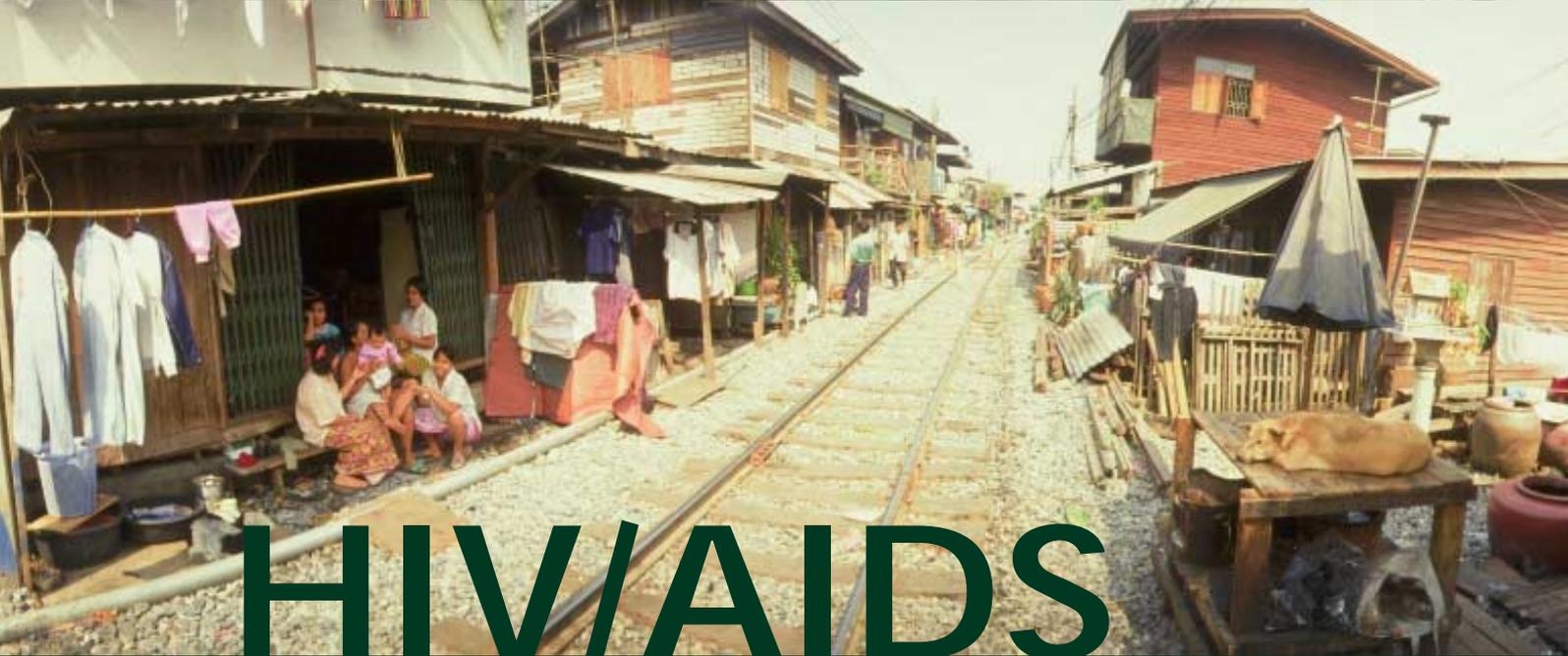




Photo by Ken Duncan Australia



HIV/AIDS

Mobility and HIV/AIDS in the Greater Mekong Subregion



Dr Supang Chantavanich
Asian Research Centre for Migration

In consortium with
World Vision Australia and
Macfarlane Burnet Centre for Medical Research

**TA 5881-REG: Preventing HIV/AIDS
Among Mobile Populations in the
Greater Mekong Subregion**

Asian Development Bank
United Nations Development Programme



MOBILITY AND HIV/AIDS IN THE GREATER MEKONG SUBREGION

by
Supang Chantavanich

with assistance from
Allan Beeseey
and Shakti Paul

Asian Research Center for Migration
Institute of Asian Studies
Chulalongkorn University
Bangkok, Thailand

in consortium with
World Vision Australia and
Macfarlane Burnet Centre for Medical Research

**TA 5881 REG: Preventing HIV/AIDS Among
Mobile Populations in the Greater Mekong Subregion**

Asian Development Bank (ADB)
United Nations Development Program (UNDP)

© Asian Development Bank 2000

Cover Photograph by Ken Duncan
Cover Artwork by Melissa Campbell, World Vision Australia

ISBN 1-875140-48-4

Acknowledgments

This Mobility and HIV/AIDS Study is a part of the project “Preventing HIV/AIDS. Among Mobile Populations in the Greater Mekong Subregion”, part of a Technical Assistance project funded by the Asian Development Bank (ADB TA 5881-REG). It is the outcome of multi-methods approach including the compilation and review of existing materials, consultations with key regional personnel and agencies such as UNAIDS, UNICEF and ESCAP and the conduct of focus group sessions with informants from government, non-government organisations (NGOs) and the UN agencies in Cambodia, Lao PDR, Myanmar, and Vietnam during May - September 2000, with the assistance of country coordinators. Site visits in some GMS countries were also conducted. The Asian Research Center for Migration (ARCM) at Chulalongkorn University, Thailand serves as the institution undertaking the study.

As the migration specialist who is responsible to the study, I acknowledge the active participation of two colleagues at ARCM - Dr. Shakti Paul and Mr. Allan Beesey - for their assistance all through the project period. The country coordinator in each country, namely Dr. Oum Sopheap for Cambodia, Dr. Sounthone Nanthavongdouangsy for Lao PDR, Dr. Nguyen Viet My Ngoc for Vietnam, and Dr. Htein Win for Myanmar provided much support for our focus group arrangements, site visits and additional documentary research. Key regional and national personnel and agencies from the UN, the government, the academic institutions and the NGOs cooperated and contributed to the focus group discussions and individual interviews. We also acknowledge the generous support from the members of the TA Steering Committee from the five countries, especially Cambodia, Lao PDR and Vietnam, as well as from all the National AIDS Program coordinators/managers in each country.

The mobility and HIV/AIDS Study is made possible because of the support from World Vision Australia and the McFarlane Burnet Center who are involved in this collaboration. We appreciate the continued assistance from Dr. Sri Chander and Eileen Darby, the project team leaders, and Tim Budge and Natalie Craig-Vassiliadis, the project manager and coordinator, and Khun Sumitra Chawala the coordinator of the Thailand office.

We also would like to express our appreciation to the ADB, especially to Indu Bushan, who provided the opportunity to work on a topic of major interest to us at the regional level. Our thanks also go to colleagues in the region who kindly read the draft of the study and provided us with useful comments for the final revision. We do hope the Mobility and HIV/AIDS Study will serve as a useful reference for information on population mobility, and as a comprehensive basis for the development and implementation of tool kits to intervene in the rapid spread of HIV/AIDS in the GMS, especially among mobile people.

Supang Chantavanich
Migration Specialist

Abbreviations

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APICT	Asia and Pacific Intercountry team (UNAIDS)
ARCM	Asian Research Center for Migration
ARC	Australian Red Cross
BAHAP	Border Areas HIV/AIDS Project (CARE)
CARE	Charitable American Relief Everywhere
CARAM	Coordination of Action Research on AIDS and Mobility in Asia
CBO	Community Based Organization
CHASPPAR	Control of HIV/AIDS/STD Partnership Project in Asia Region
CSW(s)	Commercial Sex Worker(s)
DFID	Department for International Development, UK
EAPRO	East Asia and Pacific Regional Project
FHI	Family Health International
GAATW	The Global Alliance Against Traffic in Women
GMS	Greater Mekong Sub-region
GTZ	Deutsche Gesellschaft fuer Technische Zusammenarbeit
HIV	Human Immuno-Deficiency Virus
HCMC	Ho Chi Minh City (Saigon)
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
ILO	International Labour Organization
IPD	In-patient Department
LRS	Lao PDR Red Cross
MCH	Maternal and Child Health
MMCWA	Myanmar Maternal and Child Welfare Association
MoLISA	The Ministry of Labor, War Invalids and Social Affairs, Vietnam
MSF	Medicins Sans Frontieres
NAB	National AIDS Bureau
NCA	Norwegian Church AID
NCCA	National Committee for the Control of AIDS
NGOs	Non-Government Organisations
OPD	Out-Patient Department

PATH	Program for Appropriate Technology in Health
PDR	People's Democratic Republic
PLA	Participatory Learning and Activities
PRC	People's Republic of China
PLWHA	People Living With and Affected by HIV and AIDS
PSI	Population Services International
SCF UK	Safe the Children Fund, United Kingdom
SEAMEO	South East Asian Ministers of Education Organization
SEAHIV	UNDP Southeast Asia HIV and Development Project
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDCP	United Nations International Drug Control Programme
UNDP	United Nations Development Program
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNTAC	United Transitional Authority in Cambodia
WHO	World Health Organisation
YIDA	Yunnan Institute of Drug Abuse

TABLE OF CONTENTS

A. Introduction	1
1. Greater Mekong Subregion Overview.....	1
2. Population Mobility in the GMS.....	2
3. HIV/AIDS in the GMS Countries.....	4
3.1 A Region with Two HIV/AIDS Epidemics.....	5
3.2 Causes of the Epidemics.....	6
3.3 Regional Responses.....	7
4. Objectives and Methodology of the Study.....	8
4.1 Literature Review.....	8
4.2 National and Regional Consultations.....	8
4.3 Analysis and Draft Report.....	8
4.4 Terms and definitions.....	9
B. Country Report: Cambodia	10
1. Country Profile.....	10
2. Population Migration and Mobility.....	11
2.1 Internal and International Migration and Mobility.....	11
2.2 Cross-Border Population Mobility.....	12
2.3 Trafficking of Women and Children.....	13
2.4 Specific Migrant and Mobile Population Groups.....	14
3. Typology of Migrant and Mobile Populations.....	19
4. HIV/AIDS Situations.....	22
4.1 Characteristics of the HIV Epidemic.....	22
4.2 Geographical Distribution of HIV/AIDS.....	23
4.3 HIV Risk Situations in Relation to Migration and Mobility.....	24
4.4 Hot Spots for Mobile Population and HIV/AIDS.....	24
5. Discussion and Conclusion.....	26
C. Country Report: Lao People's Democratic Republic	28
1. Country Profile.....	28
2. Migration and Mobility.....	29
2.1 The Thai-Lao Border Provinces.....	29
2.2 Farming in the Lowland Border Provinces.....	30
2.3 Emigrant Workers.....	30
2.4 Trafficking.....	31
2.5 Corridors of Development.....	31

2.6	Specific Mobile Population Groups	34
3.	Typology of Mobile Populations	38
4.	HIV/AIDS in the Lao PDR	40
4.1	HIV/AIDS Country Profile	40
4.2	HIV/AIDS Risk situation	42
4.3	Hot Spots of Population Mobility and HIV/AIDS	43
5.	Conclusion	45
D.	Country Report: Myanmar.....	48
1.	Country Profile	48
2.	Migration and Mobility.....	49
2.1	Internal Migration and Mobility.....	49
2.2	Cross Border Migration and Mobility.....	50
2.3	Trafficking of Women and Children.....	52
2.4	Specific Migrant and Mobile Population Groups	53
3.	Typology of Migrant and Mobile Populations	58
4.	HIV/AIDS Situations.....	59
4.1	The Two Epidemics – Intravenous Drug Use and Sexual Transmission.....	60
4.2	Current Trend of HIV Epidemic	60
4.3	Hot Spots of Population Mobility and HIV/AIDS	62
5.	Conclusion	64
E.	Country Report: Vietnam.....	66
1.	Country Profile	66
2.	Migration and Mobility.....	67
2.1	Internal Migration and Mobility.....	67
2.2	Cross-Border Migration and Mobility.....	68
2.3	Trafficking of Women and Children.....	69
2.4	Specific Migrant and Mobile Population Groups	70
3.	Typology of Migrant and Mobile Populations	75
4.	HIV/AIDS Situations.....	77
4.1	The ‘Two Epidemics’ – IDUs and Sex Workers.....	77
4.2	Drug Use and HIV Vulnerability	77
4.3	Current Trend of HIV Epidemic	78
4.4	HIV Risk Situations in Relation to Population Mobility	78
4.6	Hot Spots of Population Mobility and HIV/AIDS	79
5.	Discussion and Conclusions	81

F. Country Report: Yunnan Province, People’s Republic of China.....	83
1. Province and Country Profile	83
2. Migration and Mobility.....	84
2.1 Intra-Provincial Mobility.....	85
2.2 Inter-Provincial Mobility.....	85
2.3 International Cross-Border Mobility	86
2.4 Trafficking and Human Smuggling.....	90
2.5 Specific Mobile Population Groups	91
3. Typology of Mobile Populations	94
4. HIV/AIDS in Yunnan and PRC.....	96
4.1 HIV/AIDS Profile	96
4.2 HIV/AIDS Risk Situation	97
4.3 Hot Spots of Population Mobility and HIV/AIDS	98
5. Conclusion	100
G. Conclusion and Discussion.....	102
1. Migration and Mobility.....	102
2. Gender and Vulnerability.....	103
3. Poverty and Development as Driving Forces for Development	105
4. The Dynamics of HIV Spread and Implications for Mobility	107
5. The Responses	108
Annex.....	110
Map 1: Major Population Mobility Trends & Transmission of HIV/AIDS in the Greater Mekong Subregion.....	110
Map 2: Major Border Crossings in the Greater Mekong Subregion	111
Map 3: Progression of the HIV/AIDS Epidemic in the Greater Mekong Subregion	112
Map 4: Hot Spots of Population Mobility and HIV/AIIDS in the Greater Mekong Subregion	113
Map 5: Spread of HIV Over Time in ASIA 1984 to 1999	114
Bibliography	115
Persons and Organisations Consulted	125

List of Tables, Figures and Maps

A Introduction

Table 1: HIV/AIDS Situation in the GMS Countries

B Cambodia

Table 2: Country Profile – Cambodia

Table 3: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Cambodia

Table 4: HIV Seroprevalence Among Sentinel Groups in 1999

Table 5: HIV Prevalence in Selected Sentinel Groups

Table 6: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Cambodia

C Lao People’s Democratic Republic (Lao PDR)

Table 7: Country Profile – Lao PDR

Table 8: Establishments that Provide Sexual Services, and their Customers

Table 9: Trucks Departing and Entering Lao PDR

Table 10: Typology of Migrant and Mobile Population Groups and Assessment of Their Risk Situations in Lao PDR

Table 11: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Lao PDR

D Myanmar

Table 12: Country Profile – Myanmar

Table 13: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Myanmar

Figure 1: HIV Prevalence Among Military Recruits

Figure 2: HIV Prevalence Among Pregnant Women

Table 14: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Myanmar

E Vietnam

Table 15: Country Profile – Vietnam

Table 16: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Vietnam

Table 17: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Vietnam

F Yunnan Province, People’s Republic of China (PRC)

Table 18: Country Profile – Yunnan Province and People’s Republic of China (PRC)

Table 19: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Yunnan

Table 20: HIV Prevalence Rates for Injecting Drug Users 1992-1999

Table 21: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Yunnan

Maps

1. Major Population Mobility Trend and Transmission of HIV/AIDS in the Greater Mekong Subregion
2. Major Border Crossings in the Greater Mekong Subregion
3. Progression of HIV/AIDS Epidemic in the Greater Mekong Subregion
4. Hot Spots of Population Mobility and HIV/AIDS in the Greater Mekong Subregion
5. Spread of HIV Over Time in Asia 1984-1999

Executive Summary

The Greater Mekong Subregion (GMS), comprising Cambodia, Lao PDR People's Democratic Republic, Myanmar, Vietnam, Thailand and Yunnan Province of PRC, shares the water resources of over 3,000 miles of the Mekong River. This river has become a new symbol of unity in a region emerging out of decades of civil wars escalating into regional and international conflicts and the cold-war era. In the geopolitics of the GMS, Thailand is an economic front runner and China is the major power broker. Most of the GMS is in transition from a rigid communism to socialism operating on market economy mechanisms. This is opening up new opportunities and choices for once politically or geographically marginalised communities. The political stability over two or three decades has been threatened by conflict in Cambodia in recent years, but of greater concern today is the ongoing political instability in Myanmar.

In the late seventies and throughout the eighties, over three million refugees, predominantly from the lower GMS countries, formerly Indochina, fled from conflict in their country. While many of them resettled in third countries, over half a million repatriated to their homeland in the early to mid nineties. Now, only displaced people from Myanmar remain in Thailand, over 120,000, with some in Bangladesh.

Most migrants crossing borders in the region are now more closely associated with economic change and recent reforms rather than internal or regional conflicts. Each country, save for Myanmar, has increasing rural to urban population flows. Each country, especially Myanmar, has flows to border sites, as well as to remote construction or mining sites. These internal flows may include seasonal labour, trading, travel to markets and festivals, tourism, and service and transport industry workers, plus uniformed and state officials as well as private sector personnel.

Transnational population movements include much the same groups as the internal movements with both emigration and immigration occurring in each country. Thailand receives most of this emigration from Myanmar and in total has almost a million migrant workers in the country, with numbers having marginally decreased since the financial crisis. At the same time Thailand has over a million workers abroad. Vietnam has many thousands of workers in Cambodia and abroad, with the number of documented workers going abroad projected to rise sharply. Cambodia has had many thousands of workers in Thailand and a few thousand in Malaysia. Even Lao PDR has possibly tens of thousands of workers from China and Vietnam, mostly documented, but this is more than matched by emigration to Thailand, with as many as 100,000 undocumented migrants annually.

The market economy is driving this surge of people seeking work and higher earnings. This occurs through informal and formal trading between the nations, greater investment, infrastructure development, and tourist promotion. Thus, the manufacturing, service and transport sectors hire many unskilled workers. There are other ways the market economy drives mobility. In the four socialist republics of Myanmar, Lao PDR, Vietnam, and China there have been severe restrictions on the movement of people within borders, thus curtailing rural-urban or even much provincial movement. One way this was enforced, at least for some of the countries, was through health and accommodation subsidies as part of work-place benefits. Now these subsidies are being cut, effectively severing the association of work and residence and freeing up people to move. Many people will face restrictions in access to health care and to education if they move but are choosing to move nonetheless. Also, it has become too difficult to stem the tide of workers wanting to cross national borders to find work. While some may face punishment, if found out, on return, this is generally not happening.

For the purposes of identifying population groups, they are arranged into typologies of various characteristics, but are mainly classified by occupation, as well as by type of movement. Thus, for one country there are internal, transnational - cross-border and overseas - plus immigrant flows. While such population movements can all be subsumed under mobile populations it is necessary to differentiate between those migrating for longer periods of time, such as a construction worker, and someone who moves for relatively shorter periods, such as a truck driver. One way to do this is to use the categories of mobile population groups and migrant workers. It should be noted that there is considerable overlap in such definitions and there is significant fluidity in changing occupations or types of movement. These broad categories are further classified by occupations, such as, fisherfolk, transport workers, traders etc. and then by location. At a micro-level, each occupational group may be further subdivided by age, sex, marital status, living conditions etc.

The number of internal migrants and mobile people is vast, and most countries do not have reliable data. While there is good data on trends for most countries the information cannot capture the full picture of population movements. Recent trends in urban expansion can be observed in Ho Chi Minh City, Hanoi and Phnom Penh. Large numbers of young people are moving to these cities for higher education and training, as well as unskilled or semi-skilled work. Other internal movements include resettlement programs. These may include recent resettlement of refugees but are mainly internal relocations from resource poor or dry areas to more fertile areas, or for purposes of crop substitution or crop stabilisation programs. These relocations are mainly affecting Myanmar, Lao PDR and Vietnam, but occur in all countries. Seasonal work is probably the single biggest cause of movement of migrant labour. Often the work is in agriculture but can also be in fisheries, factories, or construction, and can be cross-border as well as internal. In addition, many other mobile populations eg transport workers, traders, businessmen and sales representatives, fisherfolk and seafarers, state officials, uniformed officials are constantly on the move, and they may also cross borders or travel overseas.

Thailand has been the conceptual centre of much of the cross-border movement in the region. All surrounding countries have people emigrating to Thailand, where the economy has been booming for decades. Cross-border migrants have more complexities facing them than most internal migrants. The Thai border has been and remains porous, with little difficulty in crossing, particularly with Lao PDR, but also with Myanmar and Cambodia. Once across the border migrants are readily employed in a range of low-paying jobs, but for many their illegal status, language difficulties, and low awareness of their new surroundings places them in a precarious position.

The gradual opening of cross-border trade and tourism has revitalised many border towns and settlements. These border crossing points are meeting places of thousands of mobile and migrant populations, namely, transport workers, traders, tourists and visitors, border police and military personnel, service and entertainment workers etc. They are destinations for some, and transit points for others, whether classified as mobile populations or migrant workers. Many border-crossing points have emerged as special zones where law enforcement is lax, and behaviours are less tempered by social norms or values. Some areas on major routes, or with traditional trading links, arise more or less naturally over time, with a range of population groups and activities that converge to form a special zone. Other areas are set up as economic zones with special privileges for trade and transportation. In both types of location entertainment facilities thrive and entice tourists and business people. Poipet, on the Thai-Cambodia border, has seven luxury casinos patronised by foreigners. The town outside of the casinos, with a population of 70,000, is one of the more squalid and poor towns of Cambodia. In Muse and Mong La, in Myanmar, near the Yunnan border, Chinese flock to the

casinos and transvestite shows, as well as other sex and entertainment venues there, also amidst poverty.

Men probably number significantly higher among mobile populations and migrant workers, although the number of women migrants is increasing and in some migration flows their numbers can be equal to, or higher than, that of male migrants. In urban settings in particular, there are many opportunities for women in factories as garment workers, in the expanding service and entertainment industry, as housemaids or as sales clerks. They also find work in construction and agriculture. Some women accompany their husbands or family members but many migrate alone or with friends. This latter group is susceptible to difficulties during travel and at the workplace. They may be sexually or physically abused or be confined to the workplace. Working in difficult conditions, they can be induced into sex work when offers are made to them. At different times, many women are in need of the support, perhaps protection of fellow migrants, assistance from employers, authorities, or drivers, and these men are in a position to negotiate sexual favours from such women.

Women and girls are vulnerable to being trafficked by force or deception. Organised gangs have made a business out of trafficking. Thailand has been the major destination for trafficked women and girls for some decades but, while the same routes may be used, the form of trafficking has changed to be more like human smuggling. Very often it may be groups of men and women who facilitate women, men, and children to destinations of their choosing. Networks have built up over time and women are aware of money to be made in this industry and, in many ways, it can seem to be a cleaner and easier way to earn money. The reality may be different but many women appear to be entering the industry without being in debt, making an informed choice gained from those who went before them.

HIV/AIDS Risk Situation

The risk situations that make mobile people vulnerable to HIV/AIDS are complex and must be determined through an understanding of particular situations. Being away from their family and community where social and sexual norms are prescribed and followed to varying degrees they must adapt to new situations. In their new setting they may have more freedom, new experiences and opportunities, and increased peer pressure, which influences their thinking and behaviour. On the other hand, their activities may be curtailed by remote living conditions, or otherwise restricted by their employers, local residents and law enforcement authorities. They often live in crowded housing with little privacy and, outside of their community, face language and cultural differences and difficulties in accessing information about health risks and health care. Out of boredom, and with few choices for rest and recreation, many young men, as well as older men, will choose whatever entertainment facilities are available. This will usually mean drinking and, sometimes, drugs as well as commercial sex and, when the opportunity arises, casual sex relationships. Migrant workers, from Myanmar or Cambodia, coming into Thailand, and from Vietnam into Cambodia, are the obvious groupings of migrants that run the risk of HIV.

Overseas workers are a special group who will certainly face some of the above difficulties that could make them vulnerable to HIV/AIDS. Thailand has the largest number followed by Vietnam. For many they may be moving from areas of higher prevalence of HIV/AIDS than the locations they move to; however, in many countries there is not much information on the particular migrant or local communities of which they become a part. The potential for vulnerability to poor health, or social and psychological difficulties, is real but their vulnerability to HIV/AIDS is uncertain.

The situation of cross-border migrants, described above, is relevant to internally mobile people but generally not to the same extent, with language and cultural differences being minimal and usually they are not illegal. Many cross-border locations or border areas in general have recorded high HIV prevalence, eg Kawthaung and Tachilek of Myanmar bordering Thailand; Muse and Keng Tung of Myanmar bordering China; Poipet and Koh Kong of Cambodia bordering Thailand; and An Giang of Vietnam bordering Cambodia. Some border sites have high prevalence due to women returning from working in the commercial sex industry. This was a major contributing factor to the epidemic in northern Thailand but can be observed in women returning from Thailand to Myanmar and to Yunnan and in women returning to Vietnam from Cambodia. Many of these women were trafficked into the industry, and trafficking is still a major business in the region.

Particular occupational groups and other internally mobile population groups, however, can certainly have a heightened risk for HIV/AIDS. These groups include transport workers, fisherfolk and seafarers, mobile traders, state officials and uniformed personnel. Migrant students and other young people moving to cities may also be vulnerable. High levels of HIV prevalence are being detected among various migrant and mobile population groups where surveillance is in place, for example, fisherfolk and uniformed personnel in some countries. Known prevalence data is generally adequate for understanding transmission patterns and thus the focus should be on determining risk situations and gaining a greater understanding of population groups.

It is necessary, therefore, to classify population groups by their patterns and degree of mobility, as well as characteristics of age, gender, marital status, occupation, income etc. to assess their HIV risk situations. It is also crucially important to understand in some detail particular geographical locations, the so-called Hot Spots of HIV vulnerability. These Hot Spots require careful analysis to determine the HIV vulnerability of specific population groups, as well as the whole community. Each location varies significantly and it is the behavioural norms and the existence of entertainment venues, coupled with HIV prevalence or potential for HIV spread, that determines whether a location can be ascertained to be a hot spot. Some areas in the region may not experience a rapid explosion of HIV. The more gradual spread of HIV, however, is still of considerable importance and any gradual spread could lead to a rapid spread given the right mix of risk factors. It should never be taken for granted that all similar geographical locations have equal vulnerability to HIV/AIDS.

The locations of Ranong and Sangkhlaburi, as cross-border sites on the Thai-Myanmar border present the extremes that may be found, even in cross-border locations. Ranong has a very high vulnerability to HIV/AIDS due to the presence of large numbers of migrant fisherfolk, young single men and women, large commercial sex venues and lack of access to health care due to illegal status. Sangkhlaburi has large mobile populations, but is more of a transit point. There are few commercial sex outlets and known HIV/AIDS prevalence is low. The main crossing of the Vietnam-Cambodia border has some similar characteristics to Sangkhlaburi, but other locations such as on the China-Vietnam border, and the Thai-Cambodian border have highly vulnerable situations. Similarly, seaports and towns along highways do not have the same HIV vulnerability and each of them should be assessed independently.

The link between population mobility and HIV/AIDS is clearly established through various studies. Migrant and mobile populations experience risk situations that make them vulnerable to HIV/AIDS. If we take a border location as an example, there can be a convergence of many different mobile groups. They in turn are serviced by a range of service providers. Add local populations and you have the entire population. It is this convergence and the mix of services and people that have given rise to a risk situation. Thus, it is the risk situation that is

of utmost importance rather than any particular group, even though groups can be singled out for determining the appropriate means to reach them. In first taking stock of the total risk situation, then creating mechanisms for a dialogue between key groups and institutions, it is possible to create an 'enabling environment' for a cooperative and coordinated response.

Key Findings of the Study

1. Major Population Mobility and Migration Trends

- Refugees and displaced persons 1970s and 1980s - Cambodia, Lao PDR and Vietnam. Resettled/repatriated – 1980s, 90s - 120,000 still on the Thai-Myanmar border
- Uniformed personnel during war and conflict situations in Vietnam, Cambodia, Lao PDR and Myanmar; and still active and mobile throughout the region
- Resettlement and relocations for crop stabilisation and substitution; for infrastructure development; and to more fertile areas
- Greater political openness – less restriction on internal movements
- facilitation of trade and travel across borders
- Economic development – increased trade, infrastructure development, transport links, and job opportunities for internal, cross-border, and migration abroad
- Major growth in tourism allowing large numbers of foreigners – Asians and non-Asians - to move into all countries of the region

2. Characteristics/Typology of Migrant and Mobile Populations

- More economic migrants but greatest increase is in short-term mobile populations
- More internal than external migrant and mobile populations
- Both emigration and immigration in all countries
- Most flows dominated by young men and women but also many middle-aged and some older people, especially among internal mobile populations
- More men than women but the volume of women is increasing rapidly, and women are moving into a wider range of occupations
- Most economic migrants move without family, but family members may join them later

3. Population Mobility and HIV/AIDS

- Risk behaviours of the individuals and/or population groups are heavily influenced by the risk situations they are in.
- Rapid transmission of HIV occurs through commercial sex and, sometimes, intravenous drug use, but slow transmission occurs through casual and regular partner sex is of great concern
- Some specific population groups are very vulnerable to HIV/AIDS because of work situations, living conditions and other risk situations eg fisherfolk, transport workers, sex and entertainment workers, but can also include uniformed personnel, state officials, (some) migrant workers.
- Hot Spots, outside of cities, emerge from the convergence of mobile populations, and the rise of entertainment and sex establishments, and unsafe sex

- Many ports, truck stops, towns and border locations fit the definition of a hot spot and most do not have well targeted HIV intervention projects
- Each location has its own unique configurations that make-up a hot spot – an area where there is a sex trade and many clients may not be a hot spot if there is high condom use; if there are safe needle-use practices; if women are empowered.
- Hot Spots are risk situations for people who are unaware of the risk, such as cross-border migrants who are new and poorly informed about HIV/AIDS populations
- Discrimination against migrants in a foreign country may increase their HIV vulnerability

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.

B. Country Report: Cambodia

1. Country Profile

The Kingdom of Cambodia is situated in the southwest of the lower Mekong Delta. The total land area of the country is 181,000 square kilometres and it shares borders with Thailand in the west and north, Lao PDR in the north, Vietnam in the east and southeast, and gulf of Thailand in the southwest (see GMS map at the front of this report). It has a coastline of 440 kilometres that is rich in marine resources. The country has one of the world's largest fresh water lakes, "Tonle Sap", situated in the middle of the central plains which extend southwards to the home of the vast majority of the population. The mountainous northeast and northwest areas of the country are sparsely populated. Because of over two decades of war and civil strife the socio-economic condition of the country is severely damaged. Agriculture remains the main source of income for the vast majority of the predominantly rural population. Industry and service sectors are still in very early stages, only beginning to offer some jobs in some of the main cities and towns.

Table 2: Country Profile – Cambodia

Land Area	181,000 square kilometres
Number of Provinces/Municipalities	24
Total Population	11.4 million
Population Density per square kilometre	64
Total Fertility Rate	4.1
Annual Population Growth	2.49%
Infant Mortality*	104/1000 live births
Urban Population	15.7%
Life Expectancy (in years)	M 50.3, F 58.6
Male-Female Ratio	93:100
Literacy Rate	M 79%, F 57%
GDP per capita	US\$300*

*Source: 1998 population census and *UNICEF 2000*

According to the 1998 census, the total population of the country is 11,437,656, of which 999,804 reside in the capital city, Phnom Penh. Cambodia has a young population with children aged 0-14 years of age forming 42.8%. This is largely due to the death of a large number of adults, especially men, during the preceding twenty years of war. This fact is clearly evident in the sex ratio of the population. According to the 1962 census, the sex ratio was 99.9. This ratio drastically fell to 86 in 1980. Since then, it has been rising gradually, reaching about 93 in 1998. Even now, the sex ratio is very low (about 70) among people over 40 years of age. This skewed sex imbalance places an extra strain on what is already male dominated Cambodian society. With a surplus of women it also suggests that some men could readily seek to have multiple partners. According to the latest census, 14.2% of the country's population are in the age bracket of 20-30 years, the most sexually active phase of life, and another 11.8% are in the age bracket of 15-19 years, who are quickly catching with

sexual behaviours of their elders. These young people were born during and after the war in the 1970s and 80s.

2. Population Migration and Mobility

Cambodia has a very traumatic history in its recent past, beginning from the early 1970s and extending into the early 1990s. During the early phase of the war about a third of its population died due to mass killing and starvation and almost the whole population was displaced. Many people fled the country to seek refuge in Thailand, of which about half a million were granted resettlement in the USA, Canada, Australia, France and other countries. Following a UN-brokered peace agreement in 1991, the remaining 370,000 refugees returned home from the Thai border camps. A great many of these people, as well as others who stayed in the country, experienced trauma and disruption in their family and neighbourhood. Their tradition and culture were severely disrupted, including sexual and social mores. The resettlement and reintegration that took place after 1991 saw many people not returning to their place of origin (National Institute of Statistics 1998). Many of them resettled elsewhere, especially in the urban areas of Phnom Penh, Battambang, Siem Riep, Sihanoukville etc. Even today, a large number of people continue to search for a suitable place for living and move from Province to Province.

During 1991-94, a large contingent of about 24,000 UN peace keepers and other personnel came to Cambodia. Predominantly young men and without family, these peacekeepers played a crucial role in the social and economic life of Cambodia at that time. Along with the peace keepers and UN election organisers, a large number of Cambodian interpreters and support staff moved from place to place inside the country. This population attracted a large number of entrepreneurs with large entertainment venues opening and an expansion of the commercial sex industry. Thousands of Cambodian sex workers were joined by Vietnamese, Thai, Philippine and Chinese sex workers. This was a boom period for the Cambodian sex industry that had reportedly reached over 100,000 sex workers. There were red-light areas, entertainment places, special restaurants etc in almost all provincial towns. In addition, cross-border movements of people, traders, sex workers and sex seekers intensified, especially along the Thai-Cambodia border. Many foreigners and Cambodians as well used to cross the border to Thailand for sex services. Many Cambodian military, policemen, traders and migrant workers also availed themselves of the sex services in Cambodia and Thailand. As a result, transmission of sexually transmitted diseases, including HIV/AIDS, intensified during this period. The peace keepers were only one part of the mobility of the time that created a situation that was conducive to the rapid transmission of STDs, including HIV.

While the situation described above has significant bearing on the present day HIV/AIDS situation in the country, this report will concern itself with more contemporary issues of population mobility. The report covers both internal and external mobility and migration, as well as the risk situations by which the mobile and local populations become vulnerable to HIV/AIDS.

2.1 Internal and International Migration and Mobility

In the 1998 census, individual information was collected on birthplace, previous residence, and reasons for migration from the previous residence (National Institute of Statistics 1998). The census showed that 26.8% of the total population moved from their birthplace, with a much higher proportion in urban areas (56.6%) than in rural areas (21.2%). Over two-thirds (68.5%) of the population never changed their residence. This is higher in rural areas (73.7%) than in urban areas (41.1%). There was no significant gender difference in the mobility. Of the 31.5% of the population who lived outside their present residence, 58.8% moved within

the Province, 35.3% moved to another Province, and 5.9% moved outside Cambodia. The latter group were refugees in Thailand. Reasons for migration were as follows: 37.0% for family movement, 14.5% for employment, 13.9% for repatriation/return after displacement, 13.2% for marriage, 8.1% for movement of workplace, 6.0% for insecurity or natural calamities, 2.0% for education and 5.1% for other reasons. The census further identified that the migration stream was more from rural to rural areas (64.2%), than rural to urban (17.3%), urban to urban (12.3%) or urban to rural (6.2%).

The census does not capture many others who move from place to place for short or long periods, usually within the country but also abroad. The purposes of such movement vary greatly, but are mostly related to economic or work matters, such as migrant labourers, truckers, fisherfolk and seafarers, traders and businessmen, military and border policemen, students and trainees, and tourists and visitors. Human trafficking enters into the broad picture of movement as well. Among the international migrants, most of them travel abroad for employment. Cambodia has a long porous border with the economically much more prosperous Thailand. As a result, large numbers of people cross the border, often illegally. In recent years, Cambodia has joined other countries in the region as a labour exporting country, mainly to Malaysia.

2.2 Cross-border Population Mobility

Cambodia shares a border with two of its larger neighbours – Thailand and Vietnam - as well as a small segment with Lao PDR (Map 1). Both the Thai-Cambodia and Vietnam-Cambodia borders are long, with a difficult terrain in often remote areas with forest cover. They also contain areas of significant historical importance. The physical borders are no serious boundary to population mobility but the poor roads are a deterrent to large scale population mobility. Several border crossings have opened up with Thailand and Vietnam, mainly for trade and tourism. However, the size and characteristics of population mobility depend largely on political and economic factors between the countries and are described below.

Thai-Cambodia Border: This border had been the focus of many years of war and civil unrest and is still laden with thousands of landmines. Up until 1999, there were Cambodian refugee camps along this border. Since 1979, a total of 745,000 Cambodian refugees arrived in Thailand, of whom 510,000 returned home and 235,000 resettled in third countries (UNHCR 2000). Poipet-Aranyaprathet is the main crossing point between the two countries and thousands of people cross the border here for trade, tourism, work and other activities. Since the reopening of Poipet in 1992, it has swelled into a shanty town of 70,000 people. The opening of seven luxury casinos over recent times bears a stark contrast with the character of the town. Thousands of Cambodian commuters cross to work in Thailand every day, at the same time as several hundred Thais cross to work in the casinos. Despite the deterioration of the road from Poipet to the rest of the country, trade and business are still brisk and thousands of people are involved in transportation, day labouring, porting, trading, services and entertainment businesses. Several hotels have opened up in Cambodia and demand for the rooms is high. The town has one of the most active sex industries, involving both Cambodian and Vietnamese women and girls.

Koh Kong-Khlong Yai is the other important border crossing accessible both by sea and land. Fishing and logging are the two main economic activities, although the latter has slowed down in recent years due to bans on cross-border logging. Many migrant fisherfolk from all over the country converge here either to work in Koh Kong, or to work in Thailand. There is a casino here too. Like Poipet, this place is famous for its sex industry, frequented by Cambodians but also by Thais from the other side of the border. A third but potentially important crossing is at O'smach-Kab Cherng. Due to difficult road conditions, this place is

not so active for trade but remains the main link with northeast Thailand. There is a small but active sex industry here too. Overall the trend of population mobility on this border is Cambodians going to Thailand, although a significant number of Thais enter Cambodia for trade, tourism and gambling.

Cambodia-Vietnam Border: The 950 kilometres border is very porous, especially in the southern sector where many Vietnamese cross the border to Cambodia. The major land crossing between the two countries is at Bavet (Svay Rieng Province). About 300-400 people move through this border crossing daily (CARE 2000). Most people crossing are Vietnamese, many of who continue to Phnom Penh and other large cities. There are some traders in Bavet who buy and sell goods with the Vietnamese. In Bavet there are about 100 service girls. The other less active land border crossings are at Phum Krek (Kampong Cham Province) and smaller border roads in Takeo Province. In addition, the Mekong River provides an important waterway to go to Vietnam. All these border crossings are regularly used by large numbers of Vietnamese migrant workers, fisherfolk and entertainment workers who travel to Cambodia. Very few Cambodians cross over to Vietnam.

Cambodia-Lao PDR Border: Despite very close political relations between the two countries, transportation infrastructure remains underdeveloped, mainly due to a lack of profitable economic activities across the border. The main crossing point between the two countries is at Vuen Kham-Muang Khong border crossing, linking Stung Treng City of Cambodia with Pakse of Lao PDR. Other important crossing points are at Sralau and Ban Prai. It is widely anticipated that, following the upgrading of roads in the area, population mobility will increase to exploit the vast natural resources in the forest and fertile land.

2.3 Trafficking of Women and Children

Human trafficking has become an extremely serious problem in Cambodia in the past years, mostly internal but also across the border to Thailand. Needless to say, most of the subjects of trafficking are women and children, with linkages between trafficking and prostitution. It has been found that most of the Cambodian sex workers enter the business involuntarily (ADHOC 1999), either by deception, abduction or selling by 'friends', parents and relatives (see details in sex workers section). There are active networks of agents, pimps and brothel owners. This situation prevails for many girls and women working in brothels in Phnom Penh and other major cities and towns in the country.

In Poipet, some of the women described the process as follows:

- tricked by a trafficker who promised a good job but instead sold her to a brothel for 7,000 Baht;
- an agent contacted her in the village and, with her consent, paid 5,000 Baht to her parents that she is now paying back by working in the brothel;
- a soldier kidnapped, raped and then sold her to the brothel for 5,000 Baht (IOM 1999).

Trafficking of women for prostitution to the Thai-Cambodian border is concentrated around the areas where there is a border trade or fishing industry, such as Poipet and Koh Kong respectively, and perhaps at O'smach. The ADHOC and IOM reports contain several studies detailing trafficking of women into prostitution in Cambodia and Thailand. The IOM report also describes the situation of some of the Cambodian and Vietnamese women and children arrested for illegal entry into Thailand. Out of 107 arrested 40, or 37.4%, got help from the facilitators to enter Thailand. Facilitators take a 'fee' to arrange their travel and offer jobs and good income by simply begging in Bangkok. Some Vietnamese girls and women are also trafficked into Cambodia and some them to Thailand (see Vietnam report).

2.4 Specific Migrant and Mobile Population Groups

In this section we offer a short description and discussion of migrant and mobile population groups of importance in the country. This covers such basic issues as the ‘continuum of population mobility’ ie place of origin, mobility process, places of destinations and return and/or resettlement, and also exposure to HIV risk situations. This section can be read along with the section on the typologies of migrant and mobile populations, which is set out in table form in the following section.

(1) Sex and Entertainment Workers

The subdued sex industry of Cambodia received a big boost in 1991 with the arrival of 24,000 or more military and civil workers of the United Nations Transitional Authority in Cambodia (UNTAC), along with thousands of other foreigners providing services to them. The number of Vietnamese sex and entertainment workers multiplied rapidly, and they were joined by their sisters from Thailand, the Philippines and PRC. More and more Cambodian women entered the sex businesses during this period and commercial sex took a firm root in society. At present there are an estimated 10-20,000 direct sex workers in brothels and another 50,000 indirect sex workers (eg beer promotion girls, karaoke attendants etc.) (NCHADS 1999). NGOs and other independent sources put a higher figure at 100,000 or more. There has been some active debate over the number of Vietnamese sex workers in the country. In Sihanoukville, among 500 brothel based sex workers, 80% are Cambodians and 20% Vietnamese. Nationwide, the breakdown of Cambodian and Vietnamese sex workers could be similar to Sihanoukville, although in recent years there has been a marked reduction in Vietnamese women. In general, sex workers are very mobile and are often rotated from place to place by their owners. This is more common for the brothel-based workers than the indirect sex workers operating out of entertainment businesses.

