



United Nations Development Programme
South East Asia HIV and Development Project

**MOBILE POPULATIONS and HIV VULNERABILITY
SELECTED RESPONSES in SOUTH EAST ASIA**



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Mobile Populations and HIV Vulnerability

Selected Responses in South East Asia

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FOREWORD

Without support from The Rockefeller Foundation, the experiences and wisdom of rural people, presented in their own voices, would not have been heard at a conference where the language of communication is English. We are grateful for Dr. Rosalia Sciortino, Director of The Rockefeller Foundation Regional Office in Bangkok for the financial support, which made this special session at the 6th ICCAP possible and to the people who made the presentations and their interpreters.

It is our hope that this publication will help break down barriers – theme of the 6th ICCAP – and give insight to communities who share their experiences with their own voices.



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Community HIV resilience building: Human ecosystem response through Farmer's Life School, Cambodia¹

Background

In spite of recent decades of unprecedented economic growth and industrialization in South East Asia, the bulk of economic activity is still based on agricultural production in rural areas. While urbanization continues to be a key demographic trend, most people still live in rural areas working in the agricultural sector. This is especially the case for Cambodia where an estimated 11.5 million people, or 80 per cent of the population, are living and working in rural areas. In Cambodia, as elsewhere in South East Asia, rural populations, due to their sheer size, must be at the center of any effective national programme to mitigate the socio-economic impact of HIV/AIDS.

Traditionally, activities developed to slow the spread of HIV/AIDS in medium prevalence countries, have been targeting urban areas where injection drug users and sex workers tend to be present in dense numbers. However, experiences from Sub Saharan Africa have shown that the real danger for a full blown epidemic lies in the spread of HIV into the general population, hence the populations living in rural areas. Taking into account this realization, an urgent need for action arises. A development strategy that empowers rural communities to enable themselves to take necessary steps to avoid being exposed to HIV must be in place. There is an important need to build HIV resilience at the grassroots level of rural farm communities to avert potentially explosive HIV epidemics.

UNDP South East Asia HIV and Development Project (UNDP-SEAHIV) initiated a pilot collaboration with the Food and Agriculture Organization of the United Nations (FAO) – Cambodia Integrated Pest Management programme (IPM) to actively contribute to HIV prevention in Cambodia's rice farming communities. The objective is achieved through initiating a process of farmer empowerment through Farmer's Life Schools (FLS). The goal is that the rural populations will effectively protect themselves, their families and communities from HIV infection². The Farmer's Life School is inspired by the Farmer Field School, which is a community based and participatory programme supported by FAO IPM. At first sight, FAO IPM might seem an unlikely partner in developing a strategy for rural resilience to HIV. However, a closer look reveals that the Farmer Field School utilizes a participatory and community based strategy to manage and maintain a proper ecological and hence a more sustainable agricultural production. The unique idea that the methodology of maintaining a sustainable and healthy agricultural ecosystem could also be applied to maintaining a healthy human ecosystem had thus come to fore in the shape of the Farmer's Life School³.

¹ This paper is prepared based on a presentation by Mr. Sin Chhitna, Farmer Trainer of Farmer's Life School, interpreted by Mr. Chun Bora, National AIDS Authority Cambodia.

² "A development strategy to empower rural farmers and prevent HIV" January 2002 by Jacques du Guerny, Lee-Nah Hsu, Sin Chhitna, UNDP-SEAHIV, ISBN: 974-680-200-3.

³ Review report: UNDP-FAO Mobilization and empowerment of rural communities along the Asian Highway (Route 5) in Cambodia to reduce HIV vulnerability by Jacques du Guerny, March 2001 <http://www.hiv-development.org/text/publications/review-route5.doc>.

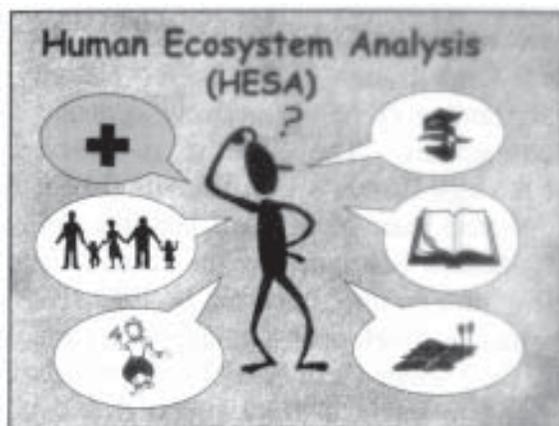
Farmer's Life School

Farmer's Life School (FLS) was established in July 2000 by IPM Farmer Trainers based on the experiences and methodology of IPM Farmer Field Schools. FLS was part of the project "UNDP-FAO Mobilization and Empowerment of Rural Communities along the highway 5 to reduce HIV vulnerability" with technical and financial support from UNDP-SEAHIV and implemented by FAO IPM, Cambodia and administratively supported by UNDP, Cambodia.

