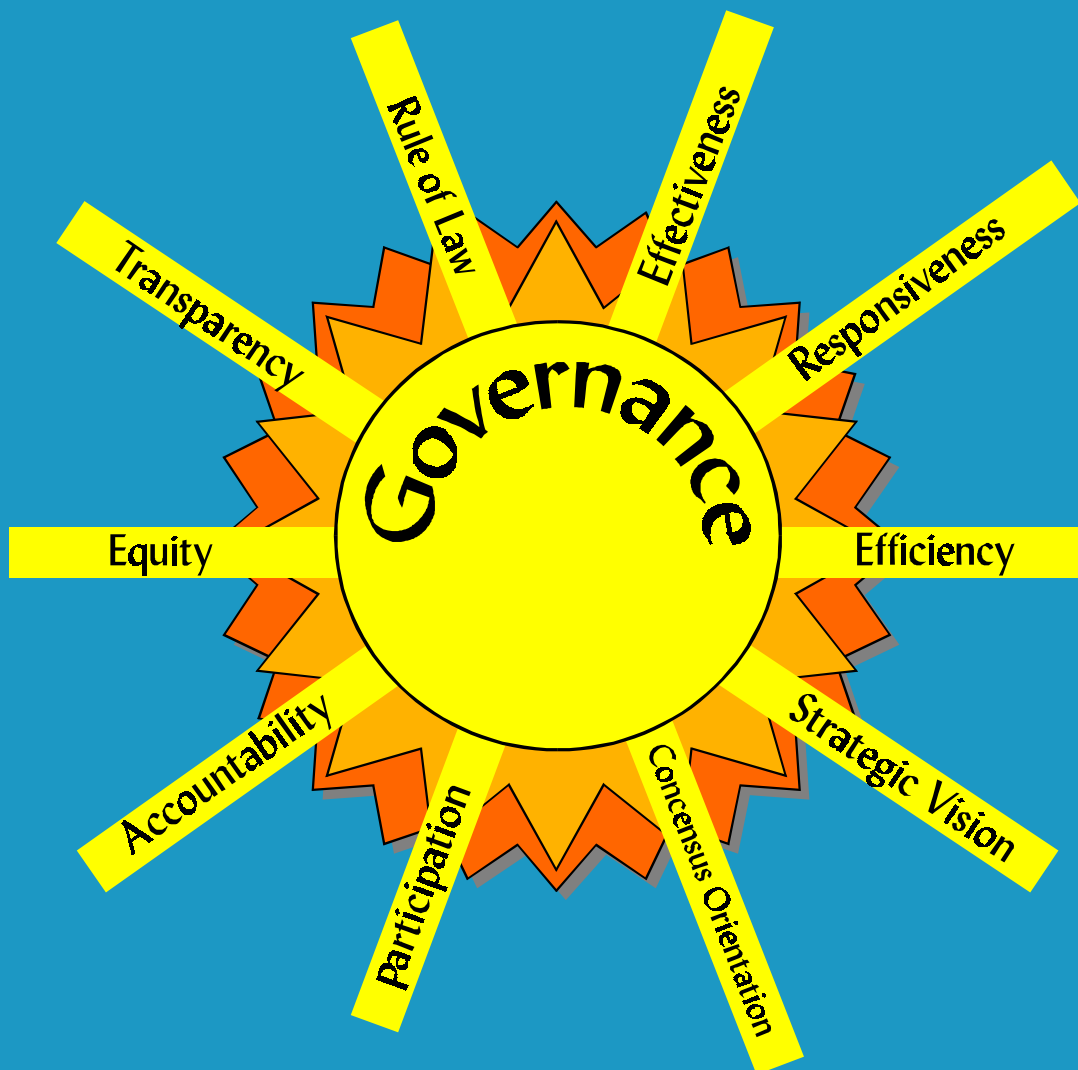




**United Nations
Development Programme**

INTRODUCING GOVERNANCE INTO HIV/AIDS PROGRAMMES

People's Republic of China, Lao PDR and Viet Nam



**South East Asia
HIV and Development Programme**



Introducing Governance into HIV/AIDS Programmes

People's Republic of China, Lao PDR and Viet Nam

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Building Regional HIV Resilience

UNDP South East Asia HIV and Development Programme

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FOREWORD

Good governance has been recognized by UNDP as a critical element in the reduction of HIV vulnerability. Right from its start, the UNDP South East Asia HIV and Development Programme has emphasized the importance of introducing dimensions of good governance into development strategies aimed at combating HIV/AIDS epidemics. The presentation of this message to a forum of Asian Parliamentarians at the end of 1999 resulted in the publication of the first article of this issue which links HIV prevention and good governance.

It is most encouraging to note that the message has encouraged several national AIDS programmes to introduce good governance, or a number of its characteristics, into their programmes, as feasible and appropriate within the context of each country. This is the first time a collection of good governance examples, as they relate to HIV in the Greater Mekong Sub region, have been compiled.

In many cases, the promotion of good governance has been spearheaded by NGO's, CBO's or international agencies. However, the case studies presented focus on efforts by governments and national AIDS programmes to strengthen their anti HIV/AIDS strategies through integrating good governance.

Examples from China, Lao PDR and Viet Nam illustrate efforts to apply principles of good governance to reducing vulnerability to HIV infection. Despite the complexity of real life situations, translating theory into practice is possible when the key actors are convinced of the basis for their action.

UNDP South East Asia HIV and Development Programme is pleased to share these case studies of good governance and hopes additional good governance examples, in South East Asia and elsewhere, can be promoted as part of our HIV vulnerability reduction efforts.



LEE-NAH HSU

Manager

Building Regional HIV Resilience

UNDP South East Asia HIV and Development Programme

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I. GOVERNANCE and HIV/AIDS¹

A. How is governance relevant for HIV?

At first sight, one may wonder what “Governance” has to do with the spread of the HIV/AIDS pandemic. Isn’t it a bit far fetched to relate the two? Some may wonder why it is important to consider governance for HIV prevention.

The answers do not belong to the domain of laboratory science, but to that of political science. What observations can we make in respect to the spread of HIV throughout the world?

- **Development is inversely linked to HIV prevalence**

Highly developed countries have a relatively low and stable HIV prevalence. Some developing countries have low HIV prevalence. However, many developing countries suffer from the highest prevalence levels, especially in sub-Saharan Africa.

- **Good governance systems are linked to stable HIV prevalence**

Countries with good governance appear to maintain low and stable HIV prevalence.

- **A winning formula: Development + Good governance system = Low & stable HIV prevalence**

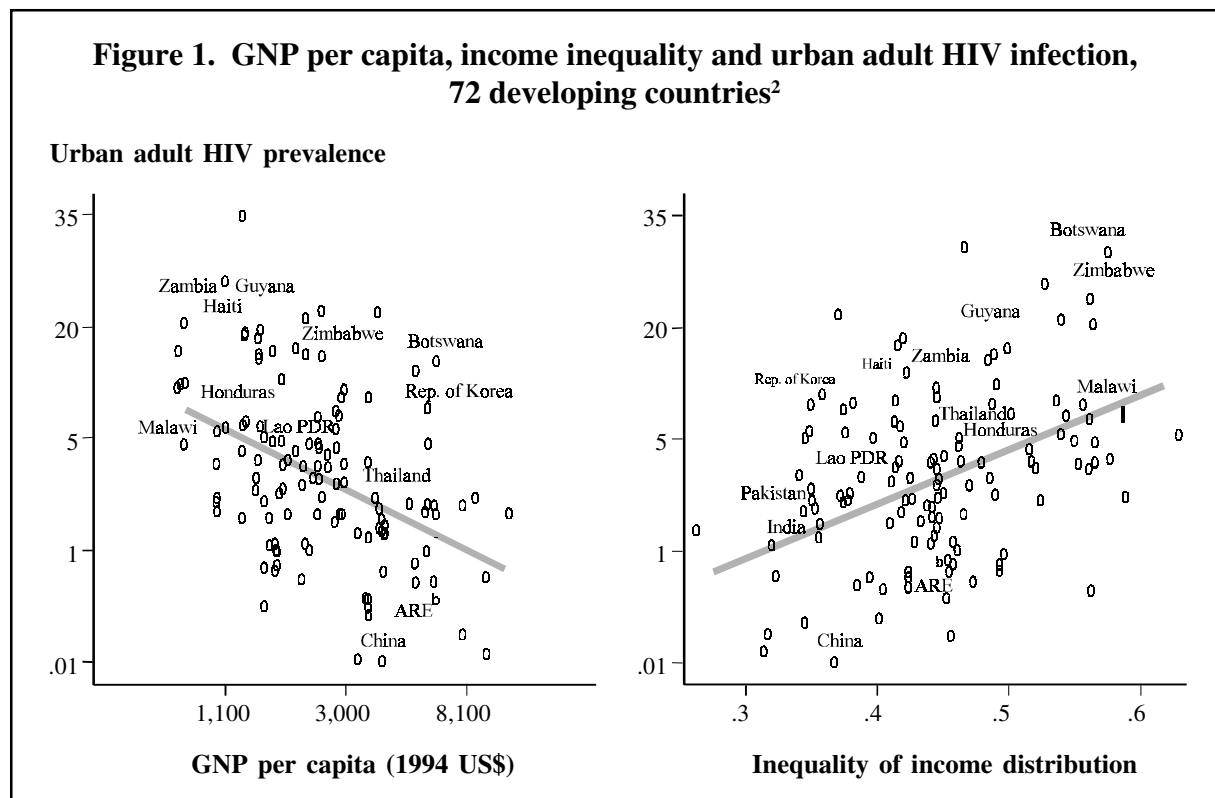
Countries with both advanced development and good governance appear to have a winning combination, that is, with very few exceptions, having lower HIV transmission rates.

