STOPPING AIDS, ACTING TOGETHER

STRATEGIC FRAMEWORK FOR
THE THIRD ASEAN WORK PROGRAMME ON HIV AND AIDS
(2006 - 2010)

Ten Nations One Community
The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967. The Members of the Association are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

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HIV and AIDS adversely affect the development prospects of ASEAN Member Countries. The effects of the epidemic impact all aspects of a country’s social, economic, demographic, and political development. ASEAN Member Countries have been working with many partners, particularly the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Health Organization (WHO) to fight HIV and AIDS through joint actions and programmes.

The 4th ASEAN Summit in Singapore in 1992 recognised the threat of HIV and AIDS in the region and agreed to coordinate regional efforts in curbing the spread of disease. A regional task force was established in 1993 to translate ASEAN Leaders’ commitment into action. This regional task force, known as the ASEAN Task Force on AIDS (ATFOA), has implemented two regional work programmes to date.

Fresh impetus was injected into ASEAN efforts against HIV and AIDS by the 7th ASEAN Summit Declaration on HIV/AIDS, adopted in Brunei Darussalam on 5 November 2001. Also at the 7th ASEAN Summit, Leaders gave their support for the second ASEAN Work Programme on HIV/AIDS (AWPII), which concluded at the end of 2005.

The ATFOA undertook a review of AWPII and identified strategic priorities for a Third ASEAN Work Programme on HIV and AIDS (AWPIII). The priorities of the AWPIII are aimed at assisting ASEAN Member Countries address issues of governance; enhancing ASEAN’s role in the global policy dialogue; and sharing successful strategies in regional collaboration and problem-solving. Through the AWPIII, we also hope to further invigorate the present momentum of close collaboration among the public and private sectors, and civil society.
At the 11th ASEAN Summit held in Malaysia on 12 December 2005, ASEAN Leaders noted with encouragement the progress made in addressing HIV transmission and AIDS treatment, and endorsed the agenda for future action through the AWPIII. They reiterated their belief that ASEAN’s strength in fighting HIV and AIDS lies in joint action and coordination among the Member Countries. They also committed to convene a Second Session on HIV and AIDS at their next Summit in 2006.

A new strategic plan for HIV prevention and control is thus timely and essential in guiding our efforts to address HIV infection and AIDS treatment and care in the region more effectively. I am pleased to present this Strategic Framework for AWPIII as a key instrument for ASEAN in the fight against AIDS.

The ASEAN Secretariat looks forward to working with all partners to protect our people’s well-being. I wish to thank the ATFOA and all those involved in the consultative processes at national and regional levels in preparing the AWPIII’s strategic framework. I would also like to commend the regional and international non-governmental organizations, the business sector and experts for their inputs in the AWPIII’s formulation. Special thanks and appreciation are due to Dr. Peter Piot and his dedicated team at UNAIDS for their outstanding support. Without these excellent partnerships, ASEAN’s fight against HIV and AIDS would not have advanced so far.

ONG KENG YONG
Secretary-General of ASEAN

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List of Abbreviations

ADB  Asian Development Bank
ASC  ASEAN Security Community
AEC  ASEAN Economic Community
AHMM ASEAN Health Ministers Meeting
AIDS Acquired Immune Deficiency Syndrome
AMM ASEAN Ministerial Meeting
APLF The Asia Pacific Leadership Forum on HIV/AIDS and Development
APN+ Asian Pacific Network of People Living with HIV/AIDS
APEC Asia Pacific Economic Community
ART Anti Retroviral Treatment
ASAP AIDS Society of Asia and The Pacific
ASCC ASEAN Socio-Cultural Community
ASEAN Association of Southeast Asian Nations
AWPI The Medium-Term Work Programme to Operationalise the ASEAN Regional Programme n HIV/AIDS Prevention and Control (1995-2000)
AWPII ASEAN Work Program on HIV/AIDS II (2002-2005)
AWPIII Third ASEAN Work Programme on HIV and AIDS (2006-2010)
ATFOA ASEAN Task Force on AIDS
BIMPS Brunei Darussalam, Indonesia, Malaysia, The Philippines, and Singapore
CLMV Cambodia, Lao PDR, Myanmar, and Viet Nam
CHASPPAR Control of HIV/AIDS/STD Partnership Project in Asia Region
EWRRS Early Warning Rapid Response System
GFATM Global Fund on AIDS, Tuberculosis and Malaria
GMS Greater Mekong Subregions
HIV Human Immunodeficiency Virus
IAI Initiative for ASEAN Integration
ICAAP International Congress on AIDS in Asia and The Pacific
IDU Injecting Drug User
ILO International Labor Organization
JAP Joint Action Programme
NGO Non Governmental Organization
MDG Millenium Development Goals
MFA Ministry of Foreign Affairs
MoU Memorandum of Understanding
MOH Ministry of Health
MTCT Mother-to-Child-Transmission
OI Opportunistic Infection
PLHA/PLWHA People Living with HIV and AIDS
SAARC South Asian Association for Regional Cooperation
SOMHD Senior Officials Meeting on Health Development
TRIPs Trade-Related Aspects of Intellectual Property Rights
UN United Nations
UNAIDS Joint United Nations Programme on HIV/AIDS
UNAIDS RST-AP UNAIDS Regional Support Team for Asia and The Pacific
UNDP United Nations Development Programme
UNESCO United Nations Educational, Scientific and Cultural Organizations
UNFPA United Nations Population Fund
UNGASS United Nations General Assembly Special Session on HIV/AIDS
UNICEF United Nations Children’s Fund
UNODC United Nations Office on Drugs and Crime
USAID United States Agency for International Development
VAP Vientiane Action Programme
WFP World Food Programme
WHO World Health Organization
WTO World Trade Organization
Executive Summary

The Third ASEAN Work Programme on HIV and AIDS (2006-2010) or the AWPIII is an integral programme area of the Vientiane Action Programme (2004-2010) or the VAP. It gives effect to ASEAN’s continued commitment in supporting responses to the HIV epidemic, particularly through the use of inter-country and regional initiatives which are consistent with the VAP. At the time of the VAP’s formulation, most activities of the Second ASEAN Work Programme on HIV/AIDS or the AWPII were nearing completion. The Vientiane Action Programme thus includes recognition that specific initiatives will need to be revised and improved, and others added, during its timeframe.

This Third Work Programme builds on the successes of the previous ASEAN Work Programmes on HIV/AIDS. It was developed following a review of the AWPII which was implemented from 2002 to 2005 as a follow-up to the decision of the 7th ASEAN Summit Special Session on HIV/AIDS in 2001. It takes account of the current situation of the HIV epidemic, its causes and consequences within ASEAN Member Countries, as well as the nature and extent of current responses to the epidemic. Key aspects of the situation and the ASEAN response are outlined in the first two sections of this Work Programme.

The main section of this Work Programme outlines the Goal, Objectives, Non-Programme Strategies and Monitoring and Evaluation Framework. Each strategic initiative identified in the Work Programme will be further developed in collaboration among the ASEAN Member Countries and potential partners, to address specific details and evaluation indicators in line with ASEAN’s needs and priorities. Because this will involve ongoing negotiation and development of more effective strategies, the Work Programme has avoided over-specifying exactly what will need to occur during the five year period of its implementation.

Goal

To prevent the further transmission of HIV and mitigate the impacts of HIV and AIDS, by improving regional responses and enhancing Member Countries’ development of people centred initiatives.

