United Nations
Development Programme

South East Asia
HIV and Development Programme

Mainstreaming HIV Prevention in the Military

A case study from Cambodia

Mainstreaming HIV Prevention in the Military

A case study from Cambodia

Author: Tan Sokhey
Chief of HIV/AIDS and STD Unit
General Department of Logistics & Finance
Ministry of National Defence
Cambodia

Compiled by: Allison Woodruff
CIDA Intern
UNDP South East Asia HIV and Development Programme

Manager: Lee-Nah Hsu

Building Regional HIV Resilience

UNDP South East Asia HIV and Development Programme

May 2004

Contact information: *Lee-Nah Hsu, Manager*
Building Regional HIV Resilience
UNDP South East Asia HIV and Development Programme

E-mail address: *leenah.hsu@undp.org*

Cover design: *Vincent Fung*

United Nations ESCAP Library Cataloguing in Publication Data

Mainstreaming HIV Prevention in the Military: A Case Study From Cambodia/Tan Sokhey.
Bangkok: UNDP, 2004.
iv; 10 p. (Building Regional HIV Resilience: UNDP South East Asia HIV and Development Programme).

ISBN: 974-91992-4-3

1. AIDS. 2. Military. 3. Case Studies. 4. Asia. 5. Cambodia.
UDC 616.39-097 (597) UNDP ma

FOREWORD

In response to the HIV threat in the military, the Royal Cambodian Armed Forces, in partnership with local and international non-governmental organizations and international agencies, developed a comprehensive strategy for reducing HIV vulnerability in the military through education, empowerment and capacity-building as part of a larger national HIV prevention strategy. This case study documents the Cambodian defence sector's effort in building HIV resilience and reflects both constraints as well as lessons learned on factors contributing to an effective HIV prevention programme in the military.

Lee-Nah Hsu
Manager
Building Regional HIV Resilience
UNDP South East Asia HIV and Development Programme

CONTENTS

I. Introduction

1. Cambodia's HIV situation

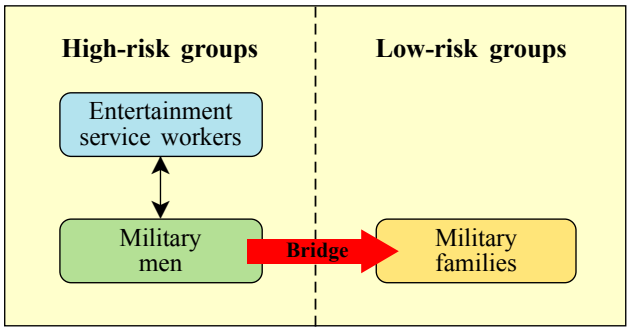
Cambodia, with a population of approximately 12 million people,[1] has experienced a rapid spread in HIV infection, making it one of the worst affected countries in South-East Asia. Factors which have contributed to Cambodia's HIV vulnerability are poverty and low levels of development, political conflict, high social mobility, and readily available, low-cost entertainment services.[2] The most common form of HIV transmission is through heterosexual contact.

The military is a high-risk group for HIV infection. In 1995, HIV prevalence in the military was 5.9 per cent. By 1997, this figure had increased to 7 per cent.[3] Often young, single, away from home and immersed in the military culture, many members of the military engage in high-risk behaviour. In Cambodia, the practice of men visiting brothels in groups as a form of male entertainment is common and socially acceptable. The cost of these services is low, making them affordable to poorly paid members of the military.[4]

Table: Sex with commercial sex workers (CSW) and condom use among military men[5]

Year	Percentage of military men reporting sex with CSW in previous month	Percentage of military men reported as always using a condom with CSW in past 3 months
1997	64.7	42.9
1998	40.8	55.3
1999	32.6	69.8

Figure 1. HIV transmission channels



HIV intervention strategies which target the military are important not only for reducing HIV vulnerability among members of the military, but also for preventing the spread of HIV to the general population. This is because members of the military can act as a bridge for HIV transmission, thus transferring HIV vulnerability from high-risk groups such as entertainment service workers and soldiers to low-risk groups, such as the families of military personnel. According to a 1996 survey, 61 per cent of married military men reported having sex with an entertainment service worker in the previous month, thus the likelihood of HIV spreading to their families is high.[6]

2. The Cambodian military: an example of effective responses

The Cambodian Ministry of National Defence's (MoND) strategy to address HIV vulnerability in the military can serve as a good practice model. During the early stages of the epidemic, the Cambodian military identified its members' vulnerability to HIV and took steps to contain and prevent the spread of the virus.

The Cambodian military developed, in collaboration with NGOs and international agencies, innovative HIV prevention strategies suitable for a military context. This is important since members of the military are difficult to target as they are generally mobile, have low levels of literacy and are stationed in remote areas where it is difficult to access different forms of media and communication. The strategies implemented by the military include: providing information on and raising awareness of HIV/AIDS to encourage behaviour change; providing care and support; and implementing strategies which complement national HIV/AIDS policies, such as condom distribution as part of a national campaign to promote 100 per cent condom use.

The effectiveness of these responses has been ensured by developing decentralized institutional mechanisms for participation at all levels of the military and collaborating with other ministries, at both the national and provincial levels. This has resulted in securing a high level of commitment and ownership of HIV prevention strategies among military officers.

II. Building HIV resilience in the military: a good practice model

1. Strategic vision

Early recognition of the HIV/AIDS threat in 1995 led the Ministry of National Defence to take concrete actions to address the epidemic. The Ministry of National Defence created the HIV/AIDS Prevention Unit and developed a comprehensive strategy for HIV prevention. Prior to this, the Ministry of Health was the only government body responsible for developing and implementing HIV prevention strategies.

