging with other networks, such as the Solidarity Asian Peoples Advocacy (SAPA), Asian South Pacific Bureau on Adult Education (ASPBAE), South East Asian Committee for Advocacy (SEACA) and Migrants Rights International; • Organizing migrant workers to uphold their freedom of association and their right to form and join unions and associations in origin and destination countries; • Trade Union and NGO collaboration: Mainstreaming the issue of migrants rights.
Target	Migrant workers and their families, migrant grassroots organizations, trade unions, NGOs
Coverage	Bangladesh, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Mongolia, Myanmar, Nepal, China, the Philippines, Singapore, Sri Lanka, Taiwan
Partners	• Bangladesh: Welfare Association of Repatriated Bangladeshi Employees (WARBE); Ain O Shalish Kendra (ASK); Refugee and Migratory Movement Research Unit (RMMRU); Association for Community Development (ACD) • Hong Kong : Asian Migrant Centre (AMC); Indonesian Migrant Workers Union (IMWU); Coalition for Migrant Rights (CMR) • India: Migrant Forum India (MFI); Center for Indian Migrant Studies; Center for Education and Communication (CEC); Peace Trust; Migrants Rights Council • Indonesia: Jarnas Pekabumi; Center for Indonesian Migrant Workers; Serikat Buruh Migrant Indonesia; KOPBUMI; Solidaritas Perempuan • Japan: Solidarity Migrants Japan (SMJ) • Malaysia: Tenaganita; Charles Hector Inc. • Mongolia: Center for Human Rights and Development (CHRD) • Nepal: Women's Rehabilitation Center (WOREC); All Nepal Women's Association (ANWA); Youth Action Nepal; Pourakhi • The Philippines: Unlad Kabayan; Batis Center for Women; Kanlungan Center Foundation; KAKKAMPI; Center for Migrant Advocacy • Republic of Korea: Joint Committee for Migrant Workers (JCMK) • Singapore: St. Francis Workers Center; Transient Workers Count 2; Humanitarian Organization for Migration Economics (HOME) • Sri Lanka: Women and Media Collective; Migrant Services Center; Action Network for Migrants (ACTFORM) • Taiwan: Hope Workers Center

FUNDING

Funded by	Institutional Funding: Ford Foundation Activity Funding: Global Fund for Women; ILO; UNIFEM; Levi Strauss Foundation
Funded until	2009

MFA

PDA

Population and Community Development Association (PDA)

Type	NGO

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PUBLICATIONS AND WEB LINKS

UNAIDS Best Practice on the Positive Partnership Program

UNAIDS Best Practice on Strategies to Strengthen NGO Capacity in Resource Mobilization through Business Activities, available at: http://www.pda.or.th/eng/strategies_ngo.asp

PROJECT/PROGRAMME INFORMATION

Title	Positive Partnership Program (PPP); Women and Wealth Project (WWP); Life Skills Program; STI/HIV Prevention among Female Sex Workers; HIV Prevention and Management in Workplace; HIV and AIDS Education among Border Communities
Duration	Ongoing
Focus	Education, information and prevention; capacity-building (NGO sustainability; income generation; vocational training; business management; training); monitoring and evaluation
Activities	Education (community mobilization); training; monitoring and outreach; technical assistance on income generation; and peer education
Target	People living with and affected by HIV, women living with HIV, youth, general population, female sex workers, migrant workers
Coverage	Cambodia, China, India, Thailand (including Lao and Myanmar border areas)
Partners	PDA works closely with local institutions within Thailand, and with women-living-with-HIV network groups and NGOs in Cambodia, China, and India

FUNDING

Funding	Depends on project type and duration: Between USD 25,000 (1 year) – 400,000 (4 years)
Funded by	Private sector (Pfizer, UPS, Bangkok Bank, Novartis), UN agencies (mainly UNDP and UNAIDS), international NGOs (PACT and NCA), and national and international government agencies, such as USAID
Funded until	Although funding may stop for some projects, they are still sustainable in activity implementation. Some projects receive funding on an annual basis.