If these generalizations were substantiated then one would agree that governments have a crucial role to play in ensuring that the governance system contributes fully to arresting the epidemic.

To substantiate the above assertion, a global survey result is given as an example. Figure 1 is from the World Bank 1997 report “*Confronting AIDS: Public Priorities in a Global Epidemic*”. The data came from 72 developing countries and include China, Lao People’s Democratic Republic, Republic of Korea, and Thailand. The left hand figure illustrates that *development* is inversely linked to HIV prevalence. The figure shows that the higher the Gross National Product per capita, in 1994 United States dollar terms, the lower the urban adult HIV prevalence. More recent knowledge has shown that develop-

¹ This paper was prepared and presented on 12 November 1999 at the Asian Forum of Parliamentarians on Population and Development for the Intercountry Meeting of Parliamentarians and Specialists on HIV/AIDS and STDs in East and South-East Asia, held in Bangkok on 12–14 November 1999. It was published in March 2000, and is now up-dated and complemented by case studies illustrating various aspects of governance being implemented.

ment alone may not be sufficient in minimizing HIV prevalence because vulnerability and inequality have gained an increasing importance. Therefore, the right hand figure has taken on a new significance. The figure shows that urban adult HIV prevalence is lower where greater equality in income distribution exists. A good governance system promotes equality in income distribution and in particular ensures that the lowest income groups are not completely excluded from sharing in the benefits of growth. The previous winning formula: *Development + good governance = low & stable HIV prevalence* thus requires revision. Greater emphasis must be placed on good governance: **good governance + development = low & stable HIV prevalence**. It is important to note that some of the countries have changed their position in the graph since 1997. For example, China is now facing widening socio-economic disparities, which could indicate increasing social costs including vulnerability to HIV infection.



B. Development is inversely linked to HIV prevalence on condition of good governance

Development at the United Nations means, “the process of enlarging peoples’ choices to live long and healthy lives, to have access to knowledge, and to have access to income and assets: to enjoy a decent standard of living”. A good governance system and development efforts address precisely such choices for the people the government represents.

² World Bank, *Confronting AIDS: Public Priorities in a Global Epidemic*, 1997.

What links exist between governance and the AIDS pandemic? The following points are not meant to be comprehensive or definitive, but serve to encourage discussions and further explorations of potential areas in which a good governance system could intervene.

The word “pandemic” instead of “epidemic” is used in this context. This is because what is called *the AIDS epidemic* is in fact a combination of different epidemics, the sum total of which results in *the AIDS pandemic*.

Often, one considers the constituent epidemics as epidemics pertaining to drug users, commercial sex workers or truck drivers. This approach is a valid but limited way to analyse these epidemics. The pandemic may be sub-divided into several epidemics that are possibly more meaningful and easier to comprehend.

For instance, if a particular district were dominated by harbour and port facilities, as the government, one would be concerned about the development of these facilities and by the various inter-connecting modes of transport. In pursuing these concerns, the government would undoubtedly promote trade to stimulate local employment and economic growth. However, if action is taken without concern for social and human costs, such development can result in creating conditions for HIV transmission.³ Development activities which only focus on maximizing economic benefits without governance concerns can generate short term wealth at the expense of undermining sustainability through future HIV/AIDS related costs, whether human or economic.

Conversely, suppose one represents the government of a rural area that still remains isolated from the globalisation process: the community might have low health status, malnutrition and perhaps inadequate education facilities. A need would exist for adequate quality of and access to health services as well as income generation opportunities to reduce outflows of inhabitants. As out-migration is unavoidable, it is important that it occurs under the best conditions for migrants as well as for the sending, transit and receiving communities. The focus of a conscientious representative of people for this rural district would be to promote agriculture, improve market access for produce, and assert fair pricing of community products and advocate increasing availability and quality of services from both the public and private sectors. The representative should also explore ways through which seasonal migration (e.g. during the dry season in rain fed rice cultivation areas) would take place without the migrants exposing themselves unnecessarily to HIV infection risks when working on construction sites and on paydays. By improving rural livelihoods and addressing issues associated with income generation, the representatives can assist their communities, households and individuals in building their resilience against HIV transmission.

Government promotion of these various developments contributing towards environment change, while reducing the probability that the individual HIV epidemics will take root in one’s constituency. By being a change agent, one is already within the realm of influence of a government, complementing and reinforcing the risk reduction strategies and policies of the health sector, such as condom social marketing. This is achieved because, as the government, by addressing income and economic development aspects of people’s lives, is

³ Topouzis and du Guerny: Sustainable Agricultural/Rural Development and Vulnerability to the AIDS Epidemic.
FAO and UNAIDS joint publication. UNAIDS Best Practice Collection, December 1999.

dealing with the background HIV vulnerabilities that push individuals to take risks - the risks, which individuals reasonably would not have taken, had the environment been more favourable for their livelihood.

For example: Rural migrant workers whose skills relate solely to farming may not possess skills marketable to industrial factories. After arriving in a city, they may have little choice beyond engaging in sex work in order to survive. Individuals may be driven to become commercial sex workers because of lack of alternative employment or income-generation opportunities. The process of development, such as described above, opens up other choices and alternatives.

C. Good governance system links to stable HIV prevalence

A brief examination of the components comprising what the UNDP refers to as good governance will highlight some features relating to HIV prevention. (A list of components of good governance follows this section).

Good governance is characterized at all levels by full constituent **participation**, the rule of law, transparency, responsiveness to the community, consensus building, equity, effectiveness, accountability and vision. These facets are not carved in stone and may evolve and assume varying degrees of relevance in each arising situation. Good governance and the means to reach it form the tools of a government's trade. The following examples illustrate some ways by which these good governance components relate to HIV/AIDS.

How can the **rule of law** relate to HIV/AIDS? Rule of law refers to not only the adoption of laws, bills and regulations but also to the assurance that constituents are fully aware of their rights and means by which they can improve their lives within existing legal frameworks and policies. This may refer to the reduction of all forms of discrimination, particularly relating to women or minority groups, while also encouraging legal literacy. Such empowerment, especially for women, contributes significantly to reducing abuse, trafficking and other forms of mistreatment where HIV can flourish.

Other components of good governance are related to the rule of law and to each other. For example, **transparency** requires a free flow of information. Transparent policies reach beyond the dissemination of information that is directly related to HIV prevention to providing information regarding procedures and opportunities that will assist in personal life-skills building and decision making. Transparency would also cover, for example, information relating to job markets in order to improve one's chances at attaining employment. More generally, this means that one's constituents would have access to available information necessary to guide their decision-making as it pertains to the way they make a living and build their lives.

Responsiveness to the needs and wishes of stakeholders and constituents is crucial to the function and responsibility of a government. Responsiveness relates to the flow of information inside one's constituencies and also to the strategic vision one develops for the future with the full participation of the constituents.

Government officials who actively represent its people and maintain strong bonds with their constituents while incorporating the tenets of good governance, can and DO provide

leadership. A **strategic vision** for both sustainable economic and human development thus emerges:

- (1) To forge a powerful societal resilience against the spread of HIV and to cultivate the partnership between government, the private sector and civil society organizations and
- (2) To support those who are infected or affected, particularly the children orphaned because of AIDS, so they remain or become full-fledged citizens in the noblest sense of the term.

All these components of good governance relate to one another and potentially can create positive synergies. Together, these components form powerful tools in reducing different vulnerabilities to HIV. This is understandable when one considers some of the most vulnerable populations to HIV such as the rural poor or migrant workers who relocate to seek a livelihood for themselves, as well as for their families who are left behind.

