

**OPERATIONAL FRAMEWORK  
FOR THE  
ASEAN WORK PROGRAMME ON HIV/AIDS II  
(2002 – 2005)**

The ASEAN Task Force on AIDS (ATFOA)  
And  
The ASEAN Secretariat

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## **Operational Framework for the ASEAN HIV/AIDS WORK PROGRAMME II (2002-2005)**

### **Background**

The HIV/AIDS epidemic in ASEAN Countries are at varying stages: some at the early stages of the epidemic, others have a situation referred to as low and slow, while a number of other countries are described to have rapid rise to full blown epidemic with devastating impacts ASEAN leaders recognize that the number of people living with HIV/AIDS in the region is increasing rapidly through risk behaviours exacerbated by economic, social, political and legal obstacles as well as harmful attitudes and customary practices. These factors also hamper awareness, education, prevention, care, support and treatment efforts, particularly to vulnerable groups.

Member Countries have their National HIV/AIDS Programmes in place with national strategic plans laid out. They have different needs with a variety of interventions to address the epidemic. The diversity in levels of HIV programme implementation among ASEAN Member Countries is its strength for regional cooperation. By working together, whether developing strategies, or sharing experiences, Member Countries learn from each other and also promote linkages between organizations in the region.

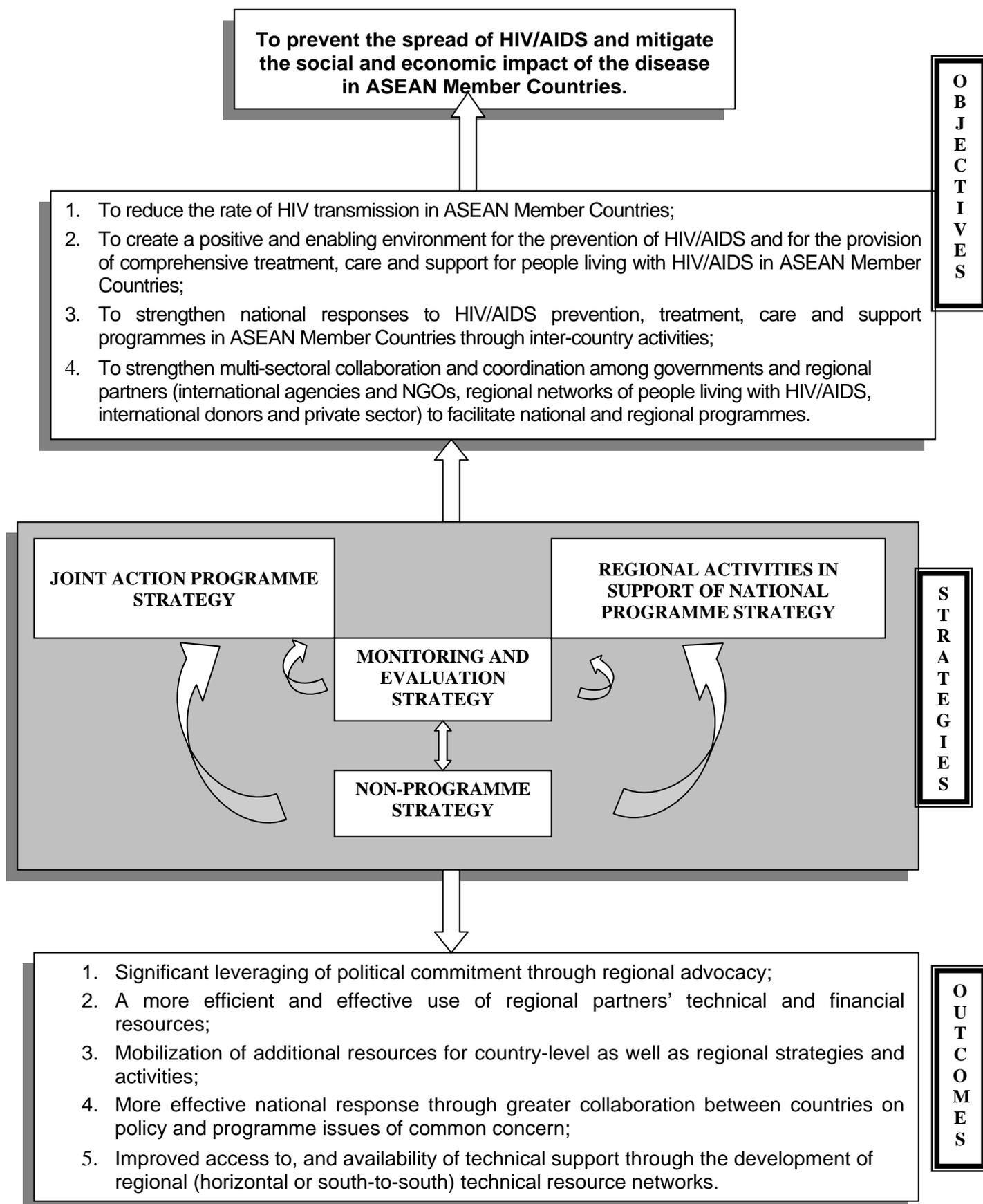
Recognizing the diverse consequences of HIV/AIDS, ASEAN advocated an early collective regional response to the epidemic. The first Meeting of the ASEAN Task Force on AIDS (ATFOA) was held in Jakarta in 1993 following the 4<sup>th</sup> ASEAN Summit Declaration by the ASEAN Heads of State and Government during its Meeting in Singapore in January 1992. Thereafter, Member Countries developed its first HIV/AIDS Work Programme (AWPI, 1995-2000) which was completed in 2000. Most of the activities under the AWPI were implemented on the basis of cost sharing among Member Countries, with host countries providing organizing costs and participating countries covering their travel expenses. Member Countries have also taken the lead in preparing and implementing projects under AWPI, using regional projects as a means to share what they have learned. Implementation of the AWPI has shown that the ASEAN regional programme and the Member Countries' national programmes complemented each other. The ASEAN regional programme provided opportunity for strengthening national programmes and conversely, country programmes facilitated implementation of programmes focusing on issues of common concern in the region such as mobility and access to cheaper drugs.

The ASEAN Task Force on AIDS has developed its second Work Programme on HIV/AIDS for 2002-2005 (AWPII). The AWPII was adopted by the ASEAN Heads of State and Government during the 7<sup>th</sup> ASEAN Summit held in Brunei Darussalam on November 2001, with the commitment "to work together towards accomplishing the regional activities in support of national programs and joint regional actions". Furthermore, the ASEAN Heads of State and Government acknowledged that ASEAN Member Countries must strengthen exchanges and adapt technical expertise while gaining experience and learning from successful strategies within and outside the region.

The ATFOA is now set to carry out the AWPII. At the ASEAN Workshop to operationalize the AWPII held in Lao PDR in October 2002, Member Countries agreed that the AWPII should seek to promote commitment by national leaders, strengthen regional coordination, build regional capacity, address cross border issues related to HIV/AIDS and ensure monitoring and evaluation of activities. They also agreed to give priority to issues for which a regional approach has 'added value' such as human mobility, joint efforts to increase access to affordable drugs in the region, promoting multisectoral collaboration, and creating a positive environment. Furthermore, the meeting agreed on common regional priorities to support country programmes broadly grouped as follows: surveillance, prevention programmes, and treatment, care and support.

As with other ASEAN bodies, ATFOA supports ASEAN Vision 2020 which "aims to be 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".

## Objectives and Outcomes of the AWPII



## **Strategies**

AWPII is operationalised through four major strategies as follows:

### **A. *Non-Programme Strategy***

This includes programmes that are routine and on-going, aimed at strengthening regional collaboration and coordination through information networks, regional and global conferences, dialogues and bilateral exchanges.

### **B. *Joint Action Strategy***

This strategy takes account of programmes that require Member Countries to jointly address the regional needs such as negotiation for affordable drugs in the region, issues related to mobile population, multisectoral collaboration, and creating a positive environment.

### **C. *Regional Activities In Support of Country Programme Strategy***

This consists of programmes that strengthen and support national responses like education programme and life skills training for youth; condom promotion; surveillance; treatment, care and support; prevention of mother to child transmission of HIV; HIV prevention among drug users; and regional coordination among agencies and networks in the region. Most of the activities under this Strategy may be implemented at the national level.

### **D. *Monitoring and Evaluation Strategy***

An integral element of every program component, this strategy will be the responsibility of all Member Countries and the ASEAN Secretariat.

## **Programme Areas**

The following programme areas have been identified under the four major strategies:

### ***Non-Programme Strategy***

#### ***ASEAN AIDS Information and Research Reference Network***

The Thailand Ministry of Public Health initiated the establishment of the ASEAN AIDS Information and Research Reference Network with assistance from the UNAIDS-South East Asia and Pacific Inter Country Team (SEAPICT). As a result of this initiative, the ATFOANET, an electronic network, was launched in 2000 as a channel for information exchange on HIV/AIDS. This is an important mechanism for sharing best practices and lessons learned within the region. Member Countries will actively provide updated data and relevant materials to ATFOA for utilization by relevant sectors in the region. The Thailand Ministry of Public Health and other Member Countries value the commitment of UNAIDS-SEAPICT for its on-going assistance, ensuring the viability of ATFOANET as an electronic network and facilitating information exchange among ASEAN countries.

#### ***Pro-active Participation of UNAIDS in ATFOA Meetings***

To strengthen a coordinated ASEAN response, the ASEAN Secretariat, with ATFOA concurrence will regularly invite UNAIDS to ATFOA Meetings. The ASEAN Member Countries will collaborate with UNAIDS and other UN agencies in the implementation of the AWPII. UNAIDS-initiated activities will include participation of representatives from Member Countries and/or ASEAN Secretariat.

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

International and regional conferences provide excellent opportunities for policymakers, community workers, government leaders and people living with HIV/AIDS to understand the challenges in mitigating the impact of HIV/AIDS, through exchange of information and

partnership building. ASEAN participation in these events will also help accelerate responses within the region through advocacy, policy development, and resource mobilization, while promoting ATFOA goals and capacity of Member Countries.

### Joint Action Strategy

#### *Increasing Access to Affordable Drugs and Test Reagents*

Recent advances in its treatment have shown that morbidity and mortality associated with HIV infection can be reduced. The costs of these medicines that delay the progress of the infection and control opportunistic infections are prohibitive and therefore inaccessible for people living with HIV in ASEAN countries. Costs related to laboratory testing of HIV and related opportunistic infections are equally expensive. It is therefore necessary for government leaders in ASEAN Member Countries to work together in order to make these drugs and reagents affordable and accessible. It is important for ASEAN Member Countries to learn from the experiences of Thailand and other countries from Africa, South Asia and Latin America.

The ASEAN Workshop on Increasing Access to HIV/AIDS Drugs and Reagents held in Jakarta, Indonesia on June 2002 agreed that regional production of ARV drugs is not feasible. Instead, ASEAN Member Countries will focus on the review of TRIPS and Patent Laws in ASEAN Countries with a view to using appropriate legal mechanisms available in the region such as parallel importing and compulsory licensing. Immediate priorities under this programme include: 1) the review of laws on intellectual property rights (IPR), and 2) capacity building activities. The analysis of national IPR laws can also be used, among other activities, as a means of building capacity, by having outside experts work together with local experts while carrying out the review.

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

Mobile population includes migrant workers, sea-farers, truckers or trafficked persons who cross international boundaries for socio-economic reasons. The number of Indonesian overseas workers for Malaysia and Singapore processed by the Ministry of Manpower more than quadrupled in the past ten years, from 39,000 in 1990 to 217,000 in 2000. These figures from the Ministry of Manpower, Indonesia also indicate that a significant increase in the number of overseas contract workers deployed from Indonesia occurred in 1997, following the onset of the economic crisis.

While in destination countries, most of the migrant workers are marginalized, away from their usual support networks, and are not able to access proper HIV prevention education, counselling or treatment services. Mobile population are vulnerable to HIV infection. Of the Filipinos reported to be living with HIV/AIDS, 29% are workers who have returned home after working in other countries.

