



Association of South East Asia Nations



The ASEAN Work Programme on  
**HIV/AIDS II**  
(2002 – 2005)



# **ASEAN Work Programme on HIV/AIDS II (2002-2005)**

To support the implementation of the  
7th ASEAN Summit Declaration on HIV/AIDS  
Adopted by the 7th ASEAN Summit on  
5 November 2001 in Brunei Darussalam

# PREFACE

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At the 7<sup>th</sup> ASEAN Summit on 5<sup>th</sup> November 2001 in Brunei Darussalam, ASEAN's leaders declared their commitment and determination to curb the devastating impact of HIV/AIDS. They adopted the 7<sup>th</sup> ASEAN Summit Declaration on HIV/AIDS and committed their support for the implementation of the ASEAN Work Programme on HIV/AIDS II (2002-2005).

Both the Work Programme and the Declaration on HIV/AIDS identify multi-sector collaboration as a key requirement in combating HIV/AIDS transmission. It is therefore appropriate that these documents were prepared through multi-sectoral collaboration at the national, regional and international levels. The process involved a wide array of individuals and organizations from governments, communities, NGOs, and the business sectors, as well as UN and other international agencies. The strength of the ASEAN Work Programme on HIV/AIDS II (2002-2005) lies in the programmes and activities addressing common regional needs, such as HIV/AIDS surveillance and prevention, access to drugs, reagents and condoms, attention to mobile populations, and supporting national HIV/AIDS programmes.

I wish to thank the ASEAN Task Force on AIDS (ATFOA) and all those who have been involved in the process of In-country and Inter-country Consultations leading to the formulation of this comprehensive Work Programme. I commend the regional NGOs, such as the Asia Pacific Network of People Living with HIV/AIDS (APN+), AIDS Society of Asia Pacific (ASAP), Asian Harm Reduction Network (AHRN), Asia Pacific Network of Sex Workers (APNSW), Coordination of Action Research on AIDS and Mobility (CARAM-Asia), and the Asia Pacific Council of AIDS Service Organizations (APCASO). I also thank the business sector and experts in the field for their valuable contributions to these documents. Special thanks are due to UNAIDS and ASEAN's Dialogue Partners for their support throughout the consultation process. I hope that our collaboration will continue beyond the Declaration and Work Programme.



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## List of Abbreviations

ADB	Asian Development Bank
AHRN	Asia Harm Reduction Network
AICM	ASEAN Inter-country Consultation Meeting
AIDS	Acquired Immune Deficiency Syndrome
APCASO	Asia Pacific Council of AIDS Service Organizations
APICT	UNAIDS Asia Pacific Inter-country Team
APN+	Asia Pacific Network of People Living with HIV/AIDS
ARC	Academic Research Centres
ARV	Anti-retroviral Drugs
ASC	ASEAN Standing Committee
ASCHN	ASEAN Sub-Committee on Health and Nutrition
ASEAN	Association of Southeast Asian Nations
ATFOA	ASEAN Task Force on AIDS
ATFOANet	ASEAN Task Force on AIDS Network
ATS	Amphetamine Type Stimulants
AusAID	Australian Agency for International Development
AWPI	The Medium-Term Work Programme to Operationalise the ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995 - 2000)
AWPII	ASEAN Work Programme on HIV/AIDS II (2002 – 2005)
BAHAP	Border Areas HIV/AIDS Prevention Programme
BIMP	Brunei Darussalam-Indonesia-Malaysia-Philippines
BSS	Behavioural Surveillance System
CARAM	Coordination of Action Research on AIDS and Migration
CARE	CARE International
CBO	Community-Based Organization
CIDA	Canadian International Development Agency
CPA	Country Programme Adviser
DFID	Department for International Development United Kingdom
DTEC	Department of Training and Education Co-ordination
EAPRO	East Asia Pacific Regional Office
ESCAP	Economic and Social Commission for Asia and the Pacific
EU	European Union
FHI	Family Health International
GIPA	Greater Involvement with People with HIV/AIDS
GMS	Greater Mekong Subregion
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit

HIV	Human immunodeficiency virus
ICAAP	International Congress on AIDS in Asia and the Pacific
IDU	Intravenous Drug Users
IEC	Information, education, communication
ILO	International Labour Organization
INN	International non-proprietary name / generic name
JICA	Japan International Cooperation Agency
KL	Kuala Lumpur
MC	Member Countries
MTCT	Mother-to-Child-Transmission
NGOs	Non-government organizations
OI	Opportunistic Infections
PLWHA/PLHA	People living with HIV/AIDS
PMCT	Prevention to Mother to Child HIV Transmission
PVO	Private Voluntary Organization
RCM	Regional Coordination Mechanism
SCF	Save the Children Fund
SEAHIV	South East Asia HIV
SEAPICT	South East Asia and Pacific Inter Country Team
SEARO	South East Asia Regional Office
SOMHD	Senior Officials Meeting on Health and Development
SOMY	Senior Officials Meeting on Youth
STD/STI	Sexually transmitted disease/infection
TB	Tuberculosis
TBCA	Thailand Business Coalition on AIDS
TRIPs	(Agreement on) Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
World Bank	The World Bank Group
WPRO	Western Pacific Regional Office

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# A. INTRODUCTION

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**Since the first HIV infection was identified twenty years ago, HIV continues to spread worldwide.** From UNAIDS and WHO estimates, the number of people living with HIV/AIDS at the end of the year 2000 was about 36.1 million, while the number of people newly infected with HIV in 2000 was 5.3 million. The number of AIDS deaths in 2000 was 3 million. Since the beginning of the epidemic, AIDS has been the cause of death for 21.8 million people worldwide. The impact of HIV/AIDS on developing countries is devastating. HIV/AIDS has been the cause of increased morbidity and mortality of those in the reproductive age group. It impacts strongly on the social and economic aspects of development, delaying or even retarding growth and has become a threat to human and national security.

In ASEAN countries, HIV/AIDS was first noted in the early 1980s and has continued to spread at varying rates. By the end of 1999, UNAIDS estimated that there were about 1.63 million people living with HIV/AIDS in the ASEAN region which, according to the UN Statistics Division Social Indicator, together has a population of 510 million people in 1999. The number of people infected is likely to increase through risk behaviours, which are exacerbated by political, social and economic vulnerability factors in the region.

The 4<sup>th</sup> ASEAN Summit in 1992 recognized the threat of HIV/AIDS in the Region and agreed to make a “coordinated effort in curbing the spread of HIV/AIDS” as well as to establish a taskforce and a regional program to combat HIV/AIDS. The ASEAN Task Force on AIDS (ATFOA) met for the first time in 1993. With funding from WHO, the ASEAN Secretariat and ATFOA prepared the ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995–2000), which identified the priority areas for regional cooperation.

To operationalise the ASEAN Regional Programme on HIV/AIDS (1995–2000), the ASEAN Secretariat, with assistance from UNAIDS, developed the First Medium-Term Work Programme on HIV/AIDS (referred to hereafter as AWPI). ATFOA formally adopted the work plan in December 1997, followed by adoption by the

ASEAN Standing Committee (ASC) in August 1998. The work plan facilitated the implementation of the Regional Programme using both “Lead Shepherd<sup>1</sup>” and “cost-sharing<sup>2</sup>” principles. The priority areas of the first Regional Programme on HIV/AIDS were: ASEAN AIDS Information and Research Reference Network, Non-Health Agencies, Population Movement, Youth, Multi-sectoral collaboration, ASEAN Interface HIV/AIDS Corner, Multidisciplinary Studies to Explore a Research Proposal, Family Support Systems, Seminar for Islamic Religious Leaders and HIV Surveillance.

Under the AWPI, the ASEAN Member Countries successfully initiated nine activities. They also laid the foundation for more intensive and continued efforts in the ASEAN Work Programme on HIV/AIDS II 2002–2005 (or AWPII).

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1 A “Lead Shepherd” is a country coordinator who leads the development and implementation of a regional project/ activity in an area in which they have expertise or specific interest.

2 “Cost-sharing” refers to an arrangement whereby a country hosting a regional project would absorb the organizing costs and participating countries would defray the cost of airfare and per diem of their participants.



## B. REVIEW OF THE IMPLEMENTATION OF AWP I

The review is divided into three parts:

- Lessons learnt from the *Review of the Implementation of the 1<sup>st</sup> Medium Term Work Programme to Operationalise the Regional Programme on HIV/AIDS Prevention (1995 – 2000)*
- Recommendations of the 8<sup>th</sup> ATFOA Meeting held in Siem Reap in October 2000 and
- Review of the strategies

### 1. **LESSONS LEARNED FROM THE REVIEW OF THE 1<sup>ST</sup> MEDIUM TERM WORK PROGRAMME TO OPERATIONALISE THE REGIONAL PROGRAMME ON HIV/AIDS PREVENTION (1995 – 2000).**

Towards the end of the implementation of AWPI, the ASEAN Secretariat, with assistance of UNAIDS, initiated a review of the work programme. The objectives of the review were to assess the situation at the regional and national levels regarding HIV/AIDS related programme interventions, lessons learned and challenges experienced. Although no assessment or evaluation were formally built into AWPI or the individual activities, it was still possible to draw lessons from the reports on activities by member countries. The results of the evaluation were given as inputs for AWPII and the drafting of the Declaration of 7th ASEAN Summit Special Session on HIV/AIDS which was held in November 2001 in Brunei Darussalam.

The results of the review have been summarized by the ASEAN Secretariat in a report entitled *Review of the Implementation of the 1<sup>st</sup> Medium Term Work Programme to Operationalise the Regional Programme on HIV/AIDS Prevention (1995 – 2000)* which was presented to the First ASEAN Inter-Country Consultation Workshop to prepare for the 7<sup>th</sup> ASEAN Summit on HIV/AIDS, held from 26-28 April 2001 in Kuala Lumpur, Malaysia. The main findings of this report are summarised in Table 1. Important findings that

should be considered in enhancing the effectiveness and scope of the ASEAN AWPII include:

- Adopting a more proactive and strategic approach to resource mobilization
- Maintaining the “regionality” of the ASEAN HIV/AIDS activities
- Integrating evaluation and publicity in the activities
- Inclusion of NGO and private sector partners

**Table 1. Lesson Learned from the 1st Medium Term Work Programme to Operationalise the Regional Programme on HIV/AIDS Prevention**

<b>Conclusions from the Review of AWPI</b>	<b>Implications</b>	<b>Lessons Learned for AWPII</b>
Activities implemented on a cost-sharing basis with countries using their own resources to design and implement.	Limited scope, scale and quality of activities.	Incorporate strategic resource mobilisation and coordination with UNAIDS and other regional organisations to broaden scope and increase quality
Insufficient staffing of the ASEAN Secretariat	Limited capacity for direct coordination and leadership role by the ASEAN Secretariat.	Prioritise resource mobilisation to provide additional staff member for the ASEAN Secretariat.
Monitoring and assessment was not included in the AWPI.	Limited data available on the impact and outcome of the AWPI activities make it difficult to mobilise resources.	Integrate monitoring and evaluation of all activities in AWPII by Member Countries and ASEAN Secretariat
Most activities were at a country level rather than being regional activities with “added value”.	Limited utilisation of ASEAN regional capacity in relation to HIV/AIDS.	Prioritise regional activities with “added value” in AWPII. Capacity building for the lead shepherds from Member Countries.
Limited involvement of NGOs and private sector in activities in ASEAN AWPI.	Limited impact and reach of ASEAN AWPI. Missed opportunities to involve NGO and private sector capacity.	Prioritise NGO involvement as well as the private sector and build in cooperation to avoid duplication. Encourage Regional NGOs and private sector networks to affiliate with ASEAN and participate in ATFOA meetings.
Lack of integration of HIV/AIDS issues within broader ASEAN activities, including social and economic areas.	Limited utilisation of ASEAN linkages, networks and mechanisms. Missed opportunities to mainstream HIV/AIDS	Prioritise options for integration of HIV/AIDS into ASEAN activities.
Limited publicity of ATFOA activities in AWPI	Limited awareness within the Region about what ASEAN countries have achieved in AWPI. Missed opportunities for support and resource mobilisation.	Prioritise training and strategic planning for publicity of AWPII activities by all ASEAN Member Countries. Review publicity efforts in ATFOA meetings.

## 2. RECOMMENDATIONS OF THE 8<sup>th</sup> ATFOA MEETING IN SIEM REAP

In addition, at the 8<sup>th</sup> ATFOA Meeting held in Siem Reap in October 2000, Member Countries made specific recommendations about some AWPI activities that have to be taken into consideration in the development of AWPII (Table 2). The 8<sup>th</sup> ATFOA Meeting also agreed that the AWPII should also include assessment of IEC materials and cross-cultural studies for condom promotion.

**Table 2. Recommendations for AWPII from Member Countries 10/2000**

Activity	Recommendations
Non Health Sector Activity	<ul style="list-style-type: none"> <li>• Advocate for multi-sectoral responses on HIV/AIDS in conjunction with UNAIDS.</li> <li>• Involve more sectors in country preparation for the ASEAN Summit.</li> <li>• Work cross sectorally to mobilize resources for HIV/AIDS programmes.</li> <li>• Involvement of PLWHA in country level planning and implementation.</li> <li>• Prioritise HIV/AIDS programmes among ASEAN Member Countries.</li> <li>• Involvement of NGOs in future ASEAN Forum dialogues.</li> </ul>
HIV Prevention Education for Youth	<ul style="list-style-type: none"> <li>• Parents, community leaders and youth should be given relevant information and education about STI and HIV/AIDS.</li> <li>• Full attention to meet the education and service needs of adolescents to enable them to deal in a positive way with their sexuality.</li> <li>• Youth should be assisted through formal and informal organisations to establish and expand peer education.</li> <li>• All sectors of society should be encouraged to develop compassionate and supportive, non-discriminative HIV/AIDS related policies and practices that protect the rights of infected youth.</li> <li>• National capacity to create and improve HIV/AIDS policies and programmes supported and strengthened, including provision of resources and facilities to youth infected and affected by the epidemic.</li> <li>• Networking in areas of HIV/AIDS prevention among youth in ASEAN countries supported through electronic communication, regular meetings and exchange visits.</li> <li>• Sharing of IEC materials among member countries.</li> <li>• Encourage action-oriented research on affordable methods to prevent HIV and other STIs among youth.</li> </ul>

**Table 2. Recommendations for AWPII from Member Countries 10/2000 (Cont'd)**

Activity	Recommendations
Religious Leaders Activities	<ul style="list-style-type: none"> <li>• Strengthen networking between Islamic organizations.</li> <li>• Extend the activities with Moslem leaders to other religions.</li> <li>• Accelerate and intensify simultaneous implementation of public health and Islamic approaches in priority areas.</li> </ul>

### 3. REVIEW OF THE STRATEGIES OF AWPI

In the eight years since HIV/AIDS appeared on the ASEAN cooperation agenda following the 4<sup>th</sup> ASEAN Summit in 1992, a regional programme has been formulated and operationalised. Of the ten projects included under AWPI, nine projects have been implemented or are in the process of being implemented. The near completion of the activities under the first work program is indeed remarkable, considering that funding for projects was problematic and that most projects were implemented on the basis of cost sharing among member countries, with host countries providing organisational costs and participating countries paying their own way.

Remarkably, countries have also taken the lead in preparing and implementing their projects, using regional projects as a means to share what they have learned. In some projects, ATFOA has also succeeded in attracting external funding. For example, UNAIDS and CIDA have provided experts and resource persons and, in some cases, provided funding for member countries participation for selected projects.

Countries have exhibited commitment to self-reliance through cost sharing and the “lead shepherd” approach. Such an approach has proven to be effective in getting priority projects implemented despite the limited human resources at the ASEAN Secretariat and also at the country level and the unavailability of a common ASEAN funding source. Self-reliance could remain as a basic strategy for the operationalisation of the second work program.

### ***Problems encountered and recommendations***

Since most of the projects/activities have been implemented on a cost-sharing basis and the project coordinators depended on their own staff resources to design and implement the projects, more will have to be done to ensure that project design takes into account state-of-the-art knowledge, “regionality” and sustainability.

Such issues have been difficult to evaluate due to the fact that the AWPI lacked a mechanism for monitoring and assessment of projects/activities. Consequently, assessment of project impact both in terms of outcome and process evaluation should be built into AWPII.

ASEAN projects should, but often do not address issues for which a regional approach has “value added” or comparative advantage. In this regard, the second work programme should identify and prioritise special issues that especially require a regional approach.

There is also a need to ensure that project activities are not isolated events, lacking programmatic links to other areas of the work program. There was often a tendency for activities to become one-off events in the form of workshops, with the risk that they end up having little or no impact on project objectives.

Capacity building for the lead shepherds has to be addressed and the Social Development unit of the ASEAN Secretariat will also have to be strengthened. The unit, currently with three openly recruited staff, oversees twelve areas under social development and services an average of thirty-six meetings in a year. The implementation of the recommendation of the 5<sup>th</sup> ASEAN Health Ministers’ Meeting held in April 2000 to establish a health development unit will go a long way towards ensuring that cooperation in HIV/AIDS activities will be raised to a higher level of effectiveness.

Funding has been a perennial challenge. The next work programme will require the development of a resource mobilisation strategy which includes the following elements: utilisation of existing or on-going UNAIDS/WHO activities in implementing related ASEAN activities; joint approaches to donors in collaboration with UNAIDS; mobilising the private sector; and opening country level activities for ASEAN participation.

More will also need to be done in involving the NGOs in the activities of the ATFOA, as recommended by the 4<sup>th</sup> ASEAN Summit in 1992. While NGOs have participated in some activities implemented under the work program, a more concerted effort is needed to ensure that NGOs participate in the projects under the 2<sup>nd</sup> ASEAN Work Programme and at the level of ATFOA meetings. Such participation should also extend to private sector groups and international agencies. This will ensure that ATFOA's activities complement, and not duplicate the work of other bodies. In this regard, it may be useful for regional networks of NGOs or private sector groups to affiliate with ASEAN for the purpose of participating more fully in the ATFOA meetings and its activities.

A related aspect of collaboration with external bodies is the programming of HIV/AIDS activities into the work of other ASEAN bodies, not just those in the area of social development but also in the economic areas, particularly with respect to trade related issues and the supply of pharmaceuticals. The second work program will also need to find ways to address this need.

There seems to be little publicity given to activities implemented by ATFOA. It may be useful for ATFOA to consider asking project coordinators to prepare press releases and to furnish articles for the projects implemented. Greater use could also be made of the electronic media to publicise the work of ATFOA.

The ASEAN region has a diversity of actors in HIV/AIDS programming and implementation. At any one time there are ongoing programmes as well as those being planned, which means that the regional strategy and programme development is essentially work- in- progress. Given the dynamism and the diversity of regional and national programmes, there is a great opportunity to compliment and facilitate greater synergy of the efforts of the different regional partners-UN agencies, bilateral aid agencies, international NGOs, the private sector and most important of all, the national programmes.

The intensity, focus and nature of the regional programme development are dependent on the status of the epidemic as well as on the concerns, capacity and interest of the many different partners involved.

# C. ASSESSMENT OF REGIONAL NEEDS AND CAPACITY FOR AWP II ON HIV/AIDS



## 1. METHODOLOGY

Information for the inter-country assessment was obtained from the review of the Implementation of AWPI, the Country Papers, the Review of the ATFOA Expert Group, the ASEAN Secretariat, UNAIDS and the consultant. The Programme Review began with in-country consultations where all sectors working on HIV/AIDS were invited by the country coordinators to discuss the following:

- The current HIV/AIDS situation
- The national responses
- The lessons learned which could be shared with other Member Countries
- Future national priorities to be addressed
- Proposed regional ASEAN priorities.