Post Script

Since initial presentation of the paper in November 1999, the issue of governance has received growing attention. For example, UNAIDS summarised and publicised the paper and prepared a fact sheet⁴ focussing on the importance of governance in the strategy against HIV/AIDS for the June 2001 United Nations General Assembly Special Session (UNGASS). In another fact sheet prepared for UNGASS, UNAIDS stresses the role of governance in the relations between HIV/AIDS and development.

Additionally, African organizations like AMICAALL (The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa) are devoting significant attention to good governance. Other organizations, such as the Pact AIDS Corps, are designing initiatives like the “Democracy and Governance” Tool kit to facilitate the incorporation of good governance. In Asia, programme such as the City Net project on Good Urban Governance and Responses to HIV/AIDS are making strides alongside the UNDP.

Perhaps the most significant development is the fact that one should keep in mind the past authoritarian approach to government and administration often practiced in countries of the region. It is thus remarkable that committed and dedicated officials have fully understood the importance of governance and overcome many of the obstacles to its harnessing against HIV/AIDS. Progress and success have to be placed within such a context.

D. Characteristics of good governance⁵

Participation

All men and women should have a voice in decision-making, either directly or through legitimate intermediate institutions that represent their interests. Such broad participation is built on freedom of association and speech, as well as capacities to participate constructively.

⁴ Fact sheet: HIV/AIDS – a governance challenge

⁵ Governance and sustainable human development: UNDP.

Rule of law

Legal frameworks should be fair and enforced impartially, particularly the laws on human rights.

Transparency

Transparency is built on the free flow of information. Processes, institutions and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them.

Responsiveness

Institutions and processes try to serve all stakeholders.

Consensus orientation

Good governance mediates differing interests to reach a broad consensus on what is in the best interest of the group and, where possible, on policies and procedures.

Equity

All men and women have opportunities to improve or maintain their well-being.

Effectiveness and efficiency

Processes and institutions produce results that meet needs while making the best use of resources.

Accountability

Decision-makers in government, the private sector and civil society organizations are accountable to the public, as well as to institutional stakeholders. This accountability differs depending on the organization and whether the decision is internal or external to an organization.

Strategic vision

Leaders and the public have a broad and long-term perspective on good governance and human development, along with a sense of what is needed for such development. There is also an understanding of the historical, cultural and social complexities in which that perspective is grounded.

II. CASE STUDIES OF GOOD GOVERNANCE AND HIV/AIDS VULNERABILITY REDUCTION

A. Pingxiang, Guangxi province, People's Republic of China

Introduction

Pingxiang has been chosen as a good practice model for linking good governance and HIV vulnerability reduction in Guangxi, China. Guangxi province of the People's Republic of China, has been a participating member of UNDP South East Asia HIV and Development Programme since 1998. The Centre for HIV/AIDS Prevention and Control, Guangxi has been open to absorb innovative responses elsewhere in devising HIV prevention approaches suitable in Guangxi's context. Drawing upon lessons learned in the South East Asia region, the Centre has been successfully advocating the good governance system to the provincial government in responding to HIV/AIDS. One outstanding example is the response in Pingxiang.

Pingxiang city in Guangxi province has taken a lead in responding to the HIV epidemic by supporting the critical institutional mechanisms needed for an effective response. Joint collaboration between both the provincial and local governments, along with support from the community, has made this possible.

Guangxi: current situation

Guangxi is situated in the southeast corner of China, sharing borders with Yunnan, Guizhou, Hunan and Guangdong Provinces. Guangxi shares its southern border with Viet Nam. This makes Guangxi's situation both unique and important in terms of HIV transmission for all of China. Because of the land link to the Greater Mekong Sub region (GMS) countries, it experiences a steady flow of people moving through, into and out of Guangxi. This contributes to HIV vulnerability in Guangxi.

Guangxi's HIV surveillance began in 1985, the same year that HIV was first reported there. The second case, reported in 1996, was in the city of Pingxiang.⁶ Political leadership in Guangxi has recently begun to grasp potential problems and prepare for a future scenario that could result from the emerging HIV epidemic. With recent political decentralization, power has gradually transferred from provincial to local authorities. This enables local health authorities to do HIV prevention work in their own communities.

⁶ Guangxi Center for HIV/AIDS Prevention and Control, *Assessing Population Mobility and HIV Vulnerability: Guangxi, People's Republic of China*, Bangkok, UNDP South East Asia HIV and Development Project, September 2001, ISBN: 974-680-185-6. <http://www.hiv-development.org/publications/Guangxi.asp>.

Map 1: Guangxi Province showing Pingxiang



Pingxiang: an example of effective responses

Pingxiang, with a population of one million, is situated in a strategic land location connecting China to the GMS countries via its border with Viet Nam.⁷ Given that Pingxiang is a border town, contributing factors to HIV vulnerability, such as drug use, sex work and high mobility, are all present. It is also an international trade centre and

⁷ Ibid.

one of the international drug trafficking points in South East Asia. For these reasons, it has the potential to be a bridge for AIDS dissemination.⁸

How Pingxiang displays characteristics of good governance⁹

(a) Strategic vision

After the first case was reported, staff from the Guangxi Center for HIV/AIDS Prevention and Control (GX AIDS) came to Pingxiang to investigate and begin efforts on preventing further cases. A strong relationship developed between GX AIDS and the local health bureau, which sparked the beginning of active HIV prevention in Pingxiang.

The key to this was twofold: (1) GX AIDS provided technical assistance and maintained active involvement and (2) the local health authority motivated and mobilised community members, most notably the Vice-governor who became motivated to “do something about it.” When asked how to begin, the Vice-Governor began his campaign by asking, “Where are the condom vending machines?” His message indicated to the people a sincere desire to actively work towards preventing HIV in Pingxiang.

(b) Responsiveness

The first step taken by the local Public Health Bureau’s Director, Dr. Zhao Shaoji, targeted local Chinese sex workers. With technical assistance from GX AIDS, a booklet entitled “What women should know” was designed. Dr. Liu Wei, Director of GX AIDS, and her team brought this booklets to Pingxiang, passed them out and spoke with local sex workers and their madams and pimps. Eventually they gained the trust of local sex work establishments and were able to share sexually transmitted infection (STI) information with them.

Later, the Pingxiang Public Health Bureau linked Dr. Liu with local merchants and hotel owners. One merchant, Li Xing,¹⁰ a Vietnamese woman fluent in both Chinese and Vietnamese, was able to help Dr. Liu’s team gain access to the barbershops where most of the Vietnamese girls (who trade money for sex) work. Li Xing also acted as their translator. A former sex worker herself, Li Xing proved an excellent resource for Dr. Liu’s team. Through collaborative work in the community, the Public Health Bureau, hotel owners and merchants agreed on the need for preventive materials in both Chinese

⁸ Lin Gu and Xian Hong, *AIDS response in Pingxiang: Guangxi, China*, Nan Fang Zhou Mo, March 29, 2001.

⁹ Characteristics of good governance are taken from Lee-Nah Hsu’s publication, *Governance and HIV*, Bangkok, UNDP South East Asia HIV and Development Project, March 2000, ISBN: 974-680-171-6.

¹⁰ Some of the names of interviewees have been altered to maintain their anonymity.

and Vietnamese. The Pingxiang government decided to post an HIV preventive education billboard in both Chinese and Vietnamese languages on the border where people enter and exit Pingxiang.

(c) Participation

A preventive education programme initiated by the Public Health Bureau, began in 1996, follows the public meeting style of openly discussing HIV. People from all levels of society are invited to learn the basic facts of HIV prevention at such town meetings. The popularity of these meetings has helped to de-stigmatise AIDS in Pingxiang and thus the topic is no longer taboo.¹¹

“When the first case of AIDS was detected in Pingxiang, everybody got very nervous and did not know what to do,” said Dr. Zhao. Based on surveys and exchange with international organizations, people later realized that “denial is not a solution.” To really make a comprehensive campaign for AIDS preventive education, the Pingxiang city leadership considered many issues. Their main concerns included not damaging the image of Pingxiang or negatively affecting border trade.¹²

“We made repeated requests to the local authorities”, Dr. Zhao said, “We told the leaders that AIDS preventive education cannot be influenced by people’s preferences. If we do not start now, what if AIDS becomes a major epidemic? Who will be able to take the responsibility for such a consequence?”

In the latter half of 1997, Pingxiang established a thirty-second video that was broadcasted on local television for more than one month. Preventive education was introduced at local high schools and to the All Women’s Federation (AWF), an influential organisation that is also well connected with local family planning programmes. AWF later took responsibility for condom promotion and HIV preventive education among women.

