



The Buddhist Leadership Initiative



August 2003

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY





The Dhamma Base

During an early planning workshop for the *Sangha Metta* Project, monks identified three aspects of the duties of the Buddhist monk, as taught by Buddha, that spoke directly to their role in responding to HIV/AIDS in the community:

1. Sangham sarang gaccami

The monk is the spiritual support of the lay person.

2. Khanda dhura, Vipassana dhura

The monk has a duty to study and share his knowledge for the benefit of the lay person.

3. Jarata bhikkhave jaritham

*phahuchanhitaya phahuchansukhaya
lokanukampaya attaya hitaya sukha
tevamanussanam*

To wander from place to place teaching for the happiness of men and gods.



HIV/AIDS FROM A BUDDHIST PERSPECTIVE

The Four Noble Truths of AIDS

The Buddha taught about suffering. He taught the cause of suffering, the cessation of suffering and the path leading to the cessation of suffering.

AIDS is suffering. And just as there is a cause for suffering, there is also a cause for AIDS. The cessation of AIDS also exists and there is a path leading to the cessation of AIDS.

The Buddha defined suffering as birth, old age, sickness and death. Getting what one wants is suffering, he said. And being separated from the things one loves is also suffering.

To define AIDS in terms of suffering we can say that being infected with HIV is suffering. Being ostracized and discriminated against is suffering. Loss of income through lack of employment is suffering. Seeing schools close their doors to innocent children is suffering. Falling ill and dying of AIDS is suffering.

The suffering of AIDS does not stop with the individual, however, but also extends into the family and the community. Parents and children of people with AIDS also suffer.

A family suffers when its main breadwinner becomes infected with HIV and can no longer work to earn the money required to purchase daily needs. Parents suffer as they struggle to find the money needed to pay for their children's treatment. They suffer as they watch their children grow weak, fall ill and eventually die from AIDS.

Children suffer when they are teased and taunted by others because their parents have HIV/AIDS. They suffer when they find that schools and communities will not accept them. Children suffer when they see their parents, once a strong and healthy support, fade into thin, emaciated figures. They suffer when they see the ones they love die, leaving them orphaned, alone and insecure.

The community suffers through the loss of its workforce to HIV/AIDS. It suffers when it becomes divided and when income once generated by strong, healthy people is no longer available to finance community development. It suffers as it watches its younger generation grow up alone, insecure and uneducated.

The nation also suffers through the loss of its workforce. It suffers through loss of productivity, resulting in loss of income or a deficit in the national budget. It suffers as it spends vast amounts of money it cannot afford to finance treatment for people who cannot be cured. The nation

suffers as it watches its defenses and security weakened through the loss of its once healthy, young men and women.

Even religion suffers. Monks suffer as fewer and fewer people provide less and less food on morning alms round. They suffer when there is no one to contribute to the construction or maintenance of temples. They suffer when they see that there are no longer any young men to be ordained as monks, or young boys to be ordained as novices, leaving temples to become deserted and the religion to die.

Yes, AIDS is suffering.

But, if we look at the teachings of the Buddha, we will see that there is a cause for suffering.

As the Buddha has taught, ignorance is the cause of suffering.

What causes the suffering of AIDS?

It is also ignorance.

Ignorance is the root cause for the suffering of AIDS.

Ignorance has caused more suffering and done more damage than the virus itself. Through ignorance, millions of people have been infected with HIV. Ignorance on how to live with HIV has resulted in the rapid and often unnecessary deterioration in health for many. Ignorance on the condition has led to discrimination and stigmatization, has divided communities and workplaces, closed classroom doors to innocent children and caused people to elect to die of their own hand rather than die of AIDS.

The Buddha taught that every condition has an opposite condition. Where there is sadness there is happiness, where there is ignorance there is knowledge, where there is suffering there is non-suffering.

The suffering of AIDS also has an opposite and that is the non-suffering of AIDS.

He also taught the way to end suffering by eliminating it at the cause - ignorance. Where there is knowledge, there is no ignorance and consequently no suffering.

The teachings of the Buddha can also be applied to HIV/AIDS. If we overcome the ignorance that surrounds AIDS and gives birth to all the suffering of AIDS, we can achieve the state where there is no suffering from AIDS.