Pre-meeting consultations with regional NGO networks were also organised to provide inputs into the drafting of the Second Work Programme on HIV/AIDS (AWPII). Following the collation of all inputs, the first draft of AWPII was compiled and discussed by participants at the first inter-country consultation held in Kuala Lumpur during 26 – 28 April 2001. This consultation included representatives of NGOs and private sector from each country, representatives from regional NGOs such as Asia Pacific Network of People Living with HIV/AIDS (APN+) and Asia Pacific Council of AIDS Service Organizations (APCASO) as well as UNAIDS and UNFPA. The objectives of the consultation were to prioritise common needs and common actions, to reach agreement on regional activities, and to give feedback for adjustments to the draft work programme.

The outputs from the Kuala Lumpur consultations have shaped the proposed country and regional level responses incorporated in the draft AWPII. The outcomes from the Kuala Lumpur meeting were considered at the Bali

meeting from 15 – 17 June 2001, which was attended by three representatives from each ASEAN country (including an NGO representative), a panel of five technical experts from the region and representatives from regional NGOs.

## **2. THE CURRENT REGIONAL HIV/AIDS SITUATION**

HIV/AIDS in ASEAN commenced as early as 1984 in Thailand and the Philippines, followed by reports from the other countries as shown in Table 3. The rates of transmission are different in the countries in the region. The prevalence rates are above 1% in the adult population of Cambodia, Myanmar and Thailand. The main mode of transmission is sexual. In some countries (Malaysia and Viet Nam) transmission through contaminated injecting equipment among injecting drug users is an important mode. Some possible factors promoting the rapid progress of the HIV epidemic are:

- Behavioural surveys indicate that a combination of men having multiple sex partners, low condom use, contributes to the faster spread of the HIV epidemic.
- High rates of sexually transmitted diseases (STDs). STDs increase the risk of HIV infection through sexual transmission.
- Increased mobility of people. An increased mobility of people, either in-country or cross-border, may increase vulnerability to HIV infection, through drug use or sexual risks. All ASEAN countries have observed the increase in mobility of the people both internal and cross-border and increase in drug trafficking in the region.
- There is evidence of changing trends of HIV transmission in the region. The epidemic of drug use, including injecting heroin and use of amphetamine type stimulants (ATS), is rising in Indonesia, Myanmar, Thailand and Viet Nam.
- In the countries with a generalised epidemic, the morbidity rates due to opportunistic diseases such as Pulmonary Tuberculosis (PTB) have increased. In Thailand, PTB notification has increased among the younger age group in the population.

- Social stigmatisation and discrimination against people living with HIV/AIDS and their families are still strong in many parts of the region. This has hindered HIV/AIDS prevention, treatment, care and support programmes.
- In some countries, certain target groups such as injecting drug users, youth and mobile populations are not covered due to lack of financial and technical support. There is also a need for a system to collect information on the socio-economic impacts of HIV/AIDS. This information would be beneficial for the policy makers. Some countries need to develop a policy strategy on advocacy.

The HIV/AIDS situation among ASEAN Member Countries is summarised in Table 3. Due to the different stages of HIV/AIDS epidemic in ASEAN Member Countries, a variety of activities are needed. Some countries need policy advocacy to start preventative interventions while some countries need technical and financial support to address the burden of health and socio-economic impacts of HIV/AIDS.

**Table 3. Summary of HIV/AIDS among ASEAN Member Countries**

Member country	Total * population (thousand)	Number of people living with HIV/AIDS	HIV/AIDS * prevalence (%) in adults (15-49 yrs.)	Number of children living with HIV/AIDS (0-14 yrs.)	AIDS deaths* (adults and children) in 1999	Cumulative* AIDS orphans	Year first detected HIV/AIDS	Main mode of transmission
Brunei Darussalam	321	< 100	0.20	...	...	...	1986	Sexual
Cambodia	10,931	169,000	2.80	5,000	14,000	13,000	1990	Sexual
Indonesia	209,178	52,000	0.05	680	3,100	2,000	1987	Sexual
Lao PDR	5,301	1,400	0.05	< 100	130	280	1989	Sexual
Malaysia	21,817	49,000	0.42	550	1,900	680	1986	IDU
Myanmar	45,064	530,000	1.99	14,000	48,000	43,000	1988	Sexual
Philippines	74,444	28,000	0.07	1,300	1,200	1,500	1984	Sexual
Singapore	3,518	4,000	0.19	< 100	210	120	1985	Sexual
Thailand	60,841	695,000	1.91	20,000	66,000	75,000	1984	Sexual
Viet Nam	78,639	100,000	0.24	2,500	2,500	3,200	1990	IDU
ASEAN	510,054	1,628,500		44,230	137,040	138,780		

**Sources:** \* Figures as at the end of 1999 from:

- Report on the global HIV/AIDS epidemic, June 2000, UNAIDS, GENEVA
- HIV/AIDS Country Profiles: The 5<sup>th</sup> Asian Workshop, Going to Scale: From Pilot Projects to National Responses 12 – 16 February 2001, Bangkok, Thailand
- Medium-term Work Programme to Operationalise the ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995 – 2000)
- Cambodia: Ministry of Health, Spring 2001
- Communication from the Ministry of Health, Myanmar, on 29 August 2001.

### 3. COMMON PRIORITIES FOR REGIONAL ACTIVITIES IN AWPII

The common priorities for regional activities were synthesized from a variety of sources: the review of AWPI, recommendations from Member Countries at ATFOA meetings, the inputs from regional NGOs, the country papers provided by Member Countries and the first Inter Country Consultation Meeting held from 26-28 April 2001 in Kuala Lumpur (hereinafter referred to as AICM).

The formulation of the AWPII incorporates consideration of national strategic plans and resources in Member Countries, linkages with UNAIDS, its Co-Sponsors and Partners' activities and mechanisms at regional and country levels.

Further, the 8<sup>th</sup> ATFOA Meeting held at Siem Reap in October 2000 recommended consideration of the following issues: recommendations from HIV/AIDS prevention activities among youth, activities with Moslem religions leaders, an assessment of IEC Materials and "Cross Culture Studies for Condom Promotion", the recommendations from the Non-Health Sector activity and the continuation of information networks. Gender issues and counselling are to be taken into consideration as a crosscutting issue in all project areas.

Table 4 is a matrix of the content areas and processes or strategies that have been identified from the above-mentioned consultations and which was built during the first inter-country consultation in Kuala Lumpur. It represents the consensus of common regional needs or priorities to support country programmes. Table 5 presents both the technical issue and the strategies appropriate to the technical issue.

The common country priorities can be broadly grouped as follows:

- Surveillance
- Prevention programs
- Access to drugs, reagents and condoms
- Treatment, care, support and counselling
- Creating a positive environment, including laws and regulations.
- Gender and capacity building are cross cutting themes or strategies.

#### 4. CONSENSUS FOR PRIORITY REGIONAL PROGRAMMES FOR AWPII

At the first AICM held in Kuala Lumpur in April 2001, Member Countries agreed that **priority should be given to issues for which a regional approach has “added value”** such as human mobility and joint efforts to provide affordable drugs. Moreover, the Meeting also agreed that the **prioritisation of regional activities supporting national programmes could be done at a later stage**, taking into account the resource requirements for the proposed projects/ activities, which include the following:

- The availability of external funding resources;
- The availability of lead shepherds from among Member Countries;
- The availability of opportunities for ASEAN participation in ongoing activities of international agencies.

The consensus of common priorities for regional activities that was reached is shown below:

##### 4.1 Strengthening regional coordination through:

- 4.1.1 High level advocacy (political mobilisation)
- 4.1.2 Regional information networks
- 4.1.3 Resource (financial) mobilisation for regional activities
- 4.1.4 Thematic working groups to work on programme areas
- 4.1.5 Monitoring and evaluation of all regional activities

##### 4.2. Regional capacity building

- 4.2.1 Forum for exchange of experience and research findings
- 4.2.2 Exchange of experts

##### 4.3 Inter-country activities on mobility and HIV/AIDS

- 4.3.1 Policy development
- 4.3.2 Inter-country planning, implementing, monitoring and evaluation

##### 4.4 Joint actions on increasing access to ARV, OI treatment and prophylaxis, drugs and testing reagents.

Table 4. Common Priorities for Country Programs for AWPHI

Area of work Strategy	Surveillance		Prevention				Prevention			Access to • Drugs • Reagents • Condom	Treatment, Care support and counselling	Positive Environ- ment including law and regulations
	Population Movement	Education programs	Life-skills for youth	Condom/ STD	Injecting drug use	PMCT	Blood safety					
Advocacy • political • public	B, C, My, Ma, L	B, C, L, P, Ma T		BM N, C T	My BM N, I T	C T	I T	C, L, My, I, S, Ma, T	L, S, Ma N, I, C, T	S, Ma, L, V, T		
Inter-sectoral collaboration, coordination & networking	I, B, C, My, V	Ma, B, C, My, P, T	My				I	I	Ma, I	B, T		
Capacity building and training, including information exchange and gender issues	L, I, Ma, P, B	C, L, I, Ma, P, BM, B, V, T	L I Ma My BM, V	C, L, I, My, P, BM, V, T	I, My, T	C, I, BM, V	I, My, B	T	L, C, I, My, BM, N, B, V, T	L		
Introducing new technologies/ social marketing	V	N		C, My, P, N, V, T	N, V		V		N			
Development of plans and policies	B	B						V	L	B, C, L		

B = Brunei Darussalam, C = Cambodia, I = Indonesia, L = Lao, My = Myanmar, P = Philippines, S = Singapore, T = Thailand, V = Viet Nam, Ma = Malaysia, BM = the 7th ATFOA meeting in Brunei Darussalam, N = Inter – networking in KL

**Table 5. Common Needs for Regional Activities Supporting Country Priorities for AWPII**

Area	Advocacy	Coordination & Networking	Capacity Building	Social Marketing	Work as Regional Program	Condom Supply	Supply
Inter-Sectoral Collaboration	•	•	•				
Surveillance			•				
Education Program			•				
Population Movement					•		
Gender Issues	•			•			
Life skills Training for Youth			•				
Condom Promotion and STD Management	•		•	•		•	
Drug Use and HIV	•		•	•			•
PMCT			•				•
Blood Safety			•				•
Counselling	•		•				
Treatment, Care, Support	•	•	•				•
Creating Positive Environment	•			•			

## 5. RESOURCES FOR REGIONAL ACTIVITIES FOR AWPII

### 5.1 National Best Practices and Lessons Learned

The country papers provided by each Member Country included national best practices and lessons-learned that can be shared with the Member Countries. Table 6 provides an overview of these resources offered from the Member Countries.

**Table 6 National Best Practices and Lessons Learned**

Areas of work	Country
Effective multi-sectoral partnerships	Lao PDR
Advocacy with the members of the National Assembly	Lao PDR
Experience in planning, developing and implementing prevention programme in low prevalence and resource poor settings	Philippines
HIV/AIDS laws and implementing rules and regulations	Philippines
NGOs networking	Indonesia, Philippines, Thailand, Malaysia
Surveillance system	Cambodia, Viet Nam
Condom promotion	Cambodia, Thailand
Life skills training for youth	Cambodia
Prostar programme for youth	Malaysia
Youth to youth programmes	Myanmar
Voluntary counselling and testing	Thailand
AIDS education strategies, public education and education for high risk groups	Singapore
Seminar for Islamic religious leaders	Indonesia
Research on mobile populations and ethnic groups	Myanmar
Approaches for populations with different cultures	Myanmar
Inter country activities for mobile population	Viet Nam
Training, consultation and accreditation in laboratory diagnosis for HIV	Singapore
Antenatal screening programme	Brunei Darussalam
PMCT	Malaysia, Thailand
Institutional care for HIV/AIDS	Malaysia
Community-based care and responses	Cambodia, Thailand

## **5.2 Related Regional Resources and Initiatives**

### **5.2.1 Priority areas of regional stakeholders**

Five priority areas have been identified by regional stakeholders including national governments, UN system organizations, UN partners, bilateral donors and NGOs at the meeting for Regional Action in support of National Responses to HIV/AIDS in Hua Hin, Thailand, April 2000. In addition four strategic approaches particularly suited to regional action have been identified - political advocacy; facilitation of policy dialogue; information exchange; and resource mobilization. A list of organizations with a regional framework for HIV/AIDS programmes and activities appears in Appendix 1. The following are examples of activities being implemented in the region by various International agencies.

### **5.2.2 On-going regional programmes and activities**

#### ***Condom promotion in high risk situations***

Highlights include development of an advocacy package by UNFPA with support from UNDP for activities at country level; improved condom procurement and distribution by UNFPA and FHI; and development of a condom promotion framework for implementation at country level by WHO, UNFPA, UNICEF, the World Bank, USAID, DFID, Population Services International and the UNAIDS Secretariat.

#### ***Life skills focusing on youth***

Highlights include development of a regional communication strategy led by UNESCO, UNDCP and ESCAP; support for the development of youth platforms for the Intergovernmental meeting on Youth in June 2001 by UNFPA, UNDCP, UNICEF, UNESCO, WHO, ESCAP and the UNAIDS Secretariat; improved co-ordination of efforts through UNAIDS Youth Task Force coordinating the development of indicators monitor and assess impact and effectiveness of life skills programming by UNICEF-

EAPRO, WHO, UNFPA, UNESCO, the Thai Red Cross and SCF; improved materials and approaches in life skills by UNICEF and the UNAIDS Secretariat.

***Care and support, including the prevention of HIV transmission to mothers and children.***

Highlights include development of a mechanism to facilitate effective teamwork between regional entities led by the UNAIDS Secretariat, and development of technical guidelines by WHO-WPRO.

***Drug use and HIV vulnerability***

Highlights include support for national consensus meetings on drug use and vulnerability by UNDCP and UNICEF; support for pilot projects at country level from UNDCP, UNICEF and the UNAIDS Secretariat.

***Mobile populations and HIV vulnerability***

Highlights include creation of a regional Task Force on Mobility led by UNDP-SEAHIV; development of a sub regional Action Programme including Maritime Industries Action Programme for ASEAN countries, Greater Mekong sub regional Action Plan, BIMP joint action programme and fishermen's action programme involving a range of UN partners.

**5.3 Regional Coordination Mechanism (RCM) of the UN in Asia and the Pacific**

The UN established the RCM in April 2000 to coordinate nine priority areas of advocacy and work agendas. The Thematic Working Group for each area was established. One of the priority areas identified was HIV/AIDS. Under the Thematic Working Group on HIV/AIDS, there were five "UN Regional Task Forces". These five Task Forces cover the priority topics presented and meet twice a year. They were established for 2 years (until 31 December

2001) after which time they will be reviewed. Task force meetings take place in Bangkok or in different cities in the region.

The UN task forces vary in their scope and effectiveness depending on the members and the work plan undertaken. They provide invaluable access to expertise in key technical areas and information exchange as well as specific projects undertaken across the Region.

#### **5.4 Other Bilateral Activities**

AUSAID currently has four HIV/AIDS bilateral activities in the Asia Pacific Region, either in implementation (Indonesia and PNG) or close to starting (India and China). AUSAID is also in the final stages of designing a Regional HIV/AIDS Initiative that will cover a period of three years (2002 – 2005). This project will work in priority ASEAN countries and is likely to concentrate on reducing the HIV related harm associated with injecting drug use. This will be carried out through an ASEAN wide focus on policy aspects and a focus on policy and program issues on priority countries.

USAID is currently implementing bilateral HIV/AIDS projects through Family Health International (FHI) in Indonesia, Viet Nam, Cambodia and Nepal. FHI also implements a wide range of regional activities through its Bangkok Regional Office with funding from USAID, DFID, UNAIDS that are implemented in India, Nepal and China.

#### ***Examples of regional training programmes include:***

- Clinical Management of HIV/AIDS in Bamrasnaradura Hospital, Thailand, Three-week course organized by WHO Collaborating Centre, WHO-SEARO.
- PMCT Professional Attachment in Northern Thailand, Two-week course organized by the Health Office, Region 10, supported by UNICEF (Thailand) and DTEC
- UNAIDS Strategic Planning Exercise, UNAIDS Country Programs

## D. JUSTIFICATION FOR AWPII

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### **Socio-economic impact**

Since AIDS has the potential to kill many people in the prime of their lives, AIDS poses a serious threat to development. By reducing growth, weakening governance, destroying human capital, discouraging investment and eroding productivity, AIDS undermines countries' efforts to reduce poverty and improve living standards. Since the HIV/AIDS epidemics in ASEAN Countries are at different stages range from early epidemic, slow transmission, rapidly rise to full-blown epidemic with devastating impacts; there are different needs in range of interventions to address the epidemic. The rapidly changing political-socio-economic environment in the region after the economic crises in 1997 may have fuelled the spread of HIV and added to the burden of the countries most severely affected.

However, ASEAN countries share the common strengths to combat this epidemic. From the establishment of the ASEAN Task Force on AIDS (ATFOA) in 1992 to work collaboratively with ASEAN and Regional Partners, ASEAN countries have shown the collective efforts to operationalise the first regional work programme on HIV/AIDS from 1995-2000, often on the basis of cost-sharing and self-reliance.

All ASEAN countries involved in the first AICM held in Kuala Lumpur on April 2001, agreed that joint actions should continue in the Second ASEAN Work Programme on HIV/AIDS from 2002-2005. With strong leadership and political commitment in national and regional level and active involvement of all relevant sectors, AWPII could be made to better benefit people in ASEAN Member Countries.

## E. OBJECTIVES OF AWPII

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### 1. GENERAL OBJECTIVE

To prevent the spread of HIV/AIDS and mitigate the social and economic impact of the disease in ASEAN Member Countries.

### 2. SPECIFIC OBJECTIVES

1. To reduce the rate of HIV transmission in ASEAN Member Countries.
2. To create a positive and enabling environment for the prevention of HIV/AIDS and for the provision of comprehensive treatment, care and support for people living with HIV/AIDS in ASEAN Member Countries.
3. To strengthen national responses to HIV/AIDS prevention, treatment, care and support programmes in ASEAN Member Countries through inter country activities.
4. To strengthen multi-sectoral collaboration and coordination among governments and regional partners (international agencies and NGOs, regional networks of people living with HIV/AIDS, international donors and private sector) to facilitate national and regional programmes.

### 3. EXPECTED OUTCOMES

Some of the expected outcomes and outputs of the ASEAN regional strategies and action include:

- Significant leveraging of political commitment through regional advocacy.
- A more efficient and effective use of regional partners' technical and financial resources.

- Mobilization of additional resources for country-level as well as regional strategies and activities.
- More effective national response through greater collaboration between countries on policy and programme issues of common concern.
- Improved access to, and availability of, technical support through the development of regional (horizontal or south to south) technical resource networks.

# F. STRATEGIES

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## 1. GENERAL PRINCIPLES

### 1.1 “Regionality” of ASEAN Projects

Regional activities must demonstrate a clear “value-added” over national activities and should not duplicate them. The following are some criteria for “regionality”:

#### **1.1.1 Regional activities are those that address problems, which are transboundary in nature or require inter-country cooperation.**

Regional trade integration, and efforts to combat haze pollution, are basically regional in the sense that issues are cross-boundary and can be addressed effectively only through inter-country cooperation. In the area of HIV/AIDS, population movement, which may contribute to the spread of HIV, is a good example of a regional issue.

#### **1.1.2 Activities that facilitate the implementation of, or commitment to, international conventions.**

An activity could be regional if it provides opportunities for Member Countries which are signatory to say, international labour conventions, to share experiences on difficulties and solutions encountered in their implementation. A regional forum of this kind also provides opportunities for strengthening commitment to regionally accepted objectives.