2. Promoting education and awareness

Information, education and communication (IEC) materials produced by the Ministry of Health and NGOs were distributed to military personnel in an attempt to bring about behaviour change through raising awareness of the consequences of high-risk behaviours.[7] For example, Cambodian Health Education Development (CHED), a local NGO, supported the development of comic books and posters to specifically target and educate members of the military about HIV/AIDS.[8] More recently, the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Infections (NCHADS) developed information materials specially targeting members of the uniformed services.

One of the limitations of information, education and communication intervention is that it may only reach a subset of the military audience due to a low literacy level. For example, in the Kampong Thom military subunit, only 30 per cent of troops are able to read and write.[9] Thus, printed materials alone are unlikely to bring about behaviour change. Many military members also have limited access to IEC materials since they are located in remote areas and have little or no access to television or radio.[10] To overcome the limitations of this strategy, the Cambodian military implemented additional, complementary strategies for building HIV resilience.

3. Encouraging participation

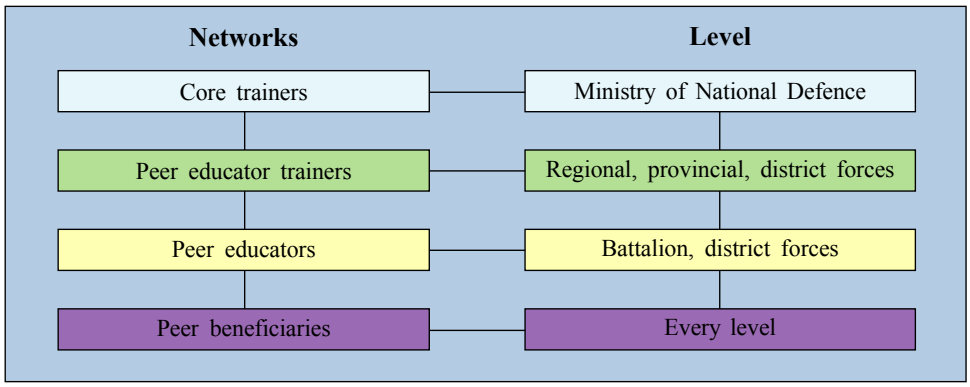
Peer education is an effective means to reduce HIV vulnerability through education, awareness-raising and behaviour change. This is because military personnel stationed in remote areas, who otherwise would have difficulty accessing different forms of media or IEC material, can be reached through a decentralized peer network. Peer education can also have a positive spill-over effect since peer educators act as HIV/AIDS resource persons for both their units and the communities where they are stationed. Since participation at all levels of the military is encouraged, a sense of programme ownership is created. Even at the unit level, individual units are responsible for implementing prevention and education activities created by themselves.

Using lessons learned from Thailand, the Ministry of National Defence HIV/AIDS Prevention Unit, with technical and financial support from the UNDP Cambodia Area Rehabilitation and Regeneration (CARERE) project, implemented the Military Peer Education Network (PEN) pilot project in 1995.

Training of peer educators took place at several different levels as shown in figure 2. The training process varied from province to province because lessons were learned through trial and error. In general, a core team of trainers from the Ministry of National Defence was responsible for training the peer educator trainers. These trainers were usually commanders. Peer educator trainers were in turn responsible for training peer educators at the battalion or district levels.

Once trained, peer educators returned to their military units to educate others on HIV/AIDS, both informally through daily interactions and formally through organized activities. Peer educators serve as role models for their units, thus encouraging others to adopt safer sex practices.[11] Issues addressed by peer educators include: how to deal with peer pressure in the military, how to assess and reduce risky behaviour associated with HIV infection, HIV testing, the impact of HIV/AIDS on both individuals and communities as well as stigma and discrimination against people living with HIV/AIDS. Other activities, which served as forms of entertainment as well as education, included uniformed services peer education drama festivals, where drama teams portrayed real attitudes and practices associated with HIV/AIDS. Peer educators and trainers also planned special activities to mark events such as World AIDS Day.[12]

Figure 2. Peer Education Network hierarchy[13]



By mid-1996, this one-year project had been implemented in Koh Kong, Siem Reap and Battambang. Furthermore, it was envisioned that the Peer Education Network could be effective in expanding military HIV prevention strategies through condom social marketing, peer counselling, behaviour surveillance and STI care.

The experience in Koh Kong

In early 1996, three programme managers attended a one-week training workshop organized by the Royal Thai Army in Hua Hin. This was the first time, programme managers were receiving training in HIV/AIDS. Provincial trainers for peer education were trained in three non-consecutive week-long intervals. Absences from training sessions were common, so that in Koh Kong, only 10 of the original 22 trainers fully completed training. The training of peer educators lasted one week and was conducted at the district and battalion levels.

The core training team had no prior contact with commanders before the training and thus was unable to brief the commanders on HIV issues or of the pilot project, which affected candidate selection for the training of trainers.

The experience in Siem Reap

To gain commander support for the pilot project, a preliminary pre-training session was arranged for commanders to familiarize them with the programme and to clarify candidate selection criteria. From training sessions in Koh Kong, trainers learned that it was essential to actively involve commanders in the project – since they were the ones in a position to organize campaigns and disseminate information.

Furthermore, training sessions were scheduled to take place during three consecutive weeks to reduce absenteeism. Also, trainers were made responsible for training peer educators in their units over a five-day period. However, many commanders found this task difficult since they were often busy with other duties.

The experience in Battambang

To improve commander participation and create a greater sense of programme ownership, a two-day sensitization workshop was organized for commanders, which took place before the training began. These workshops provided information on HIV/AIDS, criteria for the selection of peer educators and peer education trainers, and the role of commanders in supporting project activities.

