The analysis and policy recommendations of this document do not necessarily reflect the views of the United Nations, ASEAN or their Member States. The Strategy is the fruit of a collaborative effort by the members of the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China (UNRTF).

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HIV/AIDS & Mobility in South-East Asia

Rapid Assessment

Part I:
Country Profiles: HIV/AIDS and Mobility in South-East Asia

Part II:
Organizations Engaged in Multi-country HIV and Mobility Programmes in South-East Asia
FOREWORD

Asia in general and ASEAN countries in particular are witnessing an unprecedented mobility and migration of populations in the region, fuelled by robust and consistent economic growth in the last decade. These patterns are likely to continue into the future. Today there is a growing body of evidence that migrants and mobile people are more vulnerable to HIV than are populations that do not move. The recent report of the Commission on AIDS in Asia stated that “the future of Asia’s epidemics depends to a considerable extent on what happens to men’s incomes and their mobility outside family settings. Men who have disposable income, and who travel or migrate to work opportunities, provide most of the demand for commercial sex.” Women are a significant proportion of the migrant population and face a wide range of risks and vulnerability that expose them to exploitation, abuse and HIV. Even though migrants and mobile populations are included as a vulnerable group in the National Strategic Plans (NSPs) of each of the 10 ASEAN Member States, comprehensive programmes to address their needs have yet to be developed, funded and implemented. Likewise, epidemiological data on HIV among migrants needs consolidation, and comprehensive and regular updating, and should be made accessible to practitioners and policy makers from all sectors.

Drawing on data collected during large resource mobilization efforts in 2007, the secretariats of the UN Regional Task Force on HIV and Mobility (UNRTF) and ASEAN agreed to put together the following rapid assessment document. It combines a concise and substantive responses to address the HIV-related issues that confront migrants and mobile populations throughout the migration cycle from their home countries, in transit to their destination and upon return.

We hope that policy makers and practitioners find this report useful as they develop comprehensive rights-based responses to address the HIV-related issues that confront migrants and mobile populations in Asia and the Pacific.
A MESSAGE FROM THE SECRETARY-GENERAL OF ASEAN

The ASEAN Heads of State and Government met in a Special Session on HIV and AIDS during the 12th ASEAN Summit in Cebu, Philippines, on 13 January 2007, to review and renew Member States’ commitments on HIV and AIDS. The Leaders reaffirmed ASEAN commitments to preventing the further transmission of HIV and mitigating the impacts of HIV and AIDS, by improving regional responses and enhancing Member States’ development of people-centred initiatives.

An important focus of ASEAN’s efforts has been on migrant and mobile populations, who are by far among the groups most-at-risk. Recognising this, the ASEAN leaders endorsed an ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers by recognising the contributions of migrant workers to the society and economy of both receiving states and sending states of ASEAN.

In line with this, the ASEAN Task Force on AIDS (ATFOA) and the ASEAN Secretariat have been working closely with UNDP and the UN Regional Task Force on HIV and Mobility (UNRTF) to conduct a Rapid Assessment on HIV and Mobility Issues in all ten ASEAN Member States. This assessment provides information that will be useful for policy makers, health givers and clinicians in ensuring that migrant workers and mobile populations are provided with high-quality prevention and treatment services.

I would like to thank UNDP, the UNRTF and all others involved in this outstanding endeavour. This productive collaboration has put in place a milestone document which will further enhance ASEAN’s efforts at preventing and reducing the impacts of HIV and AIDS. It is through initiatives like this that we give meaning to ASEAN’s vision in forging a caring and sharing society.

Dr. Surin Pitsuwan
Secretary-General of ASEAN
ABBREVIATIONS and ACRONYMS

ABC Abstinence, Be faithful and use Condoms
ACD Association for Community Development
ACTFORM Action Network for Migrants (Sri Lanka)
ADB Asian Development Bank
AIDS Acquired immunodeficiency syndrome
AMC Asian Migrant Centre (Hong Kong)
ANC Antenatal clinic
ANM Action Network of Migrants
APNH+ Asia-Pacific Network of People Living with HIV
ART Anti-retroviral therapy
ARY Anti-retroviral
ASA Ask Stop AIDS
AID AIDS Prevention and Sex Education Division, PDA (Thailand)
ASK Aski O’Shahal Kendra
ASEAN Association of Southeast Asian Nations
ATFOA ASEAN Task Force on AIDS
BCC Behavioural communication for change
BEAN Border Ean Action Network
BSS Behavioural surveillance survey
CAR Centre for AIDS Rights
CARAM Coordination of Action Research on AIDS and Mobility
CDC Centre for Disease Control
CEC Centre for Education and Communication
CEDAW Convention on the Elimination of All Forms of Discrimination against Women
CHAS Centre for HIV/AIDS and STI
CHASSPAP Control of HIV/AIDS/STD Partnership Project in Asia Region
CHRD Center for Human Rights and Development
CIDA Canadian International Development Agency
CMPE Centre for Malaria Parasitology and Entomology
CMR Coalition for Migrant Rights
CSEARHP Canada South Asia Regional HIV/AIDS Programme
DFID Department for International Development (UK)
DGIS Directorate-General for International Cooperation (Netherlands)
DTP Diplomacy Training Programme
ECHO European Commission’s Humanitarian Aid Office
ECC European Economic Community
EU European Union
FHI Family Health International
FSW Female sex worker
GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS Greater Mekong Subregion
GTZ German Agency for Technical Cooperation
HOD Health and Development Networks
HOME Humanitarian Organization for Migration Economics
ICT Information and communication technology
IDUs Injecting drug users
ILO International Labour Organization
IMPACT Implementing AIDS Prevention and Care Project (Family Health International)
IMMCI Indonesian Migrant Workers Union
IOM International Organization for Migration
IPL Interpersonal communication
IRC International Rescue Committee
JCMK Joint Committee for Migrant Workers
KAP Knowledge, attitudes and practice
KHANA Khmer HIV/AIDS NGO Alliance
LTAP Lao Youth AIDS Prevention Programme

MAP Migrant Assistance Programme Foundation
MFA Migrant Forum Asia
MFI Migrant Forum India
MOPH Ministry of Public Health
MSAI Migrant Savings for Alternative Investment (Migrant Forum Asia)
MSM Men who have sex with men
MTWGs Mobility technical working groups
NCHADS National Centre for HIV/AIDS, Dermatology and STD (Cambodia)
NGO Non-governmental organization
OFW Overseas Filipinos Workers
OVC Orphans and vulnerable children
PACT Impact Alliance
PCCA Provincial Committee for Control of AIDS (Lao PDR)
PDA Population and Community Development Association
PHAMIT Prevention of HIV/AIDS among Migrant Workers in Thailand Project
PLWH People living with HIV/AIDS
PMTCT Prevention of mother-to-child transmission
PSI Population Services International
Q & A Question and Answer
RAMP Reflection and action within most-at-risk populations
RMRRU Refugee and Migratory Movement Research Unit
SAARC South Asian Association for Regional Cooperation
SAPA Solidarity Asia Peoples Advocacy
SBC Strategic behavioural communication
SDC Swiss Agency for Development and Cooperation
SEAMO TROPMED Southeast Asia Ministers of Education Organization – Tropical Medicine and Public Health Network
SMJ Solidarity Migrants Japan
SPC Secretariat of the Pacific Community
STD Sexually transmitted diseases
STI Sexually transmitted infections
TB Tuberculosis
TBIRD Thai Business Initiative in Rural Development
TUC Thailand Ministry of Public Health – US Citizens Development Corps Collaboration
UA Universal access
UBW Unified Budget and Workplan (UNAIDS)
UNAIDS United Nations Joint Programme on HIV/AIDS
UNDP United Nations Development Programme
UNESCAP United Nations Economic and Social Commission for Asia and the Pacific
UNESCO United Nations Educational, Scientific and Cultural Organization
UNFPA United Nations Population Fund
UNICEF United Nations Children’s Fund
UNODC United Nations Office on Drugs and Crime
UNRRTF United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and Southern Provinces of China
USAID United States Agency for International Development
US CDC US Centers for Disease Control
VCT Voluntary counseling and testing
VCCT Voluntary and confidential counseling and testing
WARBE Welfare Association of Repatriated Bangladesh Employees
WFP World Food Programme
WHO World Health Organization
WOREC Women's Rehabilitation Center (Nepali)
WYP Women and Wealth Project (UNDP)

© HIV/AIDS & Mobility in South-East Asia

Abbreviations and Acronyms 7
Overview

In South-East Asia, mobility is a growing phenomenon and a major concern due to the high vulnerability to HIV of mobile populations. The dynamics of population movement have evolved in South-East Asia over the last decade, and are in a phase of acceleration due to multiple factors including geopolitical and socio-economic changes, infrastructure development, and closer cooperation among ASEAN Member Countries. Whether mobility is internal or cross-border, whether it is voluntary or forced, this increasing population movement generates particular conditions and circumstances that render migrants vulnerable and at risk of HIV infection.

Largely due to growing political and economic integration in South-East Asia, the region is witnessing a steady increase in the millions who migrate between ASEAN Member Countries annually in search of employment. Migrants are a growing and essential part of the workforce in more economically developed countries, and beyond in some cases. Remittances from these workers to their families represent a significant portion of the national economies of Thailand, Malaysia, Singapore and Brunei Darussalam have attracted in cumulative numbers an estimated 7.6 million migrants—of which more than 3.8 million were undocumented. An estimated 12.6 million workers left Cambodia, Indonesia, Lao PDR, Myanmar, the Philippines and Viet Nam for better economic opportunities abroad (see table below).

Migration patterns in South-East Asia are the result of complex push and pull factors. Dynamic and growing economies of Thailand, Malaysia, Singapore and Brunei Darussalam have attracted in cumulative numbers an estimated 7.6 million migrants—of which more than 3.8 million were undocumented. An estimated 12.6 million workers left Cambodia, Indonesia, Lao PDR, Myanmar, the Philippines and Viet Nam for better economic opportunities abroad (see table below).

<table>
<thead>
<tr>
<th>Country</th>
<th>Adult (ages 15-49) HIV prevalence</th>
<th>Documented migrant workers</th>
<th>Undocumented migrant workers</th>
<th>Estimated total migrant workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>0.9%</td>
<td>50,000</td>
<td>180,000</td>
<td>230,000</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0.16%</td>
<td>3,500,000</td>
<td>175,000</td>
<td>3,675,000</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>&gt;0.1%</td>
<td>180,000</td>
<td>20,000</td>
<td>200,000</td>
</tr>
<tr>
<td>Myanmar</td>
<td>0.7%*</td>
<td>1,850,000</td>
<td>1,150,000</td>
<td>3,000,000</td>
</tr>
<tr>
<td>The Philippines</td>
<td>&lt;0.1%</td>
<td>3,600,000</td>
<td>1,300,000</td>
<td>4,900,000</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>0.5%</td>
<td>400,000</td>
<td>200,000</td>
<td>600,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9,580,000</td>
<td>3,025,000</td>
<td>12,605,000</td>
<td></td>
</tr>
</tbody>
</table>

Source countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Adult (ages 15-49) HIV prevalence</th>
<th>Documented migrant workers</th>
<th>Undocumented migrant workers</th>
<th>Estimated total migrant workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>0.4%</td>
<td>1,800,000</td>
<td>1,300,000</td>
<td>3,100,000</td>
</tr>
<tr>
<td>Thailand</td>
<td>1.4%</td>
<td>1,200,000</td>
<td>2,500,000</td>
<td>3,700,000</td>
</tr>
<tr>
<td>Singapore</td>
<td>0.07%*</td>
<td>713,000</td>
<td>N/A</td>
<td>713,000</td>
</tr>
<tr>
<td>Brunei</td>
<td>&lt;0.1%*</td>
<td>122,000</td>
<td>N/A</td>
<td>122,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3,835,000</td>
<td>3,800,000</td>
<td>7,635,000</td>
<td></td>
</tr>
</tbody>
</table>

No definitive source of population estimates for documented and undocumented migrant workers within ASEAN is available. The above estimates have been gathered from various sources including: Asian Migrant Yearbook 2004 and Resource Book - Migration in the Greater Mekong Subregion 2002-2003 both by ASEAN; Asian Migrant Centre & Migrant Forum in Asia, State of Health of Migrants 2005 and State of Health of Migrants 2007 by CARAM Asia.

Human trafficking has been reported in the majority of South-East Asian countries. Cambodia, Indonesia and Thailand are source, transit and destination countries for persons trafficked for forced labour and sexual exploitation. Malaysia and Viet Nam are source and destination countries for trafficked persons, while Lao PDR, the Philippines and Myanmar are source countries. Overall, limited reliable information is available on the magnitude of human trafficking in the region.

Mobility is a broad term that describes the full range of mobility, from short-term movement to longer-term or permanent relocation. Mobile people are defined as “those who move from one place to another, temporarily, seasonally or permanently, for either voluntary or involuntary reasons.” Mobile people include: Refugees, asylum seekers, migrant workers and internally displaced persons.

A migrant worker is defined as “a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a national.”

Key findings

Migration patterns in South-East Asia are the result of complex push and pull factors. Dynamic and growing economies of Thailand, Malaysia, Singapore and Brunei Darussalam have attracted in cumulative numbers an estimated 7.6 million migrants—of which more than 3.8 million were undocumented. An estimated 12.6 million workers left Cambodia, Indonesia, Lao PDR, Myanmar, the Philippines and Viet Nam for better economic opportunities abroad (see table below).
HIV trends

There are signs of progress in reducing the prevalence of HIV in some countries in the region. For example in Myanmar, Thailand and Cambodia, where despite the earlier presence of generalized HIV epidemics, the number of new infections per year has declined. In Cambodia and Myanmar, the general prevalence is now below 1% (0.9% and 0.7% respectively), according to the latest 2007 estimates. In contrast, Indonesia is experiencing one of the fastest growing HIV epidemics in Asia, through injecting drug use and men having unprotected sex with multiple partners. Viet Nam also saw a rapid increase of people living with HIV from 2000 to 2005, driven by injecting drug use and unprotected sex. Increasing numbers of women are infected by male partners who engage in either unsafe paid or injecting sex. Moreover, Malaysia is facing a concentrated epidemic among IDUs: over 65% of HIV infections are estimated to result from unsafe injecting drug habits. In the other countries in the region, prevalence of HIV among adults (aged 15-49) is low at or below 0.1% and the main mode of transmission is unprotected sex.

Though comprehensive epidemiological data on HIV prevalence in migrants in South-East Asia is unavailable, current evidence indicates that in particular settings risk behaviour and HIV infection rates are considerably higher among migrants than in the general population. Exclusion, xenophobia, exploitation, abuse, and other hardships which migrants and mobile populations face may result in higher incidences of transactional sex, sex for survival, rape, or commercial sex and increased risk of STI/HIV transmission. In Thailand, where more comprehensive data exists, migrant fishermen exhibited much higher risk behaviour, with HIV infection rates as high as 9%. HIV infection rates in sex workers in border areas are consistently reported higher than elsewhere in Thailand and HIV rates among pregnant women tested at antenatal clinics (ANC) were significantly higher in migrant women than among local Thais. In the Philippines, 35% of registered people living with HIV were returning migrants as were 30% in Lao PDR, according to data from each country’s National AIDS Programme. Most of them acquired the virus through unprotected sex in the destination country.

Response, Opportunities and challenges

Every ASEAN Member Country has responded to the HIV epidemic’s health and development challenges. Six countries—Cambodia, Indonesia, Lao PDR, the Philippines, Thailand and Viet Nam—are currently implementing a total of over USD 200 million in HIV grants received from the Global Fund to Fight AIDS, TB and Malaria (GFATM) from its first round in 2001 to 2007. Several other bilateral and multilateral donors are contributing financial support to the regional response.

National HIV/AIDS Strategic Plans and mechanisms to address the HIV/AIDS epidemic through HIV prevention, care and treatment have been developed in all ASEAN countries. These plans identify migrants as a distinct vulnerable group that should be included in the national response primarily through HIV prevention strategies. However, the response has focused on high-risk groups such as sex workers and their clients, men who have sex with men and IDUs, without addressing the mobility factor within these groups.

Overall, national health policies and HIV interventions in origin, transit and destination countries do not offer a comprehensive package of HIV prevention, care and treatment services that address HIV vulnerabilities and needs of migrants through all phases of the migration cycle: pre-departure, transit, destination and return. Recent studies have identified the risks and vulnerabilities of migrant and mobile populations. However, operationalization of national HIV strategic plans has yet to include comprehensive and coordinated national and regional responses that meet the needs of migrant and mobile populations.