Objectives

1. Leadership development

To increase political commitment and strengthen leadership across sectors in ASEAN Member Countries for supportive environments, effective policies, scaling up of programmes and allocation of resources for HIV prevention and impact mitigation. By 2010, the desired outcome would be:

- Improved capacity for effective leadership across many sectors and levels in all Member Countries, with evidence of improved policy environments and strategies, supported by adequate resources, that enable effective responses to the HIV epidemic; and
- Greater recognition in regional and global policy forums on the strengths and needs of ASEAN Member Countries.

Strategies to achieve this Desired Outcome include:

- Development of a regional advocacy profile to influence global and regional initiatives which affect Member Countries;
- Facilitated sharing of problems, analysis and lessons learned in developing each of The Three Ones in ways that benefit the people of Member Countries;
- Legislative, policy and strategy development support, including dialogue between governments and other sectors in Member Countries;
• Assisting Member Countries to undertake shared and comparative analysis of what works to facilitate leadership in civil society, in particular among youth and women, and what works to ensure close collaboration between governments and civil society;
• Adapting strategies that have worked to improve leadership in some Member Countries to apply them in other Member Countries where appropriate;
• Sharing information and strategies to improve leadership of the private sector, including media and artists, in the regional and national responses to the HIV epidemic; and
• To promote collaboration with other regional entities (e.g. south-south cooperation, Asia Pacific Economic Community).

2. Gaps, strengths and emerging issues

To identify and address gaps, strengths and emerging issues in Member Countries’ responses, through inter-country and regional collaboration, within the framework of the VAP. By 2010, the desired outcome would be:
• There has been shared analysis of gaps, strengths and emerging issues.
• Member Countries have learnt to address these issues more effectively through collaboration, shared policy development, sharing lessons learned about what works to address specific issues, and inter-county programming where appropriate.
• Specific initiatives to address gaps, strengths and emerging issues have resulted in:
  o People living with HIV in all ASEAN Member Countries have improved access to affordable medicines;
  o People who are mobile, or live in rural areas affected by changes in mobility systems, have been supported to reduce their vulnerability to HIV infection;
  o People who migrate for work, particularly those moving between ASEAN countries, have improved access to pre-departure and post-arrival programmes, and are protected through improved legislation and regulatory environments; and
  o Issues about primary prevention of HIV transmission to women before and during pregnancy have been incorporated into standard HIV community awareness in all Member Countries.

• Strategies to achieve this Desired Outcome include ASEAN Member Countries undertaking shared analysis of gaps, strengths and emerging issues. Once issues are identified, Member Countries would work together to develop effective policies, strategies, programmes, and methods of evaluation to address them.

3. Integration of HIV with development priorities

To reduce the impact of development on HIV transmission, and the impact of the HIV epidemic on development, within the framework of ASEAN’s commitments to the Millennium Development Goals (MDG) and the UNGASS declaration on HIV/AIDS. By 2010, the desired outcome would be integration of analyses and strategies for responses to HIV in the ASEAN region as well as in each Member Country’s development priority areas for economic, social and cultural development, to reduce the HIV related vulnerability of the poorest people.

Strategies to achieve this Desired Outcome include identification of ASEAN development priorities that are directly associated with HIV transmission or the impacts of the HIV epidemic. Member Countries would collaborate to develop, implement and evaluate the most effective ways to integrate responses to HIV with those development priorities.

Non-programme strategies to support achievement of the above Objectives

These include:
• ASEAN Task Force on AIDS (ATFOA) which meets annually to review progress, develop monitoring and evaluation frameworks. The ATFOA would conduct a mid-term review of the Work Programme in 2007-08;
Monitoring, evaluation and reporting framework

The monitoring, evaluation and reporting framework of this Work Programme follows the format and issues of concern for monitoring and evaluation of the rest of the Vientiane Action Programme.

The current (2005) situation of the HIV epidemic, the responses being undertaken, and needs for expanded responses, are all outlined in A scaled up response to AIDS in Asia and The Pacific (UNAIDS Regional Support Team for Asia and The Pacific, July 2005). The following extracts from the UNAIDS report summarise the situation for ASEAN.

Today, Asia and The Pacific not only have the second largest number of people living with HIV (PLHA) infection, but their share in the global epidemic is growing. While Asian and Pacific countries accounted for 21% of all PLHA in 2004, they also showed 24% of the world’s new HIV infections. In East Asia, the epidemic is expanding faster than anywhere else in the world, with HIV prevalence increasing by 24% in 2004 alone.

... Three (countries) currently have HIV prevalence greater than 1% among adults (Cambodia, Myanmar and Thailand) ... The potential for rapid growth of HIV infection – even in areas of extremely low HIV prevalence – is apparent from the experience of Indonesia ... which recently found marked increased in infection among injecting drug users, reaching 48% in Jakarta ... Indonesia now confronts the real risk of a major expansion of the epidemic.

Regional and national prevalence figures do not tell the full story ... In Cambodia, Myanmar and Thailand ... some provinces have infection rates that are significantly higher than the national average.

The UNAIDS report warns that the potential economic impact of the HIV epidemic is already starting to become apparent within
the region, including in ASEAN Member Countries:

Despite its relatively low prevalence on a regional level, the epidemic is causing serious injury to the region’s economy … As the vast majority of AIDS-related costs are borne by poor households, the epidemic pushes millions of households further into poverty each year. In this way the epidemic is undermining regional efforts to meet the Millennium Development Goals (MDGs) of halving by 2015 the number of people who live in hunger or on less than one dollar per day. Some populations are especially vulnerable to infection due either to higher rates of risk behaviour or to the conditions under which they live and work:

- Injecting drug users (IDU)
- Sex workers and their clients
- Young people
- Mobile people
- People affected by emergency situations

The report notes that now (2005) is “a critical moment”, in which countries of the region have the opportunity to carry out effective responses at relatively low cost – if they act now. It states that “Sustained evidence-based prevention measures, coupled with targeted care and treatment initiatives for PLHA, can reduce and reverse further growth of the epidemic while mitigating its impact on AIDS-affected households and communities”.

Analysis of what is holding the response back, and what is now required, is consistent between UNAIDS and the Member Countries and ASEAN. What is holding the response back?

- Lack of programme coverage
  - Vulnerable populations insufficiently served
  - Condom promotion and access is inadequate
  - Most people at risk are unaware of their HIV serostatus
  - Young people lack skills to prevent HIV infection
  - Prevention of mother-to-child transmission is still underdeveloped
  - Lower treatment drug costs, but access is still scarce
  - Other aspects of care and treatment are also inadequate

- Institutional obstacles
  - Institutional structures for leadership
  - Limited engagement of sectors other than health
  - Lack of support for civil society organizations
  - Insufficient and poorly allocated financial resources
  - Weak surveillance systems
  - Complacency about the need for prevention programming (in some countries)
  - Stigma and discrimination

What is required now for “seizing the opportunity”?

- Political commitment
- Financial resources
- Governments moving from commitment to action
- National AIDS programmes should adopt a comprehensive approach to national responses that includes a balance of HIV prevention, care and treatment, and impact mitigation programmes tailored to national conditions.

The issues addressed in the last AWP II (2002-2005) and the new issues outlined in this current AWP III (2006-2010) arise directly from the analysis of what has been, and what now is, most important. This Work Programme acknowledges the issues summarised above, and focuses on those issues which can most appropriately be addressed with ASEAN involvement to complement what Member Countries do on their own.
ASEAN Involvement in the Response to the HIV Epidemic

The ASEAN Task Force on AIDS (ATFOA) was established in 1992, in responding to the call by the Fourth ASEAN Summit held in Singapore in February 1992, “to implement regional activities on health and HIV/AIDS aimed at curbing and monitoring the spread of HIV by exchanging information on HIV/AIDS, particularly in the formulation and implementation of joint policies and programs against the deadly disease.”