Cambodian sex workers: There are some notable differences between Vietnamese and Cambodian sex workers. As discussed above, most of the Cambodian girls enter the sex industry involuntarily (ADHOC 1999). The ADHOC report cites economic and social problems as the main reasons for their entry into the sex business. Causes of voluntary entry, as mentioned in the report, were poverty, paying off debts, no job, no family support, being ‘broken hearted’ etc. This is a serious social problem in Cambodia today as families are broken and community support is very weak to cope with the situation. It appears that most of the sex workers originate from relatively poor Kampong Cham, Prey Veng, Svay Rieng, Kandal and Takeo Provinces. However, no concrete research has been done so far on this important issue. This is an area that requires more research to establish areas of concentration so that similar actions can be developed for long-term preventive and rehabilitation programs.

Vietnamese sex workers: The small but still very popular Vietnamese sex worker works in large cities like Phnom Penh, Battambang and Sihanoukville. Smaller numbers are seen in Koh Kong, Poi Pet, Kampong Cham, Pursat and Siem Riep. Many of these girls and women enter this business ‘knowingly’ to earn money for themselves and their family. They know the kind of work they have to do before coming, often through someone who had been in Cambodia, although there could be some gaps in the content of information. Occasionally, some Vietnamese girls are cheated or lured into prostitution against their will. While it is widely acknowledged that almost all Vietnamese sex workers originate from the Mekong Delta region in South Vietnam (CARAM 1999 & MSF 2000), no precise information is available as to whether there are some areas of concentration by District or Province. Qualitative interviews in Vietnam and Cambodia reveal that many of the girls come from An Giang Province but some are also from Can Tho, Kien Giang, Long An etc. This issue of ‘place of origin’ should be investigated further because knowing the definitive location is

crucial for the development of much needed long-term programming for the reduction of new girls entering into the sex business. It will also further strengthen the work of the Government and NGOs for the return and rehabilitation of the sex workers who are already working in Cambodia or elsewhere.

(2) Fisherfolk and Seafarers

HIV vulnerability of the fisherfolk in Koh Kong has been identified as an important issue (Chantavanich and Beesey et al 1999, Pramualratana et al 1996). The situation is much worse for the migrant fisherfolk such as Cambodians in Thailand or Burmese in Thailand (Paul and Chantavanich et al 1999). In a recent situation assessment at Koh Kong and Sihanoukville, a team of Cambodian researchers reconfirmed the situations as indicated above (UNICEF and CARE Cambodia 1999). While this latest assessment provided graphic pictures of the commercial sex industry and the seafarers, it failed to shed light on such important issues as the number of boats and fisherfolk, the number of sex workers, other groups of mobile population that interact with them and, more importantly, the HIV vulnerability of the local population. Thousands of Cambodian fisherfolk are very mobile in Cambodian waters, docking in at port towns Koh Kong, Sihanoukville, Kep etc. They too migrate to Thailand for better earnings (Chantavanich and Beesey et al 1999), and many of them work in Khlong Yai (Trad), Rayong, Chantaburi, Chonburi and as far as Pattani and Songkhla in the south. In Rayong alone, the provincial authorities estimate that there are up to 40,000 Cambodians (PATH, undated). The links between the fisherfolk and drinking and unsafe commercial sex, are well known, and HIV surveillance confirms high prevalence among sex workers in the various areas.

Cargo ship crews visit Sihanoukville and utilise sex and entertainment services there. It is also a place frequented by a large number of truck drivers and other transport workers, as well as thousands of local and foreign tourists many of whom avail themselves of the commercial sex services. Local men and women get entangled with this sexual network and this is clearly reflected in the high prevalence of HIV among the general population, eg pregnant women. A similar HIV/AIDS risk situation exists in Koh Kong where, in addition to the fisherfolk and sex workers, thousands of migrant logging workers, transport workers and the local population are heavily affected. In fact, HIV prevalence among pregnant women in Koh Kong is the highest for any Province in Cambodia (NCHADS, 1998).

One should also seriously consider investigating the mobility and HIV vulnerability of thousands of inland fisherfolk, including that of the Vietnamese migrants in the Tonle Sap and Mekong River. In the fishing ports of Krakor (Pursat), Kampong Chhnang, Kandal, Phnom Penh, Kampong Cham, Kampong Thom, Siem Riep etc. thousands of local and mobile fisherfolk gather. Many of these ports have thriving red light districts that could easily be visited by the fisherfolk.

(3) 'Uniformed Officials' and Demining Teams

One of the important aspects of recent mobility patterns is the mobility of thousands of 'uniformed officials' such as soldiers, policemen and other security personnel across the country, especially to the north and northwest. Often without family and working in difficult conditions, these officials have higher incomes than most other occupational groups. As a result, they avail themselves of opportunities to entertain themselves in restaurants and bars and often patronise sex workers. Some reports firmly suggest direct or indirect involvement of the 'uniformed officials' in commercial sex businesses and establishments. In others, they are given free sex services in exchange for the authorisation and security for the operation of the venues. Nationwide HIV sentinel surveys show that policemen have higher prevalence than the general male population (NCHADS 1998 and 1999) and, in some Provinces like Koh

Kong, it was as high as 21% in 1997. Similarly, military also have higher prevalence in most of the Provinces. The highest records were in Sihanoukville as 17.3% and 14.3% positive in 1996 and 1997 respectively (NCHADS). HIV prevalence is also high in Prey Veng, Koh Kong and Battambang Provinces.

'Semi-military' demining teams are also heavily implicated in the spread of HIV. Most of them are former military and work on clearing the minefields in various locations (CMAC Cambodia 1998). They too are involved in similar risk situations as those of the military and police, indicating an exceptionally high HIV vulnerability for a large proportion of young males. This is of some concern given that approximately 31,500 soldiers will be 'demobilised' over the next three years and reintegrated into civil society (IOM project document 1999). Like their counterparts in the active military, many of these people are HIV positive and will have difficulty adapting to a new work environment. In addition, it is very important to strengthen the HIV prevention activities in this population, as they will now be deprived of the specific HIV prevention activities of the regular military.

(4) Transport Workers

Although much of the road transport infrastructure of the country was damaged during the years of war, there has been a significant increase in the number of vehicles on the roads since 1996. According to a rapid assessment survey conducted by the NCHADS in late 1999 on Highway No. 1 and 5, HIV vulnerability along both roads is very high (NCHADS 2000). Road No. 1 connects Phnom Penh and Kandal with Prey Veng and Svay Rieng Provinces and ends at Bavet on the Cambodia-Vietnam border. Road No. 5 is a vital lifeline of the country, beginning in Phnom Penh and running through Kampong Chhnang, Pursat, Battambang and Banteay Meanchey Provinces, ending at Poipet on the Thai-Cambodia border. The assessment team has identified several Hot Spots along both roads and the existence of various direct and indirect commercial sex establishments at these locations. In addition to many karaoke, night clubs, restaurants, hotels etc. that provide indirect services, they located 27 brothels along Road No. 1 and 206 along Road No. 5, with a 'growing number' of sex workers. These places are usually frequented by truck drivers and their assistants and are of particular concern because of their work conditions, separated from family and community, relatively high income, and drinking behaviour.

Although not studied in the above assessment, informed sources indicate that a similar situation exists on Highway No.4 leading to Sihanoukville, Highway No. 6 to Siem Riep and Kampong Thom and Highway No. 7 from Kampong Cham to the Vietnam border. In all these truck or taxi stops, transport workers interact with many local as well as other mobile people, and thus the risk situation is not limited to drivers alone but all population groups.

(5) Traders

Trade and commerce in Cambodia is still run by individuals and families. This ranges from petty trading in the market and on the roadside to long distance marketing of goods within the country or across borders, particularly the Thai-Cambodia border. Many traders are very mobile whereby they travel to buy and sell their merchandise at different places. These people – both men and women – have very busy and stressful lives. Usually their earnings are good and, with a disposable income, they have money for rest and recreation. When they travel alone and spend nights with friends and acquaintances they are prone to get involved in drinking and sometimes visit sex workers. Some female traders, away from their family and living a stressful life, sometimes get involved in casual sex with 'friends'. In these situations their HIV vulnerability increases dramatically.

(6) Garment Workers

Garment factories are a booming industry in Cambodia, taking advantage of extremely low wages. There are a large number of garment factories, most of them located in Phnom Penh and Kandal, with a few in Kampong Som. This industry employs up to 100,000 full and part-time workers (Sophal 1999). Nearly 85% of these young workers are women (CARE Cambodia 1999). These young women and men come from the countryside in search of a regular income and a brighter future. They have little education and few skills to find alternative jobs. They usually earn about US\$ 50-80 a month but some earn as little as seven dollars. After paying for their lodging, food and other expenses, they have little in the way of savings, and little money to send home.

Away from family and the social controls of the community, these young women and men are confronted with the opportunity to change their social norms and behaviours. They have a fair knowledge of HIV/AIDS although the exact nature of progression of the disease is not clearly understood (CARE Cambodia 1999). Young girls are likely to develop sexual relations with boyfriends but, due to social and cultural norms, safe sex is not often practised. There are a number of karaoke bars near the garment factories. It is still unclear if or to what extent the young female factory workers are linked with the indirect commercial sex work in these venues. In any event, many of the young women are sexually active; some have had STDs but declined to go to a doctor's clinic, instead relying on quack medicine. There have been reported cases of unwanted pregnancies and resultant abortions. In sum, the influx of 80,000 young women to a city of one million people could be a cause of serious gender imbalance, affecting social and sexual behaviours in the communities where they live.

(7) Cross-border Migrant Labourers

Thousands of young Cambodians cross the border for employment in Thailand. During the 1996-97 registration of migrant workers in Thailand, 8.7% of 293,652 registered workers were Cambodians (Paul 1997). Based on this, it was estimated at that time that, out of a total one million, there could be up to 87,000 Cambodian migrant labourers in the country. This is almost equal to the number of garment workers in Phnom Penh and about 12% of the total workforce of Battambang, Banteay Meanchey and Siem Riep Provinces (Sophal and Sovannarith 1999). In Aranyaprathet and adjacent areas 2,500-5,000 daily commuters cross from Poipet for work and another 500-1,000 take up temporary jobs in agriculture (Chanatavanich, Beesey et al 1999). Most of these workers originated from neighbouring Banteay Meanchey, Battambang, Siem Riep, Pursat but also as far as Takeo and Prey Veng. The above study also suggests a total of 2,360 migrant workers in the Khlong Yai district of Trat Province. Kampot was the most common hometown followed by Kampong Cham, Prey Veng and Kampong Thom. The Cambodians work in various jobs such as fisheries in Trad, Chantaburi, Rayong, Chonburi and as far away as Pattani and Songkhla. Thousand of others work in agriculture and day labouring including commuters in the border Provinces such as Sakeo, Trad, Chantaburi and Surin. A recent rapid survey by PATH showed there are about 40,000 Cambodians in Rayong Province alone (PATH 1999). Many Cambodians also work in factories in and around Bangkok. As there is no organised labour recruitment system, most of these Cambodians remain undocumented and are therefore deprived of social benefits including access to the organised health care system (Chanatavanich, Beesey et al 1999 and Sophal 1999). There are many women and children in this group and at least some of the women are employed in sex and entertainment businesses especially in Khlong Yai (Trad).

The Asian financial crisis almost crippled the building industry in Thailand in 1997 and had an adverse affect on work opportunities for Cambodian labourers. A recent survey of 14 villages in Battambang showed that there was large reduction in the number of jobs available

for migrants (Sophal and Sovannarith 1999). Farming and porter's jobs on the border were not so affected. The subsequent policy of the Thai government to replace migrant workers not only led to a huge return of migrants, but also made workers more susceptible to harassment and arrest by Thai police. More seriously, more than half of those who remained on jobs were not paid, either as a result of being cheated by the employers or the collapse of the companies. Detailed behavioural surveys conducted in two border locations – Aranyaprathet and Khlong Yai – showed a lack of knowledge of HIV/AIDS/STDs among migrants, confirming the risk situation for the rapid transmission of the disease (Chantavanich, Beesey et al 1999). Another assessment at Khlong Yai was also supportive of the same findings (CARE 1999).

(8) Vietnamese Migrant Workers

In March 1993, just weeks before the UNTAC conducted elections in the country, hundreds of fishing boats were towed down the Mekong River under a UN naval escort, towards the Vietnam-Cambodia border. This flotilla of boats carried an estimated 30-40,000 ethnic Vietnamese fisherfolk and their families who were fleeing politically motivated ethnic violence against them (Minority Rights Group International Profile 1995). Many others are still living in the country and scattered along various parts of the Tonle Sap and Mekong Rivers notably Pursat, Kampong Chanang, Kampong Cham, Kampong Tom, Kandal and Phnom Penh Provinces. They are part of the large community of ethnic Vietnamese who have been living in the country for many generations. Most of these people live in floating villages and have their family with them. The exact number and the nationality of these people are an extremely sensitive matter in Cambodian government politics.

There are two other distinguishable groups of Vietnamese populations in Cambodia, namely, migrant construction workers and sex/entertainment workers. Vietnamese migrant workers comprise a large number of construction workers employed in house building and other urban development. They also work in bridge and transport infrastructure development. Numbered in thousands, this predominantly male populations work in Phnom Penh, Kampong Cham, Battambang and all other large Provinces. Only some of them have families with them, mainly those who have been living in the country for a long time. There are also Vietnamese blacksmiths, goldsmiths and other artisans. Among female workers there are many barbers, tailors and dressmakers. Vietnamese sex and entertainment workers are another prominent group of immigrants to the country (see sex workers).

(9) Foreign Tourists and Visitors

Like many other countries in the region, Cambodia has been actively promoting tourism for much needed cash revenue. The famous Angkor Wat, along with some other points of historical interest, attracts tens of thousands of tourists each year. There is, however, a special segment of tourists for whom the main attractions are cheap sex and entertainment services. Some East Asian sex tourists reportedly come to Phnom Penh and from the airport go straight to one of the popular red light areas to pick up the girl of their choice before checking into their hotel room. Tourists are among the main clients of many sex workers, particularly in Phnom Penh, Siem Riep, Sihanoukville and Battambang. As mentioned earlier, visitors to the casinos in Poipet and Koh Kong are important clients of the 'high cost' sex workers in those places. In addition to the usual sex-tourists, there is also a small but active group of paedophiles who prey on hundreds of young street boys and girls in Phnom Penh and Siem Riep. Some reports have indicated a link between resident expatriates and a paedophile ring abroad. The presence of 10,000 or so skilled and professional foreign workers (excluding Vietnamese) also has a direct and indirect bearing on casual and commercial sexual networking in the country.

(10) Hill Tribe and Ethnic Minorities

Khmer Leou or literally ‘upper Cambodians’ are small clans equivalent to Thai, Vietnamese or Laotian hill tribes. Concentrated in the mountainous northeast Provinces of Ratanakiri and Mondolkiri, which border Vietnam. They usually live on traditional ‘slash and burn’ agricultural practices. Trans-border migration of these hill tribes people is common, as they often do not recognise the border demarcation. Many communities may be affected by development over time. Entering into an unfamiliar world, they could be vulnerable to HIV through sexual transmission, or through injecting drug use if it gets introduced to their community.

3. Typology of Migrant and Mobile Populations

In this section we begin with a fundamental classification of population mobility and migration in the country, namely internal or domestic migration and mobility, and external or international migration and mobility (Table 3). The international migrants are then divided into immigrants, that is, foreigners entering the country and emigrants - (Cambodian) nationals going out of the country. This classification is very important for determining the legal status of the migrants, particularly that of the international migrants. International migrants are often divided into regular or documented migrants, and irregular or undocumented migrants, which is not considered in detail here as it is beyond the scope of this short report, but it does have implications for programming for international migrants. It should be emphasised here that there is a significant overlapping between internal and external migration especially at the cross-border locations where both groups converge. People who are internal migrants today may end up crossing the border and become international migrants. Similarly, some regular migrants may become irregular (often termed illegal in police records) through overstaying or losing their registration.

Table 3 also identifies migrant and mobile people by occupations. This is perhaps the simplest way to classify a population as they can be found at particular work-sites. But this is also considered over-simplistic in terms of HIV risk situation assessment. Most of the migrants are unskilled who tend to change jobs frequently. Many migrant labourers in Thailand started in construction work and then switched to agriculture or fisheries. Some women domestic helpers and retail workers changed to sex and entertainment workers. Although we find some strong correlations between occupation and HIV vulnerability, it is important to understand overall dynamics of migration and the risk situation associated with it. Migrants should also be classified by gender as there has been a ‘feminisation’ in Asia of many migration streams, and this includes Cambodia. There are gender implications for HIV vulnerability that are different for men and women.

Besides the broad classifications as described above, migrants could also be grouped into some of the following criteria, particularly in the ‘micro-analysis’ of the situations that are very closely related to their HIV vulnerability (Chantavanich, Paul *et al* 1999 & Chantavanich, Beese et al 1999):

- Age: very crucial as young people are more likely to get involved in risk situation;
- Marital status and accompanying family: marriage may not be so significant unless accompanied by family members;
- Duration of stay: often signifies integration with the host community;
- Living situations (stay with whom): single people are more likely to get involved in risk behaviours;

- Income level: higher income of men increased buying power of commercial sex but lower income of women increases their vulnerability to sell sex;

In Table 3 we attempt to provide some indications about the size of populations involved in individual occupation groups as well as some of the locations. This is by no means a complete list, as we didn't have all the relevant information. Nonetheless, we believe that this is a helpful guide on how to develop a complete list in a country that can be done by a knowledgeable group. Developing a complete listing will assist in the overall mapping of the situations (also see Hot Spots in the latter section). It will also help to prioritise population groups and locations, and development of comprehensive 'responses' for the situations.

Before describing the overall HIV risk situation of individual groups, attempts have been made to understand unsafe sex and injecting drug use of the people concerned. Although these specific risk behaviours put people directly at risk for HIV transmission, it is often found that the 'environment' in which people live, work and interact affects their behaviour. So it is very important to consider all these factors together and thereby explain the 'risk situation' of that particular group.

Table 3: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Cambodia

Migrant and Mobile Population Groups	Population Size	Geographical Locations	Risk Situation Assessment
A. Internal Migrants/Mobiles			
Road Construction Workers	**	Svay Rieng, Prey Veng and along Highway #5	**
Garment workers	***	Phnom Penh, Kandal, Sihanoukville	*
Students and Trainees	**	Phnom Penh and other big cities	*
Sex and Entertainment Workers	**	Many cities and towns, including border areas	*****
Male and Female Traders	***	Many cities and towns, especially Thai border areas	***
Road Transport Workers	***	Along Highway 5, 4, 1, 6, border crossings etc	***
Fisherfolk and Seafarers	**	Koh Kong, Kg. Som, other ports, including borders	****
Tourists and Visitors	**	Large cities, border and tourist destinations	**
State Officials	*****	All over the country, including border areas	**
Uniformed Officials and Deminers	****	All over the country, especially in the border areas	***
Private Sector/Businessmen	***	All over the country, including border areas	**
Street Children	*	Phnom Penh and cities, including border areas	**
B. Cambodian Emigrants			
Contract Labours Abroad	*	To Malaysia	*
Migrant Labourers	*	To Thailand	***
Migrant Fisherfolk	*	To Thailand	****
Migrant Sex Workers	*	To Thailand	*****
C. Foreign Immigrants			
Vietnamese Sex Workers	*	Many large cities	****
Vietnamese Construction Workers	**	Major cities	**
Tourists and Visitors	**	Mostly Asian in Phnom Penh and other cities	**

** The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology)*

4. HIV/AIDS Situations

The first HIV infection in Cambodia was identified in 1991, in a man donating blood at the National Blood Transfusion Centre in Phnom Penh. Even before that, eight more HIV cases were identified in the Khmer refugee camps along the Thai-Cambodia border, the first being in 1989 (UNBRO). Almost all of these earlier cases returned to Cambodia along with 370,000 returnees from the camps in 1991-92. In 1992, the first serological survey in selected sentinel groups showed HIV prevalence of 9.2% in sex workers and 4.2% in inpatients with sexually transmitted infections (STIs).

Since then, the prevalence of HIV infection among direct sex workers in the areas in which they were tested every year rose from 9.2% in 1992 to 42.6% in 1998, then dropped to 33.2% in 1999 (NCHADS). The comparable weighted prevalence in women attending antenatal clinics rose from 2.6% in 1995 to 3.4% in 1997 and then levelled at 2.6% again in 1999. Among policemen, it rose from 8.1% in 1995 to 10.2% in 1998 but significantly decreased to 4.7% in 1999. The prevalence of HIV also rose steadily in other risk groups, but the clear trend for many of these groups has been difficult to establish because of little continuity in testing and problems in achieving the desired sample sizes, especially antenatal clinic attendees.

4.1 Characteristics of the HIV Epidemic

HIV infection is now well established in Cambodia. In 1999, the HIV prevalence rates in direct sex workers were 33.2%, 'beer girls' 19.8% and freelance sex workers 16.7% (Table 4). HIV prevalence in women of childbearing age ranges from 0.0% to 8.0% with an average of 2.6%. The prevalence in police ranged from 1.3% to 24.0% with an average of 4.7%. This report also shows a prevalence of 1.8% in household males and 1.2% in household females (tested only five Provinces).

Table 4: HIV Seroprevalence Among Sentinel Groups in 1999(in percent)

Sentinel Groups	Lowest Prevalence	Highest Prevalence	Group Mean Prevalence
Direct Sex Workers	7.3	51.8	33.2
Beer Girls (Commercial Sex Workers)	6.4	29.0	19.8
Freelance Sex Workers	3.3	47.8	16.7
Policemen	1.3	24.0	4.7
Antenatal Clinic Attendees	0.0	8.0	2.6
Household Males	0.6	33.3	1.8
Household Females	0.7	2.3	1.2
TB Patients	2.2	18.8	7.9

Data source: NCHADS Cambodia

It is now very clear from these data that HIV has now spread to the general population in almost every Province and that the major mode of transmission is heterosexual sex. Symptomatic HIV patients and AIDS cases are now occurring in great numbers, indicating that the epidemic is well established. According to a WHO sponsored consensus report in

1999, there was a cumulative total of 240,963 HIV infections in the country, including 219,344 current infections. There was a cumulative total of 21,619 deaths, including 8,257 in 1999. HIV prevalence in adults (15-49 years of age) has reached 4.46%, the highest in any Asian country. The estimated male-female sex ratio of the prevalence of HIV infection in blood donors was 1.6:1; the International Organization for Migration (IOM) testing was 3:1; and reported AIDS cases at Calmette Hospital was 2:1 prevalence. However, based on 1999 sentinel surveillance data, it was estimated that the current HIV could be slightly lower than the previous estimates ie. 170,000, an issue that require further analysis.

4.2 Geographical Distribution of HIV/AIDS

Although HIV/AIDS is prevalent throughout the country, there are some important features to be noticed. First, from the earlier seroprevalence data it is evident that the epidemic started along the Thai-Cambodia border. In 1996, the data show that the HIV prevalence among sex workers, policemen and other sentinel groups in Koh Kong, Bantey Meanchey and Battambang were much higher than the national average (Paul S, based on data from NCHADS). These Provinces had intense population mobility during 1991-1994, which includes the return of refugees, UNTAC and other foreign populations, entry of Thai traders, sex and entertainment workers, and movement of Cambodian traders and sex workers to the border Provinces, including entry into Thailand. Although mobility had reduced to some extent in 1995, this area still has much more mobility than rest of the country. Both Poipet and Koh Kong are the two most active border towns in the country, with large sex and entertainment businesses.

Table 5: HIV Prevalence in Selected Sentinel Groups

	Sex Workers			Pregnant Women			Policemen		
	1996	1997	1998	1996	1997	1998*	1996	1997	1998
Koh Kong	51.1	52.0	41.0	5.3	19.5	6.0	14.3	21.0	25.8
Battambang	58.3	47.1	53.3	4.4	4.0	3.3	11.6	8.7	5.3
B. Meanchey	54.5	58.7	54.0	1.7	3.8	0.2	11.8	n.a.	10.0
Sihanoukville	51.5	n.a.	57.3	2.1	2.9	3.5	13.7	n.a.	11.8
Phnom Penh	41.6	44.4	61.3	3.2	0.8	3.8	5.2	n.a.	8.7
Svay Rieng	36.2	23.9	25.0	0.9	0.9	2.5	0.0	5.0	0.7
CAMBODIA	40.9	39.8	42.6	1.7	3.2	2.4	5.5	6.0	6.2

**Married women, not necessarily pregnant; n.a. = no survey/no data; Data source: NCHADS*

In contrast, Provinces along the Vietnam border did not show a rapid rise in HIV prevalence. Phnom Penh and Kampong Som showed higher prevalence but these are the major cities, with large numbers of mobile populations along with many sex and entertainment services.

4.3 HIV Risk Situations in Relation to Migration and Mobility

The detection of the HIV/AIDS epidemic in Cambodia coincided with the sudden influx of thousands of foreigners into the country in 1991, along with the return of 370,000 refugees from the Thai-Cambodia border. During 1991-94, population mobility was very intense throughout the country, especially in the northwestern Provinces bordering Thailand. The mobility involved UN peace keepers and civil officials, Cambodian police and military, traders and businessmen, returnee refugees, migrant workers, state officials, transport workers and sex and entertainment workers. This situation resulted in the rapid transmission of the disease in Banteay Meanchey, Battambang, Koh Kong and Siem Riep. HIV sentinel surveillance in 1996 and 1997 confirms that the prevalence was much higher in these Provinces than the national average (Table 5). Military, policemen and deminers – all of whom are very mobile – had very high sero-positivity. Among women, antenatal clinic attendees, who usually reflect the general population, prevalence was significantly higher in Koh Kong and Battambang. Local people in these border Provinces constantly interact with large numbers of mobile people passing through their area and thus are becoming part of the overall HIV risk situation. Both local men and women get involved in it through casual and commercial sex. Koh Kong is also a home of thousands of fisherfolk who are very mobile and often engage in high risk situations. HIV serosurveys of Cambodian (and others) fisherfolk in Thailand show a prevalence rate of 20.2% in Khlong Yai, Trad (Entz 2000). This is an alarming sign indeed but the situation is equally serious among pregnant women where, for four consecutive years in 1995 through 1998, more than 10% (range 9.1 – 12.0%) of pregnant Cambodian women were found to be HIV positive (Chantavanich S, Beesey A *et al*).

HIV prevalence is very high in Phnom Penh and Sihanoukville – both of which have very high numbers of migrant and mobile populations that include Cambodians and foreigners. HIV prevalence remains very low in secluded Provinces such as Stung Treng, Kampong Thom and Mondol Kiri. But contemporary population mobility and HIV transmission has expanded beyond the high risk groups and now is spreading among the general population. Mobility still seems to play a major factor in pushing people into high risk situations.

4.4 Hot Spots for Mobile Population and HIV/AIDS

Beyond doubt, it has been accepted that a large number of mobile populations – both internal and external – have a very strong bearing on the transmission of HIV/AIDS in Cambodia. As shown in the typology of mobile populations above, many of these groups interact among themselves or, in another words, they become part of the risk situation at a location. It is therefore crucial to identify locations with significant numbers of mobile populations as well as risk situations for HIV transmission, thus the so called Hot Spots. A well designed mapping of Hot Spots of the country will assist the government and other agencies to prioritise projects and develop integrated programming. Table 6 provides a guide on how to develop a Hot Spots list (also see Map 4), ascertained here from focus group discussions and other consultations with government and NGO representatives. Each of the sites has a brief description of people involved, with an overall measure of risk situations, determined from known behaviours, size of population groups and sex industry (see Methodology). This table should be updated and discussed among knowledgeable people in the country before being put as a priority list.

Table 6: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Cambodia

Hot Spots	Population Groups Involved	Pop Size	HIV Risk Situations
Poipet/Sisophon	Traders, transport workers, migrant labourers, sex workers (inc. Vietnamese), tourists, state officials, uniformed officials	***	*****
Koh Kong	Fisherfolk, sex workers (inc. Vietnamese), traders, state officials, uniformed officials, IDUs, transport workers, local populations, migrant labourers, tourists and visitors	**	****
O'smach	Traders, sex workers, migrants, uniformed officials, transport workers	*	***
Battambang	Transport workers, traders, uniformed officials, mostly sex workers, students, tourists, migrant labourers	****	***
Siem Riep	Transport workers, tourists, traders, uniformed officials, sex workers	***	**
Pursat	Transport workers, loggers, traders, uniformed officials, sex workers (inc. Vietnamese), lake fisherfolk	**	**
Kampong Chhnang	Transport workers, traders, uniformed officials, sex workers, lake fisherfolk	**	**
Phnom Penh	Transport workers, traders, uniformed officials, sex workers (inc. Vietnamese), students, tourists, garment workers, street children	*****	****
Kandal	Transport workers, traders, uniformed officials, sex workers (inc. Vietnamese), migrant workers, lake fisherfolk	***	***
Prey Veng/Nak Loeng East	Transport workers, traders, uniformed officials, sex workers	**	**
Svay Rieng/Bavet	Transport workers, traders, uniformed officials, sex workers (inc. Vietnamese)	*	***
Kampong Cham	Transport workers, traders, uniformed officials, sex workers, migrant workers, lake fisherfolk, students	****	**
Sihanoukville	Fisherfolk and seafarers, tourists, transport workers, traders, uniformed officials, sex workers (inc. Vietnamese)	***	***

** The number of asterisks proportionately signifies population size or severity of risk situations.*

5. Discussion and Conclusion

HIV/AIDS has taken deep root in Cambodia and coincided with a time of widespread movement in the country. Prior to the elections of 1992, the UN peacekeeping mission (UNTAC), with a large number of mobile civil and military personnel accompanied by thousands of other foreigners who provided service, logistics and entertainment, entered the country. Thousands of Cambodians also moved to work with UNTAC, NGOs and private businesses companies. The country itself was then going through the last phase of almost twenty years of war that caused massive displacement of population, and bruised social and cultural identities. Thousands of local military and police personnel and demining teams were a common scene everywhere, almost all of them without family with them. This was also the time when 360,000 refugees from Thai border camps returned home. Overall, this was a period of massive population mobility of both locals and foreigners, including mobility to and from Thailand where the epidemic was already entrenched.

Commercial sex became widely available with mainly Cambodian girls and women, but also there were Vietnamese, Thai, Filipino, and Chinese women. Almost all provincial cities and many large district towns had direct and indirect sex venues. Knowledge and preventive measures for HIV/AIDS were totally lacking. The incidence of STDs increased dramatically and HIV positive cases began to emerge mainly from the blood donor screening. Since then population mobility has continued to play a crucial role in the rapid transmission of HIV in Cambodia.

After UNTAC's departure, Cambodia has a markedly different set of migrant and mobile people consisting of transport workers, traders and migrant labourers. Mobility of 'uniformed officials', demining teams and state civil officials is common everywhere. There are thousands of migrant garment and factory workers and students in Phnom Penh. Fisherfolk and seafarers' activities increased in the coastal areas as well as those involving the Thai fishing industry. Sex and entertainment workers, particularly 'beer girls', have increasingly become common phenomena. Most population groups have particular patterns of HIV vulnerability. Risk situations occur where there is interaction between the different groups as well as with local populations. Cambodia today has the highest HIV prevalence in Asia with an adult infection rate of 4.04 % and about 220,000 HIV positive people (UNAIDS 2000).

It is through the commercial sex industry that HIV has spread rapidly. A range of people, including many mobile or migrant people, are regular clients of sex workers. And up until the present, most sex workers do not have access to proper medical check-ups, including STD treatment. Condom use is only beginning to improve in some places. In addition, sex workers are constantly rotated from one place to another by their 'owners' and thereby carry disease to different areas. Overall, uncontrolled, and perhaps 'unhygienic' commercial sex has played, and still is playing, a key role in the transmission of HIV.

Among the male clientele, 'uniformed officials' are the largest group of people involved in HIV risk situations. Their job assignments, income, and authority place them in a very commanding position to exploit all forms of entertainment services and, in the process, they make themselves vulnerable to HIV transmission. Of course, many of them did not have prior knowledge of the disease and prevention measures. Ironically, many of these uniformed officials are involved in operating entertainment businesses that include sex services. Some state officials and private sector employees, particularly those who travel outside their home, also avail themselves of entertainment and sex services. They too are vulnerable to HIV risk situations.

Because of their special working conditions, living environment and social status, fisherfolk are deemed to be highly vulnerable to HIV. The subculture that has grown up around fisherfolk and ports, characterised by drinking in bars and low-cost commercial sex venues nearby, leaves them susceptible to STDs and HIV. It may be similar for seafarers but the culture may vary, they may be more informed and less willing to take risks. Similarly, transport workers and traders, especially those who travel long distances, can also be highly vulnerable. In each of the truck stops, there are facilities for 'sexual release' and many transport workers avail themselves of such opportunities. Because of their mobility, transport workers, fisherfolk and seafarers are vulnerable to HIV infection and then spreading HIV elsewhere, especially to their spouses or girlfriends back home.

Garment workers and migrant students in Phnom Penh, although very large in number, are vulnerable, but in different ways and not to the same degree. Being away from home and without social controls, these young people may engage in casual sexual relations and some men will also visit sex workers. The problem lies with the women as much with the men, in the sense that they need to have the means to protect themselves. They need to be able to reject sexual advances or to negotiate safe sex. Both can be difficult. There is, mainly anecdotal, evidence to suggest that some female garment workers or students, are also involved in commercial sex. Such situations are known to have occurred in Thailand and Japan and it is likely that many young women, at a time of rising consumerism, will be tempted by the financial rewards and pseudo glamour of sex work.

Finally, the HIV epidemic in Cambodia is linked with massive population mobility before and during the UNTAC period. And now those links are mainly with different mobile population groups. Like elsewhere, many of the mobile population groups in Cambodia, such as fisherfolk, transport workers, uniformed officials, traders and businessmen, are involved in high-risk situations. Available HIV testing of fisherfolk, police and military personnel strongly supports this assertion. Considering the increases in population mobility, it is of the utmost importance that they be incorporated into the mainstream HIV/AIDS programming in the country.

C. Country Report: Lao People's Democratic Republic

1. Country Profile

As a landlocked nation isolated from the market economy for many years, the Lao People's Democratic Republic (Lao PDR) has suffered from limited progress. Even after a decade of economic growth, with GDP growth averaging more than 6%, it still faces many problems of development and has been ranked at 140 on the Human Development Index (HDI), a ranking of the social and economic well-being of 178 countries. Significant improvement in recent years of some social and economic indicators has been set back by the financial crisis. The crisis indirectly caused severe inflation and a devaluation of the kip from 720 kip to the dollar to currently approximately 7,000 kip to the dollar.

The Lao PDR has a relatively small population of 5.2 million people with approximately only half living in the lowlands, who are mostly ethnic Lao PDR, with the remainder in the midlands or highlands. Thus, much of the population continues to live in traditional ways that are not integrated into Lao lowland society. Many communities are in remote areas of the country but development is now, or will be, bringing more communities into the expanding market economy and the administrative controls of the government.

Table 7: Country Profile – Lao PDR

GNP per capita	USD385
Population	5.2 million
Urban population	20%
Annual population growth	2.4%
Life expectancy	53.2
Total fertility rate	5.7
Maternal mortality ratio reported 1980-98	65
Adult literacy rate	60.2%
Population density per square kilometre	19.4
Number of Provinces	18

UNICEF 1998; UNDP 1998

The Mekong River runs much of the length of Lao PDR, demarcating the boundaries of Thailand and Lao PDR. Prior to the French and Thai negotiations in the 1890s, rather than being a border, the river ran through the centre of one culture. Thus, northeast Thailand shares the same culture and language as people across the border in Lao PDR. In 1975, the nation became the Lao People's Democratic Republic, aligning with the Vietnamese and being drawn into the Chinese sphere of influence. This caused a severing of relations with Thailand and other nations. Rapprochement has only occurred since the late 1980s, after the Cold War and a shift into market economy principles of development. Lao PDR now finds itself in the position of being sought after for its resources and its highways that dissect the country and link surrounding countries. Road networks already exist that link Thailand to China and Vietnam, and China 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, particularly roads.

Thailand is exploiting Lao PDR for its resources, notably through hydroelectric power projects and logging. Lao PDR stands to gain much needed foreign exchange earnings for decades to come but is dependent on the Thai economy recovering and continuing on course. The down side of development also needs to be balanced against these earnings, which is, of course, difficult in a country where civil protests against environmental or social costs of development are prohibited.

Lao PDR is now opening its doors to the world, albeit carefully. As a country with much poverty and limited infrastructure, up until the present, a cautionary road to development would probably be advisable. While the Party in Lao PDR is cautious, some of its members, or those outside the Party, are willing to throw caution to the wind. The financial crisis affected those on government salaries most of all and they will be hoping to see greater economic prosperity through further development.

2. Migration and Mobility

In order to cover as much of the country as possible within a perspective that includes the major regions and mobile groups, the following discussion is divided into three sections:

1. the Thai-Lao border Provinces, which are the western Provinces of the country and the most populous areas;
2. the Northern region, which is designated as the northern corridor here, as it is part of a ring road linking four countries and borders four countries; and
3. the East-West corridor, which is Route 9, a major area of development and, for the purposes of this discussion, includes areas further to the south

Vientiane is included in the Thai-Lao border, but further on in the text is situated in its proper location of the central region where it is discussed along with Louang Prabang.

2.1 The Thai-Lao Border Provinces

Lao PDR has ten border Provinces with Thailand stretching for 1,835kilometres. The Mekong River forms the border for much of this area. The first bridge to span the Mekong was built in 1994, at Nongkhai-Vientiane. The most noticeable expansion was increased trading, bringing many traders and truckers to the area. The number of heavy vehicles in the area increased dramatically. Another area of expansion is Nongkhai itself with an influx of tourists – Thai, Lao, and foreigners (Paul 1998). The second bridge was completed this year in Pakse, Champasak, where the Mekong does not form the border but flows into Lao PDR. Another bridge is under construction at Mukdaharn-Savannakhet, connecting the East-West corridor to Thailand. These are the three major urban centres in Lao PDR, all on the Mekong, namely Vientiane with a population of 250,000; Savannakhet with 130,000, and Champasak with 109,000, all bordering northeast Thailand. A fourth bridge is planned for the other major crossing, this time bordering the north of Thailand, Chiang Khong in Chiang Rai, which borders Houayxai, Bokeo Province.

For the total length of the border with Thailand, Lao people readily cross into Thailand for work, trade, visiting friends or relatives, religious/seasonal festivals and sightseeing. In Savannakhet, 7,500 crossed the main checkpoint in 1997 for festivals, with the majority crossing in October. Border officials may be less strict at times of such festivals. Lao people

can get a three day pass and, sometimes, month-long passes. However, in practice, many people cross whenever they like, with police having difficulty detecting who is Lao.

2.2 Farming in the Lowland Border Provinces

Most of the produce cultivated in Lao PDR comes from the fertile Mekong lowland area. Much of the farming is still subsistence farming, which provides little in the way of income or jobs. Thus many people are lured to Thailand for work and earning good money. However, the devaluation of the kip has made Lao farm products more attractive to Thailand creating a lucrative, mostly informal, trade for many Lao farmers. Men are now returning to the farm rather than relying on a government salary, which has depreciated significantly in real terms. They are also reportedly selling their land to purchase more farm machinery (ADB report 054/99). Rural electrification and irrigation in rice fields is also being improved, motivated in part to stem the flow of people to Thailand. With farming more profitable, it should help to make the enticements of travelling to Thailand for work less desirable. So far, there is little evidence to demonstrate a significant shift.

It has been suggested that, since the early 1990s, mechanisation has reduced the workload for men and thus they are out seeking work, resulting in a feminisation of the farm workforce. This appears to contradict findings elsewhere, the authors state, including Thailand, where mechanisation, while perhaps lessening some of the hard work of men, served to displace women almost entirely (Jerndal & Rigg 1999). This is cited as a case of uneven impact on gender in the face of modernisation, and it is claimed that the result is a “subsidization of the reproduction of the non-farm workforce by women’s subsistence production” (Trankell 1993 cited in Jerndal & Rigg 1999). However, given the dynamic of change, this analysis may be becoming redundant or will at least need to be refined in the light of the impact of the financial crisis.

2.3 Emigrant workers

Many of the people crossing are young people. Perhaps some are more interested in the experience than the work, but at the same time potential earnings are certainly higher than in Lao PDR. One estimate suggests that over 30,000 young people from Savannakhet may have taken illegal jobs in Thailand (UNICEF 1998). Another report cites a total of 100,000 Lao workers in Thailand (The Nation 4/22/99).

The numbers seeking work in Bangkok and other centres has diminished due to the financial crisis but it does not appear to have had a significant impact on the numbers crossing for work in the border areas. In Mukdaharn, across from Savannakhet, girls and women can find jobs in restaurants or in private homes. Keeping a low profile with restaurants having a mix of locals and Lao PDR the police may not be bothered. And here thousands of men, through established networks, are returning to Thailand to find work despite the financial crisis (Lyttleton 2000).

For those working in the fields in Thailand, sometimes accompanied by family or friends, earning 60 or 70 Baht a day, the urge to go and spend and partake of the nightlife may not be strong. They experience minimal social disruption being away for a relatively short period and not very far from home. Others, however, men or women, may find themselves in occupations that encourage risky behaviours or they may find entertainment services as a distraction or ‘reward’ for their hard work, or their loneliness.

2.4 Trafficking

Many Lao women have worked in the Thai sex industry and Thailand has been the main destination for women trafficked into the sex trade. The numbers may have reduced in recent years due to police crackdowns on migrant and underage prostitution in Thailand, effectively reducing the number of brothels. However, trafficking is still likely to occur for prostitution in Thailand or using Thailand as a transit for other countries, as well as trafficking for other types of work.

ARCM has conducted a study of children being trafficked into Thailand for the worst forms of child labour. They found Thai recruiters operate in Lao PDR hiring young men for various kinds of work including fishing in the south. Two young men were only 15 when, in 1999, they were lured to work on a fishing boat as bonded labour for a minimum of six months. At the same time young women may be recruited for sex work in the South. From time to time migrants without identity cards are caught by the police and repatriated. However, the number of those being trafficked against their will or deceived to work in abusive situations is relatively small (Wille 2000).