Some programmatic and budgetary issues to take into account are:

Migrants are not covered by National AIDS Programmes’ services

Most national AIDS programmes do not make provisions for migrants’ access to essential HIV prevention, care and treatment services. Undocumented migrants have no access to health services or programmes within the host country.

Pre-departure HIV prevention efforts in origin countries may be ineffective

Countries of origin, especially Cambodia, Indonesia, Lao PDR, the Philippines and Viet Nam, have developed pre-departure training for outbound, documented migrant workers that includes HIV awareness sessions. The Philippines offers the most comprehensive HIV prevention interventions, including compulsory pre-departure HIV education. However, monitoring and evaluation mechanisms to ensure effective delivery of quality HIV prevention messages and services to migrant workers remain to be developed. Migrants and trainers report that HIV sessions occur too late in the migration process, are of short duration and not comprehensive, and that migrants pay little attention to HIV issues a few days before moving abroad.

Mandatory health examinations may breach migrants’ rights

As in many other parts of the world, pre-departure and post-arrival health examinations are part of recruitment processes for migrant workers. Mandatory HIV testing in health examinations is required by the majority of ASEAN destination countries, except Thailand. Mandatory testing breaches migrant rights, including confidentiality and consent.

Health and HIV services in host countries not geared to migrants

Migrants, especially minorities, face cultural and language barriers. They often do not read or speak the host-country language, and consequently do not understand the HIV/AIDS prevention information provided to them. Migrants also seldom have full access to health services in destination countries. In Thailand, registered migrants have access to health services with subsidized medical costs, but anti-retroviral treatment (ART) is not included. In other destination countries, documented migrant workers can access medical services although the cost varies depending on health insurance, if any. If migrants are found to be HIV-positive through routine testing in Malaysia, Singapore or Brunei Darussalam, they are repatriated.

Gaps in host-country treatment and referrals for migrants

Subsidised HIV treatment is not available to migrants in any destination country, making it unaffordable. Moreover, there are no provisions for referral services for migrants found HIV-positive during health examinations. This is a major gap in health services throughout the region.

Undocumented migrants have limited access to health services

A large and growing percentage of the migrant population is undocumented or under-documented. Undocumented migrants, including those that have been trafficked, are less likely to seek health care, including treatment for STIs, testing for HIV, or any other services that would put them in contact with health authorities. They are difficult to reach with HIV prevention programming and rarely benefit from government health programmes given the underground nature of their situations. This presents a significant challenge to a comprehensive HIV prevention response.
Overview

Discrimination against migrants, especially those with HIV

Migrants are often stigmatized and face discrimination in host countries, with HIV-positive migrants facing even greater discrimination and often immediate deportation if their sero-status is discovered. As a result, migrants are reluctant to determine their HIV status or to access other health services, increasing their vulnerability. Due to economic necessity, migrants will sacrifice access to treatment and services to remain in the host country. Upon return to their home countries, limited support is available for HIV-positive migrants, and their HIV-positive status makes it unlikely that they will have the opportunity to work abroad again.

Recommendations

1) Develop gender-sensitive epidemiological data collection mechanisms

Limited HIV interventions targeting migrants in South-East Asia have inhibited data collection on risk behaviors and vulnerabilities of migrants on the move. This has hindered effectively addressing migrant needs, reducing their vulnerabilities and providing strategic HIV programmes throughout the migration cycle. Greater commitment to rights-based research and epidemiological studies aimed at accurately assessing HIV vulnerability, risks, trends and patterns along migratory routes is required.

2) Strengthen regional cooperation to ensure a continuum of services for migrants

Effective coordination of the response to HIV and mobility in South-East Asia requires better cooperation among ASEAN Member Countries in translating national HIV provisions for migrant and mobile populations into harmonized interventions and health policies that focus on HIV prevention, care and treatment services throughout the migration cycle. Linguistic and cultural sensitivity is important to an effective regional response.

3) Create and fund coordinated, multi-sectoral, cross-border HIV efforts

A comprehensive approach to addressing HIV and mobility issues across borders requires promotion of non-discriminatory HIV and mobility policies by relevant ministries, such as Health, Labour, Transport and Foreign Affairs, and also the private sector, which employs the majority of migrants. The allocation of resources, both financial and human, to improve policy coordination, and the establishment of multisectoral partnerships between the public and private sectors are essential. The meaningful engagement of civil society, including migrant representatives, is crucial for an effective response.

4) Reinforce an enabling policy environment

Effectively addressing the issues of mobility and HIV vulnerability requires the creation of an enabling environment through policy reforms affecting migrant and mobile populations. The appropriate enforcement of existing positive policies, and ASEAN commitments on HIV/AIDS and the Declaration on the Protection and Promotion of the Rights of Migrant Workers (January 2007) is essential.

Rights-based national health policies and HIV interventions for migrants and mobile populations will ensure their access to health services, as stipulated in the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families. At present, Cambodia, Indonesia and the Philippines are the only ASEAN Member Countries to have signed this Convention. Effective regional cooperation requires that the remaining seven Member States also sign it and establish services for migrant workers.

5) Allocate sufficient financial and human resources to address migrants’ needs

Recognize the contribution of migrants to the economies of destination countries through their work and to their home countries through remittances by ensuring they have access to affordable HIV prevention services and health care. Targeted investments and allocations of human and financial resources are required to ensure provision of treatment, care and support for mobile populations and migrant workers throughout the migration cycle.

Annotated bibliography

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Part I: Country Profiles: HIV/AIDS and Mobility in South-East Asia

<table>
<thead>
<tr>
<th>Country</th>
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<tr>
<td>Brunei Darussalam</td>
<td>15</td>
</tr>
<tr>
<td>Cambodia</td>
<td>16</td>
</tr>
<tr>
<td>Indonesia</td>
<td>18</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>20</td>
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<td>Malaysia</td>
<td>22</td>
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<tr>
<td>Myanmar</td>
<td>24</td>
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<tr>
<td>The Philippines</td>
<td>26</td>
</tr>
<tr>
<td>Singapore</td>
<td>28</td>
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<tr>
<td>Thailand</td>
<td>30</td>
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<td>Viet Nam</td>
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Brunei Darussalam

Overview:

Health and HIV situation
Over the years, HIV prevalence rates in the Kingdom of Brunei Darussalam\(^{14}\) have remained low. By the end of 2004, a cumulative total of 618 HIV cases, including 26 AIDS cases, had been reported.\(^{15}\) The HIV prevalence rate in Brunei is below 0.1%, according to 2006 estimates.\(^{16}\)

The large majority (95.8%) of new reported HIV cases is among migrant workers with nearly all reported HIV and AIDS cases occurring in men (92%) and heterosexuals (84%).\(^{17}\)

National HIV programme and response
The people of Brunei enjoy free medical health care provided via government hospitals, health centres and clinics throughout the country. All medical expenses incurred by Bruneian citizens are borne by the Government. HIV treatment, care and support, including life adjustment counseling, are provided free of charge to Bruneian citizens and permanent residents, regardless of age, gender or race. However, access to health for its large population of migrants and overseas workers depends on their work contracts and permits.

In accordance with the national HIV control programme, and the Foreign Workers Health Screening Programme established in 1967, the Ministry of Health of Brunei Darussalam has developed Operational Procedures for Foreign Workers Health Screening with provisions on pre-departure medical examinations for foreign workers seeking employment in Brunei.\(^{18}\) If found HIV-positive, migrant workers cannot obtain a work visa or permit.

On-arrival health screenings and mandatory periodic health checks that include HIV testing are also part of national HIV control procedures. Volunteer migrants tested HIV positive in Brunei are repatriated to their origin country, and do not benefit from referral and counseling services in Brunei.\(^{19}\)

Migration patterns
Brunei is a major destination country for domestic or low-skilled labour from Indonesia, Malaysia, the Philippines, Bangladesh, and Thailand.\(^{20}\) There were 122,400 estimated migrants in 2006, according to the National Encyclopedia. Major destination countries for citizens of Brunei Darussalam are Australia, Canada, Germany, the Philippines, the United Kingdom, and the United States.\(^{21}\)

Comprehensive information on HIV infection rates and risk behaviours among migrants is not available.

HIV response for migrant populations:
Gaps and opportunities
The challenge for Brunei remains to include migrant workers in national medical health care systems and to ensure comprehensive HIV prevention, care, treatment, VCT and support services for migrant workers in the national HIV control programme.

Referral services for migrants testing HIV positive in Brunei need to be put in place. The absence of gender-based data collection mechanisms and surveillance systems on HIV and mobility issues remains a gap.
Cambodia

Overview:

Health and HIV situation

The adult national HIV prevalence rate decreased to 0.9% in 2006 from 1.2% in 2003 following the successful implementation of the 100% Condom Use Programme and extensive information campaigns on condom use and HIV transmission risks targeting sex workers and their clients. In 2006, among the total number of people living with HIV, 52% were estimated to be women compared to 37% in 1998. In 2005, UNAIDS reported that married women accounted for almost half of new infections.

The sex trade has driven the HIV epidemic in Cambodia and female sex workers remain one of the most at-risk groups of HIV infection, despite a significant decrease of the HIV prevalence rate among this group from 21.4% in 2000 to 12.7% in 2006. In 2005, UNAIDS reported that married women accounted for almost half of new infections.

National HIV programme and response

The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, first to address HIV issues among migrants, and second to strengthen government capacity to deal with these issues. In May 2006, the Ministry of Labor and Vocational Training issued a regulation, Education of HIV/AIDS, Safe Migration and Labour Rights for Cambodian Workers Abroad. Its objectives are to raise awareness on HIV/AIDS for migrant workers and their families, to provide pre- and post-departure training on HIV/AIDS, and to inform migrants on safe migration and labour rights.

In 2006, the Ministry signed an MOU with CARAM Cambodia to provide training on HIV to migrant workers, and an MOU with the Cambodian non-profit organization, Legal Support of Labor and Vocational Training issued a regulation, Documented Cambodian labour migrants to Thailand. These migrants usually perform low-skilled work in agriculture, fishing, mining, and construction. In 2005, 181,579 Cambodians were registered with the Thailand Ministry of Interior, 123,998 male and 57,581 female, representing approximately 13% of all registered migrants in Thailand but this figure decreased to an estimated 37,142 by 2006 as few new work permits are being issued. It is estimated that there are another 180,000 undocumented migrants. In 2002-2003, remittances to Cambodia amounted to approximately USD 3,177,600.

Documented migrant workers to Malaysia and the Republic of Korea received a three-month pre-departure vocational training course from recruitment agencies that focuses on reproductive health, HIV/AIDS and general medical exams. There are no evaluation and monitoring processes to ensure the delivery of such training courses and to assess their quality. Undocumented migrant workers, who are especially exposed to exploitative forms of labour in their destination countries, are difficult to reach with information on HIV-risk situations and safe migration.

Cambodia is a destination country for labour migrants, mainly from Viet Nam and China. The sex industry employs Vietnamese female migrants, who are quite vulnerable to HIV due to their profession and irregular status. The country has also been a major host for Vietnamese asylum seekers and refugees.

Cambodia is a source and transit country for men, women, and children trafficked for commercial sexual exploitation and forced labour to Thailand and Malaysia. It is also a transit and destination country for Vietnamese and Chinese women and children for sexual exploitation.

Migrant populations

Cambodia is a major sending country of migrant workers to booming Asian economies, including Malaysia, the Republic of Korea and neighbouring Thailand. From 1998 to 2007, 8,969 documented migrant workers worked in Malaysia, 7,042 of them women. An estimated 10,000, regular and irregular Cambodian migrants worked in Malaysia in 2003, and 2,464 Cambodian migrants currently work in the Republic of Korea.

There is a lack of comprehensive information on HIV infection rates and risk behaviours among mobile populations.

HIV response for migrant populations: Gaps and opportunities

Cambodia’s commitment to address the HIV epidemic has translated into the development of impactful prevention strategies and expanded care and treatment coverage for those in need. However, HIV interventions and programmes specifically targeting migrant and mobile populations remain to be developed and the capacity of national institutions to address HIV and mobility issues needs to be strengthened. Comprehensive gender-based data collection mechanisms and surveillance systems are necessary to develop evidence-based, targeted HIV interventions among migrants and mobile populations.

Evaluation and monitoring mechanisms need to be put in place to ensure the delivery of good quality pre- and post-departure training courses on HIV/AIDS issues to migrants. HIV prevention, care, treatment, and support services for returning migrants are also required, as well as provisions that address trafficked persons’ specific health and psychological needs.
Overview: Health and HIV situation

Overall, the HIV prevalence rate of Indonesia has been increasing, and the HIV epidemic in the country has been among the fastest growing in Asia. Indonesia now faces a consolidated epidemic mainly fuelled by injecting drug use and the sharing of contaminated equipment, unprotected paid sex and multiple, unprotected sex between men.4

HIV infection rates vary in Indonesian provinces. The two provinces of Papua (Papua and West Papua) face a generalized epidemic, with the number of AIDS cases 15 times higher than the national average and HIV prevalence is estimated at approximately 2.4%.5 Even higher infection rates have been recorded in remote highlands (3.2%) and less accessible lowland areas (2.9%).6 In West Papua, the number of AIDS cases is twice the national average.7

Currently, an estimated 193,000 people live with HIV in Indonesia,8 up from 170,000 in 2005, and 110,000 at the end of 2003.9 It is estimated that 46% of people living with HIV are injecting drug users and their partners are clients of sex workers.10 AIDS-related deaths have also drastically increased from 2,300 in 2003 to 5,500 in 2005.10 In 2006, 2,873 AIDS cases were recorded, 82% of them men.11 Every year an estimated 5,000 to 5,500 lose their lives to AIDS in the country, or 8-14 people per day.12

The number of women infected by HIV has almost doubled from 15,000 in 2003 to 29,000 in 2005.13 As of December 2006, out of the estimated 20,577 people who had received ARV treatment.14

In 2006, the Government accredited 119 clinics to perform HIV testing.15 Prospective migrants are not always informed of test procedures or their purpose,16 and pre- and post-test counselling and HIV prevention and information services are not given to migrant workers. There is also no standardised referral system to provide care, support and treatment services to those found HIV positive, although there are currently several integrated health-care programmes. However, migrant workers are often denied access to those services to PLWHA and that can be accessed by migrant workers.17

Recruitment agencies are responsible for providing health and reintegration services to repatriated migrant workers under the 2004 Placement and Protection of Indonesian Migrant Workers in a Foreign Country. Undocumented migrants or trafficked persons do not benefit from this decree. Migrant workers found HIV positive in destination countries receive no treatment or referral services before being repatriated.18

The Medical Service Centre (Pusat Pelayanan Medis, or PPM) of Raden Soekarno Hospital in Jakarta provides medical services to migrant workers and trafficked persons in cooperation with NGOs. Migrant workers are recognized as a vulnerable and sometimes at risk group, but limited national capacity exists to address their HIV issues.19

The Ministry of Manpower and Transmigration20 every year, monitored and coordinated the national and provincial governments to reach the following goals: promoting condom use in every high-risk sexual activity; promoting harm reduction practices among IDUs; providing ART to at least 5,000 PLWHA by end 2004; reducing discrimination against PLWHA; and providing ART, case management and care support to the most vulnerable group.