The ATFOA agreed to carry out two sub-regional projects related to mobile population: 1) Greater Mekong Sub-region (GMS) Cluster composed of Cambodia, Lao PDR, Myanmar, Thailand, and Viet Nam, with Guangxi and Yunnan provinces of China; and 2) BIMPS Cluster composed of Brunei Darussalam, Indonesia, Malaysia, Philippines, and Singapore. The first group has formulated a Joint Memorandum of Understanding for 2002-2004 facilitated by the UNDP South East Asia HIV and Development Project (SEAHIV). The Programme Coordination Committee (PCC) has been created to facilitate the planning, implementation and monitoring of the Joint Action Programme in the MOU countries in the GMS (*Annex 1*). The PCC is composed of the Mobility Focal Points from the GMS Countries, a representative from the ASEAN Secretariat, and a representative from the UNDP-SEAHIV Programme. Cambodia is Overall Coordinator for the GMS Cluster. Malaysia and Philippines as Co-Coordinators for the BIMPS Cluster may attend the PCC as Observers. While the first cluster concentrate their activities on seafarers and truck drivers, the second cluster will focus on HIV/AIDS prevention and care services for migrant workers.

### *Inter-Sectoral Collaboration: Integrating HIV/AIDS into the Development Agenda*

Collaborative efforts by different sectors are needed to reduce social vulnerability, to accelerate prevention intervention and support services, and to efficiently and effectively utilize resources. AIDS concerns society as a whole, therefore responses to the epidemic must be linked to development issues such as those related to trade, labour, or even agriculture. Thailand and Cambodia have shown that consistent political commitment at all levels can change the course of the epidemic. By mainstreaming HIV/AIDS into the strategic plans of different ministries, including the Ministry of Defence, Cambodia is able to expand successful projects nationally. Thailand's AIDS programme is well-funded and politically supported.

In this programme area, highest level of commitment to policies, appropriate resource mobilization and concrete actions will be advocated. A series of advocacy seminars for different sectors and capability building activities related to integration of HIV/AIDS into their organization's programs will be undertaken. The ASEAN Secretariat will explore with UNAIDS, UNDP and other external partners for possible support on mainstreaming HIV/AIDS in transport, maritime, agriculture, rural development and poverty alleviation, including the utilization of a sector's expertise in the area in addressing the impact of the epidemic. The ASEAN Secretariat will also look at the possibility of working in partnership with the Asian Pacific Leadership Forum (APLF) through UNAIDS to identify opportunities and strategies for all ASEAN cooperation sectors to address HIV/AIDS in their work.

### *Inter-Sectoral Collaboration: Mitigating the Socio-Economic Impact of HIV/AIDS*

HIV/AIDS affects the workforce. Recent calculations have suggested the rate of economic growth dropping by 2-4% in sub-Saharan Africa as a result of AIDS. Results of socioeconomic studies in the ASEAN region will provide data and tools that can allow policy makers and planners to understand the impact of HIV/AIDS and can be used to undertake impact assessments and institutional audits. This programme area has two components: 1) Regional policy study on the socio-economic impact of HIV/AIDS which could include modelling and scenario building, and development of policy papers; and 2) Regional training programme on assessing the socio-economic impact of HIV/AIDS.

### *Inter-Sectoral Collaboration: Promoting HIV Awareness among Religious Leaders*

Moslem religious leaders have held a series of HIV/AIDS seminars under the initiative of Indonesia's Ministry of Public Health. The religious leaders have very important roles in HIV/AIDS prevention, support and care. By sharing their experiences with their colleagues from different countries broader range of effective strategies will be learned and understood.

The 10<sup>th</sup> ATFOA Meeting held in Lao PDR in October 2002 agreed to develop a regional activity to promote interfaith dialogue and advocacy among Buddhist, Christian and Moslem religious leaders. Member Countries also agreed to use regular ATFOA Meetings as a forum to share experiences and lessons learned on mobilizing religious leaders in AIDS prevention work.

### *Creating a Positive Environment*

Social stigmatisation and discrimination creates an obstacle in moving HIV prevention and care programmes forward since it causes people living with HIV to hide their status, discourages people from knowing their HIV status, and unknowingly transmits the virus to other people. The most common underlying cause for stigma and discrimination is the community's attitude, lack of understanding and basic knowledge on HIV: its mode of transmission, and strategies for preventing the HIV transmission. A positive enabling environment for people living with HIV/AIDS is needed to maintain productivity, to strengthen the support system for people living with HIV/AIDS, and to remove barriers to prevention and care.

The ATFOA recognizes the importance of mobilizing political leadership and other sectors in reducing stigma and discrimination. The ASEAN Workshop to Operationalize the AWPII

held in Lao PDR in October 2002 agreed that the component on “Creating a Positive Environment” should be given top priority, especially aspects of the component for which joint regional action is required. The same Workshop also agreed to encourage report from regional organizations such as the Asia Pacific Network of People Living with HIV/AIDS (APN+) and Asia Pacific Council of AIDS Service Organizations (APCASO) on technical issues related to stigma and discrimination during regular ATFOA Meetings.

### *Regional Activities in Support of Country Programme Strategy*

#### *Education Programme and Life Skills Training for Youth*

The ATFOA recognizes the vulnerability of the youth to HIV infection. The youth should be provided with relevant information and education about STDs and HIV/AIDS, and life skills training and peer education should be promoted through formal and informal education programmes.

Myanmar has agreed to coordinate the implementation of this programme area and will develop a regional activity to share experiences, difficulties and best practices, with emphasis on peer education and life skills, rather than health oriented and formal education approaches. The ASEAN Senior Officials Meeting on Youth is in the process of developing a proposal on AIDS prevention for out-of-school youth and will integrate AIDS work into youth organizations’ programmes. The ATFOA Focal Points will coordinate with their respective youth ministries on the development and implementation of the proposal.

#### *Condom Promotion and STD Management*

HIV infection is most commonly transmitted through unprotected sex. Consistent and correct condom use is the most cost-effective means to prevent HIV infection. Thailand’s innovative 100% Condom Use Programme for commercial sex has become known as one of the most effective HIV prevention measures. Similar strategies have been adopted in Cambodia and Myanmar, requiring condom use in all sex work establishments and these strategies resulted in an increase of more than 90% of sexual encounters with sex workers being protected by condoms from 14% prior to the start of the Programme.

Cambodia and Thailand agreed to conduct a regional workshop to share experiences on successful strategies to overcome cultural, political and social impediments to condom promotion. Instead of conducting a cross-cultural study on condom promotion as presented in the AWPII, the ATFOA agreed that studies may be conducted in-country and that results of these studies could be shared at the regional workshop.

#### *Surveillance*

An effective HIV surveillance system serves as an early warning device, providing advice and direction to planners and implementers in identifying priorities, developing strategies and managing HIV/AIDS programmes. The information contained in the surveillance system has to be updated, covers adequate geographic area and includes appropriate target population. ASEAN Member Countries have recognized the need to exchange information related to HIV/AIDS prevalence and projections. Lao PDR, Cambodia and Thailand, with assistance from Family Health International, have initiated Border Behaviour Surveillance in communities around their areas.

Member Countries will share surveillance data through the ATFOA Meeting and also through the ATFOANET. ASEAN Secretariat will explore with WHO SEARO and WPRO offices regarding on-going and planned activities on Surveillance to which all ASEAN Member Countries could be invited.

#### *Treatment, Care and Support*

Treatment, care and support is a comprehensive package that includes medical, nursing, psychological, socio-economic support provided across a continuum from homes and

communities to different levels of institutional care. All ASEAN Member Countries have expressed the need for improving access to treatment, care and support for people living with HIV/AIDS. As in most other countries, constraints in providing adequate HIV/AIDS treatment, care and support programmes include limited funds, weak infrastructures, limited number of trained people, and scarcity of drug supplies.

This Programme Area will give priority to sharing of experiences among Member Countries to identify strengths, recognize appropriate package of care, and identify better options or strategies for expanding comprehensive treatment, care and support for people living with HIV/AIDS. Member Countries will report to regular meeting of ATFOA regarding lessons learned on treatment, care and support at the national level. ASEAN Secretariat will continue to attend UN Task Force on Treatment and Care Meetings convened by WHO.

#### *Prevention of Mother-to-Child HIV Transmission (PMCT)*

Mothers with HIV can transmit the virus to their babies during pregnancy, during labour and delivery of the baby, and after delivery through breast-feeding. The problems related to mother-to-child transmission felt in high prevalent countries like Cambodia and Thailand are also seen in lower prevalent countries like the Philippines. The internationally-agreed approach to preventing mother-to-child transmission include: a) primary prevention of HIV among prospective parents, b) prevention of unwanted pregnancies among HIV-positive women, and c) prevention of transmission of HIV through use of preventive antiretroviral, elective caesarean section, avoidance of unnecessary invasive procedures during labour and delivery, and replacement feeding.

The priority identified by the ATFOA under this programme area is the implementation of regional capacity building activities to include training on Voluntary Counselling and Testing (VCT) which is an essential part of PMCT programmes. The Member Countries will utilize the existing Guidelines on PMCT disseminated through the UN Task Force on PMCT.

#### *HIV Prevention among Drug Users*

In Myanmar and Thailand, nearly 50% IDUs have HIV infection. Recent surveys show very high rates of needle-sharing among users in Vietnam. Malaysia has also reported an HIV infection rate of 16% among its IDUs. After more than a decade of negligible rates of HIV infection in Indonesia, it is now seeing infection rates peaking rapidly among IDUs. In one drug treatment centre in Jakarta, HIV infection went up from 15% in 2000 to more than 40% by 2001.

The UNDCP has developed the UN common position paper on HIV/AIDS among drug users as well as the Resolution of the Commission on Narcotic Drugs adopted in 2001. These documents will be circulated to Member Countries for possible use as guidelines. Priorities under the programme area for regional action include capacity building activities, development of advocacy tools and review of laws, regulations and policies impacting on prevention programmes for drug users. The participation of China in these regional activities is also considered. The ASEAN Secretariat will work with the WHO, UNDCP and other possible external partners in the design and implementation of these activities.

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

There are organizations within the region that work on youth issues. The ATFOA will need to strengthen collaboration among regional and international organizations such as the ASEAN Senior Officials Meeting on Youth (SOMY), UNICEF, UNFPA, Save the Children Alliance, and the International Red Cross. The ASEAN Secretariat, with the ASEAN SOMY, will meet with these organizations to explore the possibility of developing a joint project for and coordinating on-going projects by youth organizations on HIV/AIDS prevention.

### Monitoring and Evaluation Strategy

Monitoring and Evaluation are integral components of each Programme Area. The Coordinating Country, in coordination with the ASEAN Secretariat, takes the main responsibility of presenting progress and evaluation reports on a particular Programme Area to the ATFOA during its annual meeting. The Coordinating Country conducts end-of-activity evaluation to assess immediate effect of the project activity in relation to its objectives.

The ASEAN Secretariat will mobilize technical assistance to design instruments to be used for monitoring and evaluation, and to produce "evaluation packages" for use by Member Countries. Coordinating Countries and ASEAN Secretariat staff will be trained in the use of the evaluation package and to incorporate the monitoring and evaluation data into the annual report format. A team of external evaluators will be engaged to conduct mid programme and end-of-programme evaluation.

ASEAN Secretariat has initiated its request for UNAIDS to endorse and facilitate recruitment of a UN Volunteer Specialist familiar with project development, monitoring and evaluation for assignment at the ASEAN Secretariat, necessary to support implementation of the AWPII.