In the past two years, Pingxiang city health education director, Lian Fun Chi, conducted eight courses on AIDS. Between one hundred and five hundred people attended each course. “Now we do not use the term ‘high risk groups’. It is misleading. In reality, everyone of us is vulnerable to HIV infection”.¹³ Ms Lian said.

(d) Transparency

In Pingxiang, as elsewhere in Guangxi, most AIDS prevention funding comes from international organizations. The local government also provides partial funding. One local official believes that while funding is important, it is more important that the Pingxiang

¹¹ Lin Gu and Xian Hong, March 29, 2001.

¹² Ibid.

¹³ Ibid.

city and local government consistently “create an enabling environment for HIV prevention.” Ho Pu, Deputy Director of Pingxiang, said that when Pingxiang began its all-out HIV prevention campaign, several government officials from other districts ridiculed them for “airing family dirt to the public”.¹⁴

Such reluctance to disclose local AIDS situations and to initiate prevention measures is illustrated by officials from a county 120 km outside of Pingxiang. This other county’s officials have concealed their actual HIV prevalence because they feared that discussing it would damage their image and dissuade investors. The misrepresentation and denial has been detrimental to that county’s citizens. Now that county has a high number of injecting drug users, hence increasing many people’s risk of HIV infection, including the drug users’ sexual partners. Due to the local government’s reluctance to discuss HIV, people lack knowledge and awareness of HIV transmission and prevention. HIV prevalence among drug users tested for HIV in that county has increased from 0.7% in 1997 to 50% in 2000.¹⁵ The HIV situation there is now critical.

Conclusion

In Guangxi, Pingxiang faces the challenge of daily growth in the number of HIV cases. The leadership in Pingxiang is willing to openly take on the challenge and face the numerous taboos surrounding HIV/AIDS. Hence, Pingxiang has become one of the cities in China where active AIDS prevention and control activities are being undertaken progressively.

Pingxiang has been more successful than most other cities in China with HIV prevention. As a border city, Pingxiang has more contact with outside influences and is more open to new ideas. With the improvement of major roads and railways, there is also more inflow and outflow of people through Pingxiang. Local people, with the support of the local government, now have a greater awareness that they must act to prevent HIV transmission. They know that if they do nothing, Pingxiang’s problem could negatively affect all of China.

B. Savannakhet province, Lao PDR

The achievements of the Savannakhet provincial government, Lao PDR, provide evidence of the necessity for good governance. These achievements emphasize the extent to which success is possible with the involvement of a few key actors in leadership positions. Officials from the provincial government have demonstrated exemplary leadership and cooperation towards the advancement of HIV/AIDS programmes. Given the social context, these efforts are both rare and commendable.

¹⁴ Ibid.

¹⁵ Ibid.

Introduction

Measuring 21,774 km², Savannakhet is the largest province in Lao PDR. It is also one of the oldest provinces in the country, having been created during the French colonial administration in 1895. It is bounded on the south by Xékong and Saravanh, and on the north by Khammouane. To the east Savannakhet shares a border with Viet Nam, and to the west with Thailand, delineated by the Mekong River. More than 700,000 hectares are under cultivation, while 1,500,000 hectares are forested.

There are 16 districts and one special zone in the province in which approximately 1,542 villages are located. The special zone (Dène Savanh) was created especially for the free trade zone at the Lao-Viet Nam border and will be expanded to include an area measuring 40 km in length along the border and 12 km in depth.

Table 1 - Population by age cohorts¹⁶

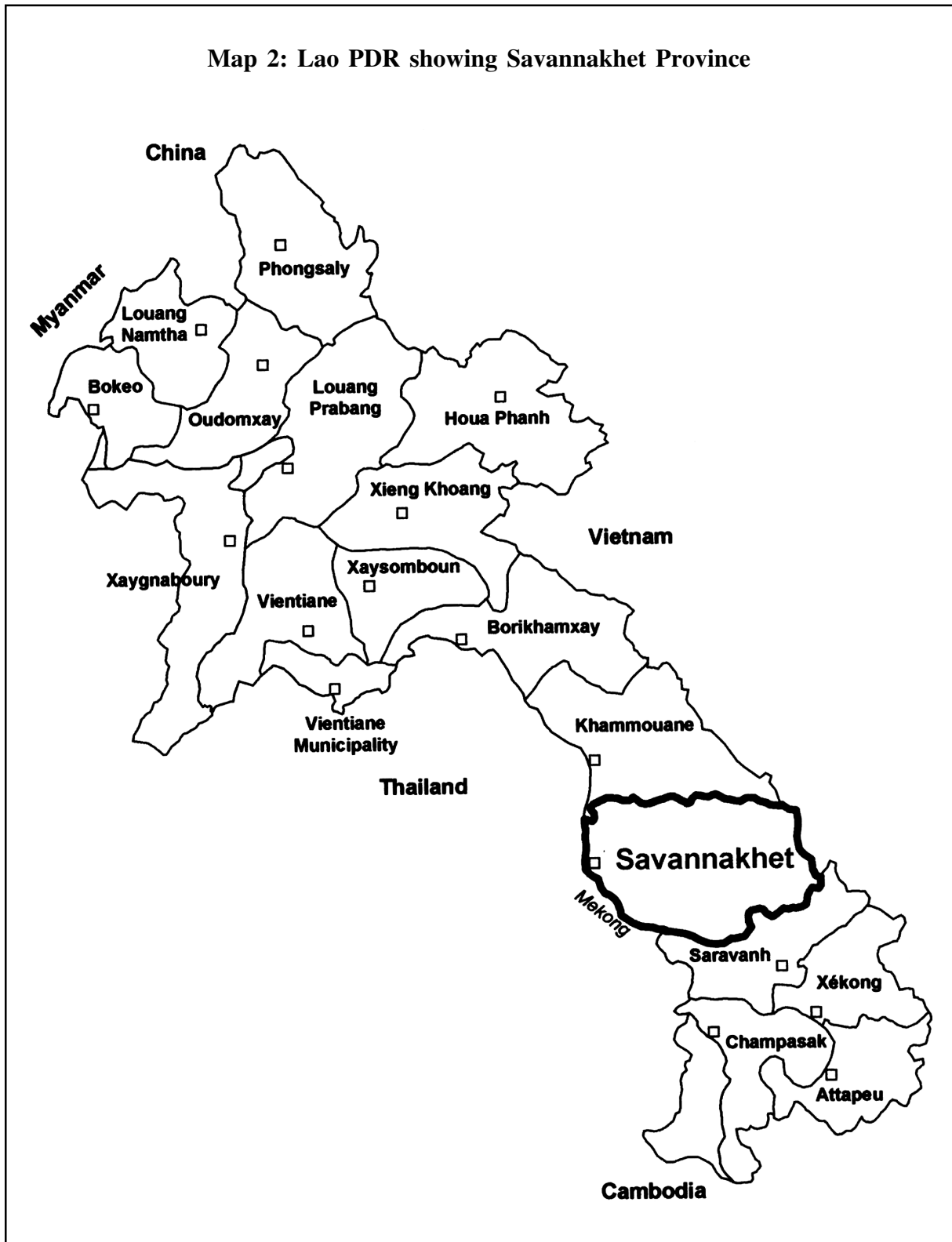
<i>Age Group</i>	<i>Male</i>	<i>Female</i>	<i>% of Pop.</i>
0-4	50.0	50.0	15.9
5-9	51.1	48.9	15.0
10-14	51.7	48.3	13.3
15-19	49.0	51.0	10.0
20-24	46.0	54.0	8.0
25-29	47.5	52.5	7.7
30-34	47.8	52.2	5.8
35-39	49.0	51.0	5.7
40-44	47.8	52.2	3.9
45-49	47.1	52.9	3.6
50-54	43.1	56.9	3.1
55-59	46.1	53.9	2.3

The population estimate for 1998 is approximately 710,000 (114,466 households), with an average density estimated at 32.5 people per km². Table One shows that 50% of the population is under 20 years old. The gender ratio is 51% female to 49% male. Approximately 85% of the population is classified as rural and 15% as urban. The birth rate is calculated at 20 per thousand.¹⁷ Seventy three percent of the population are primarily paddy rice farmers, 7% are primarily swidden cultivators, and 20% are engaged in other occupations.

¹⁶ 1995 Census, savannakhet

¹⁷ Savannakhet, Provincial Office for Planning and Cooperation, *The promotion and administration of foreign investment*, Savannakhet Province, Lao PDR, 1999.

