

# HIV/AIDS IN THE GMS

Bulletin for Preventive Education in the  
Greater Mekong Subregion

ISSUE 1, 2004



ASIA AND PACIFIC REGIONAL  
BUREAU FOR EDUCATION  
UNESCO BANGKOK

THE HIV/AIDS CLEARING HOUSE



**HIV/AIDS in the GMS: Bulletin for Prevention  
Education in the Greater Mekong Subregion  
Issue 1, 2004**

TH/2004/HIV/1

© UNESCO 2004

Published by the  
UNESCO Asia and Pacific Regional Bureau for Education  
920 Sukhumvit Rd., Prakanong  
Bangkok 10110, Thailand

Printed in Thailand

The designations employed and the presentation of material throughout the publication do not imply the expression of any opinion whatsoever on the part of UNESCO concerning the legal status of any country, territory, city or area or of its authorities, or concerning its frontiers or boundaries.

# CONTENTS

• <b>HIV/AIDS in the GMS: a cross-border problem</b>	1	• <b>HIV/AIDS hot spots in the GMS: country focus</b>	22
• <b>ADB-SEAMEO-UNESCO: a cross-border solution</b>	4	- AIDS threat grows in Lao PDR	
• <b>Activities under the ADB-SEAMEO-UNESCO project</b>	6	• <b>Strategies with impact</b>	24
- UNESCO: out-of-school youth and other risk populations		- Radio programming: an effective tool in preventive education	
- SEAMEO: in-school youth		- Halting the march of HIV/AIDS	
• <b>Latest happenings</b>	10	• <b>Cross-border policy focus</b>	29
- UNESCO's work in focus		- Cross-border drug use and HIV-vulnerability in the GMS	
- SEAMEO's work in focus		• <b>What is UNESCO doing in the field of HIV/AIDS?</b>	33
- Press coverage		• <b>Calendar of HIV/AIDS related events in Asia and the Pacific: 2004</b>	36
• <b>HIV/AIDS country watch in the GMS: the national response to HIV/AIDS</b>	16	• <b>Web reviews</b>	38
- Cambodia		• <b>Selected publications on HIV/AIDS in the GMS</b>	41
- Lao PDR		• <b>Selected references on educational materials on HIV/AIDS</b>	43
- Myanmar		• <b>Who's who in the field of HIV/AIDS in the GMS</b>	46
- Thailand			
- Viet Nam			
- Yunnan, Province of China			

**HIV/AIDS in the GMS:** Bulletin for Preventive Education in the Greater Mekong Subregion is published by the HIV/AIDS Clearing House of the UNESCO Asia and Pacific Regional Bureau for Education as part of the ADB-SEAMEO-UNESCO project on ICT and HIV/AIDS Preventive Education in Cross-border Areas of the GMS.

We welcome your comments, suggestions and contributions. Please address your correspondence to:

The HIV/AIDS Clearing House  
UNESCO Asia and Pacific Regional Bureau for Education  
P.O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand

Tel: (66-2) 3910577  
Fax: (66-2) 3910856  
E-mail: [hivaidsclearinghouse@unesco.org](mailto:hivaidsclearinghouse@unesco.org)  
Website: <http://hivaidsclearinghouse.unesco.org/bangkok>

**Editors: Carmelita L. Villanueva, Bruce Ravesloot and Ngo Thanh Loan**  
Cover pictures © David A. Feingold, Ophidian Films, Ltd.

The designations employed and the presentation of material throughout the publication do not imply the expression of any opinion whatsoever on the part of UNESCO concerning the legal status of any country, territory, city or area or of its authorities, or concerning its frontiers or boundaries.





# HIV/AIDS in the GMS: a cross-border problem

The Greater Mekong Subregion (GMS) comprises Cambodia, the Lao People's Democratic Republic (Lao PDR), Myanmar, Thailand, Viet Nam, and Yunnan, Province of China – all of whom share the Mekong River, the world's twelfth longest river at 4,200 kilometres.



© DAVID A. FEINGOLD, OPHIDIAN FILMS, LTD.

Beyond their common borders, these areas are connected in many ways. Trade and migration networks are not recent developments and new and accelerated forms of cross-border movements are constantly emerging. As these countries open up their borders to tourism and trade, increased cross-border movement in the GMS countries has in turn resulted in an increase in high-risk behaviour, human trafficking, drug abuse and the spread of HIV/AIDS.

Addressing such problems is complicated by the fact that the region is characterized by wide-ranging ethnic diversity, cultural pluralism and linguistic complexity.

## HIV/AIDS in the GMS: what are the issues?

At the end of 2003, of the estimated 40 million people living with HIV/AIDS (PLWHA) worldwide, more than seven million were from Asia and the Pacific. Of the Asia and the Pacific numbers, almost two million were from the GMS countries Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam and including Yunnan, Province of China.

An important contributing factor to the spread of HIV/AIDS in the GMS is the degree and nature of mobility both within and between countries in the region. Political instability and

**“ HIV/AIDS is not confined by national borders.”**

displacement have uprooted thousands of families and individuals – for example, refugees from Myanmar in Thailand. People are also drawn to border and urban areas in search of improved economic opportunities. Refugees escaping political instability and displacement, and economic migrants in search of improved opportunities are but two of the many examples of mobile populations.

HIV/AIDS is not confined by national borders. The borders between Viet Nam, Lao PDR, and the People's Republic of China are porous, as are those between China and Myanmar, and between Cambodia and southern Viet Nam. In some areas, border points record a relatively high incidence of HIV as goods, services and people move in large numbers between neighbouring countries along selected routes. Increased mobility can turn towns along these routes into local nodes of economic activity and the increased economic opportunity can, in turn, facilitate the growth of the sex industry. In other cases, people migrate across borders from nearby poor districts, acquire HIV infections, and when they return serve as bridges of HIV transmission in their home-border districts, causing local prevalence levels to rise and fuelling further transmission.

#### ■ Drug use

Drug use remains a serious problem in the GMS that has exacerbated the spread of HIV/AIDS in the region and injecting drug use is commonly acknowledged as a main mode of transmission of HIV/AIDS in the GMS. Several factors have converged in the GMS to provide a fertile breeding ground for the spread of HIV/AIDS. The “Golden Triangle”, encompassing parts of Myanmar, Lao PDR, and Thailand, still represents a leading supplier of opiates, particularly heroin. This supply of drugs finds an easy market throughout the region as drug trafficking routes dissect the GMS and provide easy access to a variety of illicit drugs.

#### ■ Sex work and human trafficking

In many cases, the GMS border and urban areas are also sites for the booming sex industry in South-East Asia. Mobility, increased tourism, the presence of peacekeeping forces, the opening up of formerly centrally-planned economies, human trafficking, a lack of educational and economic opportunities for women and girls, and other factors have all facilitated the growth of sex industries.

Related to this industry are the prob-

lems of human trafficking and illicit drug use as these issues commonly co-exist in areas with a high concentration of sex work. The mobility of people to and from areas providing access to sex work and illicit drugs increases the potential risk of HIV infection.

Human trafficking has grown exponentially over the last decade. Increasingly sophisticated networks have developed which rival illicit drug trafficking networks. The interlocking relationships between poverty, health, education and ethnic status contribute to the problem of human trafficking as young minority people are lured away by the promise of high paying jobs. Those who end up in the sex industry are particularly at risk of sexually transmitted infections, including HIV infection, as well as physical and sexual abuse. At present, the minority groups of the Thailand-Myanmar-Lao PDR-China periphery are most seriously affected by the trafficking that fuels the sex industry.

#### ■ Ethnic minorities

Ethnic minority populations in the Greater Mekong Subregion are numerous and diverse throughout the subregion. Across the subregion coun-

“An important contributing factor to the spread of HIV/AIDS in the GMS is the degree and nature of mobility both within and between countries in the region.”

“Minority populations have a compromised ability to attain a decent standard of living and address issues such as HIV/AIDS that threaten to unravel development so far.”

tries minority groups are concentrated in the highland areas and are mainly involved in uplands and subsistence agriculture. Among the nearly 240 million people living in the GMS, an estimated 21 million belong to ethnic minority populations.

Minority peoples are at special risk of HIV infection due to lack of access to education, poverty, lack of culturally appropriate information in their own languages, cultural and social breakdown within some communities, non-traditional drug use and a relatively high involvement in the sex trade and other forms of exploited labour. In addition, many are socially marginalized and are in numerous cases even denied citizenship. This leads to an inability to access public services and thus results in poorer health, lower educational attainment and a fragile means of livelihood. As a result, minority populations have a compromised ability to attain a decent standard of living and address issues such as HIV/AIDS that threaten to unravel development so far.

Furthermore, it has been shown that minority youth involved in sex work is disproportionately represented at the worst paid and most abusive end of the sex industry, thus further increasing their vulnerability to HIV infection.

#### ■ Rapid economic growth

With the exception of Thailand, the GMS was not long ago characterized by primarily centrally planned and state-owned production means. This resulted in low levels of productivity, inadequate amounts of goods and severe economic problems. However,

this scenario is rapidly changing as the Governments of the GMS countries are stimulating an increase in privatization and have realized the necessity of allowing the business sector to play a greater role in economic development.

To further stimulate regional growth, the GMS countries adopted the “economic corridor” approach in 1998. This strategic framework will stimulate nodes of economic activity, such as tourism, special production and trade zones, from the existing opportunities and endowments along selected cross-border routes in the GMS. This approach includes the improvement of available infrastructure to facilitate the creation and growth of such nodes and the routes that connect them.

Building of transport and other infrastructure often involves mobility of truck drivers, migrant construction workers, engineers, and close interaction with local and sometimes isolated communities. The high concentration of primarily male workers often creates a demand for sex work that is subsequently met by local communities as a means of economic gain. This has the potential to increase the occurrence of HIV transmission for both clients and sex workers.

At present, goods, services, labour and tourists are moving in increasing numbers along numerous routes between neighbouring GMS countries, a sign of economic progress in the region. However, the development of the transport sector and the required infrastructure has the same potential to contribute to the increase of HIV transmission as it has to contribute to trade and development.

“The development of the transport sector and the required infrastructure has the same potential to contribute to the increase of HIV transmission as it has to contribute to trade and development.”

# ADB-SEAMEO-UNESCO: a cross-border solution

HIV is primarily spread through sexual intercourse without condoms and through the sharing of injecting equipment for the use of medical or social drugs. A key approach to reduce HIV transmission is to ensure people change such high-risk behaviours. Education to promote behavioural change must provide information about HIV/AIDS, how it is spread and what can be done to prevent transmission. In addition, education to promote behaviour change must be targeted beyond the recognized high-risk establishments, such as sex work venues, to include society as a whole.

One of the main barriers to preventive education in the GMS is the vast number of distinct languages from different language families, including the numerous ethnic minority languages in the region. Many of these are unwritten languages with no indigenous scripts. While there is considerable multilingualism among the non-literate people of the region, minority women are notably less likely to command either the national language or other minority languages.

A second barrier is reaching the mobile populations who are increasingly undertaking cross-border travel. Such mobile individuals will continuously face language or cultural barriers at their new destinations that limit their access to information and other required support services.

Improving information dissemination on HIV/AIDS to such vulnerable groups, so as to better focus HIV preventive action, is therefore a priority. At the same time it is necessary to educate the general public, especially youth, by utilizing innovative means in combination with more conventional information providers, such as schools and community learning centres.

“Education to promote behaviour change must be targeted beyond the recognized high-risk establishments, such as sex work venues, to include society as a whole.”

## ICT and HIV/AIDS preventive education in the GMS

To address the limited availability of preventive information that places so many of the vulnerable population groups in the GMS at risk of HIV infection, the Asian Development Bank (ADB) has initiated a groundbreaking regional project utilizing information communication technology (ICT), including advanced forms of ICT as

well as more conventional means such as radio broadcasting, to reach out to these groups.

The use of ICT, as opposed to traditional forms of information dissemination such as the paper medium, can be extremely effective in a diverse region that is undergoing rapid change. ICT allows information to be easily adapted to changing circumstances and to be tailored to have maximum impact on a wide range of audiences.



“The use of ICT, as opposed to traditional forms of information dissemination such as the paper medium, can be extremely effective in a diverse region that is undergoing rapid change.”

ICT such as radio broadcasting provides a cost-effective way of reaching out to a large number of people, many of whom are illiterate or have no written form of language. In addition, more advanced ICT such as the Internet allows those working in the field of HIV/AIDS to remain up-to-date on the most pressing issues and potential strategies to address these issues by accessing Internet repositories such as information clearing houses.

The ADB-funded technical assistance project on HIV/AIDS prevention in cross-border areas of the GMS, ICT and HIV/AIDS preventive education in cross-border areas of the Greater Mekong Subregion, launched in March 2003, is aimed at utilizing ICT to develop and strengthen the preventive action necessary to tackle HIV/AIDS and the major factors contributing to its spread. The project is part of ADB's regional technical assistance to promote human development and poverty reduction in the GMS and will run for 18 months. This regional project is implemented in five countries to include Cambodia, Lao PDR,

Thailand, Viet Nam and Yunnan, Province of China.

The goal of the project is two-fold: first, to contribute to a reduction of incidence of HIV/AIDS among poor and vulnerable populations in the cross-border areas of the Greater Mekong Subregion; and second, to expand ICT and other multimedia technologies utilized in HIV/AIDS preventive education.

The project aims to develop innovative ICT learning materials for HIV/AIDS preventive education in local languages. In addition, to expand the use of ICT interventions into HIV/AIDS preventive education, in particular to isolated, marginalized and vulnerable populations, project partners will build the capacities of teachers, health workers, researchers and multimedia providers on HIV/AIDS preventive education.

#### **Project partners**

The project will bring together the expertise, knowledge base and comparative advantages of the Asian Development Bank, the South-East

Asian Ministers of Education Organization (SEAMEO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

The SEAMEO executed portion of this project focuses primarily on the first target group, in-school youth in selected cross-border sites. UNESCO focuses solely on the second and third target groups, out-of-school youth, especially in ethnic minority areas, and other special risk populations and circumstances, including the source communities of those most vulnerable and at risk.

UNESCO will supplement its experience with that of the Joint United Nations Programme on AIDS (UNAIDS), and SEAMEO will draw mainly on the experience of the regional centres for Tropical Medicine Network (TROPMED), Educational Innovation and Technology (INNOTECH), and Open Learning Centre (SEAMOLEC).



# Activities under the ADB-SEAMEO-UNESCO project

The methods employed to reach the target groups will include radio-based programming, community-based information programmes, community-based learning centres (CLCs) and peer education support to ICT programmes. All activities will focus on schools and communities in the especially high-risk cross-border areas. These include the border areas between Cambodia and Thailand; Lao PDR with Viet Nam and Thailand; Yunnan with Viet Nam and Lao PDR; Viet Nam with Lao PDR and Cambodia; and Thailand with Lao PDR.

The UNESCO and SEAMEO components of this project focus on distinct target groups, which are inherently complementing to include those most at risk of HIV infection. Combined, the two components will allow for a comprehensive intervention in the GMS cross-border regions.

## UNESCO: out-of-school youth and other risk populations

The UNESCO part of the project has four components implemented in Lao PDR, Thailand and Yunnan, Province of China, namely:

1. radio drama for HIV/AIDS, trafficking, and drug use preventive education among highland minorities in the Greater Mekong Subregion;
2. the clearing house on preventive HIV/AIDS education for the GMS;
3. vulnerability mapping utilizing geographic information systems; and
4. addressing special and interstitial populations.

### ■ 1. Radio drama for HIV/AIDS, trafficking, and drug use preventive education

Under this project component, UNESCO will develop a series of radio programmes and audiotapes aimed at the prevention of HIV/AIDS, as part of a linked triad of problems: HIV/AIDS risk behaviours, trafficking of girls and women, and drug abuse among highland minorities. The radio programmes will be developed in the following ethnic minority languages: Lahu (Thailand), Jingpo (China) and Hmong (Lao PDR).

The primary programming format is a ‘soap opera’, using themes relevant to the lives of highland girls and young women, and highlighting the implications of the choices that they have to make. For example, research over the last five years has shown that while many girls and women are willing or eager to come to Thailand, few are sufficiently aware of the dangers that they may face at their new destination or how to protect themselves against them, in particular, the dangers and sources of exposure to HIV/AIDS. The aim of the project will be to use drama and music to arm girls with information and allow them to profit from the experience of others. Based upon the ‘real life’ stories of actual women who have migrated (as well as those who have not), these dramatizations will explore the decisions young minority women face today and the implications of those decisions. Research has shown that radio is an effective tool to disseminate information and that soap opera is a format that attracts listeners.

These research-based radio operas, written in minority languages with locally composed music, will draw on extensive cultural analysis and utilize the UNESCO methodology. The programmes will be developed in the local languages, by native speakers, rather than simply translated. This is essential if they are to be culturally as well as linguistically acceptable to the audience. In addition, the programmes will make use of both traditional and locally composed music, which will underline themes of the shows. Focus groups will be used to establish initial themes as well as

storylines based, to the extent possible, on actual experiences. Follow-up focus groups will be used to test the programmes for appropriateness and efficacy. Where practicable, village level research will also be undertaken. Tapes of both the music and the programmes will also be made available for copying and distribution.

In each of the three countries involved at present, UNESCO is working with local research institutions, broadcasting entities, and ethnic minority authors and communities to develop soap operas, in minority languages, that will be attractive and relevant to those most vulnerable to both sexual trafficking and HIV/AIDS, especially girls and young women in the border areas. These efforts are being undertaken in close co-operation with Radio Thailand Chiang Mai, Yunnan People’s Broadcasting Station, and Lao National Radio. This co-operation further includes the New Life Centre in Chiang Mai, Thailand, the Development Institute for Tradition and Environment in Kunming, Yunnan, China, and the Institute for Cultural Research in Vientiane, Lao PDR.

It is expected that this project component will strengthen community-based groups (e.g., youth or women’s groups, community learning centres) in ethnic minority villages that can provide complementary and follow-up peer education support to the radio programmes, and will also build the capacity of script writers, multimedia producers and community mobilizers to continue and expand the use of radio programming to disseminate information on a wide range of

development issues, including HIV/AIDS.

## ■ 2. Clearing House on preventive HIV/AIDS education for the GMS

The Clearing House represents the key database and information support component of the project. It will identify and use existing IEC resources as well as develop new databases and information-communication networks to collect, process, disseminate, and share information and materials on HIV/AIDS. The work of the Clearing House will be based on an extensive needs assessment undertaken for project partners.

The Clearing House will improve on-line access to a wealth of resources on HIV/AIDS. Utilizing both existing and specifically developed resources, a classification system will be put in place to organize and order the wealth of materials and information in this area. Specifically, a user friendly on-line indexing system and a thesaurus will be developed, including wide-ranging subject coverage to enable information and materials to be searched and retrieved more efficiently and easily. Subject coverage will include not only education in its comprehensive state but also the health, social, political, economic and ethical issues related to HIV/AIDS.

All these resources, including the existing UNESCO HIV/AIDS teaching/learning materials database and the HIV/AIDS bibliographic database, will be centrally accessible through the UNESCO Bangkok HIV/AIDS Clearing House Web site set up under the project. This Web site will be regularly updated and operated on an interactive basis to provide both project stakeholders as well as other interested parties with a clear insight into the workings of the project, including the latest developments, and easy access to project materials. The Web site will also feature research-based information and links on the various GMS countries dealing with HIV/AIDS activities and initiatives.

**“The Clearing House represents the key database and information support component of the project.”**

The UNESCO Bangkok HIV/AIDS Web site will be linked to a common homepage of the network of clearing houses to be located at the International Institute of Educational Planning Web site, which will provide easy access to the International Bureau on Education and all regional clearing houses of UNESCO.

In addition, the Clearing House will also disseminate a wide range of HIV/AIDS related material through a mailing list, including electronic announcements, updates and notifications of new materials collected and compiled under the project.

To promote access to these materials for those who cannot access the Web site and databases, the Clearing House will review, synthesize and repackage both existing and new information on HIV/AIDS into accessible formats and information products for different population groups such as ethnic and linguistic minority groups, hard-to-reach and disadvantaged groups as well as advocate and encourage the utilization of these various types of repackaged materials in order to effect knowledge, attitudinal and behavioural change.

## ■ 3. The use of GIS to support this project

A Geographic Information System (GIS) is a computer-based technology for producing, organizing, and analyzing spatial information. It includes database management, mapping, image processing and statistical analysis tools that allow users to see statistical data analysed in relation to

topographic and geographic features as well as administrative boundaries. In this way, GIS is an efficient tool to develop, manage and monitor project interventions.

Under the project, GIS will be used as a map production resource for the provision of base maps and customized data maps to support project planning, co-ordination of field work, project reporting and assessment of interventions. In the context of the HIV/AIDS project, GIS will be used to provide visual, dynamic and continually updated statistical and spatial analysis of the project areas and peoples. This will include analysis of past and current socio-economic data, results of field work undertaken to date and environmental data to predict outward migration risk areas and high-risk populations. GIS mapping will be developed to monitor movements of people during times and events that favour risk behaviours. In effect, the GIS mapping plan will become a geographic calendar, allowing for better tracking of trends and linkages between areas with a high incidence of infection and the factors attracting people to them.

One of the major aims of this component of the project is to produce migration sensitivity or risk maps showing geographic areas in which outward migration may occur and what factors are at play. Relevant data from a variety of sources, covering a range of scales, from satellite images to ground surveys will be collected. This will include ethnographic data collected through the sentinel surveillance system concerning geographic,

economic and socio-cultural factors associated with outward migration such as ethnicity, income level, agricultural production, distance and travel costs to labour markets. Data from the different sources and in different formats will be standardized and incorporated into a common geographic database to form a digital atlas of the designated areas and the movements of peoples.

