

A. Introduction

1. Greater Mekong Subregion Overview

The Mekong river has its headwaters on the Tibetan Plateau, seventeen thousand feet above sea level. It runs down to RPC, passing through Yunnan into Myanmar. Then, it runs much of the length of Lao PDR, dividing it from Thailand, across the north of Cambodia and, finally, Vietnam. It is almost three thousand miles long, making it the twelfth longest river in the world.

The Mekong is the new symbol of the region, a source of unity in a region redefining itself. Realignments are occurring away from ideological allies toward market economy alliances. With the era of the Cold War well behind us, the era of the French presence and the old Indochina is now only a memory. A pragmatic realignment brings Thailand more to the centre with the former French colonies on one side, Myanmar on the other, and Yunnan to the north.

The five countries that comprise the Greater Mekong Subregion (GMS) are members of ASEAN, and the sixth area is Yunnan Province in China. Three countries, namely Myanmar, Lao PDR and Vietnam, are socialist republics now embracing the market economy; Yunnan can be included as part of the People's Republic of China. Thailand is a democratic state fully integrated into the world economy and Cambodia is a fledgling democracy with a growing but troubled economy.

The GM is not a bloc in any political or even economic sense as yet but, increasingly, it is looking toward complementarity in economic exchange and political networks. It is a creation of the Asian Development Bank (ADB) in striving for improvements in the region via the promotion of intra-trade networks, transport networks, tourism and harmonisation processes that facilitate movement throughout the region.

Donors, such as the ADB, acknowledge that steps need to be taken to ease the burden of those who may be adversely affected by development. The spread of HIV/AIDS has long been acknowledged as a development issue, and spread through population movements, but little attempt has been made up until now to integrate social programs, that can deal with health and HIV issues, with development projects. Road construction, dams for hydroelectric power, and other large infrastructure projects are occurring throughout the region. Trade, tourism and an accelerating demand for consumer goods are driving this development.

The GMS incorporates remote areas of extreme poverty while encompassing rapidly growing economies. Lao PDR and Thailand, who share a long border, are at the two extremes of wealth and poverty, while at the same time poverty still exists in Thailand. To the north, PRC also dwarfs Lao PDR in terms of the size of its economy. Thus, PRC and Thailand, eager to enhance direct trading, need the links through the mountainous regions of Lao PDR and Myanmar. Lao PDR is strategically placed, with highway routes that dissect the country and link surrounding countries. Road networks already exist that link Thailand to PRC and Vietnam, and PRC to Vietnam and Cambodia, via Lao PDR, but they need upgrading. This process was delayed due to the financial crisis in Asia in 1997 but is back on track now with international donors supporting the development of Lao infrastructure, especially roads.

There are three large highway projects that link countries of the region. Firstly, a ring road that serves to link four countries via Yunnan in PRC, Shan State in Myanmar, Northwest Lao PDR and Chiang Rai in Thailand. The second is a road that runs from Vietnam to Myanmar via Thailand and Lao PDR where it is known as the East-West corridor. This road is being upgraded in Lao PDR and Vietnam, with a bridge being constructed across the Mekong into Thailand. On the eastern border of Thailand a bridge at Mae Sot already exists. Thus the road

ultimately will lead to Rangoon. The third is the Asian Highway running from Bangkok to Phnom Penh, through to Ho Chi Minh in Vietnam and to the port at Vung Tau. In addition, via Route 13 in Lao PDR, it will be possible to travel from PRC through to ports in Vietnam or, alternatively, further south to Cambodian ports.

