

WORKSHOP REPORT

2nd Workshop on HIV Prevention and the Infrastructure Sector in the Greater Mekong Subregion

24-26 November 2008, Bangkok, Thailand

Organized by:

Asian Development Bank (ADB)

and

United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in
South East Asia and Southern Provinces of the People's Republic of China (UNRTF)

ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
ART	antiretroviral therapy
AfDB	African Development Bank
AIDS	acquired immunodeficiency syndrome
ART	anti-retroviral therapy
ASEAN	Association of Southeast Asian Nations
ATFOA FP	ASEAN Task Force on AIDS Focal Points
AusAID	Australian Agency for International Development
AWP	ASEAN Work Program
BCC	behavior change communications
BHSA	Baolong Healthy and Safe Action
CIDA	Canadian International Development Agency
DfID	Department for International Development
GMS	Greater Mekong Subregion
HIV	human immunodeficiency virus
CBTA	Cross Border Transport Agreement
CHAS	Centre for HIV/AIDS/STI
CSEARHAP	Canada South East Asia Regional HIV/AIDS Program
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
EAP	East Asia and the Pacific
FIDIC	International Federation of Consulting Engineers
IEC	information, education, and communication
ICAAP	International Congress on AIDS in Asia and the Pacific
IDU	injecting drug users
IOM	International Organization for Migration
JBIC	Japan Bank for International Cooperation
KfW	Kreditanstalt für Wiederaufbau
Lao PDR	Lao People's Democratic Republic
M&E	monitoring and evaluation
MDB	multilateral development bank
MDG	Millennium Development Goals
MMP	migrant and mobile populations
MOT	Ministry of Transport
MOU	Memorandum of Understanding
MPWT	Ministry of Public Works and Transport
MSM	men who have sex with men
MTWG	Mobility Technical Working Group
NAA	National AIDS Authority
NGO	nongovernment organization
PLHIV	people living with HIV
PRC	People's Republic of China
RETA	regional technical assistance
SAP	social action plan
Sida	Swedish International Development Cooperation Agency
STI	sexually transmitted infections
TA	technical assistance
TBCA	Thailand Business Coalition on AIDS
UN	United Nations

UNAIDS	The Joint United Nations Program on HIV/AIDS
UNESCAP	United Nations Economic and Social Commission of Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNDP-SEAHIV	The United Nations Development Programme South East Asia HIV and Development Program
UNGASS	United Nations General Assembly Special Session
UNOPS	United Nations Office for Project Services
UNRTF	The United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction
USAID	United States Agency for International Development
VCCT	voluntary confidential counseling and testing
WB	The World Bank

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I. INTRODUCTION

1. The 2nd Workshop on HIV Prevention and the Infrastructure Sector in the Greater Mekong Subregion (GMS) was organized by the Asian Development Bank (ADB) and United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction in South East Asia and Southern Provinces of People's Republic of China (UNRTF) from 24th to 26th November 2008 at the Amari Watergate Hotel, Bangkok, Thailand. The objective of the workshop was to build on the initial discussions and knowledge sharing undertaken at the 1st workshop and seek to involve a broader cross-section of partners and other stakeholders. The workshop focused upon sharing practice experience with a view to improving program outcomes. Over 60 participants attended the Workshop, including representatives from regional and bilateral development agencies, line ministries for HIV/AIDS and infrastructure, UN agencies, international and local NGOs, private sector, and independent consultants or "practitioners", who have implemented HIV prevention initiatives associated with infrastructure projects. The concept note describing this workshop is at Appendix 1, the workshop program at Appendix 2 and the list of participants at Appendix 3.

A. Background Information

2. The HIV epidemic is well established in the GMS and while the prevalence of HIV and nature of the epidemic vary between countries, it continues to be a grave threat to economic growth and poverty reduction across the subregion. HIV prevalence is highest in Cambodia and Thailand and increasing elsewhere, especially in Viet Nam where it is driven largely by sexual transmission and injecting drug use. Rapid economic development in Viet Nam and the Yunnan and Guanxi provinces of the People's Republic of China (PRC) is reducing poverty rapidly but also creating HIV hotspots in relation to land and water transport routes, particularly in cross-border areas. Lao PDR remains a low prevalence country but still with a steadily growing epidemic and acute vulnerability, particularly along economic and transport corridors and in cross-border areas.¹

3. The links between migration, mobility, and the spread of HIV are well documented.^{2,3} The Commission on AIDS in Asia Report highlights three high risk behaviors – unprotected, paid sex, injecting drug use and unprotected sex among men – while noting that the first is "the single most powerful driving force in Asia's HIV epidemics."⁴ The findings of the report lend weight to the notion that, more than the mobility or the occupation of migrant populations, it is the socioeconomic context within which migration takes place that is responsible for the adoption of high risk behaviors by the MMP and contributes to HIV proliferation. The ILO identifies several such work and lifestyle factors – including prolonged separation from families, the demographic composition of mobile populations, easy access to sex workers and the payment of wages in cash – which engenders high risk behaviors in two especially mobile occupational groups, construction and transport workers.⁵ Thus, large infrastructure projects –

¹ UNGASS. 2008. *Country Progress Report, Lao PDR*; UNGASS. 2008 *Country Progress Report for Cambodia*; WHO, UNAIDS and UNICEF. 2008. *Epidemiological Fact Sheet on HIV and AIDS for Myanmar*; UNGASS. 2008. *Country Progress Report for Thailand*; United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction. 2006. *Regional Strategy on Mobility and HIV Vulnerability Reduction in Southeast Asia and Southeast People's Republic of China (2006-2008)* Bangkok.

² Chantavanich, S. 2000. *Mobility and HIV/AIDS in the Greater Mekong Subregion*, ADB-UNDP. Bangkok-Manila.

³ Commission on AIDS in Asia. 2008. *Redefining AIDS in Asia*. New Delhi: Oxford University Press.

⁴ Footnote 3

⁵ ILO. 2008. *HIV/AIDS and Work: Using the ILO Code of Practice on HIV/AIDS and the World of Work Guideline for the Construction Sector*. Geneva.

such as the building and rehabilitation of airports, ports, railways, power generation and distribution infrastructure and roads and highways – can contribute to increased HIV vulnerability among the construction work force and the local communities they interact with.

4. Within the GMS, geopolitical and socio-economic changes linked to rapid infrastructure development and closer cooperation between countries in the sub region has boosted mobility within and across borders, generating particular conditions and circumstance that raised HIV vulnerability. New found freedoms, enhanced opportunities to travel for work and higher disposable incomes have given rise to mobile men with money – commonly termed the 3 Ms – who increase the demand for paid sex. Unprotected paid sex can drive the HIV epidemic along major transport routes, cross border areas and in areas that experience high levels of seasonal and long-term population mobility.⁶ Transmission can also occur in source communities if mobile men and women who have contracted HIV, while away, transmit the viruses to their partners upon returning home. Further, infrastructure projects often lead to remote rural communities interacting with large groups of predominantly male construction workers which increase the risk of transmission during construction in the post construction phase of the projects.

5. Since the 1990s, the GMS countries have recognized and committed to mitigating HIV vulnerabilities associated with infrastructure development. In 1999, the Association of South East Asian Nations (ASEAN) Task Force on AIDS endorsed the *Chiang Rai Recommendation*, which stated that contractors, commercial developers and investors in major construction companies should fund HIV prevention programs in their activities as a precondition for project approval.⁷ This was followed by the signing of the *Memorandum of Understanding for Joint Action to Reduce HIV Vulnerability Related to Population Movement* by the GMS cluster of ASEAN in 2001 (re-signed in 2005), which further recommended that large infrastructure projects that do not adequately address HIV-related issues during project preparation and/or earmark specific funding for HIV programming should allocate 1 % of all construction costs to fund HIV prevention initiatives (1 % rule).⁸

6. In August 2006, six major development agencies (ADB, AfDB, DFID, JBIC, KfW and WB) signed the *Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS* at the XVI International AIDS Congress to achieve the following:

- (i) To coordinate in mainstreaming HIV prevention and AIDS treatment;
- (ii) To mitigate negative impact of AIDS;
- (iii) To assert opportunities for furthering countermeasures to HIV; and
- (iv) To contribute to strengthened partner country HIV strategies⁹.

⁶ ASEAN. 2001. *ASEAN's Efforts in Combating HIV/AIDS*. Jakarta.