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Overview:

Health and HIV situation

In June 2007, the official cumulative number of registered HIV infections reached 2,400 of whom 1,523 were known to be AIDS cases and 775 had died of AIDS.2 Idem, p. 4 The National Committee for the Control of AIDS of Lao PDR recently reported that more than half of registered people living with HIV/AIDS in Lao PDR were either migrant workers or farmers working outside of the country, especially in Thailand, and their partners.2 Idem, p. 4

One should also note that Lao PDR is surrounded by neighbours with much higher infection rates, like Thailand, Cambodia, the southern provinces of China, and Viet Nam, which has a growing epidemic. Low levels of HIV awareness and limited access to prevention increase HIV vulnerabilities in Lao PDR4 and among Lao migrants.5 Idem, p. 5

National HIV programme and response

The National Strategic and Action Plan on HIV/AIDS and STI 2006-2010 developed by the National Committee for the Control of AIDS aims to expand national capacity for universal access to prevention, treatment, care and support. Priority areas include: expanding HIV counselling and testing services and data collection, monitoring, evaluation and surveillance mechanisms; strengthening prevention campaigns; increasing condom use; and building capacity of implementing agencies. The Plan targets vulnerable groups, including sex workers and their clients, mobile populations, drug users, MSM and young people.5 Idem, p. 5

Regarding HIV and mobility, the Plan aims to: raise HIV risk awareness among mobile populations and their families; provide pre-departure and post-arrival information and counselling at selected border crossings; promote behaviour change and increase condom use; provide confidential STI services; establish and strengthen voluntary counselling and testing (VCT) and referral services; and build local authorities’ capacity to support mobile populations and their families. The Plan expects that by 2010, 5% of mobile men and their partners will use VCT services, 75% of migrant men will use condoms, and that STI prevalence among mobile men will be reduced by 50%. In 2007, a Task Force on HIV and Drug Use was established to address issues related to injecting drug use and HIV transmissions. The Task Force is co-chaired by the Lao National Commission of Drug Control and Supervision and the Ministry of Health.6 Idem, p. 6

Companies sending Lao workers overseas must meet receiving countries’ immigration requirements. HIV testing overseas had increased and by 2006, 2.2% of tested sex workers were HIV positive, compared to 0.9% in 2001.7 Idem, p. 7 In addition, a recent survey on HIV infections among MSM in Vientiane revealed that more than half of registered MSM were either migrant workers or sex workers.8 Idem, p. 7 However, access to care remains limited and HIV awareness is low. In addition, Lao PDR experiences coordination challenges and lacks comprehensive monitoring and evaluation systems.9 Idem, p. 7

Migration patterns

Lao PDR is both a source and destination country for migrant workers mainly employed in infrastructure projects, domestic and agricultural work, and the fishing industry. Malaysia and Thailand are the primary destination countries for Lao migrant workers. In Thailand, migrants from Lao PDR account for 12% of the estimated 1,284,920 migrants and dependents registered for the general ID card, and the 649,552 migrants registered for a work permit.10 Idem, p. 7 These figures do not include the probably large numbers of undocumented migrants from Lao PDR in Thailand. Long, porous borders and Thailand’s demand for low-skilled labour make possible various migration networks for economic opportunities abroad. Lao PDR is also a destination country for migrant workers, especially from Viet Nam and China. In 2006, 5,731 Vietnamese migrant workers worked in Lao PDR11 Idem, p. 7, while in 2008 an estimated 300,000 Chinese workers were in the country as well. The Lao population is vulnerable to trafficking due to high poverty levels and porous borders. Lao PDR is a source country for trafficked men, women and children to Thailand and a destination country for trafficked Vietnamese, Chinese and Burmese women and girls.12 Idem, p. 7

HIV response for migrant populations

Gaps and opportunities

The National Strategic and Action Plan on HIV/AIDS and STI 2006-2010 shows commitment to address HIV and mobility issues with provisions on HIV prevention, testing and counselling for mobile populations and their families. Pre-departure HIV information and linguistically and culturally appropriate prevention programmes for prospective migrants need to be expanded, as do comprehensive HIV prevention, care, treatment, VCT and support services for returning migrants. To successfully address HIV and mobility issues, it is important to develop a more comprehensive surveillance system including gender-based data to target HIV interventions among migrant and mobile populations.
Overview: Health and HIV situation

By December 2006, an estimated 5,830 new HIV cases were reported in Malaysia compared to 7,000 in 2002.1 By 2008, the number of new HIV cases had dropped to 3,127.2 Children aged 0-14 years remain among the group vulnerable to HIV, with 31 of cases reported among children from 2002 to 2008.3

HIV/AIDS-related deaths reached 976 in 2006.3 With an estimated HIV prevalence rate of 0.4%,4 Malaysia currently faces a concentrated epidemic primarily driven by injecting drug use and unprotected heterosexual contact.5

In 2006, 3,127 new HIV infection cases were reported among injecting drug users.6 It is estimated that nine out of ten HIV infections occurring through injecting drug use were among men.7 While injecting drug use has been the primary mode of HIV transmission, new HIV infections acquired through heterosexual contact are on the rise, 17.5% in 2002 compared to 27.4% in 2006.8

Despite limited data available, recent trends in the HIV epidemic in Malaysia may indicate a decrease in HIV infections through injecting drug use among men and an increase in HIV infections among women through heterosexual contact.9 Men who have sex with men and women have sex with men, transgender, and mobile populations including documented and undocumented migrants, displaced persons and refugees.10 The Plan’s objectives are to raise awareness on HIV risk behaviours through HIV/AIDS, sexual and reproductive health information and education; to promote the use of condoms; and to provide mobile populations with VCT services including mobile units. This focus is also on increasing coverage and quality of outreach programmes by establishing new programmes, training staff and volunteers and by involving target populations in the design, delivery and evaluation of programmes.11

The Malaysian Government has developed and amended limited number of policies and laws to address discrimination, and to increase vulnerable populations’ access to services and programmes in a culturally appropriate manner. HIV testing is mandatory for incoming prospective migrant workers and for the annual renewal of work permits under the Policy of Mandatory Testing.12 Due to the government’s concern over potential health risks to migrants, migrants have to undergo three medical screenings in the first two years of their arrival.13 Female migrant workers are also tested for pregnancy.14

If migrants have tested positive for pregnancy or any infectious diseases including HIV, they face deportation. Provisions for treatment, medical assistance and post-test counseling have been developed11 in the case of deportation but remain difficult to access for migrants. Also, there is no referral system for migrants who are HIV positive or considered uninfected, which hinders potential follow-up, care and treatment in migrants’ origin country.15

The confidentiality of results in mandatory HIV testing remains an issue. The Foreign Workers Medical Examination Agency is in charge of medical screenings and notifies the Immigration Department of the HIV test results; the Immigration Department then informs the employer. The majority of unskilled and semi-skilled labourers are women, and they are the ones that are tested and screened while professionals and expatriates are not.10

Health information and education programmes for migrant workers are not available through formal channels in Malaysia. Some NGOs work with migrant workers to increase their awareness of their rights and of health issues; however, the limited number of NGOs and lack of resources available make reaching out to the large number of migrant workers very difficult.16

Refugees with appropriate UNHCR documentation are able to receive medical services at government hospitals at subsidised cost.17 As of December 2007, UNHCR registered 39,094 refugees and asylum seekers in Malaysia. Since 2005 UNHCR has conducted HIV awareness activities, including the distribution of information leaflets and condoms. In addition, a volunteer counseling and testing campaign conducted in 2007 reached more than 1,800 refugees and asylum seekers.18 HIV counseling, shelter homes and nursing care were made available for UNHCR’s persons of concern infected with HIV. UNHCR provided financial assistance to refugees living with HIV and funded ARV treatment. The Government of Malaysia funds two-thirds of the cost of ARV drugs for refugees. Recently, the Czech Embassy in Kuala Lumpur provided UNHCR with USD 19,000 to implement a nine-month project aimed at reaching 1,000 refugees in Malaysia with health care services.11

Migration patterns

Malaysia is a major destination country for migrant workers from Indonesia, Nepal, Viet Nam, Pakistan, India, Bangladesh, the Philippines, Cambodia, Myanmar, Laos, PDR, Thailand and Sri Lanka.19 Migrants represent almost 12% of the Malaysian population.20

Migration patterns

Migrant workers are mainly employed in 3D (dirty, dangerous and demanding) jobs.21 Latest estimates show 1.8 million documented migrant workers employed in Malaysia; 17% are domestic workers, 15% employed in construction, 36% in manufacturing, 9% in services and 7% in agriculture.22 Undocumented migrant workers may equal the number of documented workers employed in the country, although this is hard to verify. Data on remittances from Malaysia to the origin countries is scarce.23

Malaysia is a source and destination country for trafficked persons. Malaysian women and children, primarily of Chinese ethnicity, are trafficked to Singapore, Macau, Hong Kong, Taiwan, Japan, Australia, Canada, and the United States where they are sexually exploited.22 In 2006, fewer than 100 Malaysian women were trafficked abroad and the number of trafficking, especially among women and children, seems to be declining.24 Men, women and children are also trafficked to Malaysia from Indonesia, Thailand, the Philippines, Cambodia, Viet Nam, Myanmar and China.22

No information has been found on HIV prevalence rates and HIV vulnerabilities and risk behaviour among migrants and mobile populations, including trafficked persons and refugees in Malaysia. The National Strategic Plan identifies refugees as a group vulnerable to HIV, but data on HIV incidence rates amongst refugees are not yet captured through the existing HIV surveillance system.25

Despite national commitment to address the HIV epidemic, several gaps remain including a lack of HIV prevention interventions targeting sex workers and their clients.26 The Ministry of Health established the National HIV prevention programmes targeting vulnerable groups (injecting drug users, sex workers and men who have sex with men) are carried out by NGOs and community-based organizations which face numerous financial and human resource challenges.27

While Malaysia has identified migrant and mobile populations as a group vulnerable to HIV, there is a need to increase their access to HIV information and prevention and to deliver services in a language that they can understand. Care, support, post-counseling and referral services for migrant workers who test HIV positive during mandatory HIV testing should be strengthened.28

The health situation and HIV vulnerabilities of migrant workers in the country remain to be substantiated with in-depth research and studies. To this aim, gender-based data collection mechanisms and HIV surveillance systems that protect migrants’ rights and dignity need to be developed.
In 2007, an estimated 240,000 people were living with HIV in Myanmar, with the national prevalence rate at 0.7% that year.121 Myanmar’s eastern provinces remain the most affected by HIV.

Recent national responses to the epidemic have led to a decline in HIV infection rates among pregnant women (prevalence rate of 1.8% in 2004, down from 2.2% in 2000), but infection rates among other groups, including female sex workers (FSWs) and injecting drug users (IDUs), are still high and rising.122 In 2003, HIV infection rates among IDUs tested ranged from 50% to 85% in Yangon and Mandalay.123 From 1992 to 2003, HIV infection rates among sex workers rose to 31% from 5% in 1994.124 In 2004, one in four FSWs were infected with HIV as were one in three IDUs.125 AIDS-related deaths were estimated at 24,000 in 2007.126

According to latest estimates, primary modes of transmission are heterosexual contact (65%), injecting drug use (26%) and contaminated blood (5%).127 Treatment, care and support services still fall short of needs, with less than 10% of AIDS patients receiving ART treatment. The high incidence of unsafe injecting drug use and unprotected sex along well-established internal migratory routes has contributed to the HIV epidemic’s expansion in Myanmar.128

National HIV programme and responses

The 2006-2010 National Strategic Plan on HIV/AIDS was the first national response to the HIV/AIDS epidemic to use participation of all sectors, including Government departments, UN agencies, international NGOs and churches. The Plan focuses on the control and prevention of HIV, mobilizing resources, providing care and support for AIDS patients, and expanding education-based behaviour change programmes.

The Plan identifies and prioritizes HIV interventions for the groups at highest risk of HIV infection: sex workers, clients of sex workers, drug users, men who have sex with men, and partners of people living with HIV.

Mobile populations are also considered a group vulnerable to HIV infection. To reduce HIV-related risk, vulnerability and impact among migrant and mobile populations, the Plan aims to reach 110,000 people on the move from April 2007-March 2008, and 121,000 from April 2008-March 2009 with a programme package of HIV prevention.129 Data and mapping mechanisms on HIV and mobility will be developed to reach priority areas and populations and to implement HIV prevention interventions among them. Treatment, care and support services for returning migrants, including displaced persons, as well as the treatment, care and support services for returning migrants, including displaced persons, are also part of the Plan’s focus.

Overall, the HIV national response faces various challenges. The country is reliant on international financial support from a limited number of international donors, so the success of the national response will depend on making the new Three Diseases Fund successful. Although the Plan advocates for multi-sectoral participation in HIV interventions, there is restricted space for community organizations. Despite a great demand for self-help groups and networks of people living with HIV/AIDS. In addition, treatment, care and support services and ART coverage for at-risk groups need to be scaled-up.

Migration patterns

Myanmar is a country for migrant workers who are primarily employed in Malaysia and Thailand. It is estimated that 3,000,000 people are living and working overseas with at least 10% of them in Thailand.130 Porous borders and economic inequalities have driven this large cross-border migration from Myanmar to Thailand.

Burmese migrants remain the largest migrant population in Thailand. In 2004, 633,692 Burmese migrant workers were registered for work permits, 75% of Thailand’s total registrations.131 The same year, an estimated 20% of Burmese migrants were employed in agricultural work, 14% in household work, 13% in construction, and 10% in seafood processing and related industries.132 Undocumented migrants are estimated to be twice the number of those registered.

Burmese migrants who register for work in Thailand have to undergo a health examination, but are not tested for HIV. If considered fit for work they are included in Thailand’s national health insurance scheme. They receive a subsidized rate for health services, are assigned a health provider and the same health provisions as Thai nationals through the 30-baht scheme.133 Those not holding a work permit are not included.

Migrants face numerous language barriers throughout medical testing and at the time of results delivery, as documents are usually in Thai and medical personnel rarely speak Burmese.134 Migrants found with unmitigating health conditions may lose their employment status and face deportation. It is the employer’s decision to retain migrants or renew their employment. There is no indication that Myanmar provides care, treatment and support for returning migrant workers. HIV testing of returning migrants is mandatory and exposes HIV-positive migrants to stigma and discrimination.

There are internally displaced persons in nine border camps at the Thai- Burma border. As of October 2006, an estimated 500,000 people were internally displaced.135 There is limited comprehensive information on HIV infection rates among displaced people and refugees, who are located primarily at the Thai-Burma border and in Thailand.

An estimated 200,000 Burmese are refugees in neighbouring countries.136 Thailand hosts a large number of them.

Cases of trafficking have also been reported. Myanmar is a source country for trafficked men, women and children to Thailand, China, Bangladesh, Malaysia, the Republic of Korea and Macau.137 Myanmar is also a transit country for trafficked persons from China to Thailand, Malaysia, and Singapore.138

Some information on HIV infection among Burmese migrants is available. In 2001, an estimated 1.4% of Burmese migrants from a surveillance sample tested HIV positive in the Thai province of Samut Sakhorn.139 In 2004, 9.4% of tested Burmese fishermen were found HIV positive in the Thai province of Chumphon. This represents the highest HIV infection rate among fishermen found in any provincial surveillance site in Thailand.140 Unprotected sex between migrants and sex workers is believed to be the primary mode of HIV transmission. Limited access to condoms and low condom use by migrants due to lack of information, familiarity and trust increase HIV risks.141

HIV response for migrant populations:

Gaps and opportunities

The HIV response among migrant workers in Myanmar needs to develop linguistically and culturally appropriate pre-departure HIV information and prevention programmes, as well as counseling and referral services for returning migrants. Despite funding challenges, HIV prevention, treatment, care and support services for migrant and mobile populations need to be expanded.

Comprehensive gender-based data collection mechanisms to identify infection patterns and risk behaviours are essential to target highly vulnerable migrant and mobile populations in migrant prone areas. Part of this means involving Myanmar in a broader regional strategic information system, including surveillance.

Overview: Health and HIV situation

In 2007, 7,490 people were estimated to be living with HIV in the Philippines, out of which 1,788 (23%) were women.\(^\text{101}\) An average of 29 new HIV infection cases were reported per month in 2007.\(^\text{102}\) The national HIV prevalence among adults remains below 0.1%.\(^\text{103}\) The cumulative number of AIDS cases reached 3,061 and 782 respectively in the 1984-2007 period.\(^\text{104}\) Currently, a total of 336 patients receive free ARV treatment.\(^\text{105}\) HIV prevalence among most-at-risk populations, including injecting drug users (IDUs), female sex workers (FSWs) and their clients, and men who have sex with men (MSM), is low at 0.08%.\(^\text{106}\) Unprotected sex remains the most common mode of HIV transmission (88%).\(^\text{107}\) In the 2007 Integrated HIV Behaviour Serologic Studies conducted in 10 sentinel sites, 48% of IDUs reported using sterile injecting equipment the last time they injected.\(^\text{108}\) The same year, 48% of interviewed FSWs, 49% of MSM, 27% of male IDUs and 65% of male clients of FSWs were reported to have had more than one sexual partner and to have used a condom during their last sexual intercourse.\(^\text{109}\)

In relation to HIV and mobility, approximately 35% of the total reported HIV infection cases were among overseas Filipino workers (OFWs).\(^\text{110}\) By the end of 2007, 33% of the sero-positive cases among OFWs were seafarers and 17% were domestic workers.\(^\text{111}\) 74% of them were male\(^\text{112}\) and 94% of them acquired HIV through unprotected sexual contact.\(^\text{113}\)

National HIV programme and response

In 2005, the Philippines launched its 4th AIDS Medium Term Plan, a road map for the national HIV response from 2005-2010. The Plan includes a new push to expand universal access to HIV prevention, care and treatment among highly vulnerable groups, including FSWs and their clients, IDUs, MSM, and OFWs.