#### **1.1.3 Activities that promote the formulation of consensus on international and regional health issues.**

The biennial meeting of the ASEAN Health Ministers serves as a useful forum for ASEAN Member Countries to formulate common positions on issues such as health and nutrition, the elderly, HIV/AIDS and other communicable diseases.

**1.1.4 Activities that promote learning from regional best practice.** The diversity in levels of development among ASEAN Member Countries, far from being a liability, could be an asset for regional cooperation. This situation enables countries to learn from each other. Knowing about what other countries are doing can also potentially promote synergistic linkages between institutions, promote economies of scale and prevent duplication of efforts. Activities which facilitate regional learning including networking of centres of excellence (through the internet or regular focused meetings); compilation of good practice models, guidelines, laws or standards; compilation of directories of researchers, experts, resources and the like.

**1.1.5 Activities that promote linkages among centres of excellence through the establishment of networks.** Over the years, numerous ASEAN networks ranging from higher education, occupational safety and health, youth to HIV/AIDS have been established to promote in particular, the sharing of information, best practice knowledge and training.

**1.1.6 Activities that build capacities for compiling regional indicators for trends on health and HIV/AIDS.**

**1.1.7 Activities that take advantage of the economies of scale.** Good examples are training trainers from ten countries in one course rather than having ten training sessions in ten different locations and joint purchasing of essential drugs as a collective response to TRIPS.

## **1.2 Multi-sectoral involvement**

There are aspects and dimensions of HIV/AIDS programming that can be usefully addressed through and from a multi-sectoral platform and critically, add to the efficiency and effectiveness of national responses.

Further, regional entities are engaged in different regional AIDS-specific or AIDS related activities or initiatives. So too are a wide array of bilaterals, international NGOs and development agencies, intergovernmental bodies as well the private and business sector.

### **1.3 Cross cutting themes**

Gender and capacity building are cross cutting themes or strategies in all programme areas.

### **1.4 Monitoring of programmes and activities**

AWPI lacked a mechanism for monitoring and assessment of projects/activities. It is crucial to build monitoring and evaluation in AWP II so that programmes and projects can be assessed right from the design stage right to impact. For that reason, Monitoring and Evaluation (M&E) will be designed as an integral part of AWPII.

### **1.5 Role of the ASEAN Secretariat in regional strategies**

In promoting and facilitating regional processes for programme development and implementation for HIV/AIDS, there is a need to build the capacity of the Lead Shepherds and in improving regional coordination. The Social Development Unit of the ASEAN Secretariat has to be strengthened for this purpose. Currently it has three openly recruited staff and takes care of about twelve areas under social development and services about thirty-six meetings in a year. The recommendation of the 5<sup>th</sup> ASEAN Health Ministers' Meeting held in April 2000 to establish a health development unit will go a long way towards ensuring a higher level of effectiveness and cooperation in HIV/AIDS activities.

### **1.6 Centrality of country specific programmes**

Country specific and country managed HIV/AIDS programmes remain the most effective responses to the epidemic. The programmes in the AWPII serve to strengthen and support the national response.

## 2. DEVELOPING THE REGIONAL STRATEGY

Taking into account the findings of the review of the 1<sup>st</sup> Medium Term Work Programme to Operationalise the Regional Programme on HIV/AIDS Prevention (1995 – 2000), the assessment of regional needs and capacity and the consensus achieved at the first AICM held in Kuala Lumpur in April 2001, the regional strategies must seek to strengthen regional coordination, build regional capacity, address cross border issues related to HIV/AIDS and ensure monitoring and evaluation of the activities.

AWP II will be operationalised through four major strategies. Within each strategy are programmes that have specific objectives, activities, implementing agencies or organisations and success indicators. The four strategies are:

**2.1 Non-programme strategy:** on going, routine programmes that do not require project proposals and are aimed at strengthening regional coordination through high level advocacy (political mobilisation), information networks, exchange of expertise, taskforce and working group mechanisms on specific regional issues, informal or virtual meetings, dialogues and bilateral exchanges, resource (financial) mobilisation for regional activities, and increasing the networking and collaboration with other international agencies and organisations

**2.2 In support of country programmes strategy:** programmes that are coordinated by lead countries/shepherds with cost-sharing among ASEAN Member Countries that strengthen and support the responses at the national levels; the ASEAN Secretariat and ATFOA help to coordinate regional initiatives and negotiate with potential donors to support the lead countries; the process of identifying lead countries or shepherds which could be any appropriate public agency or non-governmental organisation will be done through AFTOA; in some programmes the exact nature of the activity has not been identified and AFTOA will continue to work on defining the manner in which the objectives will be achieved; eight programmes have been identified under this strategy.

- 2.3 Joint Action strategy:** programmes that meet the criteria for “regionality” where the ASEAN Secretariat, with support from ATFOA works as convenor to set-up ad hoc working groups or ATFOA Working Groups to jointly address the regional needs; three programmes have been identified under this strategy under section 2 of this Work Programme.
- 2.4 Monitoring and Evaluation strategy:** the systematic inclusion of monitoring and evaluation in all programmes and activities of AWPII that will focus on process, output and outcome indicators. This approach will enable the Member Countries to account for resources used, to ascertain the utility of programme activities, to promote the AWPII activities and to seek additional funding resources. The implementation of the monitoring and evaluation framework will be the responsibility of the member Countries and the ASEAN Secretariat, with data being collected annually and presented in the Annual ATFOA Report. The ASEAN Secretariat will mobilise technical assistance to design instruments to be used for monitoring and evaluation, to produce “evaluation packages” for use by member Countries. Lead Shepherds from each Member Country and staff from the ASEAN Secretariat will also be trained in the use of the evaluation package and to incorporate the monitoring and evaluation data into the annual report format.

## G. PRIORITY PROGRAMME AREAS

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Fourteen programmes have been identified as priority areas to be carried out under the four regional strategies. They are:

### **Non-programme strategy:**

- ASEAN AIDS Information and Research Reference Network
- Pro-active participation of UNAIDS in ATFOA Meetings
- Involvement in global and regional events

### **Joint Action strategy:**

- Joint actions to increase access to affordable drugs and testing reagents
- Inter country activities on mobile population
- Inter-sectoral collaboration

### **In support of country programmes strategy:**

- Education programme and life-skills training for youth
- Condom promotion and STD management
- Surveillance
- Treatment, Care and Support
- Prevention of Mother to Child HIV Transmission
- Creating positive environment
- HIV prevention among Drug Users
- Strengthening regional coordination among agencies working on youth and youth networks in ASEAN

### **Monitoring and Evaluation strategy:**

- Development of tools for monitoring and evaluation
- Development of a web based data management system

## 1. NON-PROGRAMME STRATEGY

### 1.1 Asean AIDS Information and Research Reference Network

The ASEAN countries have appreciated the efforts of Thailand to establish an ASEAN AIDS Information and Research Reference Network, an “electronic network” named ATFOANET, with assistance from the Asia Pacific Inter Country UNAIDS team. This e-network is a channel for information exchange on HIV/AIDS. The Member Countries also expressed their needs for sharing of lessons-learned or national best practices and exchange of experts among countries.

#### Specific objectives

- To coordinate and strengthen the network of sharing of information and research studies among ASEAN Member Countries.
- To collect and share national good practices or lessons-learned on HIV/AIDS activities.
- To compile a directory of experts on HIV/AIDS in ASEAN.

#### Activities

ASEAN Secretariat and ATFOA will:

- Cooperate with SEAPICT of UNAIDS and the AIDS Division of the Ministry of Public Health, Thailand to continue the e-network “ATFOANET”.
- Encourage utilisation of the network by the relevant sectors in ASEAN countries as a means of sharing their experiences and information and publicizing their activities.

#### Success criteria

- Commitment for ongoing funding for ATFOANET obtained by 2002.
- Establishment of ATFOANET as a viable e-network to 2004.
- All ASEAN countries contribute data to ATFOANET.

## **1.2 Pro-active Involvement of UNAIDS in ATFOA Activities**

### **Specific Objective**

To increase the utilisation of the expertise of UNAIDS and its pro-active role in the ASEAN response to HIV/AIDS in ATFOA activities.

### **Activities**

ASEAN Secretariat, with ATFOA concurrence, will:

- Invite UNAIDS to present thematic papers at the ATFOA annual meetings.
- Request UNAIDS seminars and workshops in the region and outside the region to be opened to ASEAN Member Countries.

### **UNAIDS will:**

- Include consideration of HIV/AIDS and the ASEAN AWPII in all co-sponsor regional meetings.
- Use network to support the Member Countries in ATFOA activities.

### **Success Criteria**

- MOU signed between UNAIDS and ASEAN secretariat.
- Regular participation of UNAIDS in ATFOA meetings and activities at country and regional level.
- Participation of ASEAN Member Country representatives in UNAIDS activities, including regional task forces and consultation meetings.
- All UNAIDS co-sponsored regional meetings to include HIV/AIDS agenda and reference to the AWPII.

### **1.3 Asean Involvement in Regional and Global Events**

#### **Specific Objectives**

- To build a better understanding of the global challenges of the HIV/AIDS pandemic.
- To promote ATFOA goals and objectives in HIV/AIDS prevention and control.
- To promote ASEAN activities and capacity.

#### **Activities**

The ASEAN Secretariat will facilitate:

- Attendance and participation of Member Countries in global and regional events related to HIV/AIDS.
- Participation and organisation of sessions in regional and global events (example: holding a satellite meeting at the 6th ICAAP in Melbourne in October 2001).
- Forward planning with global and regional organizations such as UNAIDS, and other regional partners.

#### **Success criteria**

- Participation of ASEAN leaders and Member Country representatives at the regional and global HIV/AIDS meetings.
- Country strategies and programmes reflect understanding of the cross border issues related to HIV/AIDS.

## **2. JOINT ACTION PROGRAMME ACTIVITIES**

For this group of programme areas, the ASEAN Secretariat, with support from ATFOA, will convene an ad hoc working group or ATFOA Working Group to jointly address the regional needs.

### **2.1 Joint Actions to Increase Access to Affordable Drugs and Testing Reagents**

People living with HIV/AIDS need good care and support for improving their quality of life. Provision of care and support needs compassionate and skilful care providers, well-organized health and social support systems, adequate supplies of essential drugs for treatment and reagents and equipment for testing.

Most medicines for opportunistic infections, treatment and prophylaxis, anti-retroviral drugs and laboratory-testing reagents are expensive. Thus, the quality of treatment and care is affected partly by the high price of drugs and reagents. ASEAN Member Countries can advantageously negotiate jointly with the drug companies for affordable price of drugs and testing reagents essential for improving quality of life of people living with HIV/AIDS.

#### **Specific objectives**

- To negotiate for affordably priced essential drugs for treatment and prophylaxis of opportunistic infections, anti-retroviral drugs and essential testing reagents.
- To promote the capacity of member countries to manage the impact of TRIPS on the accessibility to ARV and essential drugs.

#### **Activities**

- Recruit an expert to conduct a feasibility study to identify problems and issues, explore opportunities for cooperation with a view to undertaking: (a) bulk purchasing, (b) joint negotiations.

- Establish an ad hoc expert group under AFTOA to review the feasibility study.
- Organize a workshop of experts to share experience of Thailand, India, South Africa and Brazil in negotiation for bulk purchasing, differential pricing and compulsory licensing.
- Organize a meeting between the ASEAN Member Countries (ad hoc expert group or ATFOA Working Group) and pharmaceutical companies.
- Appoint an ATFOA representative to ASEAN Sub-Committee on Health and Nutrition (ASCH&N)/ Senior Officials Meeting in Health and Development (SOMHD) ad hoc expert group tasked to study the impact of globalisation and trade liberalization in the health sector (could include technical experts and NGOs) and the following:
  - Monitor the implications of TRIPS and access to drugs in the ASEAN region.
  - Compile and exchange model legislation include appropriate provisions for compulsory licensing, parallel importing, solar provisions and differential pricing.
  - Develop guidelines on how to handle disputes related to TRIPS and access to drugs.
  - Develop common positions on implementation of TRIPS with the view to protect public health.
- Workshop/seminar on understanding TRIPS, its impact on drug accessibility to ARV and essential drugs and to exchange information and experiences on future trade negotiations affecting health sector, including the review of the TRIPS agreement with a view to adopting a common position, if appropriate.
- Utilise AFTOANET to disseminate information on TRIPS provisions on trademarks, use of generic names, brand names, generic name on packages, prescription by generic names, generic drug substitution and trade dress protection.

### **Success criteria**

- Increase capacity among member countries to address the impact of TRIPS on drug accessibility.
- Report on feasibility study to identify problems and issues, to explore opportunities for cooperation with a view to undertaking: (a) bulk purchasing, (b) joint negotiations.
- Availability of an ASEAN plan of action on joint negotiations and bulk purchasing.
- Workshop and AFTONET to share experiences and information.
- Agreements with pharmaceutical companies.
- Availability of affordable drugs for PLWHAs.

## **2.2 Inter Country Activities on Mobile Population**

Mobile population is defined as people who cross international borders (documented and un-documented) for socio-economic reasons and they include migrant workers, sea-farers and trafficked persons.

There has been an increase in population movement in ASEAN Member Countries for socio-economic reasons, both internally and externally. Mobility may increase vulnerability to HIV infection due to distance from social support networks. Many mobile populations lack access to information and/ or appropriate care and treatment. It is essential to build resilient communities by reducing HIV/AIDS vulnerability resulting from development-related mobility in South East Asia and to increase political commitment for programmes that look after the well being of the mobile population among ASEAN countries.

The 7<sup>th</sup> ATFOA Meeting held in November 1999 had agreed with the Chiang Rai Workshop recommendation that HIV/AIDS education should prioritise mobile populations. The Meeting also agreed to the following groupings in relation to each of the ASEAN sub-regions:

- a. Malaysia to be the Coordinator for the group comprising Brunei Darussalam, Indonesia, Malaysia, Philippines and Singapore (on pre-departure and post-arrival for migrant workers);
- b. Thailand to be the coordinator for the group comprising Thailand and Cambodia (on sea-farers); and
- c. Viet Nam to be the coordinator for the group comprising Lao PDR, Viet Nam and Myanmar (on truck drivers and migrant workers in the Mekong region).

The 8<sup>th</sup> ATFOA Meeting, held in October 2001 in Siem Reap, Cambodia requested these coordinators to formulate their respective project briefs, taking into account the Draft South-East Asia Regional Joint Action Programme of Responses to Mobility System for HIV Vulnerability Reduction and to submit their respective project briefs to Thailand (as the Regional Coordinator).

At the second AICM held in Bali in June 2001, Thailand indicated that she is no longer in a position to develop and implement the cluster on sea-farers. Cambodia was assigned as coordinator for the cluster on sea-farers with collaboration from Indonesia. Cambodia will also coordinate the project on Patterns and Effects of Population Movements.

Cambodia and the UNDP South East Asia HIV and Development Project (SEAHIV) hosted a Joint Action Consultation Meeting to formulate an action plan following the signing of an MOU between Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam and China (Guangxi and Yunnan provinces) on 5 November 2001 in Phnom Penh. The Consultation meeting agreed to a framework Joint Action Programme (JAP) on Mobility and HIV (2002-2004) which includes three components: development strategies, enabling policies and prevention and care activities. It was also agreed that the project would be coordinated by a project coordinating committee comprising the MOU signatories and reporting to ATFOA. A work plan will be prepared by Cambodia, with UNDP assistance, to operationalise the framework JAP.

### **Specific objectives**

- To build resilient and empowered communities by improving their choices in reducing HIV/AIDS vulnerability caused by development-related mobility.
- To enhance national responses to reduce HIV/AIDS vulnerability by improving systems of governance on development-related mobility.
- To build collaborative regional responses to reduce HIV/AIDS vulnerability from development-related mobility while developing methods to build community, national and regional HIV/AIDS resilience and document these methods as knowledge base for dissemination.
- To increase access to appropriate care, treatment and information for mobile populations.

### **Activities**

- To initiate and strengthen inter-country activities for migrant workers, particularly in planning, implementing, monitoring and evaluation of programmes on mobile population by strengthening collaboration among: the ASEAN Secretariat, ATFOA country coordinators, the Regional Coordination Mechanism (RCM) of the UN in Asia and the Pacific and the UN Task Force on Mobility and HIV Vulnerability.
- Cambodia, as project coordinator for the project on Patterns and Effects of Population Movements, will consolidate a regional action programme to address HIV Vulnerability and mobile populations, based on the MOU joint action programme and action plan to be prepared by Malaysia, as coordinator of the cluster which includes Brunei Darussalam, Indonesia, Malaysia, Philippines and Singapore (BIMPS).

- Convene a workshop to operationalise the consolidated joint action programme and mobilise resources for its implementation.
- Use the ASEAN fora to raise awareness of policy makers on the issue of increase HIV/AIDS vulnerability among the mobile population and elicit political support nationally and internationally for multi-sectoral approaches on issues relating to mobile population; in particular advocate governments to:
  - a. Support relevant agencies and organisations focused on the problems of undocumented/illegal population mobility.
  - b. Improve community governance (bringing together communities and mobile populations) to respond together on HIV/AIDS vulnerability of the community.
  - c. Develop multi-sectoral partnerships to facilitate improved policies, programme responses and development strategies.
- To analyse existing capacity, improve understanding of dynamics of mobility systems and identify responsive community actions and related factors influencing HIV/AIDS vulnerability of different groups in the community, including the following:
  - a. Developing manuals and information kits on HIV/AIDS and returnee re-integration manual, strengthening HIV/AIDS awareness for pre-departure and post-arrival for migrant workers;
  - b. Life-skills and HIV/AIDS preventive education behaviour change communication programme, including savings and investment skills for sea-farers;
  - c. Behavioural change communication, condom promotion and STI prevention programme for truck drivers;
  - d. Sending countries implement pre-departure: life-skills training and provision of information for potential migrant workers and provision of counselling care and support for returnees.
  - e. Receiving countries work on post arrival: information and prevention services and counselling, care and support.

- f. Study the feasibility of adopting a common policy requiring foreign contractors/ commercial developers/ investors in major construction projects to fund HIV impact assessments and HIV prevention programmes for their projects.
- Share information and expertise in HIV prevention and care for mobile population through the ATFOANET information network in ASEAN.

### **Success criteria**

- Manuals and Information Kits on HIV/AIDS among the mobile population are printed, translated and comprehensively used.
- Harmonisation of policies regarding provision of information and relevant services to mobile population in ASEAN Member Countries.
- Minimal packages/services on HIV/AIDS for mobile populations are available in Member Countries.
- Establishment of multi-sectoral networking amongst ASEAN and/ with International agencies/organisations working on mobile population to reduce HIV/AIDS vulnerability, to share the expanding knowledge base and to improve community and national HIV/AIDS resilience.
- Resources mobilised to support activities for mobile population.
- Improved community HIV/AIDS resilience and reduced community HIV/AIDS vulnerability through governance: better informed, enhanced understanding of impact of mobility on community HIV/AIDS vulnerability and able to act on sustainable development responses.
- Healthy community responses to HIV/AIDS vulnerability caused by development-related mobility through participatory community pre-departure, post-arrival and returnee re-integration planning and action (including life-skills building, behavioural change communication including saving, investment skills).

## **2.3 Inter-Sectoral Collaboration**

The HIV/AIDS epidemic is a multi-faceted, public health challenge that impacts on all sectors. HIV vulnerability is influenced by socio-economic factors resulting in increase in risk behaviours. HIV/AIDS affects not only health status of people but also social aspects and economy of the countries. Hence, collaborative efforts through multi-sectoral approaches are needed to reduce social vulnerability, to accelerate prevention interventions, to provide care and to reduce socio-economic impact. There is also a need to develop capacity for assessing the socio-economic impact of HIV/AIDS in the region, an important tool in overall efforts to strengthen policy advocacy.