■ **4. Special and interstitial populations**

Interstitial populations are populations that are heavily involved in trade, transportation and the flow of information, and therefore link areas across borders. They are linguistically distinct from the majority population, though there is often a high degree of multilingualism. They are different from ‘migrants’ since they do not move from one source area to a destination area and stay there, but move continuously back and forth. Therefore, they are rarely reached with effective preventive education messages as they occupy distinct environmental and social ecological niches, bridging both national and ethnic boundaries.

Previous research undertaken by UNESCO has identified understudied interstitial populations that are key links in trade and communications networks in the upper Mekong region, which may play key roles in the trafficking of girls and women and potentially the transmission of HIV/AIDS. Examples of these groups are Chinese traders in Lao PDR and Thailand, Cambodian and Lao truck drivers in Thailand and China, and sex workers from several countries working in other countries for brief periods of time.

Under the project, the study of interstitial populations is aimed at designing evidence-based interventions that can ‘catch’ these populations at the right place and the right time with HIV preventive information, in a culturally appropriate manner.



© DAVID A. FEINGOLD, OPHIDIAN FILMS, LTD.

**SEAMEO: in-school youth**

The SEAMEO component will strengthen existing preventive education efforts through the use of ICT. It has four components that will be implemented in Cambodia, Lao PDR, Thailand, Viet Nam and Yunnan, Province of China, namely:

1. capacity building in terms of human resource and basic ICT infrastructure;
2. development of teaching/learning materials;
3. delivery of HIV/AIDS preventive education utilizing ICT-based learning materials; and
4. development of a web-based project database.

■ **1. Capacity building in terms of human resource and basic ICT infrastructure**

SEAMEO will focus on expanding the use of ICT and other multimedia

technologies used by teachers for HIV/AIDS preventive education in schools in selected cross-border sites of the GMS. The first step of this human resource capacity building will be the training of trainers (TOT) to deliver national level and school level trainings in the participating countries.

Participants will be trained to conduct effective computer technology and Internet training so as to help others to better accomplish their development objectives. The training will focus on the development of ICT-based learning materials that can be utilized in school settings for the implementation of HIV/AIDS preventive education. In addition, participants will be trained to understand and apply participatory training methods that are effective in experiential learning situations and will learn how to tailor a training programme to the specific needs of the audience. While, the TOT is designed to prepare partici-



pants to conduct formal training sessions, the skills and materials can be applied to one-on-one situations or workshops designed to occur over several weeks or months that incorporate short skill building sessions.

Following the TOT, the graduates will provide national level and school level training to teachers and school staff, including principals, in the participating countries. This will allow those who interact closely with in-school youth to provide a comprehensive information package that will equip students with the necessary information to deal with HIV/AIDS as a development issue as well as provide a sound platform for further preventive action at both a regional and local level.

To provide ongoing support to the capacity building process, a learning resource development team from each of the five participating countries will be organized and strengthened within an appropriate national or provincial educational institution. Benefits of such a strategy of building national/provincial capacity include: support to the sustainability of project gains; and establishment of an institutional base for future expansion of project activities to other sites.

In parallel, the project will also build ICT infrastructure capacity in itself and as a tool for preventive education. ICT hardware and software with accompanying training will be provided to schools and CLCs, where appropriate, in the border areas. Strengthening ICT capability (hardware and software) will also be undertaken at the national level. Through the combination of human resource capacity building and ICT infrastructure development, HIV/AIDS preventive education efforts at the local levels, i.e. schools at the cross border areas, will be facilitated and strengthened.

## ■ 2. Teaching/learning materials development

Learning materials will be developed throughout the project duration.

These materials will be developed at provincial resource development centres and at the school level to ensure that they are appropriate to local conditions and contexts. To achieve this, capacity building under the project will focus not only on using ICT-based learning materials to deliver skills development programmes but will also focus on training school-teachers as well as stimulating students to develop and contribute to such ICT-based learning materials. In this way, the development of both teaching and learning materials will be based on interactive and participatory methods.

All the materials developed will respond to the linked triad of problems: HIV/AIDS risk behaviour, trafficking in girls and women, and drug abuse. Maintaining the commitment of national educational and development institutions will ensure accuracy and applicability of materials developed. Materials developed specifically for high-technology media will be targeted at teaching and learning facilities that are able to sustain the relevant technology. For sites with limited access to high technology utilities and other facilities, less advanced materials will be developed and distributed.

## ■ 3. Delivery of HIV/AIDS preventive education utilizing ICT-based learning materials

HIV/AIDS preventive education programmes will be delivered through the school curriculum and related activities, with teachers as change agents and social advocates. The project will support peer education where students themselves take the initiative to effect behaviour change among their peers under the guidance of teachers and counselors. A total of 36 lower secondary schools in nine border areas of the five countries will be involved in the project and the intervention will target approximately 8,000 in-school youth.

Preventive education efforts focused on the community with the

**“A total of 36 lower secondary schools in nine border areas of the five countries will be involved in the project and the intervention will target approximately 8,000 in-school youth.”**

school taking the lead are also part of the plan for preventive education. It is expected that the use of ICT for preventive education will benefit not only the school population but the larger community as well.

## ■ 4. Web-based project database

A database will be developed to collect, process and share the results from the in-school component of the project, including the teaching and learning materials developed under the project. The database will provide participating schools and educational institutions with continuous information support and will link up with the national and provincial resource development centres.



# Latest happenings

The project “ICT and HIV/AIDS preventive education in cross-border areas of the Greater Mekong Subregion” is an intervention with many components and subactivities. This section will provide the reader with a concise overview of results achieved under the different project components. In this way, the bulletin will keep the stakeholders and other interested parties up to date on the progress of this innovative project in the GMS.

## UNESCO's work in focus

### ■ 1. Radio drama for HIV/AIDS, trafficking, and drug use preventive education

UNESCO is currently developing a series of dramatic radio programmes in the form of soap operas in three GMS countries, including China, Lao PDR and Thailand.

In Yunnan, Province of China, UNESCO has completed the research for the radio programmes in Jingpo. This research was carried out in six villages in Longba Township, Long Chuan County, Dehong Prefecture, a Jingpo area located on the western border of Yunnan Province adjacent to the Kachin State in Myanmar, which is also a Jingpo area. Jingpo from both countries cross the border daily.

The research team was made up of Han Chinese and local Jingpo researchers and also included an HIV/AIDS specialist from the Yunnan Provincial Centre for Disease Control, the Jingpo Co-ordinator from the Jingpo Frequency of the Yunnan People's Broadcasting Station, Kunming, China, and a UNESCO anthropologist. The results of the interviews and focus groups that the team undertook at the local level in the Jingpo language were then passed on to a Jingpo author to incorporate into the soap opera script. The Jingpo author not only incorporated the stories collected by the research team but also made his own visit to the research area to collect additional material.

The resulting script was completed in January 2004 and was found to be not only informative but also alternately humorous and tragic. The script has already been translated into Chinese and is currently being translated into English. In addition, traditional Jingpo music, including name-specific music for weddings, funerals

and other ceremonies, was performed and recorded using the same names as those used in the soap opera scripts.

The Yunnan Broadcasting Station is currently producing a pilot episode and will test the pilot in May 2004. The Station has selected the Dehong Dai/Tai language as the next language in which to produce radio programmes.

As a spin-off of the current ADB-funded project, UNESCO has been requested to set up a similar project in the Naxi language. Naxi is spoken by the majority ethnic group in Lijiang, China, an area that has been experiencing an explosive growth in massage and karaoke salons due to increase in tourism since Lijiang was inscribed on UNESCO's World Heritage List in 1997. In addition, Lijiang has had a drug problem since the 1980s. Following preliminary research, the Naxi were confirmed as one of the ethnic groups in the area at a high risk of HIV/AIDS infection and a separate project, co-funded by UNAIDS and the UNDP South-East Asia HIV and Development Programme, will be undertaken by UNESCO to address this issue.

In Lao PDR, collaboration between Lao National Radio and the Institute for Cultural Research, Vientiane, Lao PDR, continues. The training for the Hmong research team to conduct the local level interviews and focus group sessions, including the use of digital

recorders, was completed in February 2004 by a UNESCO anthropologist. At the same time, a detailed research plan was drawn up and the questionnaires and research guidelines were prepared.

Following missions to the Governors of Xieng Khouhang, Luang Prabang and Bokeo Provinces, where the research will be conducted, all governors have provided their support to the project and have pledged their cooperation in facilitating the research. This research has since been initiated in Xieng Khouang Province, Vientiane and a large Hmong resettlement area 52 kilometres outside of Vientiane.

The preliminary research has already confirmed a difference in understanding of HIV/AIDS between rural and urban Hmong populations, which will be taken into account when drafting the script for the Hmong soap operas.

In Thailand, UNESCO had already completed a first set of 30 informative radio operas under a different project in the Shan language, also focusing on the interrelation between HIV/AIDS, trafficking and drug use. Under the current project, UNESCO has initiated programming in Lahu and plans to include radio programmes in Karen, Akha, Lisu, Mien (Yao) and Hmong in the future.

The collaboration between UNESCO and Radio Thailand Chiang Mai (RTC) that contributed to the past suc-

**“The Yunnan Broadcasting Station is currently producing a pilot episode and will test the pilot in May 2004. The Station has selected the Dehong Dai/Tai language as the next language in which to produce radio programmes.”**

cess of the Shan radio operas remains close after new officials assigned to the station have promised continued support for the UNESCO project activities. Officials urged UNESCO to include additional minority languages in the project and to continue the popular Shan language soap opera.

Furthermore, in response to UNESCO's initiative to commission a team of famous Lahu composers and singers to produce music for the Lahu soap opera programme and to bring them to Chiang Mai for a short tour and small concert, the RTC Station Director proposed a joint UNESCO-RTC concert in Chiang Mai to bring together all famous ethnic minority singers and bands. The free public concert, tentatively scheduled in November 2004, will be the first of its kind and will provide ethnic minority peoples of the upper Mekong the opportunity to perform together in their own languages before a large audience. Songs will include those related to HIV/AIDS, trafficking and drug abuse prevention, composed under the project. RTC will provide live radio coverage of the event and will explore the possibility of broadcasting the event live on television as well.

In the meantime, the research for the Lahu soap opera has been completed and research findings include several case studies of Lahu girls and women and the situation of Lahu "hostesses" in karaoke bars in Myanmar and northern Thailand. Script writing is ongoing and expected to be completed in May 2004. The production team of the Lahu soap opera has already initiated the recruitment of Lahu actors and actresses to perform the soap opera.

In addition, UNESCO is proceeding with the composition and production of an album of 14 Lahu songs and music, including on HIV/AIDS and related issues. The UNDP South-East Asia HIV and Development Programme will make funding available to support the music composition, and tape and CD production of the Lahu album.



*UNESCO Bangkok HIV/AIDS Clearing House Web site  
<http://hivaidsclearinghouse.unesco.org/bangkok>*

## ■ 2. Clearing House on preventive HIV/AIDS education for the Mekong border regions

To gain an insight into the information needs and information collection methods used by project partners, the Clearing House carried out a needs assessment among project partners during the period August-November 2003. Results showed that accessibility for a wide range of users, ease of usage and flexibility of the system to allow for technological advances and long-term usage are priorities. In addition, it was found that there is a significant need for information on substantive HIV/AIDS programmes as opposed to purely research and academic-based material. The UNESCO Clearing House has taken these results into account throughout implementation of project activities.

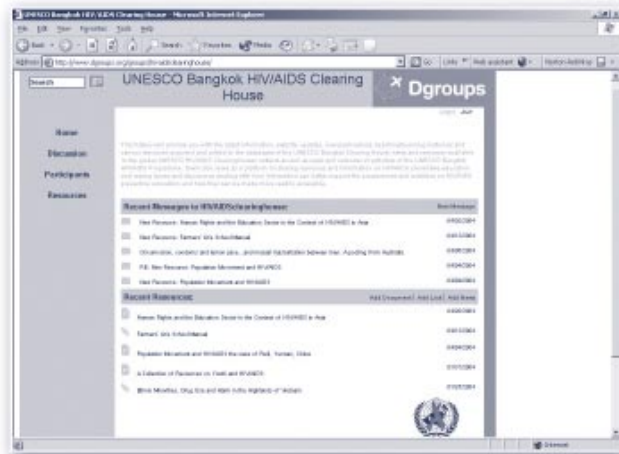
The UNESCO Bangkok HIV/AIDS Clearing House Web site was uploaded in October 2003 and has been regularly updated. The Web site delivers information on the mandate, goals, scope and strategies of the project; a description of the various project components; latest developments and happenings in the various project components; publications and materials generated from the project; and research-based information and links on the various GMS countries deal-

ing with HIV/AIDS activities and initiatives. It also provides access to an array of resources ranging from project reports, materials, directories and databases, including the UNESCO HIV/AIDS teaching/learning materials database and the HIV/AIDS bibliographic database.

The UNESCO HIV/AIDS teaching/learning materials database provides easy access to 250 educational materials on HIV/AIDS and other sexually transmitted diseases that are used in the formal and non-formal education sectors. The database can be searched by title, author, geographical coverage and types of materials. Materials included in the database are curricula, learning materials, resource/reading materials, guidelines, training materials and support audio-visual materials. Under the ADB-funded project over 80 new materials were added to support stakeholders in project implementation.

In addition, more than 90 records have been added to the HIV/AIDS bibliographic database since the project started. This database now contains more than 2015 records, including books, project reports, articles and other relevant information sources on HIV/AIDS. The database can be searched by author, title, keyword and country. Both the UNESCO HIV/AIDS teaching/learning materi-

“The listserv provides a platform for interactive exchange of information among network members”



UNESCO Bangkok HIV/AIDS Clearing House Listserv  
<http://www.dgroups.org/groups/hivaidsclearinghouse>

als database and the HIV/AIDS bibliographic database can be accessed through the UNESCO Bangkok HIV/AIDS Clearing House Web site.

Another database, the database of e-documents, is currently under development. This database, already consisting of a collection of more than 50 bibliographic references of on-line documents, will be uploaded to the Web site of the UNESCO Bangkok HIV/AIDS Clearing House soon.

Furthermore, to provide users with easy access to the wealth of materials related to the multifarious issues arising from the HIV/AIDS pandemic and UNESCO's global response to these issues, UNESCO Bangkok has joined the Global UNESCO HIV/AIDS Clearing House. Other members of this Global Clearing House include the UNESCO International Institute of Educational Planning (IIEP), the UNESCO International Bureau for Education, UNESCO Dakar and UNESCO Harare. The individual Clearing Houses of these members, including the UNESCO Bangkok HIV/AIDS Clearing House, the HIV/AIDS Impact Clearing House, the International Clearing House on Curriculum for HIV/AIDS, the Regional HIV/AIDS Clearing House on Preventive Education and the Regional HIV/AIDS Clearing House on Preventive Education, respectively, can soon be centrally accessed through an integrated knowledge network where their electronic resources will be readily made available on line. To make these sites and their combined use as user friendly as possible, the sites have adopted a common software sys-

tem, including common retrieval tools so that users will be able to search all databases with the same keywords. The HIV/AIDS Impact Clearing House at IIEP is co-ordinating the overall information strategy to harmonize and synchronize the various activities and information collection and dissemination efforts.

In order to organize the wide range of materials collected and currently available on HIV/AIDS, an improved classification system has been designed and implemented. In addition, a thesaurus has been compiled that will serve as a basis for describing the information and materials available, which will in turn enable them to be searched and retrieved more efficiently.

The classification system and thesaurus are based on existing tools and subject scopes developed by various organizations, including the UNESCO thesaurus; the list of HIV/AIDS related keywords used by UNAIDS; the list of descriptors used by UNESCO Harare; the list of health topics for indexing used by WHO; the list of keywords developed by the Clearing House of the International Institute for Educational Planning; the International Bureau for Education thesaurus; and the European multilingual thesaurus on HIV/AIDS.

To systematize its dissemination activities the UNESCO Bangkok HIV/AIDS Clearing House has set up an on-line listserv. The listserv provides a platform for interactive exchange of information among network members. To date, almost 150 members have joined the listserv, con-

sisting primarily of individuals and organizations involved in the ADB-funded HIV/AIDS project for the GMS, including partners and counterparts in the participating countries. Members regularly receive electronic announcements on HIV/AIDS related issues and updates on materials generated from the various project components and from other sources that have been added to the databases. Listserv members also receive an electronic version of the Calendar of HIV/AIDS related Events that is produced by UNESCO Bangkok every three months and sent out to a wide range of key partners.

To further support information dissemination, UNESCO Bangkok will prepare an annual bulletin on HIV/AIDS prevention in the GMS. The bulletin will target personnel in both the formal and non-formal education sectors as well as others working in the field of HIV/AIDS in the GMS.

### ■ 3. The use of GIS to support this project

To generate GIS outputs for localized use, data needs to be collected at local, regional and national levels and incorporated into regional as well as national databases. This requires a major capacity building effort. For this reason, selected staff have been involved in training and refresher training on the management, techniques and applications of GIS, including database usage.

Following the training, staff have started processing the available data for 20 provinces in Thailand, includ-

ing data cleaning, geo-coding the data for use in GIS mapping as well as on-site follow-up to verify the outcomes. The final step is to set up a fully functional network to allow for regular updating of information and to subsequently repeat the process in all project locations.

#### ■ 4. Special and interstitial populations

To date, this component has focused on a situation analysis and identification of appropriate entry points for direct interventions among selected sites. Most importantly, the concepts of ‘temporal geographics’ and a ‘perpetual calendar’, mapping interstitial populations, their movements, motives and activities in time and space, were further explored. A model for undertaking this mapping has now been developed.

In addition, the contract for research on the Haw Chinese in northern Thailand was signed in March 2004 by the head of the Institute for Sociology, Yunnan Academy for Social Sciences, and research on this population group has since begun. A manuscript on cross-border movement and migration written by researchers at the Institute of Sociology, Yunnan Academy of Social Sciences, will soon be translated from Chinese to English to support overall project activities on interstitial populations.

#### SEAMEO’s work in focus

##### ■ 1. Capacity building in terms of human resource and basic ICT infrastructure

Following a situational analysis of the participating countries and their border regions by the national teams, a visit of the regional team to the border areas was undertaken in May 2003. The visit served as a discussion forum for the project with the local administrative officials, health and education officials, as well as with the community leaders and parents in the

study sites. Commitments from various sectors were reinforced during the regional visit and a training needs assessment of national trainers and project implementers was also undertaken during this visit.

The first step of human resource capacity building was a two-week training of national trainers (two per country) in development and use of ICT-based learning materials in the SEAMEO Centre for Innovative Technology (INNOTECH) in Manila, Philippines, in June 2003. During this time, the participants developed prototypes of ICT-based learning materials that can be utilized in the school setting for the implementation of HIV/AIDS preventive education. These materials will be further developed during the national and school level training of implementers in the partner countries throughout project implementation.

Subsequently, national level and school level trainings on the basics of HIV/AIDS, including modes of transmission, infection prevention and stigma and discrimination issues, were provided in the 36 participating schools. Effective teaching and learning methodologies were reviewed and innovative methodologies for delivery and development of ICT-based learning materials for preventive education were introduced. Participants were also provided with training on the use of computers to support the

**“The development of learner-produced materials will be encouraged as part of the learning process as well as a potential extension of an HIV/AIDS peer support programme.”**

national level training of teachers and school staff in the participating countries.

In Lao PDR, the training was conducted in two phases. The principals and the supervisors of the eight participating schools were included in the first part of the training, i.e. orientation to the project and basic information needed for HIV/AIDS preventive education. The second part was devoted to ICT hardware utilization for the classroom teachers who will be using ICT-based learning materials. In Thailand and Viet Nam, the training included only the classroom teachers of the participating schools. In China, to date, 24 national trainers (art, health education and computer teachers) have been trained. A total of 391 classroom teachers have been trained and training in Cambodia is expected to be initiated shortly.

Parallel to the training, capacity building of ICT infrastructure has also been initiated. The 36 schools were equipped with basic ICT hardware, including computer sets, fax machines, scanners, overhead projectors, video cameras, digital cameras, television sets, DVD players and amplifiers. This will enable the schools to utilize the ICT-based materials developed in the project as well as other relevant materials developed in the country by other sectors and international organizations. The national teams were also strengthened in terms of ICT hardware.

##### ■ 2. Teaching/learning materials development

Several sets of materials have been developed under the project. The first set was designed during the training of trainers in Manila and finalized in the participating countries. Another set was developed during the training of the teachers and it is expected that further ICT-based learning materials will be developed in the course of the delivery/implementation of the preventive education activities in the schools. Approximately 200 teachers



have been trained to use, develop and produce such materials and training is ongoing.

The development of learner-produced materials will be encouraged as part of the learning process as well as a potential extension of an HIV/AIDS peer support programme. These materials will include a whole range of ICT learning materials (such as posters, stickers, brochures, slogans, songs, video clips, radio plugs), simulation games (computer-based and roll-plays) and web pages. All these materials will be utilized for the delivery of the programme in the school setting.

### ■ 3. Delivery of HIV/AIDS preventive education utilizing ICT-based learning materials

Programmes will be delivered through the school curriculum and activities, with teachers as change agents and social advocates. To date, the 36 schools in the five countries are in varying stages of delivering the HIV/AIDS preventive education activities utilizing ICT-based materials. The delivery is primarily undertaken through integration in a number of subject areas' curricula.