A people-centred approach to addressing priorities for HIV and AIDS was first voiced on the regional agenda through the Joint Declaration for a Socially Cohesive and Caring ASEAN adopted at the 33rd ASEAN Ministerial Meeting held in Bangkok in July 2000, “to strengthen people-centered policies that will promote a positive environment for the disadvantaged, including those who are in ill health.”

Following completion of the ASEAN Work Programme on HIV/AIDS I (1995-2000), ASEAN convened two Inter-Country Consultations in 2001, the first in April in Kuala Lumpur, and the second in June in Bali, Indonesia. At these meetings, ASEAN countries agreed that joint actions should continue in a second work programme, which was eventually developed as AWP II, (2002-2005).

The 7th ASEAN Summit held in Brunei Darussalam in November 2001 convened a Special Session on HIV/AIDS. This Special Session adopted a Declaration on HIV/AIDS on 5 November 2001. This included commitment to the adoption of the AWP II, and noted amongst other guidelines that this was to be implemented:

- development and enhancement of human resources is a key strategy for employment generation, alleviating poverty and socio-economic

The importance of involvement of ASEAN in facilitating and supporting responses to the HIV epidemic was reinforced in the Declaration of ASEAN Concord II, 7 October 2003 (known as The Bali Concord II). This declaration included the following statements relevant to HIV:

1. An ASEAN Community shall be established comprising three pillars, namely political and security cooperation, economic cooperation, and socio-cultural cooperation that are closely intertwined and mutually reinforcing for the purpose of ensuring durable peace, stability and shared prosperity in the region.

10. ASEAN shall continue to foster a community of caring societies and promote a common regional identity.

In the Bali Concord II, the ASEAN Socio-Cultural Community (ASCC) was adopted as one of three main pillars for the ASEAN Community. Amongst its aims are to ensure that by 2020:

[11] ACKNOWLEDGING that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements that must be integrated in a comprehensive approach to combat the epidemic;

[12] STRESSING that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS, and that youth are especially vulnerable to the spread of the pandemic and account for over fifty percent of new infections;

[13] AFFIRMING that a multi-sectoral response has resulted in a number of effective actions for HIV prevention, treatment, care and support and minimization of the impact of HIV/AIDS;

[14] AWARE that resources commensurate with the extent of the problem have to be allocated for prevention, treatment, care and support;

[15] EMPHASISING that the epidemic can be prevented, halted and reversed with strong leadership, political commitment, multi-sectoral collaboration and partnerships at the national and regional levels.
disparities, and ensuring economic growth with equity;
• cooperation in social development aimed at raising the standard of living of disadvantaged groups and the rural population.

The Vientiane Action Programme (VAP), adopted by ASEAN Leaders in Vientiane, Lao PDR, on 30 November 2004, has now become the central outline of the objectives of ASEAN with a time frame of 2004 to 2010. It continues commitment to the development of the ASEAN Socio-Cultural Community (ASCC), and reinforces development of the ASC and the ASEAN Economic Community (AEC). It specifies the following measures to be taken between 2004 and 2010 to prevent the spread and reduce the harm of HIV and AIDS:

- Reduce new infection and transmission rate of HIV in ASEAN Member Countries, consistent with the UN Millennium Development Goals;
- Increase access to affordable anti-retroviral treatment and opportunistic disease treatment as well as testing reagents;
- Integrate HIV/AIDS impact assessment into the feasibility study phase for development projects, particularly in the countries of the Greater Mekong Sub-region;
- Conduct research on the socio-economic impact and trends of HIV/AIDS in ASEAN, with a view to mitigating the negative impacts;
- Establish regional mechanisms to proactively reduce HIV/AIDS vulnerability arising from development-related mobility and in the workplace;
- Strengthen capacity of ASEAN Member Countries to reduce the vulnerability of drug users to HIV/AIDS and other blood-borne infectious diseases;
- Develop and implement the Third ASEAN Work Programme on HIV/AIDS (AWPIII) with a time-frame of 2005-2010.

Many of these measures have already been taken within the AWP II (2002-2005). The outline of the VAP notes that specific initiatives are able to be revised and improved, and others can be added, during the period between its adoption and 2010.

The above commitments have also been reinforced through:
- 7th ASEAN Health Ministers Meeting (AHMM), 22 April 2004 and the 1st ASEAN+3 Health Ministers Meeting, 23 April 2004 (ASEAN+3 is ASEAN plus China, Japan and South Korea)
- 37th ASEAN Ministerial Meeting (AMM), 29-30 June 2004
- Meetings of the ATFOA held during the period of the AWPII
  o 10th ATFOA, 24-25 October 2002, Vientiane, Lao PDR
  o 11th ATFOA, 16-17 October 2003, Bali, Indonesia (this included a mid term review of ASEAN Work Programme on HIV/AIDS II)
  o 12th ATFOA, 22-24 November 2004, Kuala Lumpur, Malaysia
  o 13th ATFOA, 14-15 September 2005, Manila, Philippines
Strategic Approach of This Work Programme

The strategies to achieve the objectives of the AWPIII (2006-2010) will build on ASEAN’s comparative advantage, focusing on specific initiatives that can be facilitated by ASEAN through integration with its existing policies, programmes, and modes of operation. The Work Programme will build on ASEAN’s commitment to be “a dynamic, resilient and cohesive regional association for the well being of its member states and people” (Declaration of ASEAN Concord II – “The Bali Concord II”).

The AWP III (2006-2010) will address only those issues for which ASEAN involvement can make a difference given that multiple responses to the HIV epidemic are already being pursued within ASEAN Member Countries. It will build on existing mechanisms to facilitate Member Countries’ collaboration in addressing challenges of the HIV epidemic which are of regional nature, and challenges which are emerging and integrated with other social and economic challenges faced by ASEAN.

ASEAN has comparative advantages in:

- Leadership, and engaging the involvement of leaders in many countries and sectors;
- Comparative analysis of many issues, through meetings of leaders and technical specialists in specific sectors, shared research and situation analyses;
- Addressing discrepancies between technical capacities of Member Countries;
- Bringing together Member Countries, donors and multilateral entities to match regional priorities with donor interests;
- Advocating for increased support from donors for the region and for individual Member Countries;
- Regional advocacy based on identification of gaps, strengths and emerging issues;
- Development of leadership across sectors at senior levels;
- Addressing discrepancies between resource capacities of Member Countries;
- Helping Member Countries to adapt to changing epidemiological and policy environments;
- Assisting Member Countries to address new and difficult issues through building on existing processes of solidarity and peer support (e.g. through the ASEAN mechanisms, Member Countries have been able to help each other to develop strategic approaches to drug use and HIV vulnerability);
- Facilitating access to differing experiences between Member Countries, in many sectors;
- Analysing complex issues and identifying those that need to be addressed regionally;
- Serving as a platform for dialogue at regional, national and local levels, including dialogue on issues that present social, cultural or legal challenges;
- Facilitating interaction between governments and civil society; and
- Facilitating regional level links with other regional entities to reduce stigma and discrimination, and to further promote involvement of PLHA in all levels of responses to the HIV epidemic.