This is the stuff of dreams, or so says one reporter, citing difficulties in border controls, mixing convoys of trucks and tourists and driving on the ‘wrong’ side in Thailand (Bangkok Post May 6, 1999). But for some these visions are the future. The ADB is working on easing border controls through standardising and simplifying control processes and at the same time looking at effective measures to stop trafficking and smuggling:

“Easing these border restrictions is an enormous step towards bringing these economies closer together and for providing rural people with easier access to markets.” (ADB news release no. 116/99)

With the thawing of Cold War antagonisms it may be possible to envisage a more free flow of goods and people across borders. However, borders presently define not only geographical interests but political interests, including those of security. While borders between Thailand and Lao PDR, and the Golden Triangle area, divide groups of people sharing the same customs and culture, they remain a firm reality that limits the scale of trade and the free movement of large numbers of people. Migrant labour in and out of the countries is increasing and Thailand attracts millions of migrants across its borders, most of them undocumented.

2. Population Mobility in the GMS

Massive population movements have occurred since the mid 1970s when the Indochinese War ended and the socialist regime came to power. In the lower Mekong region alone it was estimated that more than 3 million refugees from Vietnam, Cambodia and Lao PDR sought refuge in other countries in the South East Asian region and the South China Sea, including Hong Kong and Japan (Chantavanich 1994). The flows reached a peak in the early 1980s then continued until the end of 1980s. It was only after 1992 that huge repatriations of these asylum seekers occurred due to the ASEAN Comprehensive Plan of Action. This signalled the willingness of ASEAN countries to cooperate with Lao PDR, Cambodia and Vietnam to send back their nationals through the assistance of the United Nations High Commissioner for Refugee (UNHCR). More than 500,000 refugees were repatriated during 1992-1995. In addition to the three decades of cross border movements, people were also displaced internally, particularly in Vietnam and even more so in Cambodia, where political instability and conflict prevented people from peaceful settlement and a sustainable livelihood anywhere in the country.

Myanmar, located in the western reaches of the GMS, has also experienced population movements due to political conflict. Protracted conflict between the government and minority resistance groups has driven people across the Thai and Bangladesh borders. However, this is not on the same scale as the Indochinese conflicts. After a conflict settles, people will often return to their homes; however, currently there are approximately 120,000 asylum seekers along the Thai Myanmar border, mainly the Karen, Karenni, and Mon. Many of the Shan minority have relocated from Myanmar also but, unlike the other groups, they do not stay in camps. Due to their cultural and ethnic proximity with the Northern Thai, Shan people readily blend with local Thai communities. Internal displacement is common also, as a result of government policy and other political and social factors.

Yunnan, the southernmost Province in the South West of the PRC has a population of 41 million. In 1995, it was reported that 730,000 persons were mobile, with 258,000 crossing national borders and 472,000 across Provinces within China (Li 1997 : 264-265). These

numbers were not as high as population floating in other Chinese Provinces like Beijing, Shanghai, Xingiang, Tianjin and Guangdong. People moved from Yunnan to Sichuan, Shandong and Jiansu, while people from Sichuan, Quizhou and Zhejiang moved into Yunnan (ibid : 268-269). Crossing national borders, people from Yunnan migrated to Myanmar, Thailand, Lao PDR and Cambodia. The amount of cross-border mobility is not clear but Stahl indicated that there were 200,000 illegal migrants from PRC in Thailand in 1997 (1999 : 18). Many of them were from Yunnan and other southern Provinces. In addition, there were more than 220,000 Chinese who registered as aliens in Thailand in 1995 (Stern 1998: 28). Some of them were former Chinese Nationalist soldiers (Kuomintang), the Haw Chinese, and the minority Tai Leu, all from Yunnan Province, and totalling 40,000 in all (ibid: 29).

While most GMS countries are areas of origin of various types of emigration, Thailand, in the centre of the GMS, has both emigration and immigration flows. It hosted more than one million refugees from Indochina during the 1980's and is now hosting more than 100,000 asylum seekers from Myanmar (UNHCR 2000). It also received more than a million migrant workers from Myanmar, Cambodia and Lao PDR (Chantavanich, 1999a). The majority of migrant workers are from Myanmar, followed by Cambodia and Lao PDR. Concurrently, a rough estimate of 1 million Thais are residing abroad as migrant workers, predominantly in East and South East Asia (Chantavanich, 1999b).