The FLS approach is to allow opportunities for the farmers in selected communities to learn through reflection on their daily activities which methods best benefit themselves and their community. It is based on an Agro-Ecosystem Analysis (AESA).

The AESA, through the Farmer Field Schools, provides a forum in which farmers can better understand the dynamics between pest and fungi with rice plants and then carry out field experiments. The farmers work together to solve problems based on their observations thereby acquiring new expertise, experience in the field, in group dynamics, in leadership and self confidence, which in turn encourages them to consider other complex issues they might have avoided previously⁴.

The AESA aims at strengthening the farmer's understanding of how environmentally sound food production can take place while minimizing the use of pesticides or fertilizers for improving their yields and sustainable income. It provides insights into basic principles of ecological rice production and how this type of food production may benefit themselves as well as their communities.



The figure illustrates how farmers increase their knowledge on healthy ecology. In agro-ecology it is hoped that people will adopt a sound management strategy to protect their rice fields from pests. The same principles are utilized in the human ecosystem analysis but with the aim of protecting people from HIV.

The philosophy underlying the Agro-Ecosystem Analysis used in the Farmer Field Schools is transferred to a Human Ecosystem Analysis (HESA) in which the farmers come to understand that many of the principles of managing ecosystems also apply to the management of their personal lives inside their communities. Instead of placing the crop at the centre of the analysis, the farmers are placing themselves.

⁴ "Building the resistance of Cambodian farmers to HIV/AIDS: early action for rural populations" Jacques du Guerny, Lee-Nah Hsu, Sin Chhitna, Robert Nugent, Tea Phauly, Sexual Exchange 2001, Royal Institute of Tropical Diseases, The Netherlands.

FLS provides a free forum, which prepares the farmers to gain insights about the implications of their behaviours and ways of living and to use farmer's own experiences to avoid hazardous behaviours. The participants discuss real life situations, real problems and real conditions from their specific villages and communities. By such discussions, the participants increase their capability to investigate and analyze root causes of problems and to identify adequate solutions. The idea is to allow farmers to work together, to share ideas and good practices by applying the farmer's knowledge of Agro-Ecology to the analysis of human ecology (HESA).

The FLS is a simple school organized and led by farmers. Eighteen to 20 farmers participate in each Farmer's Life School (on average half are women). The duration of the Farmer's Life School is 16 weeks. Every week, the participants meet in either the mornings or evenings to discuss issues with each other and with farmers in neighbouring villages. The curriculum is the analysis of the real life situation of farmers in their community whereby farmers reflect on these life lessons and experiences. The curriculum focuses on how to avoid non-supporting factors for healthy lives and how to increase the supporting factors that improve the living standard of farmers.



Human Ecosystem Analysis (HESA) is a unique process that encourages the farmers to think through causal sequences as well as possible interventions to modify undesirable outcomes that can be anticipated.

The approach used in a FLS is "learning by doing" and "discovery-based learning". The farmer trainers never provide the farmers with canned solutions. In the FLS they stimulate the participants to study problems happening in the community and find out the situations and real reasons of what happened to farmers in their villages. The learning process is based on the needs of the farmers and aims at strengthening their capacities to identify, analyze and consider problems happening in communities and daily risky behaviours of farmers. By increasing the awareness and knowledge of farmers on various issues including HIV vulnerability, farmers can make more rationale decisions utilizing the existing resources in their communities.

