



Canadian Society for International Health A Canadian Voice for Global Health

La Société Canadienne de Santé Internationale

Canada South East Asia Regional HIV/AIDS Programme 2004-2008

Rates of HIV infection in much of the Greater Mekong Sub region have reached epidemic proportions. By the end of 2004 there were nearly one million people in the region living with HIV. At the same time, mobility influenced by social, economic and political factors is accelerating the epidemic's spread. However, mobile populations have not figured prominently in national strategies and regional initiatives have been limited: financial, human and institutional resources dedicated to HIV/AIDS are generally focused on local populations.



In an effort to address the growing spread of HIV/AIDS in Southeast Asia, the Canadian government is funding the Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP). This project seeks to strengthen the capacities of governments in Cambodia, Lao PDR, Thailand, and Vietnam to reduce male and female mobile populations' vulnerability to HIV/AIDS in a regionally-coordinated and

- * Mobile populations are more vulnerable to HIV/AIDS because of the situations they encounter and behaviours they adopt while on the move.
- * Mobile people living with HIV/AIDS face greater obstacles accessing care and support services.
- * Existing national and regional HIV/AIDS strategies target stationary populations, not mobile ones.
- * There is no comprehensive regional plan to address HIV and mobile populations.

gender-sensitive manner. This is achieved mainly through multi-sectoral support for the implementation of the *Regional Strategy of Mobility and HIV Vulnerability Reduction* created by the United Nations Regional Task Force on Mobile Populations and HIV Vulnerability.

CSEARHAP is the only initiative in the region that focuses on the specific combination of mobile and migrant populations and HIV/AIDS at a regional (rather than national) level. The interface between mobility and HIV/AIDS is a comparatively new topic in the region; therefore local capacities and experiences to address mobility and migration issues as they relate to HIV/AIDS are limited.

CSEARHAP focuses on the effective operationalization of the *Regional Strategy* at the national level. Together with its partners HealthBridge and CARE Canada, CSIH is working to strengthen the national capacities of the four countries to develop and put into

practice multi-sectoral national work plans on HIV and mobility as part of existing national AIDS strategies.

CSEARHAP's major outcomes include the development and implementation of national policies that help to reduce risk of HIV among mobile and migrant populations, strengthened national capacity to plan and

collaborate regionally on mobility-related HIV/AIDS programmes, and strengthened regional coordination and collaboration to address common issues on mobility-related HIV/AIDS policies, plans, and programmes. These outcomes are being achieved through a variety of approaches, including but not limited to ongoing training and skills-building, coaching, study tours, and joint development of information and education materials.

A key forum for capacity building and training has been the establishment in each country of a core Multi-Sector Team (MST), comprised of representatives of various government departments (such as Health, Education, Women's Affairs, Labour, Defense, Justice, etc.), the national AIDS authority, international organizations, non-governmental organizations, and people living with HIV/AIDS. In addition to training and joint work on concrete issues such as the development of policy recommendations, the MSTs provide a venue for information exchange and collaboration between government departments; in many cases cross-departmental and cross-sectoral activities are occurring for the first time.

CSEARHAP is also making creative and innovative efforts to ensure the inclusion of migrant and mobile populations (MMP), as well as people living with HIV/AIDS (PLWHA), in the project's activities. To date, the inclusion of PLWHA has been more successful, given their greater accessibility and availability. CSEARHAP's country teams have developed a number of national and cross-border demonstration mini-projects, which serve to pilot or test new approaches or to develop new models to address HIV/AIDS vulnerability among specific mobile/migrant groups. These demonstration projects will contribute to CSEARHAP's three key results areas.

To strengthen coordination at the regional level, CSEARHAP fostered the development of MAP-4, a sub-group of the United Nations Regional Task Force focused on the four project countries. Membership in MAP-4 comprises the project's government focal point in each country, as well as other nominated government officials, associations of PLWHA and representatives of MMP. One of the key objectives of MAP-4 is to establish systems and mechanisms for sharing best practices from the national implementation of the *Regional Strategy*.

The following results have been noted to date:

1. National Policy Self-Audits and Policy Reviews have been completed, outlining gaps and opportunities in existing national policies and legislation.
2. In all four countries, policy and/or policy-related documents have been developed to address HIV/AIDS vulnerability among migrant and mobile populations.
3. There is broad evidence of enhanced knowledge and skills among individual stakeholders, and increasing changes taking place at the institutional level in the four countries.
4. CSEARHAP has gained the status of one of the key players on MMP and HIV issues in the region, and is widely acknowledged by local and international stakeholders. CSEARHAP is making considerable contributions to bringing the issues of MMP and HIV/AIDS onto regional and national agendas, and pushing at the various levels for addressing this topic.



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