Map 2: Lao PDR showing Savannakhet Province



Development and foreign investment

Table two provides 1999 figures regarding foreign investment in the province.¹⁸

Table 2 - Foreign investment in Savannakhet

<i>Country</i>	<i>No. of Companies</i>	<i>Total Investment in US\$</i>	<i>%</i>
Thailand	7	14,708,217	45%
People's Republic of China	4	4,940,396	15%
Australia	1	5,000,000	15%
Singapore	1	3,226,649	10%
South Korea	1	1,566,000	5%
Malaysia	1	1,200,000	4%
Japan	1	775,200	2%
Taiwan province of China	1	210,000	1%
Vietnam	3	248,697	<1%
France	1	153,634	<1%
TOTAL	21	32,028,793	99%

The largest single investment is \$10.95 million, made by a Thai investor in a garment factory, which began in 1995. This was followed by a \$5 million Australian gold exploration effort that started in 1993. During the first part of 1999, only two investments had been made totalling \$216,714 for chopstick manufacturing in Xépon and Nong districts.

The province is planning to develop investment opportunities for a sugar cane factory, tourist sites, an agricultural centre, biological fertilizer manufacturing, animal feed production, a beer factory, and a rubber tree plantation programme.

Despite these prospects, Savannakhet remains a conundrum where development is concerned. The disparity between the rich and the poor within this province may be one of the largest in the nation. Inhabitants range from the highly business-oriented entrepreneurs of the provincial capital and adjacent areas along the Mekong, to remote hill farmers who inhabit the hinterlands along the Vietnamese border in Vilabouly, Xépon, and Nong districts. These farmers represent a varied array of poor Mon-Khmer ethnic minorities, most of whom do not speak the national language and whose degree of isolation from the economic mainstream is as much linguistic and cultural as it is geographic. A recent qualitative survey of poverty¹⁹ revealed the shocking reality that several such villages, despite proximity to the National Route Nine and the East-West Corridor, had never heard of the term "AIDS".

¹⁸ Ibid.

¹⁹ Chamberlain, J. Personal communication during *Participatory Poverty Assessment* (Lao PDR), 2001.

HIV/AIDS

Twenty-three people died of AIDS related illnesses in Savannakhet between June 1998 and March 2000, including six from TB (two females); six from pneumonia (two females); five from prolonged dysentery (two females); four from prolonged fever (one female); and two from cranial infections (no female). Of the 23 deaths, 20 had been hospitalised, and two died in the hospital.

So far there are nineteen affected children in the province, where either one or both parents have died, and the remaining parent is either infected or has abandoned the child. Five of the children are themselves infected.

In comparison to the other provinces in Lao PDR, the province of Savannakhet is unique in its robust efforts to prevent HIV. The Savannakhet Provincial Committee for the Control of AIDS (SPCCA) is confronting the social, legal and medical aspects of the disease. The SPCCA and the local government are cooperating to conduct research and data collection on both sociological and biological fronts.

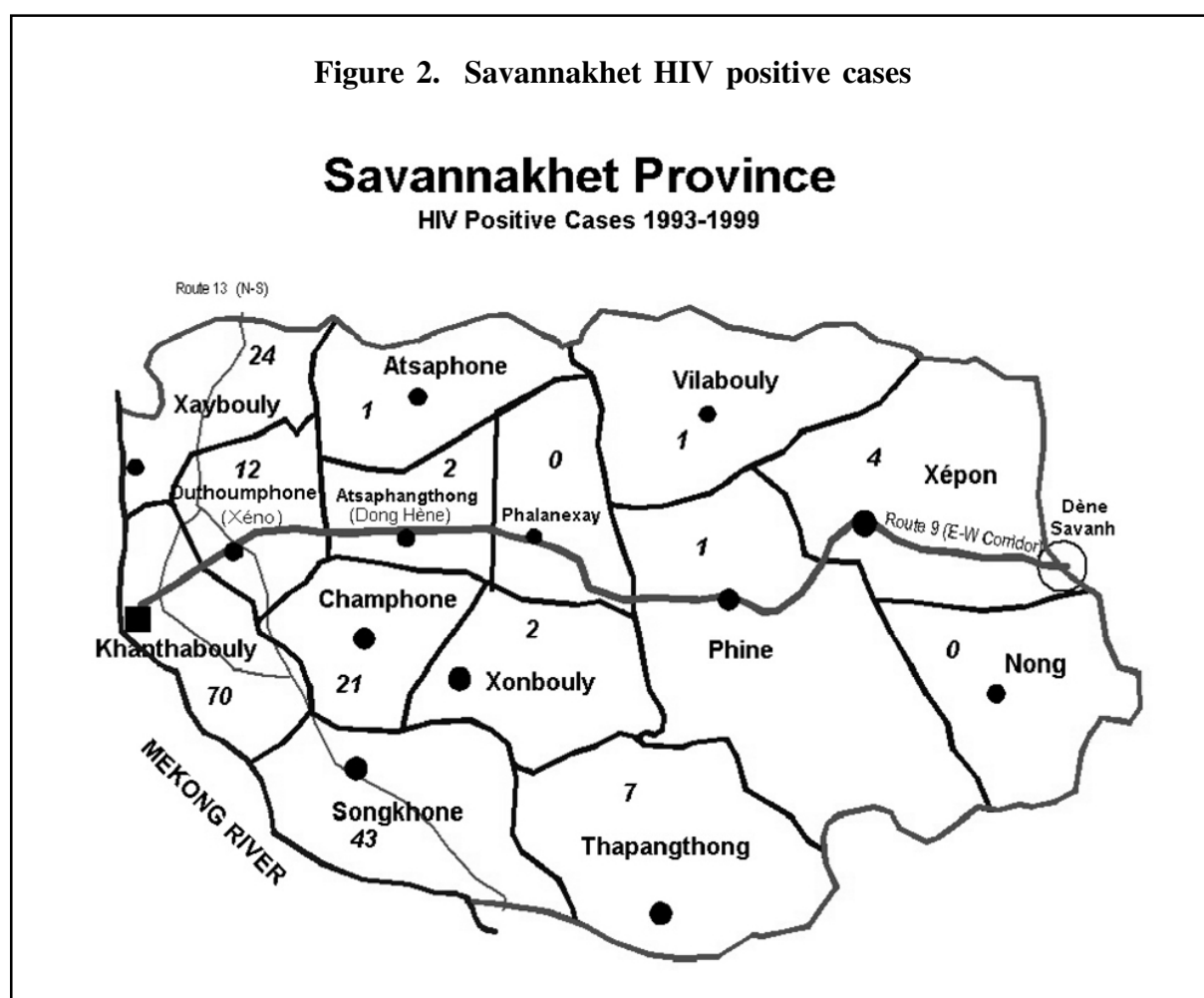


Figure 2 illustrates the distribution of HIV positive cases by district. Notable are the large numbers of cases located in districts along the Mekong River and bordering Thailand, as opposed to the much smaller numbers in the inner districts.²⁰ Perhaps this difference is due to the lack of rest areas in the inner districts, thus limiting interactions among truck drivers, other travellers and the local communities. Along Route Nine in Phine and Xepon, the poor condition of the road currently keeps contact at bay, however, the next two years will bring further development and with it, the possibility that HIV transmission will increase. Interestingly, in Phine district, in a village situated just one kilometre from the road, the villagers had never heard of AIDS.

Governance

Although the problem of HIV/AIDS is usually classified as belonging to the realm of medical science, it is clear that until such time as a prophylactic vaccine is developed by medical researchers, its prevention will remain a fundamentally social concern. It is furthermore a social concern which involves human sexual behaviour where constraints on frank and open discussions are the most complex and vary the most between cultural, religious and political groups. The risk is greatest that the cultural norms of one group or another may be transposed into government policy as is often the case in many developing countries. It is valuable therefore, to analyse how the attributes of good governance, as set forth by UNDP,²¹ may be realized in the context of different societies. The following discussion analyses the HIV prevention measures taken by the provincial government of Savannakhet with respect to participation, rule of law, transparency, responsiveness, consensus orientation, equity, and effectiveness and efficiency.

(a) Participation

The SPCCA is composed of representatives of multiple government sectors, the governor's office and mass organizations. While the Committee is currently confined to government, participation by a wide range of government agencies, beyond the health sector, does bode well for the active participation of all public sectors in the province, and especially for the mass organizations. Significantly, the Lao Youth Union (LYU) is considered an important contributor to the Committee.

Specifically, the LYU, in the Focus Groups mentioned in the example below, which included members of both sexes, were able to discuss openly issues of sex work, Thai cultural influence, Lao labourers and sex workers in Thailand and the social problems of Lao youth. The LYU members represent a broad spectrum of Lao youth. Their

²⁰ Savannakhet Provincial Health Committee & The Provincial Committee for the Control of AIDS, *Summary of Activities Phase I*, Lao PDR HIV/AIDS Trust, June 2000.