The substantial economic growth in the GMS region over the past decade has brought benefits to many people. Border trade in all the GMS countries has expanded and, combined with regional infrastructure development, driven by the business sector and regional trade, population mobility has increased significantly (see for example Porter, 1994). Traders, construction workers, transport workers and workers in the entertainment business constitute the major mobile groups who travel within and across countries. The expansion of industries such as fishing and construction offer opportunities for migrant workers to fill labour shortages in the unskilled labour markets of other countries. Some transnational investment companies hire migrant labourers to work in areas where they are operating, for example, in construction sites, in fishing boats, and in long distance transportation. In addition, this decade has seen a boom in the tourist industry, with GMS countries attracting visitors from other regions like East Asia (Japan, Taiwan, Hong Kong) and, within the Southeast Asian region, Malaysia and Singapore. World Heritage sites, such as Angkor Wat, Shwedagon Pagoda, and Louang Phrabang, plus tourist attractions like Kunming and Jinhong in Yunnan, and the Golden Triangle area are major attractions drawing tourists to the region. Consequently, the size of mobile populations increase not only because of the tourists themselves but due to the services that cater to tourists.

The decade of growth and the end of the Cold War era has also yielded negative consequences in the GMS countries. The trade of transnational drugs and human trafficking expanded its network to cover new routes of trafficking (Phongphajit, 1999). Upper Myanmar, Yunnan, Northern Thailand, Lao PDR and Cambodia are directly affected by such transnational crime. Rural and ethnic women and girls were lured into prostitution across borders. The Golden Triangle area, which connects Myanmar, Yunnan, Thailand and Lao PDR, has diversified its heroin production with the production of metaamphetamines and production units are spread throughout the region including along the border areas of Myanmar-Yunnan, Myanmar-Thailand, Thailand-Lao PDR and Thailand-Cambodia. Both drugs and human trafficking accelerate mobility, although not in a massive scale, and such mobility adversely affects the GMS.

At the beginning of the new millennium, the trends of population migration and mobility in the GMS do not differ from that of the previous decade. The directional flows of mobile

populations are similar, with flows from Yunnan in the north to the four countries which share their borders with Yunnan; from Myanmar in the west to Thailand; and from Vietnam in the east toward Lao PDR and Cambodia. Within the countries, Myanmar and Cambodia have the highest numbers of internally displaced persons due to political conflicts while Yunnan and Thailand have high numbers of rural-urban migration flows. Lao PDR internal migration is closely linked to infrastructure development projects supported by international agencies. It is apparent that much of the migration flows in Lao PDR are development driven.

With the prevailing economic internationalisation, which allows capital, commodities and labour to cross from one state to another, from one border to another, population mobility in the GMS will continue. Yet the trends of mobility become obviously more intraregional, that is, more within the GMS itself than in the past.

Accompanying the flows of population movements are emerging and re-emerging communicable diseases (WHO 1999). It is reported that new diseases like HIV/AIDS spreading in border areas and *old dying* diseases like meningitis and polio were found in migrant populations; not to mention the persisting malaria which it is still not possible to eradicate due to the mobility of infected persons.

It is envisaged that the ongoing economic crisis, plus political conflict in the GMS countries, will create increases in some population movement. Increasing numbers from the more disadvantaged groups, such as women and children, will join the flow of undocumented migrants or internally displaced persons without social security. Population mobility will deeply transform the social structure of GMS societies and the nature of each nation state.

3. HIV/AIDS in the GMS Countries

At the end of 1999, Asia had almost 60 percent of the world's adult population and about 18 percent of all HIV infections. This amounts to over six million people in the Asia Pacific (UNAIDS 2000). Just over three million had died out of a worldwide total of 18.8 million. In 1999 alone, in the AsiaPacific region, 478,000 died, and there were 920,000 new infections among adults and children. With a population of nearly 3.5 billion, the Asia-Pacific region stands at the threshold of a possible escalation of the spread of HIV, and thereby determining the course of the global epidemic.