The key players are governments (executive, judiciary and legislature), civil society groups — NGOs (Local, Regional, International), the private sector, communities (community based organisations and religions leaders), people living with HIV/AIDS, the media, multilateral agencies / donors (including UN, EU, ASEAN, World Bank).

### **2.3.1 Promoting Multi-Sectoral Collaboration, including Integrating HIV/AIDS, into the development agenda**

#### **Specific objectives**

- To advocate highest-level commitment to policies, appropriate resource mobilization and concrete actions for effective multi-sectoral collaboration.
- To raise awareness among policy makers on the need for multi-sectoral collaboration, particularly through ASEAN fora.
- To support the countries in capacity building and coordination among key players for multi-sectoral approaches.
- To exchange experience, information and skills on multi-sectoral approaches among ASEAN countries.
- Multi sectoral approaches to address HIV/AIDS problems at national and regional levels
- Multi sectoral key players are regularly invited to participate in ATFOA meetings.

- Continuing processes of in country and inter-country consultation with involvement of multi sectoral partners.
- Projects and activities on capacity building and exchange of experience regarding multi sectoral approaches.

### **Activities**

Lead Countries: The Philippines and Lao PDR

- To use ASEAN fora to raise awareness of policy makers on the need for inter- and multi-sectoral collaboration involving government, the private sector, communities, the media, people living with HIV/AIDS, religious leaders and multilateral agencies in planning, implementing, monitoring and evaluation of HIV/AIDS prevention, treatment, care and support programmes.
- To institutionalise a consultation process among key players (multi-sectoral) in country and inter-country level to evaluate and monitor inter-country programmes and the implementation of the ASEAN Work Programme to:
  - a. Facilitate and coordinate exchanges of experience on multi-sectoral approaches such as expert and field attachments and study visits.
  - b. Document best practices and database of relevant papers.
- To include the HIV/AIDS issue on the agenda of ASEAN meetings, where appropriate.
- To advocate the integration of HIV/AIDS in the national development plans.
- To advocate the review of existing structures and frameworks for effective multi- sectoral approaches and responses in the Member Countries.
- Multi-sectoral key players included as participants to ATFOA meetings.

### **Success criteria**

- Recommendations for integrating HIV/AIDS issues in other sectors of ASEAN cooperation.
- Multi-sectoral approaches to address HIV/AIDS problems.
- Multi-sectoral key players are regularly invited to participate in ATFOA meetings.
- Continuing processes of in country and inter-country consultation with involvement of multi-sectoral partners.
- Projects and activities on capacity building and exchange of experience regarding multi-sectoral approaches.

### **2.3.2 Mitigating the Social Economic Impact of HIV/AIDS in the ASEAN Region**

#### **Objective**

- To conduct studies on the long-term demographic and economic impact of HIV/AIDS in the region given existing rates of prevalence, based on a common methodology.
- To train policy makers on the analytical tools needed to carry out studies on the socio-economic impact of HIV/AIDS in the region.

#### **Activities**

##### **Regional Study**

- To conduct country and regional policy studies on the economic and social cost of HIV/AIDS in the region and recommend identify measures that could be taken to mitigate the impact.
- To convene a meeting of national development planners and health officials to review findings and recommendations of the study for possible consideration by relevant ASEAN ministerial meetings.
- To publish and disseminate the studies.

#### Regional Training Programme

- Conduct a regular training programme for key players to use demographic and epidemiological tools to understand the socio-economic impact of HIV/AIDS and to undertake impact assessments and institutional audits.
- Compile, publish and disseminate training modules and teaching materials.
- Establish an email network of trainees.

#### Success Criteria

- Availability of a regional policy study on the long-term economic and social costs of HIV/AIDS in the region, with recommendations on what could be done to mitigate the impact.
- Health and planning personnel trained to carry out impact assessments and institutional audits using epidemiological and demographic tools, in consultation with community and affected groups.

### 2.3.3 Promoting Awareness of HIV/AIDS among Religious Leaders

#### Specific Objective

- Promote the exchange of experience regarding the roles of religious leaders in reducing vulnerability to HIV/AIDS in developing effective prevention strategies and provide care and support and creating a positive environment for people living with HIV/AIDS.

#### Activities

- To compile and publish best practices from the religious community in Member Countries on how to effectively advocate for people living with HIV/AIDS.

- To organise a workshop bringing together religious leaders to exchange experience on their roles in reducing vulnerability to HIV/AIDS, developing effective strategies for prevention, care and support and in creating a positive environment for people living with HIV/AIDS.
- To prepare and adopt an inter-faith statement by religious leaders to declare support and the need for compassionate treatment of people living with HIV/AIDS.

#### **Success criteria**

- Compilation of lessons learned on approaches of religious leaders and ways to advocate for people living with HIV/AIDS. Adoption of an inter-faith statement declaring support and compassion for people living with HIV/AIDS.

### **3. REGIONAL ACTIVITIES IN SUPPORT OF NATIONAL PROGRAMMES**

The programmes under this strategy strengthen and support the responses at the national levels using lead shepherds and cost sharing. The Lead Countries will coordinate the activities. The ASEAN Secretariat and ATFOA help to coordinate and negotiate with Regional Initiatives and potential donors to support the lead countries, in addition to cost-sharing among ASEAN Member Countries.

#### **3.1 Education Programme and Life-skills Training For Youth**

HIV/AIDS prevention education for youth was one priority area in the first ASEAN work programme. All countries in ASEAN have confirmed that this set of activities should continue based on the progress from the last work programme and in coordination with the regional initiatives. The sharing of lessons learned is a high priority. In the region, there are experiences in Brunei Darussalam, Cambodia, Malaysia and Myanmar in working with youth. These valuable experiences could be reviewed and the effective methodologies identified for the purpose of sharing with others.

Youth are most vulnerable to HIV infection. There are factors that promote and exacerbate the vulnerability of youth to HIV infection. These factors include the rapid process of urbanization and modernization, mobility, peer pressure, lack of life-skills and reproductive health information as well as the rapidly changing socio-economic environment.

The 8<sup>th</sup> ATFOA Meeting in Siem Reap recommended the following priorities, which include:

- Youth should be provided with relevant information and education about STDs and HIV/AIDS.
- Youth should be assisted through formal and informal organizations and the establishment and expansion of peer education.

Education programmes should be adapted to incorporate HIV/AIDS and STD prevention. These programmes should be culturally appropriate, gender sensitive and take into account traditional concepts for safe behaviour.

In addition to formal education programmes, life-skills training and peer education among youth, those in and out school, are effective and essential in strengthening their capacity to protect themselves from HIV infection.

### **Specific objectives**

- To strengthen national commitment to the provision of all educational packages for appropriate target groups at the country level.
- To develop and target group appropriate education packages for youth in the formal education system as well as those out of the education system, which are culturally appropriate and gender sensitive.

- To build the capacity of Member Countries to implement, disseminate and evaluate education packages and train youth on life-skills and peer education.
- To assess, compile and make available existing Information, Educational and Communications (IEC) materials available within ASEAN Member Countries.

### **Activities**

Through sharing of experiences and exchange of expertise, advocacy, resource mobilization and research as well as coordination with the existing regional network on youth and HIV/AIDS i.e. the UN Task Force on Youth, the Lead countries Brunei Darussalam, Cambodia, Malaysia, Myanmar, Philippines and Singapore will carry out the following:

- Support the development of appropriate educational packages for specific target groups in the formal and non-formal education, involving the relevant agencies/groups/organizations.
- Assess and evaluate the educational packages, including implementation at country level.
- Advocate the integration of HIV/AIDS education in the curriculum for formal and non-formal education by Member Countries.
- Collaborate among ASEAN countries and relevant regional agencies such as the UN Task Force on Youth and HIV in the sharing of experience and expertise in educational programmes regarding HIV/AIDS and youth activities, such as life-skills training and peer education.
- Support capacity building activities on life-skills training and peer education in the region by the attachment of youth leaders in the lead countries.
- Continue to advocate education packages that include life-skills training and peer education for youth in ASEAN Fora.

### **Success criteria**

- Availability of appropriate (e.g. reproductive health) education programmes and interventions for youth in formal and non-formal education.
- Youth in ASEAN Member Countries have increased access to prevention and education programmes, which will enable them to protect themselves from contracting HIV.
- Development of policy to integrate HIV/AIDS education in the formal and non-formal education curriculum.
- Evaluation, sharing, adapting and utilizing education packages and methodologies in ASEAN member countries.
- Relevant agencies and youth group leaders in the countries have the capacity to design and produce appropriate education packages and HIV interventions for and with the youth.

### **3.2 Condom Promotion and STD Management**

Unprotected sexual contact with an HIV infected person is the main mode of HIV transmission in many countries. Regular and correct condom use is the most cost-effective means to prevent HIV transmission through sexual means as shown by successes in Thailand and Cambodia. Condom promotion is one of the priority programmes identified for scaling-up, to further reduce the HIV incidence in the region. In addition, infection with a sexually transmitted disease (STD) is a potent co-factor promoting HIV infection among those who have unsafe sex. Thus STD treatment is complementary to condom use in HIV prevention.

The main constraints in condom promotion are cultural and religious sensitivities and the reluctance of men to use condoms. Thus, the 8<sup>th</sup> ATFOA Meeting agreed that the development of the proposed projects on "Cross Cultural Studies for Condom Promotion" be considered for inclusion in the AWPII.

### **Specific objectives**

- To advocate for political and public support for condom use in HIV and STD prevention.
- To support capacity building in member countries for condom promotion and STD management.

### **Activities**

Lead countries: Cambodia and Thailand, in collaboration with the Regional UN Task Force on Condom Promotion and other regional agencies working on condom promotion.

- Share experience of Thailand and Cambodia and advocate evidence-based information and cost-effectiveness on condom use to prevent HIV and STD in the region.
- Capacity building in implementing 100% condom use programme, condom promotion activities and social marketing of condoms; identify and secure resources and international support for affordable and good quality condoms for Member Countries.
- Scale up pilot projects into nation-wide programmes.
- Urge WHO Regional Offices to increase technical and financial support to member countries regarding STD management at primary care level.
- Conduct “the Cross Cultural Studies on Condom Promotion” among ASEAN Member Countries.
- Promote participation of private sector in supporting condom promotion in the work place, together with HIV education.

### **Success criteria**

- Condom promotion programmes initiated or scaled up.
- Availability of affordable and good quality condoms in the region.
- Better understanding of cross-culture condom promotion.
- Increased involvement of private sector in condom programme in the work place.

### **3.3 Surveillance**

An effective surveillance system is crucial for assessing the extent and dynamism of HIV/AIDS epidemic and socio-economic impact. Information from surveillance is utilised for planning appropriate and effective strategies to cover target populations. There is a need to improve the design of surveillance systems to cover geographic areas and population in affected parts of the countries. There is also a need for regional surveillance whereby ASEAN countries exchange information on HIV/AIDS prevalence and projections so that cross-border HIV/AIDS preventive interventions can be implemented where needed.

Family Health International has worked with Lao PDR, Cambodia and Thailand in developing “border behaviour surveillance” in the Border Areas HIV/AIDS Prevention Programme (BAHAP) project. These three countries can share experience and results with others.

#### **Specific objectives**

- To share surveillance information of HIV/AIDS among ASEAN countries.
- To contribute to increasing the capacity of national surveillance systems.
- To develop cross-border surveillance for mobile population.
- To develop and utilise data from second generation Behavioural Surveillance (BSS).

## **Activities**

- Updated information on HIV/AIDS statistics, population mobility and regular regional overviews shared at AFTOA and ASEAN Secretariat meetings and disseminated on AFTOANET. (Lead shepherds: Malaysia and Thailand)
- Conduct needs assessment and training workshops to standardize and improve surveillance systems for HIV/AIDS and STIs including the second generation Behavioural Surveillance Systems (BSS).
- Coordinate with the proposed ad hoc expert group on health and globalization (see joint regional programme for increasing access to affordable drugs) to increase access to essential testing reagents. (Lead Shepherds: Cambodia and Viet Nam).
- Coordinate with ASEAN Secretariat, AFTOA, country coordinators, the Regional Coordination Mechanism (RCM) of the UN in Asia and the Pacific, the UN Task Force on Mobility and HIV Vulnerability to initiate and strengthen cross border surveillance of mobile populations and to conduct research on mobile populations. (Lead Shepherds: Cambodia, Lao PDR and Viet Nam).

## **Success criteria**

- Updates on HIV/AIDS situation given regularly at AFTOA and ASEAN Secretariat meetings and website.
- Regular sharing of update information and expertise on surveillance.
- Availability of HIV/AIDS surveillance experts in ASEAN Member Countries.
- Networking national surveillance systems in ASEAN Member Countries to monitor mobile populations.

### **3.4 Treatment, Care and Support**

The Ha Noi Declaration adopted by the 6<sup>th</sup> ASEAN Summit held in Ha Noi in December 1998 stated that “We shall, together, make sure that our people are assured of adequate medical care and access to essential medicines and that cooperation shall be stepped up in the control prevention of communicable diseases, including HIV/AIDS”.

Access to treatment and care is a basic human right. Even in the low prevalence countries people living with HIV/AIDS need treatment and care. All ASEAN countries expressed the need for improving access to and strengthening treatment, care and support for people living with HIV/AIDS.

Treatment and care include medical treatment, nursing care, mental, spiritual and socio-economic support. The comprehensive package of treatment, care and support occurs at all levels, from the institution to the community and homes. Care may vary from simple and low cost nursing care to complicated and expensive anti-retroviral treatment. Each country may choose its own appropriate package of care.

There are experiences in the region regarding care provision that ranges from complicated institutional care to simple but efficient community-based care. Sharing of the common strengths among ASEAN countries provide better opportunities for better options in treatment, care and support for people living with HIV/AIDS in the region.

#### **Specific objectives**

- To improve access to appropriate and affordable treatment, care and support for people living with HIV/AIDS (PLWHAs).

#### **Activities**

Lead countries: Cambodia, Malaysia, Singapore and Thailand

- Establish a thematic group or ATFOA Working Group to establish guidelines on Treatment, Care and Support for PLWHAs and advocate on appropriate treatment, care and support for PLWHAs and affected persons in each country.
- Build capacities in Member Countries to provide:
  - A broad range of medical treatment including affordable drugs.
  - A functioning infrastructure that includes laboratory services, good nursing facilities and trained manpower (i.e. doctors, nurses, counsellors, technicians etc.).
- Improve knowledge and skills in treatment, care and support.
- A referral system and coordination to maintain continuum of care and community-based care and support.
- Mobilise multi-sectoral resources, support exchange of experience and experts and jointly negotiate for affordable drugs.
- Facilitate the active participation of PLWHAs in the treatment, care and support at all levels.
- Strengthen the capacity of countries to eliminate all forms of discrimination through a supportive and enabling environment for HIV/AIDS infected and affected people.

### **Success criteria**

- Guidelines on provision of appropriate treatment, care and support for PLWHAs available in all ASEAN countries.
- Capacity building activities on treatment, care and support in the region.
- Presence of infrastructure to increase PLWHA's access to appropriate treatment, care and support.
- Availability of appropriate continuum of treatment and care at all levels for PLWHAs in ASEAN countries.
- Active participation of PLWHAs in provision of treatment, care and support.

### **3.5 Prevention of Mother to Child HIV Transmission**

The main mode of transmission of HIV in the region is mainly heterosexual; however, HIV can be transmitted to babies during pregnancy, particularly toward the end of pregnancy, during labour and delivery and after delivery through breast-feeding. It has occurred in generalized epidemic countries like Cambodia, Myanmar and Thailand and can occur in low prevalence countries because HIV is micro-epidemic in nature. There are always pockets of epidemic in every country.

Mother to Child transmission can be partially prevented by the use of anti-retroviral drugs and related services such as voluntary counselling, HIV testing of pregnant women, proper care during the antenatal, labour, and post natal periods and infant feeding. All these services need to be improved and the cultural aspects of breast/formula feeding have to be addressed before commencing a “Prevention of Mother to Child HIV Transmission” programme or PMCT.

#### **Specific objectives**

- To build the capacity of ASEAN Member Countries to assess the problem of MTCT and provision of related services in the prevention of MTCT programmes.

#### **Activities**

Lead countries: Cambodia, Malaysia, Philippines and Thailand

- Establish a thematic group or ATFOA Working Group on PMCT which includes representatives from the coalition of Regional NGOs, to collaborate with the UN Task Force on PMCT and Treatment, Care and Support to:
- Assess the situation of vertical transmission on a regional level (environmental audit), and identify the gaps and needs.
- Recommend guidelines for PMCT programmes that respect the interests of mothers and children to ATFOA and ASEAN Secretariat.

- Organise training workshops to share experiences and provide professional attachment to PMCT programmes among the countries in the region.
- Source financial support for the countries to pilot or scale up PMCT projects including access to affordable anti-retroviral medicines and necessary medical and laboratory services.

### **Success criteria**

- Guidelines on PMCT programme available.
- Mother and child have better access to all related services of PMCT programme, from voluntary counselling and testing, PMCT services and care and support for mothers and babies post delivery.
- Pilot or scale up projects on PMCT.
- Workshops for sharing experience and expertise in the region.

## **3.6 Creating a Positive Environment**

The main constraints in HIV prevention and care for PLWHAs are social stigmatisation and discrimination due to a lack of understanding by the community. Social stigmatisation and discrimination obscure the real situation of HIV/AIDS and cause PLWHAs to hide their status, thus avoid being tested. De-stigmatisation and a non-discrimination environment support stronger responses in prevention, care and support for people infected and affected by HIV/AIDS. A positive enabling environment is needed to facilitate behaviour change, to maintain productivity, to strengthen the support system for PLWHAs and to remove barriers to prevention and care.

This programme area is consistent with the Joint Declaration for a Socially Cohesive and Caring ASEAN adopted by 33<sup>rd</sup> ASEAN Ministerial Meeting held in Bangkok in July 2000, which aimed to strengthen people-centred policies to promote a positive environment for the disadvantaged, including those who are in ill-health, in partnership with civil society.

## **Specific objectives**

- To build capacity for advocacy on de-stigmatisation and non-discrimination policies and practices at all levels and in all sectors.
- To advocate through ASEAN fora to create a positive environment for prevention and care for HIV/AIDS.
- To increase the national capacity for positive living and changed attitudes and perceptions toward HIV/AIDS, PLWHAs and affected community.

## **Activities**

Lead countries: Indonesia, Malaysia and Philippines in collaboration with ATFOA and UNAIDS

- Conduct high-level advocacy through ASEAN Fora to advocate for PLWHAs and Greater Involvement with People with HIV/AIDS (GIPA).
- Exchange experience on multi-sectoral approaches (lead shepherds: Singapore and Lao PDR) to promote positive living.
- Training workshops to build capacity for local PLWHAs groups to participate in HIV/AIDS activities and networking.
- Workshop on social and economic issues and the impact of HIV and GIPA in the planning, implementation, monitoring and evaluation of country programs.
- Capacity building on social marketing on anti-discrimination among key players such as government agencies, NGOs (local, regional, International), private sector, community leaders (CBOs, district/provincial and religions) and the media.
- Documentation and sharing of experience on legal practices/ rights of PLWHAs among Member Countries.
- Provide training, recognition and incentives to media people to address gender issues and stereotypes and all forms of discrimination and stigmatisation, utilising various media e.g. theatre, electronic, traditional performing arts.