2.5 Corridors of Development

The Northern corridor and the East-West corridor are the avenues in which trade can expand between the growing economies of China, Thailand and Vietnam. Cambodia, Lao PDR and Myanmar can also benefit from this expansion through trade but also through tourism, which can utilise the same roads and general infrastructure. Without the upgrading of roads limited expansion can occur. Thus, finance from the ADB, from Japan and other sources is driving the upgrading of highways throughout Lao PDR. The ADB has established a USD 20 million loan for rural access roads.

Route 13 is the major highway. Travelling from the China border in the far north, the road runs parallel to the Mekong River until it is dissected by Route 9 in the south, the East-West corridor, and then continues to Champasak and the Cambodian border.

(a) The Northern Corridor: The northern corridor fits into a plan conceived of in the early 1990s of the Economic Quadrangle – the area of the Golden Triangle – the meeting of Lao PDR, Thailand and Myanmar, and then Yunnan not far away as well as North Vietnam. This area was seen as a ‘natural’ area of trade where caravans of trade and exchange have occurred for centuries. In this northern region there are several routes that provide a network of trading of Thai, Vietnamese and Chinese goods, but includes Lao goods and some from Myanmar. One of the major routes for goods is from Thailand, Myanmar, or Yunnan by river to the Pak Beng port on the Mekong. Goods can then be freighted by road to Oudomxai town, the most used route, or they can go further up river to Louang Prabang. Oudomxai is currently a growth centre of the northern region, being the conduit for goods travelling through and around the north.

Oudomxai is the only Province in Lao PDR with only a small international border. However, Route 13 passes through Oudomxai, where it forms an intersection of three international connections. The main road continues through Louang Namtha Province and to China, while another highway goes north through Phongsali Province to Vietnam. The third road is the southern route to Pak-Beng, an increasingly busy port situated almost midway between the river connections of Louang Prabang and Huay Sai, in Bokeo Province. Xaignabouri is the other Province in this region and shares a long land border with Thailand. Louang Prabang adjoins Oudomxai Province and to the south is Vientiane. These two Provinces demarcate the northern section of the central region of the country.

Today, Lao traders ply their trade across the border in China and purchase goods to sell in Lao PDR. They can readily operate in the southern reaches of Yunnan where Tai is the common language for most of the population. Chinese cross into Lao PDR here as well where they have been building roads since the 1950s and have established many businesses, including hotels, in recent years. In 1999, they constructed a dam for hydroelectric power transmission to Yunnan but it also served to electrify Oudomxai.

On the other hand, it is reported that much of the future growth will be supported by Vietnam (UNICEF 1998). The road north to Phongsali is also being upgraded. Eventually, this road could be upgraded through Vietnam to Hanoi. Vietnamese investments must compete with those of Thailand and China and competition between the three continues.

Industry in Oudomxai and Louang Namtha attracts people from other Provinces, especially Phongsali and Huaphan where there is limited farmland and limited jobs. The garment factory in Louang Namtha provides work for locals and people from such Provinces. In 1997, there were three timber mills in Oudomxai and 60% of logs were destined for export (UNICEF: 70). One mill employed 80-100 Lao labourers. In the early 1990s Thailand constructed a number of mills in the north, dominating the timber industry. At this time however, the rate of logging supervised by Thai investors was more intense in the central and southern regions of Lao PDR. The timber industry is a major employer throughout much of the country with exports not only to Thailand but other surrounding countries.

(b) Resettlement: There are other important mobile population groups that are not considered here in any detail, namely, communities that have to be relocated for infrastructure projects; crop stabilisation projects for slash and burn agriculturalists, or for the reduction of opium cultivation; and relocations to bring communities closer to services. These can involve large populations. For example, for one dam 4,500 people may be relocated (see below). There are proposals in Oudomxai for relocation of almost 500 villages. Extensive resettlement programs have already occurred, and the urgency in which they have been implemented has led to dire consequences for some (UNICEF 1998). Other populations include the more than 20,000 voluntarily repatriated people who migrated to Thailand and China before and during the communist takeover in Lao PDR.

(c) The East-West Corridor: The East-West corridor is in the southern region of Lao PDR, running along Route 9, which dissects Route 13 at Savannakhet. The road joins Vietnam and Lao PDR and, with the completion of a bridge across the Mekong at Mukdaharn, will extend to Thailand. There are plans that this highway can then cross the span of Thailand meeting the Myanmar border at Mae Sot, in Tak Province of Thailand with the ultimate destination being Rangoon.

In Vietnam, Route 9 leads to ports in Danang or Vinh, but also links up with Highway No.1 in Vietnam. The area is far removed from any capital cities or major centres. The level of poverty is reported to be among the highest in mainland Southeast Asia, and is reflected in the lack of schooling with approximately 50% of children not attending school (Chamberlain 1999). Changes have occurred over recent years to alleviate the poverty but further changes are severely restricted due to the lack of access roads. With the development of Route 9 and, most importantly, feeder roads linking villages to the highway, it is thought that significant changes can be made in the standard of living of what are the predominantly Mon-Khmer communities but include other ethnic groups. The ADB is funding a portion of the road and the Japanese government the other portion, and construction is expected to be complete by 2003 or 2004 (Vientiane Times 1/6/2000). Electrification is occurring along the length of the road and should be complete soon, supplying only those villages near the road (Chamberlain 1999).

Savannakhet Province runs from Vietnam to Thailand and is the largest Province in Lao PDR. The municipal centre is Khantabouli, an old town dating back to the French administration of 1895, opposite Mukdaharn. North of Savannakhet and Khammouan there is another route to Vietnam, which is also plied by many trucks and is a closer route to reaching the port of Vinh and, to the north, Hanoi. Route 13 is also being upgraded between Champasak and Savannakhet and a bridge has been built over the Mekong at Pakse. There are a number of mine sites in these southern Provinces as well as dams, which have been, or are about to be, built.

In Savannakhet, at least until the financial crisis, there has been a rapid growth of factories with a total of 1,552 by 1997. Factories have also been established in rural areas, with the view of having local employment, and as an incentive to work in Lao PDR rather than going to Thailand (UNICEF 1998). The biggest single investment is a Thai investor in a garment investment factory, \$10.95 million, and the second is an Australian gold investment of \$5 million. Thailand comprises 45% of total investments, Australia 15% and China 15% (Chamberlain 1999). But, for the whole southern region, the biggest investment is the construction of dams for hydroelectric power.

In November 1999, the Thai, Lao and Vietnamese transport ministers signed an agreement to ease the flow of goods and people with Route 9 as the key transport route (ADB News Release No.116/99). Trade in this area is seen as doubling over the next decade with another doubling in the following decade. The ports are relatively close to Northeast Thailand, providing a new source of revenue from agriculture and manufacturing.

(d) Hydroelectric Power: Three large dams are now producing electricity and at least three more are proposed, with most in the south of the country. These dams are expected to bring immense profits to Lao PDR through the sale of electricity to Thailand in particular, but also to Vietnam. The expected profits will be extensive but have now been scaled down due to the financial crisis, which curtailed demand for electricity in Thailand. However, demand has now increased to 1997 levels. The first large dam to come online was Nam Theun 1 in Khammouan Province, in April 1998 (Bangkok Post 3/5/2000). In 1999 the Nam Leuk in Vientiane came on line and so did the Houay Ho in Champasak and Attapeu Provinces. This capacity will be boosted by a US\$1.1 billion deal for 920 MW, which will more than double the existing program after the Nam Theun 2 comes online in 2006. Construction will commence in 2002 (Vientiane Times 30/5/2000).

Nam Theun 2, also in Khammouan Province, is the largest and most controversial of the proposed or operating dams. There have been concerns over the economic feasibility given the huge construction costs involved and the displacement of 4,500 people. The Nam Theun 2 Electricity Consortium (NTEC) reports that 880 families in 22 village community groups will be displaced, and the International Rivers Network suggests that a further 40,000 could be significantly affected by increased flooding and reduction in fish species (NTEC Web Site, IRN 1999). Two of the three dams proposed for further development are in this region.

Those being resettled are mostly ethnic minorities. For the Nam Theun 1 project, out of a total of \$260 million project budget, only \$50,000 was allocated for resettlement. This was quickly found to be inadequate and, after sustained lobbying by NGOs, greater compensation was negotiated. Consultations with local representatives were lacking, and for the Nam Theun 2 and other dams consultations are reported to have been inadequate (IRN 1999).

The construction phase is also a cause for concern with relatively large workforces of men required for protracted periods of time. The workers employed are often skilled workers from Thailand or South Korea and unskilled workers from China and Vietnam. An increase in

STDs and social disruption in the community, due to relations between workers and local women, has been reported during the construction of a dam in Attapeu (UNICEF 1996).

2.6 Specific Mobile Population Groups

(1) Sex workers/service girls

It is not always easy to identify sex workers in Lao PDR given that, generally, the sex trade operates clandestinely and services are indirect. Thus the term ‘service girls’ is often used to denote those working as hosts in clubs or bars or serving drinks in restaurants or in drink shops, where the customer may negotiate to meet the woman afterwards. Many of these women may not provide any sexual services and, of those that do, some may not request remuneration and may not consider it prostitution. On the other hand, there appears to be a growing number of establishments where sex can readily be negotiated, and thus sex workers can be found in all border regions, in the major towns, in the north, and along the East-West corridor.

Chamberlain provides three categories of establishment that may provide sexual services and lists the most common customers and these are listed in Table 8.

Table 8 Establishments that provide sexual services, and their customers

Establishment	Customers
1. Roadside small beer gardens	Construction workers, truck drivers, townsfolk
2. Restaurants/large beer gardens	Businessmen, government officials
3. Nightclubs	Businessmen, government officials

In the north, women working as service girls may come from some of the ethnic tribal groups in the highlands but are also from the lowland Lao, and Chinese women can be found in some venues (Chamberlain 2000 UNICEF 1998). Interviews from one study also revealed that they came from nearby Provinces; were aged between 15-22 (average 17-18); had completed at least 5th grade; had little awareness of AIDS; condoms were used at the discretion of the man; they received a commission for beer sold so they may drink copious amounts themselves; they are free to not go with a man; (Chamberlain 2000).

In Luang Prabang and Vientiane there are large numbers of sex workers, especially in Vientiane, where they are said to be almost all lowland Lao (Chamberlain 2000 NCCA 1998). There is some rotation of sex workers between these two sites but Louang Prabang and Wong Wien in Vientiane Province are said to be source communities for many women in the sex industry, particularly in Savannakhet and other areas of the south. A report in the Vientiane Times (17/1/98) stated that there were 300 ‘waitresses’ in restaurants and nightclubs in Savannakhet Province (UNICEF 1998). Sex workers are known to move between Pakse, Khantabouli and Khammouan, travelling along the Mekong.

Vietnamese women are available in Khantabouli Township and other sites in the Province including Daen Savann on the Vietnamese border. Vietnamese tourists, businessmen and truck drivers converge here and form a community with established residents. There is also a community of Vietnamese to the north, in Khammouan Township in the next Province. Karaoke bars provide hostesses at venues in this market area. The Vietnamese sex workers usually come from Danang in Central Vietnam.

In Thailand, in Nongkhai, Lao women operate as freelance sex workers in hired rooms. On the outskirts of town and further away, restaurants that provide entertainment hire young Lao

women. It appears that there is a network of such places where women are rotated, with some women under 18 years of age. Some women have Thai identity cards, organised by agents who make payments to village heads and others needed to sign as guarantors of the person's identity. Others have Lao passports and fly to Phuket and Had Yai, in the south of Thailand, to work (Wille 2000). In Mukdaharn, Lao women come across from Savannakhet to ply their trade along the riverbank. Vietnamese and Lao women are also being brought to customers in Mukdaharn (Wille 2000).

(2) Transport workers

The amount of freight in the whole country carried by trucks is 62%, with river transport taking up 36.3%, and the remainder being for sea and air transport. It is expected that, with the upgrading of roads, especially in the northern region, the proportion of freight carried by trucks will increase (Chamberlain 2000). There has been exponential growth in trade between China and Thailand, as well as between China and surrounding countries over the past couple of decades.

Trade between Lao PDR and China was also expanding until the devaluing of the kip. It is reported that female traders now make fewer trips to China and the number of trucks has dwindled. (UNICEF 1998). Trade may slowly be picking up but the exchange rate is still unfavourable. Many Chinese trucks do not cross the border, with drivers often sleeping in their trucks while waiting for goods. Lao truck drivers will drive into China and reportedly can pick up women to travel with them as translators (UNICEF 1998). The cross-border traffic is generally light. However, when there are special projects, there can be over 200 trucks coming into Lao PDR per day. Table 9 shows the number of crossings by trucks in one year. At present there are very few trucks travelling to Vietnam from here (Chamberlain 2000).

Table 9: Trucks departing and entering Lao PDR (Sept 1998 - Sept 1999)

	Departing Lao PDR	Entering Lao PDR
Lao	1,701	1,289
Chinese	203	212

Between Pak Beng, on the Mekong, and Oudomxai drivers are often accompanied by family or friends and many travel in convoys. Some who travelled alone reportedly gave lifts to female traders (UNICEF 1998). Local *tuk-tuk* and *song thaeow* drivers are said to bring female traders into town to sell their farm produce. One driver suggested that, sometimes, if the women do not have money for the fare they pay with sex (UNICEF 1998).

On Route 9, up to 100 trucks cross daily with wood, gypsum, construction materials, food and other household products. Travel is from Thailand and Lao PDR into Vietnam, and from Vietnam to Khantabouli, or up to Vientiane, as well as to Thailand. Many trucks from Lao PDR carry large gypsum rocks into Vietnam. Large logging trucks are very common also and they seem to be carrying recently felled very large trees. This has been a major route for logs going to Vietnam and continues to be, despite controls. On the other border with Thailand there are frequent vehicular and passenger ferries between Mukdaharn and Khantabouli, and trucks can be seen lining up on both sides waiting to drive onto the ferries.

Truck drivers are known to hire women from restaurants to accompany them on their trip and take care of them. Thai drivers travelling into Lao PDR are known to have similar practices, or financially support village women who become their sexual partners.

Truck drivers are private drivers with their own business but they must be registered with the truck drivers association. They pay a monthly tax of 50,000 kip per vehicle. All buses are public with drivers on a salary. There are 185 registered passenger vehicles, with an estimated 30% of passengers being foreigners (Chinese, African, European). Public health officials have provided lectures on HIV/AIDS prevention and there is interest in testing drivers for HIV and for drugs. All Lao drivers undergo a medical examination every six months (Chamberlain 2000). The UNDP is planning to implement programming for transport workers in the country.

(3) Traders

In an economy opening up to the world much trading is occurring across borders and within the country. Vietnam and Chinese traders operate in Lao PDR and Lao traders cross into surrounding countries. Much of the trade in this area is conducted by women. This appears to be an anomaly in long-distance trading as women are usually confined to petty trading. Walker explains it as an outcome of the Chinese, who controlled much of the trade, fleeing from the Pathet Lao. This may have occurred as early as the 1950s and 60s in Oudomxai and Louang Namtha and then in the 1970s in Houayxai. With strict trading restrictions imposed by the communist government petty trading, including cross-border trading, continued in a clandestine manner mostly operated by women. Women who had male relatives with power or authority were in a good position to have contacts and resources to carry out and expand trade when conditions allowed. Some of these women work with their husbands. Often the latter are the subordinate partners but they give the women a certain legitimacy, which gives them access to funds when needed (Walker 1999).

There may well be other cultural reasons that have given rise to women's prominence in this role. Being petty traders, it is possible for some to make the leap to long-distance trading. Elsewhere in Lao PDR, and also in Vietnam, women traders are known to be very mobile and this mobility can lead to, as it has in the case of the women in Walker's study, women being in the situation where they may have to use sex in gaining safe passage or in other negotiations (Beesey 1998, Lyttleton 1999A). While such behaviour might be highly prevalent it is by no means comparable to the excesses of the male traders (Walker 1999).

(4) Construction workers

Foreign workers are often employed as construction workers. In the north it is mainly Chinese on roads and dams. However, Vietnamese may be found throughout the country working in construction or in mines. They are commonly employed for house or building construction. Most workers are employed by their own national contractors who tender for construction projects, which explains why there are so many foreign workers in the country. However, it is also to meet the demand for large infrastructure projects. It is suggested that there is not a large workforce to draw from in Lao PDR. With approximately 85% of the population farming, and much of it subsistence farming, there are not large numbers seeking work. At the same time this appears to be contradicted by the numbers seeking and finding work in Thailand. Others explain that Lao people do not like to do such work; however, there are relatively large numbers of Lao people employed in various types of construction work throughout the country.

In 1997 the Chinese made up 40% of the legal 4,000 foreign labourers in Oudomxai. However, for Louang Namtha the police estimated that 10,000-20,000 foreign workers arrive each year, mostly comprising single men (UNICEF 1998). Most construction workers are legal. They are recruited in China with short term contracts. Some enter illegally and others overstay. However, improved enforcement has reportedly reduced the number of illegal crossings by 1997 (UNICEF 1998).

It was noted that a three-month pre-departure training is available for Chinese workers but some of the men interviewed lived in a remote area and could not attend. Someone came to visit them, however, apparently spending three days with them and leaving books behind which cover many issues, including health and HIV. The books were left in China as they were too heavy to carry (UNICEF 1998).

In Xaignaboury, where the highway is being upgraded, the construction crew is mainly Lao. But such crews often require Thai expertise such as on the Houayxai-Louang Namtha Road, which has 100 Thai workers, mostly skilled and well paid and employed from Bangkok (Bardon & Em-im 2000). The Xaignaboury project has the first HIV/AIDS program. ARC/LRC are implementing the UN supported project and valuable lessons may come from this.

Foreign investment in mining, hydroelectric power, irrigation schemes, highways, feeder roads, and bridges has increased the numbers of men working in remote areas. Construction is often in ethnic areas where the workers may mingle with local people. One report cites the instance of a foreman admitting that there were interactions between his Lao crew and local girls. It was also stated that some of the crew had contracted gonorrhoea from a hotel in Oudomxai (Chamberlain 2000). Difficulty in communication is said to be a barrier on such occasions when local women do not speak Lao with a Lao crew and, of course, they could not communicate with a foreign crew. Conversely, a foreign crew would have difficulty communicating with Lao speakers, or Tai Leu speakers. It is noted that in the context of the tradition of seduction and the negotiation of sex this would certainly be an obstacle (Chamberlain 2000) but language difficulties can be overcome in many instances.

The UNICEF report notes that Chinese construction workers in another area were forming relations with local girls and that some Chinese labourers working in a tin mine had married Lao women, despite the common conception that language prohibits relationships between Lao and Chinese.

Gypsum, tin, coal and gold are all mined in Savannakhet and Khammouan. Some of the mines employ several hundred men. One mine employs Vietnamese labour and Vietnamese drivers and thus a community of Vietnamese exists in a remote area.

Vietnamese workers are usually employed by Vietnamese contractors through official channels. Savannakhet was praised for its management of foreign labour by the minister of Labour and Social Welfare (UNICEF 1998).

(5) Factory workers

Migration flows to urban centres are not as great as those experienced in other countries in the region. However, expanding foreign investment is making an impact on urban growth patterns and factories, plus the service industry, are employing more people. Vientiane has the largest population and can attract people from other large towns or from rural areas. From the south, rural dwellers would mostly move to Savannakhet or Champasak or, perhaps, Khammouan. Some then may be enticed to go to Vientiane or may be transferred there.

In 1997 there were 44 garment factories in the country with 13 large enterprises in Vientiane, some employing more than a thousand workers, with earnings of \$25 -\$50 per month. Mostly they employ young women who generally stay in dormitories. In some factories, half of the women or girls are from ethnic minority groups in the northern Provinces but many local Lao women are employed, and recent expansion of such factories appears to be helping to stem the numbers of people crossing into Thailand for work (Wille 2000). Garment factories are also in Savannakhet. However, the women do not usually live in dormitories as they do in Savannakhet. One garment factory that has over 200 female employees has girls from rural

areas in their mid-to-late teens, with only a primary school education. Reportedly, staff turnover was high (UNICEF 1998). UNICEF has been working on HIV/AIDS prevention among these workers in Vientiane and is now undertaking similar work in Savannakhet.

(6) Tourists

Lao PDR is on the tourist map for backpackers and package or high class tourists alike. Louang Prabang is a heritage area and, along with Vientiane, accounts for the bulk of tourists, which amounted to over 600,000 in 1999. This is a substantial increase since the 14,400 recorded in 1990. With the government hoping to earn needed foreign exchange from tourism the 'Visit Lao PDR' campaigns are sure to increase the number of tourists, perhaps even outstripping the average annual increases of 22.8% over the past 10 years (Vientiane Times 27/6/2000).

In fact the optimistic prediction for the year 2003 for the northern region alone is over 50,000 passenger vehicles with 600,000 tourists (Chamberlain 2000). Most of these appear to be projections of people travelling through Lao PDR into China, or to Thailand from China. The influx has already started but the current state of the roads is still prohibitive to many. At present, it is the river traffic that is moving tourists along. Fast boats go north up the river with the final destination of many tourists being Muang Sing in Luang Namtha Province. Here, once remote areas are becoming accessible for the first time. More travellers go in the other direction however, on a fast boat to Pak Beng and to Louang Prabang. The growth in European as well as Thai and Chinese tourists in this region is driving the construction of more hotels and other facilities.

On the upgraded Route 13 between Vientiane and Louang Prabang, it is estimated that 80% of bus passengers are foreign tourists. Route 13 is now sealed highway for much of the entire route through the country. Tourists can, for the first time, travel in some comfort from Louang Prabang to the more remote Savannakhet. At the present time Route 9 is not a tourist highway, although Lao people are known to travel to Vietnam to visit the coast or to attend the Tet (New Year) festivities (UNICEF 1998). European and Japanese backpackers take Route 9 to or from Vietnam but it is still a gruelling bus ride of several hours duration. Thai people are increasingly crossing into Lao PDR where they can sightsee, visit temples or attend festivals. In 1997 there were 59,000 tourist, mostly Thai males, crossing into Savannakhet.

In this situation Savannakhet has a sex industry that caters to Thai and other Asian visitors. However, a sex industry catering to foreigners is still relatively small and not at all comparable to Thailand and Cambodia, or even Vietnam. This situation could change relatively quickly when roads are completed and if the projected number of tourists is realised.

3. Typology of Mobile Populations

The population groups discussed so far are shown in Table 10, with locations and an estimation of population size, plus HIV risk assessment. Risk assessment is determined from known risk situations and the particular situations or characteristics of the respective migrant groups (refer to Definitions in Methodology).

Different patterns of movement exist, with a relatively large movement of rural to urban migrants, but this is matched by other movements within the country, and out of the country to Thailand.

While most are occupational groups the main exception is tourists. Business and private sector professionals are a special white-collar group, which includes local and foreign, but the

latter is the larger number. Business and development workers often require extensive travel throughout the country and thus members of this group are frequently mentioned as being at risk. Uniformed officials include military, border police, and regular police. These do not appear in the discussion above. There is discussion on such groups in the Vietnamese and Cambodian sections of this report, where they are acknowledged as high risk.

Table 10: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Lao PDR

Migrant and Mobile Population Groups	Popn. Size	Geographical Locations	Risk Situation Assessment
Internal mobility			
Factory workers	*	Vientiane, other major towns	*
Service workers	**	Vientiane, Louang Prabang, Savannakhet, Pakse	*
Entertainment/service girls	**	Vientiane, Louang Prabang, Houayxai, Oudomxai, Savannakhet, Pakse	**
Construction workers	**	Houayxai-Louang Namtha Road Route #9 – Xeno to Daen Savan	*
Drivers	**	Mainly Route 13 and Route 9	**
State officials (public servants)	*	Vientiane, other major towns	**
Business/private sector professionals	*	Vientiane, other major towns	*
Uniformed officials	*	Vientiane, border locations	*
Ethnic minorities	**	All Provinces, especially north	*
Emigrant mobility			
Entertainers/service girls	*	Thailand	****
Labour	***	Thailand	**
Traders	*	Thailand, China, Myanmar	**
Truck drivers	*	Thailand	**
Immigrant mobility			
Traders	*	From China, Thailand, Vietnam	**
Labour	**	From China, Vietnam	*
Entertainers	**	Route #9, from Vietnam North-west, some from China	***
Tourists and visitors		Louang Prabang, Vientiane, border locations	*
Private/public sector professionals	*	Vientiane, other major towns	*

* The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology)

Another exception to occupational groups is ethnic minorities. They are classified as such because of their particular relationship to rapid social and economic change. They can also appear in other categories, such as sex workers, factory workers and traders. The numbers in these categories are growing but are relatively small, while for all other categories they are minimal or non-existent. As off-farm workers they are generally mobile or classified as migrants, but many have reasons other than work for being mobile. And through development projects, such as road or dam construction in remote areas, they can come into contact with mobile groups.

Women appear in all occupational categories, with the exception of drivers. There are fewer women in mining and construction work. They are the majority in the service industry, especially in entertainment, and in garment factories.

Many factory workers and service industry workers are young people, and these comprise a large portion of the rural to urban migration flows. Many of the people going to Thailand for work are also young.

4. HIV/AIDS in the Lao PDR

4.1 HIV/AIDS Country Profile

The first HIV case in Lao PDR was a returnee from Thailand, in 1989. The first AIDS case was in Vientiane, in 1991. In 1993, of 18 people found to be infected from a survey of 9,000, 13 were women under 30 and 12 reportedly had worked in sex work in Thailand or China. While the epidemic in Thailand was at its zenith in 1993, only 57 HIV positive people had been detected in Lao PDR. The small number was explained away by the lack of comprehensive surveillance in the country. This was sometimes seen as a lack of will on behalf of the government in wanting to know the actual situation. In 1996, 157 HIV cases had been detected with 30 cases of AIDS. Even to the end of 1999, only 504 people have been detected positive. However, with 160 AIDS cases and 54 known deaths it is likely that the number of people who are HIV positive is much higher. It is also very likely that the number with AIDS and the number of deaths are under-reported. The surveillance system is still limited and thus the true picture is unclear.

It is argued that, geographically and demographically, it is difficult to implement a comprehensive surveillance system throughout the country and a general lack of resources is another prohibiting factor (Beyrer 1998:71). However, with the establishment of active Provincial Committees for the Control of AIDS (PCCA) in most Provinces, and a multi-sectoral approach at the national and provincial levels, the National Committee for the Control of AIDS (NCCA) is now in a position to develop surveillance systems. During July and August of 2000 the WHO program of Second Generation HIV Surveillance was implemented. Such surveillance is not only the first comprehensive system of HIV sentinel surveillance surveys in the country but is the first national program for behavioural surveys. This is the first opportunity to have a comprehensive picture of the spread of HIV and the associated risk behaviours. Mobile groups, seasonal workers, female factory workers and truck drivers are included in the HIV sentinel surveys and the behavioural surveys.

The push for expanding HIV/AIDS programs is not so much the figures from existing surveys but from epidemics in countries surrounding Lao PDR, especially Thailand. The Thai epidemic is the most threatening given the scale of the epidemic and the sharing of a long border. The sexual transmission of HIV has spread rapidly in Thailand and the conditions for such a spread in Lao PDR are appearing, particularly with the expansion of prostitution. However, drug-using epidemics exist in countries surrounding Lao PDR also – in the north of

Thailand, the Shan State in Myanmar, Vietnam, and in Yunnan, China. The injecting of drugs is a risk factor for HIV/AIDS through the use of shared injecting equipment. However, the extent of injecting drugs in Lao PDR, such as heroin, is reportedly minimal. At the same time, however, Lao PDR is the third largest opium producing country in the world.

The United Nations Drug Control Programme (UNDCP) currently have a major program to reduce the growing of opium poppies. If they were successful it would then mean that the only major supplier in the region would be Myanmar. At present, however, there is some evidence of increasing production of poppies in Lao PDR (Chamberlain 2000). A decline in opium production and the availability of heroin could shift the smoking of opium to the injecting of heroin as has occurred in neighbouring countries.

The NCCA works in conjunction with many NGOs who often have particular counterparts, such as the Lao Red Cross, the Lao Youth Union, the Women's Union, or the NCCA/PCCA. Through this support it has been possible to expand the national response beyond Vientiane and Savannakhet and border areas.

There is minimal HIV/AIDS programming for mobile populations. The CARE BAHAP program is the major project focusing on border crossings and mobile population groups. The Border Area HIV/AIDS Project (BAHAP) was funded by Family Health International (FHI) and one of the aims was to develop a model of cross border collaboration that reduced contextual risk factors for the spread of HIV. There are many lessons to be learnt from the BAHAP experience that feed into refining approaches to reducing risk among mobile populations.

Australian Red Cross (ARC) in conjunction with Lao PDR Red Cross (LRC) has mostly worked with youth and peer education. They currently reach 400 youth per month in Provinces along the Thai border. They also provide training programs to construction companies on request. Other programs have focused on youth as well, for example, UNICEF, Save the Children UK, Macfarlane Burnet Centre/Lao Youth Union. Population Services International (PSI) are planning to work with such groups in Savannakhet utilising current household survey data of 785 households, which includes data on household members travelling to Thailand.

UNICEF is also currently working with female garment workers. From 10 factories in Vientiane in 1998 they have conducted an evaluation of work in 15 factories and are expanding their work into other Provinces. There have been various behavioural studies on sexual behaviour. The NCCA, with support from the East-West Centre, Honolulu, and the Thai Red Cross, interviewed 510 service girls in Vientiane and 54 from Oudomxai. The interviews and focus groups explored sexual behaviour, STDs, HIV/AIDS knowledge and background.

The UNDP, through the UN Capital Development Fund, are supporting Save the Children Australia and ARC/LRC in Xaignbouy Province to work with Lao construction workers. The UNDP is developing a project on HIV prevention in the transport sector of Lao PDR with NCCA (this project includes Vietnam and Guanxi Province in China). In this project, the transport sector will develop its own strategic planning processes for integrating HIV vulnerability reduction programs into the work place. There is also potential for inter-country collaboration for strategies and policy.

In 1997, UNICEF undertook a research project on HIV/AIDS prevention and care for mobile populations. Research teams traveled to various parts of the country to collect data on mobile population groups. There was limited discussion on the movement of people to Thailand with the focus largely on construction workers, female garment workers, and potential risk

situations in towns, transport routes and construction sites. In 1999, the UNDP sponsored a study on mobility focussing on Route 13 in the north. Much of the information presented here on mobile populations is drawn from this study (UNDP 2000) as well as from the UNICEF study (1998). This is updated, where possible, by research reports and articles from the past two years, plus research undertaken in Lao PDR during June 20-26, 2000.

4.2 HIV/AIDS Risk situation

Thailand has always been perceived as the area of risk. Prevalence data, media reports and campaigns have entrenched this in the minds of Thai and Lao alike. One report from five years ago states that “Savannakhet officials explained that all AIDS deaths in their Province have been among people who had gone to Thailand” (UNICEF 1996). In a more recent report it was suggested that 51% of 974 returnees to Savannakhet were HIV positive. This seems too high given that there are only 504 in the whole country. Another survey showed that, of 213 female service workers tested, 2.8% were found to be positive (Bardon & Em-Im 2000).

The fear of AIDS from Thailand is still strong but there appears to be growing recognition that AIDS is now in Lao PDR and precautions must be taken. The Hot Spots in Lao PDR are along trucking routes, which includes major towns, border towns and other truck stops. Major routes run from surrounding countries and link with Route 13. From the north, following Route 13 to the central region and to the south there are major towns and truck stops.

Truck drivers are a crucial group among mobile groups because, like fisherfolk and fishing ports, truckers have truck stops that attract entertainment services that can also provide sexual services. However, truck stops may have other population groups who patronise the services available. Thus, truck drivers are joined by other drivers, construction workers, traders, government officials, businessmen, police, and others. The thing that they all have in common is a propensity for having sexual relations when they travel, commercial or non-commercial. They also have sexual relations at home with wives or sexual partners. Women too, may have sexual relations while away, as has been discussed for female traders; and women may be in a situation where they have regular contact with mobile and migrant men, which may lead to sexual relations. And it is likely that female garment workers have a higher propensity for sexual relations than when living at home (see Cambodia section).

Border areas with Thailand, Yunnan and Vietnam, are truck stops also, they are also magnets for traders, migrant workers and others. Most of the major towns in Lao PDR are on or near the Thai border and entertainment services appear to be in proportion to the size of the town. Thus, Vientiane has the largest number of venues and service girls. The threat of HIV from across the border in Thailand is not only through commercial sex and Hot Spots however. Non-commercial sexual contacts are a concern. In this context, one researcher suggests that Thai men visiting Lao PDR also may be of greater concern in the spread of HIV than Lao men visiting Thailand. While both must be factored in, it does seem clear that Thai men can see Lao women as not only safe but as easy to seduce and as Lyttleton posits, it is not only businessmen, drivers and traders; it can be government officials, or visiting sports teams (Lyttleton 1999).

Lyttleton cites the case of a truck driver from Mukdaharn who travels deep into the country. The driver suggested that there is the choice of buying sex at one of the venues frequented, or establishing a relationship with village girls through offers of money or gifts. The girls can “immediately gain their kin folk’s support based on the notion of comparative wealth that Thai identity confers” (Lyttleton 1999: 13).

This is the more gradual process of HIV spread, in ways that are less visible and less feared, where condom use is limited or perhaps non-existent. Festivals and cattle markets, and other markets, both in Thailand and Lao PDR, are times when men can seek sexual contacts through acquaintances or women plying their trade. Casual sex in such places may be frequent and condom use cannot be enforced in such informal situations. These are also times where borders do not limit people crossing. For religious festivals it is common that Lao people cross into Thailand and Thais into Lao PDR. In this sense, with the normalisation of relations between the two countries, the Mekong is once more becoming the centre of one culture.

Factories are known as situations where serial and multiple partner sex can occur. Young women, in particular, are likely to change their behaviour without the social controls of their kin and community networks. As such, with minimal knowledge and understanding of HIV and safe sex, they can be very vulnerable. The programming currently conducted by UNICEF is essential to inform them of the situation and how to take precautions.

Construction workers are known to have been involved in both commercial and non-commercial forms of sexual contact. With increasing infrastructure projects there are isolated Hot Spots, or links with other border or township Hot Spots, where risk factors are prevalent for construction workers, skilled staff, advisors and others. This is to say that workers will fraternise with local women, potentially causing some disruption in the community; or they will have women brought in from elsewhere; or, they will visit nearby Hot Spots. The local women, who are often from ethnic minorities, are at risk also. Such women did not even have to leave their local area to face such risks.

4.3 Hot Spots of Population Mobility and HIV/AIDS

Hot Spots in Lao PDR are not on the scale of many of the risk situations in surrounding countries. Nonetheless there is a burgeoning sex trade throughout the country. In the current situation it appears that such Hot Spots will develop according to the dictates of trade, tourism and development. Thus micro and macro economic influences will cause changes and shifts which make it difficult to predict how such areas will develop. However, the following areas are pinpointed as Hot Spots not only for their potential but also for the well-known existence of entertainment and service girls plus mobile populations (see Table 11).

Northern Corridor: Oudomxai town is the centre of the north, where mobile groups congregate and transit. Thus it is potentially a major hot spot. As a major junction it links Route 13 with towns on the PRC border and also leads to the Thai border.

At a large truck stop that forks off to the Chinese border there has been a ban enforced on service girls since 1995 (Chamberlain 2000). Of course such prohibitions signal a potential, or hidden trade, rather than the non-existence of services. At Meuang Sing, near the Chinese border, establishments with service girls were closed in August 1999, apparently to clean up the area for the Lao Tourist Year.

Oudomxai is linked to Houayxai in Bokeo Province by road and river through Pak Beng, or by road through Louang Namtha. At this Mekong border crossing with Chiang Khong, Thailand, exists a growing sex trade with reportedly 70-100 sex workers (Bardon & Em Im 2000). Notably, with the demise of many brothels in Thailand the sex trade is hardly visible in Chiang Khong.

Central Region: There are many truck stops along Route 13, extending from the north to Luang Prabang and then Vientiane, where men can find service girls. Thus the Hot Spots are more diffuse and they are said to be more sophisticated in Vientiane Province than in the northern Provinces. Also, the nightlife and entertainment available in Oudomxai and nearby regions is smaller in scale to that found in the townships of Louang Prabang and Vientiane. The scale may be indicated by the sampling of one study which conducted interviews with 54 service workers in Oudomxai and 510 in Vientiane. In Vientiane, 94 establishments comprising 21 nightclubs, 38 restaurants and 35 guesthouses were identified (NCCA 1998).

Due south on Route 13 is Khammouane Province, which has a major crossing to Thalek, Thailand. There is a Vietnamese community, with karaoke bars that have Vietnamese women, and the health department has identified 14 other sites where sexual services may be available.

East-West Corridor: The border towns of Mukdaharn and Savannakhet parallel the situation of Houayxai and Chiang Khong, described above, where a higher risk situation is more apparent on the Lao side of the border. The number of Lao girls working in sex work in Mukdaharn has reduced over time with police crackdowns over the last few years focusing on under-age girls and migrant workers. At the same time the entertainment scene in Savannakhet has expanded with many venues that provide service girls.

Thus, Savannakhet is the main hot spot here, with Xeno not far away at the junction of Routes 9 and Route 13, which has gained some notoriety for its nightlife scene. Like in the north, but less so in scale and number, there are drink shops and beer gardens along the highways where sexual services may be available. There are other stops on the way to Daen Savanh as well. There are various stops along Route 9 where drink shops with service girls can be found in particular on the Vietnamese border, where Vietnamese and Lao women are available. At Lao Bao, across the border, there are restaurants and karaoke bars as well as in Khe Sanh, 25 kilometers away. All of these areas, however, are not Hot Spots in the sense of a vibrant industry with a large turnover of clientele like in Xeno or Savannakhet, partly due to slow economic growth in recent years.

Further south on the Mekong is Pakse, in Champasak Province, which is known for a busy nightlife scene and on the border area, some distance away, there is reportedly a growing incidence of Lao service girls available.

Table 11: Typology of Migrant and Hot Spot Mobile Population Groups and Assessment of Their HIV risk Situations in Lao PDR

Hots Spots	Migrant and Mobile Population Groups Involved	Popn. Size	HIV Risk Situations
North			
Oudomxai	Transport workers, female service workers, migrant labourers, traders, state officials, uniformed officials, private sector	*	**
Houayxai	Transport workers, sex workers, traders, state and uniformed officials, labourers, private sector	*	**
Central			
Vientiane	Transport workers, service workers, traders, tourists, state officials, private sector, factory workers, uniformed officials	****	****
Louang Prabang	Tourists, transport workers, service workers, construction workers, state officials, uniformed officials, traders	**	**
Thakek	Transport workers, service workers, construction workers, state officials, uniformed officials, traders	***	***
South			
Savannakhet	Female factory workers, traders, transport workers, sex workers, state officials, tourists, uniformed officials, private sector	***	****
Xeno	Transport workers, sex workers, state officials, uniformed officials	*	***
Pakse	Transport workers, sex workers, state officials, uniformed officials, private sector	***	**

* The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology)

5. Conclusion

Over the past 15 years substantial change has occurred in Lao PDR, creating new forms of mobility and migration. Now, as a focal point in the development of the region, the Lao PDR is on the threshold of greater changes. Movements within the – country – rural to urban; urban/rural to work-sites; resettlement and other forms of mobility are matched by population movements out of the country to Thailand. In addition, with highways becoming conduits for linking the GMS, and the development of trade and tourism, projections are that there will be a huge influx of foreigners over the coming years. These will include migrant workers, truck drivers, business people, tourists and many others who will make demands on goods and services in Lao PDR.

The sheer size of the country, with a north-south and east-west axis, the sharing of borders with five countries, the mountainous terrain, and the Mekong River running the full length of the country, serves to create a special dynamic for movements of people. The spread of HIV

currently does not appear to be of epidemic proportions but, the numbers of infected people are increasing, and border areas and some towns have become Hot Spots with the potential of spreading HIV. It appears that travel or movement, in and of itself, often carries with it a certain license or freedom to engage in behaviours that are less acceptable or less common at home and this behaviour, in turn, is responsible for the evolution of Hot Spots.

The most obvious concern is the circular migration between Thailand and Lao PDR. The two cultures mingle, separated more by history than by custom. It is probably fortunate that it is mainly northeast Thailand that borders most of Lao PDR, for the centre of the Thai epidemic is in the north. There now appears to be sufficient evidence to confirm that most of the HIV positive people in Lao PDR were infected in Thailand, but another conduit for transmission is Thai men or women going to Lao PDR. The exchanges between Thailand and Lao PDR are more than just looking for work. The exchanges are markets, festivals, family visits, and many other formal and informal exchanges. This is a good example of a border that cannot be controlled, a kin culture where Lao people even know the Thai national anthem. There is probably a lot more that could be done in plotting the patterns of this circular migration. That most of it is illegal is a prohibitive factor but much information can be gained from returnees. That information could be used to develop HIV/AIDS programs, with the possibility of cross-border collaboration, or at least messages at border crossings that reinforce public media campaigns.

In the lowland society the special needs of women are characterised through their active involvement in trade and farming. A UNDP report on women acknowledges the relatively high participation rates of women in the economy and in high levels of government. At the same time it is pointed out that they have the highest rate of maternal mortality in Southeast Asia (UNDP Human Development Report 2000). In development situations inequalities between gender can be enhanced or affected in unpredictable ways. This is true of class also, where some villagers are in a better position to take advantage of new opportunities. A study of the earlier upgrading of Route 13 in 1988 suggested that poorer villages were not in a position to take advantage of the improved access (Trankell cited in Jerndal & Rigg 1999). The concentration of roads in the lowlands can have these unintended consequences. This can be overcome, in part, through linking and feeder roads.

Most of the countryside is mountainous and, in most Provinces, particularly in the far north, over 90% of the population are ethnic minorities. Among the highland groups around 300,000 are said to practice slash and burn agriculture (UNICEF 1998:34). There are still more than two million highland people who will experience social change as Lao PDR develops. While some ethnic groups are active in trade and relatively mobile most have little reason to come to lowland towns to participate in trade or business. For others their travel orientation may be across borders into PRC and Vietnam, which generally does not require crossing official border posts. However, transformations in patterns of moving that are already occurring may escalate over the next few years.

Small numbers of highland people are integrating into the lowland society and many from the midlands already mix with lowland Lao PDR. Many more are expected to be moving into border regions and other regions of development in the coming years. Within the processes of change there are going to be women and girls who are absorbed into new work opportunities. The major concern is to build HIV/AIDS awareness into such processes. HIV/AIDS programs have only recently moved from the focal points of Vientiane, Savannakhet and a few other sites. An even greater challenge now is to include ethnic minority groups at the very time that many may be facing radical changes in their lives.