Table 1: HIV/AIDS Situation in the GMS Countries

	Estimated Number of People with HIV/AIDS	Adult infection rate (%)	HIV in Pregnancy (%)	Estimated Adult Death
Cambodia	220,000	4.04	2.6	14,000
Lao PDR	1,400	0.05	n.a.	130
Myanmar	530,000	1.99	3.4	48,000
Thailand	755,000	2.15	1.8	66,000
Vietnam	100,000	0.24	0.15	2,500
Yunnan	600,000 all PRC	1.18	0.2	260 (actual)

Data source: UNAIDS 2000, except for the pregnant women that is taken from the respective National AIDS Committees, plus the Yunnan Provincial Health and Anti Epidemic Center.

The GMS is a major focal point for the HIV/AIDS epidemic in Southeast Asia. The first HIV positive case reported in the whole Asia Pacific region was in Thailand, in 1984. Thailand then emerged as the centre of the epidemic after the detection of the widespread transmission of HIV in 1988 among sex workers and intravenous drug users (IDUs), until the mid 1990s, when it was no longer the critical centre. The first cases detected for Myanmar and Yunnan were also at this early time of 1988. Cambodia, Lao PDR and Vietnam reported their first cases in the early 1990s. Today the combined number of people with HIV/AIDS (PWHAs) in the GMS is more than 1,600,000. Lao PDR and Yunnan have yet to develop comprehensive surveillance systems, thus statistics provided here may not reflect real situations in those countries. Thailand has the greatest number of PWHAs followed by Myanmar and Cambodia. HIV infection rates vary greatly throughout the region. At the end of 1999, Cambodia had an adult prevalence rate of 4.04%, followed by Thailand with 2.15%, but the upper north of Thailand is higher. In Myanmar the rate is 1.99% but wide variations would exist throughout the country. Infection rates in pregnant women, which are often accepted as a reflection of rates in the general population, are high in all three of these countries, and the death rates suggest how advanced the epidemic is.

3.1 A Region with Two HIV/AIDS Epidemics

In Thailand, most of the earlier cases were found among homosexuals and then among IDUs. Then there were high rates found among sex workers, and from there the epidemic spread via clients of sex workers, into the general population. At present, sexual transmission is the main mode of transmission, although International drug use remains a significant problem and is still the predominant mode of transmission in three countries.

Myanmar and Cambodia were the next to have full-scale epidemics. Both countries have had significant population movements into Thailand, as has Vietnam. The epidemic in Cambodia was first detected in 1991, which coincided with population movements, including returning Cambodians, foreigners and Thais, into the country. The focus of the initial epidemic was along the border with Thailand but also the other big cities like Phnom Penh and Sihanoukville. The main mode of transmission is sexual and the rapid spread throughout much of the country has been fuelled by the dynamics of population mobility and unsafe commercial sex.

In the north and west of Thailand, the spread of HIV moved into Myanmar, first along the border but also in areas adjacent to the Golden Triangle. In the early 1990s the initial cases of HIV were among IDUs in Shan State and along the Thai border. Many of the drug users as well as the traffickers had close links with Thailand but also with PRC. By 1994, more and more cases were discovered among sex workers, many of whom worked in Thailand. There is evidence now of the spread to clients of sex workers and into many communities, gradually moving to inner areas of Myanmar. There is, however, little evidence of HIV spreading to the western areas bordering Bangladesh. Thus, both IDU and sexual transmission epidemics are occurring. However, sexual transmission is becoming predominant in the more rapid spread of HIV.