At present, co-curricular activities to support HIV/AIDS preventive education are also being undertaken in a number of schools. The project will also support peer education where students themselves take the initiative to effect behaviour change among their peers under the guidance of teachers and counselors.

### ■ 4. Web-based project database

An ADB-SEAMEO Web site that will serve as the component database for the project is under development by SEAMOLEC. The collection of data on activities that have been undertaken under the project is ongoing. At the same time, the instruments for collection of relevant data about the project are continuously being improved. The site will support the national teams and the schoolteachers in



© DAVID A. FEINGOLD, OPHIDIAN FILMS, LTD.

**“The project increased opportunities for local officials to become more involved in school activities.”**

implementation of the various activities as well as provide links to related Web sites to share the experiences and results of the project.

Written text for the site is currently being developed and an initial list of persons to be included on the mailing list has also been established. The mailing list will provide regular updates on project progress and learning materials developed under the project and will stimulate information sharing among stakeholders.

### ■ Other benefits as a result of the SEAMEO component

Aside from the direct results of the project activities undertaken in the partner countries, several benefits were gained during implementation. It was found that partnership between health and education sectors had been strengthened at different levels (national, provincial and district) after the project provided them with a unique opportunity to work together. The project also increased opportunities for local officials to become more involved in school activities.

In addition, there was an unforeseen high acceptance of the project and HIV/AIDS as a development issue by the parents and community leaders as shown by their participation in activities during the regional visit. Their active involvement and commitment will facilitate the extension of the project activities to the community level. This commitment reinforced school-community relationships in most of the project sites due to the involvement of the community in the preparatory activities for implementation. In several schools, the community supported the logistics to prepare the school in terms of physical structures.

Furthermore, HIV/AIDS preventive education was implemented in a number of schools where curricular integration has not yet been institutionalized. This has resulted in an unexpected widening of the coverage of HIV/AIDS preventive education.

### Press coverage

#### Students to learn of HIV/AIDS

Bangkok Post - Sunday, 23 February 2003

An intercountry HIV/AIDS prevention school programme will kick off next month to raise awareness about the disease in the Greater Mekong Subregion.

Paul Chang, the Asian Development Bank's principal education specialist of the Mekong Department, said the 18-month programme would focus on spreading information through secondary-school teachers. "The target is not only school students, but also youth who have left school and the wider community", he said.

The South-East Asian Ministers of Education Organization (SEAMEO) would oversee formal education outlets while the United Nations Educational, Scientific and Cultural Organization (UNESCO) would look into informal means of spreading the message through television, radio and soap operas.

Sornchai Looareesuwan, Secretary-General and Co-ordinator of the SEAMEO Regional Tropical Medicine and Public Health Network, and Director of the SEAMEO Regional Centre for Tropical Medicine in Thailand, said 36 sites on the border had been chosen for the launch of the programme, which would address the main causes of AIDS such as human trafficking and drug abuse. Schools in Cambodia, Thailand, Lao PDR, Viet Nam and China would work together.

About 21 million people live in remote mountainous areas of the Greater Mekong Region, where minority women are at risk of HIV/AIDS due to poverty, lack of education and health care, and language barriers.

## AIDS in Thailand: Visualizing the Epidemic

Press Release - 27 January 2004

UNESCO animated maps show the spread of HIV/AIDS in Thailand through time.

Bangkok - The United Nations Educational Scientific and Cultural Organization (UNESCO) has developed a totally innovative concept to depict and study the dramatic progression of the HIV/AIDS epidemic in Thailand as part of its mandate to strengthen research.

Using data from the Thailand Ministry of Public Health, UNESCO developed a set of animated maps of

HIV/AIDS infection rate by province for the period 1989-2002. The show starts with an almost bare map in 1989 (when only two provinces had a very low infection rate) that swiftly colours as the epidemic becomes more intense and spreads through more and more provinces.

The UNESCO animated maps are not only visually striking but also provide a tool to study trends in the epidemic. Through the UNESCO interactive Web site, HIV/AIDS researchers can access analysis provided by sophisticated GIS technology without the need for highly specialized and expensive software.

The programme allows the automatic sequential browsing for each year's data as well as comparison of infection rates between selected years. The severity of the problem is illustrated by the colour intensity.

The Web site also presents some animated graphs on the distribution of AIDS cases by age, sex, occupation and risk factors.

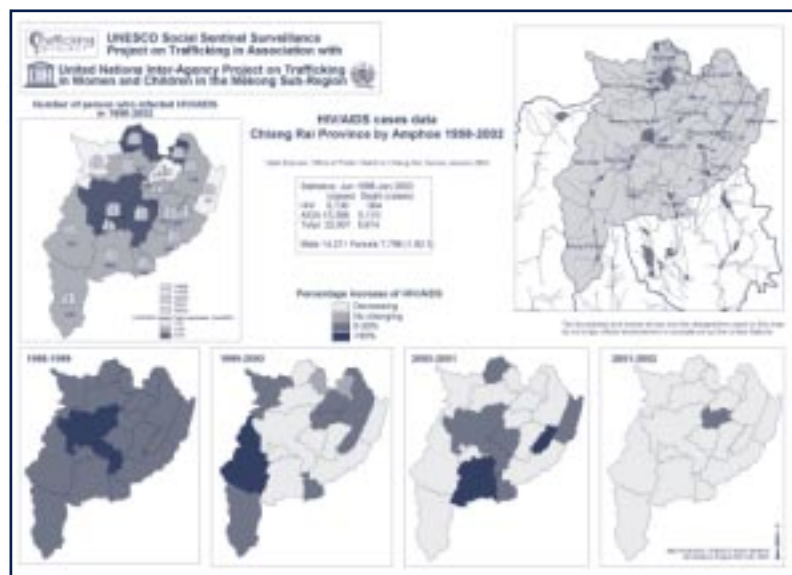
UNESCO, the leading agency in the use of geographic information systems (GIS), initiated the Social Sentinel Surveillance Project in 2001, in collaboration with the UN Interagency Project on Trafficking. The aim of that project was the development and testing of a village-

based, GIS-linked sentinel surveillance system and computerized database for tracking and analyzing the changing patterns in the trade in girls and women in the Upper Mekong Subregion. It also included the mapping of HIV/AIDS.

The maps are available on the UNESCO Bangkok Trafficking Project Web site, [www.unescobkk.org/culture/trafficking](http://www.unescobkk.org/culture/trafficking), and can be viewed with any Internet web browser.

GIS is a computer-based technology for producing, organizing, and analysing spatial information to allow users to see statistical data analysed in relation to topographic and geographic features as well as administrative boundaries. This allows for better tracking of linkages between areas with a high incidence of infection and the factors attracting people to those areas.

**For further information, please contact:**  
**Dr. David Feingold, Co-ordinator**  
**HIV/AIDS Programme**  
**Culture Unit, UNESCO Bangkok**  
**920 Sukhumvit Rd, Bangkok 10110,**  
**Thailand**  
**Tel: (+66) 2 391 0577 ext. 516**  
**Fax: (+66) 2 391 0866**  
**E-mail: [d.feingold@unescobkk.org](mailto:d.feingold@unescobkk.org)**  
**[www.unescobkk.org/culture/trafficking](http://www.unescobkk.org/culture/trafficking)**



# HIV/AIDS

## country watch in the GMS: the national response to HIV/AIDS

The information presented in the HIV/AIDS country watch originates from the Web site of the Joint United Nations Programme on AIDS (UNAIDS), [www.unaids.org](http://www.unaids.org).

As one of the nine co-sponsors of UNAIDS, UNESCO works closely with the UNAIDS secretariat and other co-sponsors in addressing the HIV/AIDS pandemic. By combining the relative expertise of its co-sponsors, UNICEF, UNDP, UNFPA, UNDCP, ILO, UNESCO, WHO, WFP and the World Bank, UNAIDS undertakes a comprehensive effort to prevent new HIV infections, care for those already infected, assess and address the vulnerability of individuals and communities to HIV/AIDS and alleviate the overall socio-economic and human impact of the epidemic.

UNESCO's contribution to the work of UNAIDS includes prospective studies; the advancement, transfer, and sharing of knowledge; standard-setting action; expertise in the form of technical co-operation; and exchange of specialized information. In addition, UNESCO has identified preventive education as a priority area for its work. This focus on preventive education includes five core tasks: advocacy at all levels, customizing the message, reducing risky behaviour and vulnerability, caring for the infected and affected, and coping with the institutional impacts. UNESCO Bangkok also focuses on prevention of stigma and discrimination, cultural aspects of HIV/AIDS and transmission of HIV/AIDS by men who have sex with men.

For the purposes of the ADB-funded project ICT and HIV/AIDS preventive education in cross-border areas of the Greater Mekong Subregion, UNESCO will draw on the extensive regional expertise of the UNAIDS South-East Asia and Pacific Inter-

country Team (UNAIDS SEAPICT). To provide the reader with the situational and policy context for the ADB-funded preventive education intervention in the GMS, each recurring issue of this bulletin will include an update on the HIV/AIDS situation in the GMS countries as collected by UNAIDS, supplemented in future issues by the results of UNESCO's own research under the project.

### Cambodia

#### ■ Profile

Cambodia has a population of 12 million, composed mostly of ethnic Khmer, who are involved in complex relationships with large populations of Thai and Vietnamese on either side of their country. The recent history of the country has been marked by civil war and only in the last few years has a fragile parliamentary democracy emerged at the national level.

Cambodia is rebuilding after 20 years of internal conflict and is faced with significant and ongoing development challenges. These challenges include a lack of skilled human resources and infrastructure, as well as rampant poverty. Persistent poverty and political turmoil have led to a weak health infrastructure badly in need of rehabilitation. As a result, health and community services are having to work hard to cope with the added burden of HIV/AIDS. Despite the fact that the capacity and skill level of the health sector has significantly improved, the annual HIV/AIDS budget remains underfunded. Estimates of the impact of HIV/AIDS

on the country's economy range from US\$2 billion to US\$3 billion by 2006, an amount that cannot be met by the current budget allocation.

From 1991, when the first case of HIV infection was reported, to 1998, Cambodia experienced rapid spread of HIV. However, over the last few years, sustained decreases in adult prevalence rates from over 4% to 2.6% provide hope for the future. Contributing factors to the success in addressing HIV/AIDS include political commitment, a strong response from civil society and a wide range of activities by the Ministry of Health, including the 100% condom use programme.

Although the Government is in the process of undertaking health reform, including more efficient allocation of resources, health status remains low. Sexually transmitted infections (STI) prevalence appears to be declining, but there is still a shortage of affordable and accessible STI drugs. The country's voluntary counseling and testing (VCT) services remain limited outside of Phnom Penh, blood safety remains a major concern and management of sexually transmitted infections requires expanded efforts. At present, the main mode of HIV transmission is through heterosexual intercourse and more research is needed to better understand sexual behaviour contributing to the epidemic in Cambodia.

Burden adult prevalence (age group 15-49) in Cambodia is 2.6% (2002). Due to the turbulent past of Cambodia, almost half the population is under the age of 20, including adolescents who are especially vulnerable

to HIV infection. In addition, gender inequality and sexual violence are also shaping the epidemic and are particularly visible in Cambodia's widespread sex industry.

AIDS has reduced life expectancy and increased infant and under-five mortality rates. As a result, population growth is projected to slow slightly. Family structure is also changing as more orphans and grandparents in families affected by HIV/AIDS head households. Many children have dropped out of school and have had to find work in order to support their families, while at the same time taking on additional household chores. Due to widespread gender inequality, girls are more vulnerable to these socio-economic impacts of HIV/AIDS than boys.

Knowledge of HIV transmission and prevention is improving, though misperceptions persist. Stigma and fear surrounding HIV/AIDS persist at household and community levels, often due to a lack of basic information. In particular, children affected by HIV/AIDS are exposed to high levels of stigma and psychosocial stress.

#### ■ National strategic framework

A national strategic framework to address HIV/AIDS has been completed for the period 2001-2005. Priority action areas include programmes to: reduce vulnerability to HIV/AIDS; strengthen care services; strengthen institutional structures, processes and mechanisms; and implement the AIDS Law. A key partnership in addressing the HIV/AIDS epidemic is the National AIDS Authority (NAA). The NAA is an interministerial body consisting of over 20 ministries, the Cambodian Red Cross and provincial governments. It is responsible for formulating and monitoring the national response to HIV/AIDS.

Implementation work plans have been developed for both the NAA Secretariat and the larger NAA partnership. Sectoral plans and some provincial plans have also been devel-

**“Cambodia is rebuilding after 20 years of internal conflict and is faced with significant and ongoing development challenges.”**

oped. These work plans have been costed and will be implemented nationwide. In addition, a multisectoral thematic working group on monitoring, evaluation and reporting is in the process of being established. A framework for this has already been drafted, which is linked to the UNGASS-AIDS Declaration.

National policies and strategies have been developed and the AIDS Law has been passed by the National Assembly. The Prime Minister reiterated a strong commitment to the fight against HIV/AIDS during the closing ceremony of the 2nd National AIDS Conference, October 2002. Government departments have been encouraged to fund HIV prevention activities from their regular budgets but with limited success to date. World Bank loans to support the response to HIV/AIDS at a national level have been made available through the Ministry of Health.

#### Lao PDR

##### ■ Profile

The first case of HIV was detected in 1990 and since then, HIV/AIDS has primarily affected sex workers and their clients as well as mobile cross-border populations, albeit at low levels. At present, the majority of Lao-tians with HIV is located near the bor-

ders with Thailand and China, and in the capital, Vientiane. Ninety-six per cent of HIV infections reportedly occur through heterosexual contact, and indications are that in Lao PDR women and men are equally at risk. Studies have revealed high levels of sexually transmitted infections, especially Chlamydia, among sex workers. Although, Lao PDR is one of the leading producers of illicit opium in the world, current research shows that injecting drug use remains low. However, it is expected to increase as drug users switch from alternative routes of drug administration to injection.

The spread of HIV/AIDS and sexually transmitted infections in Lao PDR is slowly becoming more apparent as research in this field is increasing. Findings of the national second-generation surveillance in 2000-2001 showed that six of 811 (0.9%) female service workers in entertainment sites were HIV-positive. Another study involving 108 female sex workers showed a total STI infection rate of 54%, which is higher than reported anywhere else in South-East Asia.

Efforts of national and international organizations over recent years have resulted in an increase in awareness of HIV/AIDS and sexually transmitted infections among the general population. Behaviour is changing, especially in urban areas, as evidenced by the increase in condom use. With heterosexual intercourse being the primary mode of transmission, sex workers and mobile populations remain the most vulnerable groups. Activities such as peer education, life skills training and other behaviour change activities are already targeting these groups.

Approximately half of the population of five million is ethnic Lao and the other half is made up of several ethnic minority groups. The five largest ethnic minorities – the Hmong, Katang, Khmu, Leu, and Phutai – total 1.5 million. Lao PDR borders Cambodia, Myanmar, Thailand, Viet Nam, and Yunnan, Province of China, where HIV/AIDS prevalence rates are



**“As Lao PDR becomes more economically integrated with neighbouring countries, its vulnerability to HIV/AIDS will increase.”**

relatively high. Seasonal migration, especially of its ethnic minorities, to northern Thailand and Bangkok, Thailand, is large and a significant proportion of migrants are sex workers. Hospitality workers, transport workers, traders, construction workers and migrant factory workers are among the most vulnerable groups in Lao PDR.

Burden adult prevalence (age group 15-49) is 0.05% (2002). At present, high-risk behaviour is increasing in many subgroups of the population, including an increase in the number of individuals' sexual partners, low condom use and high rates of STIs among the informal sex workers. Lao PDR faces an increasing challenge in addressing HIV/AIDS, especially since health-sector spending as a percentage of GDP is among the lowest in the world due to Lao PDR's limited resources.

As Lao PDR becomes more economically integrated with neighbouring countries, its vulnerability to HIV/AIDS will increase. Two major roads are under development to link the country to Thailand, Viet Nam and Yunnan, Province of China. The construction of these roads will attract many migrant workers and after the construction is completed, the mobility of trucks and workers along these roads will further increase. With relatively high HIV prevalence rates in all of Lao PDR's five neighbouring countries and population mobility increasing both within and across borders, the HIV/AIDS vulnerability of Lao PDR is clear.

#### ■ National strategic framework

The national strategic framework for HIV/AIDS has been completed for the period 2002-2005. Priority action focuses specifically on risk behav-

iours, including condom promotion; prevention and treatment of sexually transmitted infections; life-skills training; and strengthening of institutional arrangements. Development of the framework involved the organization of civil society and people living with HIV/AIDS in a national consultative workshop. The framework calls for a multisectoral integrated approach, involving various ministries and mass organizations, including youth organizations, women's organizations and trade unions.

The implementation plan has been completed and costed. Policies embodied in the plan include non-discrimination; confidentiality; access to care; involvement in decision-making of those infected and affected by HIV; and support for the condom programme. The plan will be implemented nationwide and will include a monitoring and evaluation component that is still in planning.

The Lao PDR Head of State committed to a strong government response to AIDS during the November 2001 ASEAN Summit. Despite this, there is still a relatively low budgetary allocation to the national HIV/AIDS response.

#### Myanmar

##### ■ Profile

Myanmar stands on the brink of what may be one of the most serious HIV/AIDS epidemics in Asia. Among the three Asian countries hardest hit by the epidemic, only in Myanmar do national HIV infection rates continue to rise, primarily as a result of injecting drug use. In comparison, the level of resources to combat the epidemic in Myanmar has increased at a very slow pace, as international disengagement continues to affect the flow of

overseas development assistance to address the humanitarian needs of a comprehensive response to HIV/AIDS in the country. In addition, the existing HIV/AIDS budget remains critically underfunded by the Government of Myanmar. In the face of these challenges, Myanmar, together with the UN Theme Group on AIDS, has prepared a comprehensive Joint Plan of Action that fosters the involvement of NGOs as well as the utilization of established local government structures. Full implementation of the plan requires US\$51 million but only half of this amount has been mobilized so far.

Burden adult prevalence (age group 15-49) is 1.1%-2.2% (2002) in urban areas and 0.04%-0.07% (2002) in rural areas. Injecting drug use, sex work, limited condom use and availability, inadequate involvement of people living with HIV/AIDS in addressing the epidemic, limited laboratory and treatment capacities and risk factors associated with mobile populations remain a concern for the future development of HIV/AIDS in Myanmar.

#### ■ National strategic framework

The national strategic framework for HIV/AIDS has been completed for 2003-2005. The framework was prepared by the UN Theme Group on AIDS in partnership with the Government of Myanmar and includes five priority areas: sexual HIV transmission; injecting drug use; awareness-raising; care, treatment and support; and fostering an enabling environment.

The implementation plan has been completed and costed. The implementation plan includes nationwide coverage and a monitoring and evaluation component. In addition, the Fund for HIV/AIDS in Myanmar has been established.

Myanmar's Government made

commitments to a strong national response to HIV/AIDS during UNGASS and Asia Pacific regional meetings such as the November 2001 ASEAN Summit but, as yet, no specific HIV/AIDS legislation is in place. Although the Ministry of Health has committed to allocation of substantial resources to the national response, these resources do not meet the growing needs for primary prevention, care and support. To date, only a limited budget has been made available.

## Thailand

### ■ Profile

Thailand is known as a centre for various aspects of development in Asia. The country's experience in addressing HIV/AIDS is often referred to by other countries in developing their own response. There is an increasing demand on Thailand to share its experiences with other countries in Asia and Africa through study tours and similar South-to-South co-operation initiatives. With a democratic political system and monarchical support, it has reached a considerable level of development, as is evident in some key indicators such as life expectancy (69 years in 2001), literacy rate (96%) and infant mortality rate (28/1000 live births).

Although Thailand has shown HIV prevention successes through strong political commitment and the promotion of a multisectoral approach, the country still faces the socio-economic and epidemiological impact of the epidemic. AIDS has become a leading cause of death and a growing number of PLWHA requires effective treatment. The Government is aiming to address this need by making 50,000 antiretroviral treatments available by the end of 2004.

Burden adult prevalence (age group 15-49) is 1.8% (2002). Unless preventive efforts are sustained, the epidemic could quickly grow, especially within new and existing vulnerable groups such as spouses of sex workers cli-

“Although Thailand has shown HIV prevention successes through strong political commitment and the promotion of a multisectoral approach, the country still faces the socio-economic and epidemiological impact of the epidemic.”

ents, young people, mobile populations and drug users. Challenges for the country include reviving intensive HIV prevention efforts, providing care and support to people living with HIV/AIDS and maintaining political commitment at the highest level and in every government ministry.

### ■ National strategic framework

The national strategic framework has been completed for 2002-2006. Priority action areas include: strengthening the potential of individuals, family, communities and institutions in prevention; and enhancing health and social services, research, international co-operation and management systems. A multisectoral approach is commonly used in all structures and mechanisms. Membership of the national and provincial AIDS committees has already been expanded to all sectors. These committees oversee HIV/AIDS policy and programme implementation. The Prime Minister is officially the Chair of the National

AIDS Committee and the country will host the 2004 International AIDS Conference. In addition, the overall response to HIV/AIDS has a strong involvement of NGOs and people living with HIV/AIDS.

The implementation plan has been completed and costed. The plan will include nationwide coverage and the monitoring and evaluation components are in planning. The Government of Thailand has requested technical support from the UN system to strengthen the capacity of the AIDS programme. For 2002, the AIDS budget was US\$35 million (out of the overall health budget of US\$2 billion). AIDS budget remains at the agreed fiscal year level with budget for care and treatment potentially being mainstreamed into the National Universal Health Coverage scheme.