### **Success criteria**

- Campaigns to promote social acceptance of PLWHAs in ASEAN countries.
- Policies and programmes toward non-discrimination formulated in ASEAN countries.
- Active involvement of PLWHAs in HIV/AIDS activities.
- Network of PLWHAs established in the countries and linked with the regional networks.
- Increase the role of the media in supporting an enabling environment.

### **3.7 HIV Prevention, Treatment and Care Among Drug Users**

Drug use is a regional problem. An increase in IDUs and Amphetamine Type Stimulants (ATS) users has been observed in many countries. HIV transmission through the sharing of injecting equipment by intravenous drug users is a main cause of the HIV epidemic in many parts of the world. In some ASEAN countries like Thailand, Myanmar and Viet Nam there is documented evidence of HIV epidemic among injecting drug users (IDUs) due to sharing injecting equipment. In other countries such as Indonesia, HIV infection among IDUs is rapidly increasing. The use of Amphetamine Type Stimulants (ATS) is also on the rise and there may also be an increased risk of sexual transmission among ATS users.

Although the problems of HIV transmission among drug users are well documented, HIV prevention and care interventions for this group remain relatively weak. This is due to the dominating policies on supply reduction, the illegal status of drug users, stigmatisation and discriminatory attitudes and practices toward users and inadequate skills of personnel involved with the issues of drug use. Such practices make it more difficult for drug users to access drug treatment and HIV prevention information. At the 7<sup>th</sup> ATFOA Meeting held in Brunei Darussalam in November 1999, one of the priority intervention areas identified was the promotion of harm reduction amongst drug users.

## **Specific Objectives**

- To reduce HIV incidence among drug users.
- To provide care for drug users.
- To build capacity on rapid assessment and surveillance on HIV/AIDS prevention among drug users.
- To establish an ASEAN surveillance and monitoring system on HIV/AIDS prevalence among drug users.
- To advocate for proactive policies and legislation to ensure effective HIV/AIDS prevention strategies.

## **Activities**

Lead countries: Indonesia, Malaysia, Myanmar and Viet Nam

- Conduct in-country reviews and consultations on laws, regulations, policies and programmes to ensure effective HIV/AIDS prevention strategies for drug users.
- Source financial and technical support to initiate and/or scale up HIV/AIDS prevention activities, harm reduction interventions, standardise drug treatment services and care for IDUs.
- Collaborate with international organisations, the UN Task Force on Drug Use and HIV Vulnerability and regional networks (such as Asian Harm Reduction Network) to mobilise resources for advocacy and capacity building (training workshops, sharing experiences and expertise, study visits or attachment) for HIV/AIDS prevention, treatment, care, support, harm reduction, rapid assessment and HIV/AIDS surveillance amongst drug users.
- Conduct training workshops to standardise the surveillance and monitoring system and establish an annual reporting procedure to AFTOA.
- Encourage the development of and study the feasibility of establishing pilot projects to reduce HIV vulnerability among IDUs.
- Develop strategies to scale up existing harm reduction projects.

### **Success criteria**

- Governments address the issue of HIV infection among drug users in national policies (harm reduction approach or health approach).
- Positive enabling environment to facilitate the implementation of projects/activities on HIV prevention and treatment for drug users.
- Drug users have access to standard drug treatment, HIV prevention and care services.
- Collaborative actions in the region regarding HIV prevention, treatment and care for drug users.
- Surveillance system on epidemic of drug use and HIV and annual report to AFTOA.
- Pilot and scaling up projects on harm reduction in the region and consider formation of regional expert group on harm reduction.
- ASEAN Member Countries are capable of assessing and managing the problems of HIV related to drug use.
- Availability of regional mechanism for surveillance and monitoring HIV prevention among drug users.
- Capacity building and training workshops activities.

### **3.8 Strengthening Regional Coordination Among Agencies Working on Youth and Youth Networks in ASEAN**

There is currently an ASEAN regional activity in support of national programmes on youth, and a number of agencies working on youth issues in the region including the ASEAN Senior Officials Meeting on Youth (SOMY) and the UN Task Force on Youth and HIV. Currently there is no regional youth network on HIV. Collaboration between SOMY, the UN Task Force on Youth and HIV and ATFOA is essential to strengthen regional coordinating efforts in building capacity by sharing experiences and exchange of expertise, advocacy, resource mobilisation, research and collaboration amongst regional youth organisations and agencies to specifically address the issue of HIV/AIDS. Therefore this programme area aims to strengthen partnerships between regional

programmes and bodies working with young people, encourage the active and crucial participation of youth and youth organisations in the process of designing and implementing HIV prevention activities and support the establishment of ASEAN youth networks to prevent HIV.

### **Specific objectives**

- To mainstream HIV/AIDS concerns in the ASEAN Senior Officials Meeting on Youth (SOMY) and major youth organizations in the region.
- To promote collaboration among: SOMY, ATFOA, the UN Task Force on Youth and HIV and other organizations working on youth issues.
- To promote active participation of youth in HIV/AIDS prevention and care activities among ASEAN Member Countries.

### **Activities**

- Collaborate and coordinate with the ASEAN Senior Officials Meeting on Youth (SOMY) on matters relating to the integration of HIV/AIDS into the current regular activities of the ASEAN Senior Officials Meeting on Youth (SOMY).
- Share experience, facilitate and advocate the incorporation of HIV prevention education and intervention into the activities of major youth organisations (e.g. Girl Guides, Boy Scouts etc.) and other organisations working with youth including NGOs.
- ASEAN Secretariat to dialogue and cooperate with the UN Task Force on Youth and HIV, ATFOA and SOMY on exchange of experience and expertise, advocacy, resource mobilisation and support for initiatives on capacity building and HIV prevention and care that are originated by youth.
- Promote and support formation of youth groups and networks in the countries and region to work on HIV prevention and care for youth.

- Promote active roles of youth in HIV/AIDS policy formulation, prevention and care.
- Include the participation of youth in the HIV/AIDS agenda of international organisations.

### **Success criteria**

- Strong regional coordination and collaboration among ATFOA, SOMY, the UN Task Force on Youth and HIV and other youth organisations on HIV/AIDS activities on prevention and care for youth.
- Active participation by youth in designing and implementing policies and activities in HIV/AIDS either at the national or regional level.
- ASEAN SOMY and youth organisations in the region incorporate HIV activities into their current activities.
- Youth groups and networks in the countries and region work on HIV/AIDS.

## **4. MONITORING AND EVALUATION STRATEGY**

The inclusion of monitoring and evaluation in AWPII was accorded a high priority in the review of AWPI and in all ATFOA consultations and recommendations for AWPII. Reports from activities implemented in AWPI largely focused on process indicators, that is, meetings held, guidelines completed or trainings carried out. Member country recommendations included a need for monitoring and evaluation to be systematically incorporated into all activities. This will enable Member Countries to account for resources used, to ascertain the utility of programme activities, to promote the AWPII activities and to seek additional funding resources.

A framework for evaluating AWP II is suggested in Table 7. The matrix uses a hierarchy of goals, objectives, strategy objectives, programme objectives, and programme activities, which are evaluated according to outcome, impact and process indicators that are appropriate to the strategic, approach being used in AWPII. Success indicators for each programme have been identified.

The implementation of the monitoring and evaluation framework will be the responsibility of the Member Countries and the ASEAN Secretariat, with data being collected annually and presented in the Annual ATFOA Report.

### **Specific Objectives**

To develop instruments for monitoring, evaluation and reporting of AWP II programmes and activities to AFTOA

### **Activities**

The ASEAN Secretariat, with UNAIDS assistance, will mobilize technical assistance to design instruments to be used for monitoring and evaluation, to produce “evaluation packages” for use by member Countries.

The ASEAN Secretariat will engage consultant/s to train Lead Shepherds from each Member Country and staff from the ASEAN Secretariat in how to use the evaluation package and to incorporate the monitoring and evaluation data into the annual report format.

Table 7. Draft Evaluation Framework for AWPII

Goal of AWP II	Strategy objectives	Program objectives	Program objectives	Program objectives	Success indicators
<p><b>What is hoped will result from the programmes in AWP II</b></p>	<p><b>What the strategy hopes to achieve</b></p>	<p><b>What the program is expected to achieve by 2005</b></p>	<p><b>Steps needed to meet strategy objectives</b></p>	<p><b>What the program will provide or deliver</b></p>	
<p><b>Goal:</b> To prevent HIV infection and mitigate the social and economic impact of HIV/AIDS</p> <p><b>Specific objectives:</b> To reduce the rate of HIV transmission in ASEAN MC</p> <p>To create a positive and enabling environment for the prevention of HIV/AIDS and for the provision of comprehensive treatment, care and support for people living with HIV/AIDS in ASEAN MC</p> <p>To strengthen national responses to HIV/AIDS prevention, treatment, care and support programmes in ASEAN Member Countries through inter country activities</p> <p>To strengthen multi-sectoral collaboration and coordination among governments and regional partners (international agencies and NGOs, regional networks of people living with HIV/AIDS, international donors and</p>	<p>What the strategy hopes to achieve</p> <p>To strengthen and support the national responses on H/A prevention, care and support on ASEAN MCs</p> <p>To initiate and facilitate inter country activities that strengthen the national response</p> <p>To strengthen collaboration and coordination among governments, regional partners</p>	<p>Increase in resources for AWPII by 2005</p> <p>Publicity takes place for all ASEAN activities throughout AWPII</p> <p>ASEAN Secretariat staff increased</p> <p>Regional activities implemented by MCs by 2005</p> <p>ME integrated in AWPII</p> <p>Lead shepherds per MC strengthened by the end of 2002</p> <p>NGO and private sector involvement</p>	<p>* ATFOANET involvement in international, regional events</p> <p>* Joint actions to increase access to affordable drugs and testing reagents</p> <p>* Inter country activities on mobile populations</p> <p>* Inter sectoral cooperation</p> <p>* Surveillance</p> <p>* Education programmes in the formal education system</p> <p>* Life skills training for youth</p> <p>* Condom promotion and STD management</p> <p>* HIV prevention among drug users</p>	<p>Individual components of each activity</p>	

**Table 7. Draft Evaluation Framework for AWP II - (Continued)**

<b>Goal of AWP II</b>	<b>Strategy objectives</b>	<b>Program objectives</b>	<b>Programme activities</b>	<b>Success indicators</b>
<p>What is hoped will result from the programmes in AWP II</p> <p>private sector) to facilitate national and regional programmes.</p> <p>To mitigate the impact of social and economic development on PLWHAs in ASEAN MCs</p>	<p>What the strategy hopes to achieve</p> <p>(UN agencies, PVOs, Regional networks of PLWHAs, international donors) and the private sector to facilitate national and international programs.</p>	<p>What the program is expected to achieve by 2005</p> <p>in each MC for each national and regional activity. Increased PWA involvement.</p> <p>HIV/AIDS prevention integrated in ASEAN activities</p>	<p>Steps needed to meet strategy objectives</p> <ul style="list-style-type: none"> <li>* Prevention of MTCT</li> <li>* Treatment, care and support</li> <li>* Creating positive environment</li> <li>* Monitoring and evaluation</li> </ul>	<p>What the program will provide or deliver</p>
<p><b>Outcome evaluation</b></p> <p>Measures long-term effects of AWP II program, does it meet its goal?</p>	<p><u>Impact evaluation</u></p> <p>Measures immediate effect of the strategy in relation to objectives</p>	<p><u>Impact evaluation</u></p> <p>Measures immediate effect of the program in relation to objectives</p>	<p><u>Process evaluation</u></p> <p>Measures activities, quality and reach</p> <p>Reaching target group? Participants satisfied? All activities being implemented? Materials/components good quality</p>	<p><u>Process, outcome and impact evaluation indicators</u></p>

## H. IMPLEMENTATION STRATEGIES

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To manage and carry out the programmes in AWP II require certain implementation strategies:

### 1. STRENGTHENING THE ASEAN SECRETARIAT

The recommendation of the 5<sup>th</sup> ASEAN Health Ministers' Meeting held in April 2000 to establish a health development unit is an important step in ensuring a higher level of effectiveness and cooperation in HIV/AIDS activities. The first step in this process is the recruitment of additional professional staff members to take on the increasing workload associated with AWPII and ATFOA. A high priority will be the strengthening of mechanisms to consolidate regional networks and take advantage of the economies of scale. Skills in proposal writing, managing databases and information system (particularly web-based) for monitoring and evaluation are important at this stage. It will be necessary to explore ways to fund the staffing required to support the implementation of AWPII. In addition, ASEAN staff needs time and resources to be able to attend key regional network meetings (such as RCM) so they are closely linked with major regional organisations and initiatives. Dedicated ongoing support from the UNAIDS Jakarta will also be available to support the ASEAN Secretariat in this process.

### 2. THE ROLE OF THE ASEAN SECRETARIAT

The ASEAN Secretariat has a crucial role in improving regional coordination and in mobilizing technical assistance to build the capacity of the Lead Shepherds. Its chief roles are in the following areas:

- To clarify roles, responsibilities, develop terms of reference for the Lead Shepherds, experts, UN system and other partners, in implementing regional activities.

- To stimulate and facilitate collaboration, where relevant, on specific issues or projects among regional partners.
- To mobilize additional resources for regional action and ensuring optimal use of regional resources such as:
- Explore the use of existing UNAIDS/WHO activities in implementing related ASEAN activities.
- Mobilising the private sector and approaching donors in collaboration with UNAIDS.
- Identifying opportunities under country-level activities for ASEAN participation.
- Facilitate the involvement of the NGOs, PLWHAs, youths and women in the activities of ATFOA and activities implemented under AWPII.
- To integrate programming of HIV/AIDS activities into the work of other ASEAN bodies, where appropriate, both in the areas of social and economic development (particularly with respect to trade related issues and the supply of pharmaceuticals).
- To ensure that project activities are not isolated events having little or no impact on project objectives, and to make programmatic links to other areas of the work program.
- To provide publicity to activities implemented by ATFOA project coordinators and increasing the visibility of ASEAN AWPII activities. The ASEAN Secretariat and the project coordinators from Member Countries will report annually on the level of publicity that they have been able to generate for projects implemented.

### **3. STRENGTHENING IN-COUNTRY COORDINATION FOR REGIONAL ACTIVITIES**

Regional activities are implemented by country focal points in the lead countries and as many sectors are involved, weak in-country coordination will impact on activities. Thus the capacity and effectiveness of country focal points and country teams related to planning, prioritising and implementation will be a significant factor in the implementation of activities.

Linked with the capacity building of the Lead Shepherds, Member Countries will be provided with technical assistance to assess planning skills, undertake capacity building, develop planning tools where needed so that they can carry out effective and timely planning of activities. A handbook for Member Countries could result from this technical assistance, the success of which will be measured in the monitoring and evaluation reporting annually.

UNAIDS CPAs work with the ATFOA focal points in each ASEAN country to identify NGOs and private sector capacity that could play a role in the AWPII activities. The experts can support this process, for example by leveraging affiliations with relevant organizations. The experts will take on the task of suggesting names of appropriate people who can appraise the activities in AWP II, in particular focusing on the “added value” from ASEAN Member Countries involvement and potential impact.

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# APPENDIX

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Organisations with major regional HIV/AIDS programs and projects, in some cases underpinned by a regional strategic framework, are:

- Regional organisations
  - \* Asian Development Bank (ADB)
  - \* Association of Southeast Asian Nations (ASEAN), under the aegis of the ASEAN Task Force on AIDS.
- UNAIDS and Cosponsors
  - \* The Joint United Nations Programme on HIV/AIDS (UNAIDS) Asia Pacific Inter-country Team (APICT)
  - \* United Nations Children's Fund (UNICEF) through its East Asia and Pacific Regional Office (EAPRO), based in Bangkok
  - \* United Nations Development Programme (UNDP), through its Asia Pacific Regional Project on HIV and Development, based in Kuala Lumpur, and its South East Asia HIV and Development Sub-regional Project (SEAHIV), based in Bangkok
  - \* United Nations International Drug Control Programme (UNDCP), through its Regional Centre for East Asia and the Pacific, based in Bangkok
  - \* United Nations Educational, Scientific and Cultural Organization (UNESCO), through its Principal Regional Office for Asia and the Pacific (PROAP), based in Bangkok
  - \* United Nations Population Fund, through its Country Support Team for East and South East Asia, based in Bangkok
  - \* World Health Organization (WHO) through its Regional Office for South East Asia (SEARO), based in New Delhi, and Regional Office for the Western Pacific (WPRO), based in Manila
- Donors/funders
  - \* Australian Agency for International Development (AusAID)
  - \* Canadian International Development Agency (CIDA)
  - \* Department for International Development, UK (DFID)

- \* European Commission (EC) – part of worldwide regional project
- \* The Ford Foundation
- \* United States Agency for International Development (USAID).

Other multilateral organisations which provide HIV-related technical assistance from a regional office or team, and/or incorporate HIV/AIDS in their projects, include:

- International Labour Organization (ILO) through its Regional Office for Asia and the Pacific, based in Bangkok; and
- International Organization on Migration (IOM), through its regional office, based in Bangkok.

The World Bank and the governments of Germany, Japan, the Netherlands and Sweden fund regional HIV/AIDS activities, but do not operate their own regional programs as such. Germany, through GTZ, funds the SEAMEO - TROPMED Network *Control of HIV/AIDS/STD Partnership Project in Asia Region* (CHASPPAR) project. HIV/AIDS funding from Japan is under the Okinawa Infectious Diseases Initiative (5 years from 2001).

A number of international NGOs implement regional HIV/AIDS projects, in the main with grant or subcontract funding from bilateral and multilateral donors and agencies. These include:

- CARE International;
- Family Health International (FHI);
- International HIV/AIDS Alliance;
- Program for Appropriate Technology in Health (PATH);
- Save the Children (UK); and
- World Vision International.
- DKT International/Population Services International have condom marketing projects in a number of countries in the region, but do not operate on a regional program basis.

There is also a range of regional HIV-related committees, task forces and networks, including:

- AIDS Society of Asia and the Pacific;
- ASEAN Task Force on AIDS (ATFOA);
- Asia Pacific Council of AIDS Service Organisations (APCASO);
- Asia Pacific Network for People Living with HIV/AIDS (APN+);
- Asian Red Cross and Red Crescent AIDS Task Force (ART);
- The Asian Harm Reduction Network;
- UN Regional Coordination Mechanism (RCM) Thematic Working Group on HIV/AIDS;
- UN Regional Task Forces:
  - \* Prevention of Mother-to-Child Transmission of HIV/AIDS
  - \* Drug Use and HIV Vulnerability
  - \* Mobile Populations and HIV Vulnerability
  - \* Youth
  - \* Care and Support (to be established).