Building HIV awareness and negotiating skills for women in vulnerable situations is only part of the picture. There are strong indications that, despite government prohibitions and enforcement of prostitution laws, the demand and supply sides of prostitution will increase in the wake of development. The most important concern arising out of this may not be the scale so much as the form of the prostitution. Presently, prostitution in Lao PDR is not generally under conditions of coercion. Women are free to negotiate and select their customers. If increasing numbers of girls were to enter the market, especially those with limited literacy in Lao, and they were increasingly controlled by a network of agents, a situation could arise akin to the brothels in Thailand where, in the 1980s and early 1990s, HIV was spreading rapidly.

Inequalities due to language, culture, etc can lead to some groups being disadvantaged under socio-economic change. The highland groups may often be the most disadvantaged. While continuing a policy of preventing prostitution may be valid for the Lao context the policies that work best for some groups may be those that seek equality for all in socio-economic development, so that most people can receive benefits from change rather than a few gaining and many losing.

The financial crisis slowed the momentum of change, but now the projections for change are greater than ever. Many changes, of course, will be beneficial. However, under conditions of rapid change adverse consequences cannot be avoided. The intersection of development and HIV/AIDS is brought into stark relief in the remote and not so remote corners of Lao PDR where poverty, until now, has sheltered people from global change while, at the same time, making them vulnerable to changes that are emerging. It is not poverty per se that increases vulnerability it is lack of information, lack of access to information, lack of access to education and lack of access to health care. The people who have the least access are those with the least resources and low estimated status, and it is more often that women fit into this category. The challenge facing Lao PDR is not development per se but the inequalities that arise out of development.

D. Country Report: Myanmar

1. Country Profile

Myanmar is a land of natural beauty and cultural heritage. It has a large area of about 680,000 square kilometres and a population of over 46 million. The country has common borders with PRC in the north and northeast, Lao PDR in the east, Thailand in the southeast, and India and Bangladesh in the west. It has long coastline of over 2,000 kilometres stretching from Bangladesh in the north to Thailand in the south. About half the area of Myanmar is covered by dense forests with an abundance of springs, waterfalls, rivers, streams, herbs and flora, and wildlife.

Table 12: Country Profile – Myanmar

Land Area	680,000 square kilometres
Number of States and Divisions	7 states and 7 divisions
Total Population	48.9 million
Total Fertility Rate	3.63 per women (est.)
Annual Population Growth	2.1 %
Infant Mortality*	80 /1000 live births
Urban Population	n.a.
Life Expectancy (in years) **	M=59 & F=62.3 yrs
Male-Female Ratio	1.01 males/female
Literacy Rate *	M=88% and F=78
GDP per capita*	US\$ 220

*Source: Myanmar Govt, *UNICEF and **UNDP*

The administrative structure of the country is divided into the predominantly ethnic Burman area (sub-divided into seven divisions), and seven special states for ethnic minority populations: Kayah, Kayin, Mon, Shan, Chin, Kachin, and Rakhine. The Burman area stretches along the Ayerawady River Delta and Andaman Sea and, by and large, is densely populated. Ethnic Burmans constitute over half of the total population.

According to a 1993 estimate, the ethnic minority population is 21 million. Each minority state has a unique cultural identity and social structure but also encompasses other ethnic groups apart from the main ethnic group. Many of these minority groups are in conflict with the Burman dominated government. They have been waging war against the government administration and forces in various places. These ethnic conflicts are one of the major sources of population displacement in and outside the country. Millions of people have been displaced, relocated and resettled from their birthplace. Thousands of others have fled the country to refugee camps in neighbouring Thailand, Bangladesh or elsewhere. The border areas with Thailand have mostly been controlled by the various ethnic groups rather than the Myanmar government and population mobility along this border has been very fluid. Most of the minority groups have signed ceasefires with the government, allowing the government to have more control, especially in terms of trade, which was previously mostly controlled by the minority groups. Many of these areas are also home to transborder ethnic minorities or hill tribe populations who live along both sides of the border.

Myanmar has achieved a credible literacy rate of over 80% although women are still lagging behind (78%) compared to men (88%) (UNDP 2000). Despite the government's effort to provide access to health care for all, the infant mortality rate is still one of the highest in the region at 80 per 1000 live births. TB, malaria and other communicable diseases are still prevalent in many parts of the country and cause significant morbidity and mortality due of lack of proper treatment facilities.

While the rest of Southeast Asia progressed economically, the economy of Myanmar has been stagnant with intermittent growth in some areas and deterioration in others. The continuing political struggle and the ensuing economic hardship has forced millions of people to move from place to place for jobs and income. Up to a million are thought to be in Thailand at present, although it may be less as many have been pushed back in recent months as part of the crackdown on undocumented migrants. Before the crack-down there may have been many more than one million at any one time, according to some estimates. Some have travelled to Malaysia and Singapore for employment.

2. Migration and Mobility

2.1 Internal Migration and Mobility

Internal population mobility has been a phenomenon in Myanmar since its independence from Britain half a century ago. Many of the ethnic minority groups (eg Mon, Shan, Karen and Kareni) have a long history of conflict with the Burmese, especially the Mon. For most, the conflict intensified after independence following active suppression of the ethnic minorities. Many of the minorities moved towards Thailand and have been granted Thai citizenship. Several thousand have temporary permits and are expecting to receive Thai nationality. There are 103,364 refugees, mostly Karen and Kareni, still living in refugee camps in Thailand (UNHCR September 2000). In addition, there are many students and democracy supporters who also fled the country following the 1988 crackdown on the demonstrators in Yangon (Rangoon) and other major cities. Most of them are living in Thailand but are also in India and elsewhere, including western countries. Overall, the Thai-Myanmar border has become a sanctuary and transit for many dissident Burmese and ethnic minorities. On the western border, over 245,000 Rohingyas or Arakanese entered Bangladesh in 1992. Most of them returned home while about 21,000 are still resisting repatriation (IFRC 2000).

Ongoing political isolation and trade embargoes have caused a further deterioration of the Myanmar economy. Universities and higher education institutions have been closed for several years but the government is now opening some institutions. Students and young people do not have the opportunity for higher education nor productive employment. In addition, the government and local authorities continue to impose taxes on people that make their life more and more difficult. As a result of these complex socio-political and economic constraints, thousands of Burmese people are moving from place to place, and also moving to Thailand and elsewhere in search of jobs, income and political asylum.

Mandalay, Magway and Sagaing suffer heavily during dry season and this results in a high rate of emigration. Many young men go to work in ruby mines in the Shan State and jade mines in the Kachin State. Others go to Tachileik, Muse, Myawaddy and Kawthaung for jobs and many of them cross the border to Thailand, with some going to PRC (see cross border migrant workers). People from Magway and Sagaing go to the India border too. Many migrants also flock to Yangon for temporary or permanent work and live in one of the several migrant worker communities around Yangon, namely, Hlaing Tharyar, Dagon Myothit and Shwe Pyi Thar.

The government has been organising several resettlement programs based on economic, ethnic or social development factors. Some of the prominent resettlement areas are Aungban and Mong La (Shan State), Kawthaung and Myeik. Approximately 50,000 of the Wa ethnic minority people in eastern section of the Shan State are being resettled in areas closer to Thailand, away from the PRC border. This resettlement, supervised by the Wa themselves, is reportedly part of their effort to reduce opium production in the area. The movement however, is of great concern to the Thai government for security and drug trafficking reasons.

2.2 Cross Border Migration and Mobility

In general, the nature and size of cross border population mobility depends on a range of different factors, but particularly cross-border trade and investment, and they are described in this section.

Thai-Myanmar border: There is a 2,400 kilometre long border between Thailand and Myanmar, stretching from the infamous Golden Triangle in the north to Kawthaung in the south. Due to the difficult terrain and thick forests, as well as long standing political differences between Thailand and Myanmar, roads and transportation infrastructure are generally poorly developed in the border areas. At present there are four major ‘official’ border crossing points. From north to south, they are: (i) Mae Sai-Tachileik, (ii) Mae Sot-Myawaddy, (iii) Sangkhlaburi-Phayathongsu or Three Pagoda Pass, and (iv) Ranong-Kawthaung. In addition there are many other smaller and ‘unofficial’ border crossings in many places. As a whole the border is very porous and generally is not rigidly monitored by either country, which allows for a continuous flow of people between the countries.

Many areas of the Thai-Myanmar border have become home for a mixture of Burmese refugees, political activists, local villagers and migrant workers (Paul 2000). There are also many traders, transport workers, tourists and visitors of both countries that vary from place to place. Tachileik-Mae Sai is famous for commuting workers crossing into Thailand, which includes women entering to work in entertainment, massage and sex work. The area has been a major route for drug trafficking but is probably better known in the 1990s as a key point of organised trafficking of women and children to different parts of Thailand and beyond. It is also a major centre for road transport workers, traders, tourists and visitors. The Burmese community on the Thai side of the border is relatively small. Myawaddy-Mae Sot is predominantly a transit point for thousands of Burmese migrant labourers plus women who enter the sex trade in Thailand, many of whom live in the Mae Sot border town. Following the construction of a cross border bridge, road transport from the town to Martaban port in Andaman sea is being upgraded and road transport is expected to expand in coming years. Kawthaung-Ranong is a sea border crossing and a large number of Myanmar people cross over to Ranong on the other side of the border. In comparison, Phayathongsu-Sangkhlaburi, or Three Pagoda Pass, despite its historical importance, has yet to become a major crossing point between the countries because of difficult road conditions inside Myanmar. Despite this, a large number of (undocumented) migrant workers enter Thailand here, as the area is not strictly monitored by the authorities.

The upper Thai-Myanmar border is also known for its notorious production of opium, as part of the Golden Triangle, and for drug trafficking routes. In recent years other drug production facilities for methamphetamine and ecstasy have reportedly proliferated in this region. This area has been the focus for the trafficking of girls and women for sex work mostly from Myanmar but also from PRC. Even now Mae Sai, Mae Sot and Ranong have a large number of Myanmar women working in sex work. It is not clear if many of them are victims of recent trafficking or not. What is known though is that some of them were trafficked to the brothels

in the past and following closure of many brothels in some parts some could not find alternative ways of living and stayed on in sex work.

PRC-Myanmar border: Another intriguing area is the 2,185 kilometre long PRC-Myanmar border. Over last two decades both countries have developed this area for closer trade and commerce. The main highway connects Mandalay with Kunming, passing through the Muse-Ruili border crossing. Large numbers of heavy trucks and light vehicles move across the border carrying people and goods. Many trucks stop without crossing on both sides, but particularly going into PRC, thus there are usually waiting vehicles. These are also border market areas, which have developed into rest and recreation places for travellers and transport workers. The other two notable crossings in this area are at Panghsai and Chin Shwe Haw. This area is known for its drug trafficking routes and has a high concentration of IDUs. Ruili has a sizeable Burmese population, including traders and women working in the sex industry. Mong La-Daluo is another important crossing especially for the traffic flowing in and out Thailand through Mae Sai-Tachileik crossing. This area of the Shan State is actually referred to as the Wa State, the home of the Wa ethnic group. Bangsang is also an important crossing in this area as the Chinese town across the border in Menglian is being promoted as a trade and tourist centre. Many Kokang Chinese come to the Wa State for trade and investment. The Wa State is well known for its notorious heroin, and lately methamphetamine, production and trafficking. Casinos and other entertainment businesses have been developed in Bangsang, the capital of Wa State. In the north, a road linking Myitkyina of Kachin state with that of Tengchong of Baoshan area in PRC. This area is becoming active, especially for trafficking purposes following a crackdown in the region of the Old Burma Road. Commercial sex venues are available in almost all of these places and are served by both Burmese and Chinese girls. In most places, Burmese girls dominate whereas Chinese girls can be seen in specific high priced venues. Casual sex relations also develop among the travellers and locals. In Muse and other Burmese towns Chinese men come to marry Burmese women, some of whom go to PRC with their husbands. Others are left behind but are frequently visited by their husbands, sometimes for the purposes of having more children than permitted by PRC's one child policy. Many truckers and traders are involved in these practices.

The whole PRC border area, and not only the major highways, can be used for trafficking heroin and other opiates out of the Golden Triangle. The amount of drug trafficking along these routes may be gauged by the number of drug users along them. In Yunnan, it is a serious problem and many young Chinese men are taking up drug habits, perhaps with the influence of the traffickers. Injecting drug use has been the main mode of HIV transmission in Yunnan and eastern Burma, although there is evidence of increasing transmission via sexual contact in recent years.

India-Myanmar border: This 1,463 kilometre long border covers a difficult and often inaccessible terrain. Some border posts have recently been opened to facilitate trade and commerce but the border was used long before that by drug traffickers as their supply route became constrained in Thailand and later in China. Tamu-Moreh in the Sagaing Division of Myanmar is the main launching point and follows the route through Moreh and then across the border by road to Imphal, the capital of Manipur State. Movement of people across the border is rather open. However, the Indian side of the border is "so open, anyone can walk through with a head-load [of heroin]" (Chinai and Goswami, 1997). Large numbers of drug users can be found along the routes and in the area on both sides of the border. In Manipur, injecting heroin use has been identified as a serious public health and security problem and HIV/AIDS are spreading rapidly among young people and transport workers. The HIV subtypes in Manipur are similar to Myanmar (that is, B and E) and not typical of the rest of India,

where sub-types C and A predominate. Cross-border drug trafficking with the other two neighbouring Indian states of Mizoram and Nagaland could lead to epidemics like in Manipur. As indicated earlier, the movement of people in border areas, many of whom cross the border, is of great concern not only because of drug trafficking and IDU, but also due to apparent increase in commercial and casual sex among mobile and local populations.

Bangladesh-Myanmar border: This 193kilometre-long border is the shortest of the borders but is not without problems. Most of this border on the Myanmar side is in Rakhine state (Arakan) where a large number of ethnic Rohingya live. There has been constant conflict between the Buddhist Burman and Muslim Rohingya and, as a result, many of the latter crossed into Bangladesh in 1978 and again in 1991. Even now, about 21,000 Rohingya are in the refugee camps in Bangladesh (IFRC 2000). The mobility of the Rohingyas across the border to Bangladesh is somewhat fluid because of their close ethnic and religious relations with the predominantly Muslim Bangladeshis.

A small amount of trade of consumer goods takes place between the two countries across the Naf River. It is reported that the drug trade (including heroin) from the India-Myanmar border is now spilling over to Bangladesh. Both countries are on the Bay of Bengal where the sea is noted for cross border fishing, mostly in Thai owned vessels. Many of these Thai and Burmese fisherfolk land in Bangladeshi ports and, among other activities, they have sexual contact with the Bangladeshis especially through commercial sex.

2.3 Trafficking of Women and Children

Trafficking, or human smuggling, is widespread in Myanmar. Thailand has had millions of migrants over the past decade and many have paid recruiters to get a safe passage. Usually operates to 23 destinations - Thailand and Yunnan. Thailand is the preferable destination due to the availability of work and the ease of getting across the border. However, many go to Yunnan in China as well, even though there is tighter enforcement of borders. People crossing borders comprise various ethnicities but a large proportion are Burman, in addition to other minority groups, many of whom are closer to the borders. The route for a lot of Burmans begins in the central dry zone areas, covering Mandalay, Sagaing and Magwe. The severe drought since 1988 has driven many people out of their communities to eke out a living. They mostly head for Kawkerik as the transit point where they can take pick-up trucks or hi-lux vans to Myawaddy, which is the major crossing into Thailand. Those not from the dry zone area often come from Yangon or surrounding areas. From Yangon to Pa-an is the first stage of such a trip, approximately six hours. Then it is a further 2-3 hours to reach Moulemein, then onto Kawkerik following the same route as those from the central zone. Internal and cross-border mobility are closely related. This is an example of migrants starting out as internally displaced persons then becoming cross-border migrants.

The traffickers or facilitators begin their operations at the transit point of Kawkerik, although there are also such agents at the village level. However, they earn very little money, approximately 3,000 Kyat, providing information more about transportation than employment. It is usually in the border areas, like Myawaddy, where recruitment and job offers take place. Once across the border, more organised human smuggling networks and services can be found. As for the southern route migrants, who are predominantly Mon, usually travel through Ye and Tavoy to Kawthaung then cross the border to Ranong, in Thailand. And between these two the other area is Three Pagoda Pass. Opposite Kawthaung and Myawaddy on the Thai side, both areas are known for the sex trade, especially Ranong. But now there are similar establishments on both sides of the border. Thus, the areas are known for women being trafficked into the sex trade and this is common in the north as well.

The route to Yunnan in the north is also taken by many from the south, via the Northern Shan State. Migrants hang around the Chinese border in Muse waiting for employment. Some cross the border to stay in small towns near Ruili. There is a community of 3,000 Burmese in Ruili in 2000. Some migrant women and children on the Yunnan route are engaged in prostitution; are sex workers in restaurants, bars and beauty parlours; are engaged in housework; or marry. There are Chinese men who marry Burmese girls in order to have more children than is permitted under the PRC one child policy.

The Shan State is place of origin for many migrants, mostly to Thailand but also to Yunnan. The route from Keng-Tung to the Tachilek-Mae Sai border crossing at Thailand is a major route. Many women have been trafficked into Thailand via this route – Yunnanese women as well as Shan and other groups from Myanmar. An extensive network involving local agents exists in Kyaing Tong (Keng Tung), Aungban and many other smaller towns, where women and girls are recruited, transfers are arranged, and deals are done with local authorities (Caouette 1998).

Smuggling of people and trafficking with force or deception will continue under the present conditions of disparities of wealth and opportunities. The temptation to seek a better existence will tend to keep recruiters busy. As far as trafficking for sex work, it does appear that the worst forms of this have abated in the past few years (Chantavanich, Paul et al 2000) especially within the border regions of Ranong and Mae Sai. Although there is still a large number of Burmese sex workers, many of them have prior understanding of the work they are entering into. Some of them still may be indebted or bonded, which indeed could be defined as trafficking, but forced prostitution is probably minimal. This is partly to do with efforts to suppress child prostitution in Thailand but also because the networks are well established and movement is easier and requires less facilitation. The situation is dynamic though, and the full effects of the Asian crisis and the devaluation of the Kyat may have an effect on the push factors for migrants. The demand for young women may be stronger than ever and law enforcement may be difficult to maintain.

2.4 Specific Migrant and Mobile Population Groups

This section discusses some of the specific migrant and mobile population groups in the country. This covers such basic issues as a ‘continuum of population mobility’, that is, place of origin, mobility process, places of destinations and return and/or resettlement, and also exposure to HIV risk situations. It is helpful to read this section in association with the typology of migrant/mobile populations in the following section.

(1) Hospitality Girls

The very existence of commercial sex in Myanmar is vigorously denied by the government as they attempt control it in the main cities. However, a demand situation, along with a supply of women, ensures that the trade expands. Often referred to as hospitality girls, the women who work in the sex industry can be grouped into two categories: those who work in the domestic services and those who go to work across the border in neighbouring countries.

Domestic hospitality girls: There is a complicated but sizeable domestic sex industry in Myanmar and very little published information is known about it, partly because of the government sensitivity and just a lack of research being undertaken. Men who visit prostitutes can be charged by law carrying convictions of up to ten years in prison. Despite this, the domestic sex industry has become prevalent in Yangon, Bago (Pegu), Pyay (Prome), Magway, Manaday, Monywa, Lashio, Pa-an, Dawei (Tavay), Myeik (Mergui) and other major urban districts. It is more obvious in most of the border towns such as Tachileik, Muse, Mong La, Kyaing Tong (Keng Tung), Myawaddy, Kawthaung or Tamu. There is hardly any

brothel-type service or red-light district. Establishments range from beer bars, restaurants, and karaoke bars to night clubs. Small guest houses operate where men can take women as well as providing drinking facilities; like some of the hotels, where women can accompany men. Sex and entertainment places are becoming a common scene along major highways and trading places. Some border towns have special entertainment places for its visitors from PRC, Thailand and elsewhere. A 'new Patpong' (named after popular Bangkok nightlife district) is recently talked about in Yangon. The majority of women engaged in what are regarded as commercial sex activities may only be part-time, or they may only do it for a short period of time. Otherwise they can be working as traders, labourers with transporters, and transport service workers in roadside tea-shops and restaurants (Porter 1994). Many of the women in the eastern region come from the Shan State. They are popular among clients, especially those coming from PRC and Thailand. Elsewhere, they come from nearby rural areas but sometimes travel far away from their home district to avoid being recognised. Without providing any number of the domestic hospitality girls, it can be safely said that this is a serious problem in the country. There are only two HIV sentinel survey sites for sex workers in the country, in Yangon and Mandalay, signifying poor surveillance and prevention activities.

Cross-border sex workers: In the past several years, Burmese women in the sex trade in Thailand have become an important issue at home and abroad. There is conflicting information about the number of Burmese women and girls working in Thailand. It was reported in the early 1990s that up to 10,000 per year were entering Thailand and most were going into sex work. Some NGO reports suggest that there are up to 30,000 at any one time. Others suggest as little as 6,000. Many of them work in the border towns such as Ranong, Mae Sot, Mae Sai etc. but also in other towns and ports. In the past, most of the girls – many of them minors - were trafficked by well-organised groups and put into Thai brothels (Asia Watch 1993). In recent years, the number of brothels has decreased and been replaced by indirect outlets. This has helped to reduce the number of minors, as well as 'forced prostitution'. In Ranong port area alone, there are about 500 hospitality girls and up to 80% of them are Burmese, who work out of restaurants, beer bars, cafes, karaoke bars, beauty salons, guest houses and, sometimes, shadowy street corners (Chantavanich, Paul et al 1999). About 350 women work in 44 restaurants in the Pak Nam area of the town (World Vision 1998). These known venues and the number of girls are considered too few for the large number of fisherfolk (over 40,000), transport workers and other clients. In the north of Thailand, many girls from the Shan State work in Mae Sai and other towns and cities. Shan girls are popular among Thai clients, along with the Chinese, for their fair skin and complexion. There is a clear link between sex establishment networks in Shan State and those in Mae Sai and elsewhere in Thailand. Many of the hospitality girls may begin their work in Keng Tung or Tachileik and gradually move to Mae Sai or Chiangrai. Mae Sot is another important place for Burmese sex workers.

In the east, hundreds of Burmese girls and women go to the border towns of Muse, Nam Khan, Ho Pang, Mong La etc. While many of them work in the sex and entertainment industries on the Burmese side, some cross over to the Chinese side of the border and provide similar services. According to the girls, the income is much higher on the PRC side and they are also out of sight of people that may recognise them. Some Chinese, Thai and other nationals have wives and mistresses in the border towns and visit them quite regularly.

(2) Fisherfolk and Seafarers

The 1,900 kilometre coastline of Myanmar offers a rich marine environment and much potential for the development of the fishing industry. Fishing is an important source of income for many in the Rakhine, Ayerawady, Mon and Tanintharyi areas. No precise numbers of fisherfolk are known but a World Vision project reports up to 80,000 of them in Kawthaung alone. Other major fishing ports in the southern areas are Dawei and Myeik. Many Burmese fisherfolk cross the border at Kawthaung and work in Ranong Province, or elsewhere in Thailand. Some of them go up to Cambodia or Bangladesh in Thai boats. In Ranong Province alone, there are over 100,000 Burmese, most of them working in fishing and fish-related industries (Paul 1997). Thousands of others work in other ports in Thailand, such as Samut Sakorn, Samut Prakan, Nakhon Si Thammarat, Songkhla etc.

Most of the fisherfolk are young or middle-aged men and originate from the Dawei, Myeik, Ye and Kawthaung areas. Both southern Burmese and Mon work in the fishing business. While many fisherfolk are married with family, many others are single men. As a result, they are known for habits of heavy drinking, smoking and visiting entertainment areas. This is a very common practice among fisherfolk and is sometimes organised by the boat owners or fishing companies. Condom use is particularly low in many circumstances. HIV prevalence among Burmese fisherfolk in Ranong was shown in the mid 1990s to be 17.43% (Paul 1997), and later surveys in four Provinces, Samut Sakorn, Ranong, Songkhla and Trat, showed a prevalence rate of 16.1% (Entz et al 2000). No seroprevalence data is available in Myanmar but behavioural studies indicate similar risk situations exist in all fishing ports in the country (Kyaw undated, National AIDS Program Myanmar 1999, Saing et al undated). In Ranong, after several years of a HIV/AIDS program run by World Vision, it was found that fisherfolk have very high knowledge about the disease but are yet to make significant change in their risk behaviour (Chantavanich, Paul et al 1999). They are likely to have unsafe sex and use drugs more than any other occupational groups among Burmese migrants, such as construction or agricultural workers. A lack of alternative recreational facilities is often cited by the fisherfolk as the main reason for their actions. A recent study, however, identifies that peer pressure and complex socio-economic interactions are the causes of increased alcohol consumption, commercial and casual sex, and drug use among many (Chantavanich, Paul et al 1999). Overall, the HIV risk situation of the fisherfolk in Myanmar remains an explosive issue and must be viewed beyond the usual IEC interventions.

In addition, large number of cargo ships dock in Yangon, Mawlamyaing, Dawei, Myeik and Kawthaung ports. Both Burmese and foreign seamen descend to the shore for rest and recreation. Although the seamen drink and visit hospitality girls, like the fisherfolk, their background, lifestyle and knowledge of HIV/AIDS is markedly different. These people are vulnerable to HIV/AIDS too but their risk situation should be analysed separately for any effective intervention strategies.

(3) Transport Workers

During the past two decades there has been significant change in the road transport infrastructure in Myanmar, in particular in the eastern region of the country bordering PRC, Thailand and Lao PDR. Most of the Shan State is part of the so-called 'quadrangular development projects' that are supported by international organisations such as the ADB, but other projects are done on a bilateral basis. There are two dominant road transport routes in the Shan State:

The first is the Old Burma Road connecting Yangon and Mandalay to Muse that meets with Ruili in Yunnan. This is still the main trade and transportation route between PRC and Myanmar. The major town on this route is Lashio, but intersections at Hsipaw and Theinni

bear significance in terms of transport workers' vulnerability to HIV/AIDS. A branch of the Burma Road, from Theinni to Ho Pang, and then on to Mengti in Yunnan, is gaining prominence. This is the predominant route and traffic volume exceeds the southern route by a factor of ten. Various 'vehicle stops' along this route, particularly border towns, are famous for recreational facilities, including paid sex. This route is also famous as a growing drug trafficking route and an increasing number of drug users, including many of the transport workers (Porter 1994).

The second route is in the southeastern Shan State, the road connects Taunggyi to Keng Tung and then Tachileik and Mae Sai in Thailand, and Mong La and Pangsang on the PRC border. Another sub-road passes through Mong Yu to Jinghong. These southern routes provide trade and transport routes from PRC to Thailand. These routes are gaining prominence in recent years due to support from the ADB, Thailand and PRC. The 'vehicle stops' and recreational facilities, similar to the Burma Road, are developing rapidly due to high demand and the money flow in the area.

Two major transport routes out of Yangon are along the Ayerawady River to Pyay, and Magway to Mandalay, and the other is through Bago to Mandalay. From Bago, one road connects with the northeast of the country, encompassing both Mandalay and Shan State. Another road connects with the southern parts of the country including the Thai border towns, such as Myawaddy, and Three Pagoda Pass, as well as various ports, such as Mawlamyaing. It then continues on to Ye, Dawei and Myeik. Both roads from Yangon to Mandalay are extremely busy but Bago road is utilised more because of better conditions and a shorter route. Bago road is also a preferred route to go to the Thai border in Tachileik and Shan State. So Bago has become an important transport hub for the south, north and central areas of the country. Thousands of vehicles pass through and there are several truck stops in close vicinity to the city. On the southern sector, Pa-an is an important town that leads to Myawaddy. The road further south to Ye, Dawei or Myeik is narrow in the mountainous areas and designated as one-way traffic for big trucks. On the Bago-Mandalay road, Meiktila is an important intersection that connects several roads in the central region and the east. Other towns on this road are Taungoo and Pyinmana. On the Old Burma Road Pyay, Magway and Myingyan are main towns for truck stops.

The characteristics of transport workers vary slightly based on type of vehicle such as trucks, buses, pick-up, sedan taxis etc. While most of the drivers are middle-aged men, their assistants are usually young. Because of the difficult road conditions, they spend days or weeks on the road during each trip. There are a number of popular road stops for the drivers that offer accommodation in guesthouses or hotels and restaurants. Many of these vehicle stops also have entertainment venues, including the services of hospitality girls. Bago, Pyay, Magway and Meiktila are known for a sizeable number of such women and girls. A study by the Institute of Economics (1997) found that transport workers have high-risk sexual irrespective of age, educational status and personal income.

(4) Cross-Border Migrant Workers

The number of migrant workers in Thailand, especially from Myanmar, rapidly increased during the early nineties as the economy surged. In 1996, the number had reached up to one million or more (Archavanitkul 1997). In the same year, a registration process showed that 87% of the workers were from Myanmar (Paul 1997). At that time, only a quarter of all migrant workers in Thailand were registered with the authorities and the rest remained undocumented. Following the economic downturn in Thailand, in 1997, and rising unemployment among the Thai labour force, the government decided to reduce the number of migrant workers. As a result, the government pushed many migrant workers back across the

border. In 1999, the Thai government estimated that there were more than 500,000 migrant workers in the country (Ministry of Labour and Social Welfare, 1999) but unofficial estimates continue to maintain that the actual figure is close to a million as most of the repatriated or deported workers come back after a while. Women make up 30% of the registered migrant workers in Thailand who, in addition to working as domestic helpers, are also employed in construction, agriculture and fishery related businesses (Paul 1997). Unlike many other migrant workers' situation, many women accompany their husbands or family.

Burmese migrant workers provide the backbone of the Thai fishing industry, construction, difficult agricultural jobs, garment factories, and dirty or dangerous jobs that are often shunned by Thais (Chantavanich, Paul et al 1999). Most of the migrants originate from the border areas of Myanmar but some come from as far away as Yangon, Mandalay or Rakhine. It has been observed that the migrant workers remittances provide an important source of cash to families in the country. Income is the main reason for migration to Thailand, from where some of them make their way to Malaysia and Singapore. Although in recent years the number have dropped sharply.

A great majority of the migrant workers in Thailand (and Malaysia) are undocumented, resulting in lack of legal or social protection. Many of them do not have clear information about HIV/AIDS or proper access to health care because of their language and cultural differences. Also, because of their work and living conditions, many of them engage in unsafe sexual relationships. Some small scale HIV testing among migrant workers shows high prevalence of HIV, especially among fisherfolk and fishery related workers, but also construction and agricultural labourers; although there are sharp variations from place to place.

(5) Uniformed Officials

The Burmese military is one of the largest forces in the region and dominates the present government. Because of the continuing border and ethnic clashes, about 330,000 armed forces are deployed in remote areas. They are also periodically rotated to different stations. National sentinel surveillance shows a consistent rise of HIV seropositivity among military recruits, in 1999 representing 2.22% of the people tested (NAP 2000). Military and policemen are described as one the largest groups of clients in the sex venues, which is much more common in remote border areas than in close vicinity to large army bases.

(6) Male and Female Traders

Like the rest of the region, trade and business is expanding, ranging from petty trading in the market and along the roadside to long distance marketing of goods within the country or across the border, particularly the PRC-Myanmar and Thai-Myanmar borders. Many of these traders are mobile, whereby they travel to buy and sell their merchandise at different places, sometimes travelling very long distances and crossing borders. There are also foreign merchants and businessmen, mostly from PRC, who control much of the large trading networks.

Both men and women trade goods and sometimes travel with friends or fellow traders. Their income may be unreliable but many of them have a more consistent income than farmers, and other occupations, with many having sufficient money to spend on drinking and entertainment. When they are travelling and coming into contact with other mobile groups of people and locals, opportunities arise for casual or commercial sexual contacts.

(7) Foreign Tourists and Visitors

Tourists are not generally considered to be implicated in the spread of HIV, except in Tachileik, Kaning Tong, Muse and other border towns; but here there are many 'visitors' from communities across the border as well as tourists. On the PRC-Myanmar border, many Chinese men come for rest and recreation and there are popular entertainment venues (eg. Casino, transvestite show etc) on the Burmese side of the PRC-Myanmar border. Some Chinese, Taiwanese or other Asians marry Burmese women and visit them quite regularly. Some Chinese have Burmese wives in order to have more children than the one child allowed by Chinese law. Only a few Thais visit Tachileik and Keng Tung for such services.

3. Typology of Migrant and Mobile Populations

Much has been described about the typology of migrant and mobile populations in the Cambodia section of this report (also see Methodology and definitions). Both internal migrants and mobile populations, as well as cross-border migrants, are included. They range from migrant workers working in Thailand to traders, transport workers and 'uniformed' officials. Many of them are drawn into HIV/AIDS risk situations inside the country but also at cross-border locations. In general, the HIV risk situation is worse in the border areas because of special border environments that emerge as a result of the convergence of many groups and the lack of organised preventive measures.

Burmese migrant workers to Thailand, particularly those working in sex work, are extremely vulnerable. Table 13 provides a quick review of the internal and external migrant and mobile populations, subdivided by occupational groups, with size of population and risk assessment.

Table 13: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Myanmar

Migrant and Mobile Population Groups	Popn. Size	Geographical Locations	HIV Risk Situations
A. Internal Migrants/Mobiles			
Road/rail construction workers	**	Tachileik-Kyaning Tong-Ruili roads, Ye-Dawei rails	**
Hill Tribes and Ethnic Minorities	*****	Minority states including Myanmar-Thai border areas and refugee camps	**
Hospitality girls	**	Large cities and border towns	*****
Traders	***	Mostly in border towns	***
Road transport workers	***	Along major highways, especially in the northeast	***
Migrant workers	****	Yangon and border towns	**
Resettlement residents	**	Yangon and Shan state	?*
Fisherfolk and Seafarers	***	Dawei, Kawthaung, Myeik and other ports	*****
Uniformed Officials	****	Throughout the country, especially in the border areas	**
Private sector/businessmen	**	Cities and border towns with Thailand and PRC	**
B. Burmese Emigrants			
Migrant labourers	****	Thailand (and Malaysia)	***
Migrant fisherfolk	**	Thailand and elsewhere in Thai boats	*****
Migrant sex workers	**	Thailand and PRC	*****
Refugees	***	Thailand and Bangladesh	?*
C. Foreign Immigrants			
Tourists and visitors	**	Border towns with Thailand and PRC	**

* The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology).

4. HIV/AIDS Situations

According to a latest estimate, HIV/AIDS prevalence in the country is 530,000 (UNAIDS 2000), a figure questioned by the Burmese government. Since the reporting of the first case of HIV in 1988, the number of cases has continued to rise throughout the country. According to National AIDS Program (NAP) statistics, during the last twelve years, over 26,000 HIV positive persons have been identified and over 3,500 AIDS cases confirmed.

While there is controversy over the official response to the HIV/AIDS epidemic and whether enough is being done, many programs have been undertaken in recent years. There are various international agencies resident in the country and cooperating with government agencies to control the spread of HIV. In regards to mobile populations, World Vision has a strong presence in the north and south of the country, with a focus on fisherfolk in the south. The United Nations Population Fund (UNFPA) is cooperating with the Ministry of Population

and Immigration working on border locations with Thailand and PRC. CARE, UNAIDS, the Population Council and PSI have been very active in addressing some of the issues of some mobile population groups. The Myanmar Maternal and Child Welfare Association (MMCWA) is working with seafarers in Dalat. A range of organisations is working with migrants from Myanmar in Thailand.

4.1 The Two Epidemics – Intravenous Drug Use and Sexual Transmission

Myanmar has had an explosive transmission of HIV among IDUs, which has links with the epidemic in Thailand. In 1992 and 1993 surveys, nationwide HIV prevalence among drug users was 62.3% and 71.3% respectively. In some sentinel sites, the seroprevalence was up to 80%. This indicates that the epidemic started much earlier, perhaps at the same time as northern Thailand, in the late 1980s. The initial affected areas were in the Shan State adjacent to the Golden Triangle, bordering Thailand but quickly spread to the rest of the state up to the PRC border, and then on to other states that have established transportation links and significant population mobility, such as Mandalay, Bago and Saging. This epidemic among IDUs progressed to the north of the country, following shifting drug trafficking routes to Manipur, India, from the traditional routes through Thailand and later to PRC. In addition to the drug traffickers, many other population groups on trafficking routes were affected. Today, the HIV epidemic is highly prevalent among IDUs and by the end of 1999 prevalence was 52.9%, covering a large area from Yangon to the whole Shan State, Tamu bordering India, and Myitkyna in Kachin State. Interestingly, IDUs are not prevalent in the country, south of Pa-an, perhaps because of the absence of a viable drug trafficking route. Also, it is apparent that HIV transmission from drug users to the general population is rather slow unless there is significant commercial sex in the same place.

Like Thailand, it did not take much time to detect HIV spreading among sex workers, especially those working in Thailand or on the border areas. During the peak of the AIDS epidemic in Thailand in the late 1980s and early 1990s, there were thousands (consistently referred to be more than 30,000) of young Myanmar girls and women in the Thai sex industry. While HIV education and condom promotion was conducted among Thai sex workers, many of the Myanmar sex workers were left out. The disease spread very rapidly among them. In Ranong Province in Thailand, one of several main destinations of the Burmese sex workers, seroprevalence rates rose to over 60% in 1993 (Provincial Health Office statistics). Sentinel surveillance of limited numbers of hospitality girls inside Myanmar showed a prevalence rate of 4.2% and 10.0% in the years 1992 and 1993, respectively, that increased to 36.5% in 1999. Geographically, sexual transmission and IDUs transmission affected Shan State almost simultaneously because of large numbers of Shan sex workers in Mae Sai and elsewhere in Thailand. These sex workers have links with the sex industry in Tachilek, Keng Tung and other towns inside Shan State and at least some of them work interchangeably. But in other areas, especially southern Myanmar (eg Kawthaung, Myeik, and Dawei), sexual transmission progressed in the absence of IDUs. Although the spread in this area was a bit slower than that of Shan State in the beginning, it is now very widespread. Overall, sexual transmission is now becoming more prevalent among the general population whereas IDUs remain almost segregated among the specific population groups.

4.2 Current Trend of HIV Epidemic

The epidemic is no longer limited to these two specific population groups. Through natural progression, it has now spread among the general population, in particular among people who live and work in high-risk situations. The HIV risk behaviour pattern of some population groups such as transport workers, fisherfolk, traders and migrant workers indicate continuing

transmission of the disease, although very little group-specific seroprevalence data is available to support such claims.

The composite crude rate of AIDS reporting in the eastern areas bordering Thailand was 39 times higher than the western border with Bangladesh and 3 times higher than the central region (Goodwin and Rai Mra 1997). This imbalance in geographical distribution is further supported by the results of the sentinel surveillance. As a whole, HIV transmission in the eastern areas bordering Thailand and PRC is progressing unabated because of the dual epidemics: IDUs and returning women and girls. On the western border it is still limited to IDUs only.

Nationwide, HIV infection rates among all sentinel groups continue to rise. Among military recruits, who roughly represent the rural male population, the prevalence has consistently increased from 0.56% in 1992 to 2.22% in 1999 (Figure 1). On the other hand, pregnant women, who roughly represent sexually active married women, the prevalence has changed from 1.9% in 1992 to an alarming 3.4% in 1999. The prevalence among commercial hospitality girls showed a dramatic increase from 4.2% in 1992 to 36.5% in 1999. The linear trend in this particular group is very steep. Overall, countrywide HIV prevalence among the adult population is estimated to be at 1.99%, very close to Thailand's 2.15%. But the main difference is that the epidemic in Thailand started about 8-10 years ahead of Myanmar, and there are encouraging signs in the north of Thailand of declines in rates of transmission. With this rapid pace of transmission, HIV prevalence in Myanmar is expected to exceed Thailand soon and, perhaps, catch up the regional leader Cambodia in the near future.

Figure 1: HIV Prevalence Among Military Recruits

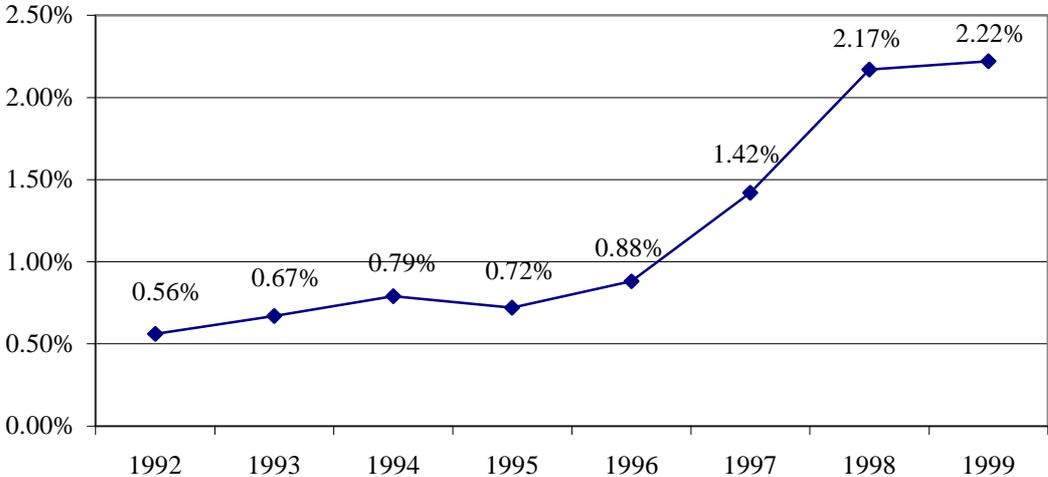
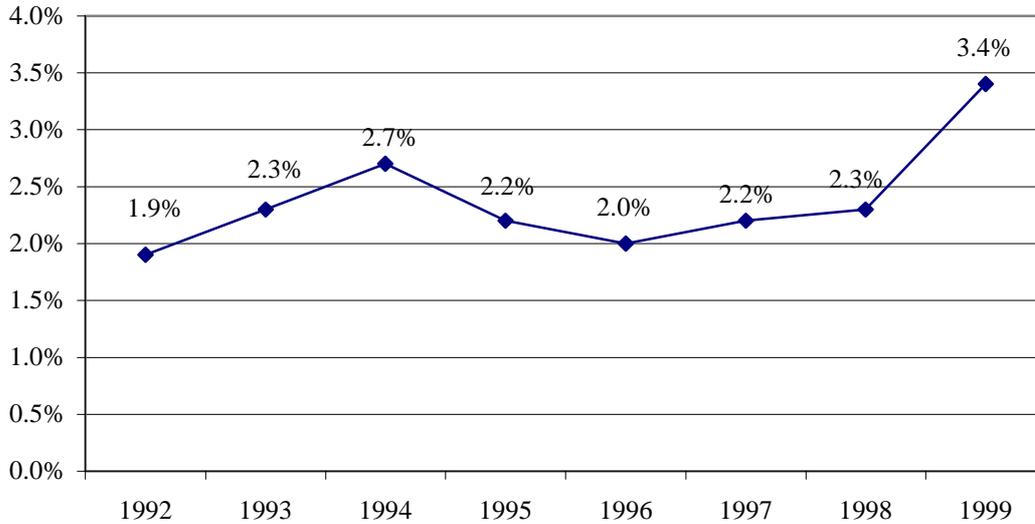


Figure 2: HIV Prevalence Among Pregnant Women



4.3 Hot Spots of Population Mobility and HIV/AIDS

In this section we provide a list of Hot Spots for population mobility and HIV/AIDS. It has been widely accepted in Myanmar that a large number of mobile populations – both internal and external – have a very strong bearing on the transmission of HIV/AIDS in the country. As shown in the typology of mobile populations above, many of these groups interact with other mobile populations as well as local populations. It is therefore crucial to identify locations that have a large number of mobile populations with risk situations for HIV transmission. It is expected that a well-designed mapping of Hot Spots of the country will assist with prioritising areas and approaches for interventions. Table 14 should be used as a model for developing a list of acceptable Hot Spots that can then be monitored and changed overtime. See Map 4 to view the actual location of the Hot Spots.