⁷ Countries represented were: Brunei Darussalam, Cambodia, People's Republic of China (not a member of ASEAN), Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Viet Nam. The Chiang Mai Recommendation was a result of the *ASEAN Workshop on Population Movement and HIV Vulnerability* held in Chiang Rai, Thailand on 10-12 November 1999. The recommendation was formally endorsed by ASEAN during its 7th ASEAN Task Force on AIDS (ATFOA) Meeting in Brunei on 16-18 November 1999. Further information on the Chiang Rai Recommendation can be found at: UNDP. 2002. *Towards Borderless Strategies Against HIV/AIDS*. Bangkok.

⁸ UNDP. 2004. *Building Regional HIV Resilience along the ASEAN Highway Network*. Workshop on 13-15 October 2003, Bangkok, Thailand. Bangkok.

⁹ ADB, AfDB, DfID, JBIC, KfW, The World Bank. 2006. *Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS*. Toronto.

7. ADB has supported a growing body of work related to HIV prevention and risk mitigation in the infrastructure sector. Technical Assistance (TA) 6321: *Fighting HIV/AIDS in Asia and the Pacific*¹⁰ was approved in 2005 and consists of 12 subprojects. This includes Subproject 3: *HIV Prevention and the Infrastructure Sector in the Greater Mekong Subregion*, which aims to improve the knowledge base, practices and institutional mechanisms to effectively address HIV vulnerabilities associated with the infrastructure sector. The subproject supports ADB's HIV/AIDS strategic directions for the GMS¹¹, which highlights the Bank's obligation and comparative advantage in taking lead in filling gaps in knowledge and expertise with regard to HIV and infrastructure development.

8. Thus, in line with ADB's HIV/AIDS strategic directions in the GMS, and to advance work on the recommendations made at the Colombo High Level Meeting, the *1st GMS Technical Workshop for Harmonizing HIV Prevention Initiatives in the Infrastructure Sector* was organized under Subproject 3 in May 2008. The Workshop reviewed information and experiences in addressing HIV vulnerabilities associated with the infrastructure sector in order to harmonize common areas of practice among development agencies. Over 40 participants, including representatives from development agencies, government line ministries for health and infrastructure, UN agencies, international and local NGOs and the private sector attended the Technical Workshop. The key outcome of the Workshop was an agreement among participants to jointly develop the following: (i) a minimum package of interventions, including an M&E framework; (ii) harmonized implementation arrangement options; and (iii) defining core principles and approaches. ADB agreed to draft these documents and present them for review by a broad range of stakeholders at a regional conference to be jointly organized by the ADB and United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction (UNRTF) in November 2008.

9. UNRTF has been playing a key role in addressing HIV and migration related issues in the region since its inception in 1997. Funded by CIDA, UNDP and UNAIDS, UNRTF provides a regional platform for discussion on HIV and migration related issues and aims to strengthen national responses to such issues through national working groups. Using the 'Regional Strategy on Mobility and HIV Vulnerability Reduction in Southeast Asian and Southern China (2006-2008)¹² as its guiding document, UNRTF has consistently advocated for a multisectoral response to HIV vulnerabilities in migrant and mobile populations and has expressed continued interest to collaborate with ADB on the development and implementation of a minimum package of services for HIV prevention in the infrastructure sector.

10. Pursuant to the discussions at the 1st GMS Technical Workshop, a 2nd workshop on HIV Prevention in the Infrastructure Sector in the GMS was jointly organized by ADB and UNRTF to receive updates from governments and development partners on HIV intervention programs, share information on gaps in existing responses, review next steps and present various tools – including the Practice Guidelines for Harmonizing HIV Prevention Initiatives in the Infrastructure Sector – for feedback from stake holders. .

11. Preceding the 2nd GMS Technical Workshop, a pre-workshop session on Regional Technical Assistance (RETA) Subproject 6467 was organized to introduce new partners

¹⁰ RETA 6321 is supported by the HIV/AIDS Trust Fund, which is funded through a US\$14,400,000 (SEK 100,000,000) grant from the Government of Sweden.

¹¹ ADB. 2007. *HIV and the Greater Mekong Subregion: Strategic Directions and Opportunities*. Manila.

¹² UN Regional Task Force on Mobility and HIV Vulnerability Reduction. 2006. *Regional Strategy on Mobility and HIV Vulnerability Reduction in Southeast Asia and Southern People's Republic of China 2006-2008*. Bangkok.

(including Aus AID, which finances RETA 6467) to ADB's experience and expertise in planning and implementing HIV prevention activities in the infrastructure sector.

II. HIGHLIGHTS OF THE PRE-WORKSHOP SESSION

12. In her introductory remarks, Ms. Lisa Studdert, Health Specialist, Social Sector Division, Southeast Asia Department, ADB, emphasized the importance of the session as a forum for ADB to share information on current HIV risk mitigation projects with such stakeholders as governments, development partners, and international and local NGOs. ADB's close involvement with countries in the GMS began in 1992 with the inception of the GMS Economic Cooperation Program. ADB funds and supports large physical infrastructure projects in the region based on a socio economic development model that emphasizes the need to harness what is commonly called the "3Cs" – Connectivity, greater Competitiveness and a sense of Community. Greater physical connectivity within the region, however, generates health risks, including greater vulnerability to HIV. As such, ADB has acknowledged its obligation and the opportunities to incorporate HIV risk mitigation components within infrastructure projects.

13. Ms. Shireen Lateef, Director, Social Sector Division, Southeast Asia Department of ADB introduced the Regional and Technical Assistance (RETA) 6474 subproject as one of ADB's responses to the increased HIV vulnerability brought about by greater intra-regional connectivity and improved physical infrastructure. Noting that pursuing the 3Cs has given rise to high-risk settings involving mobile men with money ("3 Ms"), Ms. Lateef provided an overview of ADB's efforts to streamline HIV risk mitigation programs within infrastructure projects. She highlighted that while the number of loans with specific measures to address HIV vulnerability steadily increased between 2005 and 2007, currently, each ADB project contains some risk mitigation measures. ADB's continued commitment to HIV risk mitigation is also evidenced in the regional technical assistance it provides – with respect to project-specific HIV control action plans based on the analysis and evaluation of ongoing ADB HIV initiatives in the infrastructure sector.

14. Mr. Sam Beever, Counselor, Australian Embassy in Thailand identified the overlap between AusAID and ADB's vision for development in the GMS. He noted that AusAID's partnership with ADB allows the former to pursue its goal of poverty alleviation through investments in physical infrastructure. However, even though such investments augment productivity in the region, they generate negative externalities, too, in the form of increasing risks for human trafficking, HIV and by facilitating the movement of contraband products. In line with Australia's 'prevention' strategy to combat HIV, AusAID focuses on developing and implementing monitoring and evaluation (M&E) frameworks, harmonizing plans and strategies with other development partners and pays specific attention to the impact of HIV on women and girls.

15. Ms. Lisa Studdert then provided an overview of ADB's RETA 6467 Subproject, highlighting its importance in the light of the fact that 70 % of ADB's lending portfolio is allocated to physical infrastructure projects in the region. This marks an expansion in ADB's portfolio from risk mitigation during projects to interventions in the pre-and post-development periods. Based on the core principles of non-duplication of systems, evidence-informed action, multisectoral cooperation, sustainability through capacity building, and cross-border cooperation, RETA 6467 is comprised of 8 distinct subprojects, each associated with an ADB-financed infrastructure project. RETA 6467 is envisaged to provide targeted, site- and risk-specific mitigation responses. Ms. Studdert emphasized that the partnership with AusAID leverages on a shared commitment to economic growth, poverty reduction and HIV prevention;

a shared interest to expand implementation of HIV risk mitigation programs to pre- and post-construction phases of infrastructure projects; and an acknowledgement of ADB's experience in streamlining HIV prevention packages to infrastructure projects. Each subproject will contain M&E frameworks and be aligned with ADB's gender policy. The subprojects – to be implemented in partnership with governments and contracted NGOs – aim to provide leadership and support for programs and policies to address HIV risks in the infrastructure sector; improve awareness of HIV, AIDS and STIs among key high-risk groups; facilitate greater access to HIV and STI prevention commodities; reduce incidence of high-risk behavior in target groups; and improve access to HIV and STI VCCT and treatment. ADB's Technical Assistance package – already approved by the governments of Cambodia, Lao PDR and Viet Nam – will complement AusAID financial support in contributing to achieving the Millennium Development Goal (MDG) 6 (Target 7) to halt and begin to reverse the spread of HIV in the GMS by 2015.