Although the fiscal budget reflects strong government commitment and Thailand has received funding from the Global Fund, there is still a need for more budgetary allocation. Especially, as Thailand has appealed for increased national and international

co-operation in the effort to address HIV/AIDS under the 9th National AIDS Plan (2002-2006). Issues including non-discrimination, access to care, multisectoral approach and international co-operation are reflected in the 2002-2006 National AIDS Plan but there still remains a need to address non-discrimination and rights issues, targeting a few specific groups such as injecting drug users.

## Viet Nam

### ■ Profile

Viet Nam is one of the countries in South-East Asia that achieved remarkable economic progress in the 1990s. The country has also reached a considerable stage of development with an average population growth rate of 2.0% and life expectancy at birth of 69 years. However, Viet Nam's development success is currently being challenged by the HIV/AIDS epidemic.

Since the first HIV-positive case was detected in December 1990 the HIV/AIDS epidemic has been developing rapidly and HIV/AIDS has become a significant health issue in Viet Nam. At the end of 2001, the estimated adult prevalence (age group 15-49) in Viet Nam was 0.3%. According to the National Strategy on HIV/AIDS Prevention and Control in Viet Nam for the period 2004-2010 with a vision to 2020, which has recently been approved, 76,180 HIV infected cases were identified as of December 2003. Of these cases, 11,659 are reported to have developed AIDS and 6550 people have died of AIDS nationwide. At present, HIV is found in all of Viet Nam's provinces. It is estimated that by the year 2005, there will be 200,000 adults and children living with HIV/AIDS in Viet Nam.

In 2002, as many as 62% of total HIV infected case reported were young people from age 20 to 29. In addition, Viet Nam has high HIV prevalence among sex workers, clients of sex workers and injecting drug

users. At present, Viet Nam has a concentrated HIV epidemic, primarily transmitted through the sharing of needles during injecting drug use. An estimated 60% of all HIV infected cases are injecting drug users.

Informal internal migration is extensive, with Vietnamese sex workers and labourers working in both Cambodia and Lao PDR, as well as in other Asian countries. Those with highest vulnerability are debt-bonded Vietnamese women from the lower Mekong Delta provinces who work in brothels in Phnom Penh and provincial towns in Cambodia. Vietnamese migrant workers who do construction work on sites in Cambodia and the Lao PDR are also particularly vulnerable.

### ■ National strategic framework

The national strategic framework has been completed for 2001-2005. Priority action areas include: raising awareness on HIV/AIDS; strengthening institutional capacity to address the epidemic; improving the health system; and strengthening scientific research. Following the ongoing implementation of this framework the Government has just recently, in early 2004, approved the National Strategy on HIV/AIDS Prevention and Control in Viet Nam for the period 2004-2010 with a vision to 2020. The framework includes nationwide coverage and a monitoring and evaluation component. The framework is supported by various national policies on HIV/AIDS that have been developed since 1994.

National and local AIDS committees involving relevant sectors approve resources and oversee overall implementation. The AIDS Division and National AIDS Bureau of the Ministry of Health are the secretariat to the National Committee for AIDS, Drug and Prostitution Prevention and Control (NCADP), which is chaired by the Deputy Prime Minister. Throughout implementation of the strategic framework, the Government

involves relevant sectors in the NCADP and has also received support from the UN system.

Despite political commitment and policy support for the framework, funding is still limited. Overall government budget is still recovering from the economic downturn in the late 1990s while at the same time the need for resources to address the growing demand for prevention and care activities is increasing.

## Yunnan, Province of China

### ■ Profile

By the end of 2002, the Ministry of Health of China estimated that there were possibly more than one million cases of HIV/AIDS in China. Located in South-West China, Yunnan, a poor interior province bordered by Lao PDR, Myanmar and Viet Nam, has been particularly hard-hit by the HIV/AIDS epidemic. The first group of 146 HIV carriers were found in Yunnan in 1989 and the province is considered the "birthplace" of HIV/AIDS in China. Yunnan Province has the highest reported HIV infection rate in China and in 1999, the number of HIV carriers in Yunnan accounted for 43.6% of the national total. This dropped to 32% in 2002.

In the early 1990s, the HIV epidemic was predominantly found among intravenous drug users along the Myanmar-Yunnan border. Since 1995, HIV has spread along truck routes to most parts of Yunnan and the rest of China. In 2001, a total of 8,317 HIV/AIDS cases were documented in Yunnan, and 326 AIDS deaths were reported. The increase in HIV cases in Yunnan is especially noticeable along highways leading to the Myanmar border.

A poor understanding of the interlinked problems of drug use, trafficking and HIV/AIDS is still one of the primary reasons for the increasing number of people infected and affected by HIV/AIDS. High cross-border mobility and the difficulty in

“Despite an overall low prevalence rate of less than 0.2% (2002), China is currently experiencing one of the most rapidly expanding HIV epidemics in the world.”

reaching mobile populations and the ethnic minorities in the region are also main contributing factors to the spread of HIV/AIDS in Yunnan.

Despite an overall low prevalence rate of less than 0.2% (2002), China is currently experiencing one of the most rapidly expanding HIV epidemics in the world. Since 1998, the number of reported cases has increased by about 30% yearly. By 2010, China could have as many as 10 million infections and over 260,000 orphans if no intervention is undertaken. The most frequent modes of HIV transmission have been sharing of contaminated needles among injecting drug users in southern and western China and unsafe practices among paid blood donors. HIV/AIDS is now rapidly spreading to the general population via sexual transmission.

#### ■ National strategic framework

China has developed and adopted a strategic framework in the form of the nationwide National Medium- and Long- Term Plan for AIDS Prevention and Control (1998-2010), and the Plan of Action (2001-2005) for immediate intervention. Areas for prior-

ity action include timely implementation of AIDS prevention; strategic planning; improvement of STI care system; investment of human and financial resources for AIDS prevention; and expanding AIDS response at all levels and in all sectors.

The State Council Co-ordinating Committee for AIDS/STD Control (SCCC) is the designated national multisectoral co-ordination body and is composed of 34 government ministries. SCCC has the overall responsibility for co-ordinating and promoting collaboration among government agencies, the private sector and civil society. The committee meets once or twice a year and is also responsible for the monitoring and evaluation component of the national plan. The Minister of Health is expected to chair the SCCC.

Policy support for implementation of the framework is provided through, among others, a national policy for conducting comprehensive health education through mass media and a national condom promotion strategy. In addition, in 2003, tariffs on imported ARV drugs were waived to facilitate access to care.

The total cost of implementation of the Plan of Action alone is estimated

at US\$320 million. In 2002, US\$151 million was provided to blood centres to upgrade facilities and ensure safe donation practices and US\$109 million was provided to poorer areas in China to address HIV/AIDS. In addition, the central government increased the outlays in HIV prevention and control from US\$1.8 million in 2001 to US\$15 million in 2002 and the provincial governments allocated US\$7 million in 2002 as direct inputs to HIV prevention and control.

At present, local and sectoral plans are at various stages of development and implementation of the national plan. According to the Xinhua News Agency, Yunnan Province has established an HIV/AIDS monitoring system, including prevention and treatment centres, test labs and monitoring stations with funding from both government and non-governmental agencies, including the UN and the Asian Development Bank. In addition, the province has launched prevention and treatment of HIV and AIDS programmes in more than 20 cities and counties.



# HIV/AIDS hot spots in the GMS:

## country focus

### AIDS threat grows in Lao PDR

■ **By Henry Hoenig, a freelance journalist based in Bangkok. Originally published in the Baltimore Sun, 14 April 2004.**

**M**UANG XAI, Lao PDR - This cross-roads town has long been a place where people come from the hills to sell tree bark and bamboo shoots and whatever else they can gather from the jungles of this rugged region. Now it is also a place where young hill tribe girls come to sell sex.

As daylight fades, tractor-trailer trucks line up along the main strip. Inside a karaoke club at one of the town's several Chinese hotels, a pretty 14-year-old known only as Noy braces for another night of work.

Like everyone else in her Kamu village, Noy had never heard of HIV or AIDS before she arrived in town just 10 days earlier. She first heard it mentioned, she says, after being coerced into selling her body to Chinese and Laotian truck drivers and businessmen - up to 10 men a night. But she has no idea how a person gets infected.

Many experts use phrases such as "unseen epidemic" and "wholesale destruction" to describe the dangers facing the hill tribes of northern Lao PDR that make up 90 per cent of the area's population.

Muang Xai is ground zero, the most dangerous of several potential AIDS "hot spots" identified by the United Nations. No one knows how many here carry the human immuno-defi-



© DAVID A. FEINGOLD, OPHIDIAN FILMS, LTD.

ciency virus, but the number is believed to be rising quickly. The only statistics are so outdated that they are dismissed as nearly irrelevant. A study is being conducted, but a lack of money for testing has made it a guessing game.

Up to now, isolation has protected the hill tribes from the AIDS epidemic in neighbouring countries. But under plans financed by the Asian Development Bank and member nations, the

area is emerging as something of a commercial transport hub, one that eventually will link Kunming, China, to Bangkok, Thailand, and ultimately Phnom Penh, Cambodia, and Ho Chi Minh City, Viet Nam. A highway will connect Hanoi to northern Myanmar and the capital, Yangon.

Officials are particularly worried about Highway 3, which runs from Louangnamtha, Lao PDR, near Yunnan, Province of China, south to

## “Muang Xai is ground zero, the most dangerous of several potential AIDS ‘hot spots’ identified by the United Nations.”

Houayxay, just across the Mekong River from Thailand’s Chiang Rai province.

These routes will intersect in Muang Xai, bringing to town large numbers of men from areas with some of the world’s worst AIDS infection rates. It will fuel the sex trade and create “enormous potential for the rapid spread of HIV,” a UN Development Programme report says.

“We really need to work hard and fast,” says Lee-Nah Hsu, manager of the UNDP South-East Asia HIV and Development Programme, who compared the situation to sub-Saharan Africa. “It will take time before we can get some concrete numbers out. By the time the information gets out, it might be too late.”

The hill tribes in northern Lao PDR are especially vulnerable, the poorest and most isolated people in a poor and isolated country. Many are enduring tremendous upheaval, including forced relocation as part of government efforts to eradicate opium growing and slash-and-burn agriculture. They are being dragged from a subsistence living into a cash economy but have few ways to earn more.

One result has been an increase in prostitution and the trafficking of hill tribe girls in northern Lao PDR and to China and Thailand. Commercial sex has become commonplace as tens of thousands of foreign workers, mostly Chinese men, have crossed the border to work on new dams and roads, and the number of Chinese and Laotian truck drivers carrying Chinese goods across the border has increased.

Yet AIDS awareness is low, and the area’s few hospitals would provide little comfort, never mind medication, to AIDS sufferers if a widespread outbreak was to occur. Until recently, local health officials say, those in Muang Xai known to have contracted HIV generally were told so only after

appearing at the hospital with AIDS symptoms. Then they simply returned home to die.

“There is the potential for some of these groups to be both physically and culturally wiped out, because you are dealing with small populations,” says anthropologist David Feingold, an expert on hill tribes, trafficking and HIV/AIDS with UNESCO’s Bangkok office.

One indication of the potential for an AIDS epidemic is the high rate of sexually transmitted diseases among “service girls”, any young woman working in a restaurant, nightclub or guesthouse, in Vientiane and two lowland southern provinces, where awareness of HIV and condoms is relatively high.

A 2000 survey sponsored by the National Committee for the Control of AIDS found that 39 per cent of 800 young women in service jobs had at least one sexually transmitted disease. Not all of the women sold sex, 65 per cent reported doing so in the previous year, so the rate of sexually transmitted disease infection among those who do is likely much higher. Condom use was found to be rare.

The study found that one per cent of women in service jobs tested positive for HIV. The threat is clear: If these practices continue, eventually the numbers of HIV infections will explode and the virus will move quickly into the general population, as the majority of the women’s customers are white-collar businessmen and government officials. Given the length of time between infection and the onset of AIDS, as well as the length of time since the last survey, it might be happening now.

Non-governmental organizations have been scrambling to get the message out in the north, but there is almost no mass media, most villages don’t have electricity, and the literacy rate is about 20 per cent. So, instead

of airing television ads, they are performing skits on public buses and driving into remote mountain villages with battery-powered video players.

Still, progress has been made, and the Government of Lao PDR has been given high marks for its willingness to tackle the problem. AIDS-awareness posters and condom ads hang on the walls of nearly every restaurant and nightclub in Muang Xai.

Buses and taxis are covered with stickers touting Number One condoms. Old men walk down the street wearing new baseball caps with the Number One logo. Most here have at least heard of condoms, a change from just a year ago, local health officials say.

Nevertheless, AIDS awareness among sex workers remains low, says Sihamano Bannavong of Public Service International, a non-governmental organization active in the area. And there is a great difference between teaching sex workers about condoms and persuading them to demand that reluctant customers use them.

Meanwhile, the job of raising awareness is becoming more difficult. Men wary of AIDS are increasingly stopping at small roadside restaurants in the countryside in search of what they call “clean” girls. Often these places are little more than a thatched hut next to the road, where one or two girls sit staring into a fire, waiting for customers to stop for a bowl of noodles and a bottle of Beer Lao. Now the men are increasingly buying sex as well as dinner.

Sihamano says many drivers have “minor wives” at several points along their routes, offering families a regular stipend for the sexual services of their daughters. Just as the men have more than one such relationship, so do the young women.

“Of course, they don’t use condoms,” he says.

# Strategies with impact



*Minority language broadcasting at Radio Thailand Chiang Mai*

PHOTO USE COURTESY OF OWEN WRIGLEY, UNESCO BANGKOK

page

24

## Radio programming: an effective tool in preventive education

■ **By the Culture Unit, UNESCO Bangkok**

Many different ethnic groups live in the Mekong Region. These minority peoples are particularly vulnerable to HIV/AIDS due to lack of access to education, poverty, lack of culturally appropriate information in their own languages, cultural and social breakdown within some communities, forced relocation, non-traditional drug use and involvement in the sex trade. This involvement can be either willingly or through the many trafficking routes which have appeared in the region over the last decades.

One of the main barriers to preventive education is the vast number of distinct languages from different language families. Many people do not speak the national language, speak an unwritten language and are not literate in transliteration scripts. They often live in remote areas and in relatively small villages without electricity.

### Radio: ICT that works

In preparation for a project interven-

tion to address these issues, UNESCO undertook extensive research to identify the most effective and low-cost tool of information dissemination for ethnic minority people. Following this, it was determined that radio was the most cost-effective communication technology to reach a wide range of ethnic audiences, within the broadcasting country as well as cross-border, while using their own languages.

During the preliminary research, it was found that in Thailand radio is one of the most effective tools in transmitting State news and information as virtually all the 700,000 plus villages across the country have at least a community radio set and loud-speaker to broadcast morning and evening news for the whole community. In remote and minority-dominated areas, the government and military have permitted the broadcast of ethnic minority languages to reach those listeners who do not fully understand the Thai language.

### Collaboration with local radio stations

For the first phase of the radio project to be implemented in Thailand, UNESCO studied and negotiated with several existing radio sta-

tions in northern Thailand, which had the potential and capacity to reach out to a wide range of listeners. Following this, UNESCO decided to work with Radio Thailand Chiang Mai (RTC) which is under the supervision of the Public Relations Department. At the time, this station broadcasted news and programmes in seven minority languages. Hmong, Karen and Mien were introduced in 1969; Akha, Lahu and Lisu were added in 1971; and Shan was introduced in 1996.

The minority language services of the Chiang Mai station were broadcast in AM frequency at 50 kilowatt. Their broadcasts reached out to listeners in South-West China, eastern Lao PDR, northern Myanmar and parts of North-East India.

Apart from local and international news, the station also broadcasted music and information about environment, laws, public health and family planning, agriculture, education, gender and child issues, and culture. In addition, it also served as a medium

**“Following extensive research, it was determined that radio was the most cost-effective communication technology to reach a wide range of ethnic audiences, within the broadcasting country as well as cross-border, while using their own languages.”**

of communication between hill tribe people in remote mountainous areas and their relatives in towns and cities across the country.

Both UNESCO and RTC shared the understanding that trafficking in women and children and the spread of HIV/AIDS had become major problems among hill tribe people in northern Thailand and beyond. This understanding consolidated the co-operation that followed.

The existing minority language service of RTC further facilitated implementation of the radio project. There were 16 highland minority staff who worked on the seven language programmes. They worked as pro-

would collect information on local culture and record songs and folktales to be incorporated into the radio broadcasts.

The usefulness and effectiveness of the minority language services of RTC was confirmed by the fact that the station was often visited by ethnic minority visitors from as far away as Myanmar and China who would request the station for assistance in locating lost relatives and friends. Letters to the same effect would arrive from places such as Malaysia and Taiwan of China. The station deemed such a social service as one of its key duties, which is said to be widely appreciated by ethnic minorities across

veloped. According to the Shan group, the programmes should be produced in the form of drama, instead of straightforward news or information programmes. This would attract more listeners while at the same time being most effective in delivering the proposed messages.

The decision was reached to target teenage girls and young women but to also make the programmes of interest to a broad range of listeners. Personal narratives, particularly migration narratives, were collected in order to provide a factual base for the dramatic stories. Participants and UNESCO agreed that the audience would be more likely to accept the message of the programmes if they were based on real life situations.

It was also agreed that the Shan Radio Opera would be managed and undertaken by native speakers of the language, including scriptwriters, producers, musicians, actors, actresses and technicians. Theme music would be composed by a modern Shan composer.

It was further suggested that the broadcasts take place in the evening as most people would be working in the field during the daytime. Moreover, reception at night would be much clearer as there would be less interference from other frequencies.

Following these developments and with co-funding from the United Nations Interagency Project on Trafficking in Women and Children in the Mekong Subregion (UNIAP), UNESCO signed agreements with RTC and the Shan production team in Chiang Mai for the production, recording and broadcasting of 30 Shan radio dramas, incorporating preventive education messages. These radio dramas would be 10 minutes each and would be aired five days a week.

The first Shan soap opera series, “Teardrops from a Wild Orchid”, went on air on 15 July 2001. In the week before it was broadcast, RTC made daily announcements to promote the new Shan soap opera and also to encourage listeners to provide the station with feedback on the drama.

**“The methodology for producing radio programmes in minority languages is based on real-life experiences and is developed in the local languages by native writers, rather than simply translated. This ensures that programmes are culturally and linguistically acceptable to the audience.”**

gramme producers, including translation into their respective indigenous languages, as well as announcers. These minority language staff members also served as interpreters for various government and non-governmental agencies on a wide range of issues. Thus, they were familiar with the issues of trafficking and HIV/AIDS in the broader context of the myriad of problems faced by minority peoples.

Every dry season, the station’s minority language staff would visit various minority areas in Thailand to assess programme reception and gather recommendations to help improve existing programmes and identify new ones. During the field visits, they

the region, thus displaying a mature sense of social responsibility that could be applied to other issues as well.

#### **The development of Shan radio drama**

As the majority of highland people in northern Thailand and Myanmar’s Shan State understand the Shan language, UNESCO’s plan was to do a radio pilot project in the Shan language.

In March 2001, UNESCO held an informal meeting with 20 Shan women and men to explore their views and inputs on how a programme addressing issues such as HIV/AIDS, drug use and trafficking could best be de-





© DAVID A. FEINGOLD, OPPHIDIAN FILM, LTD

UNESCO learned from the station, the Shan production team as well as through direct interaction with the listeners that the series was well received. Since the completion of the programme, the station has repeated the series twice in response to the requests of listeners. Further to this success, a second series called “The Mountain Flower” has now been produced.

### UNESCO’s methodology for producing programmes in minority languages

The methodology for producing radio programmes in minority languages is based on real-life experiences and is developed in the local languages by native writers, rather than simply translated. This ensures that programmes are culturally and linguistically acceptable to the audience. This innovative and unique methodology has been developed by UNESCO as a result of extensive research and field work over the last decade. The UNESCO methodology can be decomposed as follows:

1. The programme takes the shape of a dramatic soap opera, with a local heroine facing a wide range of experiences. Soap operas are generally well known and liked by the audience. This form of communication tends to be better accepted by teenagers and

youths who would reject traditional pedagogic methods.

2. The content of the programme is based on actual experience. Real-life stories from various people are collected through participatory group discussion (focus groups) at the village level and integrated into the script so that the listeners can identify with the soap opera characters.

3. The script is composed directly in the selected minority language by local minority writers to ensure it is culturally as well as linguistically acceptable to the audience.

4. The script is translated into English and into the national language to check its scientific accuracy.

5. Local musicians compose traditional local music and songs in the minority language, which underline the themes of the story.

6. The programme is tested in order to verify that an appropriate and efficient message is conveyed.

7. The programme is broadcasted.

8. Selected follow-up audience research is conducted in villages to evaluate how appropriate the broadcasting timing is as well as the understanding of the programme and the impact of the message.

9. The script, tapes and related output of the programmes are packaged and distributed for further pedagogical and educational uses, and future rebroadcasting.

10. The programme is proposed to radio stations in other countries of the region where the minority is present. The script and format may be adapted to suit the needs of the radio-station or local community.

In short, the success of this methodology is based on four strengths:

1. The content of the programme is based on real stories.

2. The local language is used throughout the process.

3. Professionals are selected at each level: research is done by professional researchers and radio programmes are produced by radio professionals.

4. Follow-up and audience research help to improve the next phases of the ongoing radio project.

### Scaling up in the GMS

As a component of the ADB-funded project ICT and HIV/AIDS preventive education in cross-border areas of the Greater Mekong Subregion, initiated in 2003, UNESCO will further develop, test and disseminate a series of radio soap opera programmes and audiotapes aimed at the prevention of HIV/AIDS, as part of a linked triad of problems: HIV/AIDS, trafficking of girls and women, and drug abuse among highland minorities.