In addition, Mawlamyaing and Ye, with significant numbers of fisherfolk and transport workers, should also be carefully assessed for HIV vulnerability. Pyay and Magway, on the road from Yango to Mandalay, are important truck stop points, with hospitality girls visible, and thus should be considered as potential Hot Spots. Myitkyina in Kachin state is considered vulnerable as it has a trading route with PRC, as well as being located on a drug trafficking route.

Table 14: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Myanmar

Hot Spots	Migrant/Mobile Population Groups	Popn. Size	HIV Risk Situations
Tachileik	Transport workers, migrant workers, hospitality girls, traders, tourists, uniformed officials, IDUs	****	*****
Keng Tung	Transport workers, hospitality girls, traders, uniformed officials, construction workers, IDUs	***	***
Mong La	Transport workers, tourists, hospitality girls, traders, IDUs	**	**
Taunggyi/ Aungbon	Transport workers, hospitality girls, traders, uniformed officials, construction workers, IDUs	***	***
Lashio	Transport workers, hospitality girls, traders, IDUs,	***	**
Muse	Transport workers, hospitality girls, traders, businessmen, uniformed officials, IDUs	****	***
Mandalay	Transport workers, tourists, hospitality girls, traders, businessmen, IDUs	***	**
Meiktila	Transport workers, tourists, hospitality girls, traders, IDUs	**	**
Monywa	Transport workers, hospitality girls, traders, IDUs	**	**
Tamu/Moreh	Transport workers, traders, IDUs	*	**
Yangon	Transport workers, traders, hospitality girls, state officials, tourists, IDUs,	*****	***
Bago	Transport workers, hospitality girls, traders, construction workers	**	**
Pa-an	Transport workers, hospitality girls, traders, uniformed officials	***	**
Myawaddy	Migrant workers, traders, transport workers, hospitality girls, tourists, IDUs	***	**
Phyathongsu	Migrant labourers, hospitality girls, traders, uniformed officials, IDUs	**	**
Dawei	Fisherfolk, hospitality girls, traders, state and uniformed officials	**	***
Myeik	Fisherfolk, hospitality girls, traders, state officials, uniformed officials	**	**
Kawthaung	Hospitality girls, fisherfolk and seafarers, migrant labourers, traders, state officials, uniformed officials	***	****

**The number of asterisks proportionately signifies population size/severity of risk situations.*

5. Conclusion

Myanmar has a unique situation of population migration and mobility in and out of the country. No other country in the GMS has such a large proportion of population living outside its own territory. There are three main reasons for the large-scale migration/mobility. First, ethnic conflict has driven away many minorities from their home and some of them have crossed into Thailand and Bangladesh. Political dissidents and student activists have also escaped to Thailand and India. Secondly, the continuing economic hardship and the lack of employment opportunities acts as a strong 'push factor' for many people to leave for major cities, mining areas, border locations and across borders to Thailand, PRC and elsewhere. This is by far the largest group but is often mixed with ethnic or political dissidents. Thirdly, the government controlled resettlement program in various places causes significant movement. Some of the large resettlement projects involve thousands of people and secondary migration is not uncommon if people are not satisfied with the conditions in the resettlement areas.

In addition, there are millions of others who move from place to place for work-related matters such as transport workers, traders and businessmen, state and private sector officials, uniformed officials, fisherfolk and seafarers etc. The demographic characteristics, nature and frequency of movement of these people depends largely on the types of jobs they do. A long distance truck driver travels out of his home almost every week whereas a uniformed official may live away from home for months. Each of the occupational groups has its own social network, determined by patterns of movement and other characteristics, which in turn determines the degree of involvement in HIV risk situations.

The HIV/AIDS epidemic in Myanmar is closely associated with the Thai and Chinese border areas. Many IDUs live in and around the Golden Triangle and some of them have links with drug traffickers. From here, drug trafficking and use spreads to nearby Mandalay, Muse and then to Yunnan. Early sexual transmission of HIV was evident among Burmese return migrants to Thailand, especially among women and girls. As mentioned earlier, HIV prevalence was many times higher in the Thai border areas than in the central or western areas, although in recent years this gap has narrowed, with increasing prevalence in Mandalay and Yangon and other major urban districts. HIV is now evident everywhere and, in many areas, it has reached the psychological threshold of 2% prevalence among the adult population and much more so in certain sub-populations, such as fisherfolk. In this situation it is not necessary to have new exposure to the so-called high-risk groups such as hospitality girls or IDUs to sustain HIV transmission rates. Thus, HIV transmission will continue among people through casual and regular-partner sex unless effective prevention methods are in place to limit such transmission.

HIV prevention programs in Myanmar are still in a very early stage and many people are still not fully aware of the disease, or aware of condoms and the correct use of condoms. The country also lacks the funds which are essential for communities to effectively respond to the problems. Community mobilization is particularly essential for the care and support of people living with HIV/AIDS (PWHAs). With an estimated half a million PWHAs in the country, very few are identified and most are not getting adequate care and support. PWHAs, who play a crucial role in care and support, advocacy and prevention activities, are still struggling to form groups or networks, which are now common in neighbouring Thailand, Malaysia and even Cambodia.

In conclusion, HIV transmission in Myanmar is extensively related to population migration and mobility in the country. A very large number of the mobile population groups – internal and external – are involved in HIV high-risk situations that will continue to spread HIV to the general population. Despite early warnings of the potential for the rapid transmission of HIV in the country, a limited number of effective prevention activities are in place. It is therefore of the utmost importance to develop comprehensive HIV/AIDS responses for migrant and mobile populations and incorporate them as part of the mainstream HIV/AIDS programming of the country. Interventions aimed at trafficking and human smuggling networks, which accelerate unproductive mobility, should also be a priority.

E. Country Report: Vietnam

1. Country Profile

Stretching along the China Sea, for 1,650 kilometres from north to south, and with an actual coastline of over three thousand kilometres, Vietnam is the largest of the lower Mekong countries (Maps 1, 2 and 3). Almost 75% of the land is mountainous, leaving the remaining valleys and plains for cultivation to feed the population of 77 million. Red River Delta in the north, and Mekong River Delta in the south, are among the most dense populations in the world. These two river deltas, providing very fertile rice farming land, as well as fresh water fish stock, are vital for the country's wellbeing. Highland minority groups populate the mountainous areas although, in the recent past, many lowland Vietnamese migrated into mountain areas, often sanctioned by the government. Vietnam is still a poor agrarian country with GNP per capita of 350 USD in 1998 (UNDP). The industrial and service sectors are growing slowly following the advent of economic reforms in 1986, known as *Doi Moi*.

Vietnam has achieved a very high literacy rate of 97% among men and 91% for women. Despite this, women still play a subordinate role in society. They are generally expected to show four qualities: skilfulness, beauty, gentleness and virtue. Social changes to improve women's status are taking place, albeit slowly. Under socialism the country has achieved excellent primary health indicators. During the last four decades, the infant mortality rate has been reduced from 147 in 1960 to 33 in 1996 (WHO 1998). But the major health concerns are those that remain common in many developing countries, such as infectious and parasitic diseases, particularly diarrhea, malaria, tuberculosis and respiratory infections. Road accidents, cancer and heart diseases are on the rise, especially in urban areas.

Table 15: Country Profile – Vietnam

Land Area	331,689 square kilometres
Number of Provinces/Municipalities	61
Total Population	77.2 million
Population Density per sq.kilometres	219 per square kilometre
Total Fertility Rate	3.21 per women
Annual Population Growth	1.8%
Infant Mortality*	31/1000 livebirths
Urban Population	25%
Life Expentancy (in years)	M=63.8 & F=67.95
Male-Female Ratio	51.5% female
Literacy Rate	91.5%
GDP per capita*	US\$ 310

*Source: National AIDS Bureau 1999 and *Unicef 2000*

Vietnam experienced a large-scale population migration during the war in the 1960s and early 70s, although many people have since returned to their places of origin. In recent years, lack of agricultural land in the overcrowded Red River and Mekong Delta Provinces, and scarcity of alternative income led large numbers of people to migrate to other parts of the country. Interestingly, the greater portion of this migration is rural-rural, leading some to say that this demonstrates the Vietnamese people's attachment to their rice growing culture (Mundle and Arkadie 1996). About a quarter of the internal migration was rural-urban, a great majority of it to Ho Chi Minh City, the industrial heartland of the country.

2. Migration and Mobility

2.1 Internal Migration and Mobility

Internal population migration in Vietnam has become a subject of interest in the 1990s following the years of economic reform, popularly known as *Doi Moi*. The 1989 census showed that, in the five years period of 1984-1989, only 4.4% of the population moved between districts, with almost half of that movement being between regions (UNDP 1998). There was considerable population movement during the war years, much of which was a result of either displacement by fighting, rural-urban flows in the south, urban-rural flows in the north, and strategic consolidation of settlements in the south (Barbieri et al, 1995). After reunification, in 1975, there were large-scale population movements from cities to rural areas caused by family reunification and resettlement to the New Economic Zones (NEZ), mainly in the south (Bannister 1993). The Vietnam Living Standard Survey in 1993 showed that approximately three quarters of all internal migration was rural to rural (Mundle and Arkadie, 1996). It has been emphasised that the level of migration to urban areas was probably underestimated because of the presence of large numbers of 'temporary migrants', and those living without legal registration do not appear in official statistics. While most rural migrants integrate into existing agricultural systems with relative ease, it is more problematic to integrate into urban areas.

Currently, as many as 700,000 people are unofficially migrating to major urban centres each year (Nguyen 1998). Often termed as 'spontaneous migrants', many of these people do not appear in official statistics. According to official statistics, most of the rural-urban migration occurred in Ho Chi Minh City (HCMC) and Hanoi, the former receiving about 70,000-100,000 annually, and the latter about 22,000 (UNDP 1998). A great majority of these people are young - in their twenties or younger. In Hanoi, about 43% of the migrants work in the service sector (eg pedicab and motorcycle taxi drivers), 20% in construction, and just over 10% in sales. In HCMC, most of the migrants work in manufacturing, service and professional jobs. Following the path to industrialisation, thousands of migrant workers continued to enter into NEZs, mostly in the south but also in the north and central region. One particular group of migrant people who deserve a mention here are the students and trainees who come from the Provinces to the major cities of HCMC and Hanoi.

Other internally mobile populations are traders and businessmen who constantly travel, often within the Province but also across Provinces or regions, or even across borders. Male traders, who have a good income and are away from home and the 'social controls' of their community, can be tempted into indulging in casual and commercial sex. It is known that some female traders, who appear to be increasing in number, can also be tempted, when away from home and in a different environment, into casual sexual relationships. Sales agents of private companies, who are usually on good travel allowances, are reportedly some of the regular clients of sex and entertainment workers. State and private enterprise officials, who often travel, are appreciated for their polite demeanour and good tips, according to the sex and

entertainment workers (Le Bach 1999). Police and military, especially those posted in remote border areas, are among the frequent visitors of sex workers as well. Sometimes they do not pay for services but provide security and protection to the establishments.

Gender in migration: Females outnumber males in the migration streams (UNDP 1998). In HCMC, most of the females are young, often in their teenage years, and approximately two-thirds are unmarried when they arrive. Over half of them work in manufacturing – particularly in textile, clothing and food processing industries – while another quarter work in trade, sales and service; and about 10% as domestic servants (UNDP 1998). There is little or no mention of women employed in sex and entertainment businesses. In Hanoi, female migration is still slow because of lack of job opportunities although it is now becoming more apparent in the service sector, particularly in domestic help services, and entertainment services.

Social impact: A notable negative impact of rural-urban migration, relevant to HIV/AIDS, is women's involvement in 'social evils', namely drugs, prostitution and gambling. According to UNDP's HCMC study, many of the workers involved in illegal occupations, such as prostitution, are migrants (UNDP 1998). Similarly, many of the sex and entertainment workers in Hanoi are migrants from the nearby Provinces (Le Bach 1999). In general, many urban migrants who are yet to register in the cities face many difficulties in accessing regular health services, as well as in raising children, in a new environment where there is some hostility toward them.

2.2 Cross-Border Migration and Mobility

Vietnam shares a 1,150 kilometre border with PRC, a 1,650 kilometre border with Lao PDR, and a 950 kilometre border with Cambodia. Unlike in the past, these borders are not serious impediments to population movement. The nonphysical barriers of many borders have been removed, or at least relaxed, by political and economic reforms. Many official and unofficial border crossings have been opened to facilitate movement of people and goods. Roads and bridges are being built to reduce physical barriers, often with the support of foreign development agencies, resulting in better and faster transportation inside the country and across borders. In general, the nature and size of cross-border population mobility depends on many different factors, mostly related to economic activities, and these factors are described in the following paragraphs.

(1) PRC-Vietnam border: Even when political relations between PRC and Vietnam were strained, cross-border movements continued motivated by ongoing trade and business connections. Normalization of relations has accelerated in recent years with the result that border crossings between the two countries are thriving, with large scale trading and business expansion. The two main border crossings are Dong Dang (Lang Son Province) and Lao Cai (Lao Cai Province). In Dong Dang, one hundred thousand heavy vehicles were counted in September 1999, along with half of this number of light vehicles (Uhrig 2000). At least three hundred trucks a day pick up or drop off goods at the three border gates. These are meeting points of thousands of traders, truckers, visitors, border police and state officials. There is an active sex industry, with Vietnamese women on the Chinese side of the border at all three gates (Uhrig 2000). In addition, many Vietnamese girls and women migrate to PRC. Some of them marry Chinese men while others work in domestic services or as sex workers. IDU is a serious problem here especially among young people, including truck drivers. The situation in Lao Cai is very similar to Dong Dang. In Tra Linh (Cao Bang Province) and Thanh Thuy (Ha Giang Province) cross-border mobility is much less than than Dong Dang. In Mong Cai (Quang Ninh Province), cross-border traffic is much lighter. However, IDU is highly prevalent in the Province, including border areas and among fisherfolk and seafarers. Overall

cross-border mobility at the PRC-Vietnam border is very intense with grave HIV risk situations.

(2) Lao-Vietnam border: This border is relatively quiet because of the slowdown in the economy. The main crossing point is Lao Bao in Quang Tri Province. It has received wide attention because of the much heralded 'east-west corridor' development project that connects Mukdahan in Thailand with Savannakhet in Lao PDR by a bridge, and the upgrading of route number 9 in Lao PDR and Vietnam, through Lao Bao to Danang seaport (see Lao PDR report). These development projects are supported by the ADB, as well as the Japanese and Australian governments. In Lao Bao, about one hundred trucks and 200-400 hundred people cross the border daily. Most of them are traders and truckers (CARE 2000). Trading at this location has been seriously affected by the economic crisis in Thailand and Lao PDR. In Lao Bao, there are discreet sex workers in the restaurants and karaoke bars, which is more open on the other side of the border. It is widely expected that, following completion of the Mukdahan-Savannakhet bridge and upgrading of Highway 9, trade and population mobility will increase significantly along this road. In Tay Trang (Lai Chau Province), Chieng Ve (Son La Province), Nam Can (Nghe An Province) and Plei Kan (Kon Tum Province), in addition to the mobility of some trucks and people, the former two locations are suspected to be trafficking points for opium and heroin, from the Golden Triangle through Lao PDR to Vietnam. Opium users in these areas may switch to injecting drugs if similar patterns occur as elsewhere, namely a scarcity of opium near trafficking routes leading to injecting of heroin. Further situational assessment is urgently needed to examine these areas and determine their potential for HIV/AIDS risk.

(3) Cambodia-Vietnam border: This border is very porous, especially in the southern sector where people on both sides of the border have close ethnic and cultural ties. The major land crossing between the two countries is at Go Dau (Tay Ninh Province). At the Moc Bau border gate about 300-400 people move through across the border daily (CARE 2000). Most of the Vietnamese migrants from here continue to travel to Phnom Penh and other large cities. In both Go Dau and Bavet (on Cambodia side) there are about 120-150 service girls. Three other less active land border crossings are Xa Mat (Tay Ninh Province), Ha Tien (Kien Giang Province) and Chu Ty (Gia Lai Province). In Chau Doc and Tan Chau (An Giang Province) and Hong Ngu (Dong Thap Province) many Vietnamese use Mekong waterways to go to Cambodia. In the Mekong Delta Provinces, there are many internal risk factors (eg commercial sex) for HIV transmission, but the risk situations are aggravated by return migrants from Cambodia who might have been exposed HIV/AIDS there.

2.3 Trafficking of Women and Children

Like many of its neighbours, trafficking in women and children is a growing problem in Vietnam. Until very recently, not much was not known about trafficking or prostitution and it was rarely a topic of discussion. The ratio of child sex workers is believed to be steadily increasing from 2.5% in 1989, 11% in 1994, and 11.4% in 1995 (Le Bach 1999). This coincides with a rapid increase in the overall number of the sex workers in the country, reportedly up to 200,000 sex workers, with 7% (UNICEF) to 10.5% (MOLISA) being children (Bond and Hayter 1998).

In a recent survey of 339 child sex workers (girls under 18 years of age) in Hanoi and Hai Phong, it was found that nearly 50% decided by themselves to enter into this work and the others were persuaded, deceived or forced (Le Bach 1999). Most of them originated from the rural areas and the reasons for entering this work are all too familiar: to help a family in poverty, family and personal problems, desire to make quick money, and deception or force. Child trafficking is also common among the Vietnamese sex workers to Cambodia and PRC.

A recent nationwide survey undertaken by the Human Rights Committee in Cambodia found 14,725 sex workers of which 2,291 were children and 78% of them Vietnamese (Kelly and Le Bach 1999). The situation appears to be worse in PRC although no proper statistics are available.

2.4 Specific Migrant and Mobile Population Groups

This section discusses some of the specific migrant and mobile population groups in the country and their characteristics, including ‘continuum of population mobility’ ie place of origin, mobility process, places of destinations and return and/or resettlement. This section can be read in association with the typology of migrant/mobile populations in the following section whose findings are presented in table format.

(1) Sex and Entertainment Workers

Like elsewhere, prostitution in Vietnam is as old as human history. The *Tales of Kieu* describe the filial piety of Vietnamese society as the young Kieu sold herself (for sex) to save her family. This is manifested in the modern day prostitution, where many girls and women enter into this work with the sole purpose of helping their family out of poverty. During the French colonial period, prostitution existed in large cities in brothels and salons. At the time of the Vietnam War prostitution boomed in the south, providing entertainment for soldiers and officials, especially foreigners. In the north, socialist development had virtually eliminated commercial sex. After national unification in 1975, the number of sex workers in the south was estimated at 10,000. Ten years later, in 1994, an estimate showed about 76,885 sex workers throughout the country (Kelly & Le Bach 1998). In recent years, the Ministry of Labor, War Invalids and Social Affairs (MoLISA) and UNICEF estimated that there are up to 200,000, with wide distribution throughout the country (Bond & Hayter, 1998). While the new economic order has created new opportunities for economic growth, new challenges have arisen in the social realm, the most destabilizing of these being the widening gap between the rich and the poor (Le Bach 1999). The present dilemma of Vietnamese society is that many long-held traditions and beliefs – some of which have been very positive for the cohesion of family and society – have eroded, before and during the *Doi Moi* reforms. The expanding market for the sex industry, and child prostitution in particular, is an indication of changing social mores and the erosion of values.

Domestic sex workers: Those who work in the present sex industry can be grouped into two categories: those who work within the country and those who go to work across the border. Although the Vietnamese sex workers in Cambodia, PRC and Lao PDR are the most talked about, in fact the domestic sex market is much larger and more complex. The domestic sex industry is now prevalent in Ho Chi Minh City, Hanoi, Hai Phong and other major urban districts. The establishments range from direct brothels, mini hotels and *beer om* to indirect karaoke bars and night clubs. There are also places like *Thanh Tuoi* for special service *huong dong gio noi* (scent of rice field), essentially referring to the sex services of authentic very young country girls. In HCMC and other cities, *beer om* or ‘hugging bar’ is a popular form of entertainment for many revelers.

Today, sexual services for money can be found in the great majority of the 61 Provinces, especially along highways, at border crossings and in seaports. Depending on the types of establishments, recruitment of the girls and women into the system involve the family or relatives, friends, recruiters, ‘establishment’ owners and guards and pimps. In many places, local authorities have a hand in the running of these places. Typically, the girls and women come from the rural areas of nearby Provinces and they usually don’t have to travel too far from their hometown. For example, most of the sex workers in Hanoi and Hai Phong come

from the Red River Delta Provinces (Le Bach 1999). It is very unusual to find a sex worker in Hanoi who originated from the Mekong Delta. Similarly, most of the sex workers in HCMC come from the Mekong Delta area and nearby Provinces. In the domestic sex market, local Vietnamese form the bulk of the client base and, ironically, one study in the north found that the largest group of clients are state officials (Le Bach 1999). Private sector employees, young men from rich families, police and military, foreign tourists and businessmen can also be regular clients.

Cross-border Vietnamese sex workers: In the past several years, Vietnamese sex workers have become an important issue at home and abroad. The main destinations of these girls are Cambodia, PRC and Lao PDR. There is conflicting information about the number of Vietnamese sex workers in Cambodia. The Ho Chi Minh City Women's Union reported that 40% of the total 30,000 sex workers in Cambodia were Vietnamese. A 1997 UNICEF report suggested the much lower number of 6,000 Vietnamese sex workers. In addition to large cities like Phnom Penh and Sihanoukville, the Vietnamese sex workers could be seen in the border with Thailand eg Koh Kong and Poipet. Some of them also work in Thai border towns eg Khlong Yai in Trad Province. Major originating Provinces in Vietnam include An Giang, Kien Giang, Tay Ninh and surrounding Provinces although no precise information about areas of concentration has been established. They usually travel by road at Go Dau in Tay Ninh Province and through Takeo and Kampong Cham. Some girls and women travel by boat to ports in Kandal and Bak Dey in Takeo.

In the north, thousands of girls and women go to the neighbouring Provinces of PRC, mostly from Lang Son, Quang Ninh and Lao Cai but also other Provinces of the Red River Delta. Most of the destinations are remote mountainous areas in Nam Ninh, Bang Tuong, Dong Hung, Ca Cuu etc, where they become wives, servants and labourers (SCF/UK 1999). Many others work in the border towns of Mong Cai, Lao Cai and Lang Son as sex and entertainment workers. In Lao PDR, there is a small number of Vietnamese sex workers, mostly along the east-west corridor at Savannakhet and Dang Savan but there also some in Vientiane. Most of these women come from the central Provinces (SCF/UK 1999).

(2) Fisherfolk and Seafarers

The 3,260 kilometre long coastline of Vietnam is dotted with nineteen major ports and many smaller ones. In addition to the usual trading and services, most of these ports have a large fishing industry. Cargo ships also dock in many of these ports, especially the large ones. So these ports are meeting places for many land-based mobile people, such as traders and businessmen, transport workers, migrant labourers, sex and entertainment workers, in addition to fisherfolk and seafarers.

There is a marked difference between the fisherfolk and the seafarers of cargo/passenger ships. Fisherfolk usually come from low socio-economic backgrounds and have a low education. They work in ports that are close to their hometown and usually maintain close contact with their family. Their work is very hard and they have very poor living conditions on the boat. Usually they go out to sea for long trips of up to a month or more and, on their return go to their hometown, although some boats may dock in other ports nearby within the country. They then spend a short period onshore sometimes with the family. Their jobs may not be stable and are often dependent on seasonal work, and thus their income is unreliable as well. Some unofficial reports suggest that there are up to 550,000 or more fisherfolk in the country, and double that number are involved in fisheries related businesses. Most of them have low knowledge about many issues including health and HIV/AIDS.

Seafarers, who work in cargo and passenger ships have the higher education of upper secondary to maritime college graduates, and belong to the middle class. Usually their work

is light and they have fair living conditions in the ship. Their ships make short trips in the domestic waters but may take long trips when they travel abroad. They have stable employment and income, though not very high. So the seafarers often work far away from home. Although they may try to maintain contact with the family, their long separation and loneliness encourages them to find a new 'sweetheart' in other ports. They usually have good knowledge about health and other social issues.

While on shore, both fisherfolk and seafarers may indulge in drink and sex, often with sex workers. But their background, lifestyle and level of knowledge puts them at different scales of HIV vulnerability. Also, there is a marked difference in the organisation and channels of communication, which is important in intervention programs. Thus, the necessity of noting here those factors that account for different HIV vulnerability.

Some of the major rivers and seaports in Vietnam are Ho Chi Minh City, Vung Tau, and Rach Gia in the south, Hai Phong and Ha Long in the North, and Da Nang and Nha Trang in the central region. Last year a seafarer research team studied HIV vulnerability in four locations – Hai Phong, Da Nang, Can Tho and Rach Gia (Seafarers Research Team, undated). Their report provides some detailed information on the fisherfolk and seafarers. While many of the seafarers are involved in casual and commercial sex, and sometimes drug use, many of them do not have a clear understanding of the risk of HIV transmission associated with their behaviour. As a result, they are not likely to rely on preventive measures, such as condoms and clean needles. This report however, did not discuss much about their interactions with other mobile population groups nor the local people. There is also very little information about the existing responses by the government, local authorities and private sector. It will be very important to supplement some of this information in order to develop appropriate responses at these locations. In the absence of detailed information about the other ports, anecdotal data supports similar or even worse HIV risk situations in many of them.

(3) Transport Workers

A rapid assessment of factors related to HIV vulnerability on several major transport routes in Vietnam was conducted in late 1999 by research teams composed of members of the National AIDS Bureau (NAB) and social scientists who studied Hot Spots of HIV vulnerability in eight Provinces (Uhrig 2000). Earlier, a smaller but detailed study was conducted by World Vision International (WVI) in Danang and the neighbouring Central Vietnam Provinces (Beesey 1998). Following the latter study, the provincial AIDS committees of four central Provinces of Quang Tri, Thua Thien Hue, Da Nang and Quang Nam joined in a project supported by WVI to reduce transmission of HIV among truck drivers and related population groups. The Provincial AIDS Committees of the southern Province of Tay Ninh and central Quang Tri, in association of CARE, have also developed interventions at two border areas (CARE 1997). Much of the documented information about transport workers is available from the above sources but also from the NAB.

Many changes have occurred in the trucking industry during the past eight to ten years that have resulted in a significant increase in the number of drivers, and a reduction in income (Beesey 1998). One of the changes is that there are far more young people driving now than in the past. Long distance drivers must spend long periods away from home, which leads them to seek out entertainment for relaxation when they can afford the time and money for it. At the same time, the number of sex and entertainment venues has increased significantly along the major transport routes all over the country and they can be easily identified. Many of these Hot Spots are near provincial or national borders, or river and sea ports where land and water transport routes converge (see list of Hot Spots). There are food, drink, accommodation, safe places to park vehicles loaded with goods, and entertainment and sexual

services available. It is common that drivers meet sex workers at the stops along their journey, especially in small restaurants or drink shops where sexual services may be negotiated. Sometimes sexual encounters may occur more directly through meeting low cost roadside girls. Hot Spots fluctuate in degree of activity. New Hot Spots develop as others are suppressed. Suppression leads to Hot Spots being formed on the other side of provincial borders, or to services being offered in more clandestine ways that may increase HIV vulnerability and make it difficult for people to access HIV prevention services.

Younger drivers are more likely to patronise sex workers more frequently than older drivers. Beesey (1998), notes four behaviours that are characteristically taken as masculine behaviours in Vietnam: smoking, drinking, gambling, and patronising commercial sex workers (CSWs). These behaviours are prevalent among many drivers. Drivers often implied that in the face of temptation their defense is weak. Both short and long distance truck drivers and their assistants buy sex. Small vehicle drivers, motorcycle taxi drivers, domestic tourists, passenger car users, state officials, businessmen and traders also buy sex. In the port towns, fisherfolk and seafarers use the same sex services as the transport workers. Motorcycle taxi (xe om) drivers are a very important part of these activities as they know much about the sex industry and guide the clients to the area. Alcohol is recognised by many people to play a major role in increasing risk behaviour, especially for younger men. Overall, unprotected sex is still commonplace in many instances and transmission of HIV and STDs are likely to occur. Some local transport workers in the north and some northern truck drivers working in the south inject opiates.

Almost all Provinces along highway number one – that extend from Lang Son to Ca Mau – have some large or small Hot Spots. Other important Hot Spots along road transport routes are Vung Tau in the south, Lao Bao (Quang Tri) in the central region, and Hai Phong, Viet Tri and Lao Cai in the north. This may appear to be a long list of places but the fact is that HIV risk situations exist in all of these places as well as many others along the trucking routes.

(4) Vietnamese Migrant Workers

Labour migration out of Vietnam is not a new phenomenon. During the early 1980s, some 300,000 workers and experts went to work in the former Soviet Union and East European countries (Business Vietnam 1998). In the 1980s, large contingents of Vietnamese military and civil officials were deployed in Cambodia and Lao PDR. At the same time many migrant workers, particularly fisherfolk, construction workers and entertainment workers also went to Cambodia (see section on Cambodia).

Since 1992, Vietnam has found a new labour market, mostly in Asia but also in the Middle East and as far as Africa. According to a MoLISA report (cited in Vietnam News, June 10, 2000), Vietnam sent 12,660 workers abroad in 1996 and 21,810 in 1999. They expect to send about 30,000 workers this year. MoLISA is targeting to raise the total number of overseas workers to 500,000 by year 2005. At present, they work in 38 countries, with the most favoured destinations being South Korea, Japan, Lao PDR, Taiwan, United Arab Emirates and Senegal. Earnings total more than one billion US dollars per annum. Most of workers abroad are employed in various jobs such as electric works, electronic assembly, garment factories, nursery and domestic help, depending on the needs of the receiving countries. Both men and women participate in the migration and in recent years the numbers of women are rapidly increasing, particularly in garment industries and domestic help. Most of these workers pass through legal channels but, like other similar situations, processes can lead to them becoming undocumented workers. Undocumented workers, such as those cross-border migrants into Cambodia and PRC, do not appear in these statistics.

The situation of Vietnamese migrant workers in South Korea and their HIV vulnerability was studied by CARE (CARE 1999). Experience from other similar situations of migrant workers in Malaysia, Singapore, Japan, Hong Kong and Taiwan indicates that HIV vulnerability increases significantly in the receiving countries due to language and cultural barriers, difficulty in accessing information, poor living conditions, lack of recreational facilities and inadequate health services (CARAM 1998, Hour-Knipe 1996, Panitchpakdi 1997). The situation is particularly serious for the illegal migrants who cross borders for work in Cambodia, PRC and, perhaps, Lao PDR. Because of the nature of employment, as well as the high prevalence of HIV, such as in Cambodia, the HIV vulnerability of these Vietnamese workers is considered very high.

(5) State Officials

Several million state officials form the mainstay of the workforce of Vietnam. They range from senior officers to drivers and other support staff. Many senior officers are middle aged, or old. Because of their work, many of them travel outside their duty stations. By sheer weight of numbers, these state officials form a good segment of the internal mobility in the country. In the customer portraits of the child sex workers, Le Bach (1999) described the largest group as state officials and state enterprise employees. According to him “it is not uncommon for state officials, when travelling to other Provinces, to visit disguised brothels to have fun by themselves or with local hosts who want to treat them nicely”. The girls also like them because of their polite behaviour and good tipping. Private sector employees working in the same situations do the same, so this is not unique for the state officials but rather a common phenomenon of many mobile men.

(6) Uniformed Officials

Similar to the state officials, the military and policemen (‘uniformed officials’) form another important group of the male workforce in the country. Border police and military are sometimes posted in distant areas, including borders, often without family. They are also periodically rotated to different stations. Military and policemen are described as the fourth largest group of clients in Le Bach’s study (1999). It is much more common in remote border areas than in the close vicinity of large army bases.

(7) Male and Female Traders

Like the rest of the region, trade and commerce is undergoing rapid expansion in Vietnam. This ranges from petty trading in markets and along roadsides to the long distance marketing of goods within the country or across borders, particularly on the PRC-Vietnam border. Many of these traders are mobile, whereby they travel to buy and sell their merchandise at different places. These people – both men and women – often have a very busy and stressful life. Usually their earnings are good and they therefore have a disposable income for rest and relaxation. They travel alone and usually spend time and nights with friends and acquaintances. This creates a situation where male traders take the opportunity to drink and sometimes visit sex workers. Some female traders away from family and living a stressful life may become involved in casual sex. Some women traders have been known to use sex and sexuality, or are forced to use sex, to negotiate safe passage, sometimes getting a ‘free’ ride with a truck drivers (Beesey 1998 & Lyttleton 1999).

(8) Construction Workers

Construction workers are found throughout the country, in urban centres and remote rural areas. In large cities, especially HCMC, there is a boom in building which requires a large pool of workers drawn from the countryside. Other labourers are working in dam, road and bridge construction. Construction workers move into the area and interact with local people

and/or other migrant people who move in to serve the workers. Road construction workers are currently in several locations along Highway One in Quang Binh, Quang Tri and other Provinces. There is also a large number of construction workers on Highway Nine to Lao PDR (east-west corridor) as well as Highway 22 to Cambodia (Asian highway). The next large project planned is turning the infamous Ho Chi Minh Trail into another major highway, which links the south to the central and northern regions. Dam construction is in progress in Dak Lak Province and another dam is planned in Son La Province.

(9) Foreign Tourists and Visitors

Vietnam is gradually joining its ASEAN neighbours in the promotion of tourism for much needed revenue. Historical attractions in Hanoi, HCMC, Dalat and Hue draw thousands of tourists each year. Vung Tao and Hai Phong are also gaining popularity among beach lovers. East Asians from Taiwan, Korea, Japan and PRC are the main visitors although in recent years European, Australians and those from ASEAN member countries are increasing. As always, there is a special segment of tourists for whom the main attractions are cheap sex and entertainment services. Some East Asian sex-tourists reportedly come to HCMC for the sole purposes of sexual services. Unconfirmed reports also suggest the existence of foreign pedophiles.

3. Typology of Migrant and Mobile Populations

Much has been described about the typology of migrant and mobile populations in the Cambodia section of the report. It is not surprising that much of the discussion in this report is about internal migrants and mobile populations. They range from migrant workers and students and trainees moving to the cities to traders, transport workers and state officials. Many of them are drawn into HIV/AIDS risk situations inside the country but also in cross-border locations. In general, the HIV risk situation is worse at border areas because of the nature of many border environments, and the lack of organised preventive measures. Vietnamese migrant workers to Cambodia and PRC, particularly the sex workers are extremely vulnerable. Small but highly active foreign traders and businessmen could also contribute to the HIV problem in Vietnam.

Table 16 provides an overview of internal and external migrant and mobile populations subdivided by occupational groups. Other useful typologies of mobile populations may be developed by using descriptions in the Cambodia section.

Table 16: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situation in Vietnam

Migrant and Mobile Population Groups	Population Size	Geographical Locations	HIV Risk Situation
A. Internal Migrants/Mobile			
Road/dam construction workers	*	Quang Binh, Quang Tri, Tay Ninh, Son La, Dak Lak	**
Dam construction workers	*	Son La and Dak Lak	**
Service sector workers	***	All major cities and border towns	*
Migrant Factory Workers	***	HCMC, Hanoi and other industrial areas	**
Students and Trainees	***	HCMC, Hanoi and other big cities	*
Sex and Entertainment Workers	**	Many cities, towns and border areas	*****
Male/female traders	***	Many cities and town, especially border areas	***
Road Transport Workers	***	Along Highway 1, #70, #22, #9 and borders	***
Fisherfolk and Seafarers	**	Sea and riverports, including cross-border sites	****
State Officials	*****	All over the country, including border locations	**
Uniformed Officials	*****	All over the country, especially in the border areas	**
Private sector/ businessmen	****	All over the country, including border locations	**
B. Vietnamese Emigrants			
Contract labours abroad	**	To South Korea, Taiwan, Japan, Senegal, etc	*
Cross-border Migrant labourers	**	To Cambodia, PRC and Lao PDR	**
Migrant sex workers	*	To Cambodia, PRC and Lao PDR, including borders	*****
C. Foreign Immigrants			
Private sector/businessmen	*	East Asians in HCMC, Hanoi and borders	**
Tourists and visitors	**	Mostly Asian in HCMC, Hanoi and others	**

**The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology)*

4. HIV/AIDS Situations

Since 1990, when the first case of HIV infection was detected in Ho Chi Minh City, the number of HIV positive cases has consistently risen (UNAIDS 1999). During the second half of 1993, more than 1,100 new cases were reported, mostly from the south and central regions. In 1997, large numbers of HIV positive cases were identified among drug addicts in the Northern Provinces. By August 1998, HIV positive cases had been reported in 59 of the 61 Provinces and, in December 1999, in all 61 Provinces of the country. By early 2000, a cumulative total of 17,596 HIV positive people and 2,835 AIDS cases had been detected throughout the country. But this number represents only a small segment of the overall situation. Projections for the year 2000 are that the cumulative number of HIV infections will reach about 135,000-160,000. Among them, 14,000-21,000 will have developed AIDS and 10,000-15,000 will have died of AIDS (WHO 1998). The rate of spread of the disease is not as fast as in neighbouring Cambodia or Thailand but remains a serious concern.

4.1 The 'Two Epidemics' – IDUs and Sex Workers

A HIV epidemiological surveillance system was developed in 21 Provinces and cities in 1994. This involved anonymous testing of people from various groups such as injecting drug users, sex workers, massage girls, STI patients, TB patients, antenatal clinic attendees and military recruits. A behavioural surveillance system is in progress in three cities that will eventually be expanded to 20 or more Provinces and cities. The results of sentinel surveillance show that HIV prevalence rates vary greatly from province to province, and among population groups. Up until 1996, the epidemic was concentrated in the south, beginning with IDUs in Ho Chi Minh City, Vung Tau and the neighbouring Provinces. Heterosexual transmission was evident in the Mekong Delta region and in particular Provinces bordering Cambodia such as An Giang, Can Tho and Kien Giang, which are the sending areas of migrant labourers, including sex workers, to Cambodia. Since then, both epidemics in the south merged as the risk groups are very much interrelated.

In the north and central regions, the epidemic remained concentrated among drug users. In the central region and Tay Nguyen highlands, most of the IDUs are in the 30-49 year age group and have been taking drugs for many years. Most of the drugs users in the north and some in the south are young people of 20-30 years old. This latter group is very mobile and is sexually more active. They work and move along the drug (including heroin) trafficking routes in the north and pose a serious threat to the rapid spread of the epidemic. There is only a smaller proportion of sexual transmission in the north. Overall, 70% of the reported HIV cases were transmitted by IDU and the remaining 30% through sexual transmission (NAB 1999).

4.2 Drug Use and HIV Vulnerability

Government statistics in 1998 indicate that there were 129,705 drug users in Vietnam (MOLISA 1998). Earlier, in 1996, a large-scale nationwide survey in 41 out of 53 Provinces interviewed 68,276 drug users and provided very good demographic and socio-economic data concerning the drugs problem in the country. A recent survey report in January 2000 interviewed 7,905 drug users in seven geographical locations distributed throughout the country. This was a small-scale repetition of the 1996 survey that showed that drug use is rapidly increasing in the country.

In recent years, two important changes have occurred in the drug problem in Vietnam – the new phenomenon of IDUs in the north and south, and the change from opium use to IDU. During the Vietnam War and subsequent years, IDUs became a problem in HCMC and some

other Provinces in the south. Many of the old users are now in their late forties and fifties. The north was almost free of intravenous drug use, and thus the problem was confined at this time and throughout the 1980s. Some highland minorities in the north were smoking opium. Over the last five years or so, intravenous drug use has become serious problem in the north but also in the south. Most of the new users are young people in their early twenties. This trend is common in almost all Northern Provinces and HCMC but is still concentrated in the urban areas. This new trend is linked with shifting drug trafficking routes from the Golden Triangle to the outside world. Because of consistent suppression and control over trafficking through Thailand, several new trafficking routes are emerging. Some of these routes pass through Yunnan and southern PRC to north Vietnam, or through Lao PDR to north and central Vietnam, or through Lao PDR to Cambodia and South Vietnam. As one would expect, each of the drug trails is creating 'clusters' of drug users. These urban young form groups or networks to procure and use drugs. In order to save on costs and for logistical reasons, sometimes they organise a 'shooter' who takes care of all injection related matters. The use of a shooters poses a serious problem for HIV transmission as sterilization and/or disposal of the needles cannot be guaranteed.

The latest survey [MoLISA 2000] showed that about 75% of all drug users have used injecting heroin, followed by 33% who used opium. In the highlands of north and central Vietnam and in adjoining Provinces, opium smoking was practised for generations. Due to government and UN sanctioned suppression of opium production, its supply has been markedly reduced. It is now reported that at least some of those opium users have turned to IDUs now that heroin is available at a reasonable cost. In another words, the traffickers are using these old drug users to recruit new clients as well as creating trafficking routes in their area. Tay Trang (Lai Chau Province), Nam Can (Nghe An Province) and, perhaps, Lao Bao (Quang Tri Province) are a few examples of such drug routes. Overall intravenous drug use is a serious threat to the socio-economic stability of the country but also is a great danger for the rapid spread of HIV/AIDS among young people.