(Reproduced by permission of Sangha Metta)

The Buddhist Leadership Initiative

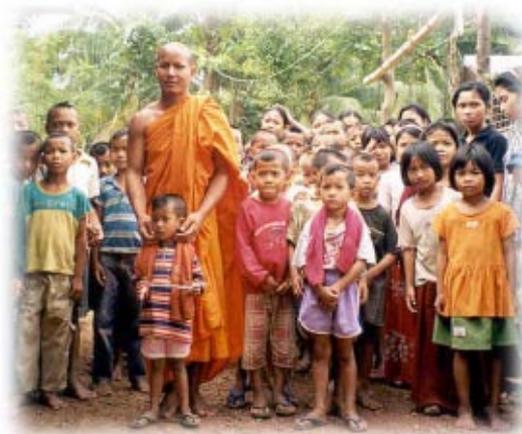


What is the Buddhist Leadership Initiative?

The Buddhist Leadership Initiative is a program designed to mobilise Buddhist monks, nuns and lay teachers to lead community-level HIV/AIDS care and prevention, with a view to increasing access to care and acceptance of people living with HIV/AIDS as well as building HIV resilience in communities.

Over the past twenty years the region has experienced a revival of Buddhism. Despite changes wrought by industrialisation and globalisation as well as the historical and political changes in governments, particularly in Indo-China and China, Buddhist beliefs, Buddhist leaders and Buddhist places of worship have proved to be a significant and enduring social force, particularly in rural communities. In some areas, community religious structures are in better shape than government structures. Villages that do not have health centres or social welfare centres often have temples.

In a sub-region where the HIV/AIDS epidemic is rapidly gathering momentum - generalized epidemics already present in Cambodia, Myanmar and Thailand, threatened in China and Viet Nam, and with Lao PDR exhibiting a high level of vulnerability - a multi-sectoral effort is needed if the epidemic is to be contained.





Cambodian Supreme Patriarch gives Buddha image to HIV positive woman

Building on Tradition

In rural villages, the temple is the heart of the community, providing both a social and spiritual focus for the community. The temple is often the venue for community meetings, as well as a place for peace, solace, refuge and prayer. The relationship between the Buddhist temple and the communities around is reciprocal. Communities build and maintain temples, feed and clothe the temple's monks thereby earning merit. Monks, in turn, provide spiritual leadership, instruction and counselling, and perform weddings, funerals, house blessings and other important ceremonies.

Throughout the Mekong region Buddhist monks run schools, both for ordained novices and for lay children. There are significant numbers of temple schools in Lao PDR, Cambodia, Myanmar and Thailand. These schools teach national education department curricula but may also teach Pali and Buddhist Scriptures. In addition there are Buddhist Universities where monks can study for the highest Pali Scripture exams and often study contemporary subjects as well. Temple schools are often the only means to an education for poor children, children from remote areas and orphaned children.



While HIV/AIDS is a relatively recent phenomenon, the principles and mechanisms that underpin the Buddhist Leadership Initiative come from the heart of Buddhist tradition and belief. Buddhist ideals like moderation, self-discipline and compassion are also central to effective HIV prevention and creating enabling environments for people with HIV/AIDS.



Monks and nuns can lead communities in caring for and accepting people with HIV, their children and families and partners. Monks and nuns can teach young people about avoiding HIV infection, using both modern Lifeskills and Dharma-based approaches. In many places religious leaders have spontaneously responded to the epidemic in this way. In many other places this response is evoked through training, information and experience sharing. It is in the latter area that UNICEF is able to help by providing technical assistance.

HIV/AIDS: one of five topmost global priorities for UNICEF

The Regional Buddhist Leadership Initiative has become particularly significant in the light of UNICEF adoption of HIV/AIDS as one of its five topmost global priorities. The Declaration of Commitment made at the UN General Assembly Special Session on AIDS in 2001 is reflected in the goals of the UNICEF Medium Term Strategic Plan 2002-2005 as follows overleaf:

UNICEF aims to “support and strengthen the capacities of individuals, families, communities and nations to prevent HIV infection and ensure protection and care for children and young people infected and affected by HIV and AIDS”. Specifically, UNICEF will support actions to:

- (a) prevent new infections among young people;
- (b) prevent parent-to-child transmission of the HIV virus;
- (c) expand access to care and support for children and their families living with HIV and AIDS; and
- (d) expand care, protection and support for children orphaned or made vulnerable by HIV and AIDS.

The Regional Buddhist Initiative is an essential component of the structures required to achieve these goals. The role of monks and nuns in leading lay people to accept and care for HIV positive people will continue to be vitally important in creating the supportive and enabling communities that are the key to reducing the spread of HIV and mitigating its impact.

