



# NPRS-PRF

Helping Accelerate Poverty Reduction in Asia and the Pacific

## COMBINING ROAD BUILDING AND HIV/AIDS PREVENTION IN YUNNAN

An HIV/AIDS prevention plan is being implemented through a technical assistance alongside the Western Yunnan Road Development Project combining an integrated package of interventions.

In January 2006, about 650,000 people were living with HIV/AIDS<sup>1</sup> in the People's Republic of China (PRC), of which 75,000 had developed AIDS. In the same year, there were 25,000 deaths because of AIDS.<sup>2</sup>

The PRC is currently battling an AIDS epidemic that has spread to 31 provinces, autonomous regions, and municipalities. Evidence indicates that the virus is no longer confined to high-risk groups (such as drug users, sex workers and their clients, men-who-have-sex-with-men, and partners of people living with HIV/AIDS), but is now prevalent among the general population.

Estimates of future infections are difficult, but the Joint United Nations Programme on HIV and AIDS (UNAIDS) and other organizations have estimated that by 2010 there could be a generalized epidemic, with between 10 and 20 million HIV-positive Chinese.<sup>3</sup>

Yunnan<sup>4</sup> Province has the highest HIV/AIDS prevalence rate in the PRC. By end of November 2005, Yunnan reported over 30,000 cumulative HIV cases.

Since 1995, HIV has spread along truck routes throughout Yunnan, Xinjiang, Guangxi, and Sichuan (western provinces that lie on the drug route). The increase in HIV cases has been particularly marked along the highways leading to Myanmar border.<sup>5</sup>

The Asian Development Bank (ADB) approved in 2003 the Western Yunnan Road Development Project that connects the province's capital Kunming to Ruili, a town on the Myanmar border.

The road project aims to generate economic growth in western Yunnan and improve the access of the rural poor to markets and social services. It comprises the construction of an 80-kilometer (km), four-lane access-controlled tolled expressway from Baoshan to Longling and the upgrading of 294 km of county and township roads.

The expressway project is a significant concern for the HIV epidemic in the PRC. It is expected that the road project would result in increased movement and interaction of people along its routes. This will contribute to increased risk of spreading sexually transmitted diseases, including HIV/AIDS.

Between 15,000 and 20,000 workers will be employed each day during construction, which is due for completion around 2007.<sup>6</sup>

The workers are predominantly young, sexually active people, and are often vulnerable to unprotected sex. This leaves workers, impoverished women drawn to the sites to work as prostitutes, and spouses at home vulnerable to HIV/AIDS.

### Integrating HIV/AIDS in Non-Health Sector Operations

Technical assistance (TA) 4142 (Fighting Poverty through HIV/AIDS on Road Project in Yunnan Province<sup>7</sup>)—later renamed as Baolong Healthy and Safe Action—is an HIV/AIDS prevention plan implemented alongside the Western Yunnan Road Development Project. It combines an integrated package of interventions covering the health sector, behavior change, condom social marketing, community mobilization, and policy and structural change.

The goal is to reduce the risk of transmitting HIV/AIDS and STIs (sexually transmitted infections) that may result from the road project, specifically among construction workers, commercial sex workers, truck drivers, and local communities (particularly the poor and vulnerable).

### As of Mid-2007 – What Has Happened So Far<sup>8</sup>

#### A. Advocacy

TA 4142 envisions a supportive policy environment for preventing HIV/AIDS in infrastructure development. Advocacy initiatives

done under the TA seemed to have gained inroads in national policy and planning for mobility, construction, and HIV/AIDS. The different levels of government in Yunnan recognize the contribution of TA 4142 in addressing HIV/AIDS prevention in infrastructure projects. The national and local governments have issued new policies to make voluntary counseling and testing more available, guaranteeing free anti-retroviral treatment, combating discrimination, and including HIV/AIDS as part of the benefit package of health insurance schemes promoted by the central Government.