4.3 Current Trend of HIV Epidemic

The epidemic is no longer limited to these two specific population groups, that is to IDUs and sex workers. It is now spreading among the general population, in particular among people who live and work in high risk situations. The HIV risk behaviour of some population groups such as transport workers, fisherfolk, traders and migrant workers indicates potential rapid transmission of the disease, although there is no group specific seroprevalence data available to support such claims. As a whole, HIV transmission among the general population is more comprehensive in the Southern Provinces because of the simultaneous beginning of transmission among IDUs and sex workers. In the north, it is still mainly prevalent among IDUs but there is evidence that it is moving to sex workers and the general population. Nationwide, HIV infection rates among army recruits increased from no infections in 1994 to 0.15% in 1998, and in pregnant women from 0.02% in 1994 to 0.08% in 1998. Overall, countrywide HIV prevalence is still low. The current epidemiology suggests a general spread of HIV is occurring and could gradually increase through casual and regular sex with an undetected HIV positive partner as the use of preventive measures (eg condom use) is very low in almost all of these situations.

4.4 HIV Risk Situations in Relation to Population Mobility

The two main threats of the AIDS epidemic in Vietnam are linked with population mobility. The first and the most severe one is through IDUs. The Golden Triangle has been the main source of drugs for Vietnam and, in recent years, Vietnam has become one of the key

corridors of drugs trafficking to the outside world. With heroin trafficking routes inside the country, there are an increasing number of users along the way who provide support, such as transport workers, seafarers, fisherfolk, traders, uniformed officials etc. So the HIV epidemic has moved from the Golden Triangle to Yunnan and Guangxi in PRC and then to Vietnam (see Map 3). This is still very active and will continue to be a serious problem for years to come. The second route of spread for HIV has been the link of the Vietnamese migrants with Cambodia. Cambodia has been experiencing a rapid transmission of HIV since the early 1990s, which is still continuing almost unabated. It is predominantly heterosexual transmission involving large numbers of Vietnamese migrants, including sex workers. Most of these migrants originated from the Mekong Delta region bordering Cambodia, so HIV prevalence in these Provinces is among the highest in the country (see Map 3).

Natural progression of the disease continues and, once again, it involves various migrant and mobile population groups who are criss-crossing the country. Much of this has been described in the earlier section on transport workers along all major routes, but also heavily involved in HIV risk situations are fisherfolk and seafarers in ports, traders and businessmen in cities and at border crossings, and state officials and uniformed officials throughout the country. Intravenous drug use and commercial sex remain a dangerously important source of HIV transmission in the country but it is time now to look into many of these migrant and mobile population groups and their sexual networking. The North, especially the areas bordering PRC, is of particular concern. Due to the dramatic increase in drug trafficking and the expansion of commercial sex, all kinds of mobile people are involved in risk situations. In the central region, in addition to the Hot Spots along Highway One and in the ports, the development of the East-West Corridor is expected to increase mobility, which can enhance the spread of HIV. In the South, existing transmission among Mekong Delta people and migrants will expand as prevention activities are still not sufficiently effective to contain the situation.

4.6 Hot Spots of Population Mobility and HIV/AIDS

In this section we provide a list of Hot Spots for population mobility and HIV/AIDS. It has been widely accepted in Vietnam that a large number of mobile populations – both internal and external – have a very strong bearing on the transmission of HIV/AIDS in the country. As discussed in the previous section, mobile populations are not isolated groups but interact with other mobile groups. From the interaction within such groups, along with local service providers, risk situations emerge. It is therefore crucial to identify locations that have a large number of mobile populations with risk situations for HIV transmission (ie so called Hot Spots). A well designed mapping of Hot Spots of the country can assist government and other agencies to prioritise projects to develop integrated responses. The following Table 17 presents an attempt to develop such a list, which was guided by focus group discussions and other consultations in Vietnam. This list should be used as a guide to determine relevant Hot Spots and prioritise areas of concern, and also as a means to monitor changes over time (also see Map 4).

In addition, Tay Trang (Lai Chau Province), Chieng Ve (Son La Province) and Nam Can (Nghe An Province) all bordering Lao PDR should be kept under close watch as population mobility, particularly that associated with drug trafficking, could become a serious problem in these places. Many other towns and cities along major highways, and ports along the coast, could also be considered as Hot Spots as risk situations might have developed in these places. Last, but not least, is the need to conduct a full assessment of the hill tribes and ethnic minorities living in the highlands, many of whom used to smoke or inhale opium. Due to

short supply of opium and/or readily available injecting drugs, some of them may switch to heroin or other injections.

Table 17: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Vietnam

Hot Spots	Migrant and Mobile Population Groups Involved	Popn. Size	HIV Risk Situations
Northern Region			
Dong Dang/Lang Son	Transport workers, sex workers, migrant labourers, traders, state/uniformed officials, IDUs,	***	****
Mong Cai/Quang Ninh	Fisherfolk, transport workers, sex workers, traders, state/uniformed officials, IDUs	**	***
Lao Cai	Transport workers, sex workers, migrant labourers, traders, state/uniformed officials	***	***
Hai Phong	Fisherfolk/seafarers, tourists, transport workers, sex workers, traders, state officials, police, IDUs	***	***
Hanoi	Migrant workers, traders, transport workers, sex workers, state officials, tourists, IDUs, students and trainees	****	****
Central Region			
Da Nang	Fisherfolk and seafarers, transport workers, sex workers, traders, tourists, state/uniformed officials, IDUs,	***	****
Dong Hoi/Quang Binh	Transport workers, sex workers, construction workers, state/uniformed officials, IDUs,	**	**
Dong Ha/QuangTri	Transport workers, sex workers, construction workers, traders, tourists, state/uniformed officials, IDUs,	**	**
Vinh	Fisherfolk/seafarers, transport workers, sex workers, traders, tourists, officials, IDUs	***	**
Nha Trang	Fisherfolk and seafarers, transport workers, sex workers, traders, state/uniformed officials, IDUs,	**	***
Southern Region			
Ho Chi Minh City	Migrant factory workers, traders, transport workers, sex workers, state officials, tourists, IDUs, students and trainees	*****	*****
Phan Thiet/Binh Thuan	Fisherfolk and seafarers, sex workers, transport workers, state/uniformed officials, IDUs	**	**
Bien Hoa/Dong Nai	Transport workers, migrant workers, traders and businessmen, sex workers, state officials, IDUs	***	***
Vung Tau	Fisherfolk and seafarers, IDUs, tourists, sex workers, transport workers, officials.	**	**
Chau Doc/An Giang	Migrant workers (to Cambodia), transport workers, sex workers and traders	**	***
Rach Gia/Keng Giang	Fisherfolk/seafarers, transport workers, sex workers, migrant workers, traders	**	***

* The number of asterisks proportionately signifies population size/severity of risk situations.

5. Discussion and Conclusions

Launching of *Doi Moi*, or the economic reforms of 1986, heralded the beginning of a new Vietnam. Following years of war and displacement of people throughout the country in the 1960s and early 1970s, North and South Vietnam united again in 1975. After unification, there were large-scale population movements from cities to rural areas, mostly for family reunification. During the early 1980s, state controlled rural-rural migration was the main flow of people and, according to one official figure, 4.75 million people were resettled – mostly from North to Central and South Vietnam, in between 1976 and 1995 (UNDP 1998). But *Doi Moi* has also loosened state control over most of the economic sectors. In terms of its effects on population mobility, Dang and McNally (1996) have identified the following three important features of *Doi Moi*: (i) land-use rights were assigned to the family, to increase productivity and the amount of surplus of labour in rural areas; (ii) the subsidy system was abolished, thereby breaking the link between residence and access to services; and (iii) restrictions on private sector involvement in transportation, communication and trade were eased. Since *Doi Moi*, there have been very large population flows, initially rural-rural and then later rural-urban. Both HCMC and Hanoi are the principal recipients of the more recent rural-urban migration flows.

As the economy continues to grow, the mobility of people increases. In addition to resettled migrants, there are millions of others who move from place to place for work, including transport workers, traders and businessmen, state and private sector officials, uniformed officials, fisherfolk and seafarers etc. The demography, nature and frequency of movement of these people depends largely on the types of jobs they do. A long distance truck driver travels out of his home almost every week whereas a state official may travel only once, or less, each month. Most occupational groups have their own social networks, varying with location and duration and frequency of visits. Their HIV risk situations will therefore vary.

The recent upsurge of drug trafficking, from the Golden Triangle through Vietnam, has resulted in an increase in the number of IDUs in the north and central areas. Currently, it is the most important factor for HIV transmission in the country. The extent of drug use, and patterns of drug use, are rapidly shifting from opium use in rural areas to young, injecting heroin users in urban areas. Many of the latter group belong to migrant and mobile population groups such as unemployed youths, students and trainees, truck drivers, fisherfolk, and other migrant groups in the cities. It is therefore important to focus on urban youth, including migrants, and their lifestyles to understand the situation better and thereby develop appropriate responses. Special attention must be given to unemployed youth, who seem to have a special inclination to drug use and other risk behaviours. Attention should also be given to trafficking routes and the supply side of the problem. In addition to drugs, urban youth are also vulnerable to unsafe sexual behaviours, more so between friends and acquaintances but also in relation to commercial sex. This appears to be a serious problem in Ho Chi Minh City and perhaps other big cities too.

Transport workers form a large network of thousands of young men throughout the country. Their work conditions and lifestyle clearly link them with HIV risk situations. In addition to putting themselves at risk, they are also an important factor for transmission of the disease to distant locations, including their own families. Traders (including female traders), especially mobile ones, have similar situations as the transport workers. From the evidence, it can be said that both truck drivers' and traders' HIV risk situations are greater if their travel includes cross-border locations, such as Dong Dang or Lao Cai. Similarly, fisherfolk are also highly vulnerable to HIV and have quite a similar risk situation as the truck drivers, although most are limited to smaller geographical areas. Seafarers may have better education and

knowledge of health and HIV/AIDS but their customs and practices are nonetheless conducive to HIV transmission and should be targeted appropriately.

State officials and private sector officials, particularly those who regularly travel outside their usual duty station, are also vulnerable to HIV risk situations. In Vietnam, this is a significant number of people and is the top clientele base in some of the sex establishments. They may, however, be more inclined to practice safe sex because of their social background and knowledge of HIV/AIDS and its prevention. Similarly, 'uniformed officials' are also involved in a number of ways in HIV risk situations. First, they form part of the client base of the sex industry and second, they may be involved in the operation of the industry, which can sometimes include underage girls and/or trafficking. Some of the 'uniformed officials' are, of course, responsible for law enforcement related to the sex business and human trafficking.

The number of Vietnamese migrant workers is increasing, particularly to South Korea, Taiwan and Japan and as far as Senegal. These young people, especially female workers, are particularly vulnerable and programming should be in place to prepare them. Vietnamese migrant workers in Cambodia and, perhaps, Lao PDR and PRC are very vulnerable to HIV transmission because of their questionable legal status, the type of work they undertake and lack of social and health services. Of special concern are the large number of sex and entertainment workers in Cambodia, PRC and Lao PDR.

Large-scale development projects such as buildings, dams and roads are also having an impact on people's lives. Dam construction is already reported to have adversely affected the environment and, in turn, the lives of villagers. As controversy surrounds the construction of dams, others are planned. In addition to the displacement and resettlement of local people, environmental and livelihood effects, dams and other such projects also mean more mobile workers. Construction workers interact with local people when working in remote areas on bridges, roads and dams, or in mines. In direct and indirect ways such development projects can certainly have an impact on HIV risk situations and further assessments are needed for the different contexts.

For the purposes of intervention strategy, it is necessary to identify Hot Spots throughout the country. Based on the development of such lists, policy makers and program planners can prioritise areas and strategies for effective responses. It may sound simple but one should bear in mind that the nature of the Hot Spots change over time. As old Hot Spots are suppressed, new one develop elsewhere, or the nature of operation becomes different or sometimes becomes more clandestine. It is therefore very important to understand the mechanisms of defining and redefining the Hot Spots, rather than making a quick listing to determine their situations. Only a well organised group knowledgeable about the situations in the country will be able to prepare a dependable list of Hot Spots.

Finally, HIV transmission in Vietnam is intricately related to population mobility. A very large number of the mobile population groups – internal and external - are involved in HIV high-risk situations. It is therefore of utmost importance to develop comprehensive HIV/AIDS programs for migrant and mobile populations and to incorporate them into mainstream HIV/AIDS programming in the country.

F. Country Report: Yunnan Province, People’s Republic of China

1. Province and Country Profile

With a population of 1.2 billion and a huge landmass, the mainland of the People’s Republic of China (PRC) is the dominant region to the immediate north of the GMS. While the PRC is not part of the GMS per se, the Province of Yunnan is its proxy. With a population of 42 million, the Province has a far greater population than Lao PDR and Cambodia. As the most Southwesterly Province of China, bordering three countries of the GMS – Myanmar, Lao PDR and Vietnam – forms the northwestern region of the GMS.

China was not badly affected during the Asian financial crisis, maintaining over 6% GDP growth throughout, after highs of around 10%. The high growth economies within the country have been on the East Coast, leaving the large cities, towns and rural areas of the inland Provinces lagging behind. The rapid economic growth has occurred as a result of dramatic shifts in the economic system. China has moved rapidly from an agriculturally based socialist economy to an industrial nation with market economy reforms that are transforming the landscape of the country. With the movement of people far less restricted than before, millions are leaving their rural homes for the city. This well documented movement of people is reportedly over 100 million. Farming is no longer considered profitable and, despite reforms to support farmers, they are still leaving to find work elsewhere. At the same time, further reforms of state owned enterprises (SOEs) are laying off workers, causing a surplus of workers in urban centres as well.

Table 18: Country Profile – Yunnan Province and People’s Republic of China

		Yunnan	China
GNP per capita (US\$)	Urban	445	860
	Rural	120	
Population		42 million	1.25 billion
Urban Population		28%	n.a.
Annual Population Growth		1.29	n.a.
Life expectancy		65	70
Maternal mortality rate per 100,000		154.6	65
Adult literacy rate		86%	82.8%
Number of Prefectures		17	n.a.

Statistical Yearbook of Yunnan 2000; UNICEF 2000; Human Development Report 2000

Yunnan is the eighth largest Province in China, with a total area of 394,000 square kilometres. It is a mountainous Province on the Yunnan-Guizhou plateau, and shares a 1,997-kilometre border with Myanmar, a 710 kilometre border with Lao PDR, and a 1353 kilometre border with Vietnam. It has areas of high poverty but, with border trade and tourism, it is developing rapidly. Once populated by non-Han population groups, migratory waves of Han people have settled here since the end of World War II and following the communist victory in 1949. The population is

42 million, with non-Han ethnic groups totalling over 13 million. There are 25 ethnic groups with each exceeding 5000. The Yi has the largest population, numbering more than 4 million, and three other groups – the Bei, Hani and Dai – have populations over 1 million.

Despite lagging behind the rapid growth on the coastal Provinces, Yunnan has experienced significant development in recent years. Large investments have been made in health and education. Nine years of compulsory education is mandatory in 34 counties and cities, with six years compulsory education in 90 counties and cities. The attendance rate of school age children is reportedly 98%, with admission into secondary school 76%. Illiteracy is reported to be 14% of the adult population (YASS 1998).

In recent years there has been a surge in road building throughout the Province and dams for hydroelectric power are under construction. The Province remains an agriculturally based society despite recent industrial development. Tobacco has been one of the staple crops of the Province but, with reducing government support and anti-smoking campaigns, the future prospects are not bright.

The capital city, Kunming, is home to approximately 3 million people and has undergone significant change. Infrastructure development is in evidence through modern roads and amenities. Whole suburbs have been replaced with new buildings. Main roads out of Kunming lead west to Dali, a major tourist centre, and then on to Ruili on the Myanmar border; to the southeast and another expanding border area, Hekou, on the Vietnam border; and south to Jinhong, another growth area and popular tourist centre in Sipsongpanna Prefecture.

The data for this study was collected from secondary sources and limited consultations as a country coordinator had not been appointed for Yunnan Province when this study was conducted. Thus there were no focus group discussions or official consultations.

2. Migration and Mobility

The easing of emigration regulations in China allowed some documented movements of workers in the 1980s, but such movements were accompanied by illegal movements overseas – to America, in particular, but later to Europe and Australia as well. These movements continue, with countries like Thailand and Cambodia being popular transit countries, where travel documents are arranged. Most of this movement involves flights and shipping but occasionally overland routes are used as well. There is considerable movement of people from the southern and western Provinces into Thailand, Myanmar, Lao PDR and Cambodia. Sometimes, the movement is documented, such as labourers into Lao PDR and traders or businessmen with authorised documents. However, much of it is unregulated movements of people who cross borders with relative ease. Yunnan is not only the source Province of people moving into surrounding countries but is the transit area for people from surrounding Provinces and more distant Provinces, such as Zhejiang.

Thus, for the past couple of decades, there have been increasing movements with the opening of borders and the increase in trade. Many people in Yunnan have links with relatives, traders or business people in the north of Thailand. Given Thailand's economic expansion during the 1970s and 1980s, there were greater opportunities for wage labour and trading, and this has resulted in migratory flows, especially during the late 1980s, from Yunnan, although the numbers from the Shan State in Myanmar are much greater. The Dai from Yunnan are close relatives of the Shan and of the Northern Thai, and it is mostly those groups and other ethnic minorities that

have taken the opportunity to migrate. However, smaller populations have crossed from other areas in Yunnan and from adjoining Provinces, such as Sichuan and Guianxi.

The following is an overview of migration streams and mobility in and out of Yunnan: from rural to urban and other movements within Yunnan Province; to and from other Provinces; and cross-border mobility to and from surrounding countries.

2.1 Intra-provincial mobility

Kunming is the major centre for attracting rural to urban migration. However, other major centres, such as Dali and border or tourist areas, such as Jinhong, also attract many young men or women. The service sector ranges from small entrepreneurs to hotel and restaurant staff and from department store clerks to skilled professionals, but also includes a range of services where sexual services are provided. Women are also employed as maids and nannies. Both men and women of varying ages, but mostly young people, work in the service industry. The same can be said for the manufacturing sector where factories employ many people. However, reforms of State Owned Enterprises have resulted in the closure of many factories and put many out of work. At the moment, the economy is still buoyant enough to employ a lot of this surplus labour. Construction work and other labouring jobs employ some of these men while others go into street vending. Recently there has been a newspaper 'war' which has involved the employment of as many as 5,000 young people selling newspapers on the streets.

In many areas, farming is only able to provide a marginal income. Some farmers will seek other work between harvesting seasons. With low crop production and the low status of the farmer, it is not an attractive option for the young.

2.2 Inter-provincial mobility

Most of the mobility between neighbouring Provinces, as well as Provinces further away, is people coming into Yunnan. On the outskirts of the commercial centre of Kunming, just beyond the ring road, are migrant communities from other Provinces. They come from a range of Provinces, many of course coming from Sichuan, as marginalised groups from certain parts of Sichuan are found throughout China as well as many countries throughout the world. People from Sichuan may be found in many occupations but as traders they are known for having market stalls, selling meat or other produce. Otherwise they work in construction work, driving trishaws or cabs, sex work and other occupations.

Construction workers hail from Guizhou and Sichuan and this includes those working in Lao PDR. The same groups may be working in house decoration/renovation, but these may be from Guangdong as well. Skilled workers often hail from Guangdong. One estimate is 10,000 to 20,000. These include cooks, engineers, mechanics and those managing businesses such as bars/nightclubs and beauty salons.

People from Zhejiang, on the East Coast, are traders, often specialising in bargain priced clothing and material and operating as dressmakers. They bring goods from central China into Yunnan and often across the border to Myanmar, Thailand and Lao PDR. They commonly manage beauty parlours as well. People from Hunan may specialise in clothes as well, imported from Korea. People from Guizhou often have restaurants or sell fruit but they may run beauty salons cum brothels, such as in Jinhong (Hyde 2000).

Communities have formed in many areas. The local owners of the properties in the area rent out their premises for business and residential purposes to the migrants. As the numbers have grown, the local landlords have slowly moved to better premises in this new climate of more people being upwardly mobile in socioeconomic status. Some of the communities have a reputation of not being safe and this is reported as another factor causing locals to move. There can be conflict among outsiders and locals in some situations, especially when there are sharp class distinctions, and when some migrants are unemployed.

Many appear to find employment in factories, or undertaking cleaning and other menial tasks but many are self employed, establishing small businesses. Some are able to employ family members or others in the community. Providing garments for factories or wholesalers was common in one of the communities visited.

Many migrants do not have local residency certificates so they cannot work in government. However, they do have temporary resident permits, and some people interviewed had been in the area as long as 15 years. Often the man has come first and then brought his family. However, couples will often leave their children behind with grandparents or other family members. Some do have children while they are residing there or, if they are earning reasonable money, they will bring their children. The problem with children is that they are not subsidised to attend schools and it can be quite expensive to educate them. In Kunming, it was reported that schools are opening branches that will be more affordable than the regular schools that mainly cater for locals.

Road and river linkages connect Yunnan to other Provinces as well as to surrounding countries. Road and rail links, as well as river transport, can take people across to the eastern Provinces. The most common transportation is probably by bus along major highways. However, extensive railway linkages, such as to Chengdu in Sichuan from Kunming, are well utilised. There is also a passenger railway from Kunming through the Province to the Vietnamese border and then continuing on to Hanoi. In 1997, a railway line was completed from Kunming to Nanning in the Guanxi Region. Reportedly, the line runs through some of the poorest parts of the country, with “15 million people living in poverty along the rail line ...” (cited in UNICEF 1998:51)

While the migration flow into Yunnan is large, there is also a substantial outflow. The more developed eastern coastal areas attract many people from Yunnan, both unskilled and skilled workers, trying to make their riches in Guangdong, Hainan, or Shanghai (Liu and Wen 1997).

2.3 International cross-border mobility

The borders with other countries divide groups of people sharing the same customs and culture. The southern reaches, incorporating the infamous Golden Triangle and known for the production and trafficking of drugs, are traditional areas of trade. They link different ethnic groups and communities through various routes dissecting the Shan State and Northwest Lao PDR, that act as buffers between China and Thailand. Following in the wake of wars and conflict this century, much of the trade diminished for a time. Consequently, large movements of people, either as civilians escaping conflict or repression, or soldiers of the Kuomintang armies fleeing the victorious armies of Mao Zedong, settled in Northern Thailand, with some scattered in the Shan State and Lao PDR.

The closures of borders during political tensions reduced trade as well as movements of people. However, some of the trade links have not been lost and, as a result of more political openness

and general development, the area is evolving into a more unified area. This has been acknowledged by business and other institutions and, in the early 1990s, the Economic Quadrangle was conceived, more as a vision than a plan, to transform the Golden Triangle area into a modern trading zone. The financial crisis dampened the enthusiasm for a while but now the potential is real again.

Chinese entrepreneurs have been quick to take advantage of these developments and control much of the commerce in northern areas of Myanmar. They also have large investments in northern Thailand and Lao PDR. The most recent migrants are not escaping conflict or repression but are seeking riches and a better life, through wage labour, petty trading or business.

While many may need to seek their riches or broaden their horizons away from the rigidity of the Socialist regime, the situation is improving. Through greater political stability, the advent of cash crops and expanded trade the Yunnan economy is healthier than those across the border in Myanmar or Lao PDR. Although Thailand is still a major attraction, it is perhaps less appealing than in the past. Some of the earlier migrants would like to move back but farm land has been allotted in the large scale economic and agricultural transformations of recent times and there is no place for them.

Enterprising people sell goods across borders and many have established businesses, from casinos and hotels to many other commercial enterprises in northern Myanmar, Lao PDR and Thailand. The border regions and the trade and economic environment beyond the borders attracts Chinese not only from Yunnan but right across the country. Many of the businesses can include smuggling of goods, drugs, and people.

The entrepreneurs in small and larger border towns, and centres more distant from the border, may hire people from Yunnan but are more likely to hire people from further away, such as Sichuan and Guizhou. The textile traders from Zhejiang, noted above, are common in many vicinities. Across the border in the Wa State, casinos have been established that employ people from such Provinces. There has been rapid development in a lot of small towns across the border in very recent years and these areas attract Chinese tourists. Mostly, tourists would travel across the border just for the day. Anyone who wants to do business could readily pay officials to have a longer pass.

In the Dehong area there are many Burmese doing business, and Burmese sex workers. Most are ethnic Burmans or Dai but there are some people who have been doing business in the area for as long as 10 years who are ethnic Pakistani, Indian or Afghani.

There are three major cross-border areas, which have at least one main crossing but have other national level crossings and other minor crossings. They are presented here in some detail with information on adjoining Prefectures, which then covers the entire international border precincts plus others (see Maps in appendix):

- (1) **Dehong** Prefecture – main border, Ruili-Muse; bordering the northern Shan state, but also close to southern Kachin State
- (2) **Sipsongpanna** Prefecture – main border, Daluo-Mong La; south and southwest bordering the Shan State (Wa State also) and Lao PDR
- (3) **Wenshan** Prefecture – main border Hekou-Lao Cai; southeast bordering Vietnam

(1) Dehong and surrounding Prefectures

Dehong is due west of Dali and Kunming. The connecting route is the Old Burma Road, which is now a major multilane highway between Kunming and Dali. The mountainous route between Dali and to the Myanmar border, through Dehong, is being upgraded. This was the road that was originally carved through the mountains in order for Chiang Kai-shek's forces battling against the Japanese invasion to have a supply route to the port of Rangoon. Due south of Dehong is Lincharng. Both of these Provinces are in the grip of an HIV/AIDS epidemic. This route through to Dali and Kunming is a long established drug trafficking route for heroin.

North of Dehong is Baoshan, and then Mujiang. These Prefectures border the Kachin State and the Kachin (Jingpo in PRC) comprise the major population groups, along with the Tai, or Dai, in this general area. Dehong is known as the Dai, Jingpo autonomous region.

Ruili is the major town on the border and the capital, Mangshe, is almost an hour away. There are frequent flights between Mangshe and Kunming. Wanding, a short distance west, is another main border crossing, and equidistant, northeast of Ruili, is another crossing, Zhangfeng. These are national level border crossings but smaller crossings exist as well and, to the north of Dehong, in Baoshan, there is a crossing into the Kachin State.

Han people have only settled here in recent decades, utilising the Old Burma Road for different purposes. While the type of goods coming up the hight has changed, it still acts as a gateway to Myanmar, at least to the north. The area is one of high mobility with a migrant Burmese community in Ruili, as well as traders and business people from different countries. Right on the border just outside Ruili is Jiegao, an Economic Development Zone with a somewhat sterile atmosphere of company buildings, with little life in the streets. However, just a short distance away, on the border itself, the streets are buzzing with a neutral land buffering the two countries and providing a wide range of goods in a market atmosphere. Drink shops, and places where men congregate with the women serving them, prevail along some sections.

(2) Sipsongpanna and Simao

Jinhong is the well-known capital of Sipsongpanna Prefecture. There are multiple daily flights from Kunming to Jinhong, and soon there will be flights from Jinhong to Thailand. Sipsongpanna has a population of almost one million, with Han immigrants comprising approximately 26%, and the rest mostly being Dai but including Akha (Hani), Yi and other minority groups (YASS 1998). Tourism and trade are both driving the economic expansion with the tourist boom of recent years, which is now spilling over to Simao Prefecture, to the north.

Simao Prefecture straddles Sipsongpanna, bordering the Shan State (commonly known as the Wa State in this section) on the west, and then stretching across Sipsongpanna where it then has a relatively small border in the southeast of the Prefecture with Lao PDR. Below Simao, Sipsongpanna has borders of approximately equal distance with the Shan State and Lao PDR, with two major crossings into the Shan State at Daluo and Damenglong, and one into Lao PDR at Boten. Simao has two major crossings into the Shan State with the main crossing into Bangsang, the capital of the Wa State.

Simao has a total population of over 2.5 million, with 25 national minorities numbering approximately 1.5 million – predominantly Dai, Wa and Lahu (YASS 1998). At the end of 1998, it was reported that 270,000 people lived below the poverty line (UNICEF 1998). Since the

political situation on the border region with the Wa stabilised in the late 1980s, there has been a steady rise in cross-border trade in the area. In 1991, the border crossing at Menglian was authorised and trade promoted in the area. In 1998, there were 240,000 border crossings recorded here (YASS 1998). Most of these crossings would be to village areas immediately across the border, as well as to Bangsang, the capital of the Wa State. There is also regular movement of people to towns further on, and to the Thai border and beyond.

The Dai comprise the largest populations among the border Prefectures, but there are variations between the groups stretching from Dehong to Sipsongpanna, where they are mainly known as Tai (Dai) Leu. Poverty is endemic here, becoming even more conspicuous with border towns thriving and wealthy tourists passing through. Tourists and travellers cross into Myanmar, where they can visit casinos and where transvestite shows (often featuring Thais) are popular.

Urban centres in these Prefectures and some of the border regions are known for drug use. Opium smoking is common in many areas and injecting of heroin is widespread, but not to the same scale as in the Dehong region, where trafficking routes are more established than in these Southern Prefectures. These two Provinces are well known for trafficking gangs that, in the past, took women to Thailand for prostitution, mainly to Bangkok and further south. This movement of women still occurs but more on a voluntary basis (see below).

Some women have found employment in factories, agriculture, or working as housemaids or sales assistants in markets or shops. A significant proportion, particularly women, have found work in massage parlours, karaoke bars and restaurants in the north of Thailand. The numbers are much smaller than those from Myanmar and they are often not distinguishable, especially if they have mastered the language, which they often do given that the Dai and Shan speak a similar dialect to the northern Thai.

A proportion of migrants stay in the north, some gaining local identity cards that permit them to travel within the Province in which they are living. Others venture further south, to Bangkok or more southerly destinations. Some gain local ID papers fraudulently, which allows them to purchase work permits to go to Bangkok or elsewhere. Migrants from PRC seem to have greater access to these fraudulent activities than other migrants or they have access to the necessary money required.

The Chinese have been instrumental in building roads and infrastructure in Lao PDR over the past few decades and, today, as many as 10,000 workers, mostly documented, are employed by Chinese contractors in Lao PDR. They are mostly from Sichuan and other Provinces rather than Yunnan (see chapter on Lao PDR).

(3) Wenshan and surrounding Prefectures

Hekou county in Wenshan Prefecture borders Vietnam. The population in 1997 was almost 80,000. with ethnic minorities, predominantly Yao, comprising 63%. The border town is a thriving centre, with expanding cross-border trade and a growing tourist industry. It is on the railway line between Kunming and Hanoi. In 1997, there were nine hotels that catered for foreigners. There is a busy nightlife, with Vietnamese, as well as Chinese, sex workers. Apart from Hekou, there are national level border crossings at Jinping and Tianbao, as well as smaller crossings.

To the south is Honghe Prefecture, which also borders Vietnam and is comparable to Wenshan in development and in population size. To the north is Qujing Prefecture, with almost six million

people and a higher per capita income. Ethnic minorities comprise only 11% of the total population. The two former Prefectures are known for women being trafficked or otherwise travelling to the eastern coastal areas for marriage markets.

2.4 Trafficking and Human Smuggling

The phenomenon of women migrating alone to Thailand for extended periods has probably occurred since the late 1980s. Several hundred women have been repatriated through formal channels back to Yunnan, after being rescued from brothels in Thailand. Most women are Dai from Simao and Sipsongpanna Prefectures. One estimate suggests that from 500 to 1500 women entered the sex trade in Thailand from Yunnan during 1991 alone (Mahatdhanobol, 1998). From this figure, it is estimated that 3,000 women had entered the sex trade in Thailand during 1990 to 1996, although one study cited 2,500 women migrating in 1995 alone (cited in Caouette 1998). Some of the women from Yunnan travel to, or are trafficked to, third countries such as Malaysia or Japan.

Trafficking routes and networks have been identified for women from Yunnan;. However, over the past few years it appears doubtful that trafficking is a common means of women going to Thailand¹. Women appear to receive support in travelling from friends and acquaintances and others along the way, without any force or deception.

Strict regulations came into force and many traffickers were arrested with some being executed (YASS 1998). In addition, the Women's Federation instigated fairly wide-ranging awareness-raising programs through their grassroots networks. These activities and the law enforcement undoubtedly had some impact on the volume of women migrating. However, they may also have served to speed up the process of the change from trafficking through deception to trafficking as a means of support to women who were making more informed choices.

It seems that the propaganda given to the women was not a major deterrent. It seems that the motivation to leave overcomes a number of obstacles. The women who were repatriated were labelled and stigmatised as women who had been working as prostitutes, even though there may have been some sympathy for their plight. Other women were known to be HIV positive. Thus the movement of women had become synonymous with sex work. This was all fuel for the thorough awareness-raising exercises to deter women but the effect seems limited.

Most women travel overland through the Shan State, following the same route that many others take who work in a range of jobs in northern Thailand. They can readily pass through the border checkpoints. The travelling is difficult through the mountainous terrain and there are checkpoints or ad hoc police checks that migrants have to be wary of. For these reasons, women usually need some assistance in their travel, sometimes using private cars rather than public buses, and perhaps making payoffs to police. In the early days, the travel was more difficult and more clandestine, with traffickers sometimes taking the women around checkpoints at night and walking across mountains. Now roads are improving and the women and the traffickers know how to facilitate the travel process. The cost is still relatively high, as much as B3,000 to reach the Thai border,

¹ Using the current definitions of trafficking as espoused by the ILO and GAATW, especially the former, all movements of people that receive some assistance are being trafficked. In the context here, the earlier forms of 'trafficking' that mainly used deception seemed to have given way to more accurately informed and voluntary movements of people.

but, as they become more attuned to the route, some women can do it much cheaper. In Thailand, women will often need assistance again for road blocks and smooth passage. Those who have been to Thailand one or more times and have learnt to speak Thai can readily pass through.

An alternative route is to travel by boat, which can be caught near the Simao Township and a 2-day trip will see them at Chiang Khong, Thailand. It may be possible to alight here but many of them then catch a fast boat up to Mae Sai. Expenses for this trip may be comparable to those for the land routes. Without the fast boat and using a freight boat it could be done more cheaply.

As mentioned above, there are similar operations that occur from the eastern Prefectures of Yunnan, for women entering into arranged marriages with men on the eastern coastal areas of PRC. In 1998, it was reported that 200 of these women were sent back to Yunnan as victims of traffickers. However, it was suggested that many of them did not want to be returned. It is also reported that women from Vietnam are also induced into marriage markets, mostly in coastal areas but also in remote areas where men cannot find wives.

2.5 Specific Mobile Population Groups

(1) Entertainers and sex workers

Prostitution is illegal in PRC and virtually disappeared after 1949, or especially with the Cultural Revolution in 1959. Since the late 1970s, despite many crackdowns by police, there has been a steady increase at all levels of society, usually disguised as massage, nightclubs, and karaoke. In Kunming, streetwalkers are prevalent in some areas and some three to five star hotels attract women looking for wealthy customers. Massage and hair washing services proliferate throughout the city where men may make arrangements to meet with the women. Some places may provide on-site sexual services but most establishments are wary of police raiding them.

In recent times, there have been more crack-downs through the country with over 7,000 establishments being forced to close in Guangdong in “a province-wide drug and prostitution sweep” (China Daily August 25, 2000). The establishments included 4,000 beauty salons and 388 saunas. A conference report cites that, during 1996 and 1997, there were 10,503 women and children rescued, 1,928 trafficking rings broken and 14,709 traffickers arrested. In addition, 411,700 sex workers were pursued and many sent to reeducation camps (Caouette 1998).

In Yunnan, probably most of the women in the sex trade are from other Provinces. Even as far down as Sipsongpanna, women are from Provinces such as Sichuan and Guizhou. However, in order to fulfil male fantasies, they portray themselves as Dai through dress, hairstyle and manner. This only happens in Jinhong and not in Dehong, where the main clientele are businessmen and other travellers, rather than tourists. Both areas are predominantly Dai but the language and dress differs. Dehong is much more Sinocised whereas, despite the influx of Han Chinese into the South, it is still clearly Dai country. Even more so since the marketing of the area as such. There are some Yunnanese who come from other parts and there are some women from ethnic minority groups, including the Dai. But right down to relatively small border towns women in the sex trade are more likely to be from other Provinces.

In Dehong there are Burmese sex workers, and in Hekou there are Vietnamese sex workers, in addition to Chinese sex workers. And Chinese women can be found across the border, especially in the Shan State, where they are more likely to be more up-market hostesses or call girls.

(2) Transport workers

With expanding road networks and the upgrading of major highways, along with increasing trade and commerce, there is an increasing number of trucks. Many trucks travel through the Province to surrounding Provinces and some cross into Myanmar and Lao PDR. Buses are also rapidly increasing to cope with the increasing migration from surrounding Provinces and further away Provinces.

A multilane highway leads away from Kunming on the 7-hour journey to Dali, then a much longer journey to Dehong. At the major border crossing there, the traffic across the border is usually heavy. Gems, teak, farm produce and raw materials enter PRC and electrical goods, fuel and auto parts flow into Myanmar. But this has also been a major trafficking route for drugs, and bribery and smuggling is described as the way of life on the road (Bangkok Post December 15, 1999).

Other major routes are southwest to Hekou, on the Vietnamese border, and south to Simao and Sipsongpanna. The ADB have recently funded the upgrading of large portions of this latter route. Plans are well under way for this route to extend to Chiang Tung in Shan State, and then to Chiang Rai in Thailand, as part of the circuitous route that then runs through Lao PDR and back into Sipsongpanna.

Truck drivers are known to be targets of sex workers, in the sense that they are known to be travelling alone or with another male; a long way from home, and perhaps looking for sexual services. Young women can be seen on the highways flagging down drivers to stop and meet with them. This is a very similar situation to Vietnam where women are sometimes found in remote areas, well away from police and where trucks can easily stop. In the above mentioned highway upgrade, going south along the Jiang-Mohie upgraded section, there are well known areas where bars and other outlets have women available. At border towns and other cities, drivers are likely to be the clientele of sex workers as they wait for goods.

(3) Traders

With the advent of economic reform, the Chinese were quick to take up where they left off in 1949. From that period until 1978, there was no significant trade through Yunnan (Hyde 2000). Now they dominate many of the trading routes in the region. The Han first came to Sipsongpanna in the 1950s, to plant rubber. Their presence was of course strong during the Cultural Revolution and then later planting more rubber so that it is the main resource in the local region. The development of a new economic zone in the late 1980s and early 1990s, with joint venture capital, signalled the area as being the gateway into Southeast Asia (Hyde 2000).

Since that time Chinese petty traders and business people have opened up areas across the borders as well as further into Myanmar, Lao PDR and Thailand. The Mekong River is a major means of transport for goods and people in this wave of commerce and movement. However, with the devaluation of the kip in Lao PDR and devaluations in Myanmar, goods from PRC were too expensive and trade has slowed since the financial crisis.

Women often control much of the border trade (Caouette 1998) and both men and women crossing borders are more likely to be from Provinces other than Yunnan, such as Zhejiang. Traders come the other way also, especially from Myanmar into Dehong where, besides Burmese traders, there are Indian or Afghani, and Vietnamese traders at Hekou. These are joined by local Dai and, sometimes, Hmong traders as well as other groups. The Dai are often at an advantage in

much of this cross-border region being the native speakers of Dai (Tai), while often being able to speak either Chinese or Burmese as well. They are a minority in Yunnan but a majority in Sipsongpanna and, generally, in this border region are often looked upon by other groups as intelligent and enterprising (Hyde 2000). They are the most economically advanced, sometimes letting out rooms to immigrant Han people. The Han still dominate commerce and business, especially the sex trade, which the Dai have not invested in (Hyde 2000).

(4) Construction workers

Many workers are employed on road construction sites, in building construction and in dam construction for hydroelectric power. Much of the construction is conducted by private companies, often in joint ventures, and often the company is from Guangdong, or other areas like Shanghai. Construction work has slumped a little given reduced foreign investment and the general economic downturn in the region. Prior to the slump however, all three areas of construction were booming and continue to do so in some areas.

Another area of labour employment, particularly in the more remote areas, is mining. Yunnan is rich in mineral resources and these have been exploited over the past couple of decades, although the industry is still at a relatively primitive stage of development (Wang Shui 1997).

Road construction has been a massive employer of unskilled labour over the past years, with construction and upgrading of major highways and feeder roads. In terms of transport, the development of airports at the Prefecture level has been rapid over recent years as well, employing many workers in the construction phase. All roads leading to major border locations and cross provincial locations have been upgraded or are in the process of being upgraded. Kunming has had major upgrades in recent years.

Two major dams on the Mekong are under construction with one almost due for completion and the other, the giant Xiaowan Dam, not due until 2012. Construction on the Jinhong Dam has been delayed for some time. It will be the fourth dam since the first was built in 1984, and a further three are planned. Much of the power from the dams will be sold to other countries, such as Thailand.

(5) Tourists

Yunnan is a major tourist destination for domestic tourists and an increasingly important destination for foreign tourists. Kunming is known for its mild climate, is well known as 'Spring City' and has a number of tourist attractions nearby. Dali is a very well known area in PRC and has long been a major tourist area. To the north of Dali is Lijiang, which has the largest old town of traditional buildings in the country, now a UNESCO heritage area.

Jinhong, in Sipsongpanna, is the centre of the Dai culture and has become an oasis for northern Chinese wanting to experience this exotic culture. In 1997, it was reported that there were almost two million domestic tourists and 47,000 foreign tourists (YASS 1998). Popular art forms and myth enhance the exotic nature of the culture, which reifies the beauty and sensuality of Dai women. By the mid 1990s, cultural tours to Sipsongpanna extended to sex tours where, after business meetings in Kunming, men could fly down to Jinhong as a reward (Hyde 2000). Hotels, resorts and tours abound in this once poor and remote area, with the opportunity to cross into the Shan State and spend Yuan in Chinese run casinos and other entertainment venues.

Increasingly, mainland Chinese are travelling to Thailand where recent news reports highlight scams among tour operators, which include unscheduled tours to bars with sex shows. Chinese

are among the fastest growing populations of Asian tourists to Thailand. In 1998, the number of tourists to Thailand was 432,995, a 23% increase over 1997. While many are legitimate tourists, some do not return, settling in Thailand or travelling through to third countries (Far Eastern Economic Review, June 24, 1999).

The links between Kunming and Thailand are escalating, with at least two flights per day, which usually stop at Chiang Mai. There are plans to have flights from Jinhong to Chiang Mai. Road links, mentioned above as being under construction, that link the four countries through the Golden Triangle will enhance cross-border tourism as well.