Deputy commanders and medical personnel rather than commanders were selected and trained as trainers. It was hoped that they would be effective in implementing HIV prevention and education activities. HIV/AIDS education was integrated into existing military training and became a regular discussion during monthly unit meetings.

Programme effectiveness

The PEN pilot project was evaluated positively because it was successful in providing trainers and peer educators with improved knowledge and understanding of HIV/AIDS and bringing about behaviour change, such as increased condom use.[14] However, several

topics still need further clarification, such as the differences between AIDS and other STIs, HIV transmission and the differences between formal HIV/AIDS treatment and treatment by traditional healers. Those interviewed agreed that peer education was effective in disseminating HIV/AIDS information and participatory learning and that group processes contributed to the programme's success.

Several recommendations were made to improve programme effectiveness.

- Create a follow-up and support system for supervision at the provincial level, using newsletters, site visits and condom distribution.
- Increase effectiveness of the Peer Education Network by providing refresher courses for trainers and peer educators as a forum for sharing experiences and for moral support.
- Collect quantitative data based on pre-set indicators to monitor and evaluate the effectiveness of the Peer Education Network.

Programme scaling-up

In 1999, based on the positive result of the pilot project, Family Health International (FHI, formerly IMPACT Cambodia) supported a military peer education programme. Initially, the programme covered five central provinces and was later expanded to 19 provinces. The HIV/AIDS Programme of the Ministry of National Defence collaborated with FHI to modify the curriculum of the ongoing behaviour change communication (BCC) HIV/AIDS peer education programme.

Several modifications were made during the pilot project as follows.

- A preliminary commander meeting with the training team was added;
- The two-day workshop for commanders was adapted into a one-day sensitization meeting to provide basic knowledge on HIV/AIDS, its impact and peer educator selection criteria;
- Monitoring at all military levels;
- Regular three-month feedback meetings;
- Refresher courses for core trainers, peer educator trainers, and peer educators;
- Annual meetings to report progress to commanders;
- A study visit for high-ranking officers and core trainers either outside or inside the country; and
- Basic programme management training for core trainers.

4. Care and support provision

Since 1997, members of the military have access to HIV/AIDS counselling and testing services at the Centre National de Dermato-Venerologie in Phnom Penh, Preah Bat Norodom Sihanouk Hospital and in Battambang, Kampong Cham and Siem Reap.[15]

In 1998, a military sexually transmitted infection (STI) management and control programme was developed with support from the World Health Organization (WHO); STI medications were distributed. Military health care workers (HCW) from every provincial military sub-unit and division were trained to provide syndromic STI care. By 2000, a total of 620 HCWs had been trained in STI care. Médecins Sans Frontières (MSF) also provided STI drugs and treatment to the military. However, many of these services were discontinued.[16]

The STI management effectiveness was limited due to budget constraints. Distribution of STI drugs was irregular and supplies were often insufficient to meet demand. Furthermore, STI training was provided to each province without special attention to areas of high STI prevalence. Although the overall STI and HIV/AIDS awareness has increased in the military, HIV/AIDS awareness in rural units is rare. Moreover, data on STI prevalence in the military is limited since data is not regularly collected, compiled and analyzed, due to a lack of statistical knowledge and computer skills.[17]

Based on lessons learned from the STI management and care project in Military Region Five, it was recommended that planning, implementation and monitoring of STI services for the military should be strengthened.[18] Collaboration and coordination between different organizations providing STI care should be increased to achieve this. To effectively deliver treatment, it was recommended that STI care be combined with HIV/AIDS education as part of outreach activities in military camps.

5. Linkages with national HIV prevention strategies

The Ministry of National Defence initiated condom promotion activities in the military to support the national 100 per cent condom use campaign. In 1999, the World Health Organization (WHO) supported a one-year condom distribution programme at the regional, provincial and battalion levels in four provinces located in Military Region Five (Battambang, Banteay Meanchey, Pursat and Pailin). Population Services International (PSI) distributed 3.5 million free condoms to the military as part of this programme.

Condom use in the military has increased steadily over the past decade. For example, a 1996 BSS survey showed that only 42 per cent of military personnel always used condoms with commercial sex workers. By 2002, this had increased to 86 per cent. This increase has been attributed to IEC on HIV prevention in the military with the complementary free condom distribution. This is especially important for reducing HIV vulnerability in remote areas where condoms are difficult to obtain.

6. Advocacy and capacity-building networks creation

Regional and provincial coordination

The military encouraged HIV prevention advocacy and capacity-building activities. In 1999, Military Region Five developed HIV/AIDS committees and working groups within the military as a model for other regions to follow. Given the important role commanders play in programme interventions, this project, supported by WHO, aimed at gaining their commitment and support at every level.

To ensure cooperation and communication at the top level, a regional HIV/AIDS prevention committee (RHAPC) was established. All provincial military commanders, divisions and offices in regional Head Quarters and the Chief of the Regional Health Office are members of this committee. The Regional Commander acts as Chairperson and the Deputy Commander as his/her deputy. Within the Committee, there is a secretariat, headed by the Chief of the Regional Health Office, which is responsible for implementing RHAPC programmes in the region. Provincial HIV/AIDS prevention committees (PHAPC) have also been established to coordinate HIV prevention activities at the provincial level.

Study tour

A study tour to Thailand was organized for senior commanders to increase their responsiveness and accountability. The study tour aimed at improving interpersonal communication between commanders and the programme manager. After returning from the study tour, delegates provided feedback to committee members and shared their observations. The commanders also developed HIV prevention activities for each of their regions during the study tour.