In the late 1980s and 1990s, there was a major change in drug trafficking routes out of the Golden Triangle area. Instead of passing through Thailand, the traffickers used new routes in PRC, Lao PDR and Vietnam. As a result, the number of IDUs increased dramatically in PRC and then in Vietnam. Yunnan is severely affected by drug use and it remains the dominant mode of transmission. In Vietnam, the initial cases of HIV infection were among IDUs in Ho Chi Minh City and nearby Provinces. Almost simultaneously, sexually transmitted cases appeared in the Mekong Delta, in border areas with Cambodia where there were many returnees from Cambodia. By the mid 1990s, a large outbreak of HIV was detected among

IDUs, in the north and central regions. This is the area of major concern, with large numbers infected. This area of drug use and trafficking can be linked back to Yunnan, in PRC and the Golden Triangle. At present, roughly 70% of the identified cases are among IDUs although the numbers of sexually transmitted cases are rising. The country could be on the verge of a sexual epidemic that matches and overtakes the IDU epidemic, at least in the scale and the number infected, similar to the patterns seen in Thailand and, more recently, Myanmar.

The large, but sparsely populated country of Lao PDR is situated in the middle of all five countries. Mobility across the border with Thailand is very fluid, with many people working in Thailand. There is also mobility across the borders with PRC and Vietnam. The statistics on HIV prevalence data in Lao PDR do not present an accurate picture of HIV spread in the country. Surveillance is not yet comprehensive but there is sufficient data to show a progression in HIV infections, and the relatively high number of deaths does lead some to suggest that the actual figures may be much higher than those presented. It is likely, however, that the topography and demography, plus the social makeup of the country, has limited population movements and thereby limited the spread of HIV. Recent improvements in the surveillance system will help to understand the situation better.

In summary, there are two HIV/AIDS epidemics in the GMS countries (see Map 3). The first is among IDUs in Thailand, which had connections with the Golden Triangle, particularly in the Shan State of Myanmar and in Yunnan, PRC. This has now spread to Vietnam. But this epidemic has been more dispersed of course, being well established in Bangkok and more recently in HCMC. The second is via heterosexual sexual transmission, which also started in Thailand. It spread to Myanmar and Cambodia through large population movements and increasing general mobility in the context of unprotected sex in an expanding sex industry in the region. From Cambodia, HIV has spread to South Vietnam through Vietnamese sex workers and other migrants who worked in Cambodia. And thus, in Vietnam, there is the convergence of IDU and sexually transmitted epidemics. Lao PDR, situated close to all of these pathways of transmission, and being a transit area for drug trafficking, is highly vulnerable and may be experiencing an epidemic that is so far not visible.

3.2 Causes of the Epidemics

With the exception of Cambodia and perhaps Lao PDR, the first major outbreaks of HIV cases in the GMS were among IDUs. The pervasive nature of drug use and the associated social and legal stigma attached, causes drug use to be concealed. In 'clusters', IDUs support each other to the extent that they share 'cheap' needles to take drugs. With the Golden Triangle as one of the major source of opiates (eg heroin) in the world, drug traffickers are constantly outdoing law enforcement authorities by switching trafficking routes. Among other tricks, they typically recruit a trafficking chain by supplying free or cheap drugs to its members. Thus, the massive outflow of drugs from the Golden Triangle creates drug users along the way, especially in Myanmar, Thailand, Yunnan (and southern Provinces of China) and Vietnam. The needle sharing practice among drug users is one of the keys to HIV epidemic in the GMS.

The social and sexual culture of the people in the GMS deserves some critical analysis. In general, promiscuity and commercial sex is a social taboo in all countries but men having premarital and extramarital relations are quietly tolerated. This is the result of imbalance of social status between men and women that encouraged the opening up of sex industries in Thailand and Cambodia. Sex services are also widely available in Vietnam, Lao PDR, Yunnan and Myanmar but perhaps in a more disguised way. So men visit sex workers and they also have relations their wives and girlfriends. Some small numbers of women are now

doing the same as men. This huge 'unsafe' sexual networking is a very fertile ground for HIV transmission and that is what is taking place in all countries.