Partnerships between ASEAN Member Countries will continue to operate through the ASEAN Task Force on AIDS (ATFOA) and the country ATFOA Focal Points. The ASEAN Task Force on AIDS will continue to report to the ASEAN Health Ministers Meeting and the Senior Officials Meeting on Health Development, and will aim to increase the profile of responses

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1 The ASEAN Task Force on AIDS (ATFOA) retains its current title to ensure consistency and understanding of its function and role. However, it has decided to use the terms “HIV” and “AIDS” consistently according to their meanings (e.g. “HIV” is a virus, “AIDS” is a syndrome experienced by some people living with HIV, there are “people living with HIV” and there is an “HIV epidemic”). ATFOA will no longer use the combined and confusing term “HIV/AIDS”, except when referring to titles of organisations or publications.
to HIV and AIDS through annual preparation of thematic agenda items for discussion. The close partnership between the ASEAN Secretariat and National AIDS Programmes and Ministries of Health will continue. In addition, the ATFOA Focal Points and the ASEAN Secretariat will develop further collaborative relationships with different government ministries, civil society and the private sector. The ATFOA Focal Points will increase their commitment to involvement in the Work Programme, and will develop better methods of knowledge management and information transfer, within their own countries and between them and other countries. They will develop mentoring programmes with alternative delegates to the ATFOA meetings, as part of the process of ensuring consistency of understanding, approaches and sustainability.

The Work Programme fits within the framework of the ASEAN VAP 2004-2010. It is a component of the ASCC and its commitments to:

- Building a community of caring societies, and
- Managing the social impacts of economic integration.

The Work Programme will also operate consistently with the Initiative for ASEAN Integration (IAI), which aims to reduce the development gap between Member Countries of ASEAN, and focuses on improving the development of Cambodia, Lao PDR, Myanmar and Viet Nam (CLMV). Initiatives within this Work Programme which directly assist the CLMV countries will receive high priority. A specific component on integration of HIV with the IAI will focus on mobilising resources for the CLMV countries to provide better opportunities for young people, both to prevent HIV transmission and to improve their economic opportunities. The Work Programme will be monitored and evaluated, using ongoing processes, consistent with the generic criteria for monitoring and evaluation outlined in the VAP (see section on Monitoring and Evaluation, below).

Collaboration with ASEAN’s Dialogue Partners will ensure that the Work Programme complements other initiatives being undertaken by partners.

Many of the ASEAN strategies will be undertaken in partnership with others. ASEAN will strengthen its cooperative role in global policy dialogue. This will include involvement in:

- global forums such as the World Health Assembly
- governance of UNAIDS and the Global Fund on AIDS, TB and Malaria (GFATM)
- monitoring progress towards the UNGASS objectives, and the High Level Forum on the Health Millennium Development Goals

As part of this commitment to global initiatives, ASEAN will collaborate with other regions (such as the South Asian Association for Regional Cooperation or SAARC and the Pacific Islands Forum) to

- Support other regions’ own development of Work Programmes on HIV and AIDS
- Invite the participation of other regions in addressing issues of cross-regional significance.

Other regional partners, each relevant to different issues within the field of HIV and AIDS, include:

- UNAIDS Secretariat
- UNAIDS co-sponsors (WHO, UNDP, UNICEF, UNFPA, World Food Programme, UNODC, ILO, UNESCO and World Bank)
- Asian Pacific Network of People Living with HIV/AIDS (APN+)
- Asian Pacific Council of AIDS Service Organisations (APCASO)
- Asian Development Bank (ADB)
- AIDS Society of Asia and The Pacific (ASAP)
- ASEAN Dialogue Partners and other donors
To prevent the further transmission of HIV and mitigate the impacts of HIV and AIDS, by improving regional responses and enhancing Member Countries’ development of people centred initiatives.

1. Leadership development.
   To increase political commitment and strengthen leadership across sectors in ASEAN Member Countries for supportive environments, effective policies, scaling up of programmes and allocation of resources for HIV prevention and impact mitigation.

2. Gaps, strengths and emerging issues.
   To identify and address gaps, strengths and emerging issues in Member Countries’ responses, through inter-country and regional collaboration, within the framework of the VAP.

3. Integration of HIV and AIDS with development priorities.
   To reduce the impact of development on HIV transmission and the impact of the AIDS epidemic on development, within the framework of ASEAN’s commitments to the MDG and the UNGASS declaration on HIV/AIDS.

4. Non-programme strategies to support achievement of the above Objectives:
   Strengthening of capacity building and collaboration (through a website, the ASEAN Secretariat, meetings of the ASEAN Task Force on AIDS, lessons learned and publications)
   - Analysis of gaps and strengths
   - Resource mobilisation

5. Monitoring, evaluation and reporting framework.
   To ensure that all components of the Work Programme and the Work Programme as a whole, are implemented.

* * * * * * *
1. Leadership Development

Leadership was identified as the key strategy to be supported by ASEAN in the 7\textsuperscript{th} ASEAN Summit Declaration on HIV/AIDS (Brunei Darussalam, November 2001), which led to the development of ASEAN Work Programme II on HIV/AIDS (2002-2005). That declaration specifically noted that leadership should include:

- Leading and guiding national responses to the AIDS epidemic, including integration of HIV into national development planning, poverty eradication plans and sectoral planning
- Creating positive environments to confront stigma, silence and denial of HIV and AIDS
- Intensify and strengthen multisectoral collaboration including all development ministries and civil society
- Intensify inter-ministerial collaboration at the national and international levels
- Mobilize technical, financial and human resources.

In this Third Work Programme on HIV and AIDS (2006-2010), ASEAN will develop regional advocacy to influence global and regional issues affecting Member Countries. This will include advocacy on global and donor-led policy developments, including evaluation of the implementation of the MDG, the UNGASS recommendations on HIV and AIDS, and The Three Ones.

Leadership is now recognised by UNAIDS, donors and multilateral institutions as being central to achieving effective responses to the HIV epidemic. These organisations have developed The Three Ones concept, and have made clear that every country now needs to have One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners, One National AIDS Coordinating Authority, with a broad based multi-sector mandate, and One agreed country level Monitoring and Evaluation System.

Specific requirements for the nature of each of these Three Ones have been defined in the Final Report of the Global Task Team on improving AIDS coordination among multilateral institutions and international donors (UNAIDS, 14 June 2005). These requirements are consistent with the above statement on leadership from the 7\textsuperscript{th} ASEAN Summit Declaration on HIV/AIDS:

- The one HIV/AIDS Action Framework should be a framework for nations, not just governments, and for multisectoral responses, not just health sector responses
- The one National AIDS Coordinating Authority implies that governments must have a central leadership role, but also that discussion of national ownership must include the role of civil society, including PLHA
- The one Monitoring and Evaluation System must in most cases be re-designed because “Accountability structures … are generally skewed, overemphasizing accountability upward (i.e. to funding partners) and neglecting downwards accountability (i.e. to local communities and particularly to PLHA)”, and because “Countries also lack tools to measure and thereby hold multilateral institutions and international partners accountable to their commitments”.

The implementation of the Three Ones presents new challenges for individual Member Countries which will be difficult for them to meet on their own. There will be significant benefits to all countries and funding partners if the Member Countries of ASEAN support one another in developing and implementing the Three Ones effectively. Member Countries will work together to ensure that The Three Ones are developed in ways...
that are appropriate to the region, are implemented in ways that meet the criteria outlined above, and are adequately supported by multilateral entities and donors. The Three Ones do not have to be implemented exactly the same way in every Member Country.