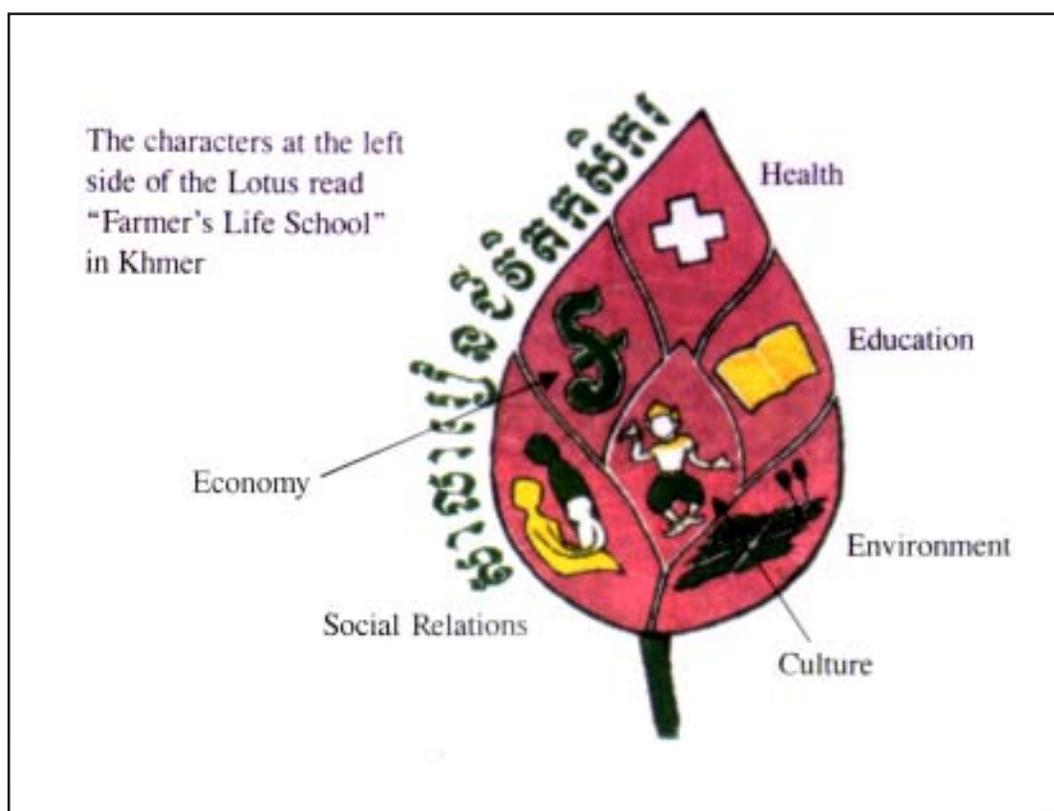
The farmers adopt HESA because they are the ones who control the process and the outcomes that, in their eyes, give it credibility. It is not a development activity imposed by a central government or a foreign donor agency. It is, in the true sense of the word, a grassroots approach. The farmers understand that by addressing the root causes of their

vulnerability to HIV/AIDS, such as poverty or poor farm management, they can reduce vulnerabilities. When farmers acquire the capacity to build their future, preventing HIV infection by protecting themselves and their families becomes fully meaningful⁵.

Farmer's Life School Logo

The spirit of the FLS is best reflected in the logo the farmers designed for their School. The Logo of the Farmer's Life School was developed by the farmers themselves and incorporates important aspects of their lives symbolized in the lotus figure below. According to Buddhist teaching the lotus symbolizes spiritual growth and enlightenment. It also symbolizes the religious path. Starting life as a seed, it grows in the muddy darkness at the bottom of a pond. The darkness is like our ignorance – we can't clearly see the truth about life. The seed grows toward the warmth and light of the sun just as human naturally grow toward the warmth of love, compassion and the light of truth.

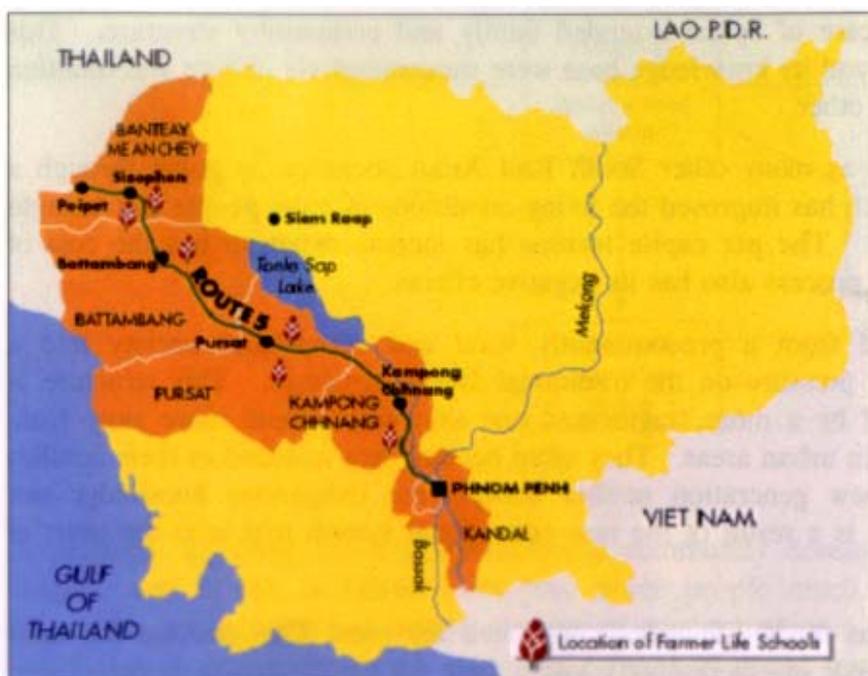
The Lotus figure of the Farmer's Life School is divided into 6 areas covering: the economy, health, education, social relations, environment and culture.