Going to scale with a Religious Response

In Mekong Countries Buddhist monks do not work in a separate sphere from government. Buddhist temples and monks are generally the responsibility of a particular government department or mass organisation. Through the Regional Buddhist Initiative UNICEF has sought to engage the support and co-operation both government and the internal governing structures of Buddhist Orders. Buddhist Monks have comprehensive internal structures and hierarchy which govern the establishment of temples and monasteries, abbots, ordination of monks, novices and nuns, religious discipline, teachings, Buddhist education and all activities undertaken by temple authorities. In each country internal Buddhist government is carried out through committees of abbots at sub-district, district, province and national level in conjunction with the National Buddhist Association.

As well as mobilising monks, UNICEF seeks to engage Buddhist nuns in the HIV/AIDS response. The status of Buddhist nuns varies with the form of Buddhism. In the *Theravada* countries of the Mekong Region, nuns take far fewer vows than monks. Recently, there have been moves in Thailand to re-introduce an order of nuns equal in status to monks which existed in the time of the Buddha. This order has been re-enacted in Sri Lanka, and has been traditional in many *Mahayana* Buddhist countries in East Asia. From the point of view of HIV/AIDS programming, nuns have the advantage that they can talk more intimately with lay women. In Myanmar and Viet Nam nuns also play an active role in running orphanages and shelters.



How Buddhist Monks and Nuns Can Help

The relationship between the temple, and the monks and nuns attached to it, and the surrounding community provides many opportunities for effective prevention and care programming. Monks and nuns can lead communities in:

- ◆ *Reducing the level of discrimination experienced by people living with HIV.*
Experience has shown that the influence and respect that temple abbots command in the community means both that their example will be noted and followed and the mere fact of their involvement will confer status and dignity on people otherwise liable to be stigmatised.
- ◆ *Improving the level of care and support for people living with HIV in the community.*
Monks' traditional role in giving blessings and conducting rites aimed at increasing longevity, as well as supplying traditional herbal medicines and sacred objects, like amulets has been helpful to people with HIV and AIDS. Importantly, many are proving to have a gift for counselling. They are also highly effective in advocacy with relatives and communities to care for their HIV positive members
- ◆ *Reducing community vulnerability to HIV.*
For example, in Thailand, monks run special "*Dharma*" camps giving young people the chance to acquire skills in meditation, and reflect on their behaviour in relation to Buddhist virtues such as moderation. They also provide practical assistance to community members through micro-credit and income generation schemes.



Islamic and Christian Responses

In 2003 UNICEF, Indonesia is commencing the Regional Islamic Leadership Initiative, using principles derived from and lessons learnt from the Regional Buddhist Leadership Initiative, and experiences in Uganda and other Islamic countries. Activities planned include: a review of existing work by Islamic leaders to identify gaps and entry points; baseline surveys in selected schools, mosques and Islamic youth organisations; advocacy workshops with the Nahdlatul Ulama (NU), Muhammadiyah and the Council of Ulama to articulate the impact of HIV/AIDS in children, youth and women in Indonesia; training of trainers for school based life-skills including curriculum development using Islamic scriptural references; Mosque based interventions; HIV education and awareness through Islamic youth organisations.

A Christian Leadership Initiative has begun in China and is also planned for Papua New Guinea and the Pacific Island Countries

The Sangha Metta Project

Launched by instructors and Buddhist monks at the Lanna Campus of Mahamakut Buddhist University in Chiang Mai, Thailand in November 1998, the *Sangha Metta* Project provides specialised training and support to a network of monks and nuns in Thailand, and has been a source of inspiration, training and other technical assistance for the Buddhist Leadership Initiative all over East Asia and the Pacific.

Sangha Metta takes its name from two Pali words: the order of Buddhist monks, the *Sangha*, and *Metta*, meaning compassion, one of the core Buddhist virtues. Much of the project's success lies in its training formula, which equips monks and nuns with basic knowledge and skills they can then use to develop their own, locally appropriate, responses.

Sangha Metta training covers awareness-raising; prevention education; participatory social management skills and tools; encouraging tolerance and compassion for people affected HIV/AIDS in the community; and providing direct spiritual and economic support to people and families affected by HIV/AIDS.