²¹ Hsu, Lee-Nah, *Governance and HIV*, UNDP South East Asia HIV and Development Project, March 2000.

participation in frank and open discussions of sexual and political matters, which have previously been considered too sensitive for open forums, marks a major achievement in youth participation in Lao PDR.

(b) Rule of Law

The SPCCA has acknowledged a lack of stringent law enforcement. Activities involving drugs, gambling, and sex work were said to be common, and many establishments that cater to these activities remain unlicensed. It is of interest that the recommendations made for law enforcement involving registration or closure of entertainment establishments appear to be well thought out with the objective of preventing the spread of HIV as opposed to a less focused demonstration of authority.

(c) Transparency

The minutes of the SPCCA included below provide an unusually transparent view of provincial government workings. Previously taboo subjects were openly discussed, and real considerations of party policy emerge, especially as regards to the status of women. The Committee members discussed the degree to which issues such as sex work can be discussed publicly. However, the government does not consider sex work a legitimate trade. Nevertheless these discussions reflect advancements in thinking and in openness among the provincial government officials. Self-criticism regarding the inability to effectively test all service workers, is likewise an indicator of transparency.

(d) Responsiveness

The discussions and recommendations made by the Committee are examples of provincial responsiveness. Having recognized and acknowledged the relevant problems such as drugs, gambling, sex work, unemployment, illegal employment in Thailand, and others, the Committee has reacted responsibly. Recommendations for regulation, not necessarily closure, of entertainment establishments, medical examinations for entertainment sector women, AIDS awareness campaigns, a call for government officials to set a good example, and especially the recommendation for sex education in the schools, stand out as a highly progressive set of actions not seen in other provinces.

That the government has initiated extensive discussions to outline strategies concerning treatment for people with AIDS is particularly compelling. Much thought and discussion has been undertaken to address this problem.

(e) Consensus Orientation

The minutes of the meeting demonstrate a consensus process that focuses on listening to the facts and making decisions regarding the proper responses. All sides of the problem are considered: social, medical, legal, party policy. The SPCCA considered the results of

the Lao Youth Union focus group discussions. The recommendations reflect careful consideration of the issues presented to the Committee. The Committee reached agreement on appropriate responses after considering all opinions.

(f) Equity

The SPCCA considers gender equity in decision-making and fact-finding. The Committee members have gone to great lengths to consider the status and working conditions of women, including investigation of socio-economic and geographical background, history of contact with Thailand, social status and health status. While the statements about safeguarding the status of women, as set forth by the Lao Women's Union, may be seen as overly protective, these are well-intentioned and indicative of the government's intention to maintain equality between the sexes. Of equal importance, an onus is placed on the role of young men and of government officials and this approach has been included in the recommendations.

(g) Effectiveness and Efficiency

Effectiveness and efficiency is perhaps more difficult to assess from the available evidence. That the provincial government established the SPCCA in the first place is a positive beginning as it brings together all sectors, and considers real conditions as opposed to obfuscation. In the Lao context this is a giant step forward. In this sense it may be considered an effective first step. The efficiency of the Committee and their recommendations has yet to be seen, simply because it is too early to evaluate them. Reduction of the number of reported HIV cases will be the first and foremost indicator.

Conclusion

This appraisal represents only a snapshot of work currently underway in Savannakhet provincial government. Where HIV/AIDS and socio-economic development are concerned, Savannakhet stands out as the most progressive province in Lao PDR. This is partly a result of its access to development assistance – not only does it receive attention as the home province of the former president of Lao PDR, but it also maintains close ties with neighbouring Thailand. The provincial government is unique in having accepted the reality and existence of sex work and in discussing sexual practices in public forums. The call for sex education as part of the formal secondary education curriculum is particularly noteworthy in a country not otherwise noted for its transparency.

While the measures proposed for the closure of establishments run the risk of driving sex work underground, they are only the beginning of efforts to adhere to a basic rule-of-law strategy. The actions being considered are not vindictive, as evidenced by the sympathy, understanding and push for counselling directed towards people with HIV/AIDS.

Savannakhet province has placed the problem of HIV/AIDS firmly within a development context. This is demonstrated by the concern for employment and the future of graduating students as well as the consideration of the social backgrounds of women working in the entertainment sector. Hopefully, other provinces in Lao PDR will look to Savannakhet as an example of good governance.

An Example of Good Governance²²

The following is the complete summary of the minutes of a recent meeting of the Savannakhet Provincial Committee for the Control of AIDS. It demonstrates the sincere efforts of a concerned group of provincial officials to apply the precepts of good governance as set forth by UNDP.²³ In so doing, they are the first province in Lao PDR to initiate such an undertaking. The minutes represented work in progress, but demonstrate clearly the intentions of the Committee members and the provincial government. A summary translation of the text from Laotian to English follows:

Between 1993 and 1999, the number of persons who had contracted HIV/AIDS had reached 233, almost half of the cases recorded for the entire country (506). Furthermore, approximately one-third of these, 77, occurred in the year between October 1998 and September 1999. Of the total, 99% were sexually contracted and within this group, 67% were between the ages of 20 and 29 years. Seventy-five percent were unemployed individuals who had previously worked in Thailand, and 4% were working in the entertainment sector.

Three focus groups were held in Savannakhet sponsored by the Lao Youth Union and a foreign organization, attended by 50 men and women from urban areas, between the ages of 15-25. They concluded that they themselves were subject to strong Thai cultural influences in their daily lives and that this culture was replacing their own. They also brought out that family life was changing because parents had to work hard to be successful and had less time for the family.

The men said laws were not enforced and activities including drinking, going to bars, taking drugs, and gambling were common in Savannakhet. Very few young men, they said, were trying to improve the quality of their lives.

Many young people had been in Thailand, attending festivals, shopping, and working as unskilled labour. Of the men who had worked in Thailand, 100% had had sex with sex workers during their time off. Of the women, 80% lost their virginity in exchange for cash.

²² Savannakhet Provincial Committee for the Control of AIDS, *Minutes of the Meeting of 4 November 1999*, Provincial Health Committee, Savannakhet Province, March 2000.

²³ Lee-Nah Hsu, March 2000.

All of the members of the Focus Groups related that working in Thailand was a major risk for STIs and AIDS. And furthermore, all of the young people cited the high degree of cultural influence from Thailand as a major problem, an influence that is exacerbated by ready access to Thai television, radio, and music that has replaced local media in the eyes of young people.

Since the beginning of the New Economic Mechanism, enterprises to service the expanding community have multiplied rapidly, namely: hotels, nightclubs, small bars and cafés frequented by customers both local and from the outside. These establishments have appeared in all urban areas of the province.

Young women, both urban and from rural areas, have abandoned their former ways of life to come and work in the establishments mentioned. They work as waitresses and entertainers. There are no less than 1,000 of these girls working in the province, including a large number who have returned from working as sex workers in Thailand. From interviews carried out by the Provincial Committee for the Control of AIDS with both service girls and customers, it is clear that all (100%) of these women are clandestinely engaging in sex work.

These women are thus a major target group in the prevention of AIDS, but they are a group that is extremely difficult for public health officials to control or to have access to because they do not reside at the business establishments, but rather come to work and then disperse to their respective places of residence.

Following the report of the information gathering to the meeting of the Committee, it was the general consensus that the role of women as sex workers, while it reflects the real situation, should not be openly acknowledged because it is against party policy on the liberation of women, affects long established mores and cultural practices, and affects the status of women as decreed by the women's organization. It was felt that in order to control the spread of AIDS, the establishments and the women should be more strictly controlled and gradually reduced in number.

Another aspect of the effort, however, which was voiced at the meeting was the need to resolve the high level of unemployment of young people, a situation in which many turn to drinking and carousing to spend their time, and where women have little opportunity for other employment.

In order to increase control over women working in the entertainment sector, one way would be to have the public health officials conduct inspections and issue health cards for the individuals who are working in this risky profession. This would also be a way of controlling the number of female entertainment workers, as those without cards would not be allowed to work (Tantamount to registering sex workers).

In the past year, the health officials began a programme for testing women working at 17 establishments, including 272 girls in all. Communicable diseases that were found during this inspection were

- *HIV virus: 2*
- *Hepatitis B: 25*
- *Intestinal parasites: 40*

But this programme was considered to be less than comprehensive because the majority of the girls were not accessible for testing.

From the beginning, the results of AIDS testing have not been made public, not even to the individuals who have tested positive (because HIV screening tests are conducted anonymously). There are some who would like to make the results public because of the risk that the individual may infect others. But at the same time, even if the results were made known to the infected person, there is still a good chance that he or she will not accept the results, or not understand the implications, and continue to infect others. It is thought that the best strategy for dealing with infected individuals is to assist them in every way by finding appropriate occupations. But before all else the infected person must receive counselling and be supported. He or she must be made to understand and accept his or her own situation. Thus at the present time, efforts have gone into increasing AIDS awareness among the general public.