Legislation is a central role of Government Leadership, and will be supported through this Work Programme. Some countries have developed legislative frameworks to enable more effective responses to the HIV epidemic, and to ensure that efforts to reduce stigma and discrimination are reinforced with useful laws and regulations (e.g. The Philippines, Cambodia). ASEAN will work with all Member Countries to develop their own new laws and regulations, appropriate to their own contexts. Labour and Justice officials will be involved in these developments, as will the ASEAN inter-parliamentary organisation, Law Ministers and Attorneys-General, and other government leaders. They will share lessons learned about what sorts of laws, policies and regulations are most useful, and how best to develop community understanding of these legislative frameworks.

This may include development of a minimum set of policies, laws and regulations that are introduced by all Member Countries, affecting issues such as:

- Confidentiality of medical results and records
- Provision of adequate information before HIV or STI testing
- Discrimination on the basis of HIV status

It could also include Member Countries sharing information about how to review legislation affecting more difficult issues such as sex work, drug use, the vulnerability of unregistered migrants and their access to health services, and the impact of laws and policies on human trafficking. Civil society leadership is an essential component of all national responses to the HIV epidemic. ASEAN Member Countries will share lessons learned about how best to work with different components of civil society, and civil society organisations will be engaged in this dialogue to ensure inclusion of perspectives on how civil society can best work with governments. Some countries have been more successful than others at involving vulnerable groups within civil society, including young sexually active people, IDUs and PLHA. Following from the last Work Programme, ASEAN will continue to support Member Countries to develop processes that engage civil society in analysis and dialogue about:

- Civil society and government collaboration: what works best ?
- What are the issues in which civil society can have the greatest impact ?
- Involvement of PLHA in the response to the HIV epidemic, including national and regional policy development
- Faith based leadership and involvement: what works best, and how can countries learn from each other, including religious leaders from minority religions in their own countries learning from leaders of the same religions in other countries ?
- Leadership of government organisations (civil service): how can senior leaders become engaged in responses to the HIV epidemic ?

The private sector plays a role in the response to HIV epidemic, but this is more apparent in some countries than others. The ATFOA can engage the ASEAN Business Advisory Council in enhancing Public-Private Partnerships in responses to the HIV epidemic.
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<tr>
<td><strong>1</strong></td>
<td><strong>Leadership Development</strong></td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>To increase political commitment and strengthen leadership across sectors in ASEAN Member Countries for supportive environments, effective policies, scaling up of programmes and allocation of resources for HIV prevention and impact mitigation.</td>
</tr>
<tr>
<td><strong>Desired outcome by 2010</strong></td>
<td>Improved capacity for effective leadership across many sectors and levels in all Member Countries, with evidence of improved policy environments and strategies, supported by adequate resources, that enable effective responses to HIV epidemic. Greater recognition in regional and global policy forums on the strengths and needs of ASEAN Member Countries.</td>
</tr>
</tbody>
</table>
| **Strategy** | ● Development of a regional advocacy profile to influence global and regional initiatives which affect Member Countries  
● Facilitated sharing of problems, analysis and lessons learned in developing each of The Three Ones in ways that benefit the people of Member Countries  
● Legislative, policy and strategy development support, including dialogue between governments and other sectors in Member Countries  
● Assisting Member Countries to undertake shared and comparative analysis of what works to facilitate leadership in civil society, in particular among youth and women, and what works to ensure close collaboration between governments and civil society  
● Adapting strategies that have worked to improve leadership in some Member Countries to apply them in other Member Countries where appropriate  
● Sharing information and strategies to improve leadership of the private sector, including media and artists, in the regional and national responses to the HIV epidemic  
● To promote collaboration with other regional entities (e.g. south-south cooperation, Asia Pacific Economic Community) |

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<tbody>
<tr>
<td><strong>1.1</strong></td>
<td>Regional advocacy. Create a leadership platform for advocacy on global and donor policy issues affecting all Member Countries, with involvement of, but not limited to, Ministers of Health and Senior Officials on Health.</td>
</tr>
</tbody>
</table>
| **1.2** | The Three Ones. Regional and comparative analysis and development of what works in different countries to ensure effective implementation of The Three Ones in ways which:  
● Improve multisectoral involvement in responses to the HIV epidemic  
● Improve government support for effective National HIV and AIDS Programmes  
● Improve donor and multilateral support for effective national responses in ways which support countries’ own priorities and preferred strategies  
● Improve monitoring and evaluation to ensure upwards accountability to funding sources and downwards accountability to people most vulnerable to HIV transmission and the impacts of the epidemic. |
| **1.3** | Legislative frameworks. Share experiences and develop laws and regulations in all Member Countries to enable effective responses to AIDS epidemic, including provisions to legally prevent stigma and discrimination. Member Countries to incorporate key principles in their respective legislative frameworks. |
| **1.4** | Civil society leadership. Civil society (particularly for women and youth), and government collaboration in analysis and shared development of strategies in:  
● General improvement of government and civil society collaboration  
● Improving government organisation (e.g. civil service) leaders’ understanding of HIV and AIDS and the need for them to be involved in leadership of responses to the HIV epidemic |
1. Private sector. Share strategies to advocate and support private sector involvement in the response to HIV epidemic, and integrate HIV workplace policies with the largest private sector companies working across the ASEAN region, with involvement of the ASEAN Business Advisory Council.

2. Gaps, strengths and emerging issues

There is growing consensus that responses to the HIV epidemic are essential components of development (e.g. the MDG), and that a large range of responses is required (e.g. the UNGASS Declaration on HIV/AIDS). Governments, civil society, the private sector, donors and multilateral agencies are all working together to undertake these responses.

However, the rapidly evolving policy environment and improved analysis of problems sometimes results in identification of issues which it is difficult for individual countries to address on their own. In particular, there are gaps, strengths and emerging issues for which ASEAN can facilitate inter-country and regional responses. These include:

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<tr>
<td>• Empowerment and involvement of PLHA at all stages in the response to HIV epidemic, including national and regional policy development</td>
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<tr>
<td>• Faith based leadership of effective responses to HIV epidemic.</td>
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<tr>
<td>1.5</td>
<td>Private sector. Share strategies to advocate and support private sector involvement in the response to HIV epidemic, and integrate HIV workplace policies with the largest private sector companies working across the ASEAN region, with involvement of the ASEAN Business Advisory Council.</td>
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Gaps:

- Access to treatments for people living with HIV

All countries of ASEAN are now experiencing increased demand for treatment, care and support. Because people infected with HIV do not become ill for many years (usually five to ten), this demand results from infections which have occurred in the past. It will continue to increase even in those countries which now have reduced incidence of HIV infection (transmission which has occurred in the last 12 months). In the AWP II, Member Countries worked together to find better ways to obtain affordable medicines, and to share lessons learned about appropriate strategies to ensure that the relevant people can gain access to these drugs. In this Work Programme, this work will continue.

In particular, ASEAN will continue to support Member Countries to analyse the existing regulations and guidelines for purchasing and producing pharmaceutical drugs, in light of agreements by the World Trade Organisation, including the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPs). This continued work can be integrated with the ASEAN Working Group on Technical Cooperation on Pharmaceuticals. It can also be integrated with the AEC commitments to Trade in Goods, including Vientiane Action Programme component 2.3.6, share lessons learned and develop their own responses with support from each other. There are other issues which ASEAN and Member Countries have already demonstrated can best be addressed regionally.

- Emerging issues

There are always emerging issues in the global response to the HIV epidemic, and many of these can best be addressed regionally before individual countries attempt to develop their own policies and strategies.