### **Operationalisation**

This Operational Framework for the AWPII was finalized during the Workshop to Operationalize the ASEAN Work Programme on HIV/AIDS II (2002-2005) attended by ATFOA Focal Points and representatives from non-governmental organizations and networks of people living with HIV/AIDS held in Lao PDR in October 2002. This Framework was subsequently adopted by the 10<sup>th</sup> ATFOA Meeting held back-to-back with the Workshop to Operationalize the AWPII. In view of the dynamic nature of HIV incidence and the variety of players within the region, there will be some flexibility in the activities under the Work Plan, which will be modified if necessary, by the ASEAN Task Force on AIDS. The ATFOA, through the ASEAN Secretariat, is encouraged to develop and adopt an annual operational plan that shall be responsive to the emerging concerns, capacity and interest of the many different partners involved.

### Priority Activities

The Operational Framework for the AWPII has identified programme areas that should be given top priority. These include those activities under the *Joint Action Programme Strategy* such as Joint Action to Increase Access to Affordable Drugs and Reagents, Inter-country Activities on Mobile Population and Multi-sectoral Collaboration. The Workshop held in October 2002 in Lao PDR also agreed that the component on 'Creating a Positive Environment' be given high priority and be included in the Joint Action Programme Strategy.

For *Regional Activities in Support of National Programmes Strategy*, priorities consist of those that strengthen regional coordination, which include political/public advocacy, and regional capacity building activities to strengthen and support national programs. Common regional priority activities that have been identified in several previous ATFOA Meetings and consultations are categorized as follows (see also Annex 2):

- 1) Joint Action Programmes
  - a) Joint Action to Increase Access to Affordable Drugs and Testing Reagents
  - b) Inter-country Activities on Mobile Population
    - i) Policy development
    - ii) Inter-country planning, implementing, monitoring and evaluation
  - c) Promoting Multisectoral Collaboration
    - i) Integrating HIV/AIDS into development agenda
    - ii) Mitigating the social and economic impact of HIV/AIDS
    - iii) Promoting awareness on HIV/AIDS among religious leaders
  - d) Creating a Positive Environment

## 2) Regional Activities in Support of National Programmes

- a) Strengthening regional coordination through:
  - i) High level advocacy to include political mobilization
  - ii) Regional information networks, including UNTF Meetings
  - iii) Thematic working groups to work on programme areas
  - iv) Monitoring and evaluation of all regional activities
- b) Regional capacity building
  - i) Forum for exchange of experience and research findings
  - ii) Exchange of experts

Most activities under Regional Activities in Support of National Programmes can be carried out at the national level. As such, Member Countries will report to the annual ATFOA meeting regarding implementation of these activities particularly on lessons learned and best practices. The Program Coordination Committee for GMS Cluster on Mobility meets one day before the annual ATFOA Meeting and informally on the sidelines of the UN Regional Task Force Meeting on Mobile Population and HIV Vulnerability.

### Resource Mobilization Plan

There are three main strategies identified to mobilize support for implementation of the AWPII. Firstly, Member Countries may consider country activities that would be opened to participation by other Member Countries. Such activities may be conducted on a cost-sharing basis utilizing government funds to support travel and accommodation for participants, and to cover organizing costs. Similar arrangements may be adopted utilizing international organizations' support to country programmes. At the country level, ATFOA Focal Points are encouraged to be active promoters of AWPII, particularly on those activities that they are coordinating, and generate support by external partners. Secondly, the ASEAN Cooperation Forum on HIV/AIDS, scheduled in February 2003, will enable international organizations such as UN agencies and ASEAN dialogue partners, to understand the overall objective, programmes and priorities of the AWPII. The Meeting with the international organizations is also a mechanism for increasing technical and financial support to the AWPII. In addition, the 10<sup>th</sup> ATFOA Meeting requested UNAIDS to consider prioritising the use of the *Unified Budget Workplan (UBW) of the UNAIDS Co-sponsors* to further strengthen coordination among UN agencies and ASEAN, and to facilitate implementation of the AWPII. Thirdly, the ASEAN Task Force on AIDS, through the ASEAN Secretariat, agreed during the 10<sup>th</sup> ATFOA Meeting to formulate a proposal addressing health, transport and mobile population issues for submission to the third round of applications to the Global Fund for TB, AIDS, and Malaria (GFTAM).

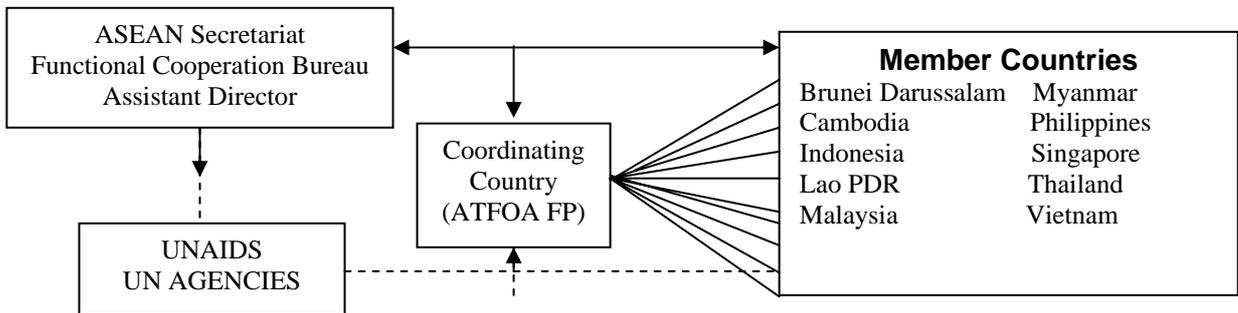
### Overall Coordination and Management Arrangements

The ASEAN Secretariat, through its Assistant Director, Social Development Unit of the Bureau of Functional Cooperation has the overall responsibility of coordinating the AWPII. The ASEAN Secretariat supports the Coordinating Country through its ATFOA Focal Point, and facilitates coordination among ASEAN bodies, UN agencies, and other relevant organizations in the implementation of specific project components (*Annex 3*).

International/regional organizations, donor agencies or other institutions signifying interest in supporting a program component of the AWPII, financially or technically, may make arrangements with the ASEAN Secretariat or with the corresponding ATFOA Focal Point of the Coordinating Country. In cases where initial coordination for developing a regional project transpires at the country level, the ATFOA Focal Point makes sure that appropriate communication is relayed to the ASEAN Secretariat for coordination.

The ASEAN Secretariat reports to the ASEAN Task Force on AIDS (ATFOA) during its annual meeting on the overall progress of the AWPII, while the Coordinating Country presents progress made on their respective program component and the ATFOA discusses future directions of the AWPII during its annual meetings.

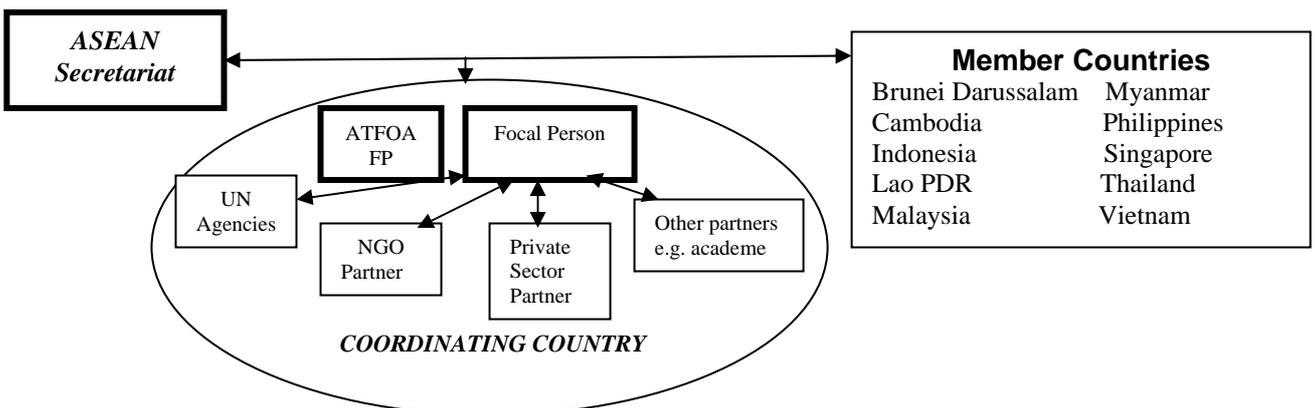
The ATFOA makes sure that monitoring and evaluation of the AWPII will be done, focusing on processes, outputs, and impact indicators. The ASEAN Secretariat will mobilize technical assistance to design instruments to be used for monitoring and evaluation, and to produce evaluation packages for use by Member Countries. The evaluation packages will make reference to the UNGASS Declaration of Commitment



Programme Implementation Arrangements

The Coordinating Country defines the specific implementation arrangements of a project. The ATFOA Focal Point from the Ministry of Public Health identifies the Focal Person at the country level who will be responsible in ensuring that the project outputs are produced. The Focal Person, who may be a consultant, expert or personnel of ASEAN Governments, or non-government organizations, identifies different partner implementers or “parties responsible” for implementation of each activity. The Coordinating Country completes the proposed ATFOA Project TOR (*annex 4*) and/or programme agenda in consultation with relevant organizations in-county and submits the completed form to the ASEAN Secretariat for circulation to all Member Countries. The Coordinating Country finalizes the project work plan based on comments from Member Countries.

The ATFOA Focal Point informs the ASEAN Secretariat on country projects relevant to the AWPII for participation by ASEAN which is then circulated to all Member Countries. Such projects may be supported on a cost-sharing basis by Member Countries, or supported fully or in part by external partners. It is important to emphasize that the design of these country projects for participation by ASEAN takes into account state-of-the-art knowledge and international best practices. The Coordinating Country designing the project should tap experts from other Member Countries, international organizations, or from other countries outside ASEAN region. The workshop held in Jakarta for the Exchange of Information on Increasing Access to Antiretroviral Drugs is a valuable example. The World Health Organization and the Ministry of Public Health Indonesia conceptualized the workshop and opened it to ASEAN participation. They coordinated with the ASEAN Secretariat and together mobilized additional resources including financial support from UNAIDS to supplement organizing costs. Experts from Brazil, China, India and Thailand were engaged, participants from 7 ASEAN countries attended together with local participants from Indonesia, and the meeting successfully discussed important issues with considerable inputs from participants and resource persons.



## Work Plan

### I. Non-Programme Strategy

#### *I.1. ASEAN AIDS Information and Research Reference Network*

<b>Coordinating Country: Thailand</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To strengthen ATFOA-net	ATFOA-net as viable e-network	Information technology capacity building & electronic connectivity with SEAPICT I.1.1.	E connectivity; Capacity building of MCs conducted
		Launch and maintain ATFOA-net with commitment for ongoing funding I.1.2	ATFOA-net launched & operational
To collect & share national best practices/ lessons learned	MCs contribute to ATFOA-net; MCs and different sectors access ATFOA-net	Regular information exchange among MCs following guidelines and format for information exchange I.1.3	Guidelines and format developed & adopted; MC Information regularly updated
		Encourage utilization by relevant sectors as a means of sharing their experiences & publicizing their activities I.1.4	No. of ATFOA-net communication exchanges
To compile a directory of HIV/AIDS experts in ASEAN	Available updated directory of experts	Create/update professional/contact information of experts & connected to <a href="mailto:ATFOA.net@inet.co.th">ATFOA.net@inet.co.th</a> I.1.5	Directory of experts developed and updated

#### *I.2. Pro-active Participation of UNAIDS in ATFOA Meetings*

<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To strengthen a coordinated ASEAN response	Active support by UN agencies to ATFOA AWPII	MCs attend/participate in UNAIDS activities & UNAIDS in ATFOA activities I.2.1	Invitation/attendance to meetings/activities
		Sign MOU between UNAIDS and ASEAN Secretariat I.2.2	MOU between UNAIDS and ASEAN Secretariat signed