At the same time, those in the immediate environment, including government officials, must be educated to accept the situation and to offer comfort, support, and assistance to the infected person.

Comments and recommendations for provincial management

- 1. It has been found that there are too many beer gardens, nightclubs, and small shops. Priorities should be set for reducing their number in order to limit the problems they cause. At the same time regulations should be made for the establishments with absolute standards, including closure of any establishments selling sexual services.*
- 2. It is recommended that there should be an ordinance regarding entertainment sector women workers to limit the number of those who reside outside of the establishments. Homes and quarters should be inspected to seek out those women, including ones who originate from other districts and provinces.*
- 3. Important persons and government officials should set a good example by reducing their extravagant carousing in nightclubs and bars.*
- 4. Women working in entertainment sector should receive medical examinations on a regular basis and receive a medical examination card.*
- 5. There should be sexual education as part of the regular curriculum for all children beginning in the first year of secondary school.*
- 6. Additional opportunities should be created for students who complete secondary school to either continue their education or find employment inside the country.*

7. *There should be increased AIDS awareness education in all forms, including training, seminars, and the distribution of materials and equipment.*
8. *Mobile AIDS awareness teams should be strengthened with additional tools and equipment.*
9. *Improve the information system and the media relating to AIDS and their distribution.*
10. *Concentrate on assisting the orphaned children whose parents have died from AIDS in order that they may become good citizens in the future.*

C. Khanh Hoa province and Ho Chi Minh City, Viet Nam²⁴

Introduction

In its 1997 study “Confronting AIDS: Public Priorities in a Global Epidemic” the World Bank correlated human development with the spread of the HIV pandemic. The report reached a wide audience with a graph demonstrating that economic development, as measured by gross national product per capita, is inversely related to urban HIV prevalence. It showed that the higher the per capita production the lower the HIV prevalence, and the poorer the country, the greater the prevalence. Countries with more advanced economic development and high income equality have less chance of an HIV epidemic spreading. Resource-poor countries with greater income inequality and lower literacy are more likely to suffer the effects of an epidemic. How are these factors related?

One method of examining how economic development, income equality, literacy and HIV prevalence are related to HIV epidemics is to use the concept of “good governance.” Good governance can lead to economic development, income equality, and lower HIV prevalence through enhancing development.

This report presents case studies from Khanh Hoa province and Ho Chi Minh City (HCMC) of Viet Nam to show examples of how HIV policy and practice can be seen through the lens of good governance. The examples are useful for other provinces in Viet Nam and may be relevant to other East and South East Asian countries.

Khanh Hoa province

The province of Khanh Hoa is on the south central coast of Viet Nam. It is home to one of the region's best deep-water ports, a new ocean shipyard and an active fishing industry. The principal north--south transport route, National Highway One, passes through the province and another highway route leads to the Central Highlands province of Dak Lak. The province has been a popular domestic tourist and conference destination for many years and is now receiving foreign tourists.

²⁴ This case study has been prepared with the help of Jamie Uhrig on the basis of official views provided by the National AIDS Standing Bureau, which has subsequently cleared, by NASB.

The largest city and provincial administrative centre is Nha Trang, which has a population of three hundred thousand. Male injecting drug users in the city have recently begun dying of AIDS. The epidemic is a 'concentrated' one with high sero prevalence among injecting drug users. HIV prevalence in female sex workers is under five per cent. Sero prevalence in other general population groups is low at present. There have been approximately eight hundred reported cases of HIV in Khanh Hoa province.

Ho Chi Minh City

The provincial-level administrative unit of Ho Chi Minh City is urban and includes the surrounding suburban area along the Saigon River in southern Viet Nam. It is the country's largest province with between five and six million people. It is also Viet Nam's commercial centre with up to a quarter of the country's economic production. Several major road and inland waterway transport routes traverse the city. Migration to Ho Chi Minh City from rural areas of Viet Nam has been one of the factors contributing to the growth of the city for the past fifty years.

Ho Chi Minh City has Viet Nam's highest HIV epidemic. The virus has been present in the city for over ten years and a concentrated epidemic exists. Sero prevalence rates among injecting drug users are high. Rates among non-injecting sex workers are about six per cent.

Characteristics of good governance in Viet Nam

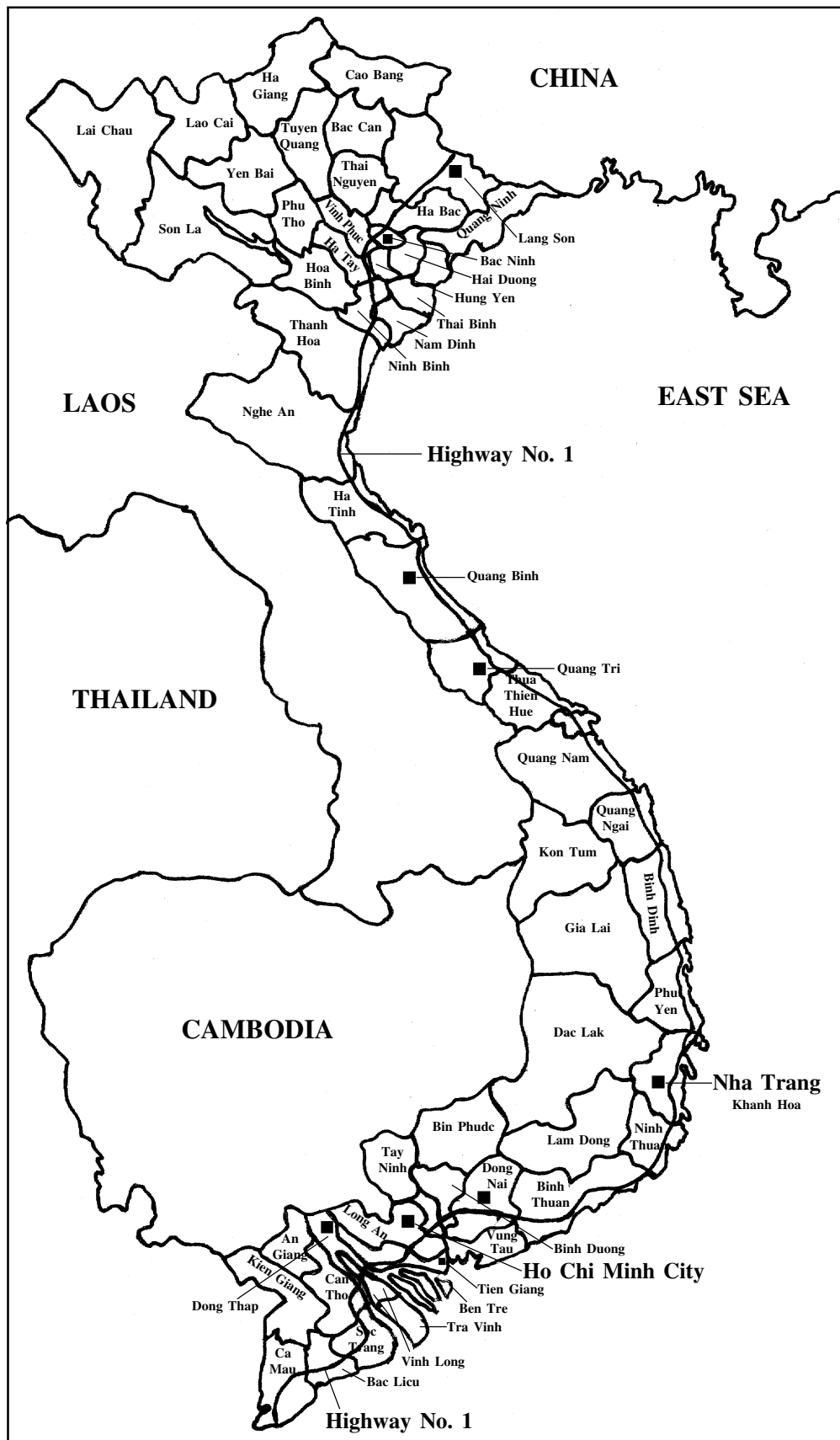
(a) Participation

Viet Nam's HIV policies are drafted with the participation of both HIV specialists and non-specialists to ensure that public opinions are considered. There are several avenues of participation that are illustrated by the responses to the epidemic in both Khanh Hoa province and Ho Chi Minh City.

The first avenue goes "upward" in that it involves participation by a wide range of people who make suggestions for changes in HIV policy. The HCMC AIDS Bureau commissioned a study of the attitudes of police officers and local government officials towards free condom distribution to female sex workers and clean injecting equipment distribution to injecting drug users. The results of the survey show that most respondents approved of the former but few the latter. The study conclusions were presented to national AIDS programme leaders so they could present these views to Party policy sessions and meetings with governmental policy makers.