To help the trainees to develop their understanding of HIV/AIDS and the problems threatening their community, HIV/AIDS is presented within the framework of the Four Noble Truths of Buddhism: suffering (*Dukkha*), the cause of suffering (*Samudaya*) the cessation of suffering (*Nirodha*) and the path leading to the cessation of suffering (*Magga*). In this exercise, participants explore the suffering caused by HIV/AIDS and work out solutions to these problems.

Back in their communities, the monks and nuns apply these skills in a way that fits in with local needs and makes use of the available resources. Active networking keeps fresh ideas circulating. To date, *Sangha Metta* has trained more than 3,000 monks and nuns in Thailand and beyond. Through UNICEF, the project has provided training and advice for monks and nuns in Cambodia, China, Viet Nam, Lao PDR and Myanmar.



China

Monks have been active in HIV/AIDS in Xeshuang Banna, Yunnan Province since 1999 when Sangha Metta conducted an orientation training for the Dai monks there. This was followed by training in Life skills in 2000 and a refresher course on Advocacy, Care and Support in 2003 all with UNICEF support.

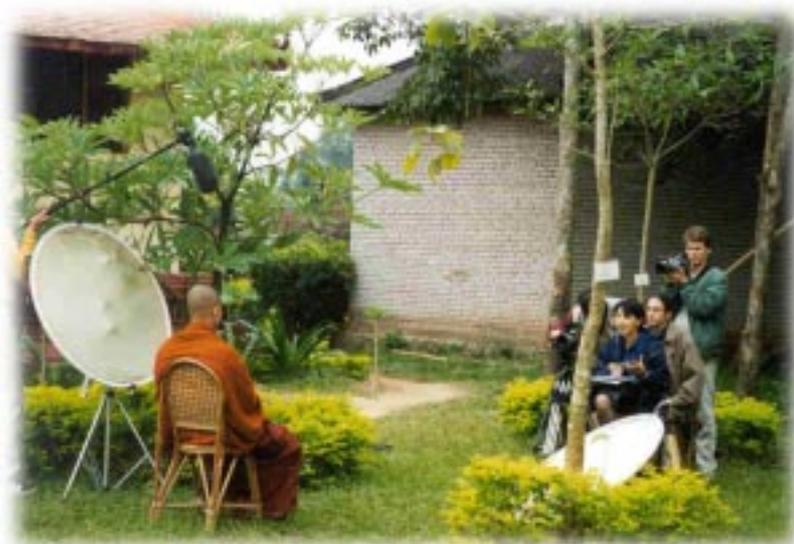
Buddhist Leadership Initiative Activities in Sipsong Banna

- ◆ “Sangha Metta, Sipsong Banna” was established in 2003
- ◆ A room has been provided on grounds belonging to the temple to conduct project activities.
- ◆ Monks have conducted prevention education in communities.
- ◆ Monks have developed songs and other material in the Dai language on HIV/AIDS.
- ◆ Monks are setting up counselling activities in partnership with the Ministry of Health, including a telephone hotline.
- ◆ Monks in neighbouring De Hong prefecture are receiving advice and support to commence a Buddhist response to the serious HIV/AIDS problem in that prefecture.

UNICEF is also supporting a Christian Leadership Initiative with churches in Kunming.

Cambodia

In May 2002 the government of Cambodia approved a National Policy on the Religious Response to HIV/AIDS. The policy, the first of its kind in the world, specifically adjures religious leaders (Buddhist, Christian and Moslem) to play a role in HIV/AIDS, through educating themselves and their communities on HIV/AIDS; reducing discrimination against people with HIV; improving access to care and support for HIV positive children and adults, maintaining a multi-sectoral approach throughout.

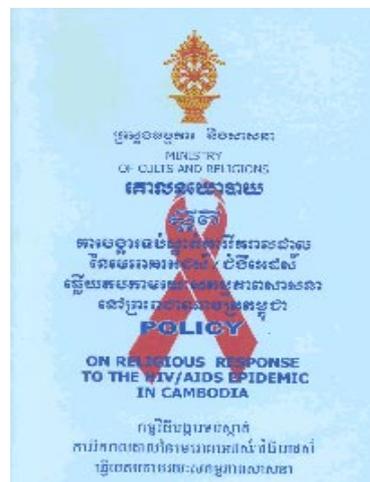


A Chinese monk is interviewed for the UNICEF documentary series “With Hope and Help”, which features interviews with people living with HIV. The film has proved a valuable tool to reduce discrimination in communities..