Examples of these which will be addressed in this Work Programme are outlined in the next pages.
“Intellectual Property – commitment to encouraging cross border collaboration and networking for the widening and deepening of ASEAN’s science and technology base and research and development activities, and commercialisation of their results and outputs.”

Strengths: Mobility and HIV Vulnerability Reduction – mobility associated with development of economic infrastructure

In the AWP II, ASEAN and UNDP worked with the countries of the Greater Mekong Subregion to reduce the vulnerability of people affected by mobility within and between countries. This included people who become mobile seasonally (e.g. because of annual food shortages), people who permanently move within their own countries, and people who live in rural areas newly connected to the rest of the region through development of transport systems.

ASEAN and UNDP initiated and later revised a Memorandum of Understanding (MoU), which was signed by all ASEAN Greater Mekong Subregion (GMS) countries and China in May 2005. This MOU commits Member Countries to:

- Create enabling policies and systems (including establishment of Early Warning Rapid Response Systems or EWRRS in each country)
- Promote development strategies that reduce HIV vulnerabilities (strengthening collaboration between different government ministries, as well as facilitating community development for communities affected by mobility); and
- Promote HIV prevention, AIDS care and support (including through budget allocations of Ministries of Construction and Transport, promoting leadership at all levels, and ensuring that mobile people have adequate access to AIDS treatment and care).

In this Work Programme, ASEAN will work with Member Countries to develop a Joint Action Programme (JAP) to ensure this MoU is implemented effectively. This will develop the strengths of existing responses. It will also build on commitments to bring together different sectors involved in development of economic infrastructure (e.g. roads, ports, dams) to develop shared strategies and policies that will reduce the vulnerability of mobile people as well as the rural communities affected by these developments. Similarly, the EWRRS can be developed regionally to ensure analysis of emerging issues which might affect mobility, including disasters as well as planned developments.

The AEC is playing a major role in promoting the development of transport infrastructure. The ASEAN Transport Action Plan for 2005-2010 focuses on cooperation activities towards facilitating seamless movement of peoples and goods. HIV can be integrated into this plan, at very least through collaboration between transport and health sectors to ensure future changes can be considered by those working on HIV prevention before they occur. Collaboration between transport and health sectors has commenced in some ASEAN countries, using the framework of the EWRRS.

This will build on ASEAN’s strengths in facilitating engagement between government, the private sector, donors and multilateral institutions.

Some people’s mobility is not related to poverty. Mobile men with money include business men, government staff, military personnel, managers of mining and construction companies, and even HIV workers. Many of these men become clients of sex workers when they travel. Some, but not many, ASEAN countries now have HIV prevention programmes for clients of sex workers. Such programmes could be developed in all Member Countries.

Other countries of ASEAN will consider the relevance of similar initiatives to assist people involved in seasonal or permanent internal mobility.
Strengths: Mobility and HIV Vulnerability Reduction – mobility associated with labour migration

In AWP II, the BIMPS countries of ASEAN (Brunei Darussalam, Indonesia, Malaysia, The Philippines and Singapore) focused on reducing vulnerability of people who migrate temporarily or permanently between ASEAN countries to pursue economic opportunities. Led by The Philippines, and with intensive commitments by NGOs particularly in The Philippines and Malaysia, the BIMPS countries established pre-departure and post-arrival programmes for people who migrate for work.

These were supported by changes in Labour Regulations in some countries, as well as development of new regulations to ensure that migrating workforces gained access to these programmes, and that recruitment and placement agencies would be involved in these initiatives. A policy review was completed in 2005 (by GTZ and CHASPPAR). Policies can now be shared and compared between countries, with potential for development of a regional policy consistent to all Member Countries.

ASEAN is well placed to continue to support these initiatives. Within the VAP 2004-2010, the ASEAN Security Community will work on “1.1.4.6 Elaboration of an ASEAN instrument on the protection and promotion of the rights of migrant workers.” HIV can be considered within this process.

The NGOs active in this field will continue to develop programmes. Governments can facilitate more effective regulations and policy environments. Countries of the GMS can also consider involvement in these types of initiatives, commencing with translation of training materials into all ASEAN languages.

In addition to the specific initiatives on Mobility and HIV Vulnerability Reduction already addressed in the last Work Programme, new initiatives will integrate responses to the HIV epidemic with strategies to reduce human trafficking. In particular, legislative frameworks and HIV prevention programmes for migrant workers will be developed in ways that take into account their impact on reducing people’s vulnerability to being lured into trafficking.

To ensure adequate ASEAN involvement in both of the above types of mobility initiatives, and continue to build on the strengths of the last Work Programme and individual Member Countries’ responses, ASEAN will continue to be involved with the UN Regional Task Force on Mobility and HIV Vulnerability Reduction (or whatever entity this evolves into over the period of the Work Programme). Over the five years of the Work Programme, the strategies developed by the GMS and the BIMPS countries will be brought together in a common ASEAN approach to mobility and HIV vulnerability reduction.

Emerging issues: Prevention of maternal to child transmission

The AWP II identified the need for Member Countries to develop strategies for prevention of maternal to child transmission. During the Work Programme, ASEAN worked with UNICEF to commence development of these strategies, and some countries introduced testing and treatment based strategies to prevent transmission of HIV to babies from mothers who know they are infected. During this Work Programme, Member Countries will continue to develop their own national and local strategies for prevention of maternal to child transmission. ASEAN will focus on those aspects of this emerging issue that are not so likely to be quickly implemented across Member Countries, that require further policy development, or that will require on going analysis and sharing of lessons learned about what works. To complement testing and treatment based strategies, ASEAN will focus on the prevention of “primary transmission of HIV” to women.
Comprehensive responses will be integrated with standard community HIV awareness programmes. These programmes will develop:

- Strategies to protect women from infection during pregnancy and the post-partum period (when they are more susceptible to infection, and have a higher risk that HIV will pass to the baby); programmes involving men before and after marriage can protect women from becoming infected;
- Population-based strategies to reduce the risk of transmission to babies when HIV status is not known, such as promotion of exclusive breastfeeding for all babies, management and control of STIs (which increase risk of transmission to children), efforts to improve the health and nutrition of all pregnant women, and improved family planning services for all women; and
- Ensuring that women and couples who know they are HIV positive have access to advice and interventions to reduce the risk of HIV transmission to babies, including an appropriate antiretroviral prophylaxis regimen and infant feeding counselling and support as these become available in each country.

HIV and Tuberculosis (TB) co-infection

ATFOA members have also acknowledged that the link between HIV and TB care and support interventions is an emerging concern in ASEAN Member Countries. The basis for collaboration on HIV and TB co-infection is provided in the WHO’s interim policy on the collaborative activities on HIV and TB co-infection, which provides ASEAN with a framework to discuss future regional action to be undertaken for collaborative approaches to the prevention and care of HIV-related TB, building on existing DOTS programmes and comprehensive HIV prevention and AIDS care. The ATFOA meetings would also provide a forum for Member Countries to continue discussions on decreasing the burden of patients with HIV and TB co-infection, including access to drugs, treatment, care and support.

Further gaps, strengths and emerging issues

The annual meetings of the ATFOA will provide the forum for Member Countries to provide and discuss analysis of further gaps, strengths and emerging issues. Once identified, Member Countries will identify the role of ASEAN, if any, in addressing each issue. This might include advocacy to others to address the issues, or shared development of policies strategies to be implemented by ASEAN or Member Countries.