⁵ "A Development Strategy To Empower Rural Farmers and Prevent HIV" by Jacques du Guerny, Lee-Nah Hsu, Sin Chhitna, UNDP-SEAHIV, January 2002, ISBN: 974-680-200-3.

Impact

As of December 2001, twenty-four Farmer's Life Schools have been established in four provinces along National Route 5 in Cambodia: five in Kampong Chhnang, seven in Pursat, five in Battambang and seven in Banteay Meanchey. There are 36 Farmer Trainers (16 of them are women) who run these schools. They have trained 490 farmers with equal proportion of men and women all working towards mobilizing and empowering farmers to reduce their vulnerability to HIV/AIDS and other threats.



This map of Cambodia shows the location of the Farmer's Life Schools. The FLS are illustrated by the Lotus symbol and are spread out along the Route 5 that connects Thailand and the Cambodian capital Phnom Penh.

The Farmer's Life School has increased the capabilities of farmers to identify and analyze problems happening in their lives and to take action to eliminate these problems to improve their livelihoods. The FLS has also alleviated risk behaviours, which can lead to HIV vulnerabilities and other threats. The farmer trainers have developed leadership, networking, training, planning and organizational skills in their communities and strengthened farmers capabilities to make appropriate decisions and find better solutions to problems on their own without being reliant on resources outside their control.

Through this empowering process, rural farmers gain insight into their life situations, developed critical thinking thus were able to take concrete actions to find feasible solutions to reduce their vulnerability to HIV and other factors that threaten their livelihood.

HIV resilience building through self-help, Thailand⁶

This is a story of how people who lost their confidence regained their self-confidence thereby improving their lives.

Thailand has gone through tremendous changes during the past 40 years. A few decades ago, most Thai people were still living in small rural farming communities where the family was at the core of society and agriculture was the main productive activity. At that time, Thai people were self-reliant and lived in closely linked communities where everybody could expect to be taken care of by an extended family and community structure. This indigenous social structure and its knowledge base were transmitted via culture and tradition from one generation to the other.

Recently, Thailand as well as many other South East Asian societies, is going through a rapid social transition, which has improved the living conditions of most people and brought them many material goods. The per capita income has increased but so has the cost of living. This modernization process also has its negative effects.

The transition of Thailand from a predominantly rural and agricultural society into a modern, urban one placed pressure on the traditional family structure. This structure is increasingly being replaced by a more fragmented one as young people move away from their families to find work in urban areas. They often become less attached to their families and communities. The new generation neither accepts the indigenous knowledge nor respects their origin. This is a result of the new educational system that is at the heart of the modernization process.

Although modernization has made life more convenient for most Thai people, the rural populations and the urban poor are increasingly losing their self-confidence as modernization sweeps through the whole country. The rapid changes taking place in the society leaves the poor and rural vulnerable to unemployment, drug, crime, gambling and HIV/AIDS.

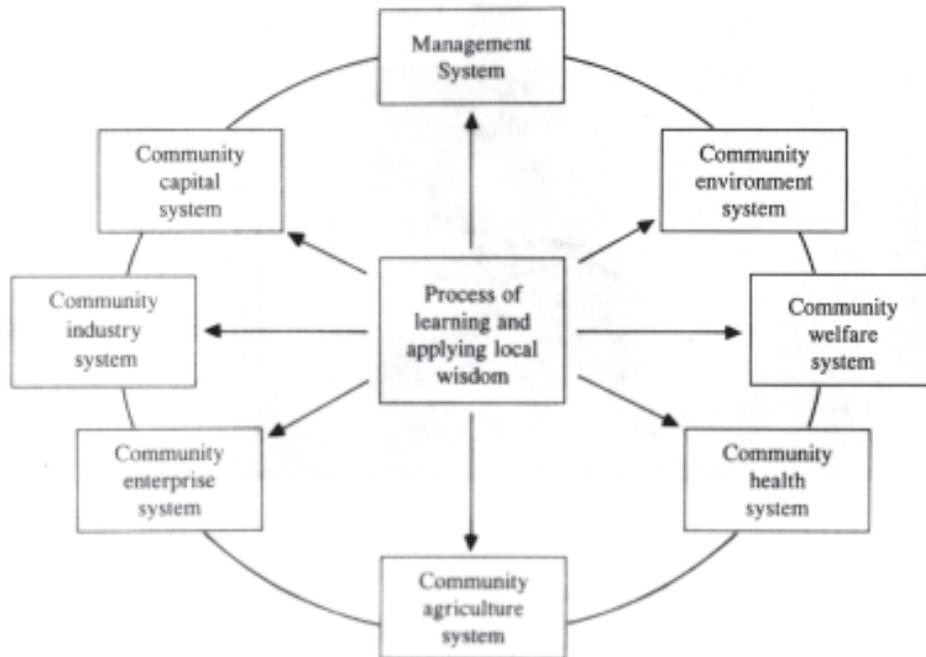
In order to reverse this negative impact of development, one needs to review forgotten ways of the past and see if one could apply some of the indigenous knowledge to solve problems of the present.