In co-operation with local radio stations, local research teams and local artists, UNESCO is working with minority groups in selected GMS countries, including China, Lao PDR and Thailand, to develop programmes that will attract girls and young women in highland areas, those most vulnerable to both sexual trafficking and HIV/AIDS. These programmes build on the substantial past experiences of the UNESCO Bangkok, Culture Unit.

The extensive efforts of UNESCO in establishing the minority language radio programmes have resulted in an innovative methodology that can be successfully applied in the current ADB-funded project as well as in future interventions.

# Halting the march of HIV/AIDS

■ By Omana Nair, External Relations Officer, Asian Development Bank. Previously printed in the ADB Review, Volume 34, No. 6, November - December 2002.

Poipet, a small Cambodian town on the border with Thailand, is well known for its casinos, karaoke joints and commercial sex trade. Establishments cater to all economic classes, from palatial casinos to seedy, dimly lit shanties in an area known as Palelai Village. The night spots have sprung up with the increased cross-border traffic and rising mobility and incomes in the Greater Mekong Subregion (GMS).

But along with this freedom of movement has emerged the growing spectre of HIV/AIDS, which now defies borders and spreads quickly, hitting particularly hard the poorest, most vulnerable sectors of society. One of those at risk is 22-year-old Ros Ry (not her real name), one of an estimated 100 women, mostly from neighbouring provinces, working in the sex trade in Poipet.

Nervously clutching a teddy bear, she talks about her life and how pov-

erty forced her to leave her village for the border town to become a prostitute. She usually has four or five clients a day, she says, earning her a total of US\$6 a day. When asked about HIV/AIDS, she hesitates and looks at the brothel owner, who is watching her closely. She says she is aware of the dangers of HIV/AIDS, and discreetly shows her medical card to prove that she gets regular checkups at the local clinic. Her concern is justified. Cambodia has the highest per capita incidence of HIV/AIDS in Asia.

## Disaster in the making

Although the HIV/AIDS epidemic is still in its infancy in parts of the GMS, it poses a serious health problem with disastrous economic and social implications. Thailand alone has 800,000 people with HIV/AIDS; Myanmar, 500,000; and Cambodia,

250,000. Yunnan Province in the People's Republic of China also has a major epidemic that has only recently been recognized.

Initially most of the people infected were men, but as the epidemic spread, more women and infants have caught the disease. With still no cure in sight and most of the available "drug cocktails" of antiretrovirals to control the symptoms still prohibitively expensive for those in developing countries, prevention and behaviour change are the key means to control the epidemic. Unless stronger preventive measures are taken, the share of HIV/AIDS-related illnesses in the total burden of disease in the subregion is expected to triple in the next 20 years, according to Indu Bhushan, ADB Senior Project Economist.

"Despair, lack of knowledge about HIV/AIDS infection, widespread poverty, and social inequality are all creating conditions for a larger epi-

**"As many of our projects in the region promote mobility, it is our moral obligation to provide guidelines on HIV/AIDS prevention and interventions, particularly among the mobile groups"**

demic in the GMS.” He stresses that priority must be given to implementing HIV/AIDS interventions among high-risk groups, such as sex workers and intravenous drug users.

Experience has shown that prevention and intervention activities can successfully bring about reductions in HIV/AIDS prevalence, provided they are combined with a strong commitment from Governments. Programmes in Cambodia and Thailand, for example, have promoted safe sexual practices, leading to a reduction in HIV/AIDS prevalence and incidence. HIV/AIDS prevention programmes in Thailand are estimated to have saved more than 200,000 people from infection since 1993. Similarly, recent World Health Organization surveys in Cambodia indicate a decline in HIV/AIDS prevalence from 3.9% in 1997 to 2.8% in 2000, although the rate of HIV/AIDS infection in Cambodia is still the highest in Asia and the Pacific.

Economic liberalization, intermittent political instability, improved major road systems, and increased exposure of formerly insulated communities and people to outside contacts have exacerbated the Cambodian people’s vulnerability to HIV/AIDS. Realizing the seriousness of the epidemic, ADB implemented a technical assistance project in 1997 that examined how the GMS countries could co-operate to slow the spread of HIV/AIDS. The study identified 18 possible regional projects, ranging from joint research to using Buddhist monasteries as care centres.

### Targeting high-risk groups

ADB followed this up in August 2001 with a community-based HIV/AIDS prevention project in Cambodia, Lao People’s Democratic Republic, and Viet Nam to help reverse the epidemic. The US\$8 million grant, financed through the Japan Fund for Poverty Reduction, targets high-risk groups. These include migrant and mobile groups such as those in fish-

ing communities; transport, construction, and sex and hospitality workers; and police and military personnel who are vulnerable to HIV/AIDS infection due to their work, living environments, and lack of social support.

ADB has also recently developed a tool kit for HIV/AIDS prevention among mobile populations in the GMS. “As many of our projects in the region promote mobility, it is our moral obligation to provide guidelines on HIV/AIDS prevention and interventions, particularly among the mobile groups,” Mr. Bhushan says.

The programme aims to provide a comprehensive range of HIV/AIDS prevention activities in strategic areas and “hot spots” where the virus is easily transmitted. It also aims to strengthen the capacity of national and local authorities and selected NGOs in developing community-based prevention and care programmes.

Community-based activities include using communication campaigns to change behaviour in communities and mobile populations; promoting the use of condoms through social marketing; and treating and managing sexually transmitted infections.

Also highlighted is the development of models for HIV/AIDS prevention and care in Cambodia that can be adapted for use in the other two countries; training teachers and commu-

nity workers on HIV/AIDS prevention and control; and facilitating learning from Thailand’s experience.

Building on the success of the earlier projects, ADB is planning a new technical assistance project to improve capacities of border area schools and communities in preventing HIV transmission, through modern information communication technology.

### Halting the spread of HIV/AIDS

With the rate of infection varying across the region, individual countries have their own views on how to manage social and behavioural issues that contribute to the spread of HIV/AIDS.

“There is no single cure for such a diverse epidemiological situation,” says Peter Godwin, ADB’s Regional Advisor for the project. “We’re working to discover the underlying commonalities and to use them to build a good network and coherence among the three countries.”

Awareness is still low, he says, particularly among poor people and those in remote areas. HIV/AIDS prevention activities need to be integrated into primary health care programmes. Government leaders need to look to, and learn from, the African experience and respond to the epidemic in an open and pragmatic manner.

**“Despair, lack of knowledge about HIV/AIDS infection, widespread poverty, and social inequality are all creating conditions for a larger epidemic in the GMS.”**

# Cross-border policy focus

## Cross-border drug use and HIV-vulnerability in the GMS

■ **By Irene Lorete, Information Officer, Asian Harm Reduction Network (with courtesy to Dr. Myatt Htoo Razak)**

Asia is second only to sub-Saharan Africa in terms of global HIV prevalence but unlike the latter, injecting drug use (and sex work) was so pervasive that even countries with low infection levels saw the sudden surge of explosive epidemics of HIV infections among injecting drug users (IDUs), which slowly found its way to the wider community.

**I**n nearly all countries, infection rates are much higher among IDUs than among non-injectors because HIV is more efficiently transmitted by sharing contaminated needles and syringes. In 1999, of the 136 countries that reported injecting drug use worldwide, 114 reported HIV infection from IDUs.

Like the Mekong River, HIV connects the flow of people in the GMS. Increased trade, better transportation and increasingly lax border rules in the Greater Mekong Subregion (GMS) have not only increased mobility of people and goods in and out of the region but have also abetted the spread of two epidemics: drug use and HIV/AIDS.

Yet while the fact that sexual behaviour is conducive to the spread of HIV is well documented, the reason for the escalation of drug use, as well as HIV/AIDS transmission among drug users and their partners, are less well understood.

Any illusions that the Asia-Pacific region would 'naturally' be spared the tragedy taking place in Africa are gradually dispelled as rapid social and economic changes, and to a lesser extent political unrest, fuel massive population mobility and the growth of both sex and drug trades.

### **HIV/AIDS and drug use**

Travelling 3,000 miles across six countries in South-East Asia before

emptying into the South China Sea, the Mekong River binds and divides Cambodia, China (Yunnan Province), Lao PDR, Myanmar, Thailand and Viet Nam - the six countries of the Greater Mekong Subregion that are the locus of the HIV/AIDS epidemic in Asia.

Of the 40 million people infected with HIV globally, and the 6.1 million people infected in South and South-East Asia, almost two million live in the GMS with Cambodia having the highest HIV prevalence (2.7%) and China (including Yunnan, Province of China) having the highest estimated number of people with HIV/AIDS.

From a regional perspective, the epicentre of HIV seems to be the Golden Triangle where Thailand, Lao PDR and Myanmar meet. It is suggested that this is probably because: i) historically, these areas have long-standing trade routes; ii) cultivation of opium, refinement of heroin, and their transportation together (more recently) with amphetamines is rampant with a relatively high consumption by the local population; iii) cash is readily available from economic transaction in all border areas; iv) sex culture is more liberal with men and women relatively free to choose sex partners (with an outstanding absence of promiscuity); v) multiple sequential partners are accepted if not a norm; and vi) young girls, particularly those of ethnic groups are incorporated into

sex work at a very young age.

In the Golden Triangle, opium cultivation has taken place for nearly 150 years (i.e., the Shan State in Myanmar), and with the establishment of refineries in the late 1960s, heroin production became the major drug used. Of the estimated 1,626 tonnes global opium production in 2001, 76% came from the GMS: 1,097 tonnes from Myanmar, 134 tonnes from Lao PDR and 6 tonnes from Thailand.

Along with heroin and the practice of injecting drug use, HIV has spread along drug trafficking routes through the Golden Triangle and has now been introduced into previously HIV-free areas of China. A recent study (Beyrer and others, 2000) that demonstrated association between different trafficking routes with different HIV subtypes reflected a social and political context in which virtually all of the communities in these heroin trafficking routes along the borders of Myanmar, India, China, Thailand, Lao PDR, Cambodia and Viet Nam are facing serious dual epidemics, first from injecting drug use, followed by HIV infection.

In Myanmar, Thailand, Viet Nam and China, the first major outbreaks of HIV/AIDS occurred in IDUs. This was first seen in Thailand, but due to a high level of sex work, sexual transmission very rapidly overcame transmission through the sharing of injecting equipment. In Myanmar, Viet Nam and China the shift from predominantly injecting drug use to sexual transmission has been slower but just as clear. Although surveillance data is less reliable in Myanmar, it is estimated that 20-30% of people living with HIV/AIDS are injecting drug users, whereas in Viet Nam injecting drug users account for an estimated 60% of HIV infections and IDUs in Yunnan, Province of China, account for an estimated 90% of infections. The numbers in Lao PDR



apparently remain low, both in terms of HIV prevalence and IDUs, though surveillance is not adequate to be certain. Cambodia stands out as the single country with the highest prevalence overall but drug use-associated HIV may be on the rise based on reported heroin seized passing through the country from Myanmar via Lao PDR and on to Viet Nam. Lao PDR and Cambodia have not yet reported high HIV prevalence among IDUs but are facing worsening drug use problems among their young people, and in the latter, injection is on the rise.

## Trafficking, non-opiate/non-injecting drug use and HIV/AIDS

Not all drug users are IDUs and in the Greater Mekong Subregion HIV/AIDS is not just limited to IDUs. Most IDUs are young, sexually active males and HIV can be transmitted from and to them through sex with regular or casual partners. "Safer sex" is reportedly very low among this group, some of whom sell sex for drugs or money. Sexual transmission between IDUs and non-IDUs, has been increasing in Yunnan and other areas of the GMS. HIV prevalence among spouses of IDUs in Yunnan has increased from 3% in 1990 to 12% in 1996, a trend also impacting increasing reports of mother-to-child transmissions.

Under the influence of drugs, including alcohol, some non-IDUs are more likely to engage in unsafe sex, either voluntarily or involuntarily. Rapes and other sexual assaults of women by drunken men or through drugs taken unknowingly at clubs or parties have been reported as well as increasing drug use among young women. Drinking alcohol is also a common pre-sex activity from men who have sex with sex workers in Asia and safer sex measures are rarely taken when they are intoxicated.

Over the past five years, all parts of the Mekong region have experienced additional new trends toward the emergent use of amphetamine-type stimulants (ATS), such that drug

abuse in South-East Asia is now perceived to have expanded from more isolated special populations into the public domain, largely centred on youth.

Party drugs, including but not restricted to ATS, are produced and trafficked in the Golden Triangle area, with production reported to be rivaling that of opium. It was estimated that one billion methamphetamine tablets were trafficked into Thailand in 2002 where, according to the Ministry of Public Health, about five million people are reportedly using the drug. Lao PDR, Cambodia, Myanmar and Yunnan have also reported increasing ATS use but have no information on HIV infection among them.

There have been increasing public concerns over the increase in ATS use and its possible link to the spread of HIV/AIDS via risky sex (no condom/rough sex) and reported increase in sexually transmitted infections (STI) among the younger population. However, the links are not clearly understood with little information on routes and trends of multiple drug use, and social, sexual and drug use networks among ATS and multiple drug users.

## What contributes to drug use and HIV/AIDS?

To effectively address this twin pandemic, the factors that abet their spread need to be understood.

### ■ Poverty, migration and trafficking

Poverty and infectious diseases are inextricably linked, and HIV/AIDS is one of the major infectious diseases, which are linked to 90% of deaths globally. Poor people are more vulnerable to HIV/AIDS and once infected the person and their households move swiftly into poverty. HIV/AIDS is also inversely related to economic growth where prevalence rates of 10-15% can translate into a reduction in the growth rate of GDP per capita of up to 1% per annum. By 2006, this epidemic is expected to have cost Cambodia around US\$2 billion.



*A workshop on Buddhist participation in the response to HIV/AIDS in Myanmar*

PHOTO USE COURTESY OF THE ASIAN HARM REDUCTION NETWORK

The destruction of traditional cultures and livelihoods of upland ethnic minorities has also emerged as a new type of poverty brought on by modernization. This kind of poverty along with the lack of economic opportunity drives people to migrate within and across national borders in search of jobs or higher-paying markets.

Human trafficking and drug trafficking are among the most lucrative businesses in the region. Harsh working conditions, being away from family and the increased availability of drugs and sex workers have also led to high HIV and sexually transmitted infections among migrant workers, like the miners in Myanmar and sailors in southern Thailand.

While on one hand, the opportunities created by cross-border drug trafficking have emerged to be more economically viable for local, cash-strapped communities in the absence of alternatives to support their families, on the other hand there are the drug cartels that force people to be part of the illegal drug business. Many ethnic minorities who live in or near areas where opium has been traditionally grown fall into this economic trap, especially when heroin production and trafficking became lucrative trades.

As the price of heroin soared in the late 1980s due to decreased availability as a result of disputes between drug cartels and decreased opium production, heroin-using hill tribes started injecting the drug because it was more efficient and was perceived to be a cheaper way to get high. The lethal combination of injecting drug use among men and sex work among (trafficked) women at this time resulted in some hill tribe populations

**“Increased trade, better transportation and increasingly lax border rules in the Greater Mekong Subregion (GMS) have not only increased mobility of people and goods in and out of the region but have also abetted the spread of two epidemics: drug use and HIV/AIDS.”**

in northern Thailand having major epidemics by the early 1990s.

### ■ Gender inequality

As more and more male members of the household get hooked on drugs or become infected with HIV, the responsibility to maintain the household falls on the women. However, because there are generally more job opportunities for men, women fail to get decent salaries and end up working in sex establishments. Such is the case of many women from Myanmar's Shan State, where a large part of the region's opium is cultivated. In many cases, the women are unaware they have contracted HIV until they fall ill.

### ■ Prison/detention

Prisons and detention centres have always been the main response to drugs and human trafficking. Ironically, these confinements become a training ground for hardcore criminals and incubators for HIV/AIDS transmission. Drug use and sex continue inside prisons, and in 2002 a study reported that the highest HIV incidence rate (rate of new infection in a population) in Thailand was among incarcerated IDUs.

With limited supply and the absence of treatment programmes, unsafe drug use (i.e. sharing of injecting paraphernalia) continue inside prisons, increasing HIV transmission inside, and without counseling and support. It also increases the chances of transmission to the wider community after the release of an infected imprisoned drug user.

### ■ Social and political instability

Drug traffickers took advantage of the armed conflicts and political movements in the region that went on until the early 1990s. This period of instability allowed them to expand their networks even further.

### Breaking the link between injecting drug use and HIV

The current responses to the HIV/AIDS epidemic in the region remains a far cry from what is needed to control the epidemic in developing countries.

There are three approaches that need to go hand-in-hand to reduce the negative consequences of drug use, namely:

1. supply reduction: reduces targets supply and availability of drugs;
2. demand reduction: reduces the need for drug use via detoxification, counseling and rehab centres; and
3. harm reduction: reduces the negative consequences of drug use without necessarily reducing consumption.

Regionally and globally, the current approach has been to declare a war on drugs in an attempt to reduce supply, and then forced rehabilitation to cure users of their dependence. Both have thus far been unsuccessful from a harm reduction point of view and have instead driven drug users into more harm as they go to prisons or underground, away from services that they badly need. Furthermore, 90% of those who go into rehabilitation centres – which still operate as correction facilities – relapse once released. Practical solutions like boot camps and drug courts for young offenders have also been initiated.

Yet, the culture of youth, drug use and drug dependence treatment and rehabilitation programmes remains to be fully understood, needing a more thorough understanding of the reason behind drug use. Most rehabilitation programmes, which in China and Thailand are costly, often lack long-term support to enable reintegration into society and facilitate reduction of stigma and discrimination by the community so that former drug users can be drug free and productive once again.

Crop substitution programmes – such as the Royal Project for Hill tribes in northern Thailand – that try to reduce the impact of the drug use and HIV/AIDS epidemics have been considered successful. However, a total opium ban that aims to eradicate opium cultivation in Myanmar by 2005, paints a different story altogether.

The 2005 opium ban for the entire Wa region in the north-eastern Shan State could create a humanitarian crisis for farming families, including severe food shortages, educational drop out and forced migration. Myanmar already has one of the worst HIV epidemics in the GMS and an opium ban will exacerbate problems among families and generations where opium dependency is common. In addition, knowledge about HIV and safe injecting is rare while needle sharing remains very common.

Drug shortages associated with the opium bans may incite mass transitions towards heroin injecting as was witnessed after opium bans were imposed in a number of South-East Asian States in the 1970s. HIV can then spread rapidly among such novice IDUs in the area.

Although no comprehensive harm reduction programme that aim to change the behaviour and practices of IDUs to reduce the risks of HIV infection and transmission is currently in place in the GMS, cautious steps are being taken in that direction. Acceptance of harm reduction has been slow but is increasing.

The Government of Viet Nam has recently approved a National HIV/AIDS Prevention and Combat Strategy whose goal is to keep the incidence of HIV/AIDS below 0.3% through 2010. The strategy aims to fight the disease with educational programmes and antidiscrimination policies. In addition, in lieu of posters of skulls and bones, information campaigns that employ former users as volunteers are now ongoing to raise people's awareness about HIV/AIDS,



*Harm reduction training-of-trainers for the Thai drug user's network*

PHOTO USE COURTESY OF THE ASIAN HARM REDUCTION NETWORK

while plans for needle and syringe exchanges to help stabilise the HIV infection rates are in the pipeline.

In China, despite existing policies at the national and provincial level that sometimes enhance stigma and discrimination among HIV infected individuals and drug users, the Chinese Plan of Action to Contain, Prevent, and Control HIV/AIDS (2001 - 2005) has indicated a serious response from the Government, allowing pilot projects on syringe and needle social marketing, condom social marketing and methadone maintenance to take root in various provinces.

The Cambodian Government has recently given written approval to a local Cambodian NGO, Mith Samlanh/Friends, to undertake a one-year pilot needle and syringe ex-

change project - and associated harm reduction activities - in Phnom Penh, targeting those living on the street and those who undertake intravenous drug use in association with such groups (which is an increasing number of urban youth living above the poverty line who mix with people living on the street for the purpose of taking drugs). Written authorisation has been provided by the Deputy Prime Minister / Co-Minister of Interior and Chairperson of the National Authority for Combating Drugs (NACD), His Excellency Sar Kheng.

In the last two years, Myanmar's HIV/AIDS situation has caught the attention of several international NGOs and funding agencies who are now operating programmes in collaboration with WHO and several UN agen-

cies. These initiatives are directed at reducing HIV infection among various groups noted for high-risk behaviours. In the past and to date, Myanmar has allowed other organizations to work with sex workers and discreetly provide harm reduction services to drug users in a few areas.

Thailand has more established community-based programmes than any other country in the region, as well as many countries in the world. A community-based needle and syringe exchange programme established in late 1992 in Akha communities resulted in a decrease in the sharing of injecting equipment and no increase in drug use. However, the programme has been scaled down due to limited resources, as well as opposition from law enforcement who fear that it might encourage more people to use and inject drugs. Although there are several Thai NGOs working on HIV prevention, care and support alongside other government and NGO programmes, in general NGOs' HIV prevention programmes have been quite limited.

The establishment in 2003 of the Thai Drug User's Network and their recent funding approval from the Global Fund for AIDS, TB and Malaria for a national harm reduction project is still a small and challenging step in a country where an ongoing war on drugs launched by the Office of the Prime Minister is now in its third phase.