16. Ms. Che Katz, Program Director, Marie Stopes International, Cambodia, shared the experiences of Baolong Healthy and Safe Action (BHSA) Project in Yunnan, PRC, as an example of good practice. While there were difficulties in effectively addressing HIV issues within a diverse community of highly mobile people including sex workers, truckers and migrant workers, community-based interventions were targeted at reducing high HIV risk behavior. In 14 selected construction sites, interventions were directed at reducing the gap between knowledge and practice of around 14,000 workers. The holistic settings approach employed peer education, targeted BCC materials, linked messages (i.e., driver safety with HIV) and affordable access to condoms. Recommendations for next steps included assigning a safety officer within the occupation health and safety programs of construction projects to be responsible for addressing HIV issues in the workplace. A resource manual called *More Safety* has been developed based on the BHSA project and is being pilot-tested in other ADB-financed transport projects in Yunnan and Guangxi, PRC.¹³

17. Ms. Lisa Studdert and Ms. Charmaine Cu-Unjieng, Consultant, Social Sector Division, Southeast Asia Department, ADB, presented a case study of the East-West Corridor. Despite interventions during the project period (2000-2007) that included awareness campaigns, condom distribution and partnerships with local provincial and district AIDS committees and health departments, several gaps existed, prompting a need for continued, post-construction risk mitigation activities. A case study review in 2007 showed that prevention activities were not adequately addressing the unique risks and vulnerabilities of ethnic minority communities and the clients of sex workers.¹⁴ Culturally- and linguistically-appropriate materials were also lacking. To plug these loopholes, a USD700,000 subproject spanning 3 years (2008-2011) has been approved. The subproject will focus on advocacy and capacity building through cross-border collaborations with the private and public sector; information, education and BCC targeted at ethnic minority communities and the clients of sex workers; and preparing or updating protocols on the HIV and STI treatment, care and support for migrant and mobile clients, as well as training district health workers to implement these services. The final component of the subproject is the project performance monitoring system (PPMS) which provides for an M&E specialist to be a part of the project team throughout the project duration.

18. Ms. Charmaine Cu-Unjieng and Ms. Emiko Masaki, Social Sector Economist, Social Sector Division, Southeast Asia Department, ADB, discussed the salient features of the post-project intervention scheme in the Cambodia Road Improvement Project (CRIP). Ongoing activities under CRIP address HIV risks, drug and human trafficking through HIV awareness

¹³ ADB. 2008. *More Safety: A Resource Manual for Health and Safety in Infrastructure*. Manila.

¹⁴ ADB. 2007. *HIV and Infrastructure: ADB Experience*. Manila.

provided to construction workers via two local NGOs and conducting regular village level meetings with affected communities. However, a case study review in 2007¹⁵ and an assessment Mission conducted in October 2008 found that there were more urgent actions needed in the CRIP area, particularly because of the high HIV prevalence in Poipet and the association between the local HIV epidemic and migration and mobility. Thus, a post-construction project was approved to better mitigate the HIV risks associated with CRIP. The 3-year (2009-2011), USD 700,000 project will provide (i) community-based risk mitigation package to address HIV and other locally relevant social/health risks, (ii) sustainable schemes to integrate HIV intervention into workplace practices, including after-work-hours access for migrant and mobile workers to VCCT and STI services; (iii) capacity building through stronger cross-border collaboration between Thailand and Cambodia, and fostering stronger multisectoral partnerships with border and health authorities to conduct effective awareness and behavior change activities; and (iv) monitoring all of these activities through a PPMS that is streamlined with the national M&E framework.

19. Ms. Lisa Studdert and Ms. Charmaine Cu-Unjieng provided an overview of the HIV prevention activities associated with the Northern Economic Corridor (NEC) in Lao PDR. An HIV prevention component was implemented in parallel with the construction of NEC, both of which were completed in 2007. The HIV component targeted local communities (including sex workers) and the construction workforce. It also addressed human trafficking and drug use. However, it was acknowledged during a case study review in 2007 that there were gaps in the over-all HIV response, especially in addressing post-construction HIV vulnerabilities.¹⁶ In response, a post-construction project has been designed based on the lessons and recommendations from the previous HIV prevention initiative, which include the need for greater coordination and accountability, building the capacity of local resources, designing culturally- and linguistically-appropriate IEC materials, building partnerships with specialized organizations handling drug and human trafficking issues, ensuring sustained condom availability and tailoring gender specific approaches.

20. Issues raised during the post-presentation discussions included the following:

- (i) There is a need for a more multisectoral approach involving local health authorities and migrant workers. Higher coordination between stakeholders is essential to avoid duplication of interventions and to ensure sustainability;
- (ii) More research on mobility patterns is crucial to identifying and targeting at-risk migrant workers;
- (iii) Interventions need to address why knowledge about HIV has not translated into low-risk behaviors in affected communities;
- (iv) Interventions need to be culturally- and linguistically-appropriate;
- (v) M&E mechanisms must be streamlined to generate standardized indicators and targets; and
- (vi) The private sector is usually not required to compensate communities for the negative externalities that their projects generate; hence, they need to be more involved in social and health risk/cost mitigation responses.

¹⁵ Footnote 14

¹⁶ Footnote 14

III. MAIN WORKSHOP: SUMMARY OF PROCEEDINGS

A. Session 1: Welcome and Stage Setting

21. The workshop was opened by Ms. Gwi-Yeop Son, UNRTF Convenor and UN Resident Coordinator for Thailand. She emphasized that the economic gains from the GMS Economic Cooperation Program would not be sustainable if the social impact of the infrastructure projects are not addressed. The urgency for assessing, evaluating and addressing the social impacts are put into sharper focus by considering that the GMS has the highest incidence of HIV/AIDS in Southeast Asia.

22. Ms. Irena Vojeackova-Sollorana, Regional Representative for Southeast Asia, IOM, commented that improvements in physical infrastructure have contributed to more mobile populations. Though mobility does not, by itself, contribute to higher HIV risks, the social, cultural and economic contexts for migration might lead to vulnerabilities that need to be addressed. She pointed to the rise in HIV incidence along borders in Lao PDR and Thailand and by linking them to the infrastructure projects, identified the need for more multisectoral cooperation between stakeholders to make knowledge and services available to persons living with HIV.

23. Mr. Ronald Butiong, Senior Regional Cooperation Specialist, Country Coordination and Regional Cooperation Division, Southeast Asia Department, ADB, provided an overview of the GMS program, highlighting key aspects, achievements, challenges, and strategies. Infrastructure investments have promoted the growth of the region as a single tourist destination, facilitating the movement of goods and services within the region and generating both livelihoods and increases in income. However, the projects have also generated new challenges in terms of the spread of communicable diseases, including HIV, trafficking, labor exploitation, and a threat to biodiversity arising out of illegal logging. To combat these challenges, a new GMS transport sector strategy was formulated in 2006, which includes focus on communicable disease control, capacity building for HIV prevention, sustainable tourism management, flood and drought control, and the development of biodiversity conservation corridors.

24. Mr. Niel Boisen, Representative, Population Services International, spoke about condom social marketing. He emphasized the importance of using social marketing principles and techniques in guiding populations towards increased condom use. Identifying behavior change as necessary to bringing communities' HIV risk behavior in line with their knowledge about HIV, Mr. Boisen argued for effective BCC based on target group based market research to take into account the needs, desires and psychosocial characteristics of the target audience, creating branded HIV prevention products, and designing efficient and reliable product distribution systems and service delivery networks by working with local wholesalers.

B. Session 2: Regional and National Responses: HIV Policies in the Infrastructure Sector

25. Dr. Bounpheng Philavong, Assistant Director and Head of Health and Population Unit, ASEAN Secretariat, provided an update on ASEAN's response to the HIV challenge. ASEAN's mandate on HIV risk mitigation was developed with the creation of the ASEAN Task Force on AIDS (ATFOA) in 1992, which recently met for the 16th time on 2-5 November 2008. While the Vientiane Action Program, with a timeframe of implementation between 2004-2010, reiterates ASEAN's focus on preventing the spread of HIV and increasing access to affordable testing and

ARV treatment. ASEAN Work Program (AWP) III (scheduled to run till 2010) endorses the principles of integrating HIV concerns with development priorities. Under the AWP III Work Plan for 2007-2008, a project on mobile and migrant workers is being conducted and mobility and HIV technical working groups are being established in each ASEAN member States (AMS). Dr. Philavong concluded that although ATFOA has made considerable progress in cooperation with partner organizations, there is a need to conduct a mid-term review of AWP III in order to strengthen M&E mechanisms and identify focus areas for regional cooperation. He also cited the need for external financial support to bolster ATFOA's programs.