A second example of "upward" participation is illustrated by an argument at a national policy and planning workshop held two years ago. A northern coastal province, with an extensive archipelago, advocated for the national adoption of a policy for constructing detention centres for injecting drug users on offshore islands. Khanh Hoa argued against this method. Two years later, there is no national policy or practice of sequestering drug users on islands anywhere in Viet Nam.

Map 3: Viet Nam showing Ho Chi Minh City and Nha Trang



(b) Rule of law

The Central Government delineates most laws and regulations regarding HIV in Viet Nam. The Viet Nam National Assembly's Standing Committee issued an ordinance on the prevention and control of HIV/AIDS. By now, Viet Nam has issued over 40 legal documents on HIV prevention. These documents show a strong commitment of the Party and Vietnamese government. They advocate HIV prevention with the participation of all sectors, authorities at different levels and in the communities.

Provincial governments are actually provincial administrations and thus do not draft their own laws. District level governmental institutions only have administrative power. Although there are few written laws or regulations at the provincial level, there are guidelines written by provincial level government departments and Party offices.

A remarkable dissemination and promulgation process for laws exists from the central to the provincial level in Viet Nam. Regulations made by the Ministry of Health are made into posters and found on the walls of almost every health care institution in the country. Even remote commune health stations have the laws and regulations publicly posted on their walls.

Laws and regulations on HIV are also disseminated widely. Several years ago, an entire issue of the monthly magazine of the former National AIDS Bureau was dedicated to printing all central laws and regulations on HIV. Training manuals, counselling handbooks, and political instruction documents for mass organisations often have the full text of laws and regulations in their appendices.

In the application of laws and the enforcement of them, provincial leaders take most responsibility. The following are several examples.

In both Khanh Hoa and Ho Chi Minh City, health workers directly inform all people found HIV positive through mandatory testing. However, this is not the case in all provinces.

Provincial administrations have the legal power to allow district administrations to run their own HIV detection programmes among hospitality industry workers (workers in restaurants, karaokes, and bars). This is unevenly applied. There is no evidence of a hospitality worker-testing programme in Khanh Hoa. In one other province all restaurant workers, but not karaoke workers, are tested for HIV.

(c) Responsiveness

HIV prevention programmes try to reach all people at risk. Most published documents on provincial level activities in Viet Nam concentrate on what is often considered the principal function of provincial AIDS programmes: information, education, and communication (IEC.) Some provinces do much more. Both Khanh Hoa and HCMC provinces have active programmes on research, direct outreach, condom promotion, care for sexually transmitted infections (STIs) and life skills for youth.

Although the principle of responsiveness is commonly supported, institutions that are meant to serve all stakeholders sometimes design programmes with their own needs in mind. An example is provincial level STI clinics where staff admits to having few patients. Patients are concerned about confidentiality, costs and treatment effectiveness. Many people chose to go to private clinics for STI diagnosis and treatments.

(d) Equity

The concept of equity is well rooted in HCMC and Khanh Hoa. The objective of the National AIDS Programme is to support the entire population in HIV prevention, but it actually concentrates on what are perceived to be high-risk populations and areas. This is partly due to financial constraints. Informants in both sites often spoke of the need to reach everyone with prevention messages. Both areas have longstanding multisectoral programmes. Officials in both provinces went to great lengths to be sure that HIV prevention messages reached people in rural areas as well as those in urban ones.

In both HCMC and Khanh Hoa, HIV professionals stated that female sex workers have a right to reproductive health care to protect their own health. One informant said that sex workers “should protect their health like everyone else.” Although some leaders may see reproductive health programmes for female sex workers as only a secondary prevention strategy to reduce HIV infection from spreading, the idea that they are entitled to health care due to the risky nature of their work is gaining recognition.

(e) Effectiveness and efficiency

Most of the resources spent through central and provincial HIV programmes are primarily spent on preventive education. This has led to a high level of HIV awareness, particularly of its modes of transmission. A recent survey showed that HIV knowledge is highest among the 15-49 years age group. Reported condom use among sex workers is growing. There has been a massive increase in condom distribution due to social marketing. HIV prevention is taught in both primary and secondary schools.

(f) Strategic vision

The 2001-2005 draft Directions for National AIDS Plan consists of three objectives:

- (1) to limit HIV transmission in communities;
- (2) to prolong the lag-time from HIV infection to developing AIDS;
- (3) to reduce negative socio-economic impact of HIV/AIDS.

The Director of the Department of Health in Khanh Hoa and the Deputy Director of the Department of Health in Ho Chi Minh City have both been on the forefront of the response to the HIV epidemic since it began in Viet Nam over ten years ago. These two

leaders in the health sector see it as their responsibility to work with political leaders to receive permission to try creative, new, and sometimes risky ideas. One of them tried to initiate needle exchange in his province. Another has quietly advocated for central permission for a methadone programme. When there is no official opportunity to discuss challenges with members of the provincial administration, personal contacts and relationships are used.

Other HIV professionals also have a strategic vision. Ideas for prevention programmes among young drug injectors, programmes at the sites of new industries, and action to reassure pharmacists that needle sales to young people are allowed have all been proposed by HIV programme staff in the two provinces.

HIV professionals are not the only ones with strategic vision. In Khanh Hoa, the male peer educators for injecting drug users have not been paid wages in months. They continue to work. One peer educator stated, “Even if there is no money in it, I have to do this work.”

Almost all people interviewed for this study noted that injecting drug use is the main driving force of the Vietnamese epidemics today and suggested that clean needles should be provided to injecting drug users. This strategic vision is clear.

Conclusion

Another point of view to examine good governance with respect to HIV in Viet Nam is through the poles of governmentality. It is helpful to look at the way governments function by using a simple binary model. On one pole is disciplinary surveillance and on the other is regulatory observance.

The sale of needles to young men by pharmacists can be used as an example. Provincial departments of health are responsible for the licensing of private pharmacies. Officials in the department of health can practise disciplinary surveillance by demanding that pharmacists sell syringes to young men or forbidding sales. Officials could practise regulatory observance by giving clear written guidelines on the need for clean needles and then allowing pharmacists to make their own decisions.

In Viet Nam the disciplinary surveillance model is more common. The 2001-2005 draft Directions for AIDS Prevention in Viet Nam include: “to organize supply and sale of condom and disposable needles; to expand pilot models of supplying needles and condoms for high-risk populations.” Pharmacists may be asked to deliver HIV preventive interventions to sex workers and injection drug users.

Similar parallels could be drawn for sex work in hospitality venues where there is no clear instruction regarding selling or forbidding the sale of condoms. At schools, HIV prevention has been integrated, including life skills in primary and secondary schools through Directives from the Ministry of Education.

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February 2000	Population Mobility and HIV Vulnerability in South East Asia: An Assessment and Analysis* Author: Ronald Skeldon http://www.hiv-development.org/publications/sea_publications_papers.asp <i>Language: English, Vietnamese, Lao</i>	974-858351-1
January 2000	Cambodia HIV Vulnerability Mapping: Highway One and Five* http://www.hiv-development.org/publications/cambodia_mapping.asp	974-680167-8

*Please note that publications indicated as * are no longer available as hard copies, however, they can be downloaded from our web site: www.hiv-development.org.

Other Publications

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2002	ADB/UNDP-SEAHIV/WVI/Burnet Institute: Toolkit for HIV prevention among mobile populations in the Greater Mekong Sub-region	1-875140-52-2
December 2001	Independent External Review of UN Regional Taskforce on Mobile Population and HIV Vulnerability	—
September 2001	Strategy on Mobility and HIV Vulnerability Reduction in the Greater Mekong Subregion 2002-2004	—
March 2001	UNDP-FAO Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to Reduce HIV Vulnerability. Review Mission of Project Author: Jacques du Guerny	—
January- March 2001	UNIFEM/UNAIDS/UNDP-SEAHIV Information Kit on Women, Gender and HIV/AIDS in East and South East Asia	—
March 2001	Fact Sheet on Mobilizing Maritime industry for HIV prevention: UNDP, UNESCAP, UNAIDS and CIDA	—
December 2000	ADB/UNDP/WVI/ARCM: Mobility and HIV/AIDS in the Greater Mekong Subregion	1-875140-48-4
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September 2000	UNDP-FAO: Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to reduce HIV Vulnerability. Fact Sheet <i>also available in: Khmer</i>	—
June 2000	ADB/UNDP/WVI: Preventing HIV/AIDS Among Mobile Populations in GMS: Inception Report	—
May 2000	UNDP-FAO Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to reduce HIV Vulnerability. Progress Report	—

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