## References

- Asian Harm Reduction Network and J.P. Grund. "Harm reduction for poppy farmers in Myanmar". AHRN Newsletter No. 34, 2004.
- Asian Development Bank. "Regional Cooperation and Strategy Programme 2004-2008: The GMS - Beyond Borders, Volume 1", 2004 ([http://www.adb.org/Documents/CSPs/GMS/2004/rcsp\\_gms\\_main.pdf](http://www.adb.org/Documents/CSPs/GMS/2004/rcsp_gms_main.pdf), 25 April 2004).
- Bazant, Wayne. "Building Community Responses to the Misuse of Psychotropic Substances by Youth in Southeast Asia". A presentation at the 4th International Conference on Drugs and Young People, Wellington, New Zealand, 26-28 May 2003.
- Beyrer, Chris and others. "Overland Heroin Trafficking Routes and HIV-1 Spread in South and Southeast Asia". AIDS, vol. 14, 2000, pp. 75-83.
- Chamla, Dick. "HIV/AIDS prevention programme among drug users in Chengdu". AHRN Newsletter No. 34, 2004.
- Crofts, Nick. "Injecting Drug Use and HIV/AIDS in Southeast Asia". A presentation at the Information Sharing and Action Planning Consultation Workshop: Catalyzing cross-border HIV/AIDS prevention in the China/Mekong Region Border Areas, 2003.
- Darwin, M., A.M. Wattie and S.E. Yauris. Living on the Edges: cross-border mobility and sexual exploitation in the greater Southeast Asia sub-region. Yogyakarta, Centre for Population and Policy Studies Gadjah Mada University, 2003.
- Inter Press Service Asia-Pacific. Invisible Borders: Reportage from our Mekong. Bangkok, Inter Press Service Asia-Pacific, 2003.
- Jenkins, Carol. "Overview of the Greater Mekong Sub-region and HIV/AIDS: An Assessment and Strategy". Report presented to USAID, 2003.
- McClean, Kimberley. "Key Poverty Issues in the GMS", a presentation at the 1st Tripartite Workshop of the ADB Regional Economic Cooperation Strategy and Program. Bangkok, 27-28 January 2004.
- POLICY Project/USAID. "HIV/AIDS in the Mekong Region: Cambodia, Lao PDR, Thailand & Viet Nam: current situation, future projections, socio-economic impacts and recommendations". Report prepared for the Bureau for Asia and the Near East, U.S. Agency for International Development, June 2003.
- Razak, Myatt Htoo. "HIV/AIDS and Drug Use: Challenges for Development", in Kaoso-Ard, M. and John Dore, eds. "Social Challenges for the Mekong Region". Chiang Mai, Chiang Mai University, 2003.
- Reid, G and Genevieve Costigan. Revisiting the Hidden Epidemic - A Situation Assessment of Drug Use in Asia in the Context of HIV/AIDS. Melbourne, The Centre for Harm Reduction, The Macfarlane Burnet Institute for Medical Research and Public Health, 2002.
- Skeldon, R. Population Mobility and HIV Vulnerability in Southeast Asia: An Assessment and Analysis. Bangkok, UNDP, 2000.
- UNAIDS. Report on the Global HIV/AIDS Epidemic. Geneva, UNAIDS, 2002.

# What is UNESCO doing in the field of HIV/AIDS?

## Overview

UNESCO's Asia and Pacific Regional Bureau for Education, based in Bangkok, Thailand, has developed a multisectoral regional strategy for its response to HIV/AIDS. The HIV/AIDS Co-ordination and School Health Unit works with the Education, Culture, Social and Human Sciences Sectors as well as the Information Programmes and Services Unit to strengthen and expand UNESCO's response to HIV/AIDS - both regionally as well as at the country level. Capacity building, information collection and sharing, and advocacy are three key cross-cutting strategies in expanding UNESCO's work in the region.

## Education

### ■ Advocacy

Education ministries, though in a perfect position to reach young people with information, knowledge and skills to prevent HIV/AIDS, remain underfunded and often dormant in their response to HIV/AIDS. The HIV/AIDS Co-ordination and School Health Unit, with UNAIDS support, has developed an advocacy toolkit (<http://www.unescobkk.org/ips/>

[ebooks/documents/aids/toolkit/](#)) aimed at initiating and strengthening education sector responses to HIV/AIDS. The toolkit advocates for the promotion of HIV/AIDS preventive education in both formal and non-formal settings, and for increasing the understanding about the relationship between HIV/AIDS and education, and the impact of HIV/AIDS on the education system, among other issues. It targets people working in the education sector, particularly mid- to senior-level officials in ministries of education.

**“The HIV/AIDS Co-ordination and School Health Unit, with UNAIDS support, has developed an advocacy toolkit aimed at initiating and strengthening education sector responses to HIV/AIDS.”**

### ■ Preventive Education and School Health

In line with the new global initiative taken by the Director-General, UNESCO is moving to play a stronger co-ordinating role in enhancing financial and technical support for Ministries of Education to respond to HIV/AIDS across the region, in the wider context of the UNAIDS partnership. While particular focus is put on HIV prevention, linking the potential of the Education Sector to enhance care and support responses (i.e., WHO's 3x5 initiative) is also emphasized, as well as interventions to decrease stigma and discrimination of people living with HIV/AIDS (including teachers and students) or children affected by the pandemic. One strategy to improve co-ordination is the establishment of partner forums on HIV/AIDS and education at the country and regional level.

As part of ongoing technical assistance to ministries of education and UNESCO field offices, UNESCO's Asia and Pacific Regional Bureau for Education has developed two different generic teacher training manuals:

1. Focusing on how teachers can integrate HIV prevention into existing subjects in secondary schools. This manual has been used in several countries in South-East and South Asia, supported by JFIT (Japanese Funds-in-Trust), UNAIDS and GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit).

2. Focusing on HIV/AIDS in the broader context of school health. This manual was developed in Uzbekistan and will be adapted for use in Kazakhstan and other low-prevalence countries (supported by UNAIDS).

UNESCO is enhancing HIV/AIDS research, policy and planning for preventive education for men who have sex with men in Thailand, Cambodia and Viet Nam, with support from UNAIDS and Centres for Disease Control.

### ■ Gender and HIV/AIDS

Recognizing that understanding and addressing gender relations are



## “UNESCO is providing and co-ordinating technical assistance in the field of HIV/AIDS and education in the region.”

key components in HIV/AIDS preventive education, UNESCO, in collaboration with UNICEF, is working with the Ministry of Education in Thailand on a study on sexual harassment by teachers and peers in public secondary schools in Thailand. Both quantitative and qualitative research methods will be utilized to explore the extent of sexual harassment in schools, contributing factors, and policies and procedures that are in place.

UNESCO has also launched a pilot project to promote gender equality through community learning centres (CLCs). CLCs are learning venues for the community, targeting learners of all ages. The project will aim to mainstream gender in all activities carried out by CLCs and to promote women's empowerment through these community fora. An important part of this effort will involve including men in discussions on gender roles and issues, including addressing HIV/AIDS and domestic violence.

### ■ Technical assistance on HIV/AIDS and education

UNESCO is providing and co-ordinating technical assistance in the field of HIV/AIDS and education in the region. This includes raising funds to hire full-time national programme officers in the region (in Bangkok, Viet Nam, China, Indonesia, Kazakhstan and the Pacific). These officers are working to:

1. translate, adapt and launch the advocacy kit;
2. establish co-ordination networks at the national level between ministries of education, UN agencies and NGOs involved in HIV preventive education and school health to prevent overlap and improve collaboration; and
3. review existing curricula and teaching/learning methods for the purpose of HIV preventive education.

### ■ Multimedia materials for HIV/AIDS prevention through non-formal education

UNESCO Bangkok has supported the Department of NFE in Lao PDR and Thailand to develop multimedia materials for HIV/AIDS prevention, which are disseminated and used at CLCs. It is expected that many more countries will take initiatives to launch HIV/AIDS activities through CLCs - not only to promote HIV prevention, but also to reduce stigma and discrimination of people living with HIV/AIDS and as a link to the WHO's 3 x 5 AIDS treatment initiative.

### ■ Impact of HIV/AIDS on the education sector

UNESCO, together with the World Bank, UNICEF and other partners, has launched activities looking at the impact of HIV/AIDS on the Education Sector as a whole. Advocacy and training events have been organized for countries in South-East and Central Asia. Furthermore, UNESCO has been involved in activities focusing on the impact of HIV/AIDS on children.

### ■ Analysis of responses for children affected by AIDS in Thailand

Together with UNICEF, UNESCO has carried out an analysis of responses to children affected by AIDS in Thailand. The aim is to identify structures and strategies that can be implemented/ strengthened by the Thai Government in partnership with others to ensure holistic care and support of HIV/AIDS affected children in Thailand. The analysis describes and assesses the quality of care and support HIV/AIDS affected children receive in community-based as well as institutional settings.

### Culture

UNESCO Bangkok's Culture Unit focuses on five key issues, including:

1. analysis of cultural factors in the transmission, prevention, care and treatment of HIV and AIDS;
2. building of capacity to use data and GIS mapping more effectively to examine vulnerability, culture, development and HIV issues;
3. development of research-based, linguistically and culturally appropriate prevention materials for highland minorities;
4. investigation and analysis of the role of interstitial populations in the HIV/AIDS pandemic; and
5. development of culturally-based, temporal, and geographic models of differential vulnerability.

### ■ Culture-based prevention

UNESCO's Culture Unit, with support from the Asian Development Bank and UNIAP, has developed, tested and disseminated radio soap operas aimed at the prevention of a linked triad of problems: HIV/AIDS, trafficking of girls and women, and intravenous drug abuse among ethnic minorities in Myanmar, Thailand, Lao PDR, Cambodia, Viet Nam and Yunnan (Province of China).

Using the UNESCO methodology developed in Bangkok, programmes are written by native speakers in the local languages, rather than simply translated from English or the national language, and are based upon the real-life stories of villagers. This methodology is essential if the programmes are to be culturally as well as linguistically acceptable to the audience.

The soap operas are broadcast on stations which have an existing capacity for minority language programming and are already listened to and trusted by minority people. Currently,

UNESCO is working with Radio Thailand Chiang Mai, Thailand, to develop programmes in Shan and Lahu; Yunnan People's Broadcasting Station in Kunming, China, to develop programmes in Jingpo; and Lao National Radio in Lao PDR to develop programmes in Hmong. UNESCO is beginning a project to work with local radio in Lijiang to produce programmes in Naxi. During the next two years, the project will expand to include Viet Nam and Cambodia.

#### ■ Research on culture-based prevention and vulnerable populations

Additional activities carried out by the Culture Unit include:

1. development of a temporal-spatial cultural calendar that maps cycles of vulnerability and patterns of mobility; and
2. research on vulnerable, interstitial and mobile populations together with ways to enlist these populations to support HIV prevention work.

#### ■ Data and GIS mapping

The UNESCO Culture Unit has undertaken a wide variety of data and mapping exercises analyzing HIV from cultural, developmental and vulnerability perspectives, especially in relation to trafficking, drug abuse and HIV/AIDS in northern Thailand.

The Culture Unit has done some of the first mapping of the epidemic in Thailand, providing both spatial and temporal analysis, and has developed GIS related advocacy tools. The results of this work have recently been posted on the internet. The Unit is also providing technical training and support to various partners throughout the region.

## Information programmes and services (IPS)

The Information Programmes and Services Unit runs a clearing house on HIV/AIDS preventive education supporting the HIV/AIDS programmes of UNESCO Bangkok. Funded by the ADB and UNAIDS/UBW, the Clearing House collects, processes, repackages and disseminates information related to HIV/AIDS preventive education, in particular to support the information needs of clients working on HIV/AIDS preventive education for ethnic minorities in the Mekong subregion. The activities include:

1. development and maintenance of databases of bibliographic information as well as a curriculum and teaching/learning materials databank;
2. maintenance of a Web site to promote electronic information dissemination focused on the Mekong subregion's needs;
3. provision of enquiry services and literature searches;
4. publication of the HIV/AIDS Bulletin and maintenance of a listserv to announce and discuss issues dealing with information dissemination and use; and
5. participation in the networking of all UNESCO HIV/AIDS clearing houses globally.

IPS is also supporting the work of the HIV/AIDS clearing house through the Adolescent Reproductive and Sexual Health (ARSH) project, funded by the United Nations Population Fund, which runs a Web site that in part focuses on HIV/AIDS preventive education among adolescents.

For more information, please visit the following Web sites:

- HIV/AIDS bibliographic database: <http://www.unescobkk.org/ips/search.htm>;
- HIV/AIDS educational materials database: [http://www.unescobkk.org/ips/search\\_aids.htm](http://www.unescobkk.org/ips/search_aids.htm);
- HIV/AIDS prevention in the GMS (Greater Mekong Subregion) cross-border areas: <http://hivaidsclearinghouse.unesco.org/bangkok>;
- ARSH Web site: <http://www.unescobkk.org/ips/arh-web/>; and
- HIV/AIDS Co-ordination and School Health Unit Web site: <http://www.unescobkk.org/hivaids>.

## Social and human sciences

During the first Asia-Pacific Conference on Reproductive and Sexual Health in Bangkok, UNESCO, together with Asia-Pacific Network of the International Forum for Social Sciences in Health (APNET) and Asia-Pacific AIDS Society (ASAP), established an e-network on Social Science and HIV/AIDS (<http://groups.yahoo.com/group/aidsso science/>). The secretariat of the Network will be located at UNESCO's Social and Human Sciences Unit, supported by the HIV/AIDS Co-ordination Unit of

UNESCO, ASAP and APNET. The overall goal of the Network on Social Science and HIV/AIDS is to contribute to more effective and appropriate HIV prevention and impact alleviation efforts in the Asia-Pacific region by promoting the application of social research and the dissemination and sharing of social research findings relevant to the response to HIV/AIDS. Membership of the Network is open to anyone, but social scientists, activists, NGO workers, government employees and medical personnel working on HIV/AIDS are its primary users and audience.

# Calendar of HIV/AIDS related events in Asia and the Pacific: 2004

## • World AIDS Campaign 2004

Location Bangkok, Thailand  
 Duration Year-long  
 Contact WAC@unaids.org

The World AIDS Campaign aims to bring all nationally-driven HIV/AIDS campaigns together under an overall umbrella united by the UNGASS Declaration. The year-long campaign, culminating in World AIDS Day on 1 December 2004, seeks to accelerate the global response to HIV and AIDS through a focus on women and girls, prevention of new infections, promotion of equal access to treatment and mitigation of the impact of AIDS.

## • The 1st International Workshop on Sexual Dysfunction

Location Bangkok, Thailand  
 Duration 1-2 April 2004  
 Organizer Asian College of Sexual Health  
 Contact Dr.Verapol Chandeying, Faculty of Medicine, Prince of Songkla University at [cverapol@ratree.psu.ac.th](mailto:cverapol@ratree.psu.ac.th)

## • HIV/AIDS Programme Management: Delivering Results

Location Chiang Mai, Thailand  
 Duration 18 April-2 May 2004  
 Organizers International Council on Management of Population Programmes, Malaysia; AIDS Educational Program, Chiang Mai University, Thailand; and Remedios AIDS Foundation, Inc., Philippines  
 Contact Bernadette Lesaca, Training Co-ordinator, Remedios AIDS Foundation, Inc. at [reme1066@skyni.net.net](mailto:reme1066@skyni.net.net) or tel: (632) 524 0924/4831  
 Web site <http://www.remedios.com.ph>

This intensive two-week programme will assist middle- and senior-level HIV/AIDS programme managers and decision-makers to develop competencies and learn innovative approaches in HIV/AIDS management. It will showcase a mix of the latest approaches in HIV/AIDS programmes, and their management and cutting-edge practices. The programme will be facilitated by a panel of international experts and practitioners.

## • Regional Training on the Early Warning Rapid Response System (EWRRS)

Location Bangkok, Thailand  
 Duration 27-29 April 2004  
 Organizer UNDP South-East Asia and Development Programme  
 Contact Lee-Nah Hsu at [seahiv.dev@undp.org](mailto:seahiv.dev@undp.org) or tel: (66) 02 2882165

The purpose of this workshop is to develop strategies for a multisectoral approach within the framework of the EWRRS to contribute to the early detection and response to HIV vulnerabilities. The objectives of this workshop are as follows: to assemble governmental and non-governmental organizations from countries around the region to collaborate and to share their knowledge and experiences in implementing EWRRS to reduce HIV vulnerabilities; and to assist the participants in developing their country plan to incorporate an early warning and rapid response system as part of their current programme, and to utilize strategies to mitigate and reduce impact of HIV.

## • SEAMEO-UNESCO Education Congress and Expo

Location Queen Sirikit Convention Centre, Bangkok, Thailand  
 Duration 25-27 May 2004  
 Organizers SEAMEO and UNESCO  
 Contact Dr. Nora N.Quetulio at [nora@seameounesco.org](mailto:nora@seameounesco.org) or tel: (66) 02 391 0144/0256  
 Web site [www.seameo-unesco.org](http://www.seameo-unesco.org)

The overall theme of the congress is "Adapting to Changing Times and Needs". The meeting will tackle three subthemes namely: equity and access to quality education: road to poverty alleviation; openness to change and respect for diversity; and technology advancement: impact on culture, peace and development. It will also include two parallel sessions on HIV/AIDS with the topic "Mobilizing the Education Sector in Responding to HIV/AIDS". In addition, the congress will feature an exhibition under the theme "Smart Education".

**• 1st Diploma Course on STIs/HIV Multidimensional Counseling**

Location Bamrasnaradura Institute, Noontaburi, Thailand  
 Duration 7-25 June 2004  
 Organizer Consortium of Thai Training Institutes for STDs and AIDS  
 Contact Dr. Verapol Chandeying, Faculty of Medicine, Prince of Songkla University at [cverapol@ratree.psu.ac.th](mailto:cverapol@ratree.psu.ac.th)  
 Web site <http://www.cottisa.org>

**• The 13th IUSTI Asia Pacific Congress on Sexually Transmitted Infections**

Location Chiang Mai, Thailand  
 Duration 6-9 July 2004  
 Organizer International Union against Sexually Transmitted Infections (IUSTI), Asia Pacific; Consortium of Thai Training Institutes for STDs and AIDS; and the Thai Medical Society for the Study of Sexually Transmitted Diseases  
 Contact Dr. Verapol Chandeying at [cverapol@ratree.psu.ac.th](mailto:cverapol@ratree.psu.ac.th)  
 Web site <http://www.cottisa.org>

The Congress aims to validate and optimize the knowledge on sexually transmitted infections, including HIV.

**• 3rd Leadership Course on Gender, Sexuality and Sexual Health in South-East Asia and China**

Location Diliman, Quezon City, Philippines  
 Duration 15 August-3 September 2004  
 Organizer University of the Philippines  
 Contact Gender and Sexuality Project at [grants@genderasia.net](mailto:grants@genderasia.net) or Centre for Health Policy Studies, Faculty of Social Science and Humanities Mahidol University, Thailand at [co-ordinator@sexualitycourse.com](mailto:co-ordinator@sexualitycourse.com), tel: (66) 02 441 9184/9515  
 Web site <http://www.genderasia.net> and <http://www.sexualitycourse.com>

This 19-day course aims to provide the participants with context-specific and gender-sensitive knowledge on sexuality and sexual health in South-East Asia and China. Special attention will be devoted to exploring how conceptual and theoretical frameworks, especially gender and socio-cultural theories, can be applied to policy and interventions to enhance sexual and reproductive health in the region.

**• XV International AIDS Conference**

Location Bangkok, Thailand  
 Duration 11-16 July 2004  
 Organizers International AIDS Society in collaboration with the Thai Ministry of Public Health  
 Contact IAS Headquarters at [aids2004@aids2004.org](mailto:aids2004@aids2004.org) or tel: (46) 8 556 970 50  
 Web site <http://www.aids2004.org>

The XV International AIDS Conference links community and science to galvanize the world's response to HIV/AIDS through increased commitment, leadership and accountability. The conference scientific programme will be composed of numerous tracks, covering basic science, clinical science, epidemiology, social sciences, human rights and politics. The community component of the conference will be a prominent and integral part of the programme. In addition to plenary and abstract-driven sessions, there will be symposia, debates, bridging sessions, satellite meetings, and skills building workshops.

At the conference, UNESCO Bangkok is co-organizing three satellite sessions – one on strengthening the role of social science in the response to HIV/AIDS, organized with Prof. Dennis Altman ([d.altman@latrobe.edu.au](mailto:d.altman@latrobe.edu.au)) of Latrobe University and the AIDS Society in Asia and the Pacific, and a second session on emerging HIV/AIDS epidemics among men who have sex with men in East Asia, organized with the Thai Ministry of Public Health, Family Health International and CDC/TUC. The third satellite session, which focuses on strengthening education sector responses to HIV/AIDS, is organized with World Bank and UNICEF. For information on these three satellite sessions, please contact Jan Wijngaarden at: [j.wijngaarden@unesco.bkk.org](mailto:j.wijngaarden@unesco.bkk.org)

**• 1st Asia and Pacific Reproductive Health Youth Camp**

Location Mt. Makiling, Los Baños, Laguna, Philippines  
 Duration October 2004  
 Organizer Philippine NGO Support Program, Inc. and UNFPA, Philippines  
 Contact Alex Torres at [alextorres@phansup.org](mailto:alextorres@phansup.org) or tel: (66) 02 415 4381

The camp will be attended by young people (age group 15-20), from the Asian and the Pacific region and will focus on adolescent and youth sexual and reproductive health issues, including HIV/AIDS. The camp is highly interactive and is being organized with the involvement of young people.