At the PHAPC meetings, representatives from all provinces and subdivisions in the region met to draft guidelines for HIV prevention. Under these guidelines, all commanders must consider HIV/AIDS as a routine task and must ensure that military personnel receive HIV/AIDS education and adopt safer sex practices.

Training workshops

Training on HIV/AIDS awareness and impact was organized for commanders. During these workshops, commanders were made aware of their important role in ensuring the safety of their troops by supporting strategies to prevent HIV in the military. A work plan development training was organized for regional technical working groups. The objective of the five-day training was to build the capacity of the focal person in every unit, so that work plans could be developed and information on HIV/AIDS could be effectively disseminated to people in their units. HIV/AIDS awareness raising campaigns were organized for all units.

WHO commissioned a review of this programme in 2001, which found that commanders gained better understanding of HIV/AIDS and became more involved and committed to the HIV/AIDS programme. In many units, this programme created a sense of ownership.

Scaling up capacity-building

Using the Military Region Five model, WHO supported the project expansion to Siem Reap, Kampong Thom, Preah Vihear and Oddar Meanchey. Senior commanders from these four provinces visited the Military Region Five as part of their training.

By 2000, the Ministry of National Defence had established HIV/AIDS prevention committees throughout the Royal Cambodian Armed Forces: the Army, Navy and Air Force. A senior-level Prevention Committee was established in the Ministry of National Defence.

The Secretary of State acts as its Chairperson; the Director of the Health Department, who is a permanent member of this Committee, serves as Chief of the Secretariat. Generally, responses to the HIV epidemic in the military have improved since the Committee was established. However, the level of response varies from region to region.

7. Multisectoral collaboration

Establishment of a national AIDS authority

The National AIDS Authority (NAA) was established in 1999 as a recognition by the Cambodian Government that the HIV epidemic could only be addressed effectively by using a multisectoral approach. The NAA, which replaces the National AIDS Committee and National AIDS Secretariat, is responsible for coordinating the HIV/AIDS responses of various ministries and developing national HIV prevention policies. To encourage collaboration between different levels of government, provincial officials were also invited to join the NAA policy board.

Two representatives from each of the 26 government ministries are appointed as members of the NAA. One member acts as a programme manager and serves on the NAA technical board, while the other serves on the NAA policy board. The Ministry of National Defence HIV/AIDS Unit is a member of the NAA and participated in developing the Five-year National HIV/AIDS Strategic Plan.

Five-year strategic plan

The NAA developed the Five-year National HIV/AIDS Strategic Plan (2001-2005) using a multisectoral, holistic approach. Each ministry is required to develop strategic action plans for their sectors to support this national HIV prevention effort.

Using its current programme as a basis, the Ministry of National Defence developed a five-year plan for HIV/AIDS prevention and care (see box), in collaboration with national and international organizations, such as NAA, NCHADS, WHO, UNAIDS, UNDP and FHI.

Five-year Strategic Plan for STI/HIV/AIDS Prevention and Care
Ministry of National Defence, 2002-2006

1. Increase advocacy at all levels of the military structure to increase commitment and support for HIV/AIDS responses.
2. Strengthen and expand preventative measures which have proven to be effective and pilot innovative intervention.
3. Strengthen and expand action for care and support which have proven to be effective and pilot innovative intervention.
4. Strengthen MoND management structure to increase the capacity for coordination and collaboration within the Regional Command of Armed Forces and between stakeholders.
5. Create an enabling environment to support individual, family, and community empowerment for prevention, care, and support.
6. Strengthen monitoring and evaluation and establish research systems.

South-South collaboration

The Ministry of National Defence's HIV/AIDS Programme Manager presented the HIV/AIDS programme as a model to the Indonesian military and to delegates from Lao People's Democratic Republic and India, and participated in the Senegal African Health and Security Workshop.

III. Conclusion

The Cambodian Ministry of National Defence is a good model for HIV prevention mainstreaming in the military. The Cambodian soldiers engage in high-risk behaviour and thus are highly vulnerable to HIV infections. The military as a group is difficult to target due to the high mobility and low literacy level of its members. Despite the challenges, the Cambodian Ministry of National Defence has actively and effectively responded to the HIV/AIDS threat to its military.

The Ministry of National Defence HIV prevention strategies include: education and awareness-raising campaigns, promoting participation at all levels, providing care and support for those with HIV/AIDS or other STIs and building the military's capacity to respond to HIV/AIDS. The military recognizes that if prevention activities are to be effective, a multisectoral approach is necessary. It has thus collaborated at both the national and provincial levels with other ministries to design effective and comprehensive strategies for building HIV resilience in both military and civilian populations. In addition, the military has also cooperated at the international level with other countries by sharing its approach.

Endnotes

[1] Based on 2002 census data. World Bank. *World Development Report 2004*, p. 252, *<http://econ.worldbank.org/ files/30042_select.pdf>*.

[2] Tawesak Nopkesorn, UNDP/UNOPS, January 1998. *Travel Report to UNDP/UNOPS: HIV/AIDS Programme Evaluation of Ministry of National Defence Peer Education Training Network.*

[3] No data after 1997 on HIV prevalence in the military is available due to HIV Sentinel Surveillance design changes.

[4] The average annual salary of a low ranking soldier is $US10-15 per month. Tawesak Nopkesorn, Family Health International, July 2000. *Care Project for Children Affected by AIDS among Military Families*.

[5] Behavioural Sentinel Surveillance 1997-1999. Family Health International 2001. *Cambodia STI Prevalence Survey*, *<http://www.fhi.org/en/HIVAIDS/Publications/survreports/2001+Cambodia+STI+Prevalence+Survey.htm>*.