3. Typology of Mobile Populations

The population groups discussed so far are shown in Table 19, with locations where they are found, population size, and risk assessment (refer to the Methodology section for definitions and means of assessment). Different patterns of movement exist, with a relatively large movement of rural to urban migrants, but some of this movement is from other Provinces. Also, some of the interprovincial movement may be from urban areas in other Provinces to urban areas such as Kunming. There are some movements out of Yunnan to other Provinces but the greatest flows are into Yunnan and Kunming, and some of these flows continue to border areas and border crossing areas. Then there are local Yunnanese, both Han and minority groups, who trade or travel across borders for work or other reasons.

While most are occupational groups the main exception is tourists. The other groups that do not appear in the discussion are business and private sector professionals and uniformed officials. Private sector professionals are a special white-collar group that includes both locals and foreigners. Business and development workers often require extensive travel throughout the Province and outside the Province and, as has been discussed elsewhere in the report, can be classified as being at risk. Higher class hotels are well-known throughout the country for being places where women seek out clients. Uniformed officials, including, military, border police, and regular police are an important category that are clearly acknowledged as high risk in the Vietnamese and Cambodian sections of this report.

Another exception to occupational groups is ethnic minorities. They are classified as such because of their particular relationship to rapid social and economic change. They can also appear in other categories, such as sex workers, factory workers and traders.

Women appear in all occupational categories with the exception of truck drivers, although there may be some as women who do drive trucks and buses. As long distance drivers they would be rare. It is thought that there are a few women in mining and construction work. They are the majority in the service industry, especially in entertainment services.

Table 19: Typology of Migrant and Mobile Population Groups and Assessment of Their HIV Risk Situations in Yunnan Province

Migrant and Mobile Population Groups	Popn. Size	Geographical Locations	Risk Situation Assessment
Internal provincial movements			
Factory workers	**	Kunming and other cities	*
Service workers	***	Kunming, Jinhong, Hekou, in Dehong and Dali Prefectures	**
Entertainment workers	***	Same as above, plus border towns and roadside stops	****
Construction workers	**	Roads and dams	**
Transport workers	***	Major highways	****
State officials (public servants)	**	Country-wide and cross-border	***
Business/private sector professionals	*	Country-wide and cross-border	**
Uniformed officials	**	Province-wide and at borders	***
Ethnic minorities	***	Most Prefectures, border areas	**
Cross-border movements (emigrants)			
Entertainers/massage	**	Thailand, Myanmar, some to Lao PDR	*****
Labour	*	Thailand, Myanmar, some to Lao PDR	**
Traders	*	Myanmar, Lao PDR, Thailand	***
Transport workers	*	Shan State, Lao PDR	***
Ethnic minorities	***	Myanmar, Lao PDR, Thailand, Vietnam	**
Tourists and visitors	*	Myanmar	***
Immigrant mobility (provincial and foreign)			
Traders	*	From neighbouring and Eastern Provinces, also Lao PDR, Myanmar	**
Labour/self employed	****	Neighbouring Provinces Eastern Provinces	**
Entertainers	**	Neighbouring Provinces Eastern Provinces, also Myanmar	****
Tourists and visitors	**	Neighbouring and northeastern Provinces, HK, Taiwan, Thailand	**

** The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology)*

4. HIV/AIDS in Yunnan and PRC

4.1 HIV/AIDS Profile

PRC is characterised as a low prevalence country. However, because of its massive size and population, it represents a major potential focus of the HIV/AIDS epidemic in Asia. Reported HIV infections to mid-year 2000 are 17,000, but experts estimate the actual number of HIV infections to be between 500,000 to 600,000. In recent years, the Chinese government has announced a series of campaigns to prevent an "Africa-style" AIDS epidemic in the country. The commitment to fighting AIDS, however, is still ambivalent and appears to be waning in some instances. This is reflected in the low government expenditures on AIDS programs compared to other countries in the region.

The majority of reported HIV infections and AIDS cases, about 70%, are among IDUs in Yunnan Province. The epidemic was first detected among IDUs in Dehong Prefecture in 1989. The Dai and Jingpo (Kachin) populations were the most affected but, over the years, this has shifted to equal numbers of Han and minority populations. The epidemic has spread out from Ruili, in Dehong, to surrounding Prefectures and to Kunming, with rates of infection at several sites over 50%. In 1999, the prevalence rate ranged from 2.6% to 75%, with an average rate for the Province of 27.8%, showing an increasing trend (see Table 20). IDUs still make up the greatest proportion of infected persons – 75% – with sexual transmission reaching almost 14% in 1998.

Table 20: HIV Prevalence Rates for Injecting Drug Users 1992-1999

HIV prevalence	1992	1993	1994	1995	1996	1997	1998	1999
No. of Prefectures With HIV+ cases	1	2	3	7	8	13	13	14
Detected rates (percent)	0-73	0-56.3	0-47.1	0-73.2	0-76.8	2.2-66.7	5.7-70.6	2.6-75
Average rates (percent)	6.0	5.3	6.5	6.8	22.4	26.4	24.4	27.8

Sexual transmission occurs in the Southern Prefectures among women who have been working in Thailand. This has been detected since the early 1990s. The rate of spread of HIV via these women is thought to be slow but there is no reliable data to track the spread. There are small numbers of sex workers in Kunming and border regions, and other women infected are spouses of IDUs. In 1999, the overall rates of infection were:

- sex workers - 2.2% (19/847)
- male STD patients - 1.8% (53/2951)
- among pregnant women - 0.2% (14/6417)

In Baoshan, there were rates of 4.1% among male STD patients. There are only 7 reported cases of mother-to-child transmission. This is very low considering a consistent rate of 0.2% over the last 8 years from sentinel surveillance. The overall rate of adult infections is 0.18%, deaths total

260 reported cases, with 335 the total number of PLWHAs . HIV is now found in all 16 Prefectures of Yunnan and in 88 Counties (Cheng 2000).

Every six months, sentinel surveillance data is gathered from four groups, namely: sex workers, IDUs, male STD patients and pregnant women. Truck drivers are being included in this list. There are 37 sentinel sites in Yunnan. It should be noted that most of the surveillance data from IDUs and sex workers comes from those in detention.

The Australian Red Cross was the first agency to have a collaborative prevention program, but other agencies, such as, SCF UK, Oxfam, UNICEF, and the Salvation Army have been working on AIDS in Yunnan for some time, and now DFID, the British AID organisation, has begun a large prevention program. There has been a focus on youth and school programs. Community-based efforts and peer education projects have been implemented on HIV/AIDS, as well as on drug use and its suppression as well as harm reduction. The leading agency in conducting such drug-related programs, the Yunnan Institute of Drug Abuse (YIDA) has had a major focus on drugs incorporating mobile populations in recent years. Otherwise, there has been little in the way of targeting mobile populations. Elsewhere in the country, mobile populations have been addressed mainly through extensive research and some programming in relation to long distance drivers and large numbers of transport workers in the railways have been trained. Through the railway system, there has been extensive use of different media to reach an estimated 100 million transport users, many of them male migrants (UNDP 1999). Migrant workers and mobility have been acknowledged as issues and some effort has been made to address the problem.

In Yunnan, there has been no extensive programming undertaken in any of the border regions, some of which present as the most vulnerable areas for the spread of HIV in the region. Even in the Ruili area, in Dehong, where the epidemic was detected in 1989, there has been little in the way of international agency support except for UN funds that created little in the way of effective programming. ESCAP has coordinated some of the programming that YIDA and other agencies have implemented for drug use reduction and HIV/AIDS has been incorporated into this programming. Government and international agencies have moved into Dehong in very recent years to extend programming in prevention and care.

4.2 HIV/AIDS Risk Situation

Drug use is still the main mode of transmission for the country, through the use of shared injecting equipment. In recent years HIV epidemics have been detected among IDUs in Xinjiang, Guanxi, Sichuan, and Guangdong. HIV infections by all transmission routes are increasing in absolute numbers but most new cases, 70%, are still related to sharing needles among IDUs. There are 600,000 registered drug users in the country but the real number is estimated to be several times higher (UNAIDS 2000). The numbers are increasing and, reportedly, the proportion that are sharing needles is increasing.

HIV infections are believed to be increasing among heterosexuals in Southern PRC, especially in Guangdong and in Guangxi where, in 1998 one sentinel survey site showed 5% (15/333) of sex workers were infected (UNAIDS 2000). Blood supplies still provide some threat for, despite the outlawing of selling blood in 1998, the practice still continues in many areas with as many as five million people regularly selling blood (NY Times August 2, 2000).

The increase in prostitution and the rise of STDs in the country pose the biggest threat for accelerating the spread of HIV. From the virtual eradication of STDs during the Mao era, more

than 300,000 cases were reported in 1995 (UNAIDS 1998). One study of 500 entertainment workers in three Provinces showed the prevalence rate of STDs to be 19.2%, and the rate of condom use less than 10% (Chen Ie, 1999). This is reflected in Yunnan where prostitution flourishes in cities, towns and border locations throughout the Province. Significant increases in STDs have been reported in Dali Prefecture, a well-known tourist area in Yunnan (Nopkesorn 1997).

As suggested in the above study, condom use is generally low. While condoms are freely available and given prominent shelf space in pharmacies and department stores, there are still restrictions on promotion due to the conservative attitudes that prevail among authorities. Awareness and knowledge of AIDS and STDs is generally low, as reported by a number of studies, but this is especially true among rural populations and in ethnic minority areas.

4.3 Hot Spots of Population Mobility and HIV/AIDS

With little evidence of a sexually transmitted epidemic, the main focus is on areas where HIV prevalence is known to exist, where other STDs are increasing and where there are entertainment services and service girls catering to large mobile or migrant populations (see Table 21).

In Dehong Prefecture, where HIV was first detected in 1989, there are prevalence rates of over 50% at some sites. This area borders Shan State in Myanmar where there are also intravenous drug use epidemics, and where sexual transmission is occurring. Ruili is the focal point for the intravenous drug use epidemic and is the major border crossing linking not only Yunnan but also the east coast of PRC with Myanmar.

Ruili is the main link in the trafficking routes, from which it is thought that the intravenous drug use epidemic has sprung. Thus, major towns linked with Ruili along the Old Burma Road, and communities nearby, are implicated in the spread of HIV. Mangshe is the capital of Dehong and is on this route. Within reasonable proximity of the border, and a major stop over for travellers and traders of many sorts, it is a major hot spot. Baoshan city is on this route also, and then Xiaguan and other parts of Dali, which is not only a centre of drug use but a very well-known tourist area, with many hotels and entertainment establishments.

Travelling further along this route is Kunming, which is a thriving metropolis that has developed rapidly in recent years and is well known for entertainment and hospitality services. Travelling southwest, by road or rail, the final destination before the Vietnamese border is Hekou. With Chinese and Vietnamese women available in the thriving entertainment scene, and widespread drug use, this ranks probably as the third centre after Ruili area and Kunming.

Due south of Kunming are Simao and Sipsongpanna. As with other routes there are truck stops and many establishments with service girls en route. The destination here is Jinhong, which is another thriving area due to the rapid expansion of tourism as well as the increased border trade. In recent years it has developed as a Mecca for men seeking an experience of the exotic, in which Dai women play the central fantasy role. In Simao, there is a small but growing area with an increasing number of entertainment venues. There is also drug use in the area and drugs are readily available, especially across the border in Wa State where the capital, Bangsang, is only several kilometres away. Many women in this area have contracted HIV from working in sex work in Thailand.

Further south, closer to the border, is the busy town of Meng La, said to have 30-40 dance halls where women can be contacted, plus numerous karaoke bars and other venues.

Table 21: Hot Spots of Population Mobility and HIV/AIDS Risk Situations in Yunnan

Hot Spots	Migrant and Mobile Population Groups	Popn. Size	HIV Risk Situations
Northwest			
Ruili (& Jiegao), Dehong	Transport workers, female service workers, migrant labourers, traders, state and uniformed officials, private sector	***	*****
Mangshe (Dehong)	Transport workers, female service workers, state and uniformed officials	***	***
Baoshan town, Baoshan	Transport workers, sex workers, traders, state and uniformed officials, labourers	**	**
Xiaguan, Dali	Transport workers, service workers, traders, tourists, state and uniformed officials, private sector	***	***
Central			
Kunming	Transport workers, service workers, traders, tourists, state/uniformed officials, private sector, factory workers	*****	****
Southwest			
Hekou	Tourists, transport workers, service workers, construction workers, state and uniformed officials, traders	**	****
South			
Jinhong	Tourists, traders, transport workers, sex workers, state and uniformed officials, private sector	***	***
Mengla	Traders, transport workers, sex workers, state officials, uniformed officials, tourists	**	***
Menglian	Traders, sex workers, state officials, drivers, uniformed officials, tourists	*	**

** The number of asterisks proportionately signifies population size or severity of risk situations (see definitions in Methodology).*

5. Conclusion

Since the outbreak of HIV among IDUs in Dai and Jingpo (Kachin) communities in the Ruili area in 1989, HIV has spread throughout and beyond Yunnan Province. It has spread to rural areas and to Han populations. However, the epidemic is still largely fuelled by transmission through drug use via the sharing of needles. The rapid escalation of the spread of HIV into the general population has not occurred as was expected and, at present, there is only limited evidence of an imminent epidemic through prostitution and other sexual contact. Of course, this may be due to limited testing, despite the fact that there is fairly reliable surveillance data from systems that have been in place for several years. Some Prefectures have not had good coverage or have not always been forthcoming with their findings.

Being on the verge of the Golden Triangle, bordering the Shan State in Myanmar, which clearly has both an intravenous drug use epidemic and a sexually transmitted epidemic, and with Thailand not far south with both epidemics, the area is highly vulnerable. The relatively low prevalence and slow spread makes it difficult to determine which groups are most vulnerable. This report was undertaken with limited research, and the links between mobile groups and HIV/AIDS that might be particular to Yunnan are not well known. However, some assessment can be made on the basis of an understanding of risk and mobility in the region.

Over the past 10 years, there has been an expansion of trade and movement in the area. The sustained economic growth of PRC over this time, and during the financial crisis, is increasingly having an impact on western Provinces, including Yunnan. The economy, however, is still in transition and, while some people are benefiting and infrastructure development is gaining pace, others are struggling to find their way in the transition.

Yunnan is receiving tens of thousands of economic migrants, who make their way to Kunming and other cities and towns. Many move through Yunnan and cross into Myanmar, Lao PDR or on to Thailand. The economy is still buoyant enough to cope with the high unemployment rate and the vast movements of people. However, drug use is increasing along with prostitution and crime. More people are on the move than ever before in PRC and many have money in their pockets. In this context, the rise in prostitution is characterised not so much as a new phenomenon but as a return to pre-liberation days.

There are major cross-border sites with Myanmar and Vietnam, as well as with Lao PDR, that are potentially among the most risky border areas in the region. There is both intravenous drug use and widespread commercial sex, and a mix of nationalities and ethnic minority groups. Traditional trading routes are becoming modern trading routes with the expansion and upgrading of roads, easing of border restrictions, and the provision of more border checkpoints. Some of these routes also facilitate human trafficking and the trafficking of drugs.

Highways are extensive in the Province and the volume of traffic is increasing with the expansion of trade and economic growth, which brings with it infrastructure development, social development and tourism. Transport workers are numerous throughout the Province and major truck stops in rural locations, as well as in cities and towns, attract entertainment services and women to serve truckers and other mobile populations. Construction workers from Yunnan and other Provinces are also numerous, in line with the pace of development over recent years. They are often single men hired by eastern coastal companies, or joint venture projects, bringing in workers from elsewhere.

The Dali area has long been a popular tourist destination for Chinese tourists from the north and eastern Provinces, as well as Hong Kong and Taiwan. Over the last decade Sipsongpanna has emerged as another major tourist destination with national and foreign tourists, including many from Thailand. Kunming is a rapidly expanding capital known as Spring City and has many tourist attractions in and around the city.

At a time when prostitution is booming and population movements are increasing with the greater social freedoms and economic prosperity, PRC still displays a certain ambivalence in opening up to the world. Because the epidemic has not spread as fast as was predicted some years ago, many authorities seem to be becoming complacent, and thus there is no drive to expand programming and increase expenditure. When a crucial part of HIV/AIDS programming is the marketing of condoms as an every day item, the authorities revert to dogma and decry the supposed loss of social values. They argue that condoms may inadvertently promote promiscuity among the young.

The Government has shown initiative in the past, in relation to drug use, even though prohibition and law enforcement and moral education are still the major modalities. In Yunnan the situation has gone from bad to worse, but the spread of HIV has fortunately been more gradual than the rapid spread expected. Roads fan out from Kunming in all directions to centres where there are increasing drug problems and rising prostitution. With amphetamines adding to the problems, the Golden Triangle is as untameable as ever and all countries in the region have to confront these problems. Yunnan has the added dimensions of economic growth and changing economic structures, which involves many jobs becoming redundant, greater freedoms but certain restrictions, and population exchanges not only across provincial borders but across international borders.

The Dai are the largest group in the border counties. In Dehong, in the north of Yunnan, many of their communities have been decimated by the twin epidemics of intravenous drug use and HIV/AIDS, as have the Kachin. In Sipsongpanna, to the south, Dai women are marketed as sensuous beauties and a thriving sex industry has arisen in recent years. With increases in STDs the minority groups who were once held responsible for spreading AIDS – through drug use in Dehong – may be at risk of sexually transmitted HIV. Other minority groups with a lower socioeconomic status than the Dai may be at greater risk in a context of a more rapid spread of HIV. Already, many women from the Dai as well as some other groups are known to have been infected while working in Thailand and Myanmar.

The prerequisites for the rapid spread of HIV/AIDS already exist in Yunnan. Of these prerequisites, one is migratory populations with limited knowledge and awareness of HIV/AIDS. The southern reaches of Yunnan have been remote and closed areas for decades. Now, Yunnan is part of the Mekong region and, with large infrastructure development and tourism, the area is on the verge of opening up to the world. The transition to greater economic development will be a challenge for many people, with increased cross-border movements as more and more people seek a better life.

G. Conclusion and Discussion

AIDS is often cast as a development issue. In this study, this is borne out in relation to three interrelated themes of economic growth, urban and industrial development, and movement of people. Economic growth and consumer spending lead to further expansion of trade, which in turn leads to the expansion of the transport sector. Growth in the manufacturing and service sectors, to meet the greater needs of the community, leads to the need for improved infrastructure. Tourism, as an outcome of increasing disposable incomes and greater wealth, boosts spending and the need for more services. Tourism is now promoted throughout the GMS as a means of raising greater revenue, but most of the countries in the region desperately need more infrastructure if tourism is to develop. International agencies and donors are supporting rapid growth through increased investment and improved infrastructure. The fruits of such development are obvious but one of the costs is the expansion of the sex industry and the spread of AIDS.

Many mobile populations use entertainment facilities when away from home and this often includes the use of commercial sex services, but is not confined to only commercial sex. Attitudes and behaviour may change when away from home, and are influenced by a range of factors, including: the types of patterns of migration, the duration of time away, the types of location at the destination, living situations, occupation, age and gender.

These factors are elaborated on in the following discussion per the findings from the five case studies. They are then discussed in relation to HIV/AIDS risk situations.

1. Migration and Mobility

Internal migration involves the largest number of migrants and is no doubt linked to the spread of HIV/AIDS. Cross border migration, however, carries with it a greater potential for vulnerability in many situations and HIV has spread across all borders in the region. Overseas migration carries risks, but for this region they appear to be lesser risks at this time than cross-border or internal migration and mobility.

Internal migration is a varied and complex phenomenon and much of it can be defined as mobility rather than migration, for it can include tourism, pilgrimages, visits home and, of course, trade and commerce. Men regularly attend cattle markets and other trading centres as well as festivals and, whether it be for business or pleasure, these visits often includes drink and sex. Temple festivities and other fairs, which attract very large crowds, occur on both sides of the border, as seen on the Thai-Lao border, drawing people from both sides of the Mekong River. But this is still only part of the picture of mobility. In addition, there are migrant workers, who may or may not be highly vulnerable to HIV infection. Some groups can be identified as generally having a heightened risk for HIV/AIDS, such as fisherfolk and seafarers. Other groups that may have a heightened risk of HIV belong more to mobile populations rather than migrants, such as, traders, state officials and uniformed personnel. Young people in factories or the service industry, and some migrant students, can also be vulnerable.

Many of the members of the groups depicted here can be cross-border migrants as well. Crossing the border does not make them vulnerable but they can readily become vulnerable, given the situations in which they often find themselves – en route and at their destination points. Their vulnerability increases due to low education and language barriers, and limited preparation for entering into a very different world. Most importantly, it is due to their illegal immigrant status,

which confines them to closed groups with no access to AIDS education and the necessary health care services. Crossing into Thailand, some may take up temporary residence before moving further inside the country. Others will stay within the border regions. For many, this point of contact at border-crossings is their first contact with high risk situations. This is where internal and cross-border migrants converge, as do different mobile groups. Risk situations emerge as a result of the intersections of mobility, trade and development, and HIV. However, border regions are not always Hot Spots for the spread of HIV. They be more thoroughfares, which mobile populations move through. Further inside the country, however, there will be a junction where mobile populations will congregate, forming an area where service industries exist, including entertainment industries that have women available.

There are, however, differences that should be considered between national, or internal, movements and transnational movements. Moving to the city as a rural-urban migrant does not usually require formal applications, visas or the like, although in much of the GMS migrants into cities do not have full citizenship rights. The socialist countries, while allowing a much greater freedom of movement in recent years, still apply restrictions to this type of mobility. For example, they may not have easy access to schooling for children or access to quality health care. Nonetheless, in PRC and Vietnam, people are moving. Even in Lao PDR and Myanmar, there are movements across the country and across borders. Once they move across borders however, citizenship rights are halted altogether, and language barriers may arise. If people are documented migrants, they can have aliens' rights. If they are undocumented, they have no rights at all.

Border situations vary enormously. Within the larger crossings there are similar environments where mobile and migrant groups, mainly internal movements of people, have created areas well known for illicit activities such as gambling and commercial sex. Casinos are springing up at various points on the Thai border, as a means for Thais to access gambling venues, which are prohibited in Thailand. Similarly, in Myanmar's Shan State, casinos attract Chinese tourists and business people crossing the border. Most of these crossings have expanding sex industries, which generally predate the arrival of the casinos.

At border locations, there are many migrants who do not actually cross the border or who may do so only to seek work on a daily basis. Risk may be reduced in such cases but HIV risk has often spread to both sides of the border. For example, the risk of HIV has been greater on the Thai side of the Thai border. However, on Thailand's borders with Lao PDR and Cambodia and, perhaps with Myanmar, risk factors for HIV transmission can now be higher on the other side of the Thai border. On the Thai side of many of its borders, Thai sex workers have been replaced by cross-border migrants. On the PRC border, there are sex workers moving into Yunnan from Vietnam and Myanmar, but there are also some Chinese women crossing the border into Myanmar.

2. Gender and Vulnerability

Gender issues in the region are characterised by similarity rather than difference. Despite different cultures and differences in political and social systems, the countries share many commonalities. There are customs in Indic and Sino societies that clearly mark them as patriarchal and which are absent in most countries of Southeast Asia. Women have a relatively high degree of freedom and autonomy, which allows them latitude in moving or migrating, even as single women. In Thailand, in the 1970s, after the first large migratory flows to urban centres,

which were dominated by men, the numbers of women surpassed that of men. This trend is now apparent in other parts of the GMS.

In Cambodia, the urban to rural flows are following a similar pattern to Thailand. Garment factories and service industries are big employers of women and increasing numbers of women are moving to cities. These young women are more vulnerable, in some ways, than young men. This emerges from cultural forms where women are brought up to be more responsible and their adverse behaviour reflects on the reputation of the family. Thus they are not prepared for sexual relations in their teens and are not prepared to negotiate relations with young men, who have less to lose. They may have little knowledge of their own reproductive physiology let alone a clear understanding of STD/HIV and condom use. Even if they have knowledge of condoms and the importance of using them, they do not have the power to negotiate use.

They are away from their familial environment and they have to find their own way. The taboos and social controls within the family, kin networks, and community, are all but absent in this new environment. It is not only this new arena of sexuality and boyfriends without elders around. There are other avenues of difficulty that can arise. At their destination, or en route, they may be approached by men who harass them. As cross-border migrants or just moving from rural to urban centres, they may be vulnerable to approaches from men and boys, whether they be officials or uniformed men, youthful larrikins, or pimps looking for attractive women or girls. There is anecdotal evidence of women in factories finding nighttime work as service girls where sexual services are offered, or being approached by men to leave the factories to work as service girls and sex workers.

The urban or the cross-border environment holds new experiences and opportunities but is precarious for many. Even for men it is precarious in that, in a new environment, they may do things that they rarely do at home. Peer pressure may be stronger – their peers are their close support and they stick together. A new lifestyle can emerge where, if there are opportunities for being entertained, they will take such opportunities, money permitting. Men are thought to be less responsible than women are and thus it is okay if they spend their earnings more frivolously.

The sexual double standard allows men to be more irresponsible while women are more responsible. The responsible women and girls appear to be given some license in society to act as if they are irresponsible, by being a service girl or sex worker but, in fact, they are being responsible in terms of earning money for their family. The disposable incomes of a lot of single men, or men away from their families, allows them the privilege of ‘buying’ sexual services. The ‘responsible’ women are the commodities.

The result is that men and women are often ill prepared for the environments in which they find themselves. Some men are prepared to take risks and, on the one hand they are not aware of the risks they face or, particularly for men, they have some awareness but deny the risk. These are the dual problems that lead to not acknowledging risk and thereby making people vulnerable to contracting or spreading HIV. There is, of course, no clear delineation of migrants fitting into the former category of lack of awareness and other mobile populations fitting into the latter category of denial. Fisherfolk are migrant workers who often would fit into the latter category. Cambodian police recruits may fit into the former category, although hopefully they are more informed these days. Truck drivers may fit into either category and, like other groups that are away from home for long periods, there is often a community expectation, including by wives of such men, that they will patronise sex workers.

There are structural factors in masculine areas of life that contribute to the problem of mobility and HIV. Sometimes, these factors can even accelerate nonproductive mobility, such as policemen involved in trafficking. On the other hand, women can be considered as both victim and actor in the spread of HIV. Being infected with HIV by clients, sex workers are passive receptors. Then, with their continued sex services to men, they are actors who transmit the disease. Finally, it is the wife of an infected male client who is the new victim of HIV. Thus, both men and women can be equally vulnerable but women are vulnerable in a more passive way than men are.

There is a consistent thread through the region of migrating and mobile men, labourers, truck drivers, officials, traders, etc who converge at points such as borders, ports, sections of cities, where they are catered for with food, drink and entertainment. Truck drivers in Vietnam complain of women harassing them when they get down from their trucks. In PRC and Vietnam, women flag trucks down on remote highways. In Lao PDR, Thai truck drivers seek out village women for trysts, and Lao and Chinese drivers pick up women as 'companions'. Myths emerge about how they need women to release pent-up energy, perceived as a desire more than a need.

Similarly, fisherfolk live in port areas where a sex industry has arisen to service single and married men while away from home. A subculture has arisen, given the special nature of their occupation, where being away at sea for some time they want to enjoy themselves on return. But ports may also have drivers, construction workers and other mobile populations that give rise to a culture of commercial sex and gambling. Some fisherfolk spend weeks or months at sea, while others may be away only overnight, but the availability of entertainment and women means that many will indulge in regular drinking, with the option of gambling and sex. Many fisherfolk earn higher incomes than construction workers or factory workers. However, they generally have a greater opportunity to spend their earnings. Thus, some single men earn just to spend when they come into port and then may have nothing left before they go out again.

Despite different dynamics of population movements in each of the countries, much of the above discussion deals with themes that are applicable to each of the countries. Each country could be described as being at a different stage of development, with epidemics that are certainly at different stages, but themes associated with gender, sexuality and vulnerability have common threads throughout the region.

3. Poverty and Development as Driving Forces for Development

It is poverty that underlies the motivation for the vast proportion of the population movements throughout the world. In the GMS, there have been immense political upheavals in previous decades, which have caused substantial flows of people to flee their communities. In the year 2000, most of these people have been resettled and there is a degree of political stability. While internal conflicts still account for substantial numbers of people moving, it is primarily the economic motive that propels most people to leave their homes. In their struggle against poverty, many people in the GMS choose to migrate in search of better opportunities. This has made the majority of the mobile population economic migrants.

Being poor, with low education, being illegal in another country, and not knowing the language, all add up to being vulnerable, especially when one is alone (without family) and in situations never encountered before. A discussion on poverty may be viewed more in the perspective of disadvantaged communities, through neglect and the growing disparities of wealth. This has

been touched on with respect to women, both in casual or commercial sex, and in trafficking but other population groups, such as ethnic minorities, may be highlighted here. Some hill tribe groups in Thailand have been badly affected by injecting drug use and HIV/AIDS, as well as by many young women entering the sex industry. Both of these issues are pertinent to other countries in the GMS. Ethnic minorities in Yunnan have been badly affected by drug use and HIV/AIDS, and ethnic minority women from Lao PDR, Yunnan and Myanmar have entered the sex industry, mostly in Thailand. As Vietnam develops, many highland men and women will migrate to the lowlands. Already there have been major relocations and resettlements.

The prevailing poverty and the unequal distribution of wealth in the GMS has led to attempts from both inside and outside the region to develop a more sustainable economy. Development schemes like the Economic Quadrangle, which includes Yunnan, upper Myanmar, Thailand and Lao PDR, were proposed to bring about better infrastructure and expanded intercountry trade and investment. The Asian Highway was expected to link Singapore to PRC and the East-West Corridor was expected to connect Vietnam and Myanmar. Although these schemes have not been fully realised, they have accelerated infrastructure development, trade, tourism, and investment. Needless to say, all these changes are closely related to population mobility. Construction workers are employed in infrastructure development projects. Unskilled workers enter factories. Traders and tourists are travelling around in the GMS. Some towns become intersection points due to the changes, eg. Mandalay and Tachilek in Myanmar, Oudomxai in Lao PDR, Sihanoukville in Cambodia, etc. Regional economic development can be considered as both complimentary and competing economies. Agricultural products from one country are processed in another country, such as sugar cane grown in Lao PDR and processed in PRC. This is an example of complimentary economies. But development can also lead to competing economies. New manufacturing industries keep unskilled workers, who once emigrated to be employed overseas, at home. New opportunities allow locals to stay in the country instead of moving around. However, due to wage differentials, economic migrants still find employment in more economically advanced nations more attractive than local employment. Thus, regional economic development becomes a pull factor for migration, especially across borders.

The influx of migrant workers from one GMS country to another (for example, from Myanmar into Thailand, from Vietnam into Cambodia) illustrates the new trend of population mobility. While the numbers of people migrating into industry from Lao PDR are relatively small, the potential for a significant increase must be acknowledged. Lao PDR is opening up to through traffic from PRC and Thailand, as well as Vietnam. Roads are being upgraded in mountain areas where the major populations are ethnic groups. If the expansion of the sex industry in Lao PDR keeps pace with infrastructure developments and expanded trade and tourism, then opportunities for many women and girls may be in the offing. A similar situation could occur in Yunnan, where there are over 13 million ethnic minorities and, as in Lao PDR, they are the majority populations in the border regions. Disadvantaged through lack of education, few resources, language and ethnicity, many mobile people will not be empowered by current development processes but will be further marginalised.

It should be noted that there are social networks that facilitate people who want to move. Some networks are professional and highly profitable, while others are casual and non profit-making. Such social networks accelerate mobility and some trafficking networks will place migrants into vulnerable situations, since they can involve varying degrees of deception. Even networks of friends and relatives can be dangerous if they are not providing migrants with accurate and

adequate information about travel and employment. Nonetheless, many migrants can move safely (in the sense of not being deceived or exploited) with the assistance of efficient networks of friends and relatives

4. The Dynamics of HIV Spread and Implications for Mobility

It is important to explore the spread of HIV in the region and the trends. The first detected epidemic in Asia was in the Province of Chiang Mai in Northern Thailand, largely through a configuration of migration, return migration, and commercial sex. In an oversimplified but instructive picture, rapid economic development and the widespread use of money, led to the emergence of a supply and demand for sexual services. Poverty was the factor that saw women entering the industry and development led men to have money in their pockets and to live away from home.

The local sex industry had a local clientele but it was mainly urban based, often catering to rural visitors and, increasingly, domestic tourists. Then, in 1989, more than 40% of a large sample of Chiang Mai sex workers were detected as HIV positive (Brown et al 1994). They were infected by clients and in turn infected other clients, many before 1989. By the early 1990s it was mostly young men that were dying in many villages Chiang Mai. Shortly after that they were dying in Chiang Rai and Phayao Provinces. Many of them had been mobile in the northern region or as far as Southern Thailand.

In this study, a similar picture emerges for the epidemic in Cambodia, and Myanmar. This may be partly speculative, as the epidemiology does not clearly implicate such patterns of transmission with patterns of movement. Also, such a presentation obscures the local sex industries that have a local clientele, which is extensive in Thailand. Nonetheless, the movement of HIV into certain areas is supported by HIV patterns of transmission and sexual and social networks. Highways, in recent years, have been identified clearly as defined routes of HIV transmission, where mobile populations have access to sexual contacts at place of origin, en route and at destinations. Even drug use, which does not obviously follow such paths of transmission is implicated in patterns following certain routes. The epidemics in northern Thailand, Shan State, and across into northern Vietnam, are not isolated incidents – they are connected through trafficking and other travel.

As well as being the source of many trafficked women and others who have entered the sex industry, northern Thailand has been a destination site and a transit point for other destinations. The area that is famous for supplying a large proportion of the world's heroin has also provided a large proportion of women for the sex trade. Trafficking is big business in the region and also occurs in Vietnam and Cambodia. Many Vietnamese women in the Cambodian sex industry have returned home HIV positive and many of them, along with their Cambodian sisters, are yet to learn of their HIV status. Even more of their Burmese counterparts, many of whom are ethnically Tai, namely the Shan, are HIV positive, and they now have to live with this back in their villages. The modes of trafficking have changed so that the networks and routes now facilitate women who are making more informed choices. Force and outright deception may still occur but more women from Yunnan, Myanmar, Vietnam, Cambodia and Lao PDR are seeking a better life under their own motivation.

The future of the epidemic is still uncertain. The current reading of the spread of HIV suggests a gradual spread in most areas rather than the rapid spread experienced in the three countries most

affected – Thailand, Cambodia, and Myanmar. But far from suggesting a reduction in efforts to combat the spread of HIV in Thailand, or elsewhere, this reading should serve to present new challenges. Lao PDR, Vietnam and Yunnan are experiencing a gradual spread, although the latter two have been badly affected by intravenous drug use epidemics. The first three countries are experiencing the gradual spread of HIV in sections of their population, parallel to, or as a result of, an earlier rapid spread. The gradual spread of HIV, while potentially wasting fewer lives, may be more insidious and prove more difficult to deal with.

The gradual spread may occur from drug using epidemics or from small pools of infection, but generalised epidemics that show an adult rate of infection of 2% or more will experience a diffusion of HIV through regular sexual contacts, that is beyond that of commercial sex. It is clear now that borders are no barrier at all to HIV spread and so, given the large sexually transmitted epidemics in three countries, and intravenous drug use epidemics in four countries, the gradual spread of HIV through a mix of casual and commercial sex is occurring. One factor that makes this more urgent is that at least four countries have a high, or a rising, incidence of STDs. In the context of an expanding sex industry in the region, this presents a major concern.

Many men among mobile populations are prone to using commercial sex venues, but they are also known to have casual partners, in addition to wives or other partners back home. Internal migration and mobility can make people more vulnerable. This has been the lesson in Thailand and elsewhere. Thus, both internal and cross-border migrants need to be studied in their places of origin, the routes they take, and the destination points. Determining how internal movements intersect with transnational movements, particularly on borders, is of crucial importance. Such Hot Spots occur in all of the countries of the Greater Mekong Sub-region and most have been neglected as important target areas for comprehensive programming.

5. The Responses

Different rates of spread of HIV throughout the GMS region account for, in part, different responses. The predicted rapid spread of HIV has not occurred in some areas and thus some governments, such as PRC, are sometimes reluctant to commit a lot of resources. Part of that reluctance is perhaps expressed in the continuing resistance to wide-scale promotion and distribution of condoms. Some governments are still in denial about the magnitude of the problem. This denial is matched by the reluctance to admit to cultural patterns of men visiting commercial sex workers and the widespread existence of sex work.. Thus, the allocation of resources is not forthcoming, even though most governments have committed themselves to slowing the spread of HIV/AIDS and are attempting a multisectoral approach to fighting the epidemic.

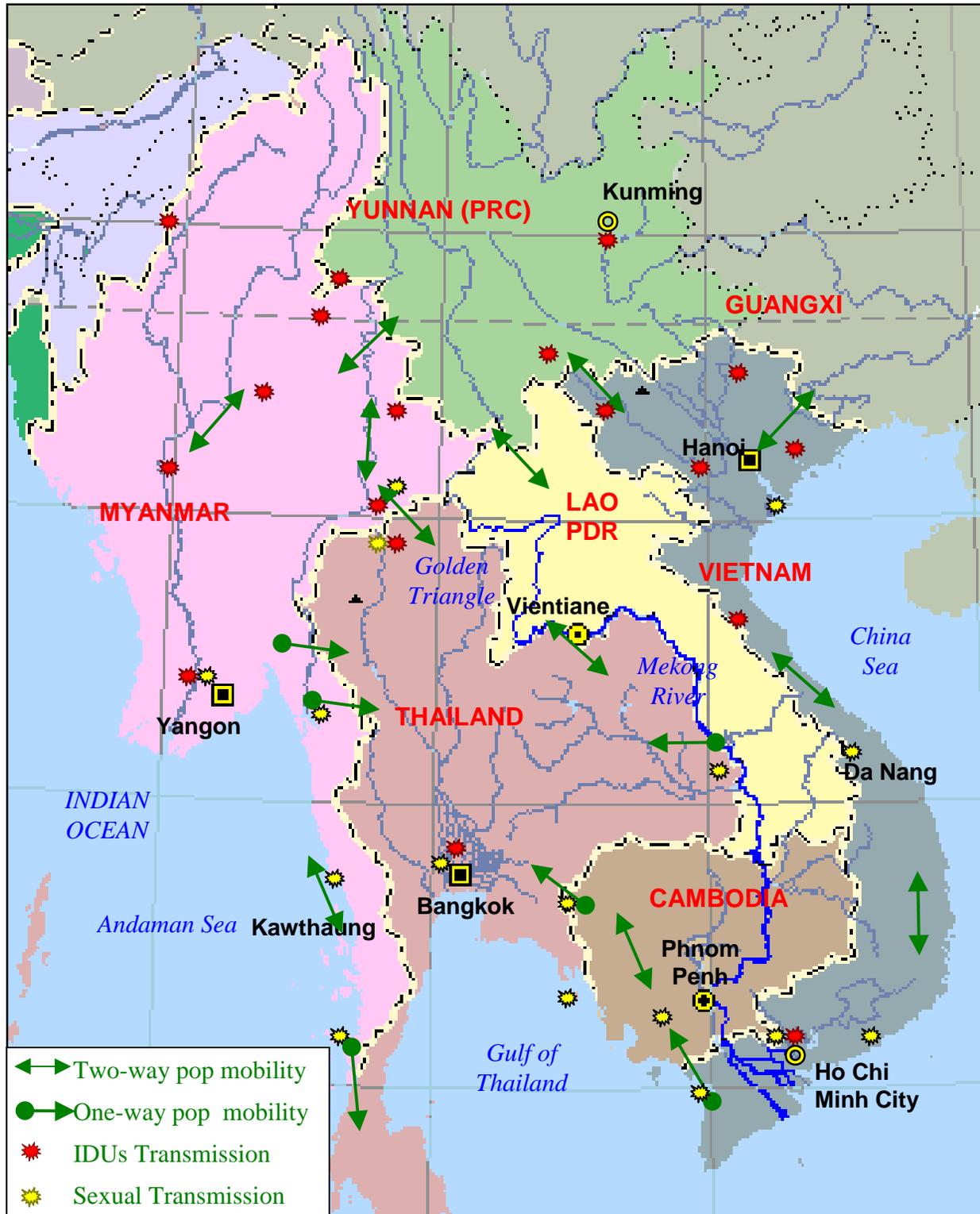
In addition to the different level of commitment from each government to preventing HIV, the question of illegality among many migrants has also worsened the situation. Government policies that introduce the registration of aliens and reject unregistered migrants risk enhancing HIV vulnerability among the latter. Through the ignoring of illegal migrants in the government's service delivery, especially of health care, many migrants are at high risk.

This report, drawn from secondary literature and consultations with a range of people and agencies, shows that HIV/AIDS is spreading in the region. Mobility is driving the spread of HIV and more areas are likely to be affected in the near future. There is a determined effort on behalf of many agencies to define the main areas of concern. This report tries to capture the dynamics

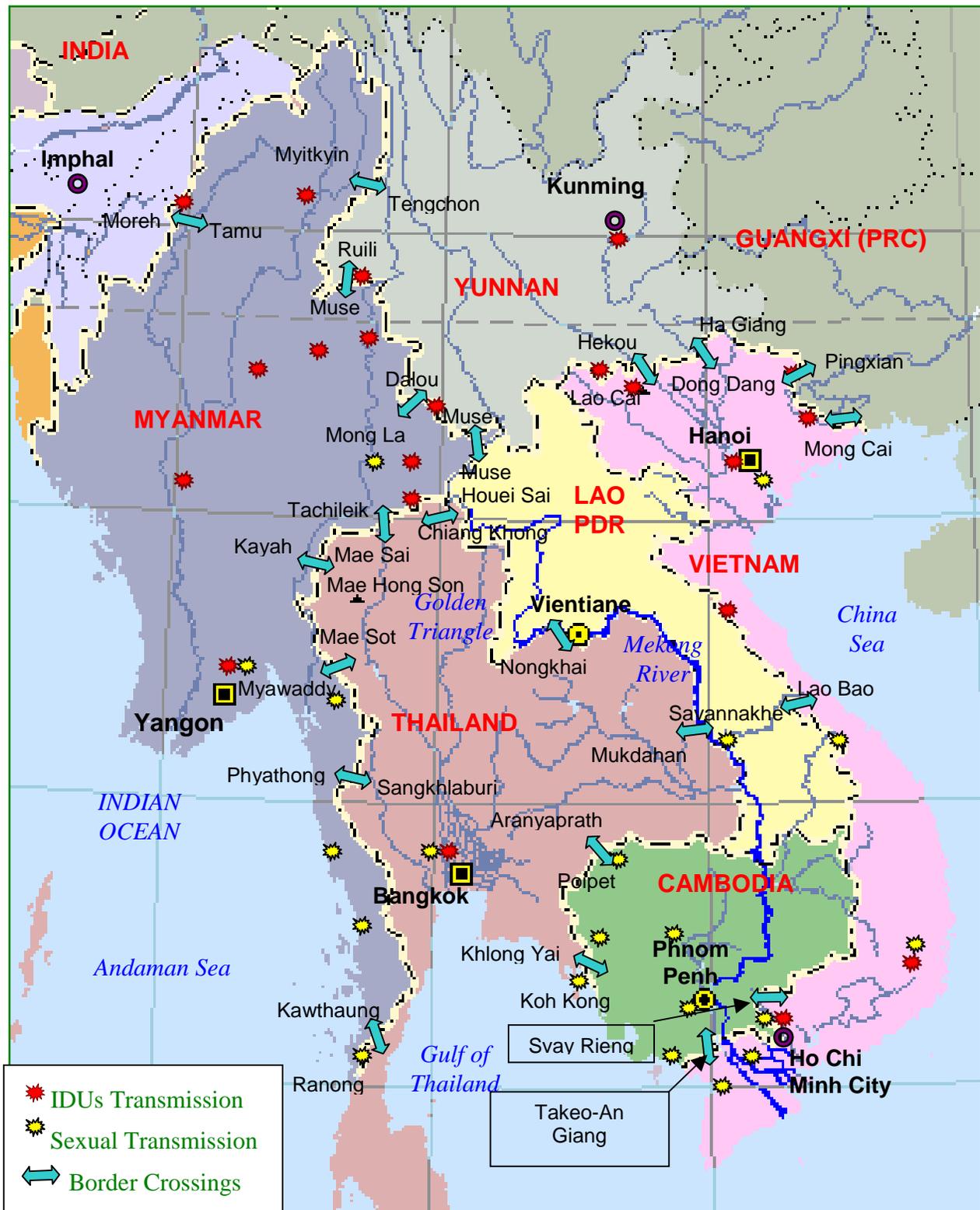
of movement throughout the GMS, to focus in on intersections of mobility and HIV/AIDS that are a concern, and to stress the need for continued monitoring of these intersections so that clear priorities can be made.