There is a movement in Thailand to redesign the learning process to teach people how to solve their own and their community's problems by enhancing their strong points in order to make them more self-reliant. Beginning with a self-analysis and reviewing past problems one begins to realize that local wisdom can efficiently solve problems. It is also important to appreciate that local wisdom has long been the basis of relationships between humans and their ecosystem.

Self-confidence, self reliance founded on community based knowledge and local wisdom are important elements in empowering the community thereby enabling them to develop adequate responses to threats such as HIV/AIDS.

⁶ This paper is based on a presentation by Viboon Kemchalerm, Village Foundation Thailand interpretation by Dr. Somsak Supawitkul, at the 6th International Congress on AIDS in Asia and the Pacific, October 2001 in Melbourne, Australia.

Figure: System and process for strengthening people's self organization for better lives



A principal argument for a people-centered community development approach is that the modern way of life in urban cities have made people much less self reliant and more vulnerable to the negative social impacts of modernization. Although broad consensus exists that modernization is an inevitable process of social transformation, it is the actual nature of this process that needs to be debated and adapted in a way that benefits not only the wealthy few but also the vast majority of the rural poor.

The role of health care in society during this transformation represents a good example on how modernization has altered people's self-reliance. Although modern medicine has greatly improved life expectancy and cured illnesses that were previously fatal, it also meant that people today are almost totally dependent on state-run hospitals to cure them of illnesses. In the traditional Thai society, this function was mostly taken care of by local healers using ancient knowledge of herbal medicine. If a person became sick the community/family would not only provide free health care but also ensure that the person would still be able to function in the community afterwards. Today this safety net is increasingly disappearing. Sick people must now travel to urban cities where the hospitals are located and come up with the resources to finance these services. The government has taken over the responsibility of health care without being able to fully replace the traditional structure of health care and social protection. This in essence not only illustrates a common health care challenge for countries in transition but also outlines the general difficulties inherent in the development process itself. Going from a traditional to a modern structure of society within a few decades has indeed been a root cause of the problems facing most developing countries.



This picture illustrates a gathering by a village community in Thailand where people come together to discuss issues related to their daily lives.

In light of this, there is a need for a paradigm shift. The development approach depends on understanding people, community and the actual situation of society in relation to the complexities of globalization. People need a chance to discover the potential for development.

Public policies should reflect both faith in the people and letting them strive as independently as possible. This faith is based on the assumption that people in the past were capable of self-development. They lived in a subsistence economy. They did not need extensive communication with other communities as in today's society. They were rarely "disturbed" by outsiders. People survived because they lived as a "community" where they belonged together and shared what they had. People should go back to their roots to learn how their ancestors solved problems. The Thai people have the spirit and values that can be precious to learn how to respond to today's different situations⁷.

⁷ "People's Development a Community Governance Tool" Seri Phongphit, Village Foundation, Thailand, UNDP-SEAHIIV, July 2001, ISBN: 974-680-187-2, <http://www.hiv-development.org/publications/People-Development.asp>.

Overview of existing information on mobility and HIV vulnerability with recommendations for responses, Viet Nam⁸

This is a report on the responses of the Vietnamese government to mitigate the negative socio-economic impact of HIV/AIDS on mobile and migrant populations. Viet Nam has a population of nearly 80 million people, two thirds of whom live in rural areas. Although a developing country with very limited financial resources, Viet Nam has given HIV prevention high priority since early 1990s and has established a National HIV/AIDS Prevention Committee and provincial committees in all 61 provinces.

For the purpose of discussion, mobile populations in this paper covers:

- (1) Internal migrants (organized, spontaneous, temporary and seasonal migration)
- (2) Mobile workers (truck drivers, female sex workers, seafarers and fisher folk, construction workers, migrant factory workers, state officials including uniformed officials) and
- (3) Cross border population movement (China – Viet Nam, Lao PDR – Viet Nam, Cambodia – Viet Nam and Viet Nam – other countries)

Data for this paper were gathered from the following ten Ministries and sectors:

Ministry of Transportation, Ministry of Labour, War Invalid and Social Affairs, Ministry of Fishery, Ministry of Construction, National Committee of Minority and Mountainous Region, National Institute of Sociology, Border Military Command, Ministry of Agriculture and Rural Development, General Statistics Office, National Committee of Population and Family Planning and international non-government organizations.