Population Services International (PSI) – Lao PDR

Type	NGO

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A list of publications available at: www.psi.org

PROJECT/PROGRAMME INFORMATION

Title	HIV/AIDS, 1998-present
Duration	Ongoing
Focus	Education, information and prevention; capacity-building (NGO sustainability; income generation; vocational training; business management; training); monitoring and evaluation
Activities	• Peer-to-peer outreach and support networks; interpersonal communications and behaviour change and reduction of high-risk behaviour among high-risk groups, including female sex workers (FSW) and men who have sex with men (MSM); • Peer networking and HIV/STI educational training and services; • Provision of quality sexual health information and services; • Coordination of government and community-building advocacy in support of HIV prevention programmes; • Tracking surveys for FSW and MSM (Track target groups' behaviour and condom use related to the prevention of HIV/STIs)
Target	MSM focusing on katoey and their short- and long-term partners, FSW and their potential partners
Coverage	Coverage nationwide for the general population: HIV information, education and communication, billboards, television public service announcements, with a focus on Interpersonal Communication (IPC) work in high-risk areas such as Vientiane, Vientiane Province, Savannakhet, Luang Prabang, Champasak, Bokeo, Lungnumtha, Khammuane, and Saravan
Partners	Lao Ministry of Health, Ministry of Information and Culture, Center for HIV/AIDS/STI (CHAS), Provincial Committee for Control of AIDS (PCCA) of all 17 provinces, Centre for Malaria Parasitology and Entomology (CMPE), Lao Women's Union, Lao Youth Union, LAO Mass Media, World Vision International, Treat Asia, Burnet Institute, Care, Lao Youth AIDS Prevention Programme (LYAP), UNAIDS, UNDP, UNICEF, UNESCO, WHO, private sector

FUNDING

Funding	Approximately USD 800,000 per year
Funded by	Lao Ministry of Health, USAID, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM),DFID, The Nam Theun 2 Authority, UNFPA
Funded until	GFATM and other donors extending until 2012

PSI

Raks Thai Foundation

Type	NGO

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Website: www.raksthai.org/eng/ and www.phamit.org

PUBLICATIONS AND WEB LINKS

Migrants' Health and Vulnerability to HIV/AIDS in Thailand, Brahm Press, PHAMIT, available at: www.phamit.org/download/migrant_health_hiv_vuln_phamit.pdf

No Status: Migration, & Exploitation of Women in Thailand Health and HIV/ADS – Risks for Burmese and Hill Tribe Women and Girls, Physicians for Human Rights, available at: www.phamit.org/download/nostatus_phr.pdf

Other publications available at: www.phamit.org/e_library.html

Capacity-building for Networks and Alliances on Reproductive Health and Sexual Health for Mobile and Cross-border Populations in the Mekong Region – Regional Workshop Report , 21-23 February 2007, available at: www.raksthai.org/searha

RAKS THAI: PROJECT 1 of 3 INFORMATION

Title	Prevention of HIV/AIDS among Migrant Workers in Thailand
Duration	July 2003-September 2008
Focus	Education; information and prevention; capacity-building (HIV/AIDS prevention and improvement of health services for migrants); monitoring and evaluation
Activities	Increasing targeted HIV prevention efforts for migrants working and living in Thailand; supporting development of health systems, social supports, and related policies so migrant workers and related populations can improve their quality of life while in Thailand. Current activities include: Drop-in centres; health referrals; condom promotion and provision; written and audiovisual information; reproductive health services; community networking and capacity-building ; children's health and education; development of health systems through partnerships with public health centres and hospitals.
Target	Migrant workers in seafood and garment industries, and sex workers
Coverage	Thailand
Partners	Center for AIDS Rights (CAR), World Vision Foundation of Thailand, Stella Maris Center, Migrant Assistance Programme (MAP) Foundation, Empower (Chiang Mai), Pattanarak Foundation, and the Thailand Ministry of Public Health

FUNDING

Funding	USD 13,462,258
Funded by	Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
Funded until	30 September 2008