Development is not neutral in respect to HIV epidemics. Most of the development processes do not occur homogeneously as they tend to create difference between people and geographical areas, and encourage population mobility. People who were isolated in the past due to poor transport and communication infrastructure are now exposed to change. These phenomena are complex and, among other negative social consequences of development, HIV/AIDS has emerged as one of the key issues in the GMS, especially in Lao PDR, Yunnan and parts of Vietnam and Myanmar.

Population mobility is one of the most significant factors for rapid transmission of HIV in the region. HIV moves with people who, while on the move, pass through various risk situations that force or encourage them to get involved in unsafe sex or drug use. It is not the mobility itself to blame but the 'environment' surrounding the mobile people that makes them vulnerable. Massive population movement in the GMS has created these risk environments in many places (Hot Spots) that are continuing to fuel the epidemic.

3.3 Regional Responses

The Asian Research Centre for Migration (ARCM) has been a pioneer in initiating dialogue on population mobility and HIV/AIDS in the region. With the support of World Health Organization, ARCM organised two regional workshops on the issue in 1995 and 1997 involving all regional countries. ARCM completed its research work in all border areas of Thailand, namely the Thai-Myanmar, Thai-Cambodia, Thai-Lao PDR and Thai-Malaysia borders that clearly showed the vulnerability of migrant and mobile populations and the people they interact with. A database on mobility and HIV issues has been developed. ARCM has also partnered with NGOs in designing and reviewing intervention projects in cross-border areas and for specific mobile population groups.

UNAIDS-APICT formed a Task Force on Population Mobility and HIV/AIDS in 1996 and continued to organise periodic meetings involving selected members. UNICEF coordinated a four-country assessment of seafarers and HIV/AIDS involving Myanmar, Thailand, Cambodia and Vietnam. UNICEF-funded action plans have been carried out. EAPRO has convened and hosted the Seafarers Working Group meetings in Thailand. UNDP also organised some assessments of transport workers and other mobile groups in Lao PDR, Cambodia and Vietnam. At the end of 1999, an ASEAN ministerial meeting endorsed the need for work on population mobility and HIV/AIDS and pledged to work together on this issue. They also drafted an action plan and are working on mobilising funds and other resources for such projects. In November 1999, UNDP/ESCAP/UNAIDS organised a regional workshop on reduction of HIV vulnerability within the land transport sector.

Among NGOs, Family Health International (FHI) organised a range of meetings on cross-border mobility and HIV/AIDS, and funded CARE International to undertake four country intervention projects, BAHAP, at cross-border locations. CARE is also implementing a project with Burmese migrants at Mahachai in Thailand. Much earlier, World Vision in Thailand and Myanmar implemented cross-border projects at three locations along the Thai-Myanmar border. World Vision in Vietnam is also implementing a transport workers project in central Vietnam. CARAM-Asia is working with emigrant workers in Cambodia and Vietnam. Recently, SEAMEO-TROPED has been involved with studies in Lao PDR, Cambodia and Vietnam, the results of which are expected shortly.

It is clearly evident that much time and money have been spent on studies assessing the vulnerability of mobile population groups and exploring risk situations in border locations and

other areas. While the output in terms of interventions has been limited, there are several projects in place and there are lessons to be learnt. With the accumulated knowledge and on going in-depth analysis of risk situations, plus strategic planning involving various stakeholders, the success of future programming can be realised.