The policy was developed by the Ministry of Cults and Religions in conjunction with the country's most senior monks. UNICEF signed a Memorandum of Understanding with the government to support policy implementation in ten provinces in 2002, and an additional six provinces in 2003.

Since the first sub-regional orientation training, conducted with assistance from Sangha Metta, and the National AIDS Program secretariat in 2000, hundreds of monks and staff from Provincial Departments of Cults and Religions have been trained. Monks that have been trained are now including HIV/AIDS information and message about compassion in their religious teaching, and visiting HIV positive people at home, in shelters and in hospitals.

Distribution of Cambodia's national policy on the Religious Response to HIV/AIDS has been accompanied by training.



Collaboration between regional office, UNICEF Cambodia and counterparts in both countries has continued to add value to national responses in both Thailand and Cambodia over the past two years. In May 2001, the Supreme Patriarchs of Cambodia's two main Buddhist sects, accompanied by the Cambodian Minister of Cults and Religions, were invited by UNICEF to visit Thailand in order to study the activities of the country's Buddhist monks and nuns in the HIV/AIDS response. The study visit also involved an historic audience between the Cambodian and Thai Supreme Patriarchs and was given a lot of coverage in the Thai press which raised the issue of a Thai national policy on the religious response and provided opportunities for Thai government and non-government organisations to discuss the role of Buddhism in HIV/AIDS.



Cambodian Supreme Patriarchs visit Thailand's Supreme Patriarch

Lao PDR

The Religious Department of the Lao Front for National Construction and the National Buddhist Association are UNICEF partners in the Buddhist Leadership Initiative in Lao PDR and have established the “Metta Tham” Project. The Project was launched in September 2001 with a highly successful orientation training workshop for 80 monks, nuns and novices at a Forest Retreat during Buddhist Lent, followed by training for fourth year monk students at the Buddhist College in Vientiane.

In 2002 the *Metta Thamm* Project had staff allocated to the project, produced their first newsletter and conducted two courses training monks in the use of herbal medicines to provide symptomatic relief to people with HIV/AIDS. A number of herbal medicines have been planted in temple ground, and with support from the Norwegian Church AID, harvest and production of herbal medicines is planned. Following a UNICEF training course, Lao monks are now involved in counselling people with HIV in Savannakhet hospital’s self-help group.

Metta Tham was initially established in three provinces and has expanded to five in 2003: Xayabouly, Khammouane, Champassak, Savannakhet, and Vientiane Municipality.



*Newsletter and brochure
published by Mettha Tham in 2002*

Thailand

Home of the *Sangha Metta* project, Thailand leads the way in modelling the grass roots response to HIV/AIDS at community temple level, particularly in North and North-East Thailand. The Department of Religious Affairs and the *Sangha* Governing Council acknowledge that monks and nuns have a role to play in communities in relation to HIV prevention and care. The Department of Religious Affairs receives two million baht a year to fund HIV care projects in temples and is exploring other ways in which temples can help support people with HIV. Thailand will continue to be a valuable resource for the region, for study visits as well as resource people.



Viet Nam

Viet Nam is the newest entrant into the Regional Initiative with its project titled “Buddhist participation in the National AIDS Response”. UNICEF Partners in Viet Nam are the Department of Religious Affairs which sits within the mass organisation, the Viet Nam Fatherland Front and the National Buddhist Association of Viet Nam.

Although there was initially some apprehension on the part of government as to the appropriateness of a project involving monks in HIV/AIDS , these have now been overcome with some additional advocacy from the Regional Office and Sangha Metta in a National Consultation held with senior monks and Fatherland Front Officials in hanoi in October. This was followed by a study tour to Thailand in December 2002 and further training was provided throughout 2003. In 2003 the Fatherland Front explored four possible pilot projects for the South, North, Central and South -West regions of the country, which all differ in terms of the Buddhist demographic and organisation and number of pagodas , monks, nuns. In Hanoi monks have been making contact with people with HIV and most recently a self-help group for HIV positive people was provided with a meeting room on temple grounds.



Vietnamese monks participate in the funeral of a man with AIDS on a study visit to Northern Thailand

Myanmar

Myanmar is renowned for the purity of its observance of Theravada Buddhism. It has one of the highest numbers of monks per capita in the region. Myanmar has a number of State and Private Buddhist universities, including the Government run International Buddhist University in Yangon. As well, there are a number of Buddhist NGOs including the well known ‘Young Men’s Buddhist Association’.