RAKS THAI: PROJECT 2 of 3 INFORMATION

Title	Radio Programme for Migrants Who Are Vulnerable to HIV in the Greater Mekong Sub-Region (PHAMIT)
Duration	October 2007-June 2008
Focus	Education, information and prevention
Activities	Ten weekly educational radio programmes for broadcast in Thailand targeting Cambodian migrants in their own language
Target	Cambodian migrants working in the fishing industry, Trad province,Thailand
Coverage	Thailand
Partners	Equal Access International (Cambodia), the Thailand Ministry of Public Health

FUNDING

Funding	309,000 Baht (approx. USD 10,000)
Funded by	Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP)
Funded until	June 2008

RAKS THAI: PROJECT 3 of 3 INFORMATION

title	Strengthening Networks on Sexual Health for Mobile and Border Area Populations: Thailand, Cambodia, Laos, Viet Nam and China
Duration	April 2007-March 2010
Focus	Capacity-building (reproductive health; gender and sexuality of migrant workers and mobile populations; networking and group learning mechanisms); monitoring and evaluation
Activities	National and regional networking of NGOs and public organizations to increase capacity for sexual health and HIV/AIDS planning and implementation. Includes activities on training, discussion workshops, IT-based discussions, curriculum development, website for information sharing and networking, cross-border visits, educational material development
Target	NGOs and local administrative bodies in Cambodia, China, Lao PDR, Thailand, Viet Nam
Coverage	Cambodia, China, Lao PDR, Thailand, Viet Nam
Partners	Border Esan Action Network (BEAN), Prevention of HIV/AIDS Among Workers in Thailand (PHAMIT), Action Network of Migrants (ANM)

FUNDING

Funding	USD 320,000
Funded by	The Rockefeller Foundation
Funded until	March 2010

The Rockefeller Foundation

Type	Philanthropic organization and private foundation

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PUBLICATIONS AND WEB LINKS

Grants Programme, including the following organizations: EMPOWER Foundation; Raks Thai Foundation; Pattanarak Foundation; International Organization for Migration (IOM); AIDS Network Development Foundation

ROCKEFELLER: PROJECT 1 of 2 INFORMATION

Title	EMPOWER Foundation: August 2007-July 2009; Pattanarak Foundation: May 2005-April 2008; Raks Thai Foundation: April 2007-March 2010; IOM: October 2004-January 2008; AIDS Network Development Foundation: June 2006-November 2009
Duration	EMPOWER Foundation: August 2007-July 2009; Pattanarak Foundation: May 2005-April 2008; Raks Thai Foundation: April 2007-March 2010; IOM: October 2004-January 2008; AIDS Network Development Foundation: June 2006-November 2009
Activities	EMPOWER Foundation: Enabling cross-border sharing of strategies and approaches to reduce HIV vulnerability and risk in ethnic and mobile women in emerging entertainment settings in Lao PDR and Yunnan Province of China. Raks Thai Foundation: Strengthening networks and building capacity among organizations working with migrants in the Greater Mekong Sub-region to promote sexual health and combat HIV. Pattanarak Foundation: Supporting project activities to develop experimental models to improve the health and livelihoods of marginalized cross-border ethnic communities in Kanchanaburi, Thailand. IOM: Supporting project activities to institutionalize disease control measures in Thai immigration detention centers, thereby increasing access to HIV/AIDS prevention and TB control among detained migrants. AIDS Network Development Foundation: Supporting activities to reduce HIV/AIDS vulnerability in ethnic and migrant populations in northern and northeastern Thailand and in Lao PDR.
Target	EMPOWER Foundation: Ethnic and mobile women; Raks Thai Foundation: Migrants; Pattanarak Foundation: Marginalized cross-border ethnic communities; IOM: Detained migrants; AIDS Network Development Foundation: Ethnic and migrant populations
Coverage	EMPOWER Foundation: Lao PDR, Thailand, Yunnan Province of China; Raks Thai Foundation: GMS; IOM: Thailand; Pattanarak Foundation: Thailand; AIDS Network Development Foundation: Lao PDR, Thailand

FUNDING

Funding	EMPOWER Foundation: USD 100,000; Raks Thai Foundation: USD 320,000; Pattanarak Foundation: USD 190,000; IOM: USD 176,150; AIDS Network Development Foundation: USD 500,000
Funded by	USAID
Funded until	30 September 2007