The greater involvement of PLHA in all aspects of responses to AIDS epidemic is supported by ASEAN, and Member Countries are continuing to support the development of networks of PLHA and their involvement in national policy and programme development. The Asia Pacific Network of PLHA (APN+) is a key partner of this Work Programme, and is invited to all meetings of the ATFOA. Hence, at the time of development of this Work Programme it was decided that there was no need to include a specific component of the Work Programme to further promote involvement of PLHA. However, the extent and effectiveness of initiatives to promote involvement of PLHA in policy and programme development will be monitored and evaluated as an emerging issue during this Work Programme.

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<tr>
<td>2</td>
<td>Gaps, strengths and emerging issues</td>
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<table>
<thead>
<tr>
<th>Objective</th>
<th>To identify and address gaps, strengths and emerging issues in Member Countries’ and regional responses, through inter-country and regional cooperation, within the framework of the Vientiane Action Programme.</th>
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<tr>
<th>Desired outcome by 2010</th>
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<tr>
<td>There has been shared analysis of gaps, strengths and emerging issues. Member Countries have learnt to address these issues more effectively through collaboration, shared policy development, sharing lessons learned about what works to address specific issues, and inter-county programming where appropriate.</td>
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<tr>
<td>Strategy</td>
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2.1 Improve Member Countries’ access to affordable medicines. Continue strategies to obtain or produce affordable antiretroviral drugs, medicines for treatment of opportunistic infections, and testing reagents. This will include technical assistance, legal and administrative developments, development of ASEAN guidelines, strengthening inter-country collaboration including Ministries of Health and private sector, and potential regional purchase of drugs to reduce price.

2.2 Mobility and infrastructure development. Develop and implement a JAP to ensure that all aspects of the Memorandum of Understanding (2004-2009) between ASEAN GMS countries and China are implemented.

2.3 Mobility and Early Warning. Establish multisectoral Mobility and HIV Early Warning Groups in each Member Country to plan ahead to support communities affected by changes in mobility systems (roads, railways, shipping, disasters and emergency situations), and to share information on what works in rural development to build community resilience to HIV when mobility systems change.

2.4 Mobility and migration. Develop and expand pre-departure and post-arrival programmes as well as legal and regulatory support for people who migrate for work between ASEAN Member Countries.

2.5 Mobility and sex work. Share information about what works in HIV prevention programmes for clients of sex workers, including ‘men with money’ who travel.

2.6 Mobility and trafficking. Promote steps at regional and national levels to reduce the vulnerability of women and children to trafficking, by increasing livelihood choices, empowering women and making mobility safer.

2.7 Prevention of mother-to-child transmission (PMTCT). Focusing on prevention of primary transmission of HIV to women, ASEAN will support shared development of strategies to integrate information about this into standard community HIV awareness programmes.

2.8 Identification of gaps, strengths and emerging issues. Annual meetings of the ATFOA will seek input and analysis from countries to identify further issues to be addressed.
3. Integration of HIV with development priorities

While Development affects HIV transmission, and HIV epidemic affects Development, experience in the ASEAN region (and elsewhere) indicates that it is not possible to integrate HIV with all development initiatives simultaneously. This strategic framework focuses on integrating HIV with only major development priorities being addressed by ASEAN through the VAP 2004-2010, and only with those development priorities that are obviously associated with the HIV epidemic, either transmission or impacts. It is based on analysis of strategies of the VAP which work towards the MDG, consistent with the ASEAN Millennium Development Compact, currently being prepared. The ASEAN Millennium Development Compact, with rural development and poverty alleviation as the cornerstone to which the targets for education, HIV and AIDS, environmental sustainability and gender equality would be linked. This will ensure that the VAP initiatives supporting the ASCC are incorporated into regional strategies to achieve the MDG.

Narrowing the development gap through the Initiative for ASEAN Integration

This is the fourth component of the Vientiane Action Programme 2004-2010. It acknowledges a need to reduce the development gap between Member Countries of ASEAN, and to specifically assist Cambodia, Lao PDR, Myanmar and Viet Nam (CLMV) to grow at an accelerated rate. This Work Programme acknowledges that the development gap limits CLMV’s abilities to adequately implement responses to the HIV epidemic. The ATFOA will identify opportunities to support more effective responses to the HIV epidemic in CLMV countries wherever possible, including within other initiatives of the Work Programme.

Raising the standard of living of marginalised, disadvantaged women, children and youth

Young people, women and children who are marginalised and disadvantaged are the people most vulnerable to HIV infection. Particularly amongst young people out of school, many are marginalised because of their sexual or drug using behaviour, or their HIV status. Some young people are disadvantaged due to poverty or membership of minority groups. Their vulnerability cannot be reduced simply through HIV prevention programmes, but can be reduced if they are provided with opportunities for education, vocational training, employment or other opportunities for safe income generation.

ASEAN will advocate for further mobilisation of resources, from within and outside the region, to enable more effective responses to AIDS epidemic and more effective development opportunities for young people. The focus will be on the most marginalised and disadvantaged young people in all Member Countries.

Drug Free ASEAN, assistance for drug users, and harm reduction to prevent HIV transmission.

Member Countries face the challenge of reducing harm from drug injecting by:

- Preventing young people from starting to inject drugs, through education and opportunities for creation of drug-free lifestyles
- Reducing drug trafficking
- Protecting the health of people who inject drugs, their partners, families and communities, by facilitating all effective means (including access to clean needles and syringes) to prevent the spread of blood borne viruses including HIV
Assisting people to stop injecting drugs through support of rehabilitation programmes and/or drug substitution therapy that treat drug addiction as a social and medical problem.

There is also a need to address the associations between alcohol, amphetamine and cannabis use and unsafe sexual behaviour. These initiatives require increased collaboration between public health and law enforcement officials, groups of young people who themselves use alcohol and drugs, and PLHA. Such collaboration and use of problem solving approaches is already occurring in some, but not all, ASEAN countries. AIDS information and HIV prevention strategies can be better integrated with community based drug prevention and drug abuse control programmes (VAP 3.1.10.1).

Tourism

Promoting tourism is a component of the AEC. Tourism that enables a broad range of economic opportunities for many local people can help to reduce vulnerability to HIV. Member countries can share experiences in what types of tourism do this – adventure tourism, cooking schools, qualified massage, eco-tourism.

Strategies are also needed to prevent transmission of HIV through sexual exchanges between local people and tourists. These might include teaching staff and managers in the tourism sector about HIV, condom use, and negotiating skills; health promotion and information for tourists; distribution of condoms within the tourism sector; and strategies to protect local children and adults from sexual exploitation.

ASEAN is committed to establishing tourism standards, training within the tourism industry, resource and management networks, and human resource development activities. HIV education and strategy development can be integrated with all these initiatives.

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<tr>
<td>3</td>
<td>Integration of HIV with development priorities.</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>To reduce the impact of development on HIV transmission and the impact of HIV epidemic on development, within the framework of ASEAN’s commitments to the MDG and the UNGASS declaration on HIV/AIDS.</td>
</tr>
<tr>
<td><strong>Desired outcome by 2010</strong></td>
<td>Integration of analysis and strategies for responses to HIV and AIDS within ASEAN and Member Countries’ development priority areas for economic, social and cultural development, to reduce the HIV related vulnerability of the poorest people.</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td>Identify a small number of ASEAN development priorities that are directly associated with HIV transmission or the impacts of HIV epidemic. ASEAN and Member Countries collaborate to develop, implement and evaluate the most effective ways to integrate responses to HIV with those development priorities.</td>
</tr>
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</table>

3.1 Integration of responses to HIV epidemic with ASEAN strategies on narrowing the development gap through the Initiative for ASEAN Integration (Vientiane Action Programme 4.1). This will include ASEAN support to mobilise resources, from within and outside the region, for Cambodia, Lao PDR, Myanmar and Viet Nam (CLMV).