[6] Family Health International, September 2000. *Cambodia STD and HIV Prevention and Control Efforts*. *<http://www.fhi.org/en/HIVAIDS/Publications/Archive/countryspecific/cambodstdhiv.htm>*.

[7] Tia Phalla, WHO, July 2000. *Evaluation of the Response to HIV/AIDS in the Military in Cambodia.*

[8] Tawesak Nopkesorn, UNDP/UNOPS, January 1998. *Travel Report to UNDP/UNOPS: HIV/AIDS Programme Evaluation to MoND Peer Education Training Network*.

[9] Literacy among all military personnel is estimated at 70 per cent. Tia Phalla, WHO, July 2000. *Evaluation of the Response to HIV/AIDS in the Military in Cambodia*.

[10] For example, less than 50 per cent of subdistrict units have access to radios. Tawesak Nopkesorn, Family Health International, July 2000. *Care Project for Children Affected by AIDS among Military Families*.

[11] UNDP/UNOPS 1996-1997. *Multi-sectorial Assistance to the HIV/AIDS Programme in Cambodia*.

[12] US Agency for International Development 2003, "Cambodia's Men in Uniform Educate One Another on HIV Risks", *<www.usaid.gov/our_work/global_health/aids/News/successpdfs/cambodiastory4.pdf>*.

[13] Tawesak Nopkesorn, UNDP/UNOPS, January 1998. *Travel Report to UNDP/UNOPS: HIV/AIDS Programme Evaluation to MoND Peer Education Training Network*.

[14] In 1998, Colonel Dr. Tawesak Nopkesorn was hired by UNDP to evaluate the effectiveness of the Peer Education Network pilot project.

[15] Tia Phalla, WHO, July 2000. *Evaluation of the Response to HIV/AIDS in the Military in Cambodia.*

[16] Tawesak Nopkesorn, WHO, July 2001. *First Draft of 5-Year Strategic Plan for STI/HIV/AIDS Prevention and Care for Ministry of National Defence.*

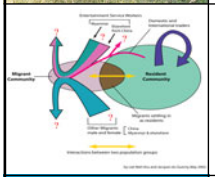
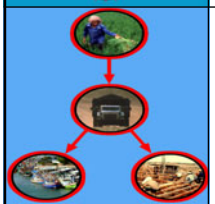
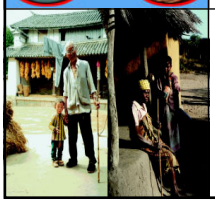
[17] Tia Phalla, WHO, July 2000. *Evaluation of the Response to HIV/AIDS in the Military in Cambodia.*

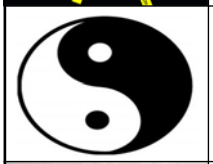
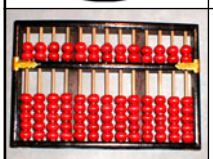
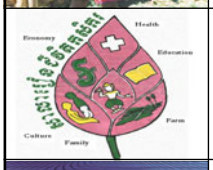
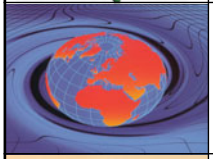
[18] *Ibid.*

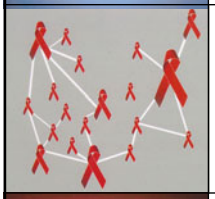
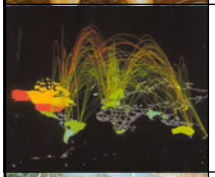
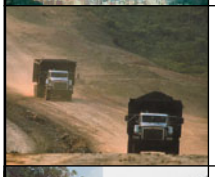
United Nations Development Programme

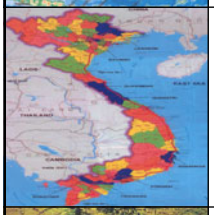
South East Asia
HIV and Development Programme
http://www.hiv-development.org

Publications List

COVER	TITLE	ISBN DATE
	African-Asian Agriculture against AIDS http://www.hiv-development.org/publications/5A.htm Workshop organized by UNDP-SEAHIV and FAO A joint publication of FAO and UNDP *Language: English*	974-91418-5-7 April 2004
	Mapping HIV Vulnerability along Kampong Thom, Siem Reap, Odor Meanchey and Preah Vihear, Cambodia http://www.hiv-development.org/publications/cambodia_prip.htm Authors: Tia Phalla, Hor Bun Leng, Po Samnang *Language: English*	974-91403-2-X March 2004
	Building Dynamic Democratic Governance and HIV-Resilient Societies http://www.hiv-development.org/publications/Oslo_Paper.htm Authors: Lee-Nah Hsu A joint publication of UNAIDS and UNDP *Language: English*	974-91870-8-3 February 2004
	Farmers' Life School Manual http://www.hiv-development.org/publications/FLS.htm Authors: Ou Chhaya, Jacques du Guerny, Richard Geeves, Masaya Kato and Lee-Nah Hsu Compiled by Michelle Mah A joint publication of UNDP, FAO and World Education *Language: English*	974-91708-1-4 January 2004
	Population Movement and HIV/AIDS: The case of Ruili, Yunnan, China http://www.hiv-development.org/publications/Ruili_Model.htm Authors: Jacques du Guerny, Lee-Nah Hsu and Cao Hong A joint publication of UNDP and CIDA *Languages: English, Chinese*	974-91669-7-3 August 2003
	From Early Warning to Development Sector Responses against HIV/AIDS Epidemics http://www.hiv-development.org/publications/EWDSR.htm Authors: Philip Guest, Jacques du Guerny and Lee-Nah Hsu *Languages: English, Chinese*	974-91330-6-4 May 2003
	Multisectoral Responses to Mobile Populations' HIV Vulnerability: Examples from People's Republic of China, Thailand and Viet Nam http://www.hiv-development.org/publications/Multisectoral.htm Authors: Jacques du Guerny, Kellie Wilson, Promboon Panitchapakdi and Philip Guest *Language: English*	974-91165-8-5 February 2003
	Meeting the HIV/AIDS Challenge to Food Security: The role of labour-saving technologies in farm-households http://www.hiv-development.org/publications/meeting-challenge.htm Author: Jacques du Guerny A joint publication of FAO and UNDP *Languages: English, Chinese*	974-680-220-8 December 2002