Type of information available by each sector

Ministry of Transportation The Ministry provides data and maps of transport networks in Viet Nam for land, sea and air and for construction projects, domestically and in neighbouring countries. Information, data and maps of Ho Chi Minh Highway and east-west corridor roads related to risk behaviour of mobile populations were also gathered.

National Committee of Population and Family Planning The committee has review of migration and mobility demography and geography in Viet Nam, types of migration: rural-rural, rural-urban, urban-rural and urban-urban, family planning and reproductive health of migrants, overview of health care service system for migrant and mobile popula-

⁸ This paper is based on a presentation by Dr. Nguyen Duy Tung, Deputy Head of Planning and Coordination Department, The National AIDS Standing Bureau of Viet Nam (NASB) at the 6th International Congress on AIDS in Asia and the Pacific, October 2001, in Melbourne, Australia.

tion, government projects and other organizations' activities on HIV and mobility and integrated programme on HIV/AIDS prevention and control for mobile populations.

General Statistics Office The Statistics office has data on migration and mobility in Viet Nam chronologically, migration maps, demography and geography of migrant and mobile populations, migration status by regions and health of populations, transportation, agriculture, tourist and construction statistics.

Ministry of Labour, War Invalids and Social Affairs This Ministry has data on types of migration, mobile population's demography and geography, causes, duration and forms of migration, living conditions income and support services, economics, social life and environment, programmes/projects on HIV/AIDS prevention and control for these populations and government policies and regulations relevant to migration and population mobility.

Ministry of Fishery This Ministry has information on goods and fishing port network in Viet Nam and deep-sea programme of government, number of state owned enterprises, seafarers and fishermen, profile of risk behaviour related to HIV vulnerability of seafarers and fishermen, supportive services system, integrated programme on HIV/AIDS prevention and control for seafarers and fishermen.

Ministry of Construction This Ministry has information on main construction projects such as road/bridge/dam/port, industrial zones, future major construction projects, and export processing zones with large numbers of migrant workers.

Border Military Command It has situation updates on trading activities and drug smuggling at the border gates as well as trafficking situation of women and children, legal and illegal migration.

Ministry of Agriculture and Rural Development This Ministry has information on the types of migration of minority populations, its impact on socio-economic development, living condition, job, income and support services, health issues, impact on social life and environment.

National Committee of Minority and Mountainous Region This Committee has information on temporary migration of minority people, drug growing and use, cross-border movement, government policies and regulations related to temporary migration of minority.

Domestic population mobility

Internal migration and mobility can be divided into several periods:

- (1) Before and during the war: urban-rural migration in the South and rural-urban migration in the North.
- (2) After the reunification: mobility for family reunification and the development of new economic zones.
- (3) Recent years: rural-urban migration on average 700,000 people per year.

The profile of migrants is young, healthy and single. Migrants from rural areas may find difficulties in accessing health care services, raising children and encounter hostility from the host communities. Furthermore they are difficult to reach for HIV preventive services.

Cross border population movement

China-Viet Nam border

The acceleration of normalization of relations between Viet Nam and China has in recent years resulted in large-scale trade and business expansion. Injecting drug use is a serious problem especially among young people, truck drivers, fishermen and seafarers. The main border crossings are Tan Thanh of Lang Son province, Mong Cai of Quang Ninh province and Lao Cai of Lao Cai province. Many Vietnamese girls migrate to China searching for better economic opportunities and unfortunately, many work as sex workers.

Cambodia – Viet Nam border

The major land crossing between the two countries is at Go Dau of Tay Ninh province. At Moc Bai border gate, approximately 300 to 400 people move across the border daily. Vietnamese sex workers are visible in most big cities/towns in Cambodia. In Chau Doc, Tan Chau of An Giang province and Hong Ngu of Dong Thap province many Vietnamese use Mekong waterways to travel to Cambodia. In the Mekong delta provinces, returnees from Cambodia might have been exposed to HIV.

Lao PDR – Viet Nam border

This border is relatively quiet due to a regional economic slowdown. The main crossing is at Lao Bao in the Quang Tri province. It has received wide attention because of the much-heralded “East-West economic corridor” project that connects Mukdahan in Thailand with Savanakheth in Lao PDR. Situation assessments are urgently needed to determine drug users vulnerability to HIV, especially in Nam Can of Nghe An province.

HIV vulnerability among mobile populations

Drivers often visit sex workers at transport stops, e.g. restaurants or guest houses. Sometimes they buy sexual services from freelance sex workers along the main transportation routes. Young drivers frequently visit sex workers, as they do not have the responsibility of family and financial commitments. Alcohol increases sexual demand among young drivers. In recent years, drivers spend more time waiting for goods at departure points. Entertainment establishments have sprung up to cater to these drivers who do not have much access to HIV preventive services.