#### *I.3. Involvement in Global and Regional Events*

<b>Coordinating Country: Thailand</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To build a better understanding of the global challenges of HIV/AIDS pandemic and to promote ATFOA goals & objectives	ASEAN senior officials understand HIV/AIDS issues in the global/region/country and promote ATFOA response	Attend/participate in regional and global HIV/AIDS conferences I.3.1	No. of participants
		Organize satellite sessions in regional and global HIV/AIDS conferences: - 2003: 7 <sup>th</sup> ICAAP in Kobe, Japan - 2004: International Conference in Thailand - 2005: 8 <sup>th</sup> ICAAP I.3.2	No. of satellite sessions

## II. Joint Action Strategy

### II.1. Increasing Access to Affordable Drugs and Test Reagents

<b>Coordinating Country: Indonesia (indicative)</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To negotiate for affordably priced essential drugs for treatment and prophylaxis of OI, ARV, Reagents	Issues & recommendations identified	Conduct a review on IPR laws, identify problems and issues, explore opportunities for cooperation re: bulk purchasing and joint negotiations II.1.1	Review conducted
	ASEAN Plan of Action on Joint Negotiations and Bulk Purchasing	Develop Plan of Action on Joint Negotiations and Bulk Purchasing by ad hoc experts group II.1.2	Ad hoc experts group convened Policy study reviewed Meetings conducted; workshop to develop Plan of Action
	Availability of affordable drugs	Agreement between ASEAN and pharmaceutical companies II.1.3	Meetings conducted Agreement signed
	To promote MC capacity to manage the impact of TRIPS on the accessibility to ARV & essential drugs	Strategies identified and better understanding of TRIPS and other related issues for increasing treatment access	Appoint an ATFOA representative to ASEAN SOMHD ad hoc expert group tasked to study the impact of globalization and trade liberalization in the health sector II.1.4
Identify strategies to improve treatment access within region and improve understanding on TRIPS, including bulk purchasing, differential pricing, & compulsory licensing, through discussion workshops, and shared experiences from Thailand and non-ASEAN countries - e.g. Africa experience II.1.5			Workshops conducted; capability building activities held <i>Note: Activity II.1.1 could provide inputs into this activity.</i>
Database in place through ATFOANET and updated regularly		Develop a database on prices of HIV-related drugs & test reagents, patent registration and expiry, generic drug availability, local production capacity, estimated & projected requirements for HIV-related drugs & test reagents, and other related factors/variables. II.1.6	Database reporting form designed Database forms completed by Member Countries and collated by Thailand MOPH.

#### Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane)

- ASEAN Secretariat in collaboration with WHO is in the process of developing a project proposal to review intellectual property rights and to conduct capacity building activities. The Rockefeller Foundation is in the process of considering the project proposal submitted by the ASEAN Secretariat (*Activity II.1.1 Activity II.1.5*).
- ASEAN Secretariat and Indonesia will work with UNAIDS, WHO (SEARO and WPRO) and World Bank to further operationalise the remaining activities.
- Member Countries to further follow up on the recommendations of the ASEAN Workshop for the Exchange of Information on Increasing Access to HIV/AIDS Drugs and the ASEAN Workshop for the Exchange of Experience on Increasing Access to Treatment and Care for PLWHA held in Jakarta in June 2002.

## II.2. Inter-Country Activities on Mobile Population

<b>II.2.1. GMS CLUSTER: HIV VULNERABILITY AMONG MIGRANT WORKERS, TRUCK DRIVERS AND SEAFARERS</b>				
<b>Coordinating Country: Cambodia</b>				
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>	
To build resilient & empowered communities by improving their choices in reducing HIV/AIDS vulnerability caused by development related mobility	Information/ data available to communities and organizations for improved mobility monitoring & evaluation and timely multisectoral response	Identify core indicators and develop standard methodology for early warning rapid response system (EWRRS) II.2.1.1	Regional workshop conducted Core indicators & standard methodology defined	
		Organize & train focal points from relevant ministries & organizations for the EWRRS, locate the system within an appropriate institution that would collect & process data derived from the EWRRS II.2.1.2	No. focal points, organizations identified and trained Training workshops held EWRRS data collected & processed regularly	
		Document & disseminate information/data for planning responses, and utilize it as an advocacy tool to policymakers and for planning responses II.2.1.3	Information/data disseminated to policy-makers, planners	
	Communities will have the capacity in analyzing the situation, planning & implementing responses to reduce negative impacts of development on HIV vulnerability	Support & undertake capacity building activities at the community level for analyzing situation, planning & implementation of responses, and monitoring & evaluation II.2.1.4.	Identify & document best practices for enhancing community resilience, and disseminate /share these experiences II.2.1.5	Capacity building activities conducted Information/capacity building materials developed
				Best practices printed & disseminated
		Undertake a situational analysis to identify & assess current utilization of existing links between areas, sectors, institutions, communities, families, & individuals involved in migration systems II.2.1. 6	Analysis report completed	
	Better understanding of relationships between development, mobility systems, HIV vulnerability, and more effective actions at all levels/sectors	Conduct consultations with actors/ institutions involved in the links to identify means of strengthening such links in order to reduce HIV vulnerability II.2.1.7	Consultation meetings held	
		Support & implement pilot projects to evaluate the utilization of links II.2.1.8	Pilot projects supported, implemented	
		Document & disseminate lessons learned II.2.1. 9	Best practices printed & disseminated	
		Develop/adopt regional MOU II.2.1.10	(Sub)regional MOU adopted	
	To enhance national responses to reduce HIV/AIDS vulnerability by improving systems of governance on development-related mobility	Enabling environment provided through support, involvement & political commitment obtained at various levels and sectors	Disseminate MOU to all levels in different languages as appropriate II.2.1.11	National meetings conducted; MOU disseminated
			Support the development of policies, guidelines, regulations related to MOU II.2.1.12	Policies, guidelines, regulations developed, & supported
Translate MOU into action at different levels and for different sectors II.2.1.13			MOU available at different levels; local meetings held	
Advocate and allocate resources for each relevant sector II.2.1.14			Meetings held; no. of sectors with allocated resources	
Build the capacity within countries, at different sectors and levels, on how various policies affect HIV vulnerability II.2.1.15			Capacity building activities	
Review and develop policies and governance in different sectors and at different levels within communities II.2.1.16		Policies, guidelines, regulations developed, & supported		

<b>II.2.1. GMS CLUSTER: HIV VULNERABILITY AMONG MIGRANT WORKERS, TRUCK DRIVERS AND SEAFARERS</b>			
<i>Coordinating Country: Cambodia</i>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
		Promote dialogue between policy makers in different countries II.2.1.17	Info kits developed & distributed; high officials exchange visits/ regional meetings held
		Promote joint and harmonized policy development between provinces, between countries and for the region II.2.1.18	Policy discussions or workshops held
	Communities will have better understanding of multisectoral nature of mobility & HIV/AIDS as well as greater collaboration among sectors	Develop advocacy tools including examples of best practices involving multisectoral cooperation II.2.1.19	Advocacy tools developed and disseminated
		Conduct advocacy workshops II.2.1.20	Workshops held
		Support broad-based committees at various levels to promote cooperation among sectors, to facilitate improved policies, programme responses and development II.2.1.21	Meetings held; committees supported & involved
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	Better access to appropriate care, treatment and information for mobile population	Establish a joint action programme with multisectoral involvement II.2.1.22	Workshop held to develop a Joint Action Program
		Identify &/or establish at appropriate locations, institutions & services for prevention, care & support II.2.1.23	Services established
	Scaling up of a number of identified successful programs	Identify & select activities/programs considered II.2.1.24	Activities/programs identified
		Support the scaling up of selected activity/program, if internal	No of programs established & supported
		Pilot externally introduced activities/programs to assess potential for scaling up	No of programs established & supported
		Evaluate scaling up process & impact	Evaluation completed
	Experiences & lessons learned will be widely understood and an increasing range of prevention & care strategies will be used and supported.	Continued network with regional organizations related to population mobility such as RCM, UNTF on Mobility II.2.1.25	Meetings attended
		Document & share best practices, lessons learned II.2.1.26	Best practices printed & disseminated

Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane)

- UNDP SEAHIV is supporting most of the activities under the GMS – Mobility Component, except the activities under Activity II.2.1.24.
- In cases where Member Countries see a need for a regional project, a tripartite process involving ASEAN Secretariat, UNDP and the Country Coordinator for a particular project/activity plan and discuss the development of the project proposal.
- Member Countries with the need of developing and implementing projects related to mobility at the country level may make arrangements with external partners like UNDP without having to go through the ATFOA.

<b>II.2. INTERCOUNTRY ACTIVITIES ON MOBILE POPULATION</b>		<i>Coordinating Country: Malaysia</i>
<b>II.2.2. BIMPS CLUSTER: MIGRANT WORKERS</b>		<i>Co-Coordinating Country: Philippines</i>
<b>OUTCOMES</b>	<b>STRATEGIES</b>	<b>ACTIVITIES</b>
<b>POLICIES</b>		
<ol style="list-style-type: none"> <li>1. All BIMPS countries Implementing pre-employment and pre-departure programs for all departing nationals (E.g. migrant workers, diplomats, military, etc.) complimentary to and in harmony with post arrival programs</li> <li>2. All receiving countries implementing post arrival programs complimentary to pre-departure programs</li> <li>3. Migrant workers' contract includes medical/health care insurance shouldered by employers</li> <li>4. Standards for medical regulations (E.g. types/ frequency of medical exams, accredited testing centers, etc.) jointly agreed by sending and receiving countries</li> <li>5. All HIV testing in both sending and receiving countries should be accompanied by pre and post test counseling</li> <li>6. A standard protocol agreed upon by both sending and receiving countries on issues of deportation/repatriation of undocumented and HIV + migrant workers is utilized (should include disclosure of reason/s for deportation)</li> </ol>	<ol style="list-style-type: none"> <li>1. Consultation and consensus building/ meetings with relevant institutions (E.g. Ministry of Foreign Affairs, Human Resource, Defense, Labor, Health, GOs and NGOs, etc.)</li> <li>2. Advocacy for approval by appropriate government institutions utilizing platforms such as BIMPS, ATFOA, ASEAN, etc</li> <li>3. Monitoring of policy implementation</li> <li>4. Joint accreditation of testing centers by sending and receiving countries</li> <li>5. Joint development of testing protocols</li> <li>6. Consultation among BIMPS countries</li> </ol>	<ol style="list-style-type: none"> <li>1. Convene ad-hoc national committee</li> <li>2. Conduct national consultation/ consensus building meeting with relevant agencies</li> <li>3. Draft TOR of National Coordinating Committee on Mobility and HIV Vulnerability Reduction</li> <li>4. Gather information/list of government, non-government agencies, working in relation to the migrant/mobile population and submit to UNDP for a regional profile</li> <li>5. Submit progress report to ATFOA</li> <li>6. Convene a National Coordinating Committee on Mobility and HIV Vulnerability Reduction (multisectoral; receiving countries may include representatives of sending countries and vice-versa)</li> <li>7. Draft, policies, technical papers re: issues related to mobile population( e.g. medical regulations, testing, etc)</li> <li>8. Advocate and lobby for approval of the policies, MOU</li> <li>9. Coordinate and monitor the implementation of the policies at national and regional levels (upon approval of the policies/MOU)</li> <li>10. Conduct regular coordinating meetings at BIMPS/ ATFOA and specific ASEAN Ministerial meetings (Labor, Health, Foreign Affairs), to includes period review/ assessment of policies</li> <li>11. work out commonly agreed upon procedures with regards to on site testing <ul style="list-style-type: none"> <li>➢ pre &amp; post test counseling</li> <li>➢ disclosure (info exchange)</li> </ul> </li> <li>12. Identify counterpart entities where regular exchange of info regarding HIV testing is undertaken</li> <li>13. Build capacity of welfare officers to undertake pre-integration counseling</li> <li>14. Documentation of existing practices with regards to repatriation of HIV+ returnees</li> <li>15. Development of standard protocol</li> <li>16. Pilot testing of standard protocol</li> <li>17. Review and revision of protocol based on results of pilot test</li> </ol>
<b>SERVICES</b>		
<ol style="list-style-type: none"> <li>1. Pre-employment and pre-departure programs include preventive education, economic planning (remittances), rules and regulations of receiving countries and other relevant topics</li> <li>2. Migrant workers have access to health facilities and other services in host/receiving countries.</li> <li>3. HIV+ returnees are provided with</li> </ol>	<ol style="list-style-type: none"> <li>1. Development and production of IEC materials by a multi-sectoral group including PLWHAs</li> <li>2. Identification of appropriate implementing agencies who can deliver pre-employment and pre-departure program</li> <li>3. Information dissemination through the use of different</li> </ol>	<ol style="list-style-type: none"> <li>1. Collect and review existing relevant IEC materials nationally and regionally</li> <li>2. Develop and produce appropriate IEC materials for pre-departure, post-arrival and reintegration programs (post ATFOA 2002)</li> <li>3. Pilot the implementation of IEC materials</li> <li>4. Develop information kits for departing workers on receiving countries (post ATFOA 2002)</li> </ol>