26. H.E. Lim Sidenine, Secretary of State, Ministry of Public Works and Transport, Cambodia, provided an overview of Cambodia's experience with HIV intervention in the infrastructure sector. He noted that unsafe paid sex is the primary driver of the HIV epidemic in Cambodia. Entertainment workers, migrant and mobile populations (MMPs) and married women comprise the high-risk groups for HIV transmission. Current HIV policy in Cambodia centers on promoting HIV information dissemination to MMPs, supporting MoUs for joint actions among GMS countries and providing the opportunity to contractors/subcontractors to facilitate employees' attendance at HIV/AIDS prevention programs. Cambodia's relevant experiences include (i) piloting a post construction project in Kampong Cham province (funded by CSEARHAP/CIDA) that targeted long distance truck drivers; (ii) implementing several ADB-funded HIV/AIDS projects; (iii) running awareness campaigns in partnerships with NGOs; and (iv) conducting workshops for villagers and construction workers. H.E. Lim Sidenine stated that Cambodia could build upon the successes of its current interventions by enforcing the MPWT policy (especially, with regard to the 1 % recommendation); strengthening M&E systems; developing partnerships with other stakeholders; and ensuring sustainable integration of HIV/AIDS education programs in the curricula of all its driving schools.

27. Mr. Xayabandith Insiengmay, Deputy Director, Environmental and Social Division, Department of Roads, Ministry of Public Works and Transport, Lao PDR, provided an overview of Lao PDR's HIV risk mitigation strategies, which are centered on the National HIV Policy to target most-at-risk groups through multisectoral partnerships. Lao PDR's relevant experiences include (i) an HIV prevention project along Route 9 (supported by SIDA); (ii) an HIV/AIDS/STI, Drug and People Trafficking Awareness and Prevention Education Program on Road 3 (ADB-funded); (iii) adapting education and behavior change campaigns for HIV prevention in the construction setting; and (iv) harnessing information management systems (especially GIS) to build capacity for HIV prevention in the infrastructure sector. Mr. Insiengmay remarked on the need for financial support for promotion of risk reduction behaviors through awareness raising; sustainable condom supply; access to VCCT, treatment and care; promoting community involvement; and establishing a local surveillance system to identify areas where risk is concentrated and target intervention mechanisms more effectively at those areas.

28. Dr. Anthony Pramualratana, Executive Director, Thailand Business Coalition on AIDS, underscored Thailand's commitment to addressing HIV/AIDS issues as reflected in a National Master Plan for HIV/AIDS Prevention and Care for MMP. The plan, due to run till 2011 aims at creating enabling policies and systems for HIV prevention and treatment programs among MMPs. The Thai Working Group on HIV/AIDS concentrates on impact assessment of interventions, data collection in affected communities, using technology to map epidemic proliferation patterns, and the development of health service infrastructure.

29. Dr. Hai Yen Pham, Director, Center for Occupational Health, Ministry of Transport (MOT), Viet Nam, explained how the HIV/AIDS interventions in Viet Nam are guided by The National Strategy on HIV/AIDS Prevention and Control and a parliamentary decree, which

makes it mandatory for a component on HIV/AIDS prevention and control to be included in socioeconomic development programs. Within the infrastructure sector, in particular, an HIV/AIDS Steering Committee has been established to oversee interventions in the transport sector and conduct seminars and workshops in partnership with international organizations. Relevant interventions of MOT include assessment of knowledge, attitude and practice (KAP) on HIV/AIDS among officials and workers in the transport sector, raising awareness for officials and staff working in the transport sector, and enhanced access to health services for long distance drivers. It was reported that the effectiveness of current interventions are impaired by the lack of access of mobile groups to health services, the lack of comprehensive research on risks that MMPs face and a limited budget for HIV prevention and control activities. MOT is currently developing a sectoral HIV strategy through the review of existing policies related to HIV and the transport sector, conducting field surveys in 3 regions in Viet Nam and drafting an action plan that focuses on ensuring compliance to HIV-related requirements within the transport sector.

30. From the ensuing discussion, it emerged that in the Lao PDR; intervention programs are designed and implemented at the district, provincial and central levels. Cambodia also works on HIV issues at the local and central levels. However, despite their resources, provincial offices in Thailand are not effective in addressing HIV issues.

C. Session 3: Updates from Development Partners

31. Ms. Julie Babinard, Transport for Social Responsibility Thematic Group Coordinator, World Bank, outlined the World Bank's efforts at mainstreaming HIV intervention in infrastructure projects. Mainstreaming is a feature of most World Bank projects across the globe though to varying degrees – Africa and South Asia topping the list at 60 % and 39 %, respectively. Staff and clients involved in the projects have access to KAP materials and knowledge products like the *Road to Good Health Toolkit*, which is currently being pilot-tested in four countries. Ms. Babinard provided some good practice from Tamil Nadu, India, where, through high-profile prevention measures, condom usage rates among truck drivers engaging in paid sex jumped from 55% to 90% between 1996 and 2007. Scaling up such interventions, though a priority remains difficult on account of the apathy of the transport sector and the non-enforcement of mandatory contract clauses. Maintaining that the World Bank's Global HIV/AIDS Program is a vital source for financial support, Ms. Babinard proposed closer cooperation among development partners on common areas of focus, country projects, knowledge sharing, and intervention planning in co-financed projects.

32. Ms. Tran Minh Anh, Senior Programme Officer, JICA, Viet Nam, reported that JICA requires HIV concerns to be mainstreamed in all its infrastructure projects. It currently has 16 HIV interventions related infrastructure projects in the GMS. Activities include, but are not limited to, building capacity for health workers, increasing knowledge among workers in the projects and condom distribution. She recommended greater knowledge-sharing and building stronger linkages between on-site and external health services as key factors for a more effective prevention. Providing an update on the progress made at the O Mon Thermal Power Plant Project, Ms. Tran Minh Anh said that a baseline survey on HIV awareness and behavior among the workers at the construction site had already been conducted.

33. Ms. Cathy Bowes, Director, Office of Public Health, Regional Development Mission in Asia, USAID, provided an insight into USAID's HIV strategy. Working with a limited budget, USAID carries out comprehensive prevention programs targeting at-risk groups, builds NGO

capacity to address HIV issues and provides support and care systems for persons living with HIV.

34. Ms. Ema Naito, Technical Officer, HIV/AIDS and the World of Work, ILO, identified ILO's contribution to HIV risk mitigation. The organization assists national governments in developing and implementing their national laws, policies, and/or guidelines to address HIV concerns at the workplace. The *ILO Code of Practice on HIV/AIDS*¹⁷ – a universal document covering both formal and informal work and enshrining key principles like prevention, confidentiality, gender equality, and care and support – guides all ILO work in the area. A corresponding *Guidelines for the Construction Sector* was introduced in 2007 to assist in implementing the ILO Code of Practice also in the construction sector.¹⁸

35. Ms. Marta Vallejo, HIV Programme Specialist, and the ad interim UNRTF Coordinator, UNDP, provided a brief on UNRTF and an update on the initiatives undertaken by the Task Force in 2008. In 2008, UNRTF focused on (i) Strategic information: producing and launching, jointly with the ASEAN Secretariat, a Rapid Assessment on Mobility and HIV in Southeast Asia¹⁹; (ii) Infrastructure sector: from its early stages 10 years ago, the TF has worked in this area. In 2008 the Task Force members and secretariat have participated in the 1st workshop that was organized (led by ADB), and has participated in all the technical consultations to develop the Practice Guidelines for the infrastructure sector²⁰; (iii) Multi-stakeholder dialogue: as the large advocacy event for this year UNRTF will be organizing a High Level Multi-Stakeholder dialogue on Migration and HIV in SEA with specific focus on Mandatory Testing. The meeting will bring representatives of the ministries of health, foreign affairs, labor as well as national NGOs from the 10 ASEAN member countries; and iv) Finally the TF is also working on producing Self Policy Audits. Policy audits consist of review of the implementation of international, regional and national agreements on HIV and mobility.

36. The discussion raised the following issues:

- (i) In response to a question about the difficulties in monitoring the compliance of lead contractors with the terms in the standard bidding documents to provide HIV prevention activities to workers, Ms. Tran Minh Anh mentioned that JICA is looking to review these bidding documents. She also recommends that the executing agency of infrastructure project should be responsible for managing the HIV prevention interventions;
- (ii) USAID welcomed potential partnerships with the ADB in the area of post-construction HIV responses. It was suggested that a follow-up meeting with ADB be organized to explore potential areas of collaboration; and
- (iii) ILO mentioned that the ministries of labor in various GMS countries were unsure of how to implement the law that requires all workplaces to have HIV intervention programs in place. Accordingly, ILO is working with these ministries to assess how various stakeholders can facilitate in enforcing these laws.