Surveys show that one third of truck drivers have had sex with commercial sex workers within the last 12 months. Condom use was approximately 80 per cent during last sexual encounter with sex workers. Among those, 55 per cent to 85 per cent always used condom. STI prevalence among these drivers was 10 per cent. Among them, 8 per cent had had a voluntary HIV test and 20-30 per cent obtained condoms distributed by HIV prevention projects.

Commercial sex workers in Viet Nam are highly mobile. Many originate from rural villages. Sex workers at karaoke bars in Hanoi on average have 11 non-regular clients and ten regular clients a month. Street sex workers average 13 non-regular clients and 11 regular clients every month. Condom use among sex workers is high in Hai Phong, Da Nang and Can Tho. Many sex workers use drugs. STI prevalence is high among these sex workers due to their limited knowledge, awareness and access to prevention services.

Seafarers often work at ports away from home for long periods of time and often seek commercial sex. Construction workers at construction sites and migrant workers in industrial zones often work in places where entertainment options are limited except for commercial sex. Differences in languages and culture, poor living conditions, difficulties accessing information, little or no health care and shortage of legal framework against inequalities all increase their HIV vulnerability.

Business people travel extensively, have a relatively high income and pay frequent visits to entertainment establishments or engage in commercial sex. Many government officials travel extensively throughout Viet Nam. It is not uncommon for them to go to disguised brothels to have fun either by themselves or with the local host who wishes to impress them. Border policemen and military personnel who are stationed away from home and families, often engage in HIV risk behaviours. The sex tour industry is a new form of commercial sex operating under the disguise of tourism and offers sex services for foreigners and engages in widespread trafficking of women and children.

Multisectoral responses

On October 1997, the National AIDS Standing Bureau (NASB) organized its first workshop on HIV and cross border populations. NSAB included HIV intervention along the border areas into its 1998-2000 national plan. However, no budget was allocated for these interventions. The Ministry of Transportation initiated HIV prevention programmes in 1996-1997 with workshops to train staff. In 2001, NSAB and the Ministry of Transportation implemented a pilot HIV/AIDS intervention for construction workers at the Ho Chi Minh Highway. The Ministry of Transportation plans to develop pilot HIV programmes in the rural and mountainous areas for 2001-2005. In 2001, NASB requested the Ministry of Construction, Ministry of Industry, Ministry of Fishery, Vietnamese Chamber of Commerce and Industry (VCCI), donors and INGOs and UN bodies to strengthen cooperation in HIV prevention for mobile populations. More research, training, institutional capacity building and resource mobilization are needed to respond to mobility related HIV vulnerability.

Conclusion

There is a need to conduct a comprehensive review of mobility systems in Viet Nam. Research should focus on HIV vulnerability and mobility patterns and intervention models while securing the involvement of relevant sectors and ministries.

UNDP South East Asia HIV and Development Project Responses to HIV vulnerability among mobile populations⁹

The United Nations Development Programme's South East Asia HIV and Development Project (UNDP-SEAHIV) started in January 1999 and is based in Bangkok, Thailand.

HIV/AIDS is often understood as a health problem. Most responses focus on STI prevention, condom promotion and treatment. Through a development-based approach, UNDP-SEAHIV recognizes HIV as a multisectoral issue, which requires a development approach to complement existing health sector approach.

The spread of HIV impedes poverty reduction efforts globally. The modernization process is often associated with urbanization, change in family structure, increased mobility and interactions. The processes of development and modernization create an environment whereby people are mobile and increases population's vulnerability to HIV. A development approach to HIV/AIDS is to build HIV preventive measures in development activities within each sectors.

UNDP-SEAHIV's strategies are 1) policy advocacy, 2) building knowledge base and 3) promoting community governance.

Policy Advocacy

The *Chiang Rai Recommendation* is a key policy recommendation of the ASEAN consultation whereby the member countries of ASEAN recommended that ASEAN governments adopt a common policy requiring contractors, commercial developers and investors in major construction projects to fund HIV prevention programmes in their activities as a pre-condition of construction project approval. The recommendation was fully endorsed by the ASEAN Task Force on AIDS, Brunei, November 1999.

The Signing Ceremony for the *Memorandum of Understanding* between the Kingdom of Cambodia, the People's Republic of China, the Lao People's Democratic Republic, the Union of Myanmar, the Kingdom of Thailand and the Socialist Republic of Viet Nam on Mobility and HIV vulnerability took place in Cambodia on 5th September, 2001. The MOU is a pivotal step in the commitment for a collaborative partnership among the Greater Mekong Subregion (GMS) countries dealing with development, mobility and HIV vulnerability at both the local and national levels. The goal is to reduce HIV vulnerabilities in the mobility system.