The national strategy against HIV includes mobilizing and involving all sectors including the Catholic Church, continuing implementation of surveillance and research systems on the HIV epidemic, and focusing on local HIV interventions.\(^\text{114}\) Now, 32 public VCT centres are available with trained staff. Full implementation of the AIDS component of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has boosted the country’s prevention, treatment and care programmes. Generic ARV drugs are provided free of charge to adults and children living with HIV. The expansion of GFATM support has broadened service coverage to the poor and people most likely to be exposed to HIV. Through UNICEF, the Filipino Government has procured 20 million (about USD 400,000) of additional ARV for opportunistic infections and diagnostic reagents. Challenges remain in assuring continuum of prevention and care interventions in a decentralized setting and in having enough well-trained personnel despite the ongoing “brain-drain” in the health sector.\(^\text{115}\)

HIV prevention and education have long been mandatory for overseas workers. The Philippines HIV/AIDS Prevention and Control Act of 1998 outlines the need to provide HIV/AIDS education for overseas workers and gives guidelines for voluntary HIV testing. Foreign Service Officers receive training from the Foreign Service Institute in collaboration with the career development arm of the Department of Foreign Affairs (DFA), the Office of the Undersecretary for Migrant Workers Affairs of DFA and the Overseas Workers Welfare Administration.\(^\text{116}\) In addition, the Positive Response: Guidebook on Handling Migration and HIV/AIDS Issues for Foreign Service Personnel has been developed and made available in all 89 foreign posts along with a 33-minute HIV awareness video for OFWs.\(^\text{117}\)

Most receiving countries require departing migrants to undergo mandatory HIV testing. Despite this, the government-mandated pre-departure seminars do not always deliver accurate health information and quality HIV counseling and testing services. Overseas workers must undergo a medical examination after the recruitment agency – or the destination country employer – interview and pre-qualify them.\(^\text{118}\) Tests for HIV TB and pregnancy are also mandatory. Some destination countries require overseas workers to go through another round of medical tests upon arrival. The AIDS Law in the Philippines guarantees confidentiality of HIV test results, but test results including HIV are sent directly to the recruitment agency.\(^\text{119}\)

By 2010, the 4th AIDS Medium-Term Plan aims to provide all migrants with access to improved HIV prevention and information services, information and referral sites in destination countries, reintegration programmes, and testing centres with quality assurance surveys and strategies. Pre-departure and post-arrival prevention and care programmes need to be further developed.

Migration patterns

International migration is an integral part of the Government’s poverty alleviation programme. The Philippine Overseas Employment Administration reports that in 2006, 1,092,055 Filipinos were employed abroad, 24% of them sea-based.\(^\text{120}\) This is a 10% increase compared to 2005.\(^\text{121}\) There are an estimated 3.6 million contract workers overseas at any point in time working in more than 160 countries, with an additional 1.3 million undocumented Filipinos working abroad.\(^\text{122}\) The Philippines received an estimated USD 12.8 billion in remittances in 2006.\(^\text{123}\)

The Philippines is a source country for trafficked men, women and children to Saudi Arabia, Kuwait, the United Arab Emirates, Qatar, Bahrain, Malaysia, Hong Kong, Singapore, Japan, South Africa, North America, and Europe.\(^\text{124}\) Trafficking rings also operate internally with people trafficked from rural areas, such as Visayas and Mindanao, to urban centres.\(^\text{125}\)

UNHCR reports 100 refugees and 40 asylum seekers present in the Philippines in 2005.\(^\text{126}\) The Internal Displacement Monitoring Centre estimates that 91,905 people were internally displaced during 2006.\(^\text{127}\) The southern island of Mindanao witnessed the most displacement.\(^\text{128}\)

Little is known about HIV infection rates and vulnerability among internally displaced persons, asylum seekers and refugees. Recently, the Philippines Senate proposed a bill, improving the country’s commitment to Human Rights Protection and Promotion by Providing the Necessary Mechanisms for the Prevention of the Occurrence and Protection from the Adverse Effects of Internal Displacement and for Other Purposes (Internal Displacement Act of 2006), with health provisions for internally displaced persons with a focus on women’s reproductive health.\(^\text{129}\) However, the bill does not ensure HIV prevention, care, treatment and support for them.

HIV response for migrant populations: Gaps and opportunities

In 2007, the Philippines renewed its commitment to increase access to improved HIV prevention and information services for overseas workers through its 4th AIDS Medium Term Plan. Moreover, the GFATM guarantees expanded prevention, treatment, care and support services for migrants (before departure and upon return).

To fully address HIV vulnerabilities among OFWs, quality comprehensive pre-departure, post-arrival and reintegration programmes need to be strengthened. The new counseling referral programme for Filipino migrants testing HIV positive oversees needs to be expanded in the Philippines and replicated in other countries. Strengthening surveillance and gender-sensitive data collection mechanisms is crucial to develop strategic HIV prevention, care and treatment services for mobile populations.

The Philippines


\(^{102}\) Ibid, p. 4

\(^{103}\) Ibid, p. 19

\(^{104}\) Ibid, p. 32

\(^{105}\) Ibid, p. 4

\(^{106}\) Ibid, p. 15

\(^{107}\) Ibid, p. 14

\(^{108}\) Ibid, p. 18

\(^{109}\) HIV Vulnerability Faced by Woman Migrant Workers - From Asia to the Middle East, Philippine Research Report To be published in 2008 by Actibien in partnership with UNFPA

\(^{110}\) Ibid

\(^{111}\) Ibid, p. 227

\(^{112}\) Ibid

\(^{113}\) Ibid

\(^{114}\) UNICEF, 4th AIDS Medium Term Plan (MTP) Philippines

\(^{115}\) UNAIDS, Country Situation Analysis, Philippines

\(^{116}\) PNAC, p. 37

\(^{117}\) Ibid, p. 87

\(^{118}\) Ibid, p. 81

\(^{119}\) Ibid

\(^{120}\) Ibid, p. 227

\(^{121}\) Ibid

\(^{122}\) Ibid

\(^{123}\) Ibid

\(^{124}\) The Internal Displacement Monitoring Centre, Internal Displacement in the Philippines (Country Profile), January 2007

\(^{125}\) Ibid

\(^{126}\) Philippine Senate, Senate Bill No 2548, An Act Improving Philippine Commitment to Human Rights Protection and Promotion by Providing the Necessary Mechanisms for the Prevention of the Occurrence and Protection from the Adverse Effects of Internal Displacement and for Other Purposes (Internal Displacement Act of 2006), with health provisions for internally displaced persons with a focus on women’s reproductive health

\(^{127}\) Ibid

\(^{128}\) Ibid
Singapore

Overview:

Health and HIV situation

At the end of 2007, the cumulative number of known HIV-positive Singaporeans was 3,224, up from 2,075 in 2003. In 2006, 357 newly diagnosed HIV infection cases were recorded compared to 317 in 2005. The prevalence of known HIV cases in the resident population (aged 15 and above) was 0.07% and for pregnant women 0.05%. The male population is most affected by the virus.

Out of the above-quoted 3,224 cumulative HIV cases, 89% were among men, 69% acquired HIV through heterosexual transmission, and 24% contracted HIV through homosexual or bisexual contact. In the same period, only 2% of all HIV infection cases occurred through injecting drug use.

In the first six months of 2007, 76% of all diagnosed HIV cases were detected during medical care and 12% through voluntary HIV screening.

At-risk groups mainly include female sex workers and men having unprotected sex with multiple partners, including men who have sex with men.

National HIV programme and response

The Singapore National AIDS Control Programme includes a broad range of strategies to address HIV, public education, legislation; blood supply screening, counseling and care for people living with HIV/AIDS; contact tracing and tracking; surveillance among high-risk behaviour groups; and training of medical personnel.

Both government and non-government stakeholders are engaged in the HIV response, including the Ministry of Health, a multi-sectoral National HIV/AIDS Policy Committee, civil society groups such as Action For AIDS (AFA) and the Association for Women and Action (AWARE), and the private sector.

Education is provided to both the general population and to those at high risk of HIV infection. Special education programmes are carried out for sex workers to educate them on STIs, particularly HIV, and their modes of transmission, and to strongly promote condom use. Educational messages on STIs, including the use of condoms, also target men who have sex with men and high-risk heterosexual men.

The Health Promotion Board of Singapore (a Statutory Board under the Ministry of Health) carries out various prevention and education activities to promote HIV/AIDS awareness among migrant workers. These include distributing information materials in various languages to foreign workers and holding group discussions and Q&A sessions. In addition, the AIDS business Alliance of Singapore has launched the Rallying Employers to Support the Prevention, Education and Control of STI and HIV/AIDS (RESPPECT) in 2006 to raise awareness on HIV issues among workers and to fight discrimination against HIV-positive people in the workplace.

In 2000, the Ministry of Health issued a new directive making mandatory HIV testing part of the health examination for prospective migrants applying for a work permit who have obtained in-principle approval for employment. Those tested HIV-positive are not granted employment passes and if identified HIV-positive in Singapore they are repatriated.

HIV response for migrant populations: Gaps and opportunities

Singapore’s policies and interventions do not specifically target migrant and mobile populations. Migrants have access to the same HIV prevention programmes, VCT and treatment services that are available to the general population. There are also HIV prevention and education programmes that reach out to migrants, with plans to continue their expansion.

Strengthening HIV data collection mechanisms and surveillance systems with gender-based approaches and increasing access to referral services in Singapore remain an important condition to strategically address HIV risks and vulnerabilities among migrant workers.
Overview:

Health and HIV situation

The implementation of national strategic HIV interventions in Thailand since the late 1990s, including the 100% Comdom Programme and the increased provision of care and treatment services for people living with HIV/AIDS (PLWHA), has led to a decline in HIV infection rates in Thailand. Estimates of the number of new infections for 2007 reached 13,936, and is projected to decline to 10,097 by 2011, which would result in the decline of the total cumulative number of PLWHA from 546,578 in 2007 to 481,770 by 2011. In 2007, 52.9% of reported adults and children with advanced HIV infection received ART compared to 41% in 2006. Despite encouraging efforts that reduced new HIV infections, the country still faces a generalized epidemic with a 1.4% HIV prevalence rate. New HIV infection patterns, especially among women in stable relationships who are infected by their long-term partners or their sexual partners, have been of concern. In 2005, an estimated 37% of women newly infected with HIV contracted HIV through sexual contact with their male partner, 80% of whom acquired HIV through paid sex.

In addition, a 2007 survey of the Bureau of Epidemiology showed a high HIV prevalence rate among men who have sex with men (MSM) from 18.9% in 2005 to 27% in 2007. Injecting drug use and the sharing of injecting equipment also remains a source of concern with an estimated 27.8% of injecting drug users (IDUs) being HIV positive in 2006.

National HIV programme and response

In 2004, the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation (2007–2011), developed through a broadly consultative and inclusive national process, aims to increase HIV prevention efforts, improving the lives of PLWHA, and fighting stigma and discrimination. The Plan also aims to integrate AIDS prevention and alleviation strategies into organizations at all levels, to promote a multi-stakeholder approach in addressing the epidemic and to integrate prevention, care and treatment for all targeted population groups. Target groups include husbands and wives or discordant couples, MSM, sex workers and their clients, drug users, children and adolescents, and other groups such as migrant workers.

Thailand has successfully expanded access to HIV care, treatment and support services for PLWHA and their families. ART has been included in the National Health Security Scheme and the Government issued two compulsory licenses for anti-retroviral drugs. ART coverage now reaches more than two thirds of those in need.

Thailand is a leading country in the region in recognizing the importance of migrant workers’ access to health. The migrant health strategy developed jointly by the Thai Government and civil society focuses mainly on health promotion, prevention, treatment and care among migrants, as well as universal access to health, and the participation of migrants and communities in national responses to HIV. In addition, the Government signed an agreement for the Better Border Health Programme to provide health care, including HIV and AIDS prevention and treatment services to anyone living at the Thai borders, including Thais, migrants, stateless people and ethnic minorities. However, HIV prevention measures for documented and undocumented migrants and mobile populations remain to be strengthened.

Migrants registering for a work permit in Thailand must undergo a health examination, but HIV testing is not mandatory, as stipulated in Thailand’s National Code of Practice on Prevention and Management of HIV/AIDS in the Workplace (January 2005). If found unfit, migrant workers may lose their work permit and face deportation.

Registered migrants who pass the health examination are included in the national 30-baht health insurance scheme, with health services available at a subsidized cost and assignment of a health provider. ART is not available to migrants at subsidized cost, often making the therapy financially inaccessible to them. Stigma, discrimination and fear of arrest, especially among undocumented migrants, remain additional hindrances to migrants’ access to health services.

Displaced persons from Myanmar, housed in 9 border camps at the Thai borders, are believed to receive health care. In 2007 they started to benefit from HIV prevention, care and treatment services from a government-mandated programmes funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Migration patterns

Thailand is a major destination country for migrant workers due to its booming economy. The International Organization for Migration (IOM) reports that approximately 1.2 million workers from Cambodia, Lao PDR and Myanmar registered for a work permit with the Ministry of Labour in 2004. Of these migrants, 75% were from Myanmar, 12% from Lao PDR and 13% from Cambodia.

Undocumented migration remains a source of concern in Thailand with an estimated total number of 2.5 million (including dependents). To address irregular migration, the Ministry of Interior registered 1,280,000 workers from neighbouring countries in July 2004. The Thai Government has initiated regional cooperation talks on labour migration management with neighbouring countries. It has also engaged in bilateral agreements with neighbouring countries Cambodia, Lao PDR and Myanmar, resulting in an elaborate system of temporary employment.

Thailand is also a sending country of late 1990s, including migrant workers, primarily to East and South-East Asia and to the Middle East. More than half of Thai migrant workers abroad have been employed in Taiwan. Remittances from overseas Thai migrant workers may amount to USD 1.5 billion per year.

Thailand has a significant number of displaced persons with approximately 135,000 residents in camps. Trafficking is also an issue in Thailand, which is a source, transit and destination country for trafficked persons. Large cross-border migration from Myanmar and Cambodia to Thailand poses numerous HIV prevention, care and treatment challenges. In 2001, a surveillance sample among Burmese migrants estimated that 1.4 percent (316 individuals) tested positive for HIV in Samut Sakhorn Province. In another study, HIV infection rates of 4.3% among migrant women at ANC were found to be higher than for Thai women (2%). IOM, in cooperation with the Ministry of Health is developing a comprehensive national surveillance system to monitor and evaluate HIV infection rates among migrants and mobile populations in the country.

HIV response for migrant populations: Gaps and opportunities

The accessibility of HIV prevention and care services, and current efforts to include treatment for migrants and mobile populations is a leading example in the region that should be replicated.

Current efforts from various stakeholders (Ministry of Health, civil society organizations, etc) should be strengthened to expand coverage, including providing health service delivery in a language understood by migrants. Culturally sensitive and linguistically appropriate prevention materials and behaviour-change communication programming remain to be fully scaled up, as do peer education programmes to enhance access to health and HIV services among migrants and mobile populations.

Thailand
Viet Nam

Overview:

Health and HIV situation

It is estimated that there were 931,000 people living with HIV in Viet Nam in 2007.120 The national HIV prevalence among the general population is estimated at 0.53%.121 Cumulative reported data has indicated that there were 132,628 HIV infection cases, 24,828 AIDS cases and 15,007 deaths due to AIDS as of 31 August 2007.122 Out of all reported HIV infection cases, 78.9% are in the 20-39 age group and 85.2% were among men.123 There are concerns that HIV infections among young people are on the rise as well as HIV transmission through heterosexual contact.124

Viet Nam currently experiences a concentrated epidemic with at-risk populations including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM).125

The national HIV prevalence rate among IDUs has been estimated at 28.6%, and at 4.4% for FSWs.126 In 2006, the HIV prevalence rate among MSM was 9.4% in Ha Noi and 5.3% in Ho Chi Minh City.127

Studies show that IDUs have engaged in unprotected sex with different partners, including FSWs. Unprotected sex between IDUs and FSWs reached 55% in An Giang and 54.8% in Ho Chi Minh City.128 The rate of condom use between street FSWs and their clients was low at 37%, and condom use among MSM remains also low.129 There are concerns on the high rate of FSWs injecting drugs.