# Web reviews



<http://hivaidsclearinghouse.unesco.org/ev.php>

## ■ HIV/AIDS Impact Clearing House

The HIV/AIDS Impact Clearing House is run by the International Institute of Educational Planning. The Clearing House is an interactive portal dedicated to collecting and disseminating documentation on HIV/AIDS and its impact on education. It is designed as a tool for ministries, educational institutions, international agencies, consultants and other organizations to disseminate their own research and learn from the research of others. In addition to finding the latest studies and research, you can access related Web sites, participate in discussion forums and contact members of the site. This site also hosts the UNESCO Bangkok HIV/AIDS Clearing House Web site.



[http://portal.unesco.org/education/ev.php?URL\\_ID=3375&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201](http://portal.unesco.org/education/ev.php?URL_ID=3375&URL_DO=DO_TOPIC&URL_SECTION=201)

## ■ International Clearing House on Curriculum for HIV/AIDS

This clearing house is run by the International Bureau of Education. The International Clearing House on Curriculum for HIV/AIDS Preventive Education is a valuable and interactive resource tool for the prevention and mitigation of HIV/AIDS through education. It is directed primarily at professionals working in the area of curriculum design, implementation and evaluation for the prevention and mitigation of HIV/AIDS at national, regional and international levels. Its objectives are to collect, assess and pro-actively disseminate curriculum materials and approaches for HIV/AIDS prevention at primary and secondary levels of schooling; assist in the identification and promotion of good practices; and contribute to capacity building for HIV/AIDS curriculum development.



<http://hivaidsclearinghouse.unesco.org/bangkok>

## ■ UNESCO Bangkok HIV/AIDS Clearing House

The Web site delivers information on the mandate, goals, scope and strategies of the ADB-SEAMEO-UNESCO project, ICT and HIV/AIDS preventive education in cross border areas of the Greater Mekong Subregion. It includes a description of the various project components; latest developments and happenings in the various project components; publications and materials generated from the project; research-based information and links on the various GMS countries dealing with HIV/AIDS activities and initiatives. It also provides access to an array of resources ranging from project reports, materials, directories and databases, including the UNESCO HIV/AIDS teaching/learning materials database and the HIV/AIDS bibliographic database.

These two databases can also be accessed directly at <http://www.unescobkk.org/ips/arh-web/bib/searchaids.cfm> and <http://www.unescobkk.org/ips/search.htm>, respectively.



<http://databases.unesco.org/breda/bsida/>

## ■ Regional HIV/AIDS Clearing House on Preventive Education

This clearing house is run by UNESCO BRED, Dakar, and maintains a database containing bibliographic information of the latest documents on HIV/AIDS and education in order to address the informational needs of governmental and non-governmental organizations, teachers, researchers, university students and other individuals working in the field of HIV/AIDS and Education in sub-Saharan Africa. The database contains the latest documents on HIV/AIDS on various and related issues, including education.



<http://www.zim aids.co.zw/hae/db.asp>

#### ■ HIV/AIDS and Education Database

This database is run by the UNESCO Harare Office and is an ongoing site sharing information and the latest documents on HIV/AIDS and education in order to address the informational needs of governmental and non-governmental organizations, teachers, researchers, university students and other individuals working in the field of HIV/AIDS and Education in southern Africa. The database contains the latest documents on HIV/AIDS and education, with a current holding of 500 data entries related to education programmes, policy-planning and management, prevention and social support and impact mitigation among others.



<http://www.unescobkk.org/>

#### ■ UNESCO Bangkok

As the Asia and Pacific Regional Bureau for Education, it is the technical advisory body to all field offices and member States of the region and the focal point for regional programmes in most areas covered by the education sector. It also houses regional advisory units in culture and social and human sciences and maintains staff from the communication and information sector, and from the science sector.

In addition, UNESCO Bangkok is the subregional cluster office for the countries of the Greater Mekong Subregion, working directly with UNESCO National Commissions and other partners in Lao PDR, Myanmar, and Thailand (countries for which the office is the officially designated UNESCO representative office), and in collaboration with existing UNESCO country offices, in China, Cambodia and Viet Nam, to develop and implement programmes across the sectors of UNESCO's expertise.



<http://www.psychology.uoguelph.ca/research/lubek/cambodia>

#### ■ Cambodia: Siem Reap Citizens for Health, Educational and Social Issues

This site highlight news accounts and research reports about the ongoing efforts to confront HIV/AIDS and related illnesses in Siem Reap, situated next to Cambodia's major tourist attraction, the Angkor Wat temple complex.



<http://www.jfpr-hiv.org/>

#### ■ Community Action for Preventing HIV/AIDS in the Greater Mekong Subregion

This Web site focuses on the Asian Development Bank (ADB) financed community action for preventing HIV/AIDS project, in response to the HIV epidemic in the GMS. This project targets high-risk groups in Cambodia, Viet Nam and Lao PDR. Financial support totalling US\$ 8 million is provided by the Japanese Fund for Poverty Reduction. The project aims to enhance the poverty reduction impact of other ADB health projects by reducing the incidence of HIV/AIDS, a health condition that disproportionately affects the poor and pushes the non-poor into poverty.



<http://www.rockmekong.org/pubs/>

#### ■ Learning Across Boundaries in the Greater Mekong Subregion

This Web site describes the rationale and approach of current grant-making initiatives and provides information about the funded programmes of the South-East Asia Regional Office of The Rockefeller Foundation.

Special emphasis is placed on the recently launched “Learning Across Boundaries in the Greater Mekong Subregion” (LAB). This regional effort aims to support people and institutions in the Greater Mekong Subregion to “learn across boundaries” in developing new knowledge and effective responses to the many cross-border and cross-cultural challenges in their subregion. Emphasis is also placed on specific transboundary impacts of regional integration, such as health and food security concerns for vulnerable mobile populations and upland communities in the subregional transitional economy.



<http://www.adb.org/gms>

#### ■ ADB's Greater Mekong Subregion

This site focuses on the ongoing work of the Asian Development Bank (ADB) in the Greater Mekong Subregion. In 1992, with the assistance of ADB, the six GMS countries entered into a programme of subregional economic co-operation, designed to enhance economic relations among the countries. The programme has contributed to the development of infrastructure to enable the development and sharing of the resource base, and promote the freer flow of goods and people in the subregion. It has also led to the international recognition of the subregion as a growth area.



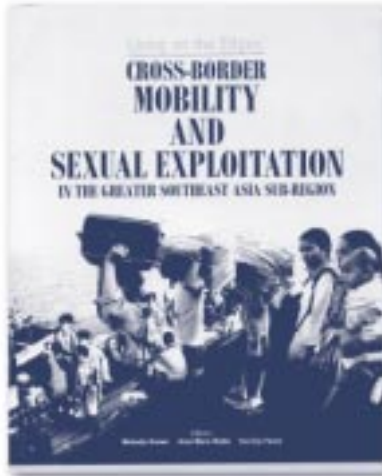
<http://www.ipsnews.net/mekong/index.shtml>

#### ■ Our Mekong

‘Our Mekong: A Vision amid Globalisation’ is a media fellowship programme run by Inter Press Service (IPS) Asia-Pacific with the support of the Rockefeller Foundation (South-East Asia). The fellowship programme is now in its second cycle. The current fellows are 17 journalists and photographers - five from Cambodia, three from China, two from Lao PDR, three from Thailand, three from Myanmar, and one from Viet Nam. Their work will be uploaded to this Web site regularly.

In addition, this Web site provides a wide range of links to GMS related issues, including HIV/AIDS, trafficking and ethnic minorities.

# Selected publications on HIV/AIDS in the GMS



## Living on the edges: cross-border mobility and sexual exploitation in the greater Southeast Asia sub-region

Darwin, M.; Wattie, A. M.; Yuarsi, S. E. Yogyakarta: Center for Population and Policy Studies Gadjah Mada University, 2003. 319p. English.

The six papers in this book present cross-cutting themes that emerged from country studies. Approaching with different scopes and objectives, the researchers share a common point of interest in investigating the issues of cross-border migration, trafficking in women, sexuality and exploitation. The papers are presented to reflect the geographical linkages and flow of migrants within the region. In chapter I, migration and the underground sex industry in Hekou, a border region between China and Viet Nam was presented. Chapter II explores the reality and policy responses of cross-border migration and sexuality in Viet Nam. The complexity of cross-border movement and trafficking phenomena in the context of Cambodia and other ASEAN countries is discussed in chapter III. Chapter IV provides an alternative view of migrants from

Myanmar in Thailand. In chapter V, the phenomena of trafficking and exploitative sex work in the context of Indonesian migrants crossing the border to Malaysia. In the final chapter, emergent sexuality issues among Filipino seafarers, domestic helpers and women trafficked for sexual exploitation.

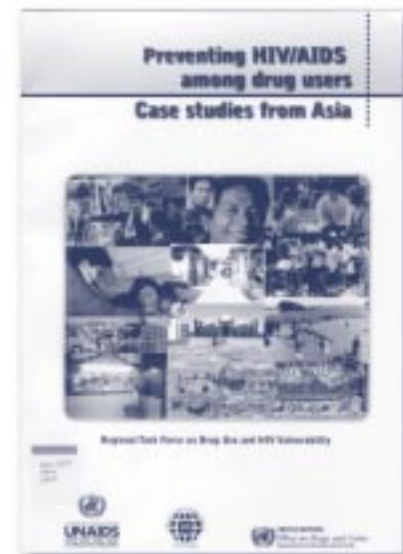
HIV Theme: Mobile populations

## Preventing HIV/AIDS among drug users: case studies from Asia

UNAIDS. S.I: 2003. 81 p. English.

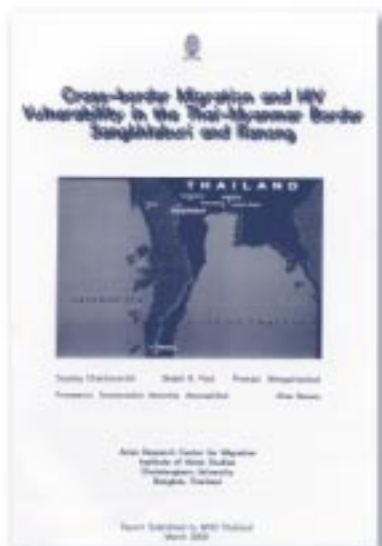
This publication aims to disseminate good practices on HIV/AIDS prevention and care interventions among drug users. The case studies describe a variety of interventions, including on HIV/AIDS vulnerability and demand reduction, outreach interventions (including the provision of clean needles and syringes), condoms and counseling, institutional treatment, care and support, substitution therapy and advocacy. They also reflect a recurrent strategic theme that single isolated interventions are unlikely to be effective unless they are integrated within a comprehensive approach. The studies focus on five main areas, including community-based intervention, care and support, outreach, substitution therapy and advocacy.

HIV Theme: Prevention



page

41



## Cross-border migration and HIV vulnerability in the Thai-Myanmar border Sangkhlaburi and Ranong

Supang Chantavanich et al. Bangkok: Asian Research Center for Migration, Institute of Asian Studies, Chulalongkorn University, March 2000. 212p. English.

This report contains five chapters. Chapters I and II covers introduction, methodology and conceptual framework. Two chapters (III and IV), one each for Sangkhlaburi and Ranong describes the mitigation and specific recommendations for the particular site. Finally, chapter V provides a short review of the situation at the Thai-Myanmar border, including a comparison between two study sites. It also provides general recommendations that are applicable to other border areas.

HIV Theme: Mobile populations

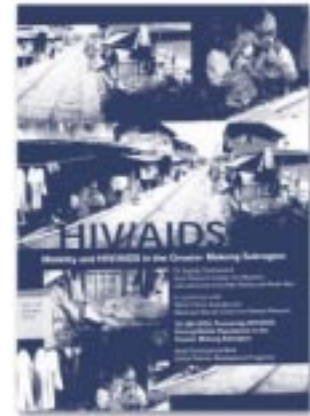


**Mobility and HIV/AIDS in the Greater Mekong Subregion**

Supang Chantavan. S.I.: ADB, October 2002. 127p. English.

This document aims to present a comprehensive overview of population mobility and HIV/AIDS in the Greater Mekong Subregion. It features country reports of Cambodia, Lao PDR, Myanmar, Viet Nam and Yunnan, Province of China, covering, among others, country profile, mitigation and mobility, HIV/AIDS risk situation and trafficking of women and children.

HIV Theme: Mobile populations



**National strategic plan on HIV/AIDS/STD 2002-2005**

National Committee for the Control of AIDS Bureau, Ministry of Health, Lao PDR. S.I.: Ministry of Health, January 2002. 34p. English.

The National Strategic Plan is a guideline for partners to plan and to implement activities related to the problems of HIV/AIDS and sexually transmitted diseases in order to reduce HIV prevalence in Lao PDR. It also provides guidelines for the promotion of the health of the Lao people in order to enhance their contribution to national development and to reduce poverty. Twelve priority strategies in the response to HIV/AIDS/STD are addressed, including multisectoral programme approaches; policy development and advocacy; strengthening of institutional arrangements; national capacity building in managerial, technical and research areas; strengthening of surveillance and related research; prevention and treatment of STD; prevention of HIV transmission; care, support and treatment of people living with HIV/AIDS; socio-economic development and HIV vul-

nerability; mobility and HIV vulnerability; emerging issues of importance; and monitoring, evaluation and ongoing review of the national response.

HIV Theme: National strategic planning and management

**What drives HIV in Asia? A summary of trends in sexual and drug-taking behaviours**

Pisani, E.; Winitthama, B. S.I.: Family Health International, 2001. 56p. English.

This document gathers the results of behavioural surveillance surveys (BSS) collected by a number of countries and States with technical assistance from Family Health International. It reveals that in several countries and States in Asia, condom use in commercial sex has risen sharply over time. In some countries, over seven out of 10 encounters between sex workers and clients involve condom use. However, this success is by no means universal. In a number of countries where almost all sex workers and clients know that condoms protect them against HIV, consistent condom use in paid sex still lags well below 10 per cent. The document further points out that risk populations tend to overlap. A substantial proportion of sex workers injects drugs, while many male drug injectors regularly buy sex. It also reports that data from BSS and data from biological surveillance systems show that HIV prevention in Thailand and Cambodia are relatively successful compared to other countries.



HIV Theme: AIDS in crisis situation



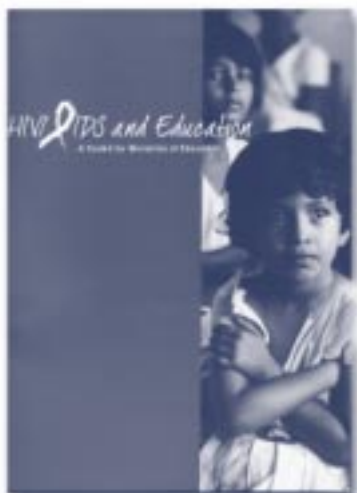
**HIV vulnerability and population mobility in the northern provinces of the Lao People's Democratic Republic**

Chamberlain, James. R. Vientiane: UNDP South-East Asia HIV and Development Project, 2000. 46p. English.

The report analyses the risk potential for the spread of HIV in northern Lao PDR along Route 13, the main highway of the country, focusing on burgeoning sectors of commerce and business enterprise which cater to mobile segments of the population and on the patrons of the same establishments. Information was obtained by means of participatory social research utilizing semi-structured interviews as the primary form of data collection. The report is organized into three parts: Part I provides introductory information and an overview of the study results, and Part II presents the methodology and a summary of information obtained in each of the four provinces. Part III contains recommendations.

HIV Theme: Mobile populations

# Selected references on educational materials on HIV/AIDS



**HIV/AIDS and education [kit]: a toolkit for Ministries of Education.** UNESCO; UNAIDS. Bangkok: UNESCO Bangkok, 2003. 1 kit. English.

<b>Contents</b>	Topic finder, 10 advocacy sheets, facts and figures, case studies, further reading, reference links, glossary, checklist, PowerPoint presentation and a CD-ROM (4 3/4 inches)
<b>Type of material</b>	Support audiovisual materials
<b>Target audience</b>	Policy makers and government officials; curriculum planners; principals and school administrators; and specifically for the Ministry/Department of Education
<b>Objectives</b>	Advocacy and awareness raising; and enhanced policy-making and programme formulation
<b>Educational level</b>	General
<b>Introduction approaches</b>	Generic material
<b>Methodology</b>	Combination of basic contents and skills/participatory-oriented activities Asia-Pacific

**Abstract:** This toolkit aims to promote HIV/AIDS preventive education and to increase understanding of the relationship between HIV/AIDS and education and the impact of HIV/AIDS on the system and people working in the education sector, especially mid- to senior level officials in Ministries of Education. A central message is that the education sector has a crucial role to play in the national response to the epidemic, i.e. that HIV/AIDS prevention should not be left only to the health sector. The kit includes easy-to-use information sheets, a fact sheet and a presentation to enable the target audience to pass on information to colleagues and counterparts.

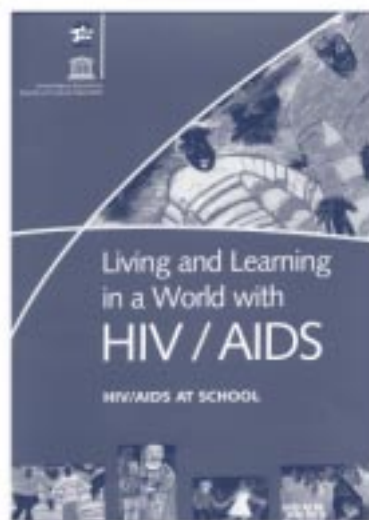
**Descriptors:** HIV/AIDS education campaign // HIV/AIDS school programmes // HIV/AIDS preventive education // Curriculum // HIV/AIDS impact // Resource package

**Living and learning in a world with HIV/AIDS: HIV/AIDS at school**  
Division for the Promotion of Quality Education, UNESCO. Paris: UNESCO, 2003. 1 kit. English.

<b>Type of material</b>	Resource/Reading materials - HIV/AIDS prevention and care
<b>Target audience</b>	Teachers; Youth
<b>Objectives</b>	Awareness and advocacy/promotion
<b>Educational level</b>	Formal education - Secondary; Formal education-Higher education
<b>Introduction approaches</b>	Integrated into school subjects (specific subjects)
<b>Country/region</b>	Global

**Abstract:** This toolkit consists of three booklets which have been prepared as part of UNESCO's response to the HIV/AIDS pandemic. The toolkit is aimed at promoting a supportive school environment of non-discrimination towards people who are infected and affected by HIV/AIDS: for teachers, parent and young people. This can be done by creating a comfortable environment at home and supporting learning at school, providing young people with information and skills, respecting others and showing care and support.

**Descriptors:** Teachers // Youth // Parents // Schools // Care and support



## Be smart! Get tested! [CD-ROM]

National AIDS Authority, Cambodia; UNESCO Phnom Penh; UNICEF. Phnom Penh: s.n., 2003. 1 CD-ROM; 4 3/4 in. Khmer.

Type of material	Support audiovisual materials
Target audience	General public
Objectives	Awareness and advocacy/promotion
Educational Level	General
Introduction approaches	Generic material
Methodology	Others
Country/region	Cambodia



**Abstract:** This CD-ROM (4 3/4 inches) aims to encourage young people to use HIV/AIDS voluntary counseling and testing services available across the country and to contact the INTHANOO hotline. It contains four TV spots featuring well-known Cambodian athletes, encouraging young people to be counseled and tested for HIV/AIDS.

**Descriptors:** Awareness // Television advertising // Testing and Counseling // Young people



## HIV/AIDS training toolkit

UN Theme Group on HIV/AIDS and GTZ, Nepal. Kathmandu: UNAIDS/Health Sector Support Programme-GTZ, 2003. 1 kit. English.

**Contents** A booklet containing information regarding HIV/AIDS, STDs, condom use, communication techniques and frequently asked questions; a flipchart; a wooden penis dummy along with four condoms for condom use illustration; a CD-Rom containing three power-point presentations, a six minute audiovisual describing the HIV/AIDS situation in Nepal and a digital version of the information booklet; a video containing two Nepali films, 'Sneha' and 'Asha'; and the ILO code of practice on HIV/AIDS and the world of work.

Type of material	Training materials: HIV/AIDS basic training
Target audience	Trainers and resource persons
Objectives	Training/seminar/workshop
Educational level	Training: basic HIV/AIDS
Introduction approaches	Part of a training programme
Methodology	Mainly participatory activities and skills-oriented
Country/region	Nepal

**Abstract:** The Inter Agency Working Group of the UN System in Nepal and GTZ have jointly developed the toolkit, which is a multimedia tool to support the private sector to integrate HIV/AIDS prevention and care activities.

**Descriptors:** HIV/AIDS prevention // Reproductive health // Youth // Training manual // HIV/AIDS basic facts // Contraceptive methods // Communication techniques // Sexually transmitted diseases

## FRESH a comprehensive school health approach to prevent HIV/AIDS and improve learning outcomes

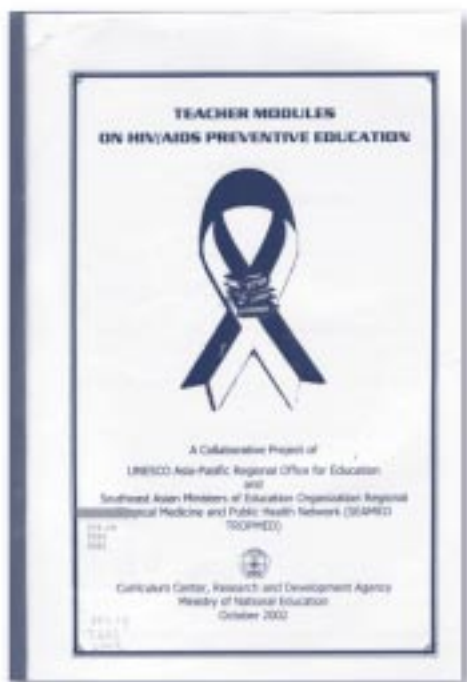
S.I.: UNESCO, 2002. 29 p. English.