Attributing impact to TA 4142 is difficult because of the other complementary interventions taking place in the area. However, advocacy work undertaken at the work sites (in particular with the Baolong Highway Company) contributed to change. For instance, the TA made recommendations on how to streamline HIV/AIDS activities into actual construction work (mainly through activities focusing on safety). This has enabled the workers to fulfill their tasks while simultaneously learning about behavior change that can help prevent the spread of STDs and HIV/AIDS.

Despite this early evidence of impact, progress achieved by the TA's advocacy work has yet to be translated into actual mobilization of government and private sector resources (in particular Baolong Highway Company) in support of or to complement TA 4142. The TA will also need to work on a policy framework for development cooperation with the Baolong Highway Company to institutionalize the support the company extends to the TA.

#### *B. Behavior Change Communication (and Condom Social Marketing)*

The heart of HIV/AIDS prevention is promoting safe-health behavior and reducing HIV vulnerability among high-risk groups. Activities focusing on behavior change were conducted. To promote this, the TA has extended its peer education activities beyond the construction sites to include entertainment facilities and the youth in surrounding villages and townships. It has conducted a series of training of peer educators in construction sites and entertainment facilities.

Peer education in the work sites and entertainment facilities were adapted to the requirements of the highly mobile populations that the TA was working with. The approach used was monitored carefully to ensure optimal performance of the peer educators in both the construction sites and the entertainment facilities. One valuable lesson gained was that tailoring<sup>9</sup> the flexible peer education approach for each work site and target population is vital.

Other activities conducted were the development and distribution of "info-tainment" HIV/AIDS-related VCD and radio programs to local media stations. This reached an estimated audience of over 50,000. The TA also promoted hotlines, STI services, and other HIV-related government services through various media.

The TA has started its condom social marketing (CSM) scheme in Longling County on a pilot basis. The Longling Family Planning Committee (FPC) is in charge of managing the scheme. The scheme is working on a cost-recovery basis, but the FPC (i.e., human resources, logistics) indirectly subsidizes it. Meanwhile,

free condoms were distributed in the work sites and entertainment facilities as a stopgap measure until a full CSM is in place. The scheme is to ensure availability and accessibility of condoms wherever and whenever low-income target groups need them.

#### *C. STI/HIV/AIDS Service Delivery*

Five model clinics<sup>10</sup> have been established along the road, while health providers and pharmacists have been trained in basic HIV/AIDS advice. A care framework was also developed to guide clinical standards.

However, it was noted during implementation that service delivery for STI/HIV/AIDS under the TA had to be strengthened. This included improving the quality of counseling, physical environment of clinics, and reporting. Improving the quality of STI services is hindered by structural factors (e.g., poor monitoring of basic clinics and availability of diagnostic means, lack of incentives for proper referral of patients, poor public funding of basic clinics, and profit-oriented health-care system) and cultural factors (e.g., lack of confidentiality and privacy in treating patients, taboos surrounding sexual diseases). These issues must be addressed in further work of this kind.

### **Making Progress, Learning along the Way**

The TA has modeled a sound approach, targeting workers and nearby surrounding communities, incorporating a strong performance monitoring component and a solid baseline. As such, TA 4142 is well placed to feed lessons into: i) policy development and resource allocation for HIV/AIDS intervention in infrastructure programs, ii) defining institutional capacity requirements and structural support for implementing a multi-strategy package, and iii) development of interventions for specific target clients.

Two significant challenges have become apparent in implementing an integrated/multi-strategy scheme such as TA 4142. These are ensuring that aims of projects are achieved within their life span and ensuring that impact is sustained after the project ends. Establishing post-TA sustainability mechanisms<sup>11</sup> that are owned and managed by core stakeholders would help promote this sustainability.