The Ministry of Health of Viet Nam has estimated that 72,970 people living with HIV will need to receive ARV treatment by 2010.130

National HIV and response to HIV/AIDS, the National Strategy on HIV/AIDS Prevention and Control in Viet Nam up to 2010 with a Vision to 2020, sets clear strategies and ambitious goals to control the spread of HIV. It uses a comprehensive set of prevention, care and treatment interventions, harm reduction programmes, and provisions for access to ARV treatment for people living with HIV/AIDS (PLWH). High risk groups, such as injecting drug users and sex workers are the National Strategy’s main targets.

The National Strategy’s goals include: integrating HIV/AIDS prevention and control into local social economic development plans across the country; reaching out to people with HIV prevention activities in rural, urban and mountainous areas; implementing a comprehensive intervention programme to control HIV transmission from high-risk groups to the general population. It also ensures care and appropriate treatment for PLWH so that 90% of HIV/AIDS adults, 100% HIV/AIDS children, and 100% of all HIV/AIDS infected or affected children receive appropriate care, treatment and counseling services. The strategy also aims to provide 70% of AIDS patients with ARV treatment and to improve the surveillance, monitoring and evaluation systems for HIV/AIDS prevention and control.131

In addition, the condom promotion programme has been implemented in 314 out of 639 districts, in 58 provinces and cities in the North, South, Central and Central Highlands for IDUs and sex workers.132 In 2006, 228 sites provided VCT compared to 157 in 2005.133

Migration patterns

Viet Nam is a major sending country of migrant workers to South-East and East Asia with Malaysia and Taiwan the top destination countries. The Ministry of Labour, War Invalids and Social Affairs (MOLISA) estimates that 400,000 Vietnamese workers were abroad by mid 2006.134 There were 37,941 reported migrant workers in Malaysia in 2006 compared to 24,605 in 2005, and 22,784 migrants employed in Taiwan in 2005 compared to 14,127 in 2006.135 To a lesser extent, Vietnamese migrant workers are employed in the Republic of Korea, Japan and in the Gulf countries. Estimates from MOLISA refer to officially deployed migrant workers; however many have moved to bordering Cambodia, Lao PDR and China without going through official channels. Although there is lack of reliable data on the number of Vietnamese workers in Cambodia, Laos and China, it is estimated at least there are 150,000 of them there. As in the Philippines, migration in Viet Nam is considered a socioeconomic strategy to alleviate poverty. Recent estimates show that remittances from Vietnamese migrant workers amounted to USD 6.62 billion in 2006 and are expected to exceed USD 7.5 billion in 2008.136

Viet Nam has become a source and destination country for trafficked men, women and children.137 Women and children are trafficked to Cambodia, China, Thailand, Hong Kong, Macau, Malaysia, Taiwan, the United Kingdom and the Czech Republic for sexual exploitation.138 Vietnamese women and children may also be trafficked to Taiwan, China, the Republic of Korea and the Philippines. Although substantive information on its scope and health risks is lacking, the migration phenomenon of Vietnamese brides to the Republic of Korea and Taiwan raises trafficking, abuse and HIV vulnerability concerns.

Thousands of Vietnamese refugees are abroad and internal displacement remains an issue. UNHCR estimates that there were 374,000 Vietnamese refugees as of January 2007, one of the highest recorded worldwide.139

HIV response for migrant populations: gaps and opportunities

HIV and mobility issues have been recognized in Viet Nam, but provisions on pre-departure HIV prevention, care, treatment, support, counseling and VCT services for migrants and mobile populations are lacking. Migrants and mobile populations have been included in the National Strategy, but specific HIV interventions among this group remain to be developed. Greater national efforts to mainstream HIV/AIDS interventions among migrants and mobile populations are needed.

Quality pre-departure HIV information and prevention, counseling, and referral services remain to be put in place. Referral services for migrants, and provision of HIV prevention, care and treatment, are also needed for returning migrants.

As in the majority of ASEAN countries, expanding comprehensive gender-based data collection and surveillance systems on HIV infection rates and risk behaviours in migrants and mobile populations is an important precon- dition to strategically target this vulnerable group with effective HIV/AIDS programmes.140

Viet Nam's Labor Law stipulates that Vietnamese employment agents should provide migrant workers with orientation prior to their departure. Mandatory testing including HIV testing are required as requested by receiving countries. No pre- or post-test counseling is ensured however.

Out of 639 districts, in 58 provinces and cities and in Centres for Treatment, Education and Social Support for IDUs and sex workers,141 Vietnam has 70 government-mandated hospitals that provide health testing and issue health certificates for migrants.142

In 2006, 228 sites provided VCT compared to 157 in 2005.143

Vietnamese migrant workers have no access to health information in destination countries, mainly due to language barriers and lack of information. Migrants returning with HIV or TB face discrimination. No medical, social and financial services are in place to help them reintegrate. The issue of referral services for migrants who test HIV positive abroad still remains to be addressed.

Quality pre-departure HIV information and prevention, counseling, and referral services remain to be put in place. Referral services for migrants, and provision of HIV prevention, care and treatment, are also needed for returning migrants.

As in the majority of ASEAN countries, expanding comprehensive gender-based data collection and surveillance systems on HIV infection rates and risk behaviours in migrants and mobile populations is an important precondition to strategically target this vulnerable group with effective HIV/AIDS programmes.
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MALAYSIA Malaysia, Strategic Plan on HIV/AIDS 2006-2010. 2006  
THE PHILIPPINES The Philippine National AIDS Council (PNAC), 4th AIDS Medium Term Plan (AMTP).
Part II: Organizations Engaged in Multi-country HIV and Mobility Programmes in South-East Asia

APN+ — Asia-Pacific Network of People Living with HIV
ASEAN Secretariat — Association of Southeast Asian Nations Secretariat
CARAM — Coordination of Action Research on AIDS and Mobility
CARE International (Viet Nam)
CSEARHAP — Canada South East Asia Regional HIV/AIDS Programme
PHI — Family Health International
ILO — International Labour Organization
IOM — International Organization for Migration
IRC — The International Rescue Committee – Thailand
MFA — Migrant Forum Asia
PDA — Population and Community Development Association
PSI — Population Services International – Lao PDR
Raks Thai Foundation
The Rockefeller Foundation
SEAMEO TROPMED — Southeast Asia Ministers of Education Organization – Tropical Medicine and Public Health Network
TUC — Thailand Ministry of Public Health (MOPH) – US Citizens
UNAIDS — Joint United Nations Programme on HIV/AIDS
UNDP — United Nations Development Programme
UNESCAP — United Nations Economic and Social Commission for Asia and the Pacific
UNESCO — United Nations Educational, Scientific and Cultural Organization
UNHCR — The Office of the United Nations High Commissioner for Refugees
UNRTF — United Nations Regional Task Force on Mobility and HIV Vulnerability
Reduction in South-East Asia and Southern Provinces of China (UNRTF)
**Asia-Pacific Network of People Living with HIV (APN+)**

**Type**
Regional network of NGOs of people living with HIV/AIDS

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**Focus**
Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building; research and surveillance; advocacy; stigma reduction

**Activities**
Organizational development; networking; advocacy; knowledge sharing

**Target**
People living with HIV, governments, bilateral agencies, NGOs

**Coverage**
Asia-Pacific region

**Partners**
UNAIDS, UNDP, Ford Foundation, HIV/AIDS Alliance, Levi Strauss Foundation, Tides Foundation, Constella Futures (USAID), CIDA, 7 Sisters, and groups of people living with HIV

**FUNDING**
Funding
In 2007: Approximately USD 1 million

**Funded by**
UNAIDS, UNDP, Levi Strauss Foundation, Tides Foundation, Constella Futures, Ford Foundation and others

**Funded until**
All of 2008

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**Association of Southeast Asian Nations (ASEAN) Secretariat**

**Type**
Inter-governmental organization

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**Title**
Third ASEAN Work Programme on HIV and AIDS

**Duration**
2006-2010

**Focus**
Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building; research and surveillance; monitoring and evaluation

**Activities**
Leadership development; gaps, strengths and emerging issues; integration of HIV in development priorities; non-programme strategies; monitoring and evaluation

**Coverage**
All ASEAN member countries: Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam

**Partners**
UNAIDS, UNDP, USAID, UNRTF, WHO, Seven Sisters, ILO, IOM

**FUNDING**
Funding
Approximately USD 1 million

**Funded by**
UNAIDS, UNDP, USAID

**Funded until**
2008

**PUBLICATIONS AND WEB LINKS**

- Socioeconomic Impacts of and Resource Requirements for HIV and AIDS, 2007
- ASEAN’s Fight Against HIV/AIDS: Success Stories and Future Challenges, 2005
**Coordination of Action Research on AIDS and Mobility (CARAM Asia)**

**Type**
Regional network of NGOs

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**Focus**
Advocacy, education, information and prevention; capacity-building; research and surveillance

**Activities**
Advocacy and rights-based approaches to HIV prevention for migrants

**Target**
Migrant workers and mobile populations

**Coverage**
17 countries in Asia and in the Gulf countries, including Bahrain, Bangladesh, Cambodia, Hong Kong, India, Indonesia, Japan, Jordan, Korea, Malaysia, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Thailand and Viet Nam

**Funding**
In 2007: Approximately USD 1 million

**Funded by**
Main funder: Netherlands Directorate-General for International Cooperation (DGIS)

**Funded until**
End of 2008

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**CARE International (Viet Nam)**

**Type**
International NGO

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**Title**
Can Tho Bridge Project to Health

**Duration**
2 years

**Focus**
Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building (company health staff); community health service providers and peer educators in HIV/AIDS and STDs prevention and treatment; communication and counseling skills to mobile populations and migrant workers; monitoring and evaluation

**Activities**
Condom promotion (social marketing; written and audiovisual information; behaviour change and communication; group information and training; individual counseling and referral; peer education; community mobilization and capacity-building)

**Target**
Migrant workers, female sex workers, construction companies’ management staff, employees and health staff

**Coverage**
Viet Nam

**Partners**
Provincial Department of Health, Provincial AIDS Centre, commune health stations, construction companies and sub-contractors

**Funding**
USD 150,000

**Funded by**
JBIC/Tasei Corporation

**Funded until**
February 2008
### Family Health International (FHI)

**Type** | International NGO
---|---

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E-mail: krittaporn@fhibkk.org, Website: www.fhi.org

**PUBLICATIONS AND WEB LINKS**
Viet Nam - IMPACT Final Report, December 2007  
Cambodia - IMPACT Final Report, December 2007  
Lao PDR - IMPACT Final Report, July 2007

For copies of all reports, please contact: sunee@fhibkk.org

**FHI: PROJECT 1 of 4 INFORMATION (Viet Nam)**

**Title** | Implementing AIDS Prevention and Care Project (IMPACT) – Asia Regional Programme
---|---

**Duration** | September 1997-September 2007

**Focus**
Advocacy, education; information and prevention; treatment, counseling, care and support; capacity-building (VCT, ART, SBC); research and surveillance (Behavioural Surveillance Survey (BSS))

**Activities**
Under IMPACT/Viet Nam, FHI initiated strategic prevention interventions among injecting drug users (IDUs), female sex workers (FSWs), men who have sex with men (MSM) and their clients by establishing drop-in-centres and through community outreach work, peer evaluation, and behaviour communication change.  
As the epidemic advanced and prevention and care needs increased, IMPACT/Viet Nam extended its focus to include:  
- Voluntary counseling and testing (VCT) for HIV;  
- Preventing, diagnosing, and treating sexually transmitted infections (STIs);  
- Clinical management of HIV and TB, including anti-retroviral therapy (ART)  
- Care, support and treatment of people living with HIV/AIDS and their families through the development of the continuum of care model;  
- Support to orphans and vulnerable children (OVC);  
- NGO support and development;  
- Participatory planning and community mobilization at the district, province and national levels;  
- Supporting the Ministry of Health of Viet Nam to develop HIV care and treatment policies, procedures and guidelines.

**Target** | Injecting drug users, sex workers, men who have sex with men and mobile

**Coverage** | Viet Nam

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**CSEARHAP**

**Type** | Bilateral programme (CIDA)
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**PUBLICATIONS AND WEB LINKS**
A list of CSEARHAP publications is available at: www.csearhap.org

**PROJECT/PROGRAMME INFORMATION**

<table>
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**Focus**
Advocacy, education, information and prevention; capacity-building (public sector policy reform; advocacy; national planning; gender mainstreaming; cross-border coordination, regional coordination and programme design; implementation; monitoring; reporting and financial management); research and surveillance (HIV prevention among mobile and migrant populations (MMPs)); health services data collection, analysis and triangulation on MMPs in Thailand; policy self-audits in Cambodia, Lao PDR, Thailand and Viet Nam; monitoring and evaluation

**Activities**
Public sector reform and implementation of the UNRTF's Mobility and HIV Vulnerability Reduction Regional Strategy; policy and advocacy; national planning; capacity development of Mobility Technical Working Groups (MTWGs); national and cross-border demonstration projects; regional coordination and harmonization of activities and resources (financial and non-financial)

**Target**
Multiple sectors involved in HIV prevention including: Governments, civil society, private business, people living with HIV/AIDS, mobile and migrant populations in Cambodia, Lao PDR, Thailand and Viet Nam

**Coverage**
Greater Mekong Sub-region (GMS): Cambodia, Lao PDR, Thailand and Viet Nam

**Partners**
MTWGs in each country and in the GMS, including multiple sectors of the national governments of Cambodia, Lao PDR, Thailand and Viet Nam, and key regional actors in HIV prevention including: UNRTF, UNDP, UNAIDS, UNESCAP, ASEAN Secretariat/AASEAN Task Force on AIDS (ATFOA) focal points, International Red Cross and Red Crescent, USAID, EEC, DFID, FHI, Ford Foundation, IOM, ILO, AIDS Positive Network - APN+, MFA, CARAM, CARE International, Rek Thai Foundation, Equal Access, Health Development Network (HDN), Burnett Institute, Khmer HIV/AIDS NGO Alliance (KHANA), the Rockefeller Foundation, PDA, PSI

**FUNDING**

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<td>Canadian International Development Agency (CIDA)</td>
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<td>30 September 2008</td>
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**Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP)**

**Type** | Bilateral programme (CIDA)
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**Contact Information**
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**PUBLICATIONS AND WEB LINKS**
A list of CSEARHAP publications is available at: www.csearhap.org

**PROJECT/PROGRAMME INFORMATION**

<table>
<thead>
<tr>
<th>Duration</th>
<th>January 2004-December 2008</th>
</tr>
</thead>
</table>

**Focus**
Advocacy, education, information and prevention; capacity-building (public sector policy reform; advocacy; national planning; gender mainstreaming; cross-border coordination, regional coordination and programme design; implementation; monitoring; reporting and financial management); research and surveillance (HIV prevention among mobile and migrant populations (MMPs)); health services data collection, analysis and triangulation on MMPs in Thailand; policy self-audits in Cambodia, Lao PDR, Thailand and Viet Nam; monitoring and evaluation

**Activities**
Public sector reform and implementation of the UNRTF's Mobility and HIV Vulnerability Reduction Regional Strategy; policy and advocacy; national planning; capacity development of Mobility Technical Working Groups (MTWGs); national and cross-border demonstration projects; regional coordination and harmonization of activities and resources (financial and non-financial)

**Target**
Multiple sectors involved in HIV prevention including: Governments, civil society, private business, people living with HIV/AIDS, mobile and migrant populations in Cambodia, Lao PDR, Thailand and Viet Nam

**Coverage**
Greater Mekong Sub-region (GMS): Cambodia, Lao PDR, Thailand and Viet Nam

**Partners**
MTWGs in each country and in the GMS, including multiple sectors of the national governments of Cambodia, Lao PDR, Thailand and Viet Nam, and key regional actors in HIV prevention including: UNRTF, UNDP, UNAIDS, UNESCAP, ASEAN Secretariat/AASEAN Task Force on AIDS (ATFOA) focal points, International Red Cross and Red Crescent, USAID, EEC, DFID, FHI, Ford Foundation, IOM, ILO, AIDS Positive Network - APN+, MFA, CARAM, CARE International, Rek Thai Foundation, Equal Access, Health Development Network (HDN), Burnett Institute, Khmer HIV/AIDS NGO Alliance (KHANA), the Rockefeller Foundation, PDA, PSI

**FUNDING**

<table>
<thead>
<tr>
<th>Funding</th>
<th>USD 6.3 million</th>
</tr>
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<tr>
<td>Funded by</td>
<td>Canadian International Development Agency (CIDA)</td>
</tr>
<tr>
<td>Funded until</td>
<td>30 September 2008</td>
</tr>
</tbody>
</table>
FHI: PROJECT 2 of 4 INFORMATION (Indonesia)

Title: Aksi Stop AIDS (ASA)

Duration: October 2005-September 2008

Focus: Advocacy, information and prevention; treatment, counseling, care and support; capacity-building; research and surveillance, monitoring and evaluation

Activities: To reduce risky behaviours among high-risk groups and the general population in Papua, the programme introduced a packaged approach to deliver STI and HIV/AIDS services through key partnerships and a mix of proven technical interventions. Overall, programme activities have raised demand for prevention services and supplies, increased the quality and coverage of outreach and peer education activities, increased availability of testing, screening, care, treatment and support services, and reduced barriers to accessing those services.