COVER	TITLE	ISBN DATE
	Brunei, Indonesia, Malaysia, Philippines, Singapore Cluster Country Consultation on Migrant Workers' HIV Vulnerability Reduction: Pre-departure, post-arrival and returnee reintegration http://www.hiv-development.org/publications/BIMPS-Report.htm Workshop organized by UNDP-SEAHIV, CHASPPAR, MOH Philippines, OWWA Philippines and ASEAN Secretariat *Languages: English, Chinese*	974-680-221-6 September 2002
	Indigenous South East Asian Herbal Remedies: Symptomatic relief for people with HIV/AIDS http://www.hiv-development.org/publications/Herbs.htm Authors: Somsak Supawitkul, Rachanit Rachakid and Pornpimol Saksoong Compiled by Marissa Marco, Phimjai Kananurak and Kannika Marco *Language: English*	974-680-212-7 August 2002
	Communities Facing the HIV/AIDS Challenge: From crisis to opportunities, from community vulnerability to community resilience http://www.hiv-development.org/publications/Crisis.htm Authors: Lee-Nah Hsu, Jacques du Guerny and Marissa Marco *Languages: English, Chinese*	974-680-271-8 July 2002
	Introducing Governance into HIV/AIDS Programmes: People's Republic of China, Lao PDR and Viet Nam http://www.hiv-development.org/publications/introducing-Governance.htm Prepared by Jacques du Guerny, Lee-Nah Hsu, Michelle Rodolph, Liu Wei, Zhao Shaoji, et al. *Languages: English, Chinese, Vietnamese*	974-680-195-3 June 2002
	Towards Borderless Strategies against HIV/AIDS http://www.hiv-development.org/publications/Borderless-Strategies.htm Authors: Jacques du Guerny and Lee-Nah Hsu *Languages: English, Chinese, Vietnamese*	974-680-211-9 May 2002
	The Potential Costs and Benefits of Responding to the Mobility Aspect of the HIV Epidemic in South East Asia: A conceptual framework* http://www.hiv-development.org/publications/economics.htm Authors: Lorna Guinness and Lilani Kumaranayake *Languages: English, Chinese, Vietnamese*	974-680-206-2 April 2002
	Mobile Populations and HIV Vulnerability: Selected responses in South East Asia* http://www.hiv-development.org/publications/Responses.htm Authors: Sin Chhitna, Viboon Kemchalerm, Nguyen Duy Tung and Steen Bjorn Hanssen A joint publication of UNDP/UNOPS and The Rockefeller Foundation *Languages: English, Chinese, Khmer, Laotian, Thai, Vietnamese*	974-680-250-4 March 2002
	Agriculture and HIV/AIDS* http://www.hiv-development.org/publications/Agriculture.htm Author: Jacques du Guerny A joint publication of UNDP/UNOPS, FAO and EASE International *Languages: English, Chinese, Khmer, Laotian, Thai, Vietnamese*	974-680-204-6 February 2002
	A Development Strategy to Empower Rural Farmers and Prevent HIV* http://www.hiv-development.org/publications/HESA.htm Authors: Jacques du Guerny, Lee-Nah Hsu and Sin Chhitna A joint publication of UNDP/UNOPS and FAO *Languages: English, Chinese, Burmese, Khmer, Laotian, Thai, Vietnamese*	974-680-200-3 January 2002
	Mobile Populations and HIV Vulnerability: Inventory of organizations* http://www.hiv-development.org/publications/Inventory.htm Prepared by UNDP-SEAHIV, UNAIDS and IOM Geneva A joint publication of UNDP/UNOPS, UNAIDS and IOM *Language: English*	974-680-198-8 December 2001
	Population Mobility and HIV/AIDS in Indonesia* http://www.hiv-development.org/publications/Indonesia.htm Author: Graeme Hugo A joint publication of UNDP-SEAHIV, ILO, UNAIDS and AusAID *Language: English*	92-2-112631-5 November 2001