¹⁷ ILO. 1997. *An ILO code of practice on HIV/AIDS and the world of work*. Geneva.

¹⁸ ILO. 2007. *Using the ILO Code of Practice and training manual – Guidelines for the construction sector*. Geneva.

¹⁹ ASEAN and UNRTF. 2008. *HIV/AIDS and Mobility in South-East Asia*. Jakarta.

²⁰ Initiative led by ADB

D. Session 4: Post Construction Knowledge and Experiences

37. Dr. Chris Lyttleton, Professor of Anthropology, Macquarie University, Australia, provided a critique of the ‘development through infrastructure’ process in GMS. Using the Northern Economic Corridor (NEC) in Lao PDR as an example, Mr. Lyttleton emphasized that it is normal for local communities to want to maximize the economic opportunities brought about by infrastructure development through capitalism. Along NEC, local communities enter the market economy through several ways, but one popular way is through the sale of beer and whisky to road users. As in the custom of the country, young women are brought in to accompany male customers as they drink. More competitive and entreprenuring shop owners have started to provide paid sexual services on-site. Most of the women who are lured into these jobs, around 80% of them, are from Khmu ethnicity. Dr. Lyttleton suggests for development partners to include “safe capitalism” messages in HIV prevention interventions.

38. Mr. Owen Wrigley, Consultant, ADB, focused on the HIV risk that arises from inconsistent and difficult border crossing formalities and procedures within the GMS. He suggests that the simplification of border crossing procedures through the Cross Border Transport Agreement (CBTA) will lead to the sanitation of many GMS transport corridors from HIV vulnerabilities because travel time will be shorter, truck drivers and road users will make less rest stops, and governance in cross-border towns will be improved.

39. Ms. Isabelle Crespel, HIV/AIDS Project Manager, Quang Tri, Viet Nam, Handicap International, provided details on their upcoming cross-border project for HIV prevention along the East West Corridor. With a budget of USD1,423,000 (partly funded by the French Government), the project will be implemented for 3 years in 8 villages in Lao PDR and 16 villages in Viet Nam. The project aims to reduce the impact of HIV/AIDS on vulnerable groups like migrant workers, sex workers, laborers, wood cutters, engineers, and truck drivers, among others. Activities under the project will be designed with sensitivity towards local culture and lifestyles and be implemented in partnerships with governments, women’s unions and other such local structures.

40. Dr. Vannarith Chum, Director, Provincial Health Department, Banteay Meanchey, Cambodia and Mr. Um Sam Oeun, Senior Project Officer, HIV/AIDS Program, Cambodian Red Cross, presented their experience of establishing and implementing a private-public partnership initiative between government authorities, casino owners and civil society to provide HIV prevention activities to casino workers in Poipet. Activities conducted include sensitization workshops, quarterly meetings of peer educators, outreach, and the development of a referral system for casino workers to access STI and VCCT services.

41. The following issues were raised in the follow up discussion.

- (i) Economic opportunities beyond sex work, service work and host work need to be made available to women;
- (ii) Constant reinforcement of HIV related knowledge and sustained access to condoms are key factors for achieving behavior change;
- (iii) Post construction interventions need to be scaled up to benefit people arriving after project completion; and
- (iv) Better coordination between and among ministries can lead to more effective monitoring of HIV prevention requirements.

E. Session 5: Cross Cutting Issues

42. Mr. Phil Marshall, Director, Asia and the Pacific Research Communications Group, identified the various risks that greater connectivity in the GMS posed in terms of human trafficking. Citing examples of Route 9 (linking People's Republic of China, Thailand and Myanmar) and Mongolia's North-South Corridor, Mr. Marshall pointed out that the trafficking situation appears to be worsening due to a disruption of traditional lifestyles, greater mobility, incoherent messages about trafficking, and ineffective and disjointed attempts at prevention. Recommendations included ensuring good labor practices on projects and implementing existing guidelines on environment, gender and protecting ethnic minority communities. At the project level, Mr. Marshall suggested the following:

- (i) A migrant information centre modeled along the lines of the one in Cambodia be set up;
- (ii) Community education should be conducted in Kunming;
- (iii) Peer education should be conducted for sex workers in Mongolia;
- (iv) Outreach activities should be scaled up at various 'choke' points; and
- (v) Community health schemes should be implemented at various high risk points.

43. Ms. Anne Bergenstrom, Coordinator, UNRTF on Injecting Drug Use and HIV/AIDS for Asia and the Pacific, UNODC, provided an overview of drug use patterns and trends in Asia. It was mentioned that Asia is the world's second largest source of heroine and a key centre for the manufacture, trafficking and consumption of amphetamine type of stimulants (ATS). ATS related issues are of serious concern in the GMS as 2008 data reveals significant proliferation in ATS use and trafficking in many parts of the People's Republic of China and Cambodia. Large scale ATS production in countries bordering the GMS (e.g. Malaysia) adds another dimension to the issue. The links between drug use and HIV risks become apparent when considering that injecting drug users make up half the total number of persons living with HIV. While, globally, an estimated 15.8 million people inject drugs, the corresponding figure for People's Republic of China is 2.35 million.

44. Mr. Johannes Lund, Consultant, UNODC, reported on the nexus between infrastructure development and the increase in illicit drug trafficking. The transport economic corridors of the ADB GMS Economic Program and the pilot sites for the Cross Border Transport Agreement overlap significantly with drug trafficking routes reported to the UNODC between 2005 and 2008. Further, the current North-South Economic Corridor and the planned North-East Economic Corridor cut through the 'Golden Triangle' and are proximate to communities identified, by the UNODC, as being at risk of reverting back to opium farming. The economic corridors also link countries with known large scale production of methamphetamine with countries where ATS is ranked as a primary or secondary drug.

45. Mr. Francesco Tornieri, Social Development Specialist (Gender and Development), Gender and Social Development Division, Regional and Sustainable Development Department, ADB, discussed gender-specific issues related to HIV risk mitigation in infrastructure projects and results of an assessment conducted on ADB's experience in mainstreaming gender in infrastructure projects (to be released in 2009). Mr. Tornieri mentioned that even though the reference to gender has increased in the HIV risk mitigation measures of ADB funded infrastructure projects, the design of such measures still needs to improve to better streamline gender related concerns in intervention programs. In this context, increasing the number of gender specific targets or indicators is crucial. It was recommended that such indicators be developed in the pre-construction phase and an NGO be tasked with M&E. During construction,

it was suggested families should be encourage to stay together. In the post construction phase, development partners should consider including alternative income generation opportunities, including microfinance projects for female headed households.

46. Dr. David Feingold, International Coordinator, HIV/AIDS and Trafficking Projects, UNESCO, noted that UNESCO is both the main UN agency for human trafficking research as well as the only one with a mandate for ethnic minorities. Citing a study conducted among 64,000 highland people in Thailand, he highlighted that one key factor that makes ethnic communities vulnerable to HIV and other forms of exploitation is the lack of citizenship and property/land rights, which prevents them from accessing primary education and employment opportunities outside their immediate area of domicile. This also leads to a higher potential for being trafficked. Mr. Feingold calls for development partners to pay attention to the HIV and human trafficking vulnerabilities that highland populations face, as much as is given to more traditionally-identified most-at-risk populations.

47. The follow up discussion raised the following points:

- (i) Knowledge and universal access to ARV treatment are prerequisites for behavior change;
- (ii) Trafficking issues are more easily addressed in source areas rather than in destination areas;
- (iii) Governments accord greater priority to preventing the exploitation of nationals than that of non-nationals within their borders;
- (iv) There is a need to separate – for better intervention design – HIV risks attributable to sexual transmission from the risks engendered by injecting drug use;
- (v) The impact of increased tourism – fuelled by infrastructural development – on HIV risks needs to be specifically studied; and
- (vi) There is an urgent need for more data to improve the design and implementation of intervention programs.

48. Dr. Prasada Rao, Regional Director, Regional Support Team for Asia and Pacific Regional Centre, UNAIDS, presented insights from the Commission on AIDS in Asia Report. The Report recommended a harmonization of intervention activities to address immediate concerns pertinent to HIV/AIDS. Resources need to be allocated efficiently to produce maximum impact; governments have to take on leadership roles and form effective partnerships with civil society groups; and health care facilities (female health care workers, in particular) need to be harnessed to combat HIV/AIDS. Dr. Rao mentioned that interventions targeted at at-risk groups (including sex workers and their clients, mobile populations and their partners, and MSM) are urgently needed. He also suggested that the ‘1 % rule’ could be used as a rule of thumb for determining if the scope and coverage of project related HIV intervention programs are adequate.