STI and HIV prevention activities to promote risk-reduction and risk-elimination behaviours through an “ABC” approach (ABC refers to Abstinence, Be faithful and use Condoms). HIV prevention among injecting drug users and through strengthened health care-seeking behaviours. STI clinical services provide user-friendly STI diagnosis, testing and treatment, access to VCT and entry into the continuum of care. Care, support and treatment activities are offered to target groups such as People Living With HIV/AIDS (PLWHA) and their families by the Government of Indonesia, NGOs, faith-based Organizations, private clinics and hospitals, and local support groups.

In Papua, where the epidemic is different from the rest of Indonesia, FHI works on health and education programmes for communities and migrant workers in Mimika and its surrounding districts. Many employees of Freeport and its contractors return regularly to their home villages in the Central Highlands. While this enables an efficient spread of the epidemic, it also presents an effective avenue for prevention activities. FHI/Indonesia therefore collaborated with Pelni, the domestic passenger shipping company, to develop Education Communication materials and edutainment videos to be shown on ships for people moving around the province.

Target: Men who have sex with men, female sex workers and their clients, high-risk men, mobile populations, waria (transgender), and injecting drug users

Coverage: Indonesia, Papua Province

Partners: Government and NGOs

Funding: USD 7.9 million

Funded by: USAID

Funded until: 30 September 2007

FHI: PROJECT 3 of 4 INFORMATION (Cambodia)

Title: Implementing AIDS Prevention and Care (IMPACT) Project – Cambodia

Duration: June 1998-September 2007

Focus: Advocacy, education, information and prevention; treatment, counseling, care and support; capacity-building

Activities: The project’s mission was to strengthen Cambodia’s capacity to prevent HIV/AIDS; to provide care, support and treatment; and to mitigate the epidemic’s impact. Programs and activities included:

- Providing technical support to the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) to develop and use strategic information to generate a comprehensive response. This included support for the design, implementation and data analysis of the National HIV Sentinel Surveillance, the Behavioural Surveillance Survey (BSS) and the Sexually Transmitted Infection (STI) Sentinel Surveillance Surveys;
- Developing, implementing and monitoring targeted behaviour-change interventions to reduce the risks and vulnerability of those most susceptible to STIs and HIV, including entertainment workers, uniformed services personnel and men who have sex with men. FHI also carried out STI/HIV prevention and vulnerability reduction interventions for the wives and family members of military personnel;
- Collaborating with the Government and NGOs to strengthen STI service delivery for high-risk populations in the civilian and military health systems;
- Providing technical support and systems for the rapid scale-up of HIV/AIDS care, support and treatment, using the Continuum of Care approach.

Target: Men who have sex with men, female sex workers and their clients, high-risk men, mobile populations, waria (transgender), and injecting drug users

Coverage: Cambodia

Partners: Government and NGOs

Funding: USD 19 million

Funded by: USAID

Funded until: 30 September 2007
The project focused on:

• Providing technical assessments;
• Strengthening second-generation surveillance capacity and data use;
• Implementing comprehensive Behaviour Communication for Change (BCC) and STI control programme for sex workers and their clients;
• Setting up a pilot project for STI control and outreach in Luang Prabang;
• Conducting research on Lao-Thai migration and HIV risk and providing BCC, STI and VCT intervention among migrant populations;
• Expanding the Wellness Centres model and sex workers outreach for STI and VCT services;
• Increasing capacity of government partners on the use of surveillance data, use of outcome data for programme implementation and quality assurance, programme and financial management, and provision of quality Strategic Behavioural Communication (SBC) and STI services;
• Strengthening capacity of NGOs as implementing agencies to conduct HIV interventions and to advocate for prevention among vulnerable groups in targeted sites.

Target

Sex workers and their clients and mobile populations

Coverage

Lao PDR

Funding

USD 2.2 million

Funded by

USAID

Funded until

30 September 2007

International Labour Organization (ILO)

Type

United Nations organization

Contact Information

Mr. Eric S. Carlson, Technical Specialist on HIV/AIDS and the World of Work for East Asia, South-East Asia and the Pacific Subregion
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Tel: +66 (0) 2 288 1765, Fax: +66 (0) 2 288 3060
Email: carlson@ilo.org, Website: www.ilo.org/public/english/region/asro/mdtbangkok/index.htm

Publications and Web Links

Publications to be released in 2008:
Mandatory HIV Testing for Employment of Migrant Workers in 8 Countries of Southeast Asia: An Analysis of National Law and International Practice
ILO/UNICEF Joint Assessment of HIV Vulnerabilities of Migrant Children Involved in the Worst Forms of Child Labour in Thailand
International Organization for Migration (IOM)

Type
Inter-governmental organization

Contact Information
Dr. Nenette Motus, Regional Migration Health Manager
Address: IOM Regional Office for South East Asia, 18th Floor Rajanakarn Building, 183 South Sathorn Road, Bangrak, Bangkok 10120, Thailand
Tel: +66 (0) 2 343 9300, Fax: +66 (0) 2 343 9399
E-mail: nmotus@iom.int, Website: www.iom-seasia.org

Activities
Empowering migrant women affected by violence, including HIV prevention, care, counseling and support.

Partners
Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

Target
Migrant women

Focus
Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation

Activities
Supporting the return and reintegration of trafficked women, including HIV prevention, care, counseling and support

Target
 Trafficked women

Coverage
Viet Nam

Partners
Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

Duration
2008

Funding
90,000 Euros (approximately USD 135,000)

Fund by
European Union (EU)

Funded until
June 2009

IOM: PROJECT 2 of 13 INFORMATION

Title
Comprehensive Return and Reintegration Through Partnership and Collaboration — Viet Nam

Duration
2008

Focus
Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation

Activities
Supporting the return and reintegration of trafficked women, including HIV prevention, care, counseling and support

Target
 Trafficked women

Coverage
Viet Nam

Partners
Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

Funding
USD 250,000

Fund by
US Department of State

Funded until
December 2008

IOM: PROJECT 3 of 13 INFORMATION

Title
HIV/STI Data Triangulation Project — Thailand

Duration
2007-2008

Focus
Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation

Activities
Triangulation of behaviour data, local epidemiologic data and mapping of responses for future improvement on data collection and programmatic response

Funding
USD 250,000

Fund by
US Department of State

Funded until
December 2008
<table>
<thead>
<tr>
<th>Title</th>
<th>Malaria, TB and HIV/AIDS Prevention, Diagnosis and Treatment or Care and Support for Migrants and Migration-impacted Communities in the Mon State — Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>May 1, 2007 to April 30, 2008 with possible two-year extension</td>
</tr>
<tr>
<td>Focus</td>
<td>Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation</td>
</tr>
<tr>
<td>Activities</td>
<td>Preventing HIV infections and AIDS by building the resilience of selected migration source communities and improving access to free testing, care and support for infected patients and their families. Activities: community-based, participatory HIV awareness raising; Voluntary Confidential Counseling and Testing (VCCT); home-based care and support; opportunistic infections treatment and ARV drugs (still in pilot)</td>
</tr>
<tr>
<td>Target</td>
<td>Source communities, out-going and in-coming migrants in 75 villages of the Mon state, Myanmar</td>
</tr>
<tr>
<td>Coverage</td>
<td>75 villages in 6 townships of the Mon State, Myanmar</td>
</tr>
<tr>
<td>Partners</td>
<td>Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations</td>
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</table>

**IOM: PROJECT 5 of 13 INFORMATION**

<table>
<thead>
<tr>
<th>Title</th>
<th>Programme Review and Database Compilation on Experience with HIV Prevention Activities and the Infrastructure Sector — Viet Nam</th>
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</thead>
<tbody>
<tr>
<td>Duration</td>
<td>2007-June 2008</td>
</tr>
<tr>
<td>Focus</td>
<td>Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation</td>
</tr>
<tr>
<td>Activities</td>
<td>Collection and compilation of relevant materials and activities in preventing HIV alongside infrastructure projects</td>
</tr>
<tr>
<td>Target</td>
<td>Infrastructure Project implementers as well as migrant workers and communities affected by infrastructure development projects</td>
</tr>
<tr>
<td>Coverage</td>
<td>Greater Mekong Subregion - Cambodia, China, Lao PDR, Myanmar, Viet Nam</td>
</tr>
<tr>
<td>Partners</td>
<td>Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations</td>
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</table>

**IOM: PROJECT 6 of 13 INFORMATION**

<table>
<thead>
<tr>
<th>Title</th>
<th>Health Assessment Programme for Refugees (for host country resettlement), Regular and Irregular Migrants including Trafficked Persons — Cambodia, Indonesia, Thailand and Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>Ongoing, no timeline</td>
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</table>

**FUNDING**

<table>
<thead>
<tr>
<th>IOM: PROJECT 4 of 13 INFORMATION</th>
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<tr>
<td><strong>Funding</strong></td>
<td>USD 76,000</td>
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<tr>
<td><strong>Funded by</strong></td>
<td>UNAIDS, CSEARHAP</td>
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<td><strong>Funded until</strong></td>
<td>July 2008</td>
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<tr>
<th>IOM: PROJECT 5 of 13 INFORMATION</th>
<th>Funding</th>
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<tbody>
<tr>
<td><strong>Funding</strong></td>
<td>USD 120,000</td>
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<td><strong>Funded by</strong></td>
<td>ADB</td>
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<tr>
<td><strong>Funded until</strong></td>
<td>June 2008</td>
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</table>

<table>
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<tr>
<th>IOM: PROJECT 6 of 13 INFORMATION</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding</strong></td>
<td>USD 657,000 for the HIV component alone (Total project funding: USD 1.06 million)</td>
</tr>
</tbody>
</table>

**Target**
- Government health counterparts, mobile and migrant populations and Thais in host communities
- 10 provinces in Thailand along Cambodian, Myanmar and Lao borders
- IOM, CSEARHAP, UNAIDS, Thailand Ministry of Public Health

**Coverage**
- 10 provinces in Thailand along Cambodian, Myanmar and Lao borders

**Partners**
- IOM, CSEARHAP, UNAIDS, Thailand Ministry of Public Health

**Funded by**
- The 3 Diseases Fund, the Swiss Agency for Development and Cooperation (SDC), UNICEF (in kind contribution for the malaria component)

**Funded until**
- 30 April, 2007, with an expected two-year extension

**Duration**
- May 1, 2007 to April 30, 2008 with possible two-year extension

Focus

Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation.

Activities

Travel advice and health assessments of refugees bound for resettlement countries; and health processing for migrants and trafficked persons (voluntary testing; pre- and post-testing; HIV education and information dissemination; health promotion and education).

Target

Refugees, host-country governments, irregular migrants, trafficked persons

Coverage

Cambodia, Indonesia, Thailand and Viet Nam

Partners

Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations.

FUNDING

Funded by Self-payers, host countries

Funded until Ongoing

IOM: PROJECT 7 of 13 INFORMATION

Title

Capacity-building for HIV/AIDS Prevention and Care for Migration affected Communities in the Mon State — Myanmar

Duration

2006-2008

Focus

Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation.

Activities

Building up local capacity by establishing community-based mechanisms to prevent and mitigate the impact of HIV/AIDS in mobility-affected areas.

Target

Out-going and in-coming migrants in 20 villages of the Mon state, Myanmar

Coverage

20 villages in 2 townships of Mon State, Myanmar

Partners

Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations.

FUNDING

Funding USD 15,000

Funded by UNAIDS

Funded until 2008

IOM: PROJECT 8 of 13 INFORMATION

Title

Adapting IEC Materials for HIV Prevention in Infrastructure Projects: Using the IOM Safe Mobility and HIV/AIDS Video and Life-Skills Activity Package (pilot project) — Viet Nam

Duration

2007-2008

Focus

Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation.

Activities

Develop animated film series to prevent HIV in migrants and communities affected by road construction and mobility.

Target

Migrant workers

Coverage

Viet Nam

Partners

Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations.

FUNDING

Funding USD 600,000

Funded by UNDP, Government of Switzerland, others

Funded until 2008

IOM: PROJECT 9 of 13 INFORMATION

Title

Sexual Violence Against Migrant Women— Viet Nam

Duration

Ongoing

Focus

Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation.

Target

Out-going and in-coming migrants in 20 villages of the Mon state, Myanmar

Coverage

20 villages in 2 townships of Mon State, Myanmar

Partners

Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations.
<table>
<thead>
<tr>
<th><strong>Activities</strong></th>
<th>Research on violence against migrant women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target</strong></td>
<td>Migrant women</td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
<td>Viet Nam</td>
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<tr>
<td><strong>Partners</strong></td>
<td>Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations</td>
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</tbody>
</table>

**FUNDING**
- **Funding** USD 30,000
- **Funded by** CSIH, New Zealand Embassy in Viet Nam, IOM
- **Funded until** 2008

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**IOM: PROJECT 10 of 13 INFORMATION**
**Title** Social Network Development of Trafficked Women — Viet Nam
**Duration** 2005-2007 (While the project is over, IOM still provides support to the self-help groups that have been created through the project. A similar project model is expected to be used to set up self-help groups in the provincial towns of Lao Cai and An Giang.)
**Focus** Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
**Activities** Support trafficked women by developing self-help groups, and by providing prevention, care, psycho-social support and training on counseling and facilitation. Beneficiaries included women living with HIV
**Target** Trafficked women
**Coverage** Hanoi, Viet Nam
**Partners** Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

**FUNDING**
- **Funding** USD 300,000 Euros (Approximately USD 450,000)
- **Funded by** Government of the Netherlands
- **Funded until** Completed in July 2007; no donors as yet. Currently undergoing active resource mobilization for phase 2 (training and dissemination)

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**IOM: PROJECT 11 of 13 INFORMATION**
**Title** Safe Mobility and HIV and AIDS Video and Life Skills Package for Migrants and Populations affected by HIV in the Greater Mekong Subregion (GMS)
**Duration** November 2005- July 2007 (completed), draft in progress for phase 2 (training and dissemination)
**Focus** Education, information and prevention; treatment, counseling, care and support; Capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff Capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
**Activities** Develop an Information and Education Communication (IEC) tool for use by governments and NGOs, and create animated video, facilitator and training manuals focusing on HIV/AIDS prevention and safe mobility in five GMS languages (Khmer, Lao, Burmese, Thai and Vietnamese).
**Target** Target groups: government agencies, NGOs working with migrants, mass organizations
**Coverage** Cambodia, Lao PDR, Myanmar, Viet Nam and Thailand
**Partners** Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

**FUNDING**
- **Funding** 300,000 Euros (Approximately USD 450,000)
- **Funded by** Government of the Netherlands
- **Funded until** Completed in July 2007; no donors as yet. Currently undergoing active resource mobilization for phase 2 (training and dissemination)

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**IOM: PROJECT 12 of 13 INFORMATION**
**Title** Research – Mandatory Testing for Employment of Migrant Workers in 8 Countries in South East Asia – An Analysis of National Law and International Practice (IOM and ILO)
**Duration** 2007-2008
**Focus** Education, information and prevention; treatment, counseling, care and support; capacity-building with government health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation
### Activities
An analysis of national laws and international practices on mandatory testing for HIV/AIDS

### Target
Governments in eight South-East Asian countries

### Coverage
Cambodia, Indonesia, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam

### Partners
Government health authorities in Cambodia, Lao PDR, Myanmar, Thailand (Ministry of Public Health) and Viet Nam, CSEARHAP, ILO, WHO, UNAIDS, NGOs working with migrants, mass organizations