In 2003 UNICEF was able to initiate discussions on the Buddhist response to HIV / AIDS with the Ministry of Religion in Yangon. UNICEF East Asia and the Pacific Regional Office joined UNICEF Yangon and Sangha Metta to advocate to government for a Buddhist response to HIV/AIDS in Myanmar, meeting the Director General of the Department of Buddhist affairs, Dr Myo Myint and Dr Hla Pe, Pro-Rector, International Theravada Buddhist Missionary University, with other faculty members.

In August Sangha Metta and UNICEF EAPRO presented on the Buddhist paradigm on HIV/AIDS and the regional Buddhist response to 100 monks in the International Theravada Buddhist Missionary University in Yangon and to around 250 monks and nuns in Sitagu Buddhist College in Segaing, Mandalay. A study visit to Thailand for Ministry officials and monks and lay NGOs has also been mooted. In the course of the visit UNICEF were also able to meeting some lay Buddhist NGOs. Further training is planned for monks in Buddhist Universities.

The reach of Buddhist structures

The reach of Buddhist structures can be gauged by the following table*:

Country	No of Monks	No of Temples	Temples per head of population	Monks per head of population
Cambodia	50,000	3,700	3,632	268
Xishuang Banna, China	6,000	530	1,547	136
Lao PDR	19,000	2,900	1,863	284
Myanmar	400,000	50,000	967	120
Thailand	300,000	35,000	1,816	211
Viet Nam	28,900	14,544	5,444	2,740

* Figures supplied by National Buddhist Associations

South Asia

The EAPRO Buddhist Religious Leadership initiative has application to both Mahayana and Theravada Buddhism, to countries outside the Mekong, and to social and health problems other than HIV/AIDS, as the following projects in Bhutan demonstrate.

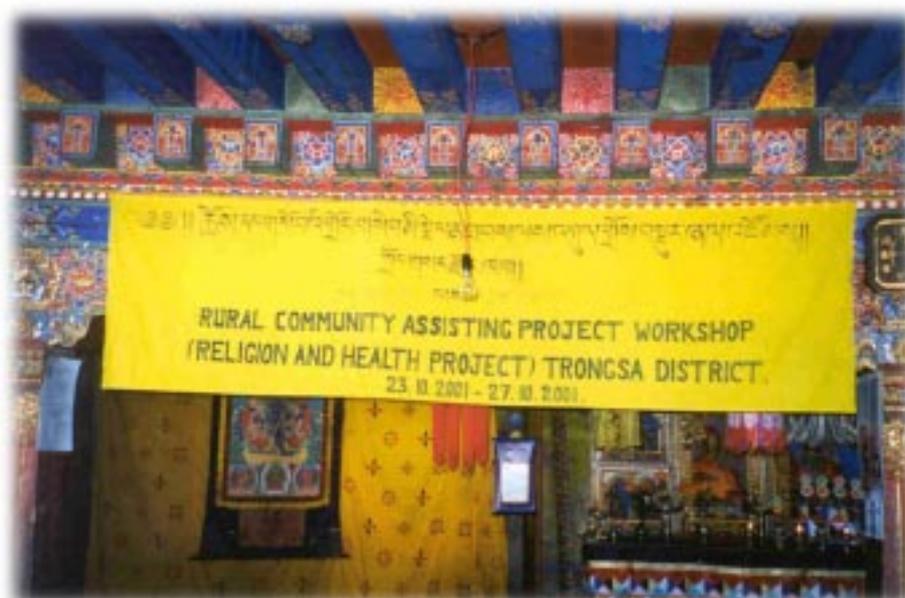


Bhutan

Religion and Health Project

In this rugged and remote country, Buddhist religious communities continue to be a major social force. The head of the central governing body of monks, the *Je Khenpo* (supreme patriarch) is equal in status to the King of Bhutan. Buddhist monks not only perform religious rites for individuals, communities and the court, but operate a large scale monastic education system and hold positions in the National Assembly and Royal Advisory Council.

Only recently have Buddhist monks in Bhutan begun to be involved in development projects, although they have always had a role in caring for the spiritual welfare of Bhutanese society. Up till now they have not been involved in HIV/AIDS. Only a few HIV infections have so far been detected in the country but given the HIV/AIDS epidemic situation in neighbouring countries, all levels of government are extremely concerned about the future prospects. There is a consensus that all sectors of society must get involved in combating HIV/AIDS.