<b>II.2. INTERCOUNTRY ACTIVITIES ON MOBILE POPULATION</b> <i>Coordinating Country: Malaysia</i>		
<b>II.2.2. BIMPS CLUSTER: MIGRANT WORKERS</b> <i>Co-Coordinating Country: Philippines</i>		
<b>OUTCOMES</b>	<b>STRATEGIES</b>	<b>ACTIVITIES</b>
services that address treatment, care and support needs 4. Economic reintegration is part of services available to migrant workers 5. Referral system for psychosocial/emotional and other kinds of support are available for migrant workers	channels of communication 4. Advocacy 5. Monitoring implementation of programs 6. Involvement of families, communities and PWAs 7. Community Organizing 8. School-based approach 9. Linkages with institutions re Pension plans and sickness benefits	5. The multi-sectoral committee to identify the relevant partners/ agencies nationally for implementation 6. Training of trainers on the necessary competencies on pre-departure and post-arrival programs in sending and receiving countries 7. To conduct seminar/ workshops on pre-departure, post-arrival and reintegration programs for employers/ recruiting agencies (June-Aug 2003) 8. Encourage use of alternative therapy e.g. traditional, herbal, etc. 9. Capacity building of health professionals providing services to HIV/AIDS cases especially in local levels 10. Integration of HIV/AIDS in the school curriculum 11. Development of community-based care programs for PWLHAs 12. Training of caregivers 13. Setting –up of referral system 14. Implement economic reintegration programs like saving schemes and enterprise development 15. Capacity building of families to participate in reintegration programs 16. Advocate for re-employment abroad of HIV + migrant workers
<b>INFORMATION EXCHANGE</b>		
1. Sending countries regularly updated by receiving countries on policies, rules and regulations and other issues related to migrant workers (e.g. Testing centers, etc.) 2. Complete and transparent regional data relevant to migrant workers available to all BIMPS countries	1. Use of different mechanisms available (E.g. government to government, BIMPS/ATFOA meetings, etc.) 2. Networking	1. Develop data base of relevant information about mobility and HIV e.g. demographic profile of migrant workers, policies, rules, testing centers, protocols, standards, resource providers at national and regional levels 2. Document good practices of agencies/ sectors involved with mobile population.

**Decisions of 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane)**

Regarding the BIMPS Cluster Joint Programme Framework, it was noted that most activities can be implemented at the national level or bilaterally. Accordingly, it was agreed that the BIMPS Cluster countries would implement activities guided by the Joint Programme Framework and to report these activities to the ATFOA Meeting. Malaysia and Philippines as Co-Coordinator of the BIMPS Cluster will attend the PCC as a means for facilitating coordination and sharing of information between the two clusters. Requests for assistance to support national activities, if needed, should be channeled to international agencies such as UNDP-SEAHIV. Activities at regional level would also be developed for consideration by ATFOA, as and when appropriate. The BIMPS cluster meet on the sidelines of the ATFOA as and when appropriate.

*II.3.1. Inter-Sectoral Collaboration: Integrating HIV/AIDS into the Development Agenda*

<b>Coordinating Country: Lao PDR</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To advocate highest level commitment to policies, appropriate resource mobilization and concrete action for effective multisectoral collaboration	Support, involvement & commitment of different ASEAN bodies in addressing HIV/AIDS	(Identify entry points and ) Consult different ASEAN bodies e.g. Planning, Transport, Culture and Information, Senior Officials on Youth (SOMY) and others to integrate HIV/AIDS into their agenda II.3.1.1	Series of consultation meetings held with SOMY, Culture and Information and Trade
		Conduct ASEAN fora sponsored by different ASEAN bodies to discuss relevant HIV/AIDS and development issues II.3.1.2	ASEAN fora held
To support the capacity of Member Countries in promoting collaboration among and involvement of key players from different sectors in addressing HIV/AIDS and development	Better understanding of interlink between development and HIV/AIDS	Develop advocacy package/info kits targeting key leaders & policymakers II.3.1.3	Advocacy package developed and distributed
		Undertake advocacy activities prioritizing leaders and their advisers II.3.1.4	Advocacy workshops held in Member Countries
		Raise awareness of policymakers on need for inter- & multi- sectoral collaboration and on issues linking HIV/AIDS and development II.3.1.5	ASEAN fora/summit, exchange visits, attendance to international conferences
	Multisectoral approaches to address HIV/AIDS and development	Conduct capability building for key staff from different sectors on developing/integrating HIV-related programs within their organization II.3.1.6	Capability building activities held
		Incorporate HIV/AIDS related issues into different organization's plans and programs, e.g. National Development Plan, Media, Youth II.3.1.7	No. of plans & programs by different sectors that include HIV/AIDS
		Include participation of multisectoral key players to ATFOA meetings II.3.1.8	ATFOA meetings attended by different sectors
	Lessons learned are shared & a variety of strategies are promoted	Facilitate exchange of experience, information, best practices related to multisectoral approaches and integration of HIV/AIDS issues into different ministries II.3.1.9	Regional meetings held
		Document and disseminate best practices II.3.1.10	Best practices documented & disseminated

Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane)

- Follow-up initial discussions with UNAIDS-SEAPICT on developing a project to identify opportunities approaches/strategies for all ASEAN cooperation sectors to address HIV/AIDS in their work. ASEAN Secretariat will explore with UNAIDS on ways to access Asia Pacific Leadership Forum (APLF) resources (*Activity II.3.1.1 and Activity II.3.1.2.*)
- ASEAN Secretariat to explore with UNDP for possible support on mainstreaming HIV/AIDS in transport, maritime, agriculture, rural development and poverty alleviation including utilization of a sector's expertise in the area in addressing the impact of epidemic (*Activity II.3.1.6 and II.3.1.7*)
- Member Countries to share experiences on mainstreaming at ATFOA Meetings (*Activity II.3.1.9*)
- Lao PDR informed the ASEAN Secretariat that Viet Nam development Information Centre, in collaboration with UNAIDS Viet Nam and supported by the World Bank has organized 6 Video Conferences on HIV/AIDS. The latest conference was on Involvement of PWA, with Viet Nam, Thailand, East Timor, Philippines, Lao PDR, and Cambodia. The first conference was on Cross-Border issue and participating countries included: Cambodia, China, Indonesia, East Timor, Lao PDR, Philippines, Thailand, Viet Nam and Geneva

*II.3.2. Inter-Sectoral Collaboration: Mitigating the Socio-Economic Impact of HIV/AIDS*

<b>Coordinating Country: Philippines</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To conduct studies on the long-term demographic and economic impact of HIV/AIDS in the region given existing prevalence, based on a common methodology	Availability of 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	REGIONAL STUDY: Conduct country and regional policy studies on the economic and social costs of HIV/AIDS in the region and recommend measures that could be taken to mitigate the impact II.3.2.1	Regional study completed
		Review findings and recommendations of the study for possible consideration by relevant ASEAN ministerial meetings II.3.2.2	Meeting of national development planners and health officials held; recommendations identified
		Publish and disseminate the regional study II.3.2.3	Study published and disseminated
To develop the capacity of key leaders from various sectors to carry out and apply studies on socio-economic impact of HIV/AIDS in the region	Key leaders trained to carry out impact assessments and institutional audits using epidemiological and demographic tools, in consultation with community and affected groups.	REGIONAL TRAINING PROGRAMME: Use demographic and epidemiological tools to understand the socioeconomic impact of HIV/AIDS and to undertake impact assessments and institutional audits. II.3.2.4	Regional training of trainers and series of national training programs for key leaders conducted
		Compile, publish and disseminate training modules and teaching materials from different countries II.3.2.5	Training modules developed, printed and compiled

<p>Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane)</p> <ul style="list-style-type: none"> <li>• ASEAN Secretariat to work with UNAIDS to explore the use of Asian Pacific Leadership Forum (APLF) resources to develop regional study on the socioeconomic impact of HIV/AIDS which could include modeling and scenario building, development of policy papers (<i>Activity II.3.2.1</i>)</li> <li>• ASEAN Secretariat and Philippines to submit a proposal on 'Regional Training Programme on Assessing Socio-Economic Impact of HIV/AIDS' to the Donors Meeting (<i>Activity II.3.2.4</i>).</li> </ul>
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*II.3.3. Inter-Sectoral Collaboration: Promoting HIV Awareness among Religious Leaders*

<b>Coordinating Countries: Malaysia and Indonesia for Moslem religious leaders, Philippines for Christian leaders and Thailand for Buddhist monks</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To enhance the capability of religious leaders in implementing effective prevention strategies and providing a positive environment for people living with HIV/AIDS	Involvement and action by Buddhist, Christian and Moslem religious leaders	Promote interfaith dialogue among Islam, Buddhist and Christian religious leaders on HIV/AIDS prevention , care and support II.3.3.1	Workshop conducted; interfaith statement adopted
		Support and implement activities/projects related to HIV prevention, care and support II.3.3.2	Activities, projects implemented
	Experiences & lessons learned will be widely understood and an increasing range of prevention & care strategies will be used and supported	Strengthen roles of religious leaders in reducing vulnerability to HIV/AIDS& develop effective strategies for prevention, care and support and in creating a positive environment for people living with HIV/AIDS II.3.3.3	Regional/national seminars/ fora held
		Facilitate exchange of experiences and lessons learned among Member Countries in mobilizing religious leaders for AIDS work II.3.3.4	Experiences and lessons learned shared and noted during ATFOA meetings
		To compile, publish and disseminate best practices II.3.3.5	Document of best practices published

Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane)

- Philippines will coordinate development of a regional proposal to promote interfaith dialogue and advocacy (*Activity II.3.3.1*).
- ASEAN Secretariat to follow-up with UNICEF's (communicated through UNICEF Jakarta) offer to develop a regional activity to strengthen the role of religious leaders for AIDS work (*Activity II.3.3.3*).
- Member Countries to use regular ATFOA Meeting as a forum to share experiences and lessons learned on mobilizing religious leaders in AIDS prevention work (*Activity II.3.3.4*).
- Malaysia will invite all ASEAN countries to participate in the second Moslem Leaders consultation meeting that the Ministry of Religious Affairs, Malaysia will be organizing in April 2003.