#### **Asian Development Bank (ADB)**

- Technical Assistance for Preventing HIV/AIDS Among Mobile Populations in the Greater Mekong Sub region (TA 5881-REG), Nov 1999 – Aug 2001, Cambodia, Lao PDR, Viet Nam
- Community Action for Preventing HIV/AIDS (under development) April 2001 to April 2003, Cambodia, Lao PDR, Viet Nam

#### **Association of South East Asian Nations (ASEAN)/ATFOA**

- ASEAN Work Programme on HIV/AIDS II (2002-2005) (endorsed at the 7th ASEAN Summit on 5 November 2001 in Brunei Darussalam)

#### **Australian Agency for International Development (AusAID)**

- Mekong Sub-Regional HIV/AIDS Initiative, 1998-2001, Burma, Cambodia, China PDR (Yunnan and Guangxi), Lao PDR, Thailand, Viet Nam
- Asia Regional HIV/AIDS Project (under development)

### **Canadian International Development Agency (CIDA)**

- Canada-Southeast Asia Regional HIV/AIDS Program (under development), 2001-2005

### **CARE International**

- Southeast Asia Regional HIV/AIDS/STD Strategic Plan 1999-2002

### **Department for International Development, UK (DFID)**

- DFID's Response to HIV/AIDS in Asia and the Pacific, 2000 -, Burma, Cambodia, China PDR, Viet Nam

### **European Commission (EC)**

- Funding through regional components of the HIV/AIDS and Population Related Operations in Developing Countries initiative

### **Family Health International (FHI)**

- Asia Regional Program 2000-2001, Cambodia, Indonesia, Lao PDR, Philippines, Viet Nam, Thailand

### **Ford Foundation**

- Regional grant making strategies to address HIV/AIDS and sexuality (under development)

### **International HIV/AIDS Alliance**

- Regional strategy for Asia (under development), Cambodia, China PDR, Lao PDR, Philippines, Thailand

### **UNAIDS Asia Pacific Intercountry Team (UNAIDS-APICT)**

- 2001 Work plan (under development), Asia and the Pacific
- UN Regional Task Forces convened by APICT and Cosponsor regional offices, Asia and the Pacific

### **UNDCP Regional Centre for East Asia and the Pacific (UNDCP-RCEAP)**

- Sub regional Development Of Institutional Capacity for Demand Reduction Among High Risk Groups Project, 3 years from Jan 1999, Signatories to 1995 MOU on Drug Control: Burma, Cambodia, China PDR, Lao PDR, Thailand, Viet Nam

- Reducing HIV Vulnerability from Drug Abuse Project (under development - implementation subject to funding), 3 years from 2001, Signatories to 1995 MOU on Drug Control: Burma, Cambodia, China PDR, Lao PDR, Thailand, Viet Nam

**UNESCO Principal Regional Office for Asia and the Pacific (UNESCO-PROAP)**

- Prevention of HIV/AIDS among ethnic minorities of the Upper Mekong region through community-based non-formal and formal education, 1999-2001, China PDR, Lao PDR, Thailand

**UNDP South East Asia HIV and Development Project (UNDP SEAHIV)**

- Mobile Populations and HIV Vulnerability, 1999-2001, Cambodia, Lao PDR, Thailand, Viet Nam

**UNDP Regional Bureau for Asia and the Pacific**

- Regional Programme on HIV and Development (RAS/97/002 – Region-wide Component) Asia-Pacific

**UNICEF East Asia and Pacific Regional Office (UNICEF-EAPRO)**

- Mekong and Beyond HIV/AIDS/STI Prevention and Care Project, 2001-2003, Burma, Cambodia, China PDR, Indonesia, Lao PDR, Philippines, Thailand, Viet Nam

**United States Agency for International Development (USAID)**

- Strategy for Addressing HIV/AIDS and Infectious Diseases in Asia and the Near East - ANE Regional HIV/AIDS and ID Program, 2000-2006, Cambodia, Lao PDR, Thailand

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**USAID Asia and Near East Bureau**, 2000, *Strategy for Addressing HIV/AIDS and Infectious Diseases in Asia and the Near East*, June 19 2000, US Agency for International Development, Asia and Near East Bureau, Office of Strategic and Economic Analysis.

# **Annex 1**



## 7<sup>TH</sup> ASEAN SUMMIT DECLARATION ON HIV/AIDS

5 NOVEMBER 2001, BRUNEI DARUSSALAM

- [1] **WE** the Heads of State and Government of the Association of South East Asian Nations (hereinafter referred to as ASEAN):
- [2] **RECALLING** that the ASEAN Vision 2020, adopted by the 2<sup>nd</sup> ASEAN Informal Summit held in Kuala Lumpur in December 1997, envisioned ASEAN as a concert of South East Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies;
- [3] **RECALLING** the UN Declaration of Commitment on HIV/AIDS adopted at the 26<sup>th</sup> Special Session of the General Assembly in June 2001 that secured a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat HIV/AIDS in a comprehensive manner;
- [4] **DEEPLY CONCERNED** that the HIV/AIDS pandemic is a threat to human security and a formidable challenge to the right to life and dignity that affects all levels of society without distinction of age, gender or race and which undermines social and economic development;
- [5] **RECOGNISING** that at least 1.6 million people are living with HIV/AIDS in the ASEAN region, and that the number is increasing rapidly through risk behaviors exacerbated by economic, social, political, financial and legal obstacles as well as harmful attitudes and customary practices which also hamper awareness, education, prevention, care, support and treatment efforts, particularly to vulnerable groups;
- [6] **REITERATING** the call of the Ha Noi Declaration adopted by the Sixth ASEAN Summit in December 1998 that we shall make sure our people are assured of adequate medical care and access to essential medicines and that cooperation shall be stepped up in the control and prevention of communicable diseases, including HIV/AIDS;

- [7] **NOTING** the Joint Declaration for a Socially Cohesive and Caring ASEAN adopted at the 33<sup>rd</sup> 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;
- [8] **COMMITTED** to realizing a drug-free ASEAN, as called for by the Joint Declaration for a Drug-Free ASEAN adopted by the 33<sup>rd</sup> ASEAN Ministerial Meeting held in July 2000 and the Bangkok Political Declaration in pursuit of a Drug-Free ASEAN 2015 adopted by the International Congress “In Pursuit of a Drug Free ASEAN” held in October 2000;
- [9] **ENCOURAGED** by the notable progress of the ASEAN Task Force on AIDS 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;
- [10] **REALISING** that prevention is the mainstay of the response to HIV infection and that there are opportunities for the ASEAN region to prevent the wide-scale spread of HIV/AIDS by learning from the experiences of some ASEAN Member Countries, which have invested in prevention programs that have reduced HIV prevalence or maintained a low prevalence;
- [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 multisectoral 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;

Hereby **DECLARE TO:**

### **LEADERSHIP**

- [16] **LEAD AND GUIDE** the national responses to the HIV/AIDS epidemic as a national priority to prevent the spread of HIV infection and reduce the impact of the epidemic by integrating HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of national development planning, including poverty eradication strategies and sectoral development plans;
- [17] **PROMOTE** the creation of a positive environment in confronting stigma, silence and denial; elimination of discrimination; addressing the prevention, treatment, care and support needs of those in vulnerable groups and people at risk, particularly young people and women; and strengthening the capacity of the health, education and legal systems;
- [18] **INTENSIFY** and **STRENGTHEN** multisectoral collaboration involving all development ministries and mobilising for full and active participation a wide range of non governmental organisations, the business sector, media, community based organisations, religious leaders, families, citizens as well as people infected and affected by HIV/AIDS in the planning, implementation and evaluation of national responses to HIV/AIDS including efforts to promote mutual self help;
- [19] **INTENSIFY** inter-ministerial collaboration at the national and international levels to implement HIV/AIDS programmes;
- [20] **SUPPORT** strongly the mobilization of technical, financial and human resources to adequately advocate for and implement national and regional programs and policies to combat HIV/AIDS, including efforts to promote mutual self-help;

### **REGIONAL ACTIVITIES IN SUPPORT OF NATIONAL PROGRAMMES**

- [21] **CONTINUE** collaboration in regional activities that support national programs particularly in the area of education and life skills training for youths; effective prevention of sexual transmission of HIV; monitoring HIV, STDs and risk behaviors; treatment, care and support for people living with and affected by HIV; prevention of mother to child transmission; creating a positive environment for prevention, treatment, care and support; HIV prevention and care for drug users and strengthening regional coordination among agencies working with youths;

## JOINT REGIONAL ACTIONS

- [22] **STRENGTHEN** regional mechanisms and **INCREASE** and **OPTIMISE** the utilisation of resources to support joint regional actions to increase access to affordable drugs and testing re-agents; reduce the vulnerability of mobile populations to HIV infection and provide access to information, care and treatment; adopt and promote innovative inter-sectoral collaboration to effectively reduce socioeconomic vulnerability and impact, expand prevention strategies and provide care, treatment and support;
- [23] **MONITOR and EVALUATE** the activities at all levels and systematically conduct periodic reviews and information sharing with the full and active participation of non-governmental organisations, community-based organisations, people living with HIV/AIDS, vulnerable groups and caregivers;

## INTERNATIONAL COLLABORATION

- [24] **URGE** ASEAN Dialogue Partners, the UN system organisations, donor agencies and other international organisations to support greater action and coordination, including their full participation in the development and implementation of the actions contained in this Declaration, and also to support the establishment of the Global HIV/AIDS and health fund to ensure that countries in the region would have equal opportunity to access the fund;

## ASEAN WORK PROGRAMME ON HIV/AIDS

- [25] **ADOPT** the ASEAN Work Programme on HIV/AIDS and work together towards accomplishing the regional activities in support of national programs and joint regional actions.

**ADOPTED** on this Fifth Day of November 2001 in Bandar Seri Begawan, Brunei Darussalam.



# **Annex 2**

## Annex 2

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### ASEAN AIDS facts sheet - Brunei Darussalam <sup>1</sup>



#### Year of first reported HIV/AIDS case

The first HIV case was detected in 1986

#### Numbers living with HIV

A cumulative total of 20 HIV infected Bruneians have been reported in the country as of 31 August 2001.

#### AIDS cases

Of the cumulative total of 20 cases, ten have died.

#### Spread of HIV/AIDS

Sexual transmission is the commonest route of transmission with 10 cases (50%) acquiring it via the heterosexual route and four cases (20%) via homosexual contact. Infection via contaminated blood products was seen in two cases, which were detected at the onset of the epidemic curve. One case each acquired it via intravenous drug use and mother to child transmission. UNAIDS estimates the number of adults and children remaining with HIV/AIDS at the end of 1999 to be less than 100 and estimated HIV/AIDS prevalence rate in adults (15-49 years) to be 0.2%.

#### Profile of the affected population

Although the first reported HIV/AIDS case was a male haemophiliac, he contracted the virus from blood products purchased from outside the country. Detected HIV cases are predominantly male (70%) with a gender ratio of 2.3 males to one female. Age group distribution at the time of diagnosis is as follows: 40%

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<sup>1</sup> Excerpted from the Country Report prepared by the Disease Control Unit, Dept. of Health Services, Ministry of Health, Brunei Darussalam, and presented at the 9<sup>th</sup> ASEAN Task Force on AIDS (ATFOA) Meeting in Yangon, Myanmar, 26-28 September 2001.

(8 cases) aged 20-29 years, 25% (5 cases) aged 30-39 years, 10% (2 cases) aged 40-49 years, with 15% (3 cases) aged 50-59 years. The remaining two cases were aged 9 months and 69 years respectively.

### **Programmes and campaigns**

The main strategies adopted for prevention and control of HIV/AIDS are: Strengthening education and awareness; protection of national blood supply; intensifying the surveillance of high-risk groups; case management including clinical care, support and counselling; and involving other non-health sectors in the management of HIV/AIDS.

### **Trends in HIV infection**

HIV prevalence, particularly among women, remains low with annual detection rates ranging from one to six over the past 15 years.

## ASEAN AIDS facts sheet - Cambodia<sup>1</sup>



### Year of first reported HIV/AIDS case

1991

### Numbers living with HIV

241,000 (1999)

### AIDS cases

22,000 (1999)

### Spread of HIV/AIDS

The predominant mode of transmission is heterosexual contact and there is now evidence that the virus is increasingly spreading into the general population, as male brothel users in turn infect their wives. Among the general population, prevalence levels are about 50% higher in men than in women. The infection rate among pregnant women tested in ante-natal care clinics was 2.6% in 1999. Significant mother to child transmission is already reported and higher levels of infection are suspected. In 2000, a household survey conducted in 5 provinces found that the prevalence rate among males was 1.8% and among females 1.2%. On the whole, infection rates are much higher in urban than in rural areas.

### Profile of the affected population

The HIV/AIDS situation in Cambodia is one of the most serious among ASEAN countries. The epidemic is more than 10 years old and is generalized with the prevalence rate of about 3.2% of the adult population (age 15-49).

More than 90% of HIV/AIDS transmission occurs through heterosexual contact with men bridging HIV infection from sex workers to housewives. A number of factors have contributed to increased demand and supply for casual sex leading to the increased risk of HIV transmission. Poverty plays an important role in the spread of HIV/AIDS in the country. From the 1998 census 36% of the population were identified as living below the poverty line.

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<sup>1</sup> Excerpted from the Country Report prepared by the National AIDS Authority, Cambodia, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001.

### **Programmes and campaigns**

A 100% condom use pilot project within the sex industry was expanded nation wide by 2001 and behavioural surveillance survey data indicates that the rate of consistent condom use among female sex workers with clients is steadily increasing from 16% to 78% in 1999.

### **Trends in HIV infection**

For the year 2000, it was projected that there would be 49,000 new HIV infections and a total of a quarter of a million infections. It is also estimated that for the year 2000 there would be up to 100 new infected people and 20 deaths per day from HIV/AIDS in Cambodia.

With such a mature epidemic, social problems are now emerging with rising numbers of orphans and affected households that are widening the gap between the rich and the poor and increasingly the vulnerability of the latter.

Although the 2000 Behavioral and HIV Sentinel Surveillance had shown a stabilized epidemic in identified high-risk groups and general population, HIV transmission is not static. As a result of modernization and massive population movement, sexual transmission through casual sex as boyfriend and girlfriend will be increasing. In this new paradigm, new waves of epidemic on new bridging groups will absolutely change the course of the epidemic if there is no intervention addressing these groups on time.

## ASEAN AIDS facts sheet - Indonesia<sup>1</sup>

### Year of first reported HIV/AIDS case

1987

### Combined numbers living with HIV as well as AIDS cases

Report AIDS cases 630 as at July 2001 (Estimated 5,056 as at 2000)

Reported AIDS deaths 217 (Estimated 3,856 as at 2000)

Estimated number of Indonesians living with HIV 2001 80,000-120,000 (WHO and Ministry of Health).

### Spread of HIV/AIDS

HIV/AIDS cases have already been detected in 25 of Indonesia's 32 provinces. The progression of the disease has followed the same pattern of other countries, appearing first in homosexuals and then in sex workers and their clients. In the last two years, HIV prevalence has increased exponentially among the injecting drug users (IDUs). Forty per cent of injectors in treatment in Jakarta tested positive for HIV in 2001. In sex workers, too, HIV has risen sharply in several sites, reaching 17% in the capital and 26% in one site in the far east. HIV infection rates have also risen among transvestite sex workers, standing at 6% in 1997. Despite this, absolute numbers of infections are still small relative to the size of the population – 210 million.

### Profile of the affected population

HIV/AIDS cases are largely confined to high-risk behaviour groups with the main mode of heterosexual transmission through commercial sex. Reported modes of transmission of HIV infection are: heterosexual 61.7%; IDUs 20.3%; homosexual 15.7%; perinatal 1.6%; blood transfusion 0.5%; and hemophilic 0.2%. Most cases are males aged in their twenties, indicating an unusual pattern of infections occurring in late teens or early twenties, largely among very young injecting drug users. The second highest age cohort is the 30-39 age group. Male to female ratio is around 3:1. STI infection rates are high in low-risk populations,

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<sup>1</sup> Excerpted from the Country Report prepared by the National AIDS Commission, Republic of Indonesia, for the 6<sup>th</sup> International Congress on AIDS in Asia and the Pacific (ICAAP), 5-10 October 2001, Melbourne, Australia.

however, HIV rates remain low in this group. Despite intensive education campaigns for high-risk behaviour groups, a wide gap still exists between knowledge and sexual behaviour with few sex workers and sex worker clients using condoms.

### **Programmes and campaigns**

Although mass media and public education campaigns have been conducted, efforts are now focused on high-risk populations as the most vulnerable. Activities include condom promotion among female and male sex workers and their clients, counselling and treatment of STIs, as well as peer education for youth.

### **Trends in HIV infection**

Although prevalence remains low, the number of reported HIV/AIDS cases have risen in recent years and further dramatic rises are expected. Although the main mode of transmission continues to be heterosexual sex, the rapid increase of cases among injecting drug users in recent years are pointing to an emerging epidemic. Only three years ago, HIV prevalence among this group was around two percent; however, recent data indicates a rise to 40-50% in mid 2001. HIV prevalence among transvestites doubled from 3.1% in 1996 to 6.0% one year later.

## ASEAN AIDS facts sheet - Lao People's Democratic Republic<sup>1</sup>



### Year of first reported HIV/AIDS case

First HIV case identified in 1990, and 1992 for first identified AIDS case.

### Numbers living with HIV

From 1990 to 2000, a total of about 61,130 persons were tested for HIV infection and 717 were found to be positive. However, UNAIDS estimates 1,200 people are living with HIV.

### AIDS cases

From 1990 to 2000, a total of 190 AIDS cases were reported, including 72 deaths. UNAIDS estimates the number of deaths from AIDS will increase from 100-200 in 2005.

### Spread of HIV/AIDS

Authorities believe that most HIV transmission in the early 1990s was the result of hererosexual intercourse in another country. Injecting drug use is thought to be very low or non-existent, but no studies have been conducted to confirm this. Data from the national blood centre confirm that HIV prevalence is very low with only one case detected from over 8000 blood donors tested in 1997. However, authorities have identified risk factors. Between one quarter and one third of truck drivers and police last year reported contact with a sex worker. About two thirds of the police and military, and three quarters of truck drivers said they always used condoms with a paid partner. Surveys on condom use in Vientiane in 1999 showed that, among those who had had more than three sexual partners over the previous 12 months, 38 per cent had never used condoms.

### Profile of the affected population

A survey of more than 800 'service women' (indirect sex workers) in three locations across the country found less than 1 per cent were HIV positive. In Vientiane, about 1 per cent of the almost 300 service women were found to be HIV-positive.

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<sup>1</sup> Excerpted from the Country Report prepared by the National Committee for the Control of AIDS (NCCA) Bureau, Ministry of Health, Lao PDR, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001.

The data from 2000 showed that 73 per cent of service women had consistently used condoms with clients in the previous month and 95 per cent reported only one client on the last day worked.

### **Programmes and campaigns**

The Lao People's Democratic Republic initiated a behavioural surveillance survey among specific subpopulations in mid June 2000. A combined HIV Sero-sentinel Surveillance and STD Prevalence Survey was implemented in early 2001 among vulnerable groups such as female service-women, female factory workers and long distance truck drivers. The results are not yet available.

### **Trends in HIV infection**

In the past few years, the Lao People's Democratic Republic has witnessed a massive expansion in economic activity, resulting in significant increases in domestic and cross-border population movement. The number of sex workers has also been increasing.

# ASEAN AIDS facts sheet - Malaysia<sup>1</sup>



## Year of first reported HIV/AIDS case

1986

## Numbers living with HIV

38,340 (1986-2000)

## AIDS cases

4,722 (1986-2000) plus 3,567 AIDS deaths

## Spread of HIV/AIDS

Profile of the affected population

HIV infection rate of 79.8% is highest in the youth adult age group – 20-39 years followed by those above 40 years – 17.2%, while the number below the age of 13 years stands at 3.0% as of December 2000. Around three-quarters (74.6%) of cases are intravenous drug users, however, the number of heterosexual cases is increasing from 4.9% in 1990 to 17.7% in 2000. Vertical transmission increased from 0.10% in 1995 to 1.61% in 2000.

The proportion of women infected with HIV rose from 1.2% in 1990 to 9.4% in 2000 and AIDS from 3.3% in 1993 to 8.3% in 2000. Mother to child transmission remains low in comparison with other developing countries, increasing from 5.35% in 1998 to 6.00% in 2000.

Malaysia is a host country to migrant workers from around Asia with 7.6% of cases falling in this category in 2000 – fishermen and long distance drivers. A cumulative 958 foreigners infected with HIV have been reported from 1989 to 2000.