3.2 Youth. Resource mobilisation will aim to increase support for young people to prevent HIV transmission and to attain education and employment that will reduce their vulnerability to engagement in HIV related risk behaviours. Focus will be on out of school youth.

3.3 Drug Free ASEAN and harm reduction (VAP 3.1.10). Develop ongoing high level policy dialogue to develop consistent strategies to
- Prevent young people from starting to inject drugs
- Reduce drug trafficking
Non-programme strategies, which are already a significant part of the first two Work Programmes on HIV/AIDS, will continue to be developed during AWP III (2006-2010). These strategies will continue to include:

- Meetings of the ATFOA;
- Incorporation of HIV and AIDS issues into the agendas of the AHMM and the SOMHD;
- Close partnership between the ASEAN Secretariat and National AIDS Programmes and Ministries of Health;
- Country Focal Points and the ASEAN Secretariat will develop further collaborative relationships with different government ministries, civil society and the private sector;
- Development of the website “ATFOA.net”;
- Participation of ASEAN in global and regional forums and events; and
- Strengthening of the capacity of the ASEAN Secretariat to support Member Countries’ implementation of AWP III (2006-2010).

Each of these strategies requires adequate resourcing. Bringing people together to meet is expensive but essential to development of shared Work Programmes. The membership of the ATFOA will continue to include, for each country, the Member Country Focal Point for ATFOA and the ATFOA Focal Point (usually from the Ministry of Foreign Affairs). ATFOA Focal Points for each country will ensure that continuous participation in ATFOA meetings and other processes is sustained as much as possible, and will coordinate further participation of their countries’ involvement in all multi-sectoral aspects of this Work Programme.

The Task Force will also continue to include representatives of the Asia Pacific Council of AIDS Service Organisations (APCASO), the Asia Pacific Network of People Living with HIV (APN+) and UNAIDS. The Task Force will continue to invite participation of civil society, private sector and non-health government sectors for relevant issues.

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<td>3.4</td>
<td>Tourism (VAP 2.4.2). Integrate HIV with ASEAN proposals to support development of the tourism industry, with a focus on</td>
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<td>Integrating HIV with education to develop minimum competency standards for tourism professionals</td>
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<td>Including HIV strategies in development of hotel standards (e.g. ensuring condoms are available in hotel shops)</td>
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<td></td>
<td>Sharing information between Member Countries on how to promote tourism which provides a broad range of economic opportunities</td>
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<td>Ensuring people involved in ASEAN exchange programmes, cross-training and cross-certification activities are supported to reduce vulnerability to HIV infection which is associated with their own travel.</td>
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4. Non-programme strategies

To support the rest of the Work Programme, it is important that ASEAN continues to provide opportunities for Member Countries to undertake joint situation analyses, joint actions and sharing of lessons learned across many fields. It is also important to develop more effective processes for cooperation and collaboration between Member Countries, including finding better ways to incorporate HIV into discussions at senior government levels (e.g. the SOMHD).
Enabling people to share information through the internet requires human resources to develop websites, collect updated information, ensure translation of documents in all Member Countries, and evaluate and continuously improve the website. It also requires commitments from all Member Countries to collating information from different sectors on:

- National strategies on HIV and AIDS
- Policies and actions affecting all strategies of the Work Programme
- Policies and programmes and HIV impacts within different sectors
- Regional policies and programmes which complement what Member Countries can do, both in responses to AIDS epidemic and in other fields.

ASEAN will continue to participate in global and regional forums for the purposes of:

- Sharing information
- Advocating on behalf of Member Countries
- Promoting the achievements of ASEAN and Member Countries

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<tr>
<td>4.1</td>
<td>ATFOA. Meet once a year to review progress, develop monitoring and evaluation frameworks, and for mid-term review in 2007-08.</td>
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<tr>
<td>4.2</td>
<td>ASEAN AIDS Information and Research Reference Network. Develop the website “ATFOA.net”. Secure resources for development and maintenance of the website.</td>
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</table>
| 4.3     | ASEAN involvement in global and regional events. Continue to promote the achievements of the Third ASEAN Work Programme on HIV and AIDS and to ensure external support for the initiatives of ASEAN and Member Countries, through active participation in:  
  - 8th International Congress on AIDS in Asia and The Pacific (ICAAP) – next one in 2007, in Sri Lanka |

5. Monitoring and Evaluation

Monitoring and evaluation were conducted in AWP II within specific projects. Only minimal information was collated centrally by the ASEAN Secretariat. Within AWP III (2006-2010), monitoring and evaluation will become a more central objective of the ASEAN Secretariat.

Monitoring and Evaluation of AWP III (2006-2010) will be a regular item for discussion at meetings of the ATFOA – not just general reports, but discussions about how to improve the Monitoring and Evaluation framework as the Work Programme progresses.

Monitoring and Evaluation will follow the generic criteria for all programmes of the ASEAN VAP:

Appropriateness/Relevance:

- Conformity with VAP priorities
- Sectoral need
- Contribution to MDG
Quality of Design:
- Objectives
- Programme logic
- Performance indicators
- Risks

Effectiveness:
- Achievement of planned processes and results
- Outputs delivered
- Outcomes achieved

Efficiency:
- Level of resources needed to achieve outputs and targets

Impact:
- Contribution to VAP goals
- Avoidance of negative consequences

Sustainability:
- Retention of knowledge gained (knowledge management)
- Risk management plan in place
- On-going resources available
- Political will to sustain momentum
- Continuity of flow of benefits

### Monitoring and Evaluation

<table>
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<tr>
<th>Ref. No.</th>
<th>Programme Areas and Measures</th>
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<tbody>
<tr>
<td>5</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td><strong>Objective</strong></td>
<td>To ensure that all components of the Work Programme, and the Work Programme as a whole, are implemented using approaches which</td>
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<td>● Are appropriate and relevant to ASEAN and Member Countries</td>
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<td>● Have high quality designs</td>
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<td>● Are effective and can be improved during implementation if they are not</td>
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<td>● Are efficient in allocating and using resources of Member Countries, donors and the ASEAN Secretariat</td>
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<td>● Work towards sustainability and minimise risks</td>
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<tr>
<td><strong>Strategy</strong></td>
<td>Discuss Monitoring and Evaluation at every meeting of the ATFOA. Develop monitoring and evaluation frameworks for each component of the Work Programme at the time of design of detailed Action Plans. Ensure donors and multilateral entities provide adequate resources for monitoring and evaluation of initiatives they support.</td>
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<td>For each component of the Work Programme, a baseline set of indicators for the current situation in Member Countries and across the region will be developed. These will include both qualitative and quantitative indicators.</td>
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<td>Allocate time of ASEAN Secretariat staff, as well as specific component staff and technical advisers, to design and conduct of monitoring and evaluation frameworks, consistent with the generic criteria of the VAP.</td>
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<td>Ensure that Member Country focal points and country coordinators for particular components of the Work Programme are involved in development of the monitoring and evaluation requirements and are able to allocate their own or other staff time to these.</td>
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<td>Conduct a mid-term review, using the generic criteria for Monitoring and Evaluation of the VAP, at the end of 2007.</td>
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<td>Conduct an End of Work Programme Participatory Review in the first half of 2009, to enable consideration of what may be required in future.</td>
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