## II.4. Creating a Positive Environment

Objectives	Outcome	Activities	Process Indicators
Increased number of sectors involved in addressing stigma and discrimination	Increased number of sectors involved in addressing stigma and discrimination	Build capacity on advocacy and anti discrimination among key players such as government agencies, NGOs, private sector, community leaders, media, religious leaders, PLWHA II.4.1	Capacity building activities; advocacy tools developed
	Policies and programmes towards non-discrimination supported in ASEAN countries	Conduct high level advocacy through ASEAN fora to advocate for PLWHA and Greater Involvement with People with AIDS (GIPA) II.4.2	Regional ASEAN meetings; ASEAN policy on discrimination developed and adopted
	Increased role of the media and other sectors in supporting an enabling environment	ASEAN Secretariat to explore/collaborate with ASEAN Committee on Culture and Information re: training for journalists on HIV/AIDS II.4.3	Meetings held; training programme for journalists developed and implemented
		Provide recognition and incentives to religious leaders, media, private sector and other civil society groups, in collaboration with PLWHA in addressing stigma and discrimination, and promoting social acceptance of PLWHA II.4.4	Campaigns to promote social acceptance of PLWHA
To increase the national capacity for positive living and changed attitudes and perceptions toward HIV/AIDS, People Living With HIV/AIDS (PLWHA) and affected community	Strengthened organizational capacity for networks of PLWHA	Build capacity for local groups of PLWHA to participate in HIV/AIDS activities and link them with regional networks II.4.5	Networks established; organizational capability building activities for PLWHA; national networks linked with regional networks
	Decreasing instances of discrimination, stigma among PLWHA	Request APN+ to share results of on-going survey on discrimination against PWHA, and encourage dialogue with APCASO, APN+ during ATFOA meetings II.4.6	Report by APN+ during ATFOA Meetings
	Wider range of strategies in addressing discrimination accepted	Document and share experiences on multisectoral approaches to promote positive living and the legal practices/rights of PLWHA II.4.7	Regional and national fora conducted; document printed

### Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002):

- The Meeting agreed to give top priority to the component on “Creating a Positive Environment”, especially to aspects of the component for which joint regional action is required.
- Explore the use of APLF resources to mobilize political leadership for reducing stigma and discrimination (*Activity II.4.2*).
- Request ASEAN Secretariat to explore with the ASEAN Committee on Culture and Information on the possible development of an activity to train journalists on HIV/AIDS, and to consult UNAIDS on the possibility of technical and funding support (*Activity II.4.3*).
- Request APN+ to share the results of their on-going survey on discrimination during ATFOA meetings (*Activity II.4.6*).
- Ensure dialogue with APCASO, APN+ on stigma and discrimination; encourage report from APCASO and APN+ during ATFOA Meetings (*Activity II.4.6*)
- Member countries should incorporate activities that could address the issue of discrimination and stigma in conjunction with the World AIDS campaign.

### III. Regional Activities in Support of Country Programme Strategy

#### III.1. Education Programme and Life Skills Training for Youth

<b>Coordinating Country: Myanmar</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To strengthen national commitment to the provision of HIV/AIDS education packages for appropriate target groups at the country level	Environment supportive to implementation of HIV/AIDS education programmes	Advocate the integration of HIV/AIDS education in the formal and non-formal curricula particularly utilizing peer education and life skills strategies III.1.1	Advocacy/info kits available; advocacy workshop conducted
		Share experiences, difficulties and best practices, with emphasis given to peer education and life skills training targeting out-of-school youth, and with involvement of organizations such as the Red Cross and World Youth Assembly III.1.2	Regional Workshop; reports shared
To enhance the capacity of MC to design, implement and evaluate HIV/AIDS education programmes for the youth considering best practices in the region, sensitivity to each MC's culture	Relevant agencies and youth group leaders in countries have the capacity to design and produce appropriate education packages and HIV intervention programmes for and with the youth	Support capacity building activities on life skills training and peer education in the region and attachment of youth leaders in the lead countries III.1.3	Capacity building activities conducted; attachment of youth leaders
		Share/exchange existing education packages and identify/adopt appropriate education packages III.1.4	Seminar-workshop on sharing IEC materials
		ATFOA Focal Points to coordinate with respective ASEAN Senior Officials Meeting on Youth on the development and implementation of two youth projects under the AWPII III.1.5	Coordination Meetings between ATFOA Focal Points and youth ministry
To develop and target group appropriate education packages for youth in the formal and informal education system, which are culturally, appropriate and gender sensitive	Youth in ASEAN MC have increased access to prevention and education programmes which will enable them to protect themselves from HIV	Support the development of appropriate educational packages for specific target groups in the formal and non-formal education, involving relevant organizations III.1.6	Workshop to share/modify/develop education packages; training activities conducted
		Support peer education and life skills activities in Member III.1.7	Youth activities supported
	Evaluation, sharing, adapting and utilizing education packages and methodologies in ASEAN MCs	Assess, compile and make available existing IEC materials in the region III.1.8	Inventory of IEC materials shared through ATFOANET
		Evaluate educational programmes and its implementation at country level III.1.9	Evaluation report completed

#### Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane)

- Myanmar will develop a regional activity to share experiences, difficulties and best practices, with emphasis given to peer education and life skills training targeting out of school youth, rather than health oriented and formal education approaches. This activity will be implemented on a cost-sharing basis with involvement of other organizations such as the Red Cross and World Youth Assembly (*Activity III.1.2.*).
- ASEAN Secretariat informed the meeting that the ASEAN Senior Officials Meeting on Youth in the process of developing a proposal on AIDS prevention for out-of-school youth and to integrate AIDS work into youth organizations. The Workshop requested ATFOA focal points to coordinate with their respective youth ministries on the development and implementation of the proposal (*Activity II.1.5*).
- ASEAN Secretariat to work with UNICEF to look into the possibility of ADB funded projects on migrant youth population that could be made available to Member Countries.
- The Workshop took note of on-going projects on out of school youth undertaken by ADB, UNICEF and other agencies.

### III.2. Condom Promotion and STD Management

<b>Coordinating Countries: Cambodia and Thailand</b>			
Objectives	Outcome	Activities	Process Indicators
To advocate for private/public/religious sector support for condom promotion and STD management	Improved STD management at primary level	Secure increased technical and financial support from international organizations (WHO, other international agencies) for STD management at primary care level III.2.1	Meetings/agreements with international organizations
	Availability of affordable and good quality condoms in the region	Identify and secure resources and international support for affordable and good quality condoms for Member Countries III.2.2	Meetings held
	Increased involvement of establishments (entertainment, construction, etc) on HIV & condom promotion programme	Promote participation of establishments (e.g. construction, entertainment) in supporting HIV and condom promotion programme III.2.3	Seminars/workshops for representatives of establishments conducted
To enhance capacity of Member Countries in implementing condom promotion programmes	Condom promotion programmes initiated or scaled up	Share experience of Thailand and Cambodia and advocate evidence-based information and cost-effectiveness of condom use to prevent HIV and STD in the region III.2.4	Regional meeting with experts from Thailand, Cambodia invited as speakers
		Scale up pilot projects into nationwide programs III.2.5	Projects scaled up/supported
		Share existing IEC materials in the region on condom promotion and modify/reproduce IEC materials for use in different member countries, as appropriate III.2.6	No. IEC materials shared &/or developed; IEC workshop conducted

#### Decisions of 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane):

- Cambodia and Thailand to host regional workshop to share experience on successful strategies to overcome cultural, political, and social impediments to condom promotion (*Activity III.2.4*). In this regard, it was agreed that there was no longer a need to develop a regional proposal for a cross-cultural study and that the outcome of any such studies done by Member Countries could be shared at the regional workshop.
- ASEAN Secretariat will explore with WHO SEARO/WPRO and UNAIDS on the possibility of using existing or planned trainings in this area for participation by all Member Countries.

### III.3. Surveillance

Objectives	Outcome	Activities	Process Indicators
To contribute to increasing the capacity of Member Countries to develop/maintain national surveillance systems for identified priority groups including drug users, mobile population	staff trained on improving surveillance systems	Conduct needs assessment and training workshops to standardize and improve surveillance systems for HIV/AIDS/STIs and BSS III.3.1	Needs assessment completed; training workshops held
	Networking of various organizations on surveillance systems	Coordinate with ATFOA, country coordinators, UNSEAPICT and UNTF on Surveillance, and on Mobility, to strengthen surveillance systems and to identify priority research agenda III.3.2	Meetings attended; reports shared
To share updated data on HIV/AIDS prevalence, indicators, among ASEAN countries, including data from second generation behavioral surveillance for advocacy and action	Sharing of updated information; no. of users	Update/Disseminate HIV/AIDS surveillance data, including those for mobile population and drug users, through ATFOA meetings, ATFOANET III.3.3	HIV/AIDS related data on ATFOANET updated and shared
	Media, planners, other sectors responding to HIV/AIDS data	Prepare surveillance briefs for sharing/dissemination with different sectors, such as media, planners, other sectors, for support and action III.3.4	Surveillance briefs for media, planners regularly distributed [option: seminar/fora for media, planners]

#### Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane):

- Member Countries will share surveillance data through the ATFOA Meeting or for dissemination through the ATFOA-Net (*Activity III.3.3*).
- ASEAN Secretariat to explore with WHO SEARO/WPRO regarding on-going and planned activities on Surveillance to which all ASEAN Member countries could be invited.

### III.4. Treatment, Care and Support

Objectives	Outcome	Activities	Process Indicators
To improve access to appropriate and affordable treatment, care and support for PWHA	National Guidelines on provision of appropriate treatment, care and support for PLWHAs available in all Member Countries	Develop national guidelines for appropriate treatment, care and support based on internationally accepted standards III.4.1	Compilation of national guidelines shared
		Establish a multisectoral national/ district referral system and coordination mechanism to maintain continuum of care and home/community based care and support III.4.2	National/district referral systems in place
	No. of institutions capable of providing appropriate treatment, care and support	Develop capacities of Member Countries to support comprehensive care, including strengthening laboratory services and capacity for nursing, medical and pharmaceutical services, with emphasis given to HRD in these areas III.4.3	Regional and national training workshops/ seminars conducted; professional attachments arranged
		Assess opportunities, gaps, timelines for strengthening the development and scaling up of comprehensive care III.4.4	Workshop/ Contracted services/ Database of national care and support services
	Enhanced capacities of Member Countries	Establish an ASEAN directory of national HIV/AIDS care and support services III.4.5	Directory/database of national care and support services
		Share experiences and lessons learned related to treatment, care and support at the national level during ATFOA meetings III.4.6	Experiences noted during ATFOA meetings
		Coordinate with UNTF on Treatment, care and Support convened by WHO III.4.7	UNTF meetings attended
	Involvement of PLWHAs in treatment, care and support activities by different sectors	Facilitate the active participation of PLWHAs in treatment, care and support at all levels III.4.8	Meetings attended by PLWHAs; organizations with PLWHAs representation
		Continued network with PLWHAs and regional organizations related to treatment, care and support (UNTF, APN+, APCASO) III.4.9	Meetings attended; PLWHA, NGOs involved

#### Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane):

- Member countries were requested to report to regular meeting of ATFOA regarding lessons learned on treatment care and support at the national level (*Activity III.4.6*).
- ASEAN Secretariat to continue to attend the United Nations Task Force (UNTF) on Treatment and Care convened by WHO (*Activity III.4.7*).

### III.5. Prevention of Mother-to-Child HIV Transmission (PMCT)

<b>Lead Countries: Cambodia, Malaysia, Philippines and Thailand</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To build the capacity of MCs to assess the problem of MTCT and to provide related services in the prevention of MTCT programmes	Mother and child have better access to all related services of PMCT programmes VCT, care and support, during/post delivery	Assess the situation of vertical transmission on a regional level and identify gaps and needs III.5.1	Situational analysis report completed
		Train key persons from Member Countries on VCT as integral part of PMCT and provide professional attachments on developing and implementing PMCT programmes III.5.2	Training workshops conducted; key persons trained or with professional attachments
		Support pilot or scaling up of projects on PMCT III.5.3	on-going pilot/scaled up projects
	Experiences & lessons learned will be widely understood and an increasing range of prevention & care strategies will be used and supported.	Continued network, by ATFOA thematic/working group on PMCT, with regional organizations related to PMCT such as UNTF on PMCT III.5.4	Thematic group or ATFOA Working Group on PMCT established; meetings attended
		Document & share experiences, best practices, lessons learned III.5.5	Workshop; Best practices printed & disseminated

Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane):

- ASEAN Secretariat to work with UNICEF on working out a proposal related to training on Voluntary Counseling and Testing (VCT) as essential part of PMCT programs (*Activity III.5.2*).
- Request the ASEAN Secretariat to explore with UNICEF its attendance at the UNTF on PMCT (*Activity III.5.4*).