Type of material	Guidelines for programme development
Target audience	School principals, administrators and classroom teachers
Objectives	Training/seminar/workshop
Educational level	Formal education
Introduction approaches	Generic material
Methodology	Mainly textual/lectures
Country/region	Global



**Abstract:** This paper presents the key components of the FRESH initiative and the supporting strategies that FRESH proposes to ensure the relevance and sustainability of school-based programmes offering health and nutrition education and services. This is followed by an analysis of how such programmes will support national efforts to achieve the goals and strategies set out in the Dakar Framework. Finally, it shows how education policy makers and planners, responsible for the development of national EFA action plans, can use the FRESH framework to identify, and effectively address, health and nutrition problems known to have a significant negative impact on effort to achieve universal basic education for all.

**Descriptors:** HIV/AIDS prevention // Health promotion // School health // Life skills // Nutrition // Sanitation



**Teacher modules on HIV/AIDS preventive education**

S.I: Curriculum Center, Research and Development Agency, Ministry of National Education, Indonesia, October 2002. Various pagings. English.

<b>Type of material</b>	Teaching materials
<b>Target audience</b>	Classroom teachers
<b>Objectives</b>	Teaching/instruction for both formal and non-formal education.
<b>Educational level</b>	Formal education - Secondary
<b>Introduction approaches</b>	Part of co-curricular activities
<b>Methodology</b>	Mainly textual/lectures
<b>Country/region</b>	Indonesia

**Abstract:** This document consists of five modules. Module I provides an overview on the HIV/AIDS situation. Module II provides basic facts about HIV/AIDS, including potential risks, ways of transmission and the impact of HIV/AIDS on individuals, families, communities, nations as well as global communities. Module III presents information on how a person is able to protect oneself against HIV/AIDS with knowledge, a positive attitude, rational decision-making and responsible action. Module IV focuses on the community’s role and responsibility in the prevention of HIV/AIDS. Module V presents the concept of HIV/AIDS integrated into various subject matters as a holistic/thematic approach to preventive health education for students.

**Descriptors:** Community participation // Curriculum development // Behaviour change // Discrimination // Preventive education

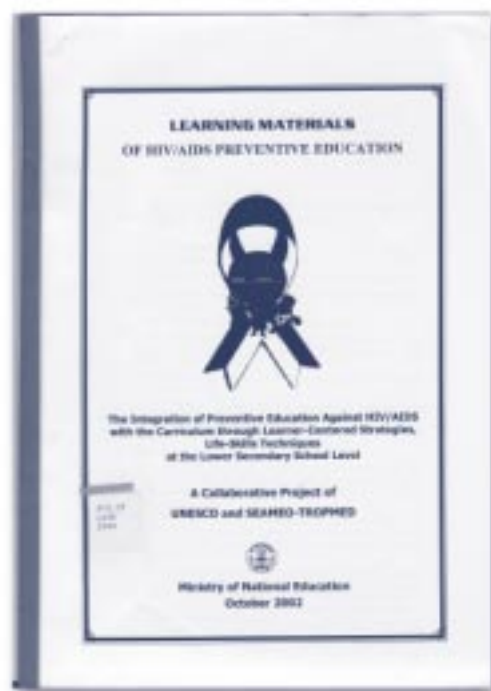
**Learning materials of HIV/AIDS preventive education: the integration of preventive education against HIV/AIDS with the curriculum through learner-centred strategies, life-skills techniques at the lower secondary school level**

S.I.: Curriculum Center, Research and Development Agency, Ministry of National Education, Indonesia, October 2002. 62p. English.

<b>Type of material</b>	Resource/Reading materials - HIV/AIDS prevention and care
<b>Target audience</b>	Curriculum planners
<b>Objectives</b>	Developing knowledge
<b>Educational level</b>	Formal education - Secondary
<b>Introduction approaches</b>	Integrated into school subjects (specific subjects)
<b>Country/region</b>	Indonesia

**Abstract:** This document is an output of the training course on how to integrate HIV/AIDS into the relevant subject matters which was conducted by the Curriculum Centre, Research and Development Agency, Ministry of National Education, Indonesia in co-operation with UNESCO Bangkok. It is a collection of materials and activities to supplement HIV/AIDS preventive education into the curriculum through the relevant subject matters such as biology, religion, sports, social, and guidance and counseling sessions. Lesson plans, interactive games, transparencies, and questionnaires on preventive education against HIV/AIDS are included.

**Descriptors:** Games // Curriculum development // HIV/AIDS preventive education // Teaching-learning activities // Resource materials // Teaching methodologies // Lesson plans





# Who's who in the field of HIV/AIDS in the GMS

## Cambodia

**Organization** UNAIDS Cambodia  
**Address** 168 Preah Sihanouk Blvd., c/o UNDP, P.O. Box 877, Phnom Penh, Cambodia  
**Phone** (855) 23 721153  
**Fax** (855) 23 721153  
**E-mail** [unaidscomb@bigpond.com.kh](mailto:unaidscomb@bigpond.com.kh)  
**Web site** <http://www.un.org.kh/unaids/>  
**Organization type** International  
**Activities** UNAIDS in Cambodia works through the UN Theme Group and the Technical Working Group on HIV/AIDS. The Theme Group is comprised of the UN Country Team, while the Technical Working Group includes representatives of the Government of Cambodia, civil society, people living with HIV/AIDS (PLWHA), donors and other national and international partners, as appropriate, when dealing with various issues. The HIV/AIDS projects recently supported by the UN Country Team included strengthening of the multisectoral National AIDS Authority; pioneering the prevention of mother-to-child HIV transmission; initiating greater involvement of PLWHA with the involvement of national volunteers; and scaling up prevention through partnerships.

**Organization** Cambodian Red Cross Society (CRC)  
**Address** 17, Vithei de la Croix-Rouge Cambodgienne, Cambodia  
**Phone** (855) 23 212876 / 362876  
**Fax** (855) 23 212875 / 362140  
**E-mail** [crc@camnet.com.kh](mailto:crc@camnet.com.kh)  
**Organization type** NGO  
**Activities** The CRC carries out a wide range of health activities: community-based first aid, water and sanitation, HIV/AIDS and sexually transmitted infections, peer education, an ambulance service and a health centre.

**Organization** CARE International in Cambodia  
**Address** 52, Street 352, Quarter Boeung Keng, Cambodia  
**Phone** (855) 23 215267/8/9  
**Fax** (855) 23 426233  
**E-mail** [care.cam@bigpond.com.kh](mailto:care.cam@bigpond.com.kh)  
**Web site** <http://www.careinternational.org.uk/>  
**Organization type** NGO  
**Activities** CARE International Cambodia focuses on demining, basic and girl's education, development of small economic activities, rehabilitation of rural infrastructure,

maternal and child health care, sexually transmitted diseases and HIV/AIDS, and sexual and reproductive health.

**Organization** Family Health International (FHI)  
**Address** P.O. Box 2586, Phnom Penh III, Cambodia  
**Phone** (855) 23 211914/212565  
**Fax** (855) 23 211913  
**E-mail** [sara@fhi.org.kh](mailto:sara@fhi.org.kh)  
**Web site** <http://www.fhi.org/en/HIVAIDS/CountryPages/Cambodia/index.htm>  
**Organization type** NGO  
**Activities** FHI supports Cambodia and its Organizations in preventing the spread of HIV and improving HIV/AIDS care and support among those infected and affected.

**Organization** USAID, Cambodia  
**Address** 18 Mongkul Eam Street (St. 228), Phnom Penh, Cambodia  
**Phone** (855) 23 216436 ext. 290  
**Fax** (855) 23 217638  
**E-mail** [dhausner@unsaid.gov](mailto:dhausner@unsaid.gov) or [hausnerdavid@cs.com](mailto:hausnerdavid@cs.com)  
**Web site** <http://www.usaid.gov/pubs/cbj2002/ane/kh/>  
**Organization type** International  
**Activities** USAID aims to promote democracy and human rights. USAID also addresses the global problems of infectious diseases, especially HIV/AIDS. Other important U.S. interests are improvement in reproductive and child health; humanitarian assistance to those still suffering the effects of civil war, genocide and foreign occupation; and improvement in the lives of the 85% of Cambodia's population who live in rural areas and remain mired in poverty.

## China

**Organization** Population Services International (PSI)  
**Address** 12-C Xin Hua Office Tower, 6 East Ren Min Road, Kunming, Yunnan 650051, China  
**Phone** (86) 871 3164075  
**Fax** (86) 871 3165598  
**E-mail** [mcato@psichina.org](mailto:mcato@psichina.org)  
**Web site** [http://www.psi.org/where\\_work/china.html](http://www.psi.org/where_work/china.html)  
**Organization type** NGO

**Activities** PSI programmes include social marketing of condoms for HIV/AIDS prevention; intravenous drug-related HIV/AIDS risk reduction; quality health services and provider networks; and a possible expansion into maternal child health care products. PSI activities focus on Yunnan Province and along the Chinese border of the GMS.

**Organization** UNESCO China  
**Address** Jianguomenwai 5-15-3, Waijiaogongyu, Beijing 100600, China  
**Phone** (86) 10 65235883/2828  
**Fax** (86) 10 65234854  
**E-mail** y.aoshima@unesco.org or beijing@unesco.org  
**Organization type** International

**Organization** Yunnan Provincial Bureau of Health  
**Address** 166 Wuyi Road, Kunming, Yunnan, 650021, China  
**Phone** (86) 871 3624737  
**Fax** (86) 871 3620353  
**E-mail** ynukaids@km169.net  
**Organization type** Government

**Lao PDR**

**Organization** UNAIDS Lao PDR  
**Address** P.O. Box 345, Phon Kheng Road, Vientiane, Lao PDR  
**Phone** (856) 21 213394-97  
**Fax** (856) 21 214819/212029  
**E-mail** khamlay.manivong@undp.org  
**Web site** <http://www.unlao.org/UNinLao/default.htm>  
**Organization type** International  
**Activities** UNAIDS works closely with the National Committee for the Control of AIDS (NCCA).

**Organization** UNDP Lao PDR  
**Address** P.O. Box 345, Phon Kheng Road, Vientiane, Lao PDR  
**Phone** (856) 21 213394/390/391  
**Fax** (856) 21 214819/212029  
**E-mail** finn.reske-nielsen@undp.org or fo.lao@undp.org  
**Organization type** International

**Thailand**

**Organization** UNESCO Bangkok  
**Address** 920 Sukhumvit Road, Bangkok 10110, Thailand  
**Phone** (66) 02 3910703/0879/8474 Ext. 322, 323

**Fax** (66) 02 3910866  
**E-mail** s.shaeffer@unesco.org  
**Web site** <http://www.unesco.org>  
**Organization type** International  
**Activities** UNESCO's Asia and Pacific Regional Bureau for Education has developed a regional strategy for UNESCO's response to HIV/AIDS, which is multisectoral in nature and aims to mobilize UNESCO's strength and expertise in Culture, Education and Social Science in responding to HIV/AIDS. An HIV/AIDS Co-ordination Unit works with the Education, Culture, Social and Human Sciences and Information Programmes and Services units in the Bangkok office as well as with all other UNESCO offices and national commissions in the Asia-Pacific Region. Capacity building, information collection and sharing, and advocacy are three key cross-cutting strategies in strengthening and expanding the work of UNESCO on HIV/AIDS in the region.

**Organization** Family Health International (FHI)  
**Address** FHI Asia Regional Office, Arwan Building, 8th Floor, 1339 Pracharat 1 Road, Bangsue, Bangkok 10800, Thailand  
**Phone** (66) 02 5874750  
**Fax** (66) 02 5874758  
**E-mail** nbrenden@fhibkk.org  
**Web site** <http://www.fhi.org>  
**Organization type** NGO  
**Activities** FHI is working in Thailand to strengthen and develop programmes that address HIV/AIDS prevention, and care and support.

**Organization** Thailand Business Coalition on AIDS (TBCA)  
**Address** Chamnan Phenjati Business Centre, Suite 65/92-93, 10th Floor, Rama 9 Road, Huaykwang, Bangkok 10320, Thailand  
**Phone** (66) 02 6439891-3/1048-9  
**Fax** (66) 02 6439894  
**E-mail** tbca@ksc.net.th  
**Web site** <http://www.abconids.org/tbca>  
**Organization type** NGO  
**Activities** TBCA aims to promote clear, non-discriminatory workplace policies and education programmes to businesses and to bring corporate resources, such as human capital, management skills and funds, to assist in HIV/AIDS prevention, including through community programmes.

**Organization** Duang Prateep Foundation  
**Address** 34 Lock 6, Art Narong Road, Klong Toey, Bangkok, Thailand  
**Phone** (66) 02 6714045-8, 2493553/4880  
**Fax** (66) 02 2495254/9500  
**E-mail** dpffound@ksc.th.com  
**Web site** <http://www.dpf.or.th/eng/index.html>  
**Organization type** NGO  
**Activities** The Duang Prateep Foundation is Thailand's first comprehensive development and resource centre for a slum community. Area of activities includes: education, AIDS control projects, community development and counseling.

**Organization** UNDP South-East Asia HIV and Development Programme  
**Address** United Nations Building, Rajdamnern Nok Avenue, Bangkok 10200, Thailand  
**Phone** (66) 02 2882205  
**Fax** (66) 02 2801852  
**E-mail** leenah.hsu@undp.org /or/  
**Web site** <http://www.hiv-development.org>  
**Organization type** International  
**Activities** The UNDP South-East Asia HIV and Development Programme focuses on analysing the roles of mobility systems, elaborating development strategies to mitigate the negative impact of these factors on HIV epidemics and assisting in implementing these development strategies.

**Organization** Thai Worldview Foundation  
**Address** 188 Moo 3 Chotana Road, T. Chang Phuek, Chiang Mai 50300, Thailand  
**Phone** (66) 053 408285/473  
**Fax** (66) 053 409437  
**E-mail** thai@worldview.or.th  
**Web site** <http://www.worldview.or.th>  
**Organization type** NGO  
**Activities** The Thai Worldview Foundation produces and uses media and communication tools to empower rural populations and young people. Key areas include drug and HIV/AIDS prevention, highland environment protection and safe use of agricultural chemicals in the hill tribe areas of northern Thailand.

**Organization** Asian Harm Reduction Network  
**Address** 72/8 Moo 1 Cholprathan Road, T. Changpuak A. Muang, Chiang Mai 50300, Thailand  
**Phone** (66) 053 893175  
**Fax** (66) 053 893176  
**E-mail** ahrn@loxinfo.co.th  
**Web site** <http://www.ahrn.net>  
**Organization type** NGO

**Activities** The Asian Harm Reduction Network aims to reduce the harms associated with injecting drug use in Asia, including HIV infection, through a process of networking, information sharing, advocacy, and programme and policy development.

**Organization** USAID Regional Development Mission/Asia  
**Address** Diethelm Towers A, Suite 303, 93/1, Bangkok, Thailand  
**Phone** (66) 02 2055301  
**Fax** (66) 02 2542838  
**E-mail** lbradshaw@usaid.gov  
**Organization type** International  
**Activities** USAID's new Regional Development Mission/Asia oversees U.S. economic co-operation programmes in Thailand, Myanmar, Lao PDR, Viet Nam, and China. These programmes include efforts aimed at halting the spread of HIV/AIDS and other infectious diseases, protecting the environment, protecting vulnerable populations, and promoting economic growth and democracy.

**Organization** International Federation of the Red Cross and Red Crescent Societies, Regional Delegation  
**Address** Regional Delegation Bangkok, Ocean Tower 2, 18th Floor, 75/26 Sukhumvit 19, Wattana, Bangkok 10110, Thailand  
**Phone** (66) 02 6616933  
**Fax** (66) 02 6616937  
**E-mail** ifrcrth23@ifrc.org  
**Web site** <http://www.ifrc.org/where/asiapac.asp>  
**Organization type** NGO

**Activities** The Asian Regional Task Force on HIV/AIDS (ART) was established in 1994 and currently, 13 of the 19 national societies in the region participate in this task force. Particularly active in youth peer education, it receives support from both the International Federation and the Australian Red Cross's bilateral Mekong subregional HIV/AIDS initiative. In line with the conclusions of a 1998 external evaluation, ART has been reaching out to particularly vulnerable groups, such as young people living in rural areas, the unformed services, commercial sex workers and intravenous drug users. The vulnerability of the region's migrant populations to HIV/AIDS was highlighted in ART's strategic plan, and national societies are working together on cross-border initiatives to address the issue. The Regional Delegation also runs a Mekong subregion HIV/AIDS network.

**Viet Nam**

**Organization** POLICY Project  
**Address** 6 Phan Chu Trinh Street, Hoan Kiem District, Hanoi, Viet Nam  
**Phone** (84) 4 9 361 922

**Fax** (84) 4 9 362 194  
**E-mail** trantienduc@fpt.vn  
**Web site** http://www.policyproject.com/countries.cfm?country=vietnam

**Organization type** NGO  
**Activities** The aim of POLICY Project in Viet Nam, in partnership with USAID, is to support the Government and people of Viet Nam in their response to the HIV/AIDS epidemic. Activities for 2003-2004 focus on building capacity for evidence-based HIV/AIDS policy development and supporting and strengthening the role of people living with HIV/AIDS within the framework of the Greater Involvement of People Living with HIV/AIDS (GIPA) principle. POLICY activities include a series of research projects concerning Viet Nam's HIV/AIDS-related human rights obligations, the role of the media in reporting HIV/AIDS, and the implementation of the GIPA principle in the HIV/AIDS policy process. In addition, POLICY is collaborating with USAID, the Government of Viet Nam and other partners to support greater access to antiretroviral treatment and to develop a comprehensive approach to injecting drug use and HIV prevention and care.

**Organization** Academy for Educational Development (ADE) in Viet Nam  
**Address** 4th Floor, Room B12, Horison Business Centre, 40 Cat Linh Street, Hanoi, Viet Nam  
**Phone** (84) 4 7365240  
**Fax** (84) 4 7365243  
**E-mail** pburke@hn.vnn.vn  
**Web site** http://www.smartwork.org/  
**Organization type** NGO  
**Activities** ADE develops and undertakes programmes that bring together employers, labour organizations and government representatives to support the creation and expansion of workplace-based HIV/AIDS prevention education programmes and policies that reduce stigma and discrimination at the workplace.

**Organization** UNESCO Viet Nam  
**Address** 23 Cao Ba Quat Street, Hanoi, Viet Nam  
**Phone** (84) 4 7470275  
**Fax** (84) 4 7470274  
**E-mail** registry@unesco.org.vn  
**Web site** http://www.unesco.org.vn  
**Organization type** International  
**Activities** The UNESCO Hanoi Office focuses its attention on developing actions in the areas of culture, education, communication, science and technology within the human development perspective. The goal is to contribute to empowering the people of Viet Nam, especially the disadvantaged population groups, to fully participate in and benefit from development.

**Organization** UNAIDS Viet Nam  
**Address** 4th Floor, Room 405, 44B Ly Thoug Kiet St., Hanoi, Viet Nam  
**Phone** (84) 4 9343417

**Fax** (84) 4 9343418  
**E-mail** feen@unaids.org  
**Web site** http://www.unaids.org.vn/  
**Organization type** International  
**Activities** UNAIDS is working to help Viet Nam strengthen the national capacity against a rapidly increasing HIV epidemic.

**Organization** UNDP Viet Nam  
**Address** 25-29 Phan Boi Chau, Hanoi, Viet Nam  
**Phone** (84) 4 9421495  
**Fax** (84) 4 9422267  
**E-mail** registry@undp.org.vn  
**Web site** http://www.undp.org.vn/themes/hiv aids/index.htm  
**Organization type** International  
**Activities** UNDP is advocating for a comprehensive and multisectoral approach to reduce and prevent HIV/AIDS in Viet Nam. This includes creating new and sustainable livelihoods and care services for those infected, including job protection for those infected; macro policies that take into account increased health care and social security cost; adjustments to drug pricing regimes in the context of TRIPs; adequate human rights-based legislation, including antidiscrimination laws; and empowerment of women.

**Organization** UNICEF Viet Nam  
**Address** 72 Ly Thuong Kiet St., Hanoi, Viet Nam  
**Phone** (84) 4 8261170  
**Fax** (84) 4 8262641  
**E-mail** unicef@netnam.org.vn  
**Web site** http://www.unicef.org.vn/  
**Organization type** International  
**Activities** UNICEF is working with the Government of Viet Nam and other development partners to protect and enhance the rights of Viet Nam's women and children. At the primary health care level, UNICEF encourages community participation in health service management and financing in order to improve the quality and sustainability of child and maternal and nutrition care services, including HIV/AIDS prevention and care.

**Organization** World Vision International Viet Nam  
**Address** 521 Kim Ma Street, Hanoi, Viet Nam  
**Phone** (84) 4 7716230  
**Fax** (84) 4 7716225  
**E-mail** wvvn@hn.vnn.vn  
**Web site** http://www.worldvisionvietnam.org  
**Organization type** NGO  
**Activities** World Vision helps transform the lives of the world's poorest children and families in nearly 100 countries. World Vision programmes focus on HIV/AIDS prevention, provision of care and advocacy.



## HIV/AIDS IN THE GMS

An important contributing factor to the spread of HIV/AIDS in the GMS is the degree and nature of mobility both within and between countries in the region.