ROCKEFELLER: PROJECT 2 of 2

Title	Mekong Basin Disease Surveillance (MBDS)
Duration	December 2007-November 2010
Activities	Reducing morbidity and mortality from communicable diseases in marginalized people living in the Mekong region by developing an integrated approach to disease surveillance and response across borders, and by strengthening national and Mekong sub-regional capabilities in disease surveillance and response to outbreaks of priority diseases.
Target	Marginalized populations
Coverage	Cambodia, Lao PDR, Thailand, Viet Nam

FUNDING

Funding	USD 2.4 million over three years (2007-2010)
Funded by	The Rockefeller Foundation
Funded until	Funding assured until 2010

South East Asia Ministers of Education Organization – Tropical Medicine and Public Health Network (SEAMEO TROPMED)

Type	Regional governmental organization

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Website: www.seameotropmednetwork.org

PUBLICATIONS AND WEB LINKS

Control of HIV/AIDS/STD Partnership Project in Asia Region (CHASPPAR) Accomplishments and Lessons Learned 1996-2002, Bangkok, Thailand, 2002, ISBN:974-650-251-4

Development and Implementation of a Regional Project on HIV/AIDS/STD in Southeast Asia, The CHASPPAR Experience, Bangkok, Thailand 2006, ISBN: 974-650-764-8

ICT and HIV/AIDS Preventive Education in Cross-border Areas of the Greater Mekong Subregion: A Five-Country Experience, Bangkok, Thailand 2002, ISBN: 974-650-766-4

The Southeast Asian Journal of Tropical Medicine and Public Health, Vol. 38 No.6, November 2007, ISSN:0125-1562

PROJECT/PROGRAMME INFORMATION

Title	Control of HIV/AIDS/STD Partnership Project in Asia Region (CHASPPAR); ICT and HIV/AIDS Preventive Education; BACKUP
Focus	Education, information and prevention; capacity-building; research and surveillance; monitoring and evaluation
Activities	Human resources development
Coverage	South-East Asia

FUNDING

Funded by	German Agency for Technical Cooperation (GTZ)

The Thailand Ministry of Public Health (MOPH) – US Citizens Development Corps (CDC) Collaboration (TUC)

Type	Governmental organization

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PUBLICATIONS AND WEB LINKS

Please contact Ms. Martha Scherzer at E-mail: Mscherzer@cdc.gov for materials and about the RAMP approach to behaviour change that was piloted in this project and is now being used in several other projects.

PROJECT/PROGRAMME INFORMATION

Title	A Comprehensive Model for HIV and STI Prevention and Care in a Cross-Border Setting (under the US CDC Global AIDS Program Southeast Asia Regional Office)
Duration	2005-2008
Focus	Education, information and prevention (innovative behaviour change activities; basic health education in clinics and outreach); treatment, counseling, care and support; capacity-building (training women in skills for alternative income generation); research and surveillance (clinic data tracks on HIV and STI infec-tion in women; health fair tracks on HIV and STI infection in men)
Activities	Targeting border-area people with high-risk sexual behaviours to prevent and care for HIV and STI with three main components: • Annual health fair at the Chong Mek, Thailand-Vong Tao, Lao PDR border crossing. This targets men using health education, voluntary HIV counseling and testing, and STI testing; • Full clinical services twice monthly for female sex workers in a clinic located in the "free zone" around the border checkpoint; • Reflection and Action within Most at Risk Populations (RAMP): This behaviour change project works with target populations to create realistic stories of behaviour change which are then used by outreach and health workers to encourage target populations to prioritize their issues and problems and to develop creative solutions for them
Target	Female sex workers and their clients
Coverage	Chong Mek district and Ubon Ratchathani in Thailand, and Vong Tao, Champasak Province, Lao PDR
Partners	Ubon Ratchathani Provincial Health Office

FUNDING

Funded by	Thailand MOPH-US CDC Collaboration (also known as CDC Global AIDS Program)
Funded until	September 2008

UNAIDS

United Nations Joint Programme on HIV/AIDS (UNAIDS)

Type	United Nations organization

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PROJECT/PROGRAMME INFORMATION