### III.6. HIV Prevention among Drug Users

III.6. HIV PREVENTION, TREATMENT AND CARE AMONG DRUG USERS			
Coordinating Countries: Indonesia, Malaysia, Myanmar, Vietnam			
Objectives	Outcome	Activities	Process Indicators
To advocate for proactive policies and legislation to ensure effective HIV/AIDS prevention strategies for drug users	Governments address the issue of HIV infection among drug users in national policies (harm reduction approach or health approach)	Conduct in country reviews and consultations on laws, regulations, policies and programmes to ensure effective HIV/AIDS prevention strategies for drug users (link with Drug-Free ASEAN Strategy, and with UNDCP) III.6.1	Consultation meetings done; report completed
		Raise awareness of policymakers on & obtain policy support for HIV issues related to drug use III.6.2	Information kits/ advocacy tools developed & distributed; high officials exchange visits/ regional meetings held
To strengthen the capacity of Member Countries to reduce vulnerability of drug users to HIV/AIDS	Collaborative action in the region	Collaborate with international org, UNDCP, UNTF on Drug Use, regional networks (AHRN) to facilitate implementation of HIV prevention, care and support activities for drug users III.6.3	Meetings attended; reports shared
	ASEAN MCs are capable of assessing and managing HIV issues related to drug use	Train key persons from different sectors in program development and evaluation related to HIV prevention, care and support for drug users III.6.4	Capacity building and training workshop activities done; program designed/ developed
	Drug users have access to HIV prevention, treatment and care	Pilot and/or scale up HIV/AIDS prevention activities, harm reduction interventions, standardize drug treatment services and care for IDUs III.6.5	Pilot activities started or scaled up

Decisions of the 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane) and follow up actions:

- ASEAN Secretariat is working with UNDCP to review the TOR to review laws, regulations and policies impacting on prevention programs for drug users, including capacity building activities (*Activity III.6.1 and III.6.2*). The participation of China will also be considered.
- ASEAN Secretariat to link WHO (joint SEARO and WPRO meeting in Hanoi) to support capacity building activities and development of advocacy tools to reduce vulnerability of drug users (*Activity III.6.2 and III.6.4*).
- The ASEAN Secretariat followed up with UNDCP and circulated to Member Countries the UN common position paper on HIV/AIDS among drug users and Resolution of the Commission on Narcotic Drugs adopted in 2001.
- The Meeting welcomed the proposal of the Asian Harm Reduction Network (AHRN) to organize a session on the sidelines of the International Conference on Harm reduction to facilitate dialogue between senior officials on health and drug control and agreed to encourage their respective senior official to attend the proposed session once the invitations are received. AHRN's proposal calls for convening of a sideline meeting in conjunction with the International Harm Reduction Conference in Chiang Mai in April 2003.

*III.7. Strengthening Regional Coordination among Agencies Working on Youth and Youth Networks in ASEAN*

<b>III.7. STRENGTHENING REGIONAL COORDINATION AMONG AGENCIES WORKING ON YOUTH AND YOUTH NETWORKS IN ASEAN</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To mainstream HIV/AIDS concerns in ASEAN SOMY and major youth organizations in the region	ASEAN SOMY and youth organizations in the region incorporate HIV activities into their current activities	Collaborate and coordinate with SOMY on matters relating to integration of HIV into current regular activities of SOMY III.7.1	Meetings held; seminar workshop
		Share experience and advocate the incorporation of HIV prevention education and intervention into activities of major youth organizations (Girl Guides, Boy Scouts) and other organizations working with youth including NGOs III.7.2	Youth organizations identified; seminar workshops held
To promote collaboration among SOMY, ATFOA, UNTF on youth	Strong regional coordination and collaboration among ATFOA, SOMY, and other youth organizations	Dialogue and coordinate with SOMY and other youth networks on issues related to HIV and youth programmes III.7.3	Report shared; meetings conducted
To promote active participation of youth in HIV/AIDS prevention and care activities among MCs	Youth groups and networks in the countries and region work on HIV/AIDS	Promote and support formation of youth groups and networks in the countries and region to work on HIV policy formulation, prevention and care for youth III.7.4	Regional youth groups on HIV organized and supported
	Active participation by youth in designing and implementing policies and activities in HIV/AIDS at regional or national level	Train youth leaders on HIV/AIDS policy formulation, prevention and care III.7.5	Training workshops conducted

Decisions of 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane):

- ASEAN Secretariat to follow up with UNICEF's offer to develop a proposal to establish a regional network on youth for HIV/AIDS prevention work (*Activity III.7.3 and Activity III.7.4*). Senior Officials Meeting on Youth to be consulted.

#### IV. Monitoring and Evaluation Strategy

<b>IV. MONITORING AND EVALUATION STRATEGY</b>			
<b>Objectives</b>	<b>Outcome</b>	<b>Activities</b>	<b>Process Indicators</b>
To develop capacity of ASEAN Secretariat and Member Countries in monitoring and evaluation of AWPII programs	M&E instruments being utilized by MC	Design instruments to be used for monitoring and evaluation, and produce evaluation packages for use by MC IV.1	Monitoring/evaluation tools designed
	Evaluation package utilized by MCs	Train key persons from ASEAN Secretariat and ATFOA Focal Points on monitoring and evaluation IV.2	Key persons trained
To strengthen regional coordination/collaboration and mobilize resources in order to meet the objectives of the AWPII.	Added staff on board	Collaborate with UN Volunteer Program and UNAIDS to identify funding sources for a UN volunteer specialist in HIV project development, monitoring and evaluation for assignment at the ASEAN Secretariat IV.3	TOR defined; Staff recruited
	Better understanding of issues and increased collaboration with different sectors	Attend regional meetings and conferences related to AWPII IV.4	Meetings and conferences attended

Decision of 10<sup>th</sup> ATFOA Meeting (October 2002, Vientiane) and follow up action:

- ASEAN Secretariat has circulated the TOR for the UNV, who will be responsible for coordinating the operationalization of the AWPII taking into account the need for an expert familiar with project development, monitoring and evaluation, and requested Member Countries to nominate a candidate. (*Activity IV.3*).

## **Annex 1**

### **1. Programme Coordination Committee for Mobility, TOR**

#### **TERMS OF REFERENCE OF THE PROGRAMME COORDINATION COMMITTEE (PCC)**

##### **Mandate**

The Programme Coordination Committee (PCC) will facilitate the planning, implementation and monitoring of the Joint Action Programme in the MOU Countries in the Greater Mekong Sub-region (GMS Countries: Cambodia, Lao PDR, Myanmar, Vietnam, Thailand and China). This Joint Action Programme contains specific objectives, activities and strategies defined by GMS Countries under the 'Inter Country Activities on Mobile Population' of the ASEAN Work Programme on HIV/AIDS II, which was adopted by the ASEAN Heads of State and Government during the 2001 ASEAN Summit held in Brunei Darussalam.

##### **Objectives**

- a. To build resilient and empowered communities by improving their choices in reducing HIV/AIDS vulnerability caused by development related mobility;
- b. To enhance national responses to reduce HIV/AIDS vulnerability by improving systems of governance on development-related mobility;
- c. 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; and
- d. To increase access to appropriate care, treatment and information for mobile populations.

##### **Tasks**

- a. To raise awareness and advocate among the policy makers on HIV/AIDS and mobility issues;
- b. To coordinate the development, monitoring and implementation of the Joint Action Programmes for the Greater Mekong Sub-regional (GMS);
- c. To mobilize and collaborate with NGOs to work on reduction of vulnerability to HIV among the mobile population;
- d. To promote the integration of issues of HIV/AIDS vulnerability among the mobile population into other sectors such as labour;
- e. To deepen and expand beneficial cooperation with international organizations such as UNAIDS and the UNDP, ASEAN Dialogue Partners, professional groups, NGOs and the private sector; and
- f. To designate national focal points for coordination in developing and implementing the Joint Action Programmes.

### Organizational Structure

1. The Project Coordination Committee (PCC) shall consist of the following:
  - a. Overall Coordinator (Cambodia) of the Project on Reducing the HIV/AIDS Vulnerability among the Mobile Population under ATFOA (as chair of the PCC);
  - b. Mobility focal points from the GMS (as nominated by the ATFOA focal points and Yunnan and Guanxi provinces);
  - c. The ASEAN Secretariat; and
  - d. Representative of the UNDP-South-East Asia HIV and Development Programme (SEAHIV).
2. Malaysia as the Coordinator and Philippines as Co-Coordinator for the Pre-departure, Post-arrival and Reintegration Project on migrant workers for the BIMPS Countries may attend as Observers, as needed.
3. The Programme Coordination Committee (PCC) shall report to the ASEAN Task Force on AIDS (ATFOA).

### Regularity, Venue, Hosting of Meetings and Attendance

The Programme Coordination Committee (PCC) shall meet one day before the ATFOA Meeting. The Chair of the PCC, in consultation with UNDP-SEAHIV, shall invite representatives from UN Agencies, ASEAN Dialogues Partners, and Experts as and when appropriate. Host of the ATFOA Meeting shall arrange for the venue of the PCC Meeting.

An informal meeting of the PCC Chair, the ASEAN Secretariat and the Manager of the UNDP-SEAHIV Programme could also be convened, as needed, on the sidelines of the UN Regional Task Force on Mobile Population and HIV Vulnerability.

### Chairmanship of the PCC

The Programme Coordination Committee is chaired by Cambodia.

### Roles of the Chairman

The Chairman of the PCC will do the following:

- a. Submit Report of the Programme Coordination Committee (PCC) to ATFOA for approval;
- b. Report ATFOA's relevant decisions to the PCC;
- c. Attend the Meetings of the UN Task Force on Mobility and HIV Vulnerability and report the PCC decisions to ATFOA; and
- d. Prepare an agenda for each PCC Meeting in consultation with UNDP-SEAHIV, and circulate to the Member Countries for comments;
- e. Work with UNDP SEAHIV to prepare an annual consolidated work plan to implement activities aimed at reducing HIV vulnerability among the mobile population.

## Annex 2

### Common Regional Priorities to Support Country Programmes

( re-printed from AWPII, p 16)

Area of work Strategy	Surveillance	Prevention			Prevention				Access to • Drugs • Reagents • Condom	Treatment, Care support and counselling	Positive Environment 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	I, BM, 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 PDR, My = Myanmar, P = Philippines, S = Singapore, T = Thailand, V = Viet Nam, Ma = Malaysia, BM = the 7<sup>th</sup> ATFOA meeting in Brunei Darussalam, N = Inter – networking of NGOs in KL

## **Annex 3**

### **Roles and Functions of the ASEAN Secretariat, Coordinating Country and UNAIDS/UN Agencies**

#### **ASEAN Secretariat**

##### **Overall Coordination and Management Arrangements of AWPII**

1. Coordinates with ATFOA Focal Points, Coordinating Country, and external partners for program development, implementation and evaluation, ensuring that project activities are not isolated events and that programmatic links are made with other areas of the work program. For example, study results conducted by one Coordinating Country may provide significant input into other Member Countries' priority projects;
2. Collaborates with UNAIDS, other ASEAN bodies, regional organizations, and different sectors on specific issues relevant to the priorities of the AWPII, including attendance to key regional network meetings such as the UN Task Force;
3. Consolidates HIV/AIDS reports by different ASEAN Member Countries;
4. Facilitates linkages and "partnering" between Coordinating Country and other organizations for resource mobilization, provision of technical experts, review of program or training design, and requirements; and ensures that the Coordinating Country is provided priority for capability building, technical and financial assistance;
5. Monitors progress of project implementation; maintains reports and keeps ATFOA and different partner organizations updated on the progress of AWPII implementation;
6. Facilitates monitoring and evaluation of the various project components under the AWPII.