In 1989, the Department of Health and the *Dratshang Lhentshog* (National Council for Religious Affairs) formally recognized the potential of the religious practitioners for promotion of health and well-being, and jointly endorsed an initiative that culminated with the Religion and Health Project, with support from UNICEF.

The aim of the Religion and Health Project was to improve the quality of life of the Bhutanese by harmonizing religious faith and practices with modern health care promotion. Building on the Religion and Health project, and study tours to Thailand in 1999 and 2000, UNICEF Bhutan held a participatory workshop on the role of monks in development in late 2001. The Dharma-based analysis developed by Sangha Metta Convenor, Laurie Maund to promote social action on HIV/AIDS, was successfully adapted to address broader social and economic issues.

Comments from Monks Workshop on Social Action in Bhutan

“Buddha has told others to become a lantern, to show the light and the way - therefore it is the job of the monastic body to do this work.”

“It is the duty of monks to support the well-being of the people. Until now I couldn't do this, our country is small and isolated and I didn't have the opportunity to learn from experts. In the future I will try to do something.”

The possibilities for synergy and mutual learning in the area of the religious response to HIV/AIDS have been widely acknowledged by religious leaders in the region. UNICEF EAPRO will continue to furnish technical assistance to countries in the East Asia Pacific Region to stimulate the most comprehensive response to HIV/AIDS from national religious bodies.

Review and Strategic Planning Process

EAPRO recently commissioned a review and strategic planning process for the Regional Buddhist Leadership Initiative in China, Cambodia and Lao PDR. The review and planning process was participatory and involved consultations with monks, government officials, community members and community members with HIV/AIDS to obtain their ideas for the way monks could best help and to gauge the impact of activities to date.

The findings of the review demonstrated that monks were particularly effective in psychological care and support for people with HIV, and able to have in some cases an immediate effect on their health and peace of mind. The review also concluded monks needed a greater focus on advocacy for a compassionate approach. A systematic approach to capacity building was also needed with an emphasis on appropriate training, continuity of training and personnel involved over a longer period. Options for providing HIV training, training in Lifeskills and participatory teaching methods, as well as counselling and homecare (all based on Buddhist paradigms) need to be considered. A comprehensive strategy outline has been produced and is being circulated to countries to adapt to local circumstances.

Why A Regional Approach

Applying Lessons Learnt

As the body of expertise on HIV/AIDS grows in Asia and the Pacific, it becomes increasingly important to *apply* both recent findings and the experiences of the last decade to emerging epidemics.

Timing is important too, lessons learnt in one country need to be shared with others quickly, unlike academic research which can take years to be published. Pursuing strategic priorities means limited resources are directed to where they can do most to slow the spread of HIV and mitigate its impact on children, families and communities.

At the same time projects have to be brought scale, usually through the involvement of National Governments. Unless this is done HIV/AIDS prevention and care will continue to be scattered and ineffective, the weak point of many high quality NGO projects which are low reach and resource intensive.

Spotting successes and replicating them rapidly has become the over arching aim of agencies working on HIV/AIDS. But this requires different sets of skills and structures. The latter task, replicating effective interventions is rarely within the scope of the success spotters. In the case of UNICEF, however, UNICEF's Country Offices provide an on-the-spot vector for the latest lessons on HIV/AIDS to be incorporated into programmes.

How the EAPRO Mekong Partnership has really helped

Involving religious leaders is an important part of community mobilisation. Through the work of UNICEF Country Offices, and technical assistance from the *Sangha Metta* Buddhist Monks HIV/AIDS project, the EAPRO Mekong Partnership has supported monks becoming involved in practical care and support for people living with HIV/AIDS at local level throughout the region. The EAPRO Mekong Partnership has utilised UNICEF's extensive country framework to contribute to National Governments' HIV/AIDS programs. Crucial technical and financial assistance provided by EAPRO supports the development of effective HIV/AIDS policies and programming in this area across the sub region.

In the area of community mobilisation, EAPRO has developed prototype training courses, materials and networks, and then, set about disseminating these models to Country Offices and through a process of consultation and discussion with UNICEF Country Offices and National Counterparts, supporting the adaptation of the model to local conditions. This process has been followed with the Buddhist Leadership Initiative, a particularly valuable intervention. As we have seen in Cambodia the exchange doesn't stop there. It is important to keep feedback going between countries as local adaptations take off in unforeseen ways adding to our accumulated experience and reducing the toll taken by the epidemic on our kids, families and communities.

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