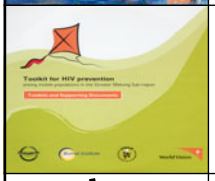
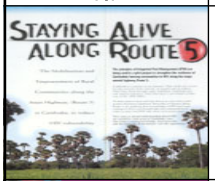
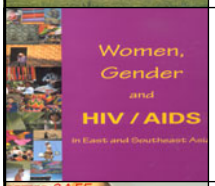
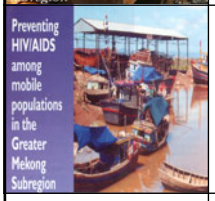
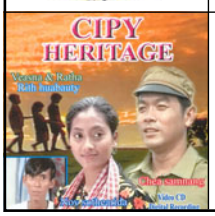
COVER	TITLE	ISBN DATE
	HIV Policy Formulation and Strategic Planning: For the communication, transportation, post, construction and tourism sectors, Lao People's Democratic Republic* http://www.hiv-development.org/publications/land-transport-Lao.htm Workshop organized by UNDP-SEAHIV, NCCAB and MCTPC, Lao PDR *Languages: English, Laotian*	974-680-184-8 October 2001
	Assessing Population Mobility and HIV Vulnerability: Guangxi, People's Republic of China* http://www.hiv-development.org/publications/Guangxi.htm Authors: Wei Liu, Jie Chen, Zhoufu Qin, Shaoling Liang, Yongjian Li, et al. A joint publication of UNDP/UNOPS and UNAIDS *Languages: English, Chinese*	974-680-185-6 September 2001
	The Impacts of Mapping Assessments on Population Movement and HIV Vulnerability in South East Asia* http://www.hiv-development.org/publications/mapping.htm Authors: Lee-Nah Hsu, Tia Phalla, Chansy Phimphachanh, Liu Wei, Nguyen Duy Tung, et al. *Languages: English, Chinese*	974-680-193-7 September 2001
	HIV Subverts National Security* http://www.hiv-development.org/publications/Subverts-Security.htm Author: Lee-Nah Hsu *Languages: English, Chinese, Vietnamese*	974-680-192-9 August 2001
	Sang Fan Wan Mai Youth Group: Tiny steps by youth to battle the AIDS crisis* http://www.hiv-development.org/publications/Sang-Fan-Wan-Mai.htm Prepared by Jansui Janpeng, Jinda Kankaew, Prachert Tatong, Sangdaw Tanggoen, et al. *Language: English*	974-680-190-2 July 2001
	People's Development: A community governance tool* http://www.hiv-development.org/publications/People-Development.htm Author: Seri Phongphit A joint publication of UNDP/UNOPS and UNAIDS *Languages: English, Chinese, Vietnamese*	974-680-187-2 July 2001
	A Website at the Service of HIV and Development: Remarks on role, strategy and effectiveness* http://www.hiv-development.org/publications/Web-Site.htm Authors: Jacques du Guerny, Andrew Gillen, Christopher Nicholson and Lee-Nah Hsu *Languages: English, Chinese, Vietnamese*	974-680-189-9 June 2001
	Mae Chan Workshop on Integrated Community Mobilization towards Effective Multisectoral HIV/AIDS Prevention and Care* http://www.hiv-development.org/publications/Mae-Chan-Workshop.htm Workshop organized by UNDP-SEAHIV and UNAIDS A joint publication of UNDP/UNOPS and UNAIDS *Language: English*	974-680-182-1 May 2001
	Land Transport & HIV Vulnerability: A development challenge http://www.hiv-development.org/publications/development-challenge.htm Prepared by UNDP/UNOPS, UNAIDS and UNESCAP A joint publication of UNDP/UNOPS, UNAIDS and UNESCAP *Languages: English, Chinese, Laotian*	974-680-186-4 April 2001
	Building an Alliance with Transport Sector in HIV Vulnerability Reduction http://www.hiv-development.org/publications/Building.htm Author: Lee-Nah Hsu *Languages: English, Chinese, Laotian, Vietnamese*	974-680-180-5 March 2001
	New Challenges and Opportunities? Communication for HIV and Development http://www.hiv-development.org/publications/Challenges.htm Authors: Jacques du Guerny and Lee-Nah Hsu *Language: English*	974-680-179-1 February 2001

COVER	TITLE	ISBN DATE
	Our Families, Our Friends: An action guide – mobilize your community for HIV/AIDS prevention and care* http://www.hiv-development.org/publications/ActionGuide.htm Prepared by United Nations Theme Group on AIDS, Thailand in collaboration with WHO Thailand A joint publication of UNDP/UNOPS and UNAIDS *Languages: English, Burmese, Chinese, Khmer, Laotian, Vietnamese*	974-878-657-9 January 2001
	Sermons Based on Buddhist Precepts: A response to HIV/AIDS* http://www.hiv-development.org/publications/Sermons.htm Prepared by Monk Group, Mae Chan District, Chiang Rai in collaboration with Mae Chan Hospital, Chiang Rai, Thailand *Languages: English, Burmese, Vietnamese*	974-680-177-5 December 2000
	Assessing Population Movement & HIV Vulnerability: Brunei-Indonesia-Malaysia-Philippines linkages in the East ASEAN Growth Area* http://www.hiv-development.org/publications/BIMP.htm Prepared by Scalabrini Migration Centre A joint publication of UNDP/UNOPS and UNAIDS *Language: English*	974-680-175-9 November 2000
	HIV Vulnerability Mapping: Highway One, Viet Nam* http://www.hiv-development.org/publications/Vietnam-highwayOne.htm Prepared by UNDP-SEAHIV in collaboration with National AIDS Bureau, Sociology Institute, Social Development Research and Consultancy and UNDP Hanoi, Viet Nam *Languages: English, Vietnamese*	974-680-176-7 October 2000
	Indonesian Overseas Contract Workers' HIV Knowledge: A gap in information* http://www.hiv-development.org/publications/Contract%20Workers.htm Author: Graeme Hugo A joint publication of UNDP/UNOPS and ILO *Language: English*	974-680-173-2 September 2000
	From AIDS Epidemics to an AIDS Pandemic: Is an HIV/AIDS hub building in South East Asia?* http://www.hiv-development.org/publications/Epidemics%20Pandemic.htm Authors: Jacques du Guerny, James R. Chamberlain and Lee-Nah Hsu *Languages: English, Chinese, Khmer, Laotian, Thai, Vietnamese*	974-680-172-4 August 2000
	Early Warning Rapid Response System: HIV vulnerability caused by mobility related to development* http://www.hiv-development.org/publications/ewrrs.htm Authors: Jacques du Guerny and Lee-Nah Hsu *Languages: English, Chinese, Khmer, Laotian, Thai, Vietnamese*	974-680-169-4 July 2000
	ASEAN Workshop on Population Movement and HIV Vulnerability* http://www.hiv-development.org/publications/ASEAN_workshop.htm Workshop organized by MOPH Thailand, UNDP-SEAHIV, WHO, ASEAN Secretariat, FHI/USAID and SEAMEO-GTZ-CHASPPAR A joint publication of UNDP-SEAHIV, Ministry of Public Health (Thailand), ASEAN, WHO, FHI, USAID, GTZ and SEAMEO *Language: English*	974-87637-8-1 June 2000
	Reduction of HIV Vulnerability within the Land Transport Sector: Towards a public policy framework for addressing HIV/AIDS in the transport sector* http://www.hiv-development.org/publications/land-transport.htm Workshop organized by UNDP-SEAHIV, UNESCAP and UNAIDS A joint publication of UNDP/UNOPS, UNAIDS, and UNESCAP *Languages: English, Khmer*	974-68500-8-3 May 2000
	Population Mobility in Asia: Implications for HIV/AIDS action programme* http://www.hiv-development.org/publications/mobility-action-programmes.htm Authors: Lee-Nah Hsu, Jacques du Guerny, Promboon Panitchpakdi, Manit Koedkan, et al. A joint publication of UNDP, UNAIDS, and ICAAP *Language: English*	974-85835-3-8 April 2000