Title	United Nations Joint Programme on HIV/AIDS (UNAIDS) Regional Support Team (Asia Pacific)
Activities	Priorities of the Regional Support Team (Asia and Pacific) for the next biennium (2008-2009): • Sustained leadership and stewardship for Universal Access (UA) implementation; • Increased resources mobilized and effectively used to achieve UA; • Increased technical capacity mobilized and effectively used for UA implementation; • Increase availability and use of strategic information to track the epidemic and monitor the response; • Intensified prevention strategies adopted and implemented; • Strengthened civil society capacity to effectively participate and contribute to the achievement of UA.
Coverage	Bangladesh, Cambodia, China, Fiji and the Pacific Islands, India, Indonesia, Lao PDR, Myanmar, Nepal, Sri Lanka, Pakistan, Papua New Guinea, the Philippines, Thailand, Viet Nam
Partners	Co-sponsors: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, the World Bank

UNDP

United Nations Development Programme (UNDP)

Type	United Nations organization

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Email: caitlin.wiesen@undp.org, Website: www.undprcc.lk

PUBLICATIONS AND WEB LINKS

A list of UNDP publications is available at: www2.undprcc.lk/resource_centre/rcc_publications.php

No Safety Signs Here: Research study on Migration and HIV Vulnerability from Seven South and North East Asian Countries, 2004, a multi-country research publication on the HIV vulnerabilities of migrants in North East Asia

Human Trafficking and HIV – Exploring vulnerabilities and responses in South Asia, 2007, a rapid assessment study on trafficking and HIV in South Asia

Bring Her Home, an advocacy film on trafficking and HIV are among other recent publications

Migration and HIV: vulnerability assessment among foreign migrants in South Korea (A study conducted among Bangladeshi, Han Chinese, Korean Chinese and Mongolian migrants in Seoul, Gyunggi-Inchon region and Daegu-Gyungbuk region)

HIV & YOU: An HIV/AIDS Awareness Programme Among Migrant Industrial Workers and Surrounding Communities by People Living With HIV/AIDS

Migration and HIV in South Asia

For more information on HIV in Asia and the Pacific, please visit the portal: www.youandaids.org

PROJECT/PROGRAMME INFORMATION

Title	Regional Programme on HIV/AIDS in Asia and the Pacific
Duration	1997-ongoing
Focus	• Advocacy, research and development of innovative pilot projects on prevention, treatment, care and support for vulnerable mobile populations; • Strengthening regional collaboration and inter-governmental responses in policy, programmes and implementation of regional organizations' strategies on mobility and HIV (SAARC, ASEAN)
Activities	Main technical focus and current activities of the Programme include: **Human Development and Poverty** 1. Research and advocacy on HIV and trafficking to support evidence-based policies and programmes; 2. Innovative pilot projects to reduce socio-economic vulnerability of people to human trafficking, forced migration and HIV; 3. Minimum package of services to address HIV prevention and care of migrant workers and host communities in large infrastructure projects (ongoing with UNRTF, ADB and its partners); 4. Substantive technical support to UNRTF Mobility and HIV Vulnerability Reduction in Southeast Asia and southern China.