49. The follow up discussion centered on ways to increase effective workplace interventions. Targeted interventions at the workplace were identified as being cost effective while also having a large impact.

F. Session 6: Practice Guidelines – A Harmonized Tool for HIV Prevention in the Context of Infrastructure Projects

50. Ms. Lisa Studdert provided an overview of the background and processes that led to the Practice Guidelines. The need for such a tool, to harmonize practice in the field, was emphasized in the Joint Initiative²¹ and at a high level meeting during the 8th International Congress on AIDS in Asia and the Pacific (ICAAP). Following the ICAAP, it was agreed that the GMS team within ADB was best placed to undertake the design of a ‘minimum standard package’ given its practice experience and capacity for consultant inputs under RETA 6321. The work on the package continued through 2008 – led by ADB and a multistakeholder writing group. The “Practice Guidelines”, are expected to be finalized in early 2009. Ms. Studdert invited feedback, comments and participation from development agencies, government partners, civil society and other partners on finalizing the content and eventually disseminating the final product in the GMS.

51. Ms. Charmaine Cu-Unjieng provided an overview of the four components of the Practice Guidelines: (i) core principles, (ii) basic elements of an HIV prevention package; (iii) core monitoring and evaluation framework; and (iv) implementation and funding arrangements. The core principles enshrined in the Guidelines include a support for the Three Ones Principle (one HIV/AIDS action framework, one national HIV/AIDS coordinating authority and one national M&E system); for the ILO Code of Practice on HIV/AIDS; for evidence-informed interventions; for community-based initiatives (including capacity building); and for socially-inclusive and gender-responsive activities that are sensitive to ethnic and cultural differences, among others. The basic elements of an intervention package include specific recommendations for advocacy and capacity building, what core HIV/AIDS services to include and on M&E.

52. In the breakout sessions, the key feedback received and recommendations made by the various stakeholder groups are summarized below.

(i) Government Group:

- a. Guidelines should be categorized by construction phase (pre-, during and post-construction) and include annexes on existing, relevant national laws and policies.
- b. Guidelines should be used to assist national policy makers in formulating HIV strategies in infrastructure line ministries.
- c. Translate the Guidelines into local languages for dissemination through National AIDS Authorities and Mobility Technical Working Groups.
- d. Guidelines should be shared with countries outside the GMS as its relevance and applicability are not region-limited.

(ii) Civil Society Group:

- a. Concern on how some of the guidelines would work on the ground.
- b. National AIDS authorities in each country need to assume a leadership role in strengthening HIV prevention in the infrastructure sector and to foster stronger networks with civil society groups.

²¹ The World Bank. 2006. *Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the spread of HIV/AIDS*. Toronto.

- c. The M&E package was welcomed as a good starting point for harmonization on the ground. Nonetheless, it was pointed out that the M&E framework should be flexible to be in tune with on-the-ground realities.
- (iii) UN and Donors Group:
- a. Gaps exist between policy and practice.
 - b. Flexibility in the implementation of the guidelines is needed as well as focused interventions.
 - c. More best practices in the area of HIV prevention and infrastructure are needed through systematic data gathering and information dissemination.

G. Session 7: Innovative Tools and Approaches

53. Ms. Nguyen Hoang Diep, HIV Technical Advisor, IOM Viet Nam, introduced the ADB-funded Regional Database focusing on HIV prevention in the infrastructure sector in the GMS. The web-based regional database includes, among others, a literature review, an inventory of projects and programs, relevant and pilot-tested IEC materials, and various project design tools and knowledge products. The database will be completed in January 2009.

54. Mr. Robb Butler, Consultant, World Bank, presented the *Road to Good Health Toolkit and Package*. The tool (currently under development and soon to be piloted) is expected to encourage and guide communication around HIV and infrastructure. Development of the Toolkit is premised on the need for effective two-way communication between information providers and a target audience that includes local NGOs, local communities, work sites and entertainment sites. This HIV education product will be innovative in leveraging on people's interpersonal communication skills and attempts are ongoing to make it adaptable for use in any area within the region.

55. Ms. Emiko Masaki and Mr. Phil Marshall presented the ADB-funded manual on HIV intervention in the workplace that is specifically targeted at managers of construction projects. This manual, entitled *More Safety: A Resource Manual for Health and Safety in Infrastructure*, is designed for use in the People's Republic of China and is currently being pilot-tested in Yunnan and Guangxi provinces. It was developed based on the lessons and recommendations from the Baolong Health and Safe Action Project.²²

56. Dr. Nenette Motus, Regional Migration Health Advisor, IOM, presented IOM's package on safe migration and life skills. Entitled "For life, with love", this package includes an animation video and a life skills manual addressing issues such as HIV prevention, drug use, stigma and discrimination, and interpersonal skills. The package is currently being customized for use in the infrastructure sector and pilot-tested in the ADB Road 10 construction project in Lao PDR.

57. Dr. David Feingold provided an insight into HIV vulnerability mapping using the Geographic Information System (GIS). Through a project with ADB, UNESCO has developed GIS maps that display data about HIV infection, migration and mobility, existing and planning transport routes, and other relevant health and social issues in maps in order to facilitate better analysis of the HIV risks and vulnerabilities associated with infrastructure development. This project has been pilot-tested in Lao PDR, with corresponding training of focal persons in relevant government ministries.

²² Footnote 13

H. Session 8: Wrap Up Summary and Closing Remarks

58. Ms. Lisa Studdert and Ms. Marta Vallejo summarized the workshop by acknowledging the intersections between mobility, infrastructure and HIV. The HIV threat that arises from large-scale infrastructure projects is both complex and dynamic. It was noted that the workshop received and reviewed good updates from country and development partners on HIV risk mitigation strategies and intervention programs. The workshop also allowed for the peer review of the Practice Guidelines. Furthermore, it underlined the importance of addressing human trafficking and drug use concerns as a way of reducing HIV vulnerability. The workshop concluded with the proposal of a third GMS workshop to be held in a year's time, and the organizers invited suggestions from participants with regard to its duration, content and participants list.

Appendix 1

**United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction (UNRTF) and
Asian Development Bank (ADB)**

will host the

**2nd Workshop on HIV Prevention and the Infrastructure Sector
in the Greater Mekong Subregion (GMS)**

24-26 November
Bangkok, Thailand

BACKGROUND INFORMATION NOTE

Governments and development partners are working to improve connectivity, competitiveness and community for the Greater Mekong Subregion (GMS). But economic and social growth driven by improved connectivity can also have a downside. Mobility and migration are strongly linked to an increased risk of HIV infection. The goal of a more integrated, prosperous, and equitable GMS can be achieved only if this risk is comprehensively addressed. Promoting and supporting increased connectivity and regional integration through significant infrastructure investments means that Governments and development partners must also recognize and understand the social and economic dimensions of mobility, migration, and HIV. Development partners have both an obligation to mitigate the HIV risks associated with transport and other large infrastructure investments, and an opportunity to contribute strategically and effectively to the fight against HIV and poverty in the region.

ADB is a leading development financier of infrastructure development in the GMS region and has a growing body of experience in integrating HIV prevention efforts into infrastructure development programs. The UNRTF represents a diverse and knowledgeable group of development partners with a keen interest in supporting safe mobility and migration. In recent years, the UNRTF has supported several key knowledge-building activities related to HIV risk and mobility and migration. ADB and UNRTF will therefore jointly host the **2nd Workshop on HIV Prevention and the Infrastructure Sector in the GMS** in Bangkok, Thailand in November 2008.

The 1st workshop was held in Bangkok in May 2008 and set out to review information and experiences in addressing HIV vulnerabilities associated with the infrastructure sector in order to harmonize common areas of practice among development agencies. Over 40 participants²³ agreed to jointly develop: (i) a minimum package of interventions, including an M&E framework; (ii) harmonized implementation arrangement options; and (iii) defining core principles and approaches. Since the workshop, a writing group led by ADB has been working on these outputs and final drafts will be presented at the 2nd workshop. It is hoped that a broad cross-section of development partners and governments will endorse these guidelines for use in their own programs creating a minimum standard for content and quality while allowing flexibility for adaptation to specific settings and be regularly improved and updated as knowledge and the body of practice experience grows.