COVER	TITLE	ISBN DATE
	HIV Vulnerability and Population Mobility in the Northern Provinces of the Lao People's Democratic Republic* http://www.hiv-development.org/publications/Vulnerability-Lao.htm Author: James R. Chamberlain *Languages: English, Laotian*	974-85913-8-7 March 2000
	Population Mobility and HIV Vulnerability in South East Asia: An assessment and analysis* http://www.hiv-development.org/publications/sea_publications_papers.asp Author: Ronald Skeldon A joint publication of UNDP/UNOPS and FHI *Languages: English, Chinese, Laotian, Vietnamese*	974-85835-1-1 February 2000
	Cambodia HIV Vulnerability Mapping: Highway One and Five* http://www.hiv-development.org/publications/cambodia_mapping.htm Prepared by National Centre for HIV/AIDS, Dermatology and STD, Cambodia A joint publication of UNDP/UNOPS and NCHADS *Language: English*	974-68016-7-8 January 2000

* These publications are no longer available in hard copy format; however, they may be downloaded in electronic form from the following website: *http://www.hiv-development.org*

Additional Publications

COVER	TITLE	ISBN DATE
	UNESCAP/UNDP-SEAHIV/UNAIDS/SMA/CIDA HIV/AIDS: Be safe not sorry Mobilising a Response to HIV/AIDS in the Maritime Industry *Course information for instructors, course information for students and CD-ROM course materials* *Languages: English, Chinese*	92-1-120160-8 July 2002
	ADB/UNDP-SEAHIV/WVI/Burnet Institute: Toolkit for HIV prevention among mobile populations in the Greater Mekong Subregion http://www.hiv-development.org/publications/Tool-Kit.htm *Languages: English, Chinese, Burmese, Khmer, Laotian, Vietnamese*	1-875140-52-2 2002
	Independent Review of the UN Regional Taskforce on Mobile Populations and HIV Vulnerability http://www.hiv-development.org/text/task/review2001.doc Author: Jacques du Guerny *Language: English*	November 2001
	Strategy on Mobility and HIV Vulnerability Reduction in the Greater Mekong Subregion 2002-2004 http://www.hiv-development.org/publications/Strategy.htm *Languages: English, Chinese, Burmese, Khmer, Laotian, Thai, Vietnamese*	September 2001
	UNDP-FAO Mobilization and Empowerment of Rural Communities along the Asian Highway (Route 5) in Cambodia to Reduce HIV Vulnerability http://www.hiv-development.org/publications/review-route5.htm *Fact sheet and project evaluation report by Jacques du Guerny* *Languages: English, Khmer*	April 2001
	UNIFEM/UNAIDS/UNDP-SEAHIV Information Kit on Women, Gender and HIV/AIDS in East and South East Asia *Language: English*	March 2001
	Better Safe than Sorry: Preventing HIV/AIDS among mobile populations in the Greater Mekong Subregion *Video CD* *Languages: English, Chinese, Laotian, Vietnamese*	2001
	ADB/UNDP/WVI/ARCM: Mobility and HIV/AIDS in the Greater Mekong Subregion *Fact sheet, inception report and profiling report* *Language: English*	1-875140-48-4 December 2000
	Regional Summit on Pre-departure, Post-arrival and Reintegration Programmes for Migrant Worker Workshop organized by CARAM Asia, UNDP-SEAHIV, CHRF and IOM *Report* *Language: English*	983-40375-0-3 September 2000
	CIPY Heritage Producer: Hem Monirith, Director: Tith Thearith, Assistant Manager: Ouk Sokha Technical assistance: Mean Chhi Vun, Lim Thaipheang, Tia Phalla, Seng Sutwantha, Hor Bunleng and Po Samnang *Video CD* *Languages: Khmer with English subtitles*	November 1999

Capacity-building **Multisectoral Partnership** **Policy Advocacy** **Resilience Development**

UNDP is the United Nations global development network, advocating for change and connecting countries to knowledge, experience and resources to help people build a better life.

UNDP South East Asia HIV and Development Programme, United Nations Building, Rajdamnern Nok Avenue, Bangkok 10200, Thailand
Tel: +66-2-288-2165; Fax: +66-2-280-1852; Web site: www.hiv-development.org

Development is 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.

ISBN: 974-91992-4-3