	Governance of the AIDS response 1. Support to ASEAN Work Programme on HIV and AIDS (2006-2010) with large components to address various issues on mobility and HIV. The Regional Programme took the lead role in supporting ASEAN together with UNRTF and its members to submit a ten-member countries' regional proposal on migration and HIV to the 7th round of Global Fund for AIDS, Tuberculosis and Malaria (GFATM). **HIV, Human Rights and Gender** 1. A regional initiative on the socio-economic empowerment of HIV-positive women to reduce their vulnerability to distress migration and trafficking undertaken in Cambodia and India in partnership with a Thai-based NGO, Population and Community Development Association (PDA). The initiative provides women with livelihood opportunities, micro-credit and vocational training through social enterprises; 2. Completed a 3.5-year regional initiative, Adolescent Girls, Trafficking and HIV/ AIDS: Strengthening Responses in South Asia, funded by the United Nations Trust Fund for Human Security (UNTFHS) which rescued over 300 trafficked women and girls and benefitted about 600,000 people. The second phase of the initiative is under formulation; 3. A multi-country study in association with Harvard School of Public Health is ongoing to collect and analyse disaggregated data on the linkage between trafficking and HIV in Southeast Asia with the view to inform policies and programmes in the region; 4. Successfully advocated the integration of HIV prevention and care in anti-trafficking activities and a minimum standard of care for trafficked women rescued from forced labour and sex work; 5. Supported policy advocacy and evidence-based programming: The Regional Programme in partnership with CARAM Asia, IOM, UNIFEM and UNAIDS initiated a four-country gender study to assess the HIV vulnerabilities of female migrants from Bangladesh, Pakistan, the Philippines and Sri Lanka working in the Middle East (Bahrain, Lebanon and UAE).
Target	Cross-border migrants, women and girls who are vulnerable to unsafe migration and HIV and who will benefit from an enabling environment for access to HIV prevention, care and support services. People living with and affected by HIV, especially those infected or affected due to mobility.
Coverage	Asia and the Pacific (Afghanistan, Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, Iran, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, PNG, the Philippines, Samoa, Sri Lanka, Thailand, Timor Leste and Viet Nam)
Partners	UN Partners (UNAIDS, ILO, IOM, UNESCO, UNODC, UNIFEM, UNICEF); regional organizations (ASEAN, SAARC, SPC); civil society groups (CARAM Asia, MFA, Sardiq); and development partners (ADB, JBIC and the World Bank)

FUNDING

Funding	USD 1 million (to be mobilized)
Funded by	UNDP, CIDA, UNAIDS, others
Funded until	2008 – 2012 (new programme)

United Nations Economic and Social Commission for East Asia and the Pacific (UNESCAP)

Type	United Nations organization

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PUBLICATIONS AND WEB LINKS

Health without Borders: Improving Health and Reducing HIV/AIDS Vulnerability among Long-distance Road Transport Workers through a Multi-sector Approach, available at: http://www.unescap.org/publications/detail.asp?id=1217

PROJECT/PROGRAMME INFORMATION

Title	Health without Borders: Improving Health and Reducing HIV/AIDS Vulnerability among Long-distance Road Transport Workers through a Multi-sector Approach
Duration	2005-2006
Focus	Education, information and prevention; capacity-building (policy-making); research and surveillance (research on HIV/AIDS and mobility)
Activities	Improving health and reducing HIV/AIDS vulnerability among long-distance road transport workers through a multi-sector approach
Target	Migrants and mobile populations, and related government agencies
Coverage	Lao PDR, Thailand and Viet Nam
Partners	Ministries of Transport in respective countries

FUNDING

Funding	USD 250,000+
Funded by	Government of the Netherlands
Funded until	2009

UNESCO

United Nations Educational, Scientific and Cultural Organization (UNESCO)

Type	United Nations organization

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E-mail: d.feingold@unescobkk.org, Website: www.unescobkk.org

PUBLICATIONS AND WEB LINKS

Radio Drama CDs
Please contact Mr. David Feingold for a copy of the CDs

Lahu-language pop album

Publications and materials available at: www.unescobkk.org

PROJECT/PROGRAMME INFORMATION

Title	Minority Language Radio Drama against HIV/AIDS, Trafficking and Drugs
Duration	December 2002-December 2007
Focus	Advocacy, education, information and prevention; capacity-building (radio dramas inform listeners about HIV/AIDS and human trafficking among ethnic minorities and promote self-prevention and community cohesion as strategies to combat these problems); research and surveillance (post-broadcasting surveys are conducted among minority communities to gather feedback on effectiveness of radio dramas); monitoring and evaluation
Activities	UNESCO has developed a unique, innovative methodology for producing culturally acceptable radio programmes in minority and main languages to educate its target audiences of ethnic minorities and Lao migrants in the GMS.
Target	Migrants and mobile populations, and related government agencies
Coverage	Cambodia, Lao PDR, Yunnan Province of China, and Thailand
Partners	ADB, UNESCO, CDC (Centers for Disease Control), SEAMEO TROPMED, and Radio Thailand Chiang Mai, Lao National Radio, Yunnan Radio Station