### International Rescue Committee (IRC)

#### Title
Adapting Education and Behavior Change Campaigns for HIV Prevention in the Infrastructure Sector — Lao PDR

#### Duration
2008

#### Focus
Education, information and prevention; treatment, counseling, care and support; capacity-building with government transportation and health counterparts, NGO partners, community leaders focusing on community and basic health staff, capacity-building for prevention, voluntary testing, pre- and post-test counseling and home-base care, training for government doctors on opportunistic infections, treatment and ARV drugs; research and surveillance; monitoring and evaluation

#### Activities
HIV prevention in infrastructure development settings

#### Target
Migrant workers and construction project workers working on road construction project, including impacted communities

#### Coverage
Lao PDR

#### Partners
Ministry of Public Works and Transport (MPWT), Ministry of Health - Center for HIV/AIDS and STIs (CHAS), Ministry of Information and Culture, provincial government authorities, non-governmental and mass organizations, UNAIDS

#### Funding

<table>
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<tr>
<th>Funding</th>
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<tr>
<td>Funded by</td>
<td>ILO</td>
</tr>
<tr>
<td>Funded until</td>
<td>Completed, draft report in progress</td>
</tr>
</tbody>
</table>

### IRC: PROJECT 1 of 2 INFORMATION

#### Title
Tham Hin Health Assistance Programme – 2

#### Duration
September 2007–August 2008

#### Focus
Education, information and prevention; treatment, counseling, care and support; capacity-building for health staff in VCT, PMTCT and basic counseling for PLWHA; monitoring and evaluation

#### Activities
Prevention of HIV transmission through educational activities in the refugee community; care and support for AIDS patients, including the prevention and treatment of opportunistic infections, and the provision of HIV/AIDS clinical services

#### Target
Tham Hin refugee camp

#### Coverage
Thailand-Myanmar border

#### Partners
Karenni Health Department, Myanmar

#### Funding

<table>
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<tr>
<th>Funded by</th>
<th>European Commission’s Humanitarian Aid Office (ECHO)</th>
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<tbody>
<tr>
<td>Funded until</td>
<td>30 August 2008</td>
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</table>

### IRC: PROJECT 2 of 2 INFORMATION

#### Title
Refugee Community, Reproductive and Child Health Capacity-building Programme — Mae Hong Son Province

#### Duration
August 2006-August 2009

#### Focus
Education, information and prevention; treatment, counseling, care and support; capacity-building (training for reproductive health workers in HIV including VCT, Prevention of Mother To Child Transmission (PMTCT), and basic counseling for PLWHA); monitoring and evaluation

#### Activities
Prevention of HIV transmission through educational activities in the refugee community, and capacity-building for health staff in VCT, PMTCT and basic counseling for PLWHA

#### Target
Ban Mai Nai Son and Ban Mae Surin refugee camps, Mae Hong Son, Thailand

#### Coverage
Thailand-Myanmar border

#### Partners
Karenni Health Department, Myanmar

#### Funding

<table>
<thead>
<tr>
<th>Funded by</th>
<th>Europe AID</th>
</tr>
</thead>
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<tr>
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<td>August 2009</td>
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</table>
## Migrant Forum Asia (MFA)

<table>
<thead>
<tr>
<th>Type</th>
<th>Regional network of NGOs, associations and trade unions of migrant workers</th>
</tr>
</thead>
</table>

**Contact Information**

Mr. William Gois, Regional Coordinator  
Address: Migrant Forum Asia (MFA), 59 B Malumanay St. Teachers Village, Diliman, Quezon City 1104, The Philippines  
Tel: +63 2 4333508, Regional Coordinator’s mobile: +63 920 9600916, Fax: +63 2 4331292  
E-mail: mfa@pacific.net.hk, Website: www.mfasia.org

### PUBLICATIONS AND WEB LINKS

The 9th Regional Conference on Migration Report: Migration for “Development” and its Feminization Process

### PROJECT/PROGRAMME INFORMATION

**Title**  
Moving the Agenda Forward in the Promotion and Protection of All Migrant Workers and Members of their Families  
**Duration**  
January 2006 – December 2008  
**Focus**  
Advocacy and campaigns on migrants rights; migrants rights to health; capacity-building; information and education; networking and network building; women migrant workers and gender; migration and development; sustainable reintegration through the MFA Migrant Savings for Alternative Investment (MSAI) Task Force; West Asia networking  
**Activities**  
- Advocacy: Campaigns for the protection and promotion of the rights of and well-being of all migrants and members of their families. Engaging at country, regional (ASEAN, SAARC), and international level (UNHRC, WTO, CEDAW, International Labour Conference, Global Forum on Migration and Development

### FUNDING

**Funded by**  
Institutional Funding: Ford Foundation  
Activity Funding: Global Fund for Women; ILO; UNIFEM; Levi Strauss Foundation  
**Funded until**  
2009

### Target

Migrant workers and their families, migrant grassroots organizations, trade unions, NGOs

### Coverage

Bangladesh, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Mongolia, Myanmar, Nepal, China, the Philippines, Singapore, Sri Lanka, Taiwan

### Partners

- Bangladesh: Welfare Association of Repatriated Bangladeshi Employees (WARBE); Ain O Shalish Kendra (ASK); Refugee and Migratory Movement Research Unit (RMRMU); Association for Community Development (ACD)
- Hong Kong: Asian Migrant Centre (AMC); Indonesian Migrant Workers Union (IMWU); Coalition for Migrant Rights (CMR)
- India: Migrant Forum India (MFI); Center for Indian Migrant Studies; Center for Education and Communication (CEC); Peace Trust; Migrants Rights Council
- Indonesia: Jarnas Pekabumi; Center for Indonesian Migrant Workers; Serikat Buruh Migrant Indonesia; KOPBUMI; Solidaritas Perempuan
- Japan: Solidarity Migrants Japan (SMJ)
- Malaysia: Tenaganita; Charles Hector Inc.
- Mongolia: Center for Human Rights and Development (CHRD)
- Nepal: Women’s Rehabilitation Center (WOREC); All Nepal Women’s Association (ANWA); Youth Action Nepal; Pourakhi
- The Philippines: Unlad Kabayan; Batis Center for Women; Kanlungan Center Foundation; KAKKAMPI; Center for Migrant Advocacy
- Republic of Korea: Joint Committee for Migrant Workers (JCMK)
- Singapore: St. Francis Workers Center; Transient Workers Count 2; Humanitarian Organization for Migration Economics (HOME)
- Sri Lanka: Women and Media Collective; Migrant Services Center; Action Network for Migrants (ACTFORM)
- Taiwan: Hope Workers Center

- Capacity-building: Annual Diplomacy Training Programme (DTF); training on migrants rights violations monitoring (web-based migrants rights violations reporting system of the MFA network) and migrants rights to health; migration, gender and health capacity-building;
- Strengthening migrants and families’ ability to fight for their rights through information, education, training, group discussions, representation and lobbying;
- Information and education: Organizing forums, publishing the Asian Migrant Yearbook, a quarterly newsletter, reports and manuals;
- Networking and network building: Strengthening networking among members; engaging with other networks, such as the Solidarity Asian Peoples Advocacy (SAPA), Asian South Pacific Bureau on Adult Education (ASPBAE), South East Asian Committee for Advocacy (SEACA) and Migrants Rights International;
- Organizing migrant workers to uphold their freedom of association and their right to form and join unions and associations in origin and destination countries;
- Trade Union and NGO collaboration: Mainstreaming the issue of migrants rights.
### Population and Community Development Association (PDA)

**Type** | NGO  
---|---

**Contact Information**
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E-mail: pdaurai@gmail.com or urb@pda.or.th, Website: www.pda.or.th

Mr. Boonchird Pomountip, Acting Director, TBIRD  
Address: PDA, Rural Development Bureau, 86/1, Serbsiri Road, Nai Muang Sub-district, Muang District, Nakorn Ratchasima Province, 30000, Thailand  
Tel: +66 (0) 4 425 8100-1, Fax: +66 (0) 4 426 2816  
Email: pomountip@hotmail.com

**PUBLICATIONS AND WEB LINKS**
UNAIDS Best Practice on the Positive Partnership Program  

### Project/Programme Information

| Title | Positive Partnership Program (PPP); Women and Wealth Project (WWP); Life Skills Program; STI/HIV Prevention among Female Sex Workers; HIV Prevention and Management in Workplace; HIV and AIDS Education among Border Communities  
---|---
| Duration | Ongoing  
---|---
| Focus | Education, information and prevention; capacity-building (NGO sustainability; income generation; vocational training; business management; training); monitoring and evaluation  
---|---
| Activities | Education (community mobilization); training; monitoring and outreach; technical assistance on income generation; and peer education  
---|---
| Target | People living with and affected by HIV, women living with HIV, youth, general population, female sex workers, migrant workers  
---|---
| Coverage | Cambodia, China, India, Thailand (including Lao and Myanmar border areas)  
---|---
| Partners | PDA works closely with local institutions within Thailand, and with women-living-with-HIV network groups and NGOs in Cambodia, China, and India  
---|---

**Funding**  
Funding Depends on project type and duration: Between USD 25,000 (1 year) – 400,000 (4 years)  
Funded by Private sector (Pfizer, UPS, Bangkok Bank, Novartis), UN agencies (mainly UNDP and UNAIDS), international NGOs (PACT and NCA), and national and international government agencies, such as USAID  
Funded until Although funding may stop for some projects, they are still sustainable in activity implementation. Some projects receive funding on an annual basis.

### Population Services International (PSI) – Lao PDR

**Type** | NGO  
---|---

**Contact Information**
Mr. Rob Gray, PSI Asia Regional Representative  
Address: PSI/Lao PDR, 19/413, Ban SaPhanthong Tai P.O. Box 8723, Sisattanak District, Vientiane, Vientiane Municipality, Lao PDR  
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E-mail: robgray@laopdr.com

A list of publications available at: www.psi.org

**PROJECT/PROGRAMME INFORMATION**

| Title | HIV/AIDS, 1998-present  
---|---
| Duration | Ongoing  
---|---
| Focus | Education, information and prevention; capacity-building (NGO sustainability; income generation; vocational training; business management; training); monitoring and evaluation  
---|---
| Activities | • Peer-to-peer outreach and support networks; interpersonal communications and behaviour change and reduction of high-risk behaviour among high-risk groups, including female sex workers (FSW) and men who have sex with men (MSM);  
---|---
| | • Peer networking and HIV/STI educational training and services;  
---|---
| | • Provision of quality sexual health information and services;  
---|---
| | • Coordination of government and community-building advocacy in support of HIV prevention programmes;  
---|---
| | • Tracking surveys for FSW and MSM (Track target groups’ behaviour and condom use related to the prevention of HIV/STIs)  
---|---
| Target | MSM focusing on katoey and their short- and long-term partners, FSW and their potential partners  
---|---
| Coverage | Coverage nationwide for the general population: HIV information, education and communication, billboards, television public service announcements, with a focus on Interpersonal Communication (IPC) work in high-risk areas such as Vientiane, Vientiane Province, Savannakhet, Luang Prabang, Champasak, Bokeo, Lumphunthi, Khammuane, and Saravan  
---|---
| Partners | Lao Ministry of Health, Ministry of Information and Culture, Center for HIV/AIDS/STI (CHAS), Provincial Committee for Control of AIDS (PCCA) of all 17 provinces, Centre for Malaria Parasitology and Entomology (CMPE), Lao Women's Union, Lao Youth Union, LAO Mass Media, World Vision International, Treat Asia, Burnet Institute, Care, Lao Youth AIDS Prevention Programme (LYAP), UNAIDS, UNDP, UNICEF, UNESCO, WHO, private sector  
---|---

**Funding**  
Funding Approximately USD 800,000 per year  
Funded by Lao Ministry of Health, USAID, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM),DFID, The Nam Theun 2 Authority, UNFPA  
Funded until GFATM and other donors extending until 2012
### Raks Thai Foundation

**Type**
NGO

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Email: promboon@raksthai.org
Website: [www.raksthai.org/eng/](http://www.raksthai.org/eng/) and [www.phamit.org](http://www.phamit.org)

### PUBLICATIONS AND WEB LINKS

- Other publications available at: [www.phamit.org/e_library.html](http://www.phamit.org/e_library.html)

### RAKS THAI: PROJECT 1 of 3 INFORMATION

**Title**
Prevention of HIV/AIDS among Migrant Workers in Thailand

**Duration**
July 2003-September 2008

**Focus**
Education, information and prevention; capacity-building (HIV/AIDS prevention and improvement of health services for migrants); monitoring and evaluation

**Activities**
Increasing targeted HIV prevention efforts for migrants working and living in Thailand; supporting development of health systems, social supports, and related policies so migrant workers and related populations can improve their quality of life while in Thailand. Current activities include: Drop-in centres; health referrals; condom promotion and provision; written and audiovisual information; reproductive health services; community networking and capacity-building; children’s health and education; development of health systems through partnerships with public health centres and hospitals.

**Target**
Migrant workers in seafood and garment industries, and sex workers

**Coverage**
Thailand

**Partners**
Center for AIDS Rights (CAR), World Vision Foundation of Thailand, Stella Maris Center, Migrant Assistance Programme (MAP) Foundation, Empower (Chiang Mai), Pattanarak Foundation, and the Thailand Ministry of Public Health

**FUNDING**

- **Funding**
  USD 13,462,258
- **Funded by**
  Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- **Funded until**
  30 September 2008

### RAKS THAI: PROJECT 2 of 3 INFORMATION

**Title**
Radio Programme for Migrants Who Are Vulnerable to HIV in the Greater Mekong Sub-Region (PHAMIT)

**Duration**
October 2007-June 2008

**Focus**
Education, information and prevention

**Activities**
Ten weekly educational radio programmes for broadcast in Thailand targeting Cambodian migrants in their own language

**Target**
Cambodian migrants working in the fishing industry, Trad province, Thailand

**Coverage**
Thailand

**Partners**
Equal Access International (Cambodia), the Thailand Ministry of Public Health

**FUNDING**

- **Funding**
  309,000 Baht (approx. USD 10,000)
- **Funded by**
  Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP)
- **Funded until**
  June 2008

### RAKS THAI: PROJECT 3 of 3 INFORMATION

**Title**
Strengthening Networks on Sexual Health for Mobile and Border Area Populations: Thailand, Cambodia, Laos, Viet Nam and China

**Duration**
April 2007-March 2010

**Focus**
Capacity-building (reproductive health; gender and sexuality of migrant workers and mobile populations; networking and group learning mechanisms); monitoring and evaluation

**Activities**
National and regional networking of NGOs and public organizations to increase capacity for sexual health and HIV/AIDS planning and implementation. Includes activities on training, discussion workshops, IT-based discussions, curriculum development, website for information sharing and networking, cross-border visits, educational material development

**Target**
NGOs and local administrative bodies in Cambodia, China, Lao PDR, Thailand, Viet Nam

**Coverage**
Cambodia, China, Lao PDR, Thailand, Viet Nam

**Partners**
Border Esan Action Network (BEAN), Prevention of HIV/AIDS Among Workers in Thailand (PHAMIT), Action Network of Migrants (ANM)

**FUNDING**

- **Funding**
  USD 320,000
- **Funded by**
  The Rockefeller Foundation
- **Funded until**
  March 2010

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**Organization Profiles 63**
### ROCKEFELLER: PROJECT 1 of 2 INFORMATION

**Title**

**Duration**

**Activities**
- EMPOWER Foundation: Enabling cross-border sharing of strategies and approaches to reduce HIV vulnerability and risk in ethnic and mobile women in emerging entertainment settings in Lao PDR and Yunnan Province of China.
- Raks Thai Foundation: Strengthening networks and building capacity among organizations working with migrants in the Greater Mekong Sub-region to promote sexual health and combat HIV.
- Pattanarak Foundation: Supporting project activities to develop experimental models to improve the health and livelihoods of marginalized cross-border ethnic communities in Kanchanaburi, Thailand.
- IOM: Supporting project activities to institutionalize disease control measures in Thai immigration detention centers, thereby increasing access to HIV/AIDS prevention and TB control among detained migrants.
- AIDS Network Development Foundation: Supporting activities to reduce HIV/AIDS vulnerability in ethnic and migrant populations in northern and northeastern Thailand and in Lao PDR.