4. Objectives and Methodology of the Study

The aim of the study is to present a comprehensive overview of population mobility and HIV/AIDS in the GMS. This is undertaken through five case studies as well as an exploration of the changing dynamics of population movements throughout the region and the situation of HIV/AIDS. The study explores links between the spread of HIV/AIDS and migrant and mobile population groups. The scope of migration and mobility includes:

- internal and international migration
- immigration and emigration of nationals
- internal and cross-border mobile population groups

The key components of the study include the following:

4.1 Literature Review

This review involved compilation of documentation of relevant research including qualitative and quantitative studies spanning the last five years and especially the most recent reports. This was conducted through:

- ARCM resources – database, primary data reports, other reports
- Resources and data bases within UN agencies and international NGOs
- In-country documentation, including: study and assessment reports, project documents, project reviews/evaluations, data and statistics from the local and central authorities as well as agencies working with the target population groups

4.2 National and Regional Consultations

Initial consultations were undertaken with individuals from the UN and other agencies in Bangkok. This was followed by in-country consultations in Cambodia, Lao PDR, Myanmar and Vietnam. There were no formal consultations in Yunnan due to a country coordinator not being appointed. In-country consultation involved both individual consultations and special focus group discussions. Key people from Government, UN and NGOs were invited to provide relevant information on migration and mobility issues in the country, along with discussions on HIV/AIDS. Academics were also consulted to give their perspectives. The visit to Myanmar was brief and, in Yunnan, only informal inquiries took place. For both areas, therefore, information may not always be comprehensive, or may need further confirmation.

4.3 Analysis and Draft Report

The following components were important guidelines informing this study, especially for the final analysis:

- transnational and internal migration and particular mobile population groups;
- the cycles of migration – place of origin, route/transit (entry/exit to and from the country), places(s) of destination and return;

- geographical locations and transit points where migrant/mobile populations exist in large numbers (Hot Spots);
- “migrant communities” in the country and defining their characteristics;
- the typology of migrants and mobile population groups: gender, age, occupation and other appropriate criteria (as classified by local informants in focus group discussions); and
- risk situations and vulnerability for HIV transmission amongst different types of migrant and mobile populations

4.4 Terms and definitions

Migration is defined as a “change of residence” and, for demographic purposes, residence is often defined in terms of “length of stay”, whether actual or intentional. For example, voluntary migrants from one country to another, foreign migrant labours on contract, irregular or undocumented migrants etc.

Mobility is defined as “change of location” for a period – short or long. In broad terms it encompasses migration but is often used to refer to the people who move out of their usual residence for short durations eg. truck drivers, fisherfolk, seasonal workers, tourists, traders and salesmen etc. So, in essence, migration and mobility are various stages of a process and emphasis should be given to the “continuum” of the event rather than legal definitions.

The term ‘migrant’ includes immigrants and emigrants – **immigration** means foreign people entering a country, whereas **emigration** means nationals leaving a country to live elsewhere. **Internal migration/mobility** refers to migration and mobility within the country eg. rural-urban migration, seasonal labour, truck drivers etc. **International migration/mobility** means people crossing borders, usually for work.

Hot Spots are used throughout this report in text, tables and maps. They are not definitive explanations. Thus, despite being ranked and highlighted on maps, they should be used carefully. In each case they need to be confirmed. We provide this analysis so that further inquiry using similar criteria may affirm or challenge the validity of the selections here, and their ranking.

Hot Spots are determined according to national scales of possible or potential risk. Thus, an area where there is an established sex industry, and a large number of migrant or mobile people that patronise such services, would qualify as a ‘hot spot’. This suggests that there are risk behaviours that could lead to the spread of HIV. Secondary factors that should be considered are IDU, other drug use, and HIV prevalence – in the country and the local area – but reliable data may not be available for either. Other factors that need to be considered for making a final decision on prioritizing can include: size of populations, type of mobile populations; existing programs; levels of condom use; levels of HIV/AIDS awareness.

Typologies classify migrants according to types of movement, occupation, age, sex, and so on. In Tables there are estimations according to population size and risk assessment. Similarly with Hot Spots the risk assessment is made according to what is known of or the potential for unsafe sex, or drug injecting in environments that are conducive to such behaviour. These need to be confirmed by further examination.