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<sup>1</sup> Excerpted from the Country Report prepared by the Division of Disease Control, Department of Public Health, Ministry of Health, Malaysia, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001.

### **Programmes and campaigns**

Malaysia's main thrust in prevention and control include safety of blood products; access to care and treatment for PLWAs; national HIV/AIDS surveillance; public awareness and education – healthy lifestyle - particularly for youth; screening and counselling for marginalised groups such as IVDUs, prisoners, sex workers, and formal and informal education for youth, focusing on multi-sectoral responses.

### **Trends in HIV infection**

In the period from 1990-2000 the annual reported cases of HIV infection showed an increase, ranging from 778 to 5,107 a year. In the same period, the number of AIDS reported to the health authorities rose from 18 to 1,168 and annual deaths from the disease ranged from 10 to 882 a year. The trend of new cases of asymptomatic HIV infections reported appear to have increased in smaller proportion in the past 4-5 years. However, the number of AIDS cases and deaths continues to be on a rising trend from one death in 1990 to 882 AIDS deaths in the year 2000.

The 1998 national consensus meeting (supported by WHO) projected that the cumulative HIV infection in Malaysia for year 2003 to be 90,000 cases, 7,900 of those cases are predicted to be new infections. The prevalence rate is then projected to be 0.3%.

## ASEAN AIDS facts sheet - Myanmar<sup>1</sup>



### Year of first reported HIV/AIDS case

Active surveillance for HIV/AIDS began in Myanmar in 1985 with the first HIV case detected in 1988 and the first AIDS case in 1991.

### Numbers living with HIV

31,453 (Dec 2000)

### AIDS cases

4,472 (including 1,835 who have died) as of December 2000.

### Spread of HIV/AIDS

Profile of the affected population

Most AIDS patients and HIV positive cases detected were in the age group 20-40 years with a male to female ratio of six to one. Rates of HIV infection among IDUs remains stable at 50-60%, based on recent data. A noticeable upward trend in the number of HIV infections has been detected among male and female STD patients around border areas since 1995. Infection rates among pregnant women and new military recruits stands at two percent. In both high and low risk populations; HIV rates were higher on the country's eastern border and declining through central and western areas. The high risk groups in Myanmar are IDUs, male and female STDs, sexually promiscuous men and women, and migrant workers.

### Programmes and campaigns

Blood safety, condom promotion in targeted populations, reducing harmful consequences of injection drug use, multisectoral coordination, support for PLWAs, and behaviour change communication. Focus moving to blood safety programmes in rural areas, enhancing multisectoral/NGO activities, surveillance/research, biannual HIV Sentinel Surveillance conducted in all 27 states and divisions, prevention and treatment of STIs, and prevention and treatment of HIV among intravenous drug users (IVDUs).

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<sup>1</sup> Excerpted from the Country Report prepared by the National AIDS Programme, Department of Health, Ministry of Health, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001.

### **Trends in HIV infection**

Projections indicate increasing rates of infection among risk-groups such as IDUs, male and female sexually promiscuous groups, migrant populations, and populations in Myanmar/Thai border-region.

## ASEAN AIDS facts sheet – Philippines<sup>1</sup>



### Year of first reported HIV/AIDS case

June 1984

### Numbers living with HIV and AIDS cases

1,431 cases, 478 of these cases have AIDS and 213 deaths have been recorded (November 2000).

### Spread of HIV/AIDS

Available evidence in the Philippines describes the HIV/AIDS situation in the country as a low infection/slow progression epidemic. The level of prevalence among those presumed to be most vulnerable is considered low and the current rates of growth in the number of HIV/AIDS cases is considered slow.

While the number of cases each year has been increasing, prevalence rates remain low and there seems to be no indication at present that the infection is about to explode. Various Philippine epidemiologists estimate actual numbers of HIV cases at between a low of 5,000 to a high of 13,000. Even the high estimate would place the current national HIV prevalence rate at 0.02% of the total population. Prevalence rate of more than 1% is estimated among certain vulnerable groups including urban female sex workers, men who have sex with men, and injecting drug users in certain cities.

### Profile of the affected population

60% of cases are men and 40% women. The highest number of infected men was found in the 30-39 age group bracket, while the 19-29 age group has the highest number of infected women. Most cases (80%) were infected through heterosexual sexual transmission. A significant number of those infected were Filipinos returning from abroad.

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<sup>1</sup> Excerpted from the Country Report prepared by the Philippine National AIDS Council, Department of Health, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001.

### **Programmes and campaigns**

Programmes have included the integration of HIV/AIDS education into the school curricula; improving care and support for people living with AIDS (PLWAs), including negotiations underway with drug companies to reduce the cost of antiretroviral treatment; reviewing benefits program to address the needs of repatriated HIV positive Filipino workers; addressing the vulnerability of Overseas Filipino Workers including professionals, skilled workers, entertainers, domestic helpers and seafarers. Responses include developing educational materials for pre-departure Orientation Seminars and a training curriculum for seafarers for use in the country's maritime training institutions. Completion of this course will form part of the requirements for the issuance of Seaman's Book (Passport for seafarers).

### **Trends in HIV infection**

Risks of a wider infection in the near future relate to unprotected sex, both commercial and casual, and through unsafe blood transfusion.

## ASEAN AIDS facts sheet - Singapore<sup>1</sup>



### Year of first reported HIV/AIDS case

The first case of HIV infection was reported in 1985.

### Numbers living with HIV

UNAIDS estimates there were 4,000 living with HIV in 1999, which represents 0.19 per cent of the adult population. However, according to data from Singapore's Ministry of Health, a total of 1,547 Singaporeans have been reported to be HIV infected as of 31 October 2001.

### AIDS cases

Of the 1,547 Singaporeans reported to be HIV infected, 608 asymptomatic carriers, 367 with full-blown AIDS and 572 have died.

### Spread of HIV/AIDS

Sexual transmission remains the main mode of HIV transmission among Singaporeans. Of the 185 cases reported this year, almost 97% acquired the infection through the sexual route with heterosexual transmission accounting for 80% of infections, homosexual transmission 9% and bisexual transmission 8%. The remaining 3% were due to intravenous drug use (2%) and perinatal transmission (1%). Among those who acquired the infection through the sexual route, about 88% had sexual exposure to sex workers (locally and overseas) and/or casual sex partners.

### Profile of the affected population

The majority (1354 cases) of the HIV infected Singaporeans were males and 193 were females (Table 3) giving a sex ratio of seven males to one female. Among the males, 62% were single. For the females, however, the majority (65%) were married.

About 84% were Chinese, 7% were Malays, 5% were Indians and 4% were other. About 20% of the HIV infected Singaporeans were working in the sales and service sector and another 20% were production craftsman and plant/machine assemblers.

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<sup>1</sup> Excerpted from the Country Report prepared by the Disease Control Division, Ministry of Health, Singapore, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001 and the Press Statement from the Ministry of Health "Continuing efforts to combat HIV/AIDS" released on November 2001.

### **Programmes and campaigns**

HIV prevalence remains low among sex workers as a result of successful education and prevention programmes promoting condom use. The success of this program is also reflected in low rates of STI among sex workers screened at STI clinics. In 1996 this risk group recorded very low prevalence of chlamydia (0.8 per cent) and gonorrhoea (0.2 per cent).

To prevent and control the AIDS epidemic in Singapore, a National AIDS Control Programme was implemented in 1985. A multi-pronged strategy, which is multi-sectoral and multi-disciplinary, was implemented to combat the AIDS epidemic in Singapore through health education, legislation, protection of the national blood supply, counselling and management of the infected, their contacts and others who have been exposed to the infection, surveillance of the disease in Singapore through routine monitoring of the infection among selected groups in the population and the training of personnel. This programme is reviewed at regular intervals and measures to strengthen it are proposed, discussed and adopted.

### **Trends in HIV infection**

The number of reported cases of HIV infection has increase since the first HIV infected Singaporean was detected in May 1985, from 2 cases in 1985 to 111 cases in 1995, to 226 cases in 2000. UNAIDS estimates 220 people will die of AIDS in 2005, a 50 per cent increase on deaths in 2000. However, this estimate may be much lower since anti-HIV treatment provided in Singapore will delay and/or prevent the development of AIDS in many of its HIV-infected population.

## ASEAN AIDS facts sheet - Thailand<sup>1</sup>



### Year of first reported HIV/AIDS case

The first case of AIDS was reported in September 1984.

### Numbers living with HIV as well as AIDS cases

Cumulative number of reported AIDS cases was 165,060 as of February 2001. In the year 2000, from a total population of 61 million, it was estimated that 984,000 persons were infected with HIV since the beginning of the epidemic. Among these, 289,000 had died and 695,000 are currently living with HIV and AIDS in the country of which 55,000 would develop serious AIDS illnesses and approximately the same number will die of AIDS complications. It was also estimated that 29,000 new infections would occur during this year compared to 143,000 new infections in 1990 (Thai Working Groups on HIV/AIDS projection 2000).

### Spread of HIV/AIDS

Early cases were generally confined to Thai homosexual males. This was followed by an explosive spread of HIV infection among injecting drug users (IDUs) in 1987 and 1988. The virus then spread to sex workers and their clients in 1989 to 1990 with the result that heterosexual transmission became increasingly important. Between 1990-1991 many provinces reported cases of mother-to-child transmission with increasing numbers of infected newborn reported in the following years.

### Profile of the affected population

Sexual transmission accounts for 83.3% of reported AIDS cases while infection among injecting drug users accounts for 4.9%, and mother-to-child transmission is 4.7%. More than 78% of cases were found in the 20-39 age group, with a male to female ratio of 3.3 to 1. In the year 2000, HIV prevalence among pregnant women was 1.46 percent. The highest (median) prevalence was among IDUs (47.17%) followed by female direct sex workers (18.09%), male sex workers (14.00%), fishermen (5.9%), male STD clients (5.9%), female indirect sex workers (5.5%) and blood donors (0.30%) respectively.

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<sup>1</sup> Excerpted from the Country Report prepared by the Department of Communicable Disease Control, Ministry of Public Health, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001.

### **Programmes and campaigns**

After 1989 when the implementation of condom promotion and 100% condom use brothel program began, the incidence of STIs, and subsequently HIV, dropped rapidly. Other programs have included education for high-risk behaviour groups, mass media campaigns and a national STD campaign aimed at improving STD health seeking behaviours, enhanced screening for detection of asymptomatic STD cases, and comprehensive STD case management aimed at accessibility of services for vulnerable populations, effective treatment, and counselling to reduce risk behaviour.

The national 'Access to Care' implementation program also started mid-2000. This joint government/non-government program aims to improve treatment, care and support for PLWAs.

### **Trends in HIV infection**

The HIV prevalence rates have fallen among a number of low-risk population groups over the past eight to ten years until 2000. This includes pregnant women, male military conscripts, and blood donors. While recent data (1999) indicates a reduction in men seeking commercial sex and an increase in condom use for those who do, there is, however, a subsequent increase in casual sex without condoms, which suggests a need to improve levels of condom use in casual sex.

The prevalence rate among intravenous drug users however, continues to increase from 39% to 1989 to 51% in 1999 and 47% in 2000 and is considered one of the major challenges to Thailand's efforts to control HIV.

## ASEAN AIDS facts sheet - Vietnam<sup>1</sup>



**The first HIV case was detected in 1990.**

### **Numbers living with HIV**

As of 7 March 2001, authorities have detected 29,998 HIV cumulative cases and 4,965 AIDS cumulative cases and 2,602 AIDS deaths.

It is estimated that by 2005, the number of accumulated people infected with HIV will total 200,000 in Vietnam, of which more than 50,000 cases will develop into AIDS and 45,000 cases will die of AIDS.

### **AIDS cases**

By 1999, 2,736 people have developed AIDS and 1,415 people had died of AIDS.

### **Spread of HIV/AIDS**

Health authorities believe sex work and drug-use are the most significant means of transmission of HIV. By 1999 injecting drug users represented 65 per cent of HIV cases. In the last three years of the 1990s northern provinces have seen a rapid rise in the number of drug users with HIV. Heterosexual transmission is increasing, particularly in the southern provinces. HIV in pregnant women increased more than ten-fold between 1994 and 1998. The increasingly mobile population has also contributed to the spread of HIV. Other factors include changing lifestyles and a low level of knowledge about the disease.

### **Profile of the affected population**

The majority of people with HIV are aged between 15-49 years; however, the proportion of infected adolescents is on the increase. In some northern and southern provinces, about 70-80 per cent of people with HIV are below the age of thirty. HIV is no longer confined to injecting drug users and sex workers, and there is evidence that the epidemic has spread to the general population. The percentage of army recruits testing HIV positive has increased from zero per cent

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<sup>1</sup> Excerpted from the Country Report prepared by the National AIDS Standing Bureau, Government of Viet Nam, and presented at the 1<sup>st</sup> ASEAN Inter-Country Consultation in Kuala Lumpur, 26-28 April 2001.

in 1994 to 0.15 per cent in 1998. The HIV infection rate among pregnant women increased on 0.02 per cent in 1994 to 0.12 per cent by the end of 1998.

### **Programmes and campaigns**

An AIDS prevention and control program has been included in the curricula for students at years 5, 9 and 11 in secondary schools. However, information campaigns have not reached all population groups, particularly those in remote parts of the country. Vietnamese health authorities report 100 per cent screening of blood before transfusion, minimising transmission through the health system.

### **Trends in HIV infection**

HIV is spreading to rural areas and remote areas, along transport routes and on drug trafficking routes. There are an increasing number of people with HIV/AIDS entering detention camps, temporary jails, and educational centres, creating a risk of transmission in these facilities. The epidemic in Vietnam continues to be driven by unsafe drug-injecting practices but there is also evidence of steadily increasing sexual transmission.



# **Annex 3**



## A CHRONOLOGY OF ASEAN DECISIONS RELATED TO HIV/AIDS

Meetings	Decisions
<p><b>The 4<sup>th</sup> ASEAN Health Ministerial Meeting, 4 December 1991, Jakarta, Indonesia</b></p>	<ul style="list-style-type: none"> <li>• The Meeting adopted the Framework for the Exchange of Health Information with Emphasis on AIDS and Environment.</li> <li>• The Meeting agreed to bring the problem of AIDS to the attention of the ASEAN Heads of Governments Meeting in Singapore, January 1992.</li> </ul>
<p><b>The 4<sup>th</sup> Meeting of the ASEAN Heads of Government, 27 – 28 January 1992, Singapore</b></p>	<ul style="list-style-type: none"> <li>• The Meeting agreed to establish a Task Force on AIDS under the Committee on Social Development to initiate a regional programme against AIDS with joint planning, implementation and monitoring to undertake, among others: exchange of information and experience on national campaigns against AIDS; cooperation in the medical research on AIDS and its social aspects; mobilisation of NGOs in the campaign against AIDS; and inclusion of information on AIDS in health education.</li> </ul>
<p><b>The 1<sup>st</sup> ASEAN Task Force on AIDS (ATFOA) Meeting, 31 March – 2 April 1993, Jakarta, Indonesia</b></p>	<ul style="list-style-type: none"> <li>• The Meeting considered a work programme outline for a Regional Programme on HIV/AIDS for the period 1995-2000 (later known as AWP I).</li> <li>• The Meeting agreed that member countries incorporate in their respective national plans for HIV/AIDS a regional component to foster ASEAN cooperation on AIDS, including support for the activities of the Task Force.</li> </ul>
<p><b>The 3<sup>rd</sup> ATFOA Meeting, 25 – 27 June 1995, Manila, Philippines</b></p>	<ul style="list-style-type: none"> <li>• The Meeting agreed to adopt the draft Regional Programme on HIV/AIDS Prevention and Control and the Programme. Accordingly, the Meeting endorsed the revised programme to the ASEAN Committee on Social Development and the ASEAN Standing Committee.</li> </ul>
<p><b>The 5<sup>th</sup> ASEAN Summit, 14 – 15 December 1995, Bangkok, Thailand</b></p>	<ul style="list-style-type: none"> <li>• The Bangkok ASEAN Summit Declaration stated under Functional Cooperation (paragraph 9): “ASEAN shall continue to strengthen collective response to the problems and challenges posed by HIV/AIDS, including the mobilization of resources to support implementation of priority activities”</li> </ul>

## A CHRONOLOGY OF ASEAN DECISIONS RELATED TO HIV/AIDS

Meetings	Decisions
<p><b>The 4<sup>th</sup> ATFOA Meeting, 8 – 10 October 1996, Singapore</b></p>	<ul style="list-style-type: none"> <li>• The Meeting agreed that the Regional Programme develop and identify the following high-profile projects for funding consideration by the ASEAN Committee:               <ol style="list-style-type: none"> <li>a. Establishment of an ASEAN Regional AIDS Information and Research Reference Centre;</li> <li>b. Inter-country Seminar on HIV/AIDS Prevention and Control for ASEAN Focusing on Non-Health Agencies; and</li> <li>c. A Study of Patterns and Effects of Population Movement which may contribute to the spread of HIV.</li> </ol> </li> <li>• The Meeting agreed to utilise the cost-sharing principles for the implementation of the Work Programme. The Meeting also agreed that the project “A Seminar on HIV/AIDS Prevention Education among the Youth” be implemented on a cost-sharing basis with Malaysia as the Coordinating Country.</li> </ul>
<p><b>The 5<sup>th</sup> ATFOA Meeting, 10 – 12 December 1997, Bangkok, Thailand.</b></p>	<ul style="list-style-type: none"> <li>• The Meeting adopted the Medium-term Work Programme on HIV/AIDS Prevention and Control (1997-2000). The Meeting agreed that the original project proposal in the draft Medium-Term Work Programme be revised taking into consideration the agreement by the Member Countries on the ASEAN AIDS Information and Research Reference Network.</li> </ul>
<p><b>The 6<sup>th</sup> ASEAN Summit, 15 – 16 December 1998, Hanoi, Vietnam</b></p>	<ul style="list-style-type: none"> <li>• The Meeting adopted the Hanoi Declaration and Hanoi Plan of Action. Relevant sections related to ASEAN decisions on HIV/AIDS are as follows:               <p><b>Hanoi Declaration of 1998 (paragraph 24):</b></p> <ul style="list-style-type: none"> <li>• We shall, together, make sure that our people are assured of adequate medical care and access to essential medicines. We shall step up our cooperation in the control and prevention of communicable diseases, including HIV/AIDS.</li> </ul> <p><b>The Hanoi Plan of Action (paragraph 4.7):</b></p> <ul style="list-style-type: none"> <li>• Strengthen the ASEAN Regional Aids Information and Reference Network.</li> </ul> </li> </ul>
<p><b>The 7<sup>th</sup> ATFOA Meeting, 16 – 18 November 1999, Bandar Seri Begawan, Brunei Darussalam</b></p>	<ul style="list-style-type: none"> <li>• The Meeting recommended the following issues to be considered as Priority Intervention in ASEAN by ATFOA :               <ol style="list-style-type: none"> <li>a. Promotion of Harm Reduction especially Among Drug Users;</li> <li>b. Information Education Communication (IEC) for the General Public;</li> <li>c. Life Skills Education especially for Youth, Mothers to be and Mobile population;</li> <li>d. Prevention of Mother to Child Transmission;</li> <li>e. Prevention and Control of Sexually Transmitted Infection (STI) including Condom Promotion;</li> </ol> </li> </ul>