**Target**
- EMPOWER Foundation: Ethnic and mobile women; Raks Thai Foundation: Migrants; Pattanarak Foundation: Marginalized cross-border ethnic communities; IOM: Detained migrants; AIDS Network Development Foundation: Ethnic and migrant populations

**Coverage**
- EMPOWER Foundation: Lao PDR, Thailand, Yunnan Province of China; Raks Thai Foundation: GMS; IOM: Thailand; Pattanarak Foundation: Thailand; AIDS Network Development Foundation: Lao PDR, Thailand

### FUNDING

**Funding**
- EMPOWER Foundation: USD 100,000; Raks Thai Foundation: USD 320,000; Pattanarak Foundation: USD 190,000; IOM: USD 176,150; AIDS Network Development Foundation: USD 500,000

**Funded by**
- USAID

**Funded until**
- 30 September 2007

### ROCKEFELLER: PROJECT 2 of 2

**Title**
- Mekong Basin Disease Surveillance (MBDS)

**Duration**
- December 2007-November 2010

**Activities**
- Reducing morbidity and mortality from communicable diseases in marginalized people living in the Mekong region by developing an integrated approach to disease surveillance and response across borders, and by strengthening national and Mekong sub-regional capabilities in disease surveillance and response to outbreaks of priority diseases.

**Target**
- Marginalized populations

**Coverage**
- Cambodia, Lao PDR, Thailand, Viet Nam

**FUNDING**

**Funding**
- USD 2.4 million over three years (2007-2010)

**Funded by**
- The Rockefeller Foundation

**Funded until**
- Funding assured until 2010
South East Asia Ministers of Education Organization – Tropical Medicine and Public Health Network (SEAMEO TROPMED)

**Type**
Regional governmental organization

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E-mail: fnvpn@diamond.mahidol.ac.th, tmseanet@diamond.mahidol.ac.th
Website: [www.seameotropmednetwork.org](http://www.seameotropmednetwork.org)

**PUBLICATIONS AND WEB LINKS**


The Southeast Asian Journal of Tropical Medicine and Public Health, Vol. 38 No.6, November 2007, ISSN:0125-1562

**Title**
Control of HIV/AIDS/STD Partnership Project in Asia Region (CHASPPAR); ICT and HIV/AIDS Preventive Education; BACKUP

**Focus**
Education, information and prevention; capacity-building; research and surveillance; monitoring and evaluation

**Activities**
Human resources development

**Coverage**
South-East Asia

**FUNDING**
Funded by German Agency for Technical Cooperation (GTZ)

The Thailand Ministry of Public Health (MOPH) – US Citizens Development Corps (CDC) Collaboration (TUC)

**Type**
Governmental organization

**Contact Information**
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E-mail: Mscherzer@cdc.gov, Website: [www.cdc.gov/ieip/thailand.html](http://www.cdc.gov/ieip/thailand.html)

**PUBLICATIONS AND WEB LINKS**
Please contact Ms. Martha Scherzer at E-mail: Mscherzer@cdc.gov for materials and about the RAMP approach to behaviour change that was piloted in this project and is now being used in several other projects.

**PROJECT/PROGRAMME INFORMATION**

**Title**
A Comprehensive Model for HIV and STI Prevention and Care in a Cross-Border Setting (under the US CDC Global AIDS Program Southeast Asia Regional Office)

**Duration**
2005-2008

**Focus**
Education, information and prevention (innovative behaviour change activities; basic health education in clinics and outreach); treatment, counseling, care and support; capacity-building (training women in skills for alternative income generation); research and surveillance (clinic data tracks on HIV and STI infection in women; health fair tracks on HIV and STI infection in men)

**Activities**
Targeting border-area people with high-risk sexual behaviours to prevent and care for HIV and STI with three main components:
- Annual health fair at the Chong Mek, Thailand-Vong Tao, Lao PDR border crossing. This targets men using health education, voluntary HIV counseling and testing, and STI testing;
- Full clinical services twice monthly for female sex workers in a clinic located in the "free zone" around the border checkpoint;
- Reflection and Action within Most at Risk Populations (RAMP): This behaviour change project works with target populations to create realistic stories of behaviour change which are then used by outreach and health workers to encourage target populations to prioritize their issues and problems and to develop creative solutions for them

**Target**
Female sex workers and their clients

**Coverage**
Chong Mek district and Ubon Ratchathani in Thailand, and Vong Tao, Champasak Province, Lao PDR

**Partners**
Ubon Ratchathani Provincial Health Office

**FUNDING**
Funded by Thailand MOPH-US CDC Collaboration (also known as CDC Global AIDS Program)

**Funded until**
September 2008
United Nations Joint Programme on HIV/AIDS (UNAIDS)

**Type**
United Nations organization

**Contact Information**
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Email: ayen@unaids.org, Website: www.unaids.org

**Title**
United Nations Joint Programme on HIV/AIDS (UNAIDS) Regional Support Team (Asia Pacific)

**Coverage**
Bangladesh, Cambodia, China, Fiji and the Pacific Islands, India, Indonesia, Lao PDR, Myanmar, Nepal, Sri Lanka, Pakistan, Papua New Guinea, the Philippines, Thailand, Viet Nam

**Partners**
Co-sponsors: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, the World Bank

**Activities**
Priorities of the Regional Support Team (Asia and Pacific) for the next biennium (2008-2009):
• Sustained leadership and stewardship for Universal Access (UA) implementation;
• Increased resources mobilized and effectively used to achieve UA;
• Increased technical capacity mobilized and effectively used for UA implementation;
• Increase availability and use of strategic information to track the epidemic and monitor the response;
• Intensified prevention strategies adopted and implemented;
• Strengthened civil society capacity to effectively participate and contribute to the achievement of UA.

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**United Nations Development Programme (UNDP)**

**Type**
United Nations organization

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**Title**
Regional Programme on HIV/AIDS in Asia and the Pacific

**Duration**
1997-ongoing

**Focus**
• Advocacy, research and development of innovative pilot projects on prevention, treatment, care and support for vulnerable mobile populations;
• Strengthening regional collaboration and inter-governmental responses in policy, programmes and implementation of regional organizations' strategies on mobility and HIV (SAARC, ASEAN)

**Activities**
Main technical focus and current activities of the Programme include:

**Human Development and Poverty**
1. Research and advocacy on HIV and trafficking to support evidence-based policies and programmes;
2. Innovative pilot projects to reduce socio-economic vulnerability of people to human trafficking, forced migration and HIV;
3. Minimum package of services to address HIV prevention and care of migrant workers and host communities in large infrastructure projects (ongoing with UNRTF, ADB and its partners);
4. Substantive technical support to UNRTF Mobility and HIV Vulnerability Reduction in Southeast Asia and southern China.

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**PROJECT/PROGRAMME INFORMATION**

**Project/Programme Information**

A list of UNDP publications is available at: www2.undprcc.lk/resource_centre/rcc_publications.php

No Safety Signs Here: Research study on Migration and HIV Vulnerability from Seven South and North East Asian Countries, 2004, a multi-country research publication on the HIV vulnerabilities of migrants in North East Asia

Human Trafficking and HIV – Exploring vulnerabilities and responses in South Asia, 2007, a rapid assessment study on trafficking and HIV in South Asia

Bring Her Home, an advocacy film on trafficking and HIV are among other recent publications

Migration and HIV vulnerability assessment among foreign migrants in South Korea (A study conducted among Bangladeshi, Han Chinese, Korean Chinese and Mongolian migrants in Seoul, Gyunggi-Inchon region and Daegu-Gyungbuk region)

HIV & YOU: An HIV/AIDS Awareness Programme Among Migrant Industrial Workers and Surrounding Communities by People Living With HIV/AIDS

Migration and HIV in South Asia

For more information on HIV in Asia and the Pacific, please visit the portal: www.youandaids.org

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**PROJECT/PROGRAMME INFORMATION**

**Title**
Regional Programme on HIV/AIDS in Asia and the Pacific

**Duration**
1997-ongoing

**Focus**
• Advocacy, research and development of innovative pilot projects on prevention, treatment, care and support for vulnerable mobile populations;
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3. Minimum package of services to address HIV prevention and care of migrant workers and host communities in large infrastructure projects (ongoing with UNRTF, ADB and its partners);
4. Substantive technical support to UNRTF Mobility and HIV Vulnerability Reduction in Southeast Asia and southern China.
Governance of the AIDS response
1. Support to ASEAN Work Programme on HIV and AIDS (2006-2010) with large components to address various issues on mobility and HIV. The Regional Programme took the lead role in supporting ASEAN together with UNRTF and its members to submit a ten-member countries’ regional proposal on migration and HIV to the 7th round of Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

HIV, Human Rights and Gender
1. A regional initiative on the socio-economic empowerment of HIV-positive women to reduce their vulnerability to distress migration and trafficking undertaken in Cambodia and India in partnership with a Thai-based NGO, Population and Community Development Association (PDA). The initiative provides women with livelihood opportunities, micro-credit and vocational training through social enterprises;
2. Completed a 3.5-year regional initiative, Adolescent Girls, Trafficking and HIV/AIDS: Strengthening Responses in South Asia, funded by the United Nations Trust Fund for Human Security (UNTFHS) which rescued over 300 trafficked women and girls and benefitted about 600,000 people. The second phase of the initiative is under formulation;
3. A multi-country study in association with Harvard School of Public Health is ongoing to collect and analyse disaggregated data on the linkage between trafficking and HIV in Southeast Asia with the view to inform policies and programmes in the region;
4. Successfully advocated the integration of HIV prevention and care in anti-trafficking activities and a minimum standard of care for trafficked women rescued from forced labour and sex work;
5. Supported policy advocacy and evidence-based programming: The Regional Programme in partnership with CARAM Asia, IOM, UNIFEM and UNAIDS initiated a four-country gender study to assess the HIV vulnerabilities of female migrants from Bangladesh, Pakistan, the Philippines and Sri Lanka working in the Middle East (Bahrain, Lebanon and UAE).

Target
Cross-border migrants, women and girls who are vulnerable to unsafe migration and HIV and who will benefit from an enabling environment for access to HIV prevention, care and support services. People living with and affected by HIV, especially those infected or affected due to mobility.

Coverage
Asia and the Pacific (Afghanistan, Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, Iran, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, PNG, the Philippines, Samoa, Sri Lanka, Thailand, Timor Leste and Viet Nam)

Partners
UN Partners (UNAIDS, ILO, IOM, UNESCO, UNODC, UNIFEM, UNICEF), regional organizations (ASEAN, SAARC, SPC); civil society groups (CARAM Asia, MPA; Sardiq); and development partners (ADB, JBIC and the World Bank)

United Nations Economic and Social Commission for East Asia and the Pacific (UNESCAP)

Type
United Nations organization

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PUBLICATIONS AND WEB LINKS

PROJECT/PROGRAMME INFORMATION
Title
Health without Borders: Improving Health and Reducing HIV/AIDS Vulnerability among Long-distance Road Transport Workers through a Multi-sector Approach

Duration
2005-2006

Focus
Education, information and prevention; capacity-building (policy-making); research and surveillance (research on HIV/AIDS and mobility)

Activities
Improving health and reducing HIV/AIDS vulnerability among long-distance road transport workers through a multi-sector approach

Target
Migrants and mobile populations, and related government agencies

Coverage
Lao PDR, Thailand and Viet Nam

Partners
Ministries of Transport in respective countries

FUNDING

Funding
USD 250,000+

Funded by
Government of the Netherlands

Funded until
2009
United Nations Educational, Scientific and Cultural Organization (UNESCO)

Type | United Nations organization

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E-mail: d.feingold@unescothbg.org, Website: www.unescobkk.org

PUBLICATIONS AND WEB LINKS

Radio Drama CDs
Please contact Mr. David Feingold for a copy of the CDs
Lahu-language pop album
Publications and materials available at: www.unescobkk.org

PROJECT/PROGRAMME INFORMATION

Title | Minority Language Radio Drama against HIV/AIDS, Trafficking and Drugs
Duration | December 2002-December 2007
Focus | Advocacy, education, information and prevention; capacity-building (radio dramas inform listeners about HIV/AIDS and human trafficking among ethnic minorities and promote self-prevention and community cohesion as strategies to combat these problems); research and surveillance (post-broadcasting surveys are conducted among minority communities to gather feedback on effectiveness of radio dramas); monitoring and evaluation
Activities | UNESCO has developed a unique, innovative methodology for producing culturally acceptable radio programmes in minority and main languages to educate its target audiences of ethnic minorities and Lao migrants in the GMS.
Target | Migrants and mobile populations, and related government agencies
Coverage | Cambodia, Lao PDR, Yunnan Province of China, and Thailand
Partners | ADB, UNESCO, CDC (Centers for Disease Control), SEAMEO TROPMED, and Radio Thailand Chiang Mai, Lao National Radio, Yunnan Radio Station

FUNDING

Funding | USD 1.2 million
Funded by | ADB, CDC, UNAIDS (United Budget Workplan (UBW)
Funded until | 2007

The Office of the United Nations High Commissioner for Refugees (UNHCR)

Type | United Nations organization

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Tel: + 66 (0) 2 288 1947, Mobile: + 66 (0) 81 917 6862, Fax: + 66 (0) 2 280 0555
E-mail: burton@unhcr.org, Website: www.unhcr.org

PUBLICATIONS AND WEB LINKS

UNAIDS and UNHCR, Strategies to support the HIV-related needs of refugees and host populations, UNAIDS Best Practice Collection, 2005


PROJECT/PROGRAMME INFORMATION

Title | Current Strategic Plan: Refugees, HIV and AIDS — UNHCR's Strategic Plan 2005-2007 — Fighting HIV and AIDS Together with Refugees
Duration | Ongoing
Focus | Education, information and prevention; treatment, counseling, care and support; capacity-building (UNHCR staff, implementing and operational partners and community-based organizations in implementing HIV activities); research and surveillance; monitoring and evaluation
Activities | Protecting refugees affected by HIV and AIDS; coordinating and mainstreaming HIV policies and interventions at various levels; incorporating HIV policies and interventions into UNHCR's programme for durable solutions; advocacy; quality HIV programming; HIV prevention, support, care and treatment; assessment, surveillance, monitoring and evaluation; training and capacity-building; and resource mobilization
Target | Refugees, asylum seekers, returnees, internally displaced persons
Coverage | Afghanistan, Bangladesh, India, Iran, Malaysia, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand
Partners | International and national NGOs and governments

FUNDING

Funding | USD 1 million per year
Funded by | AUSAID, UNHCR own funds, UNAIDS
Funded until | 2009

UNAIDS and UNHCR, Strategies to support the HIV-related needs of refugees and host populations, UNAIDS Best Practice Collection, 2005

**United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in Southeast Asia and Southern China**

**Type**: United Nations task force

**Contact Information**
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**PROJECT/PROGRAMME INFORMATION**

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in Southeast Asia and southern China (UNRTF)</th>
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<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>2004-ongoing</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Advocacy, information sharing; coordination; capacity-building; monitoring and evaluation</td>
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| **Activities** | Main activities include:  
  - Establishing multi-sector partnerships at national and regional levels;  
  - Creating an enabling environment for responses addressing the needs and rights of migrants and mobile populations;  
  - Coordinating national planning and HIV-prevention efforts in member countries;  
  - Facilitating the development of national and regional data collection and research mechanisms;  
  - Disseminating information for regional programming responses to HIV and mobility issues;  
  - Enhancing coordination and collaboration mechanisms between regional and national levels on HIV prevention, care and treatment for migrants and mobile populations |
| **Target** | Migrants and mobile populations in Southeast Asia and two southern provinces of China (Guangxi and Yunnan) |
| **Coverage** | Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Viet Nam and two provinces of Southern China (Guangxi and Yunnan) |
| **Partners** | ASEAN Secretariat, UN and international organizations (UNDP, UNAIDS, IOM, ILO, UNESCO, UNHCR), CIDA, CSEARHAP, regional NGOs (APN+, CARAM Asia, MFA), and all 10 ASEAN Member States representatives (through the ASEAN Task Force on Aids, ministries of labour or similar bodies) |

**FUNDING**

| **Funding** | Over USD 500,000 for 2006-2008 |
| **Funded by** | CIDA, UNDP and UNAIDS |
| **Funded until** | End of 2008 |

All publications, including HIV/AIDS & Mobility in South-East Asia - Rapid Assessment (published by UNRTF in partnership with the ASEAN Secretariat), are available in the Resources and Publications section of UNRTF's website at: [www.hivmobilitysea.org](http://www.hivmobilitysea.org)