As mentioned in the TA reports, replicating TA 4142's integrated approach requires a mix of specialized technical expertise and strong multi-sectoral support.<sup>12</sup> Effective documentation of TA implementation processes, systems, and mechanisms would provide significant insights on designing similar interventions in the future.<sup>13</sup>

TA 4142 continues to make progress while, at the same time, measures are being done to address key challenges faced by the TA as the work moves forward.

### **TA Updates**

The road construction covered by the TA is expected to be completed in June 2008. The number of construction workers has declined from more than 20,000 to about 5,000. Departing peer educators have been replaced with new ones. Coverage

has expanded to cover 55 condom distribution sites across the county. FPC distributed more than 85,000 condoms (60,000 of which were sold) during the project period. Condoms were sold in nontraditional outlets such as cell phone shops, small kiosks, and grocery shops.

Provincial authorities regard the project as a potential model for integrating HIV/AIDS activities in construction companies in the PRC. In this regard, two major evidence-based knowledge products are being developed: policy recommendation for central and provincial PRC governments for mitigating the spread of HIV/AIDS associated with infrastructure projects and a manual for construction companies to integrate HIV/AIDS activities.

## Endnotes

- <sup>1</sup> AIDS – acquired immune deficiency syndrome  
HIV – human immunodeficiency syndrome.
- <sup>2</sup> Ministry of Health, UNAIDS, and WHO. 2006. 2005 Update on the HIV/AIDS Epidemic and Response in China. 24 January. 650,000 (range: 540,000–760,000) and 75,000 (range: 65,000–85,000) has quoted experts saying that actual number of cases could at least be 1.5 million.
- <sup>3</sup> Averting a Full-blown HIV/AIDS Epidemic in China – A Report of the CSIS HIV/AIDS Delegation to China. 13–17 January 2003.
- <sup>4</sup> Yunnan Province is a poor interior province bordered by the Lao People's Democratic Republic, Myanmar, Viet Nam, the PRC provinces of Sichuan and Guizhou, and the autonomous regions of Guangxi and Tibet.
- <sup>5</sup> Asian Development Bank (ADB). 2003. Technical Assistance (Financed By The Poverty Reduction Cooperation Fund) To The People's Republic Of China For Preventing HIV/Aids On Road Projects In Yunnan Province. Manila.
- <sup>6</sup> Endnote 4.
- <sup>7</sup> TA 4142 (PRC Fighting Poverty through HIV/AIDS on Road Projects in Yunnan Province); TA amount – \$800,000 was financed by the Poverty Reduction Fund (contributed by the United Kingdom Department for International Development Fund and administered by ADB) and \$200,000 from the PRC Government; executing agency is the Yunnan Provincial Leading Group for HIV/AIDS Control (LGHC), established under the Provincial Department of Health; approval date – July 2003; and expected completion date – June 2008.
- <sup>8</sup> Annual Report, 01 April 2005–31 March 2006, PRC Fighting Poverty Through HIV/AIDS on Road Projects in Yunnan Province, Marie Stopes International Australia; Claude Bodart, Health Specialist, TA 4142 Project Officer, Back-to-Office Report of Review Mission, December 2006; NPRS-PRF Semi-Annual Project Status Report, July–December 2006.
- <sup>9</sup> Based on local knowledge of routine shifts, schedule of construction, seasonality of each work site.
- <sup>10</sup> Three syndromic management clinics and two clinical referral centers.
- <sup>11</sup> TA thrusts until the end of its life include disseminating best practices and findings of the surveys, formulating policy recommendations to the PRC government for integrating HIV/AIDS prevention activities in infrastructure projects, and ensuring post-TA sustainability.
- <sup>12</sup> Annual Report, 01 April 2005–31 March 2006, PRC Fighting Poverty Through HIV/AIDS on Road Projects in Yunnan Province, Marie Stopes International Australia.
- <sup>13</sup> Request of Guangxi for similar TA.



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For any queries, contact:

**NPRS-PRF** Secretariat  
nprs-prf@adb.org