The 2nd workshop will therefore build on the initial discussions and knowledge sharing undertaken at the 1st workshop and seek to involve a broader cross-section of partners and other stakeholders. The workshop will focus on sharing practice experience with a view to improving program outcomes. Invited participants will be representatives from the signatories of the Joint Initiative²⁴, relevant government ministries (e.g. infrastructure line ministries and national AIDS authorities), selected regional and bilateral development partners, NGOs, civil society, and private sector.

²³ Participants included representatives from development agencies, Government ministries for health and infrastructure, UN agencies, international and local NGOs, the private sector, and other “practitioners” who have implemented, or are currently working on, HIV prevention initiatives in the infrastructure sector in the GMS.

²⁴ *Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS*, signed on 11 August 2006 in Toronto, Canada.

Appendix 2

2nd Workshop on HIV Prevention and the Infrastructure Sector in the Greater Mekong Subregion

24-26 November 2008, Bangkok, Thailand

Program of Activities

<i>Pre-Workshop Session: Monday, November 24 (9:00-12:30AM)</i>		
Nov 24 9:00-12:30	ADB & AusAID – An Introduction to the New Project (RETA 6467. HIV Prevention and Infrastructure: Mitigating Risk in the GMS)	Facilitator: Ms. Lisa Studdert Health Specialist, Social Sector Division, Southeast Asia Department, ADB
9:00-9:15	1. Welcome from ADB	Ms. Shireen Lateef Director, Social Sector Division, Southeast Asia Department, ADB
9:15-9:30	2. Welcome from AusAID	Mr. Sam Beaver Counselor, Australian Embassy, Thailand
9:30-9:45	3. Overview of Subprojects	Ms. Lisa Studdert
9:45-10:15	4. Baolong Healthy and Safe Action Project in Yunnan, PRC	Ms. Che Katz Program Director, Marie Stopes International, Cambodia
10:15-10:45	TEA	
10:45-11:05	5. East-West Corridor: Experience and Next Steps	Ms. Lisa Studdert Ms. Charmaine Cu-Unjieng Consultant, Social Sector Division, Southeast Asia Department, ADB
11:05-11:25	6. Cambodia Road Improvement Project: Experience and Next Steps	Ms. Charmaine Cu-Unjieng Ms. Emiko Masaki Social Sector Economist, Social Sector Division, Southeast Asia Department, ADB
11:25-11:45	7. Northern Economic Corridor: Experience and Next Steps	Ms. Lisa Studdert Ms. Charmaine Cu-Unjieng
11:45-12:15	8. Discussion	
12:15-12:30	9. Forward Directions Close	Ms. Lisa Studdert

<u>Opening of Main Workshop</u> Day 1 - Monday, November 24		
Nov 24 1:30-3:15	<u>Session 1: Welcome and Stage-Setting</u>	Facilitator: Ms. Shireen Lateef
1:30-1:45	1.1. Welcome from the UNRTF	Ms. Gwi Yeop Son UNRTF Convenor and UN Resident Coordinator for Thailand
1:45-2:00	1.2. HIV, Mobility and Infrastructure: Setting the Context	Ms. Irena Vojackova-Sollorano Regional Representative for Southeast Asia, IOM
2:00-2:15	1.3. GMS Program: Infrastructure and Cross-Border Areas	Mr. Ronald Butiong Senior Regional Cooperation Specialist, Country Coordination and Regional Cooperation Division, Southeast Asia Department, ADB
2:15-2:30	1.4. Challenges and Opportunities in Marketing Condoms in Remote Areas	Mr. Niel Boisen Representative, Population Services International
2:30-2:45	1.5. HIV Prevention Initiatives in the Infrastructure Sector	Ms. Lisa Studdert
2:45-3:15	1.6. Discussion	
3:15-3:45	TEA	
3:45-5:30	<u>Session 2: Regional and National Responses: HIV Policies in the Infrastructure Sector</u>	Facilitator: Ms. Irena Vojackova-Sollorano
3:45-4:00	2.1. ASEAN Task Force on AIDS	Dr. Bounpheng Philavong Assistant Director and Head of Health and Population Unit, ASEAN Secretariat
4:00-4:15	2.2. Cambodia	H.E. Lim Sidenine Secretary of State, Ministry of Public Works and Transport
4:15-4:30	2.3. Lao PDR	Mr. Xayabandith Insiengmay Deputy Director, Environmental and Social Division, Department of Roads, Ministry of Public Works and Transport, Lao PDR
4:30-4:45	2.4. Thailand	Dr. Anthony Pramualratana Executive Director, Thailand Business Coalition on AIDS

4:45-5:00	2.5. Viet Nam	Dr. Hai Yen Pham Director, Center for Occupational Health, Ministry of Transport
5:00-5:30	2.6. Discussion	
Day 2 – Tuesday, November 25		
Nov 25 8:30-10:30	Session 3: Updates from Development Partners	Facilitator: Dr. Bounpheng Philavong
8:30-8:45	3.1. World Bank (videocon)	Ms. Julie Babinard Transport for Social Responsibility Thematic Group Coordinator, World Bank
8:45-9:00	3.2. JICA	Ms. Tran Minh Anh Senior Programme Officer, JICA Viet Nam
9:00-9:15	3.3. USAID	Ms. Cathy Bowes Director, Office of Public Health, Regional Development Mission in Asia, USAID
9:15-9:30	3.4. ILO	Ms. Ema Naito Technical Officer, HIV/AIDS and the World of Work, ILO
9:30-9:45	3.5. UNRTF	Ms. Marta Vallejo-Mestres HIV Programme Specialist, a.i. UNRTF Coordinator, UNDP
9:45-10:30	3.6. Discussion	
10:30-11:00	TEA	
Nov 25 11:00-12:30	Session 4: Post-Construction – Knowledge and Experiences	Facilitator: Dr. David Feingold International Coordinator, HIV/AIDS and Trafficking Projects, UNESCO
11:00-11:15	4.1. Ethnographic Study: Vulnerabilities along the Northern Economic Corridor	Mr. Chris Lyttleton Professor of Anthropology, Macquarie University, Australia
11:15-11:30	4.2. HIV and Social Vulnerabilities Associated with International Cross-Border Gates	Mr. Owen Wrigley Consultant, ADB
11:30-11:45	4.3. Cross-Border Partnerships for HIV Prevention	Ms. Isabelle Crespel HIV/AIDS Project Manager in Quang Tri, Viet Nam, Handicap International

11:45-12:00	4.4. Public-Private Partnerships for HIV Prevention	Dr. Vannarith Chhum Director, Provincial Health Department, Banteay Meanchey, Cambodia Mr. Um Sam Oeun Senior Project Officer, HIV/AIDS Program, Cambodian Red Cross
12:00-12:30	4.5. Discussion	
12:30-1:30	LUNCH	
Nov 25 1:30-3:30	Session 5: Cross-Cutting Issues	Facilitators: Dr. Petchsri Sirinirund Senior Expert in Preventive Medicine, Ministry of Public Health, Thailand
1:30-1:45	5.1. Human Trafficking	Mr. Phil Marshall Director, Asia and the Pacific Research Communications Group
1:45-2:00	5.2. Drug Use	Ms. Anne Bergenstrom Coordinator, UNRTF on Injecting Drug Use and HIV/AIDS for Asia and the Pacific, UNODC Mr. Johannes Lund Consultant, UNODC
2:00-2:15	5.3. Gender	Mr. Francesco Tornieri Social Development Specialist (Gender and Development), Gender and Social Development Division, Regional and Sustainable Development Department, ADB
2:15-2:30	5.4. Ethnic Minority Communities	Dr. David Feingold
2:30-3:00	5.5. Discussion	
3:00-3:15	5.6. Insights from the AIDS COMMISSION REPORT - Importance of Harmonizing HIV Prevention Initiatives	Dr. Prasada Rao Regional Director, Regional Support Team, Asia and Pacific Regional Centre, UNAIDS
3:15-3:30	5.7. Discussion	
3:30 – 3:45	TEA	
3:45-6:00	UNRTF Steering Committee Meeting (closed meeting for invitees only)	
Day 3 – Wednesday, November 26		
Nov 26 8:30-10:00	Session 6: Practice Guidelines – A Harmonized Tool for HIV Prevention in	Facilitator: Ms. Lisa Studdert