## A CHRONOLOGY OF ASEAN DECISIONS RELATED TO HIV/AIDS

Meetings	Decisions
<p><b>The 5<sup>th</sup> ASEAN Health Ministerial Meeting, 28 – 29 April 2000, Yogyakarta, Indonesia (See Appendix 4 for Declaration)</b></p>	<ul style="list-style-type: none"> <li>f. Provision of Accessible Health Care Services for Mobile Population;</li> <li>g. Resource Mobilisation especially Financial Resources;</li> <li>h. Promotion of Multi-Sectoral Approach including Political Mobilisation and Community-Based Approaches.</li> </ul> <ul style="list-style-type: none"> <li>• The Meeting agreed to propose that HIV/AIDS issues be included for discussion at the 4<sup>th</sup> ASEAN Informal Summit scheduled from 24 to 25 November 2000 in Singapore.</li> <li>• The Meeting agreed to recommend that an ASEAN Heads of Government Summit on HIV/AIDS be convened in conjunction with the 7<sup>th</sup> ASEAN Summit to be held in 2001 in Brunei Darussalam.</li> </ul>
<p><b>The 8<sup>th</sup> ATFOA Meeting, 11 – 13 October 2000, Siem Reap, Cambodia</b></p>	<ul style="list-style-type: none"> <li>• The Meeting agreed to adopt the following preparatory framework for the proposed ASEAN Heads of Government Summit on HIV/AIDS:               <ul style="list-style-type: none"> <li>a. That each Member Country would undertake in-country consultations among relevant government ministries, NGOs, community and business sectors, and other partners, as appropriate, in order to prepare a country paper in accordance with the Guidelines for the Preparation of In-Country Consultations and the Country Paper;</li> <li>b. The ASEAN Secretariat would prepare an initial draft Summit Declaration and strategic framework for the 2<sup>nd</sup> ASEAN Medium Term Work Programme on HIV/AIDS;</li> <li>c. That an Inter-Country Consultation Workshop be convened by Malaysia before the end of April 2001, with the assistance of the ASEAN Secretariat, and with funding from UNAIDS.</li> </ul> </li> </ul>
<p><b>The 33<sup>rd</sup> ASEAN Ministerial Meeting, 24 – 25 July 2000, Bangkok, Thailand</b></p>	<ul style="list-style-type: none"> <li>• The Meeting agreed to work towards realizing the recommendations made by the ASEAN Health Ministers at their meeting in Yogyakarta in April 2000 that the HIV/AIDS issues be included for discussion at the 4<sup>th</sup> ASEAN Informal Summit in November 2000 and that an ASEAN HIV/AIDS Summit be convened in conjunction with the 7<sup>th</sup> ASEAN Summit to be held on 2001.</li> </ul>
<p><b>The 4<sup>th</sup> Informal ASEAN Summit, 22 – 25 November 2000, Singapore</b></p>	<ul style="list-style-type: none"> <li>• The ASEAN Leaders agreed to convene a Special Session on HIV/AIDS at the 7<sup>th</sup> ASEAN Summit to be held in December 2001 in Brunei Darussalam.</li> </ul>

## A CHRONOLOGY OF ASEAN DECISIONS RELATED TO HIV/AIDS

### Meetings

**The 7<sup>th</sup> ASEAN Summit, 5 – 6 November 2001, Bandar Seri Begawan, Brunei Darussalam.**

### Decisions

- The Meeting agreed to adopt the 7<sup>th</sup> ASEAN Summit Declaration on HIV/AIDS and the ASEAN Work Programme on HIV/AIDS (2002-2005)
- Excerpts from the Press Statement by the Chairman of the 7<sup>th</sup> ASEAN Summit and the 5<sup>th</sup> ASEAN + 3 Summit, November 5, 2001, Bandar Seri Begawan:

#### **Making HIV/AIDS a national and regional priority (paragraphs 21-23)**

- In response to an initiative in Singapore last year, we convened a session on HIV/AIDS to send a strong signal that this battle is now a national and regional priority across Southeast Asia. HIV/AIDS is not just a health problem but can have devastating socio-economic consequences.
- As a reflection of our new political will, we adopted the Seventh ASEAN Summit Declaration on HIV/AIDS to express our strongest support for national, regional and international efforts in this area. We also endorsed the second phase of an ASEAN Work Program for the period from 2001 to 2004. We thanked UNAIDS for helping us to prepare for the summit session and look forward to their continued support in implementing the program. We agreed to invite our dialogue partners and other international agencies to support the work program. We also thanked the ASEAN Task Force on AIDS and the contributions from non-government organizations including those representing people living with HIV/AIDS.
- By acknowledging this new priority, we are determined to commit the necessary resources to deal with prevention, care, support and alleviating the impact of HIV/AIDS. ASEAN must lobby for issues of common concern such as access to cheaper drugs for the millions of people who cannot afford such treatment. At the same time, we must strengthen exchanges and adapt technical expertise while gaining experience and learning from successful strategies within the region.



# **Annex 4**



### **DECLARATION OF THE 6TH ASEAN HEALTH MINISTERS' MEETING ON HEALTHY ASEAN LIFESTYLES**

**15 MARCH 2002 - VIENTIANE, LAO PDR**

**WE**, the Ministers of Health of ASEAN Member Countries, representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam;

**RECALLING** that the ASEAN Vision 2020, adopted by the 2<sup>nd</sup> ASEAN Informal Summit held in Kuala Lumpur in December 1997 envisioned ASEAN as a concert of South East Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies;

**RESPONDING TO** the Yogyakarta Declaration adopted by the Fifth ASEAN Health Ministers' Meeting held in April 2000, in which "Healthy ASEAN 2020" was proclaimed: *"We envision by 2020 that health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body and living in harmony in safe environments"*;

**MINDFUL** that ASEAN countries are in demographic, economic and epidemiological transition and that these trends have major implications on lifestyles and health status by influencing the determinants of health;

**CONCERNED** that many traditional patterns of living of ASEAN peoples that have beneficial health effects are under pressure to change;

**NOTING** the links from behavioural risk factors (especially tobacco use, malnutrition, physical inactivity and personal and family hygiene practices) and socio-economic risk factors (especially poverty) to persistent and emerging health conditions in the region;

**RECOGNISING** that there is a rich diversity of ASEAN lifestyles within and between Member Countries, that lifestyles are behaviours and social practices conducive to good health which reflect the values and identities of the groups and societies in which people live, and that they change over time in response to economic, social and physical environments;

**ENCOURAGED** by the steady progress that has been made to develop and implement health programmes through the ASEAN Senior Officials Meeting on Health Development (SOMHD) and the ASEAN Sub-Committee on Health and Nutrition before the SOMHD;

**FULLY AWARE** of the crucial roles that ASEAN Ministers of Health can play in enabling, mediating and advocating for healthy lifestyles across all sectors of activity and as leaders in health system reform;

***DO HEREBY AGREE, IN THE SPIRIT OF ASEAN SOLIDARITY AND MUTUAL ASSISTANCE, TO INTENSIFY THE REGIONAL EFFORT TO IMPROVE THE LIFESTYLES OF THE ASEAN PEOPLES BY ADOPTING THE FOLLOWING FRAMEWORK:***

**Vision:**

We envision that by 2020 all ASEAN citizens will lead healthy lifestyles consistent with their values, beliefs and culture in supportive environments.

**Mission Statement :**

ASEAN Member Countries will continue to educate and empower their citizens to adopt healthy lifestyles and create an enabling environment that makes healthy lifestyle choices accessible, affordable and sustainable.

ASEAN will continue to be a driving force for regional action in promoting healthy lifestyles.

**Guiding Principles:**

1. *Healthy ASEAN lifestyles* refer to basic human functions and the patterns linking various activities of everyday living in the ASEAN context.
2. Determinants of health strongly influence lifestyles and promoting healthy lifestyles involves enhancing individual responsibility and capability, as well as creating enabling environments.
3. The ASEAN concept for promoting healthy lifestyles links priority areas for health promotion interventions; key target groups based on stages through the lifespan; key levels, sectors, settings and strategies for implementation.
4. Political commitment at the highest levels will strengthen multi-sectoral cooperation and enhance resource mobilisation from multiple sources.
5. Efforts to promote healthy ASEAN lifestyles will draw on the best evidence-based practices appropriate to the social, cultural and economic situation.
6. Individuals, families, communities and citizen organisations as well as the private sector and regional organisations are key partners with national and local governments.
7. Partnerships with ASEAN Dialogue Partners, international agencies, the private sector, academic institutions, media organisations, and civil society will strengthen the organisational machinery of ASEAN to implement joint activities.
8. Special consideration shall be given to addressing healthy lifestyle issues in vulnerable populations.

**Strategies:**

1. To strengthen ASEAN cooperation among Member Countries to promote healthy ASEAN lifestyles.
2. To strengthen the national and collective ASEAN capacity for research and policy development, implementation, monitoring and evaluation.
3. To enhance awareness and develop health literacy among ASEAN peoples about healthy lifestyles.
4. To work together to build supportive environments and opportunities for healthy lifestyle choices.

### **Priority Health Issues**

Recognizing the challenges of demographic transition, urbanisation, industrialisation, globalisation environmental change and other socio-economic changes and their impact on health, we identify the following as priority areas for the promotion of healthy lifestyles:

- Accident and injury prevention
- Alcohol consumption
- Communicable diseases control (malaria, TB, HIV, ARI, CDD etc.)
- Environmental health
- Healthy ageing
- Mental health
- Non-communicable diseases prevention (diabetes, hypertension, cancer, CVD, and others)
- Nutrition
- Physical activity
- Substance abuse
- Tobacco control
- Women's and children's health

### **Regional Action on Promoting Healthy ASEAN Lifestyles**

1. We agree to adopt the Regional Action Plan of the Framework for Promoting Healthy ASEAN Lifestyles.
2. We commit to implement the Regional Action Plan through a continuing programme of activities.
3. We will intensify our linkages and interactions with ASEAN Dialogue Partners and other partner organisations in the implementation of the Regional Action Plan.
4. We will mobilize resources through multiple strategies, including cost- and resource-sharing among ASEAN Member Countries and co-operation with ASEAN's Dialogue Partners and international organisations.

**SIGNED on this 15<sup>th</sup> Day of March 2002 in Vientiane, Lao People's Democratic Republic for the governments of ASEAN Member Countries.**

For the Government of Brunei  
Darussalam:

**H.E. Pehin Abdul Aziz Umar**  
Acting Minister of Health

For the Government of the Union of  
Myanmar:

**H.E. Prof. Dr. Mya Oo**  
Deputy Minister of Health

For the Government of the Kingdom  
of Cambodia :

**H.E. Dr. Hong Sun Huot**  
Senior Minister  
and Minister of Health

For the Government of the Republic  
of the Philippines:

**H.E. Dr. Manuel M. Dayrit**  
Secretary of Health

For the Government of the Republic  
of Indonesia:

**H.E. Dr. Achmad Sujudi**  
Minister of Health

For the Government of the Republic  
of Singapore:

**H.E. Dr. Balaji Sadasivan**  
Minister of State for Health

For the Government of the Lao  
People's Democratic Republic:

**H.E. Dr. Ponnem Dalalay**  
Minister of Health

For the Government of the Kingdom  
of Thailand:

**H.E. Mrs. Sudarat Keyuraphan**  
Minister of Public Health

For the Government of Malaysia:

**H.E. Dato' Seri Dr. Suleiman  
Mohamed**  
Deputy Minister of Health

For the Government of the Socialist  
Republic of Viet Nam:

**H.E. Prof. Dr. Do Nguyen Phuong**  
Minister of Health

# **Annex 5**



### **DECLARATION OF THE 5TH ASEAN HEALTH MINISTERS MEETING ON HEALTHY ASEAN 2020**

**28-29 APRIL 2000, YOGYAKARTA, INDONESIA**

**We**, the Ministers of Health of ASEAN Member Countries, representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, and the Socialist Republic of Viet Nam;

**RECALLING** that the ASEAN Vision 2020, adopted by the 2nd Informal Summit held in Kuala Lumpur in December 1997, envisioned ASEAN as a concert of Southeast Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies;

**SUPPORTIVE** of the need to promote social development and address the social impact of the financial and economic crisis as outlined in the Hanoi Plan of Action (HPA) implementing ASEAN Vision 2020 and adopted during the 6th ASEAN Summit held in Hanoi in December 1998;

**RESPONDING** to the call of the Ha Noi Declaration adopted by the Sixth ASEAN Summit held in Ha Noi in December 1998 that we shall, together, make sure that our people are assured of adequate medical care and access to essential medicines and that cooperation shall be stepped up in the control and prevention of communicable diseases, including HIV/AIDS;

**FULLY AWARE** that despite significant progress made in uplifting the quality of life of individuals in our region, health problems continue to be associated with poverty and are increasingly associated with urbanisation, industrialisation, environmental pollution, lifestyle diseases and stress-related conditions;

**RECOGNIZING** the need to prepare the health sector for the challenges and opportunities arising from globalisation and trade liberalisation;

**ENCOURAGED** by the notable progress made by the ASEAN Sub-Committee on Health and Nutrition and the ASEAN Task Force on AIDS in formulating action plans and programmes and in implementing regional activities on health, despite funding constraints;

***DO HEREBY AGREE, IN THE SPIRIT OF ASEAN SOLIDARITY AND MUTUAL ASSISTANCE, TO STRENGTHEN ASEAN COOPERATION ON HEALTH TO MEET THE CHALLENGES OF THE NEW MILLENNIUM, BY ADOPTING THE FOLLOWING FRAMEWORK :***

**Vision: “Healthy ASEAN 2020”**

We envision by 2020 that health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body and living in harmony in safe environments.

**Guiding Principles:**

1. Emphasise health as a fundamental right of our peoples;
2. Health development is a shared responsibility and must involve greater participation and empowerment of the people, communities and institutions;
3. ASEAN cooperation shall strive to achieve social justice and equity in health development and solidarity in action towards a healthy paradigm that emphasizes health promotion and disease prevention;
4. Political commitment to strengthen and intensify ASEAN cooperation in health development and to mobilise resources at the national, regional, and international levels must derive from the highest level of policy and governance;
5. ASEAN cooperation in health development must be guided by well-defined and focused strategic policies which emphasize the regional perspective and value-added element in all undertakings, while keeping in mind the specific development requirements of Member Countries; and
6. The organizational machinery for pursuing ASEAN cooperation in health development must be strengthened to achieve better coordination and integration across related development sectors.

**Mission:**

7. Strengthen and further intensify ASEAN cooperation in health to ensure that health concerns are mainstreamed in the development effort;
8. Ensure that health development concerns are effectively integrated into the larger scheme of regional cooperation;
9. Promote advocacy and enhance the state of public awareness of health related issues;
10. Ensure availability and accessibility of safe, affordable, efficacious and quality health related products and services to meet the needs of ASEAN;
11. Strengthen the national and collective ASEAN capacity on the issues of health implications from globalization and trade liberalization; and
12. Enhance the competitiveness of ASEAN health related industries taking into account the strength and diversity among ASEAN Member Countries.

**Strategies:**

13. Promote greater emphasis on health promotion and disease prevention;
14. Intensify human resources development and capacity building in identified priority areas;
15. Promote multi-sectoral integration of health concerns; and
16. Strengthen international partnership and alliance.

**Programme of Action:**

17. Develop and implement activities on: health promotion and advocacy; promotion of healthy lifestyle; tobacco-free ASEAN; health systems (including decentralisation); health sector financing (including health insurance); and health legislation/regulation.
18. Expedite efforts to implement the following existing plans of action/work programs:
  - a. ASEAN Medium-Term Plan of Collaboration on Health and Nutrition (1998-2002);
  - b. ASEAN Work Programme on Community-Based Care Programmes for the Elderly;

- c. ASEAN Plan of Action for Strengthening Disease Surveillance;
  - d. ASEAN Medium-Term Work Programme on Tuberculosis Control;
  - e. ASEAN Medium-Term Work Programme to Operationalise the ASEAN Regional Programme on HIV/AIDS Prevention and Control; and
  - f. ASEAN Technical Cooperation in Pharmaceuticals, Phase V (1997-2001).
19. Expedite the implementation of activities on malaria, polio, disability prevention and rehabilitation and develop activities to promote the use of traditional medicine.
20. Address the impact of globalisation/trade liberalisation on the health sector:
- a. Harmonise product registration requirements and standards for health products;
  - b. Work toward gradual harmonisation of standards and regulations for health services;
  - c. Develop strategies to strengthen ASEAN's capacity and competitiveness on health-related products (pharmaceuticals, including traditional medicine and biomedical products, including vaccines) and health services;
  - d. Assess the potential health impact of globalisation and international trade agreements, including TRIPS and GATS;
  - e. Develop a system to monitor the health of vulnerable groups in ASEAN countries;
  - f. To strengthen collaboration on health research and development with a focus on pharmaceuticals, including traditional medicines and biomedical products, including vaccines;
  - g. Formulate an ASEAN Food Safety Policy and an ASEAN Framework on Food Safety;
  - h. Collaborate more closely with policy makers in the trade sector, and
  - i. Intensify development of human resources for health in the area of globalisation and trade liberalisation.
21. To work together in representing ASEAN's interests in regional and international meetings.

## **Strengthening Mechanisms for Collaboration**

22. The ASEAN Health Ministers Meeting shall be held once every two years, subject to review;
23. Recommend that the existing ASEAN Sub-Committee on Health and Nutrition be elevated to the Senior Officials Meeting on Health Development which will meet at least once a year;
24. Establish an Experts Group on Health Policy/Reform;
25. Establish an Experts Group to develop strategies to strengthen ASEAN's capacity and competitiveness on health-related products and services;
26. Both Experts Groups shall report to the Senior Officials Meeting on Health Development;
27. The ASEAN Task Force on AIDS, the ASEAN Working Group on Technical Cooperation in Pharmaceuticals, the Experts Group on Disease Surveillance and the Experts Group on Tuberculosis Control shall report to the Senior Officials Meeting on Health Development;
28. Recommend that a special unit for health development be established at the ASEAN Secretariat comprising an Assistant Director, a Senior Officer, a Technical Officer and a Technical Assistant;
29. Establish active intra-sectoral links with related ASEAN bodies through the ASEAN Secretariat;
30. Strengthen self-reliant regional cooperation by encouraging cost-sharing and by utilising the lead shepherd approach;
31. Intensify the networking of health institutions, health professionals and centres of excellence in teaching and research in the region;
32. Deepen and expand the mutually beneficial cooperation with the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP), other international organisations, the ASEAN Dialogue Partners, NGOs, professional groups and the private sector;
33. Propose that HIV/AIDS issues be included for discussion at the 4th ASEAN Informal Summit scheduled from 24 to 25 November 2000 in Singapore; and
34. Recommend that an ASEAN Heads of Government Summit on HIV/AIDS be convened in conjunction with the 7th ASEAN Summit to be held in 2001 in Brunei Darussalam.

**SIGNED on this 29th Day of April 2000  
in Yogyakarta, Indonesia**

**H.E. Pehin Abdul Aziz Umar**

Acting Minister of Health  
Brunei Darussalam

**H.E. Prof. Dr. Mya Oo**

Deputy Health Minister  
Union of Myamnar

**H.E. Dr. Hong Sun Huot**

Senior Minister  
And Minister of Health  
Kingdom of Cambodia

**H.E. Dr. Milagros L. Fernandez**

Undersecretary of Health  
Republic of The Philippines

**H.E. Dr. Achmad Sujudi, MHA**

Minister of Health  
Republic of Indonesia

**H.E. Mr. Lim Hng Kiang**

Minister of Health  
Republic of Singapore

**H.E. Dr. Ponmek Dalalay**

Minister of Health  
Lao People's Democratic Republic

**H.E. Mr. Kamron Na Lamphun**

Deputy Minister of Public Health  
Kingdom of Thailand

**H.E. Dato' Chua Jui Meng**

Minister of Health  
Malaysia

**H.E. Prof. Dr. Do Nguyen Phuong**

Minister of Health  
The Socialist Republic of Viet Nam