##### **Programme Area Implementation Arrangements**

7. Receives reports from the Coordinating Country and circulates them to ATFOA Focal Points;
8. Provides technical advisory support to Coordinating Country and Member Countries;
9. If requested by Coordinating Country, the ASEAN Secretariat consults relevant international agencies for resource persons or experts to draft papers following international and regional best practices;
10. Monitors timely implementation of program activities.

#### **Coordinating Country**

##### **Overall Coordination and Management Arrangements of AWPII**

1. Confirms commitment to and have ownership of the selected project activity.
2. Prioritizes the inclusion of the project component into the country's national AIDS annual operational plan, including government sources or donor support. Coordinating Country also identifies opportunities under country-level activities that may be opened to ASEAN participation;
3. Identifies and mobilizes resources required, technical or financial, to carry out the project;
4. Ensures that the quality of project design and its implementation maintains the state-of-the-art knowledge and consistent with international standards, utilizing expertise from other countries, within and outside the ASEAN region and with multisectoral involvement;
5. Updates the ASEAN Secretariat with the progress of the project implementation.

##### **Programme Area Implementation Arrangements**

6. Coordinates with ASEAN Secretariat and Member Countries;

7. Informs Member Countries and ASEAN Secretariat on any country activities that may be opened for ASEAN participation;
8. Hosts the meeting, workshop, study, or other activities specified under the AWPII; Announces intention to host activity and tentative schedule;
9. Ensures involvement of various sectors including people living with HIV/AIDS in the design and implementation of activities;
10. Identifies partner implementers at country level e.g. NGO, academe, private sector;
11. Confirms role or participation of other Member Countries, as participant or Co-coordinator of specific activity;
12. Circulates completed TOR and/or programme agenda to ATFOA Focal Points; Member Countries then provide comments on the activity TOR/programme agenda;
13. Mobilizes and/or actively identifies fund sources from within the country, government sources or funds earmarked by international organizations for country programs;
14. Prepares materials, venue and other logistical requirements, including sending out invitations and confirming participation of resource persons, facilitators and participants. The Coordinating Country makes available airport transfers, and provides local hospitality, lunches and tea-breaks, welcome and farewell dinners;
15. Prepares a media plan involving print, TV and radio, to publicize the activity. The Coordinating Country, with assistance from the ASEAN Secretariat prepares and distributes press release;
16. Provides mechanism for internal and external evaluation of the project. The Coordinating Country distributes feedback form to all delegates and prepares a summary evaluation based on the feedback received;
17. Documents and sends completed report to ASEAN Secretariat for circulation to ATFOA Focal Points
18. Applies the following additional guidelines for organizing or hosting an activity on a cost-sharing basis:
  - a. Considers hosting cost-shared project activities for which it has expertise or experience or on-going/planned activities which could be open to all Member Countries;
  - b. Defrays organizing costs. Interested participating countries seek their own funding for attending activity.

## **UNAIDS**

### **Overall Coordination and Management Arrangements of AWPII**

1. Facilitates mobilization of resources including technical and/or financial support to the ASEAN Secretariat for the overall coordination of the AWPII and to Coordinating Country for implementation of specific program components, as appropriate;
2. Promotes linkages between the ASEAN Secretariat and different organizations;
3. Prioritizes the incorporation of AWPII activities into the Unified Budget Workplan (UBW) of UNAIDS and its Co-Sponsors.

### **UNAIDS, UN Agencies, other international/regional organizations**

#### **Programme Area Implementation Arrangements (Country Level)**

1. Assists ATFOA Focal Point of Coordinating Country in identifying NGOs, private sector, academe or other organizations who could be partner implementers of the project;
2. Encourages ATFOA Focal Points and key persons from different UN agencies to incorporate AWPII project activities.

## **Annex 4: *Proposed ATFOA Project TOR***

### **1. ASEAN Work Programme II - Reference Programme Area**

This refers to the specific programme area under the AWPII. Example0: 1.3. ASEAN Involvement in Regional and Global Events

### **2. Project Title**

This is a specific title related to any of the activities under the AWPII. Example of Project Title: Satellite Session on 6<sup>th</sup> ICAAP: ASEAN and Influencing Policymakers

### **3. Contact Information: ATFOA FP and Partners**

Indicate ATFOA Focal Point and Program Manager with contact information, and implementing partner organizations that will carry out the project. Example: THAILAND – Ms. XYZ (ATFOA FP), Ministry of Public Health, contact information; Mr. ABC (Program Manager), organization and contact information; and Implementing Partners: UNAIDS-SEAPICT, Thai Business Coalition on AIDS, ASEAN Secretariat, APN+

### **4. Background**

This section should provide factual information about the context of the problem that is to be addressed. It should present a logical analysis that justifies regional action by ASEAN. The section should discuss the following topics and questions:

### **5. Objectives**

This section of the Project Document, the highest element in the logical framework, should present the best approach as the statement of the results to be achieved by the project or activity the objective. The objective should define a desired solution to the identified problem.

### **6. Expected Outcome**

This section will set the quantitative and/or qualitative standards for successful achievement. These criteria will enable the measurement of the extent of project success. Such measurement will enable the evaluation of the project in terms of the purpose for which it was formulated.

### **7. Proposed Activities**

This section should describe the nature of activity/ activities to be undertaken to produce the project output for example, through conferences, trainings, workshops, attachment or surveys, data collection and analysis, monitoring and evaluation and report writing. The activities should be listed in chronological order. Participants' preparations for these activities should also be mentioned i.e. if papers are to be prepared then paper outline on what paper should address. The indicative work plan should identify and illustrate the activities in chronological order.

### **8. Participant Requirements**

For workshops, seminars, and similar activities, when applicable, requirements for participant nomination or selection must be indicated. For example, training on condom promotion may require participants to "have worked in entertainment establishments for last 6 months", or specify "owners of gay bars".

### **9. Inputs**

This section should indicate what inputs are needed for production of the outputs. i.e. number of consultants or type of equipment needed, duration and cost, travel, per diem. TOR for the consultant or contracts should be attached as annexes.

### **10. Budget**

This section should indicate how much will the inputs cost? How will the inputs be financed? Funding arrangements and other resource commitments should be indicated.

## Annex 5. Regional HIV/AIDS Situation

	Member Country	Total population (thousand)		Number of people living with HIV/AIDS		HIV/AIDS prevalence (%) in adults (15-49yrs.)		Number of children living with HIV/AIDS (0-14yrs.)		AIDS deaths (adults and children) in 1999		Cumulative AIDS orphans		Year first detected HIV/AIDS	Main mode of transmission
		End of 1999	End of 2001	End of 1999	End of 2001	End of 1999	End of 2001	End of 1999	End of 2001	End of 1999	End of 2001	End of 1999	End of 2001		
1	Brunei Darussalam	321	335	< 100	< 100	0.20	...	...	...	...	...	...	...	1986	Sexual
2	Cambodia	10,931	13,441	169,000	170,000	2.80	2.70	5,000	12,000	14,000	12,000	13,000	55,000	1990	Sexual
3	Indonesia	209,178	214,840	52,000	120,000	0.05	0.10	680	1,300	3,100	4,600	2,000	18,000	1987	Sexual
4	Lao PDR	5,301	5,403	1,400	1,400	0.05	< 0.1	< 100	< 100	130	< 150	280	...	1989	Sexual
5	Malaysia	21,817	22,633	49,000	42,000	0.42	0.40	550	770	1,900	2,500	680	14,000	1986	IDU
6	Myanmar	45,064	48,364	530,000	530,000	1.99	...	14,000	...	48,000	...	43,000	...	1988	Sexual
7	Philippines	74,444	77,131	28,000	9,400	0.07	< 0.1	1,300	< 10	1,200	720	1,500	4,100	1984	Sexual
8	Singapore	3,518	4,108	4,000	3,400	0.19	0.20	< 100	< 100	210	140	120	...	1985	Sexual
9	Thailand	60,841	63,584	695,000	670,000	1.91	1.80	20,000	21,000	66,000	55,000	75,000	290,000	1984	Sexual
10	Viet Nam	78,639	79,175	100,000	130,000	0.24	0.30	2,500	2,500	2,500	6,600	3,200	22,000	1990	IDU
	ASEAN	510,054	529,014	1,628,500	1,676,200			44,230	37,570	137,040	81,560	138,780	403,100		

### Reference:

Figures at the end of 1999 from

1. Report on the global HIV/AIDS epidemic, June 2000, UNAIDS, Geneva
2. 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
3. Medium-Term Work Programme to Operationalise the ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995 – 2000)
4. Cambodia: Ministry of Health, 2001
5. Communication from the Ministry of Health, Myanmar, on 29 August 2001
6. ASEAN Work Programme on HIV/AIDS II (2002-2005)

Figures at the end of 2001 from

7. Report on the global HIV/AIDS epidemic, June 2002, UNAIDS Geneva

## **Annex 6: ASEAN Task Force on AIDS – Terms of Reference**

### **TERMS OF REFERENCE OF ASEAN TASK FORCE ON AIDS**

(Revised following 7<sup>th</sup> ATFOA Meeting, November 1999  
and amended for consideration by 8<sup>th</sup> ATFOA Meeting, 11 – 13 October 2000)

#### Mandate

As directed by the Fourth Summit, the Task Force shall initiate a regional programme against AIDS with joint planning, implementation and monitoring to undertake, among others, the following:

- a. exchange of information and experience on national campaigns against AIDS;
- b. cooperation in the medical research on AIDS and its social aspects;
- c. mobilization of NGOs in the campaign against AIDS; and
- d. inclusion of information on AIDS in health education.

In addition, as decided by the ASEAN Committee on Social Development at its 17<sup>th</sup> Meeting, the Task Force shall also incorporate not only the strictly health aspects of the AIDS problem, but also the social, economic and cultural concerns.

#### Objectives

##### **General Objectives:**

- a. To prevent HIV transmission;
- b. To reduce the morbidity and mortality associated with HIV infection and AIDS;
- c. To reduce negative social and economic impact of HIV/AIDS.

##### **Specific Objectives**

- a. To exchange information and experiences on national campaign against AIDS;
- b. To cooperate in medical research on AIDS and its social, cultural, and economic aspects;
- c. To mobilize NGOs for launching intensive and extensive campaign against AIDS;
- d. To include information on AIDS in health education
- e. To develop, implement and monitor a 5-year-regional programme on HIV/AIDS prevention and control;
- f. To evaluate the implementation of its 5 years regional programme;
- g. To promote the integration of HIV/AIDS prevention into other sectors;
- h. To provide a forum for the articulation of ASEAN positions on HIV/AIDS work;
- i. To strengthen self reliance by encouraging cost sharing and the lead shepherd approach; and

- j. To deepen and expand beneficial cooperation with international organization such as UNAIDS and the UNDP, ASEAN Dialogue Partners, professional groups, NGOs and the private sector.

#### Organizational Structure

1. Composition of the Task Force. The Task Force shall consist of at least two representatives from each member country.

Considering that the HIV/AIDS problem is not only a health issue but covers varied and multi-sectoral concerns, the participation in the Task Force of experts coming from other sectors (e.g. education, economics, social, cultural, legal, etc) shall be encouraged.

2. The Task Force shall report directly to the ASEAN Senior Officials on Meeting on Health Development (SOMHD)

#### Regularity, Venue and Hosting of Meetings

The Task Force shall meet at least once a year at venues to be rotated in alphabetical order among the Member Countries.

#### Chairmanship of the Task Force

Chairmanship of the Task Force shall be rotated every two years in alphabetical order among the Member Countries.

\*\*\*\*\*

## ***Annex 7. 7<sup>th</sup> ASEAN Summit Declaration on HIV/AIDS***

### **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 utilization 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 organizations, community-based organizations, people living with HIV/AIDS, vulnerable groups and caregivers;

## **INTERNATIONAL COLLABORATION**

[24] **URGE** ASEAN Dialogue Partners, the UN system organizations, donor agencies and other international organizations 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.

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