Annex

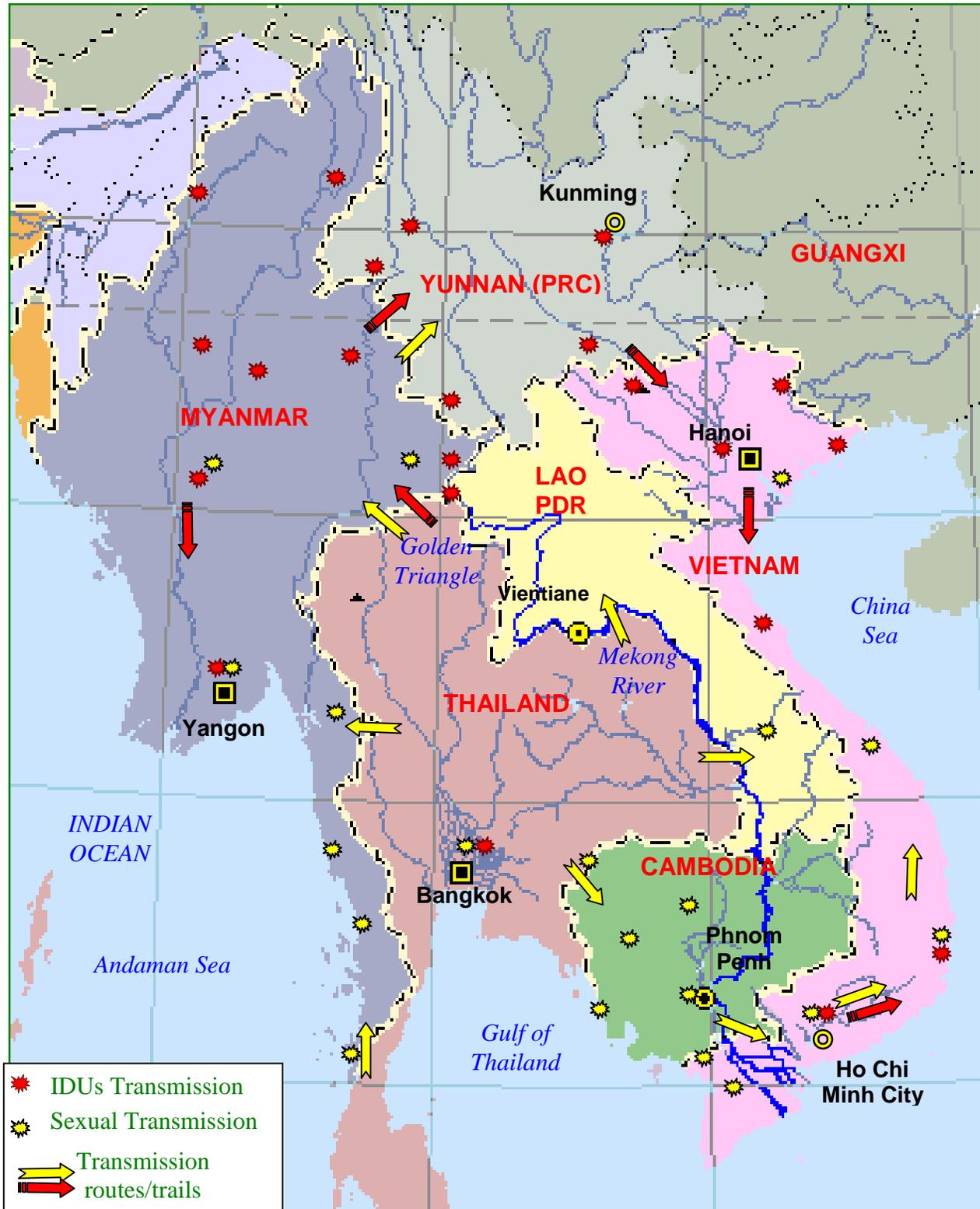
Map 1: Major Population Mobility Trends & Transmission of HIV/AIDS in the Greater Mekong Subregion



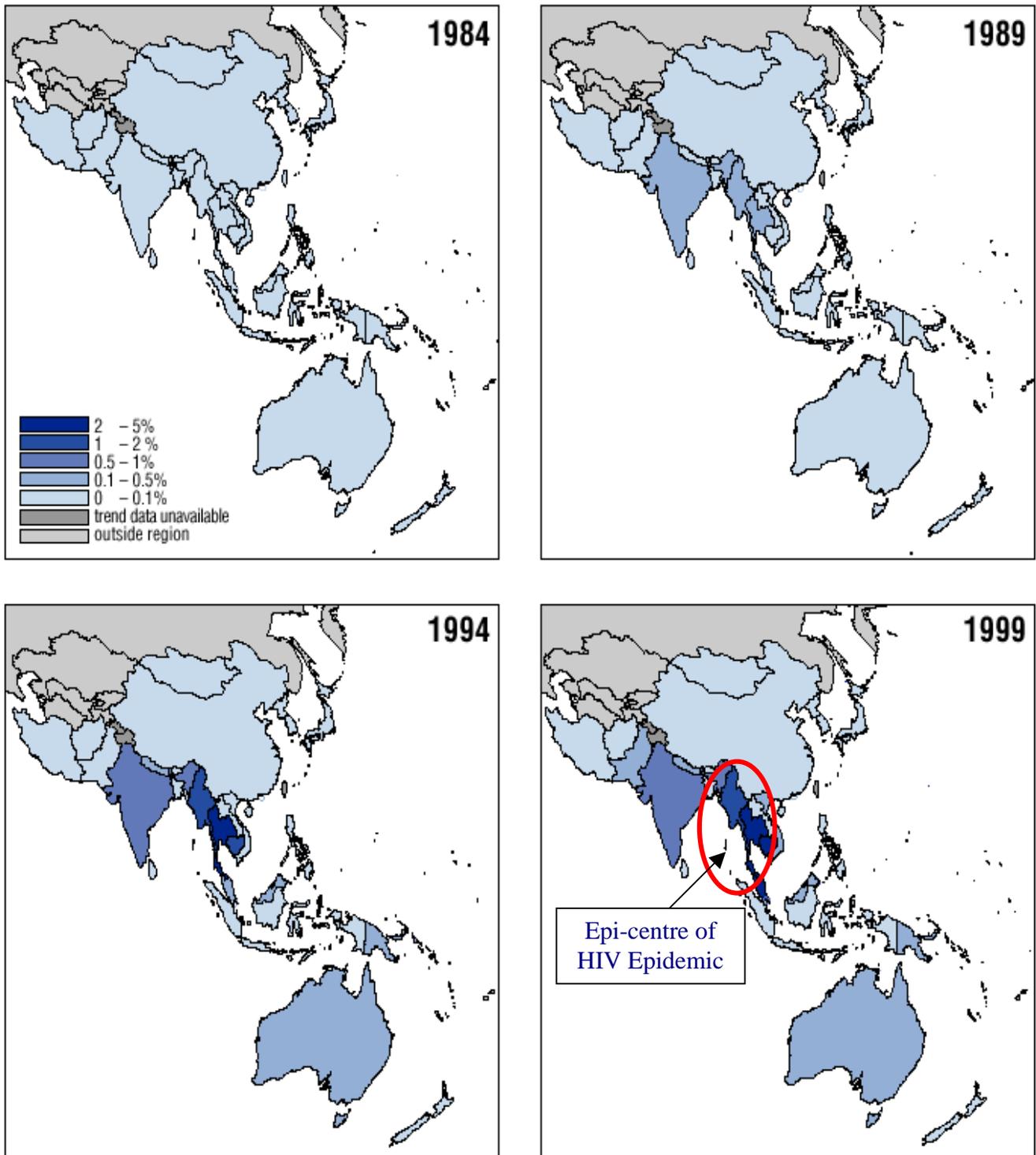
Map 2: Major Border Crossings in the Greater Mekong Subregion



Map 3: Progression of the HIV/AIDS Epidemic in the Greater Mekong Subregion



Map 5: Spread of HIV Over Time in ASIA 1984 to 1999



UNAIDS 2000 (edited)

Bibliography

General/Regional

- Archavanitkul 1998, Transnational population and policy options for importation of foreign labour into Thailand, in proceedings of The Regional Workshop on Transnational Migration and Development in ASEAN Countries, Mahidol University and International Organization for Migration, May 25-27.
- AHRN (2000). Public Health, Socio-economic and Political Contexts: Amphetamine-type Substances. Chiang Mai, Asian Harm Reduction Network.
- Archavanitkul K et al (1997). A study of Interest Parties, Legal Issues and the State Management System. In the National Seminar on Policy Options of Importation of Foreign Labourers into Thailand, Bangkok.
- Asian Harm Reduction Network (AHRN) (1999). The Hidden Epidemic: A Situation Assessment of Drug Use in Southeast and East Asia in the Context of HIV Vulnerability.
- Asian Research Centre for Migration/SEAMEO-TROPMED/WHO/GTZ (1997). Second Technical Consultation on Transnational Population Movement and HIV/AIDS in Southeast Asian Countries. Report.
- Asian Research Centre for Migration/WHO (1995). Report of Technical Consultation on Information Regarding Population Movements and HIV/AIDS in Southeast Asia. Report.
- Bain, I. (1998). Southeast Asia, International Migration, Quarterly Review, special edition on Migration and HIV/AIDS, Vol 36:4, pp 553-585.
- Bang P N (2000). Understanding STD Treatment Seeking Behaviour in Border Area of Vietnam and Cambodia. CARE/BAHAP Vietnam.
- Bardon, J. M. and W. Em-Im (2000). BAHAP: Border Area HIV/AIDS Project CARE International, External Review Document. Bangkok, FHI, Asia Regional Office.
- Beyrer, Chris. 1998, *War in the Blood: sex, politics and AIDS in Southeast Asia*, White Lotus, Bangkok.
- Bennet T. "An Aura of Risk" (1997). In: Second Technical Consultation on Transnational Population Movements and HIV/AIDS in Southeast Asian Countries, Chiang Rai, Asian Research Centre for Migration.
- Brown, T. et al. (1994). The Recent Epidemiology of HIV and AIDS in Thailand, AIDS, 8 (suppl 2): S131-S141.
- CARE International. Border Areas HIV/AIDS Prevention Project (BAHAP): Cambodia, Lao PDR, Thailand and Vietnam. Project paper.
- CARE/CARAM. HIV/AIDS and Mobile Populations Workshop Report. March 2000.
- Caouette, T. M. (1998). Needs Assessment on Cross-border Trafficking in Women and Children - the Mekong Sub-region. Bangkok, UN Working Group on Trafficking in the Mekong Sub-region.

- Chaelemwong Y (1996). A Estimated [sic] Undocumented Migrant Workers in Thailand. Thailand Development Research Institute, Bangkok.
- Chantavanich, S (1999). Thailand's Responses to the Transnational Migration During Economic Growth and Economic Turndown, *Sojourn* 14:1, pp 159-77.
- Chintayanond S. et al (1997). The Monitoring of the Registration of Immigrant Workers from Myanmar, Cambodia and Lao PDR in Thailand. Asian Research Centre for Migration, Chulalongkorn University, Bangkok.
- Decosas J et al (1995). "Migration and AIDS". *The Lancet*.; 346:826-29
- Division of Epidemiology, Ministry of Public Health, Thailand (1989-98). HIV Sentinel Surveillance in Thailand by Province.
- du Guerny, J. Chamberlain, J. Hsu, Lee-Nah. 2000. From AIDS Epidemics to an AIDS Pandemic: Is an HIV/AIDS Hub Building in Southeast Asia, UNDP-SEA HIV Development Project.
- Entz, A et al (2000). HIV-1 Prevalence, HIV-1 Subtypes and Risk Factors Among Fisherfolk in the Gulf of Thailand and the Andaman Sea. *AIDS* 2000, Vol 14 No 8:1027-1034.
- Family Health International - Asia Regional Office (Bangkok) (1996). On the Need for a Regional Strategy for Cross-border interventions to Reduce Transmission of HIV in Asia. Unpublished Monograph. July.
- Family Health International - Asia Regional Office (Bangkok) (1996). A Regional Cross-border HIV/AIDS Prevention Response in East Asia: Seminar Proceedings. AIDS Prevention Monograph Series Paper No.2. January.
- Family Health International (1999). Making Prevention Work: No.10. Crossing Borders - Reaching Mobile Population at Risk. May.
- Feingold, D. (1998). "Sex, Drugs and the IMF: Some Implications of 'Structural Readjustment' for the Trade in Heroin, Girls and Women in the Upper Mekong Region." *Refuge*, Special Edition, New Cargo: The Global Business of Trafficking in Women 17(5).
- Feingold, D. (In Press). The Hell of Good Intentions: Some Preliminary Thoughts on Opium in the Political Ecology of the Trade in Girls and Women, in *Where China Meets Southeast Asia: Social Change along the Border*. G. E. e. al. Singapore, ISEAS/Allen & Unwin Australia.
- Fernandez I. Migration and HIV/AIDS. In: 4th International Congress on AIDS in Asia and the Pacific in Manila. October 1997
- Grundy-Warr, C. (1998). Turning the Political Map Inside Out: A View of Mainland Southeast Asia, in *The Naga Awakens: Growth and Change in Southeast Asia*. V. R. Savage, L. Kong and W. Neville. Singapore, Times Academic Press.
- Geust, P. 1999. Overview of the Population Mobility Situation in Asia and its Implications for HIV/AIDS, paper presented at the Fifth International Congress on AIDS in Asia and the Pacific, Kuala Lumpur, 20-27 October.
- Hsu, L.-N. and J. d. Guerny (2000). Population Movement, Development and HIV/AIDS: Looking Towards the Future. Bangkok, UNDP & FAO. Kelly P. Managing HIV

- Vulnerability of Mobile Populations: Methodologies for Data Collection. In: Satellite Symposium, 4th International Congress on AIDS in Asia and the Pacific in Manila. October 1997
- Mishra S. I et al (1996). AIDS Crossing Borders: the Spread of HIV Among Migrant Latinos. West View Press, Oxford.
- Paul S.R (1996). A Macro-analysis HIV Seroprevalence in the Border Areas of Thailand (unpublished data): Asian Research Centre for Migration, Chulalongkorn University, Bangkok.
- Paul S.R (1997). Dual Problems of HIV/AIDS Among Illegal Migrant Labourers in Thailand. In: 4th International Congress on AIDS in Asia and the Pacific in Manila.
- Phongpaichit, Pasuk et al (1998). Guns, Girls, Gambling and Ganja: Thailand's Illegal Economy and Public Policy, Silkworm Books, Bangkok.
- Porter, D. (1997). A Plague on the Borders: HIV, Development, and Travelling Identities in the Golden Triangle, in Sites of Desire Economies of Pleasure: Sexualities in Asia and the Pacific. L. Manderson and M. Jolly. Chicago, University of Chicago Press: 212 - 232.
- Skeldon R (2000). Population Mobility and HIV Vulnerability in South East Asia: An Assessment and Analysis. UNDP Southeast Asia HIV and Development Project. February.
- Stern A et al (1998). Maps of International Borders Between Mainland Southeast Asian Countries. Asian Research Centre for Migration, Chulalongkorn University, Bangkok. February.
- Thailand Seafarers Research Team (UNAIDS/UNICEF coordinated) (Undated). Profiling the Maritime Industry and Responses to HIV and Drug Use Among Seafarers in Ranong, Thailand. Undated .
- UN ACC Task Force on Basic Social Services for All. 1998, *Technical Symposium on International Migration and Development*, the Hague, 29 June, United Nations Population Fund, New York.
- UNAIDS, 1998. Migration and AIDS, *International Migration*, Vol. 36 (4): 445-468
- UNAIDS (1998). Migration and HIV/AIDS. Program Coordination Board Second Ad hoc Thematic Meeting, New Delhi, December.
- UNDP, 2000. Reduction of HIV Vulnerability within the Land Transport Sector, UNDP-SEA HIV Development Project.
- UNICEF (1998). Mobile Populations and HIV Vulnerability: Approaches to Applied Research. Bangkok, UNICEF, UNAIDS.
- USAID/FHI-Asia Regional Office, Bangkok/UNAIDS-Asia-Pacific Intercountry Team, Bangkok(1998). Initiating Cross-border HIV Prevention Programs - Practical Lessons from Asia.
- USAID-Regional Support Mission/East Asia (1996). Participation in the Design of a Regional Community-Based, HIV/STD Prevention Response in East Asia. Bangkok.
- Wille C (2000). Trafficking in Children into the Worst Forms of Child Labour in Thailand. ARCM/IAS, Chulalongkorn University, Bangkok, Thailand.

Wolffers I et al (1997). Migration and HIV/AIDS in Southeast Asia: Initiatives for New Research and Intervention Approaches. In: 4th International Congress on AIDS in Asia and the Pacific in Manila. October.

Cambodia

Aafjes A and Athreya B (1996). Working Women in Cambodia. LICAHDO (Project Sponsored by the Asian American Free Labor Institute). September.

ADHOC Cambodia (1999). Research on Causes of the Prostitution in Cambodia.

Bunna S. and Myers C (1999). Estimated Economic Impacts of AIDS in Cambodia. UNDP. February.

Cambodian Seafarers Research Team (Undated). Rapid Assessment of Seafarer Vulnerability to HIV/AIDS and Drugs Abuse: Cambodia Findings. (?1999).

CARE International in Cambodia (Alexandra Maclean, 1999). Sewing a Better Future? August.

CARE International in Thailand (Brahm Press, 1999). The Results of the Site Assessment, Khlong Yai District in Trad Province. April.

Chantavanich S et al (1999).. Cross-border Migration and HIV Vulnerability in the Thai-Cambodia Border: Aranyaprathet and Khlong Yai. The Asian Research Center for Migration, Chulalongkorn University, Bangkok. September.

Derks A (1997). Trafficking of Cambodian Women and Children to Thailand. International Organization for Migration. October.

Horizon Cambodia (2000). Need Assessment - Building Community Identity Among Debt-bonded Sex Workers in Cambodia (Svay Pak). February.

International Organization for Migration (IOM), (Undated). Health Assessments for the Demobilized Soldiers in Cambodia. IOM Project Document.

International Organization for Migration (IOM) (1999). Human Trafficking, Substance Abuse from a Migration and Health Perspective in Cambodia at the National Seminar on Drug Abuse Prevention and Drug Demand Reduction.

International Organization for Migration (IOM) (1999). Paths of Exploitation: Studies on the Trafficking of Women and Children in Cambodia, Thailand and Vietnam.

International Organization for Migration (IOM) and Ministry of Interior, Cambodia (1999). Proceeding of a Brainstorming Session- A Preparatory Phase of an Enhanced Migration Management Program for the Department of Foreigners.

The Ministry of Women's and Veterans' Affairs (1999). The National Workshop on Women and AIDS in Cambodia (Workshop Report). 2-3 December.

Minority Rights Group International. Minorities in Cambodia: Profile. Undated.

National Center for HIV/AIDS, Dermatology and STD (NCHADS) of Ministry of Health (1999). Rapid Assessment of Cambodia HIV Vulnerability Mapping for Highways No. 1 and No. 5. Supported by UNDP. December.

- NCHADS/UNDP/UNFPA (2000). The 100% Condom Use Program in Sihanoukville (presentation paper). May.
- NCHADS (2000). HIV and Seafarers in Cambodia: Effective Responses in HIV Prevention, Care and Sustainable Development with Seafarers, Fisherfolk, and Related Communities. Project Proposal. June.
- National Center for HIV/AIDS, Dermatology and STD (NCHADS) of Ministry of Health (2000). HIV Sentinel Surveillance 1999 in Cambodia (draft). May.
- National Institute of Statistics, Ministry of Planning, Phnom Penh, Cambodia (1999). General Population Census of Cambodia 1998: Final Census Results. July.
- Pramualratana A et al (1995). Assessment of the Potential for Spread and Control of HIV Among Cross-border Populations Along the Thai-Cambodia Border. Institute for Population and Social Science Research, Mahidol University. Monograph.
- Sophal C and Sovannarith S (1999). Cambodian Labour Migration to Thailand: A Preliminary Assessment (Working Paper II). Cambodia Development Resource Institute, Phnom Penh. June.
- UNAIDS Cambodia & Members of UN Theme Group on HIV/AIDS, National AIDS Authority, National Center for HIV/AIDS, Dermatology and STD of Ministry of Health (2000). The HIV/AIDS/STD Situation and the National Response in the Kingdom of Cambodia: Country Profile. 3rd Edition, February.
- UNBRO (1991). HIV/AIDS Among Displaced Cambodians in the Thai-Cambodian Border Camps. Unpublished data.
- Unknown author. Socio-economic Profile of the Royal Cambodian Armed Forces. Undated document.
- WHO Regional Office for the Western Pacific (1999). Consensus Report on STI, HIV and AIDS Epidemiology: Cambodia.

Lao PDR

- Chamberlain, J. (1999). Reg/East-West Corridor Project: Development Impact Study. Vientiane, The Asian Development Bank.
- Chamberlain, J. (2000). HIV Vulnerability and Population Mobility in the Northern Provinces of the Lao People's Democratic Republic. Vientiane, South East Asia HIV and Development Project of UNDP.
- Chapman, T. (2000). Mekong Basin Cross-border Trade: Sugar Cane Exports from Phongsali. Canberra, Australian National University.
- Evans, G. (1999). Introduction: What is Lao Culture and Society? Lao PDR Culture and Society. G. Evans. Bangkok, Silksworm Books: 1-34.
- IRN (1999). Power Struggle: The Impacts of Hydro-Development in Lao PDR, International Rivers Network.
- Jerndal, R. and J. Rigg (1999). From Buffer State to Crossroads State. Lao PDR: Culture and Society. G. Evans. Bangkok, Silksworm Books: 35-60.

- Lyttleton, C. (1999). "Any Port in a Storm: Coming to Terms with HIV in Lao PDR." *Culture, Health and Sexuality* 1(2): 115-130.
- Lyttleton, C. (1999). *Sister Cities and Easy Passage: mobility and civility in Mukdahan/Savannakhet*. 7th International Thai Studies Conference, Amsterdam.
- MCTPC (2000). *Strategic Directions for the Development of the Road Sector*. Vientiane, Ministry of Communication, Transport, Post and Construction, Lao PDR.
- NCCA (1998). *Behavioural Study of High Risk Groups for HIV Infection in Vientiane Municipality and Oudomxai Province*. Vientiane, National Committee for the Control of AIDS.
- Paul, S. (1998). *Cross-border Transportation Infrastructure Development and HIV/AIDS Vulnerability at Nongkhai-Vientiane Friendship Bridge*. Bangkok, Asian Research Center for Migration.
- UNDCP (1999). *A balanced Approach to Opium Elimination in Lao PDR*. Bangkok, United Nations International Drug Control Program.
- UNICEF (1996). *A Situation Analysis: Children and their Families in the Lao PDR*. Vientiane, UNICEF, Lao PDR.
- UNICEF (1997). *Assessment of Activities and Capacity of Organisations Implementing HIV/AIDS Prevention Activities in Lao PDR*. Vientiane, UNICEF, UNAIDS.
- UNICEF (1998). *Rapid Applied Research and STD/HIV/AIDS Prevention and Care for Mobile Populations in the Lao P D R*. Bangkok, UNICEF, UNDP, UNAIDS.
- Walker, A. (1995). *Trade and Transport in Northwestern Lao PDR*. Canberra, Australian National University.
- Walker, A. (1996). *The Politics of Access: Routes Linking Northern Thailand, Northwestern Lao PDR and Southern China*. *Communications with/in Asia*, Asian Studies Association of Australia, Melbourne, La Trobe University.
- Walker, A. (1996). *The Timber Industry in Northwest Lao PDR: A New Regional Resource Economy? Development Dilemmas in the Mekong Subregion*.
- Walker, A. (1999). *Women, Space and History: Long-distance Trading in Northwestern Lao PDR*. *Lao PDR: Culture and Society*. G. Evans. Bangkok, Silkworm Books.

Myanmar

- Appleton K, Chantavanich S et al (Undated Draft). *Burmese Political Dissidents in Thailand: Trauma and Survival of Young Adults in Exile*.
- Archwanitkul K (1999). *Foreign Child Labour Project*, IPEC-ILO.
- Asia Watch (1993). *A Modern Form of Slavery: Trafficking of Burmese Women and Girls into Brothels in Thailand*.
- Beesey A (1998). *Final Evaluation Report for the Thai-Myanmar HIV/AIDS Border Project of World Vision Foundation of Thailand*. April/May.

- Caouette, T et al (1999). Assessment of Reproductive and Sexual Health, Concerns and Realities of Migrant Workers in Burma and Thailand (Draft). Institute for Population and Social Science Research, Mahidol University, Thailand.
- Chantavanich S, Paul S et al (2000). Cross-border Migration and HIV Vulnerability in the Thai-Myanmar Border. ARCM, Chulalongkorn University, Bangkok. March.
- Desbarats J (1998). HIV/AIDS Prevention and Care in Tachileik and Kyaing Tong, Myanmar: Baseline Survey Report (Draft)
- Goodwin D and Rai Mra (1997). Geographical Distribution of HIV/AIDS in Myanmar: Evidence of a Major East-West Gradient. 4th International Congress on AIDS in Asia and the Pacific, Manila.
- Hennessey C and Aye N N (1998). Inventory of Organizations Involved in Cross-border Programming in the Mekong Sub-region. SCF-UK. June.
- Institute of Economics (1997). Socio-economic Conditions of Migrant and Transport Workers in Border Areas of Myanmar and HIV Transmission. Yangon.
- Kyaw M M (1999). Local Capacity Building for Sustainable Community-Based Voluntary Program in Myanmar-Thailand Border, Golden Triangle Area. 5th International Congress on AIDS in Asia and the Pacific, Kuala Lumpur. October.
- Naing, Dornig K and Paul S (1997). Removing Borders: HIV/AIDS Program and the Ranong-Kawthaung Sea-border Crossing. 4th International Congress on AIDS in Asia and the Pacific. Manila, October.
- National AIDS Program (1999). Myanmar Fisherfolk and Their Vulnerability to HIV/AIDS: A Joint Program Response. Project Proposal.
- Oppenheimer E et al (1998). HIV/AIDS and Cross-border Migration: A Rapid Assessment of Migrant Population Along the Thai-Burma (Myanmar) Border Region. Asian Research Centre for Migration. January.
- Pattarakulwanich S et al (1997). Public Health Burden of the Borders During 1997-1998. Journal of Health Science, vol. 8 no. 2, April – June.
- Paul S.R. et al (1997). Reproductive Health Survey of Migrant Burmese Women in Ranong Fishing Community, Thailand. In: 12nd World Conference of the Society for International Development in Santiago, Spain.
- Porter DJ (1995). Wheeling and Dealing: HIV and Development on the Shan State Borders of Myanmar. United Nations Development Program, New York. Study Paper.
- Ranong Provincial Statistical Office. Statistical Reports of Changwat Ranong. National Statistical Office, Office of the Prime Minister. 1998 Edition.
- Southeast Asian Information Network (SAIN, 2000). Out of Control 2: The HIV/AIDS Epidemic in Burma.
- STD/HIV Report, Provincial Health Office, Ranong. 1998
- STD/HIV Report, Provincial Health Office, Kanchanaburi. 1998

Swaddiwudhipong W et al (1990). Socio-demographic Characteristics and Incidence of Gonorrhoea in Prostitutes Working Near the Thai-Burmese Border. *Southeast Asian J Tropical Medicine and Public Health*, Vol 21, No 1 March.

Swaddiwudhipong W et al (1990). Effects of Health Education and Condom Promotion on Behavioural Change Among Low Socioeconomic Prostitutes in Mae Sot, Tak, Thailand. *Southeast Asian J Tropical Medicine and Public Health*, Vol 21, No 3 September.

Vietnam

Anh, D.N (1999). Market Reforms and Internal Labor Migration in Vietnam. *Asian and Pacific Migration Journal*, Vol. 8, No. 3.

Anh, D.N (1999). Rural-Urban Transition and the Impacts of Migration. *Vietnam's Socio-Economic Development*, No. 2, Winter.

Anh, D.N (1998). Patterns of Migration and Economic Development in Vietnam. *Vietnam Economic Review*, No. 7+8 (52).

Bang, P.N (2000). K.A.P. Survey of Vietnamese Long Distance Driver in International Border Areas. CARE International in Vietnam. March.

Bannister J (1993). *Vietnam Population Dynamics and Prospects*. University of California at Berkeley, Berkeley.

Barbieri M et al (1995). La situation demographique du Vietnam. *Population* vol.3:pp 621-651.

Beesey, A. (1998). *The Crossroads of Risk and Responsibility: Truck Drivers and HIV/AIDS in Central Vietnam*. Melbourne, World Vision.

CARE International in Vietnam (2000). *Prevention of Sexually Transmitted Diseases & HIV/AIDS for Vietnamese Contract Laborers Working Abroad*. January.

Center for Migration Studies of New York (1997). *Internal Migration and Development in Vietnam*.

Diep D M and Tham T K (1996). *Survey of Spontaneous Migration to a Rural and an Urban Area in Vietnam*. United Nations.

National AIDS Committee of Vietnam (1999). *HIV/AIDS Country Profiles*. Hanoi.

Kelly P. F and Doung Bach LE (1999). *Trafficking in Humans From and Within Viet Nam*.. September.

LE Bach Doung (1999). *Children in Prostitution in Northern Vietnam: Rapid Assessment Findings*. An ILO-IPEC Southeast Asia Paper (forthcoming). December.

MOLISA and UNDCP (2000). *Report on Drug Abuse Situation in Vietnam*. Hanoi.

Nguyen T H (1998). *Population Redistribution Policy and Migration Trends in Vietnam: Past, Present and Future*.

Tam D.T.H (1999). *Just by Chance: Domestic Workers in Ho Chi Minh City*. CARE International in Vietnam and CARAM-Asia.

Thuan N.A (undated). *Handbook for Vietnamese Contract Laborers Working in Taiwan-South Korea and Japan*. CARE International in Vietnam and CARAM-Asia..

- Trang N.N.N (1999). *The Reality: Vietnamese Workers Migrant in South Korea*. CARE International in Vietnam and CARAM-Asia.
- Uhrig, J (1999). *The National Highway One Project: Developing Community Responses to HIV/AIDS*. August.
- UNDP (1998). *The Dynamics of Internal Migration in Vietnam*. UNDP Discussion Paper I. December.
- UNAIDS (1999). *Progress Report 1999: UNAIDS in Viet Nam*.
- United Nations (1996). *Survey of Spontaneous Migration to a Rural and an Urban Area in Vietnam*. Economic and Social Commission for Asia and the Pacific; Asian Population Studies Series No. 142.
- Vietnam Seafarers Research Team (undated). *Rapid Assessment of Seafarer Vulnerability to HIV/AIDS and Drug Abuse: Vietnam Findings*.
- WHO Regional Office for the Western Pacific (1998). *Consensus Report on STI, HIV and AIDS Epidemiology: Cambodia*.

Yunnan

- Beesey, Allan (1996). *HIV/AIDS Prevention for Youth, Yunnan, China*, Yunnan Red Cross/Australian Red Cross
- Davin, Delia (1996). *Gender and Rural-urban Migration in China*, in *Gender and Development*, 4:1, February.
- Cheng Hehe, Zhang Jiapeng, Pan Songfeng, et al, (2000) *Analysis and Prediction of the Trends of HIV Infection Epidemic in Yunnan Province, China* *Journal of STDs and HIV/AIDS*.
- Hyde, Sandra Teresa (Forthcoming). *Sex Tourism Practices on the Periphery: Eroticizing Ethnicity and Pathologizing Sex on the Lancang*, in *Ethnographies of the Urban in 20th Century China*, Duke University Press.
- Kelkar, Govind & Wang Yunxian (1997). *Farmers, Women, and Economic Reform in China*, *Bulletin of Concerned Asian Scholars*, 29:4.
- Lafitte, Gabriel (1996). *Upper Mekong: Ethnicity, Identity, and Economy*, in *proceedings of Development Dilemmas in the Mekong Sub-region*.
- Lintner, Bertil (1999). *The Third Wave: A New Generation of Chinese Migrants Fans Across the Globe*, *Far Eastern Economic Review*, June 24.
- Li Xiru (1997) *The State of Floating Populations across Provinces*, in *proceedings of Second Technical Consultation on Transnational Population Movements and HIV/AIDS in Southeast Asian Countries*.
- Mahatdhanobol, Vorasakdi (1998). 'Chinese Women in the Thai Sex Trade', trans. Aaron Stern, Chinese Studies Center, Asian Research Center for Migration (ARCM), Institute of Asian Studies, Chulalongkorn University.
- Minjie Zhang (1999). 'The Marriage Mobility of Immigrated Females in Zhejiang Province China', *proceedings in conference Gendered Mobilities in Asia*, University of Hong Kong.

- UNAIDS (2000). China UN Theme Group on HIV/AIDS, report, Beijing.
- Nopkesorn (1997). HIV/AIDS in Yunnan: First Phase of TA to Yunnan for Provincial HIV/AIDS Program Development and Coordination, UNICEF, Bangkok.
- UNICEF (1997). Assessment of Activities and Capacity of Organisations Implementing HIV/AIDS Prevention Activities in Yunnan, UNICEF, Bangkok.
- Sayell, Trish (2000). Hit the Road, Far Eastern Economic Review, May 25.
- Shui, Wang (1996). The Lancang Jiang Basin: Steps Towards the Realisation of Sustainable Development, in proceedings of Development Dilemmas in the Mekong Sub-region.
- Su-su Liao et al, (1997). Extremely Low Awareness of AIDS, STDs and Condoms Among Dai Ethnic Villagers in Yunnan Province, China, in, AIDS, 11 (suppl 1).
- YASS (1998). 'Sexually Abused and Sexually Exploited Children/Youth: a Qualitative Assessment of their Health Needs & Services Available to Them in Selected Districts of Yunnan Province, People's Republic of China', Yunnan Youth Federation, and Sociology Institute of Yunnan Academy of Social Sciences.
- Yunnan Children Development Center (1998). 'Analytical Report on the Migration of Yunnan Border Women into Southeast Asian Countries', IOM unpublished report.
- Wijeyewardene, Gehan (1990). 'Thailand and the Tai: versions of ethnic identity', in Ethnic Groups Across National Boundaries in Mainland Southeast Asia, Institute of Southeast Asian Studies, Singapore.
- Wei, Lui. & Wen Mei (1997). Migration and the HIV/AIDS Epidemic in Yunnan, in proceedings of Second Technical Consultation on Transnational Population Movements and HIV/AIDS in Southeast Asian Countries.

Persons and Organisations Consulted

Regional offices in Bangkok

Phil Guest – Population Council

Brian McLaughlin – Regional representative, PATH

Prathin Dharmarak – FHI

Dr Kyaw Thet – AIDS Initiative for Mobile and Border Populations AIMBP

Robert Bennoun – UNICEF

Tony Lisle – UNAIDS

Lee-nah Su – Manager, Southeast Asia HIV and Development, UNDP

Promboon Panitchpakdi – Country Representative, CARE Thailand

Scott Bamber – Project Manager, AIDSNET

Cambodia

Tea Pauly – Health and HIV/AIDS Program Advisor, UNDP, Phnom Penh

Geoff Manthey – Country Program Advisor, UNAIDS, Cambodia

Tia Phalla – Secretary General, National AIDS Authority, Cambodia

Jerrold Huguet – UNFPA Adviser to Cambodia

Aphichat Chamrathirong – UNFPA Adviser to Cambodia

Dy Ratha – President, Indradevi Association (IDA), Cambodia

Uy Soung Chhan Sothy – HIV/AIDS/STD Coordinator, IDA Cambodia

Pok Panhavichetr – Executive Director, KHANA, Cambodia

Tilly Sellers – Alliance Technical Advisor to Cambodia

Bettina Schunter – CUHCA Project Coordinator, MSF Cambodia

Sari Nissi – Program Officer, IOM Cambodia

Maria Nnette Motus – Chief of Mission, IOM Cambodia

Francois Crabbe – Project Technical Advisor, European Union, Cambodia

Oum Sopheap – HIV/AIDS Project Officer, World Vision Cambodia

Kyi Minn – Health Project Advisor, World Vision Cambodia

Lao PDR

Chansy Phimphachanh – Director, NCCA Coordination Bureau

Dr Bounpeng Philavong – NCCA Planning and Coordination Officer

Dr Sounthone Nanthavongdouangsy – Country Coordinator (ADB RETA 5881)

Vilapanh Selitham – Lao Red Cross
KayKeo Akkhamountry – Hygiene and Prevention, Ministry of Health
Thongpeth Douangngeun – Electricite Du Lao PDR
Sengmanichanh Somchanmavong – UNICEF
Inpeng Rasprasith – independent consultant
BounNhou hanvichild – CARE (BAHAP)
Mike Calabria – CARE (BAHAP)
James Chamberlain – Consultant, Khampphay Chandinavong National program adviser, UNAIDS
Rob Butler – PSI
Adrienne Testa – Japan International Cooperation Agency, JICA
Eduardo R. Nierras – Australian Red Cross
Khamsouk Keomixay – State Planning Committee, Technical staff
Thong phet Douan Ngeun – Lao Electricity Company, Director- Environment Office
Mr. Khamkeung Phimmachanh – Ministry of Interior, Chief of Health Section
Ms. Khonesavanh Savaly – Ministry of Justice, Technical staff
Ms Phouangkham Somsanith – Ministry of Education, Vice-Director, National Research Institute for Educational Sciences
Dr. Vontavanh – Ministry of Health, Technical staff at the Department of FDA
Mr. Touay Phammasing – Ministry of Transport, Telecommunication/Communication
Mr. Vanna DouangPhrachanh – Lao Youth Union, Deputy Director of Department
Dr. Vanmaly – Ministry of Health, Medical Officer, Centre for Health Information
Dr. Kaysamy – Lao Women’s Union, Technical staff
Dr. Sisavath Southniraxay – NCCA Bureau, Medical Officer
Dr. Kongseo – NCCA Bureau, Chief of Administration Section
Ms. Maniphanh – Ministry of Information, Deputy Chief of International Relations
Mr. Khonsavanh – Lao Trade Union, Technical staff

Myanmar

Htein Win – Country Coordinator (ADB RETA 5881)
Khin Ma Ma Aye – Assistant Representative, UNFPA Myanmar
New New Aye – Program Coordinator, Save the Children UK, Myanmar
Brian Heidel – Program Director, Save the Children UK, Myanmar
Kyu Kyu Swe – President, MMCWA, Myanmar

Steven Honeyman – Country Representative, PSI, Myanmar
Myint Myint Sein – Project Officer Reproductive Health, PSI Myanmar
Guillaume le Hegarat – Assistant Representative, UNDCP Myanmar
Myo Paing – National Project Officer, WHO Myanmar
Jennifer Aston – Country Program Adviser, UNAIDS Myanmar

Vietnam

Jamie Uhrig – Consultant in HIV/AIDS, Ho Chi Minh City, Viet Nam
Laurent Zessler – UNAIDS, Viet Nam
Eva-Charlotte Roos – UNAIDS, Viet Nam
Doan Ngu – National AIDS Committee, Vietnam
Nguyen Duy Tung – National AIDS Committee, Vietnam
Nguyen Thi Hoang Yen – SCF, Hanoi
Minh Chau, SCF – Ho Chi Minh City
Le Ngoc Hai – UNICEF Ho Chi Minh City
Phan Thi Le Mai – UNICEF Hanoi
Michael Gray (and team) – IOM, Ho Chi Minh City
Nguyen Nguyen Nhu Trang (and team) – CARE, Ho Chi Minh City
Lindsay Anne Ratcliffe – CARE, Ho Chi Minh City
Pham Nguyen Bang – CARE, Hanoi
Do Thi Nhu Tam – Mobility Research and Support Center, HCMC
Le Viet Hoa – World Vision Vietnam, Hanoi
Nguyen Viet My Ngoc – World Vision Vietnam, Danang
Do Thi Nhan – National Women’s Union, Hanoi
Lisa Messersmith – Ford Foundation, Hanoi
Vu Ngoc Bao – Population Council, Hanoi

Yunnan

Li Xiaoliang – Kunming Medical College
Cheng Hehe – Yunnan Provincial Health and Anti-epidemic Center
Pan Yi – SCF, UK
He Zhixiong – Institute of Sociology, Yunnan Academy of Social Sciences (YASS)
Chiao Heng Rui – Institute of Sociology, (YASS)
Zheng Xiaoyun – Institute of Ethnology and Development, (YASS)

Lu Zhaohe – Population Research Institute, Yunnan University

Luo Chun – Population Research Institute, Yunnan University