Website: www.hiv-development.org UNDP-SEAHIV established a web site in January 2000 to disseminate information on HIV and the development dimensions of the epidemic in

⁹ This paper is based on a presentation by Steen Bjorn Hanssen on "Overview of UNDP's Greater Mekong Subregion efforts in reducing mobility related HIV vulnerability" for the Responses session at the 6th Inter-national Congress on AIDS in Asia and the Pacific, Melbourne, October 2001. Further information may be found at www.hiv-development.org.

South East Asia. All publications, meeting reports and other relevant information is uploaded monthly to the web site, which has an increasing numbers of visitors from not only Asia and the Pacific, but also Africa, America and Europe.

Knowledge base building

Mapping assessments: In order to strengthen governments' capabilities to respond to mobility-related HIV vulnerability reduction, UNDP-SEAHIV initiated and collaborated with the countries in a series of mapping assessments in the region, focusing on the socio-economic and cultural determinants of mobility. These mapping reports are available on our website.

HUB: Combining the mapping assessments results and also the multiplier effect of South East Asian population movement on the spread of HIV, results in a phenomenon that is the HUB. When HUBs are interconnected to one another there is a multiplier effect on the HIV epidemic. The publication demonstrates the importance for policy and programmes to identify such systems, both to understand the mechanisms behind the pandemic and to devise appropriate strategies and effective allocations of resources for responses.

EWRRS: The early warning rapid response publication argues for the establishment of a system to identify and detect an impending or emerging HIV vulnerability. During a development process the system identifies events, which lead to HIV transmission and analyse their functioning modes and coping mechanisms in order to develop responses to stress and shocks to the systems. It identifies the factors that can trigger the population movements that increase HIV vulnerability.

Responses to support community governance

Mae Chan Model: UNDP-SEAHIV and UNAIDS-SEAPICT co-sponsored a workshop on "Integrated Community Mobilization Towards Effective Multi-Sectoral HIV/AIDS Prevention and Care." The three-day workshop focused on the Mae Chan community model for multi-sectoral HIV/AIDS care, prevention and support. Integrated community mobilization is a positive step toward sustainable reduction in community HIV vulnerability. This approach, involving health care centres, social welfare services, schools, Buddhist temples and the community at large, promotes a collaborative information exchange on herbal treatments and modern medical interventions for people living with AIDS. Preventative education, Buddhist monk's sermon and community-based counselling are also integral components. The promotion of a supportive environment for HIV care and prevention in host communities increases the HIV resilience of both host communities and mobile populations. The Mae Chan Model became the subject of global media attention in mid-2001 when BBC and CNN reported on this innovative approach of Thailand in dealing with the complex issue of HIV/AIDS.

Other Responses

(1) *United Nations Regional Task Force on Mobile Populations and HIV vulnerability:* In addition to the above mentioned responses, UNDP-SEAHIV also convenes the United Nations Regional Task Force on Mobile Populations and HIV vulnerability. The Task Force

is meant to bring together policy makers, development planners, NGOs, donors and United Nations agencies to discuss programmes and activities related to HIV vulnerability among mobile populations in South East Asia. The Task Force represents a forum where all relevant actors meet to debate and engage in better collaboration thus ensuring a more effective response to mobility related HIV vulnerabilities.

(2) *Joint Action Programme:* The Joint Action Programme complements existing initiatives in health promotion. The Joint Action Programme strategy includes the following:

Enabling policies: To facilitate the development of policies and a coherent policy framework in which governments, the private sector and regional entities collaboratively act to reduce HIV vulnerability associated with mobility.

Development strategies: To facilitate the planning and implementation of development strategies that changes the conditions of vulnerability to HIV, which are associated with mobility.

Knowledge based development and capacity building: To enhance understanding of the ways that the impact of development on mobility systems can increase or decrease vulnerability to HIV, by implementing and documenting innovative approaches to reducing HIV vulnerability associated with mobility.

(3) *Regional Strategy:* A Regional Strategy has been developed through a consultative process that outlines a framework for identifying and addressing mobility related HIV vulnerability. The strategy is developed as part of the Asian Development Bank and the UNDP-SEAHIV Technical Assistance project entitled “Preventing HIV/AIDS among mobile populations in the Greater Mekong Sub region” The strategy was developed in consultation with members of the UN Regional Task Force on Mobile Populations and HIV Vulnerability, CIDA, World Vision International and the Macfarlane Burnet Institute for Medical Research.

This strategy is a significant example of collaboration between governments, development banks, the UN system, NGOs and bilateral donors. It aims to promote a coherent response to interconnected development and policy and programmatic challenges faced by GMS countries.