	the Context of Infrastructure Projects	
8:30-8:45	6.1. Background and Process of Development	Ms. Lisa Studdert
8:45-9:00	6.2. Overview of 4 Components	Ms. Charmaine Cu-Unjieng
9:00-9:30	6.3. Comments From Panel on the Use of the Practice Guidelines	Multi-Stakeholder Representatives
9:30-10:00	6.4. Discussion	
10:00-10:30	TEA	
Nov 26 10:30-12:30	Session 7: Innovative Tools and Approaches	Facilitators: Mr. Xayabandith Insisiengmay
10:30-10:45	7.1. Regional Database: Project Mapping and IEC/BCC Materials	Ms. Nguyen Hoang Diep HIV Technical Advisor, IOM Viet Nam
10:45-11:00	7.2. Road to Good Health Toolkit and Package	Mr. Robb Butler Consultant, World Bank
11:00-11:15	7.3. More Safety: A Resource Manual for Health and Safety in Infrastructure	Ms. Emiko Masaki Mr. Phil Marshall
11:15-11:30	7.4. Safe Migration and Life Skills Video	Dr. Nenette Motus Regional Migration Health Advisor, IOM
11:30-11:45	7.5. Vulnerability Mapping Using Geographic Information Systems	Dr. David Feingold
11:45-12:15	7.6. Discussion	
Nov 26 12:15-12:30	Session 8: Wrap-Up Summary and Closing Remarks	Ms. Lisa Studdert and Ms. Marta Vallejo
	END OF WORKSHOP	
	<u>Post-Workshop Session: Wednesday, November 26 (1:30-5:30PM)</u>	
Nov 26 2:00-5:00	Hands-On Tools for Skills Building	
2:00-3:00	1. Geographical Information System	UNESCO Team
3:00-4:00	2. Safe Migration and Life Skills Video	IOM (Bangkok) Team
4:00-4:30	3. Regional Database	IOM (Vietnam) Team
4:30-5:00	4. Road to Good Health Toolkit	World Bank Representative

List of Participants

	Name	Position	Agency
I. Government/Regional Body			
1.	Dr. Bounpheng Philavong	Assistant Director and Head of Health and Population Unit	ASEAN Secretariat
2.	Mr. Rachmat Irwansjah	Technical Officer for Health and Population	ASEAN Secretariat
3.	Dr. Yuth Samphy Chhim	Deputy Director, Occupational Health/Ministerial AIDS Secretariat	Ministry of Labor and Vocational Training, Cambodia
4.	Dr. Vannarith Chhum	Director	Provincial Health Department, Banteay Meanchey, Cambodia
5.	H.E. Sidenine Lim	Secretary of State	Ministry of Public Works and Transport, Cambodia
6.	Dr. Navuth Tep	Deputy Director	National AIDS Authority, Cambodia
7.	Mr. Xayabandith Insisiengmay	Deputy Director, Environmental and Social Division, Department of Roads	Ministry of Public Works and Transport, Lao PDR
8.	Mr. Khangeun Khamvongsa	Chair of Committee on HIV/AIDS Prevention	Ministry of Public Works and Transport, Lao PDR
9.	Ms. Chanthanom Souligno	Deputy Director, Division of Cooperation and Investment	Ministry of Public Works and Transport, Lao PDR
10.	Dr. Petchsri Sirinirund	Senior Expert in Preventive Medicine, Department of Disease Control	Ministry of Public Health, Thailand
11.	Ms. Jitprasithsiri Siriphan	Director, International Highway Department, Bureau of International Cooperation	Ministry of Transport, Thailand
12.	Mr. Surasak Thanaisawanyangkoon	International Collaboration Section	Ministry of Public Health, Thailand
13.	Dr. Vu Van Chieu	Officer of Finance and Planning Department	Viet Nam Administration of HIV/AIDS Control, Ministry of Health, Viet Nam
14.	Dr. Pham Hai Yen	Director, Center for Occupational Health	Ministry of Transport, Viet Nam
II. Civil Society/Private Sector			
15.	Mr. Sarun Im	Consultant	ADB
16.	Ms. Andrea Mestrov	Consultant	ADB
17.	Dr. Owen Wrigley	Consultant	ADB
18.	Ms. Niramoh Chanlivong	Country Program Manager	Burnet Institute

	Name	Position	Agency
19.	Mr. Sam Oeun Um	Senior Project Officer, HIV/AIDS Program	Cambodian Red Cross
20.	Ms. Sue Carey	(Formerly) Regional Director	CSEARHAP
21.	Mr. Peter Cowley	Country Director	Family Health International
22.	Ms. Isabelle Crespel	HIV/AIDS Project Manager of Quang Tri, Viet Nam	Handicap International
23.	Ms. Che Katz	Program Director	Marie Stopes International, Cambodia
24.	Mr. Chris Lyttleton	Professor of Anthropology	Macquarie University, Australia
25.	Mr. Dionisio Quinto		Pinoy Plus
26.	Mr. Avelino Ferchito	Officer-in-Charge	PNAC Secretariat
27.	Mr. Niel Boisen	Representative	Population Services International
28.	Mr. Phil Marshall	Director, Asia and the Pacific	Research Communications Group
29.	Dr. Kerry Richter	Senior Research Advisor/Professor	Research Communications Group/ Institute for Population and Social Research, Mahidol University
30.	Dr. Anthony Pramualratana	Executive Director	Thailand Business Coalition on AIDS
31.	Mr. Allan Beesey	Consultant	SMEC International
III. Development Agencies			
32.	Mr. Ronald Antonio Butiong	Senior Regional Cooperation Specialist, SEOC, SERD	ADB
33.	Ms. Charmaine Cu- unjieng	Consultant, SESS, SERD	ADB
34.	Ms. Rafaelita Jamon	Consultant, SESS, SERD	ADB
35.	Ms. Shireen Lateef	Director, SESS, SERD	ADB
36.	Ms. Emi Masaki	Social Sector Economist, SESS, SERD	ADB
37.	Ms. Lisa Studdert	Health Specialist, SESS/VRM, SERD	ADB
38.	Ms. Sonomi Tanaka	Principal Social Development Specialist (Gender and Development), RSGS, RSDD	ADB
39.	Mr. Francesco Tornieri	Social Development Specialist (Gender and Development), RSGS, RSDD	ADB
40.	Ms. Franzella Pinky Villanueva	Administrative Assistant, SESS, SERD	ADB
41.	Mr. Sam Beever	Counselor, Australian Embassy, Thailand	AusAID
42.	Ms. Akiko Ito	Program Officer	JICA
43.	Ms. Jamaree Yamklifung	Project Officer	JICA, Thailand
44.	Ms. Tran Minh Anh	Senior Programme Officer	JICA, Viet Nam

	Name	Position	Agency
45.	Ms. Cathy Bowes	Director, Office of Public Health, Regional Development Mission in Asia	USAID
46.	Ms. Julie Babinard (videocon)	Transport for Social Responsibility Thematic Group Coordinator	World Bank
47.	Mr. Robb Butler	Consultant	World Bank
IV. United Nations			
48.	Ms. Ema Naito	Technical Officer, HIV/AIDS and the World of Work	ILO
49.	Dr. Nenette Motus	Regional Migration Health Advisor	IOM
50.	Ms. Irena Vojackova-Sollorano	Regional Representative for Southeast Asia	IOM
51.	Mr. Bruno Maltoni	Project Coordinator	IOM Cambodia
52.	Ms. Montira Inkochasan	Head of Office, a.i.	IOM Lao PDR
53.	Ms. Nguyen Hoang Diep	HIV Technical Advisor	IOM Viet Nam
54.	Dr. Nwe Nwe Aye	Partnerships Development and Mobilization Adviser	UNAIDS
55.	Mr. Prasada Rao	Regional Director, Regional Support Team, Asia and Pacific Regional Centre	UNAIDS
56.	Ms. Marta Vallejo-Mestres	HIV Programme Specialist, a.i. UNRTF Coordinator	UNDP
57.	Ms. Indali Panchitkaew	UNRTF Assistant	UNDP
58.	Ms. Monica Smith	Consultant	UNDP
59.	Ms. Gwi Yeop Son	UNRTF Convenor and UN Resident Coordinator for Thailand	UNDP
60.	Ms. Vanessa Achilles	Programme Specialist	UNESCO
61.	Dr. David Feingold	International Coordinator, Trafficking and HIV/AIDS Projects	UNESCO
62.	Ms. Manithaphone Mahaxay	GIS Programme Officer	UNESCO
63.	Mr. Peerayot Sidonrusmee	GIS Expert	UNESCO
64.	Ms. Anne Bergenstrom	Coordinator, UNRTF on Injecting Drug Use and HIV/AIDS for Asia and the Pacific	UNODC
65.	Mr. Johannes Lund	Consultant	UNODC