FUNDING

Funding	USD 1.2 million
Funded by	ADB, CDC, UNAIDS (United Budget Workplan (UBW)
Funded until	2007

UNHCR

The Office of the United Nations High Commissioner for Refugees (UNHCR)

Type	United Nations organization

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E-mail: burton@unhcr.org, Website: www.unhcr.org

PUBLICATIONS AND WEB LINKS

UNHCR, Refugees, HIV and AIDS: Strategic Plans 2005-07, http://www.unhcr.org/publ/PUBL/42f31d492.pdf

UNAIDS and UNHCR, Policy Brief on HIV and Refugees, 2007 and
UNHCR HIV and AIDS Policies and Programmes Report 2006, http://www.unhcr.org/publ/PUBL/46ce96884.pdf

UNHCR, Policy on Antiretroviral Medication, 2007 and
Ten Key Points on HIV/AIDS and the Protection of Refugees, IDPs and Other Persons of Concern, http://www.unhcr.org/publ/PUBL/444e20f32.pdf

UNAIDS and UNHCR, Strategies to support the HIV-related needs of refugees and host populations, UNAIDS Best Practice Collection, 2005

Technical documents and HIV/AIDS Information, Education and Communciation materials
available at: http://www.unhcr.org/protect/401915744.html

PROJECT/PROGRAMME INFORMATION

Title	Current Strategic Plan: Refugees, HIV and AIDS — UNHCR's Strategic Plan 2005-2007 — Fighting HIV and AIDS Together with Refugees
Duration	Ongoing
Focus	Education, information and prevention; treatment, counseling, care and support; capacity-building (UNHCR staff, implementing and operational partners and community-based organizations in implementing HIV activities); research and surveillance; monitoring and evaluation
Activities	Protecting refugees affected by HIV and AIDS; coordinating and mainstreaming HIV policies and interventions at various levels; incorporating HIV policies and interventions into UNHCR's programme for durable solutions; advocacy; quality HIV programming; HIV prevention, support, care and treatment; assessment, surveillance, monitoring and evaluation; training and capacity-building ; and resource mobilization
Target	Refugees, asylum seekers, returnees, internally displaced persons
Coverage	Afghanistan, Bangladesh, India, Iran, Malaysia, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand
Partners	International and national NGOs and governments

FUNDING

Funding	USD 1 million per year
Funded by	AUSAID, UNHCR own funds, UNAIDS
Funded until	2009

UNRTF

United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China (UNRTF)

Type	United Nations task force

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PUBLICATIONS AND WEB LINKS

All publications, including *HIV/AIDS & Mobility in South-East Asia - Rapid Assessment* (published by UNRTF in partnership with the ASEAN Secretariat), are available in the Resources and Publications section of UNRTF's website at: http://www.hivmobilitysea.org

PROJECT/PROGRAMME INFORMATION

Title	United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in Southeast Asia and southern China (UNRTF)
Duration	2004-ongoing
Focus	Advocacy, information sharing; coordination; capacity-building; monitoring and evaluation
Activities	Main activities include: • Establishing multi-sector partnerships at national and regional levels; • Creating an enabling environment for responses addressing the needs and rights of migrants and mobile populations; • Coordinating national planning and HIV-prevention efforts in member countries; • Facilitating the development of national and regional data collection and research mechanisms; • Disseminating information for regional programming responses to HIV and mobility issues; • Enhancing coordination and collaboration mechanisms between regional and national levels on HIV prevention, care and treatment for migrants and mobile populations
Target	Migrants and mobile populations in Southeast Asia and two southern provinces of China (Guangxi and Yunnan)
Coverage	Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Viet Nam and two provinces of Southern China (Guangxi and Yunnan)
Partners	ASEAN Secretariat, UN and international organizations (UNDP, UNAIDS, IOM, ILO, UNESCO, UNHCR), CIDA, CSEARHAP, regional NGOs (APN+, CARAM Asia, MFA), and all 10 ASEAN Member States representatives (through the ASEAN Task Force on Aids, ministries of labour or similar bodies)

FUNDING

Funding	Over USD 500,000 for 2006-2008
Funded by	CIDA, UNDP and UNAIDS
Funded until	End of 2008

NOTES