HIV and AIDS Related to Mobility-Infrastructure Development Projects in GMS Sub-Region and in Lao PDR

Presented by

Bounpheng Philavong MD, MPH, DrPH
Director of Centre for HIV/AIDS and STI, Ministry of Health of Lao PDR

Bi-regional Meeting on Healthy Borders in the Greater Mekong Sub-region
5-7 August 2013, Bangkok, Thailand
Outline of presentation

1. Background on HIV situation
2. MOU for joint action to reduce HIV vulnerability related to population movement between the GMS countries.
3. Lessons /Insights
Cross-border mobility facilitates preconditions enabling the vulnerability to and risk of HIV infection among the mobile and local population.

Migrants and mobile populations are groups about which little is known and potentially require policy and intervention to effectively address HIV vulnerability.

As a country bordering to sentinel countries of HIV (China, Cambodia, Myanmar, Thailand and Việt Nam...), Lao PDR is facing the trend of an increase in HIV infection among the mobile populations, both internally and externally.

The first wave of HIV epidemic in Lao is likely to come from regular mobile populations who crossed border to find a job. They are infected with HIV, then transmit the disease to their family members.

Over 50% of PLHIV in Lao PDR had one time migrated for work in another country.
Background of HIV situation

• There are more than 3 million people on the move in the GMS region

• Reasons:
  – Large investments in infrastructure and transport
  – Porous borders
  – Economic growth/investment → Need for mobile workforces & low skilled workers in labor-intensive jobs

• 3 migration patterns
  – Low-skilled: from Cambodia, Lao PDR, Myanmar → to Thailand
  – Low-skilled: from Viet Nam → to Cambodia & Lao PDR
  – Higher-skilled: from Yunnan & Quangsi → to Lao PDR and Myanmar
**HIV Prevalence**

- **HIV prevalence (15-45 years old) (Country presentation GMS Meeting – Bangkok 2012)**
  - Cambodia: 0.80%
  - China: 0.10%
  - Lao PDR: 0.20%
  - Myanmar: 0.70%
  - Thailand: 1.30%
  - Viet Nam: 0.50%

- **HIV Prevalence among migrant workers (IBBS in 6 provinces in Thailand 2010 conducted by Thailand)**
  - Cambodia: 2.53%
  - Lao PDR: 0.50%
  - Myanmar: 1.16%

- **Length of stay in Thailand:**
  - 1-3 Y: 1.26%
  - 4-6 Y: 1.45%
  - More than 10 Y: 1.92%
2. MOU for joint action to reduce HIV vulnerability related to population movement between the GMS countries

- To reduce HIV vulnerability;
- To promote access to prevention, treatment, care and support among migrants and mobile population and affected communities in countries in the GMS.

Third MOU signed at the 4th GMS Summit in Myanmar in December 2011

Areas of Collaboration

I • Promote improving policy environment and enabling mechanisms

II • Promote community-based strategies that reduce HIV vulnerability

III • Promote access to HIV and AIDS prevention, treatment, care and support

IV • Monitoring and Evaluation
GMS MOU – JAP key activities

1. **Raise awareness and advocate among policy makers for supportive policies.**

2. **Facilitate multi-sectoral collaboration at intra- and inter-country levels relevant to mobility-related HIV issues.**

3. **Involve communities and key affected population and migrant workers in the planning, implementation and monitoring.**

4. **Develop and implement activities for affected communities.**
5. Conduct dialogues between sending and receiving countries on access to prevention, treatment, care and support services for migrants and mobile population

6. Develop a joint mechanism/programs for provision of quality care, including ART and referral system for migrants and mobile population.
Planned activities for Lao PDR

1. Strengthen HIV/AIDS and Mobility Technical Working Groups (MTWG)
2. Conduct a study on Lao migrant workers in Thailand
3. Cross-border meeting (bilateral) on HIV and AIDS – participated by all border provinces
4. Border province meetings on HIV and AIDS - participated by key sectors
5. Formulate a national mechanism for the involvement of civil society including Mobile and Migrant People
6. Increase access to health care services for mobile and migrant workers (2013-2016 project in Lao PDR and Viet Nam supported by ADB)
3. Lessons/Insights

  - 2001, 2004: involvement of private sectors

- **Series of consultations** – review MOU, draft new MOU

- **High level commitment**: MOU signed by relevant Ministers in the presence of Prime Ministers at 4th GMS Summit in Myanmar in 2011

- **Joint Actions Plan** – Consultation in 2012 in Bangkok and at 11th Meeting of GMS WGHRD in Yangon... another meeting at the end Aug 2013 in Bangkok

- **ADB-Convenor / main supporter**

- **ADB regional Initiatives on HIV and AIDS (ongoing)**
  - GMS regional capacity building for HIV prevention project
  - TA on Enhancing Regional HIV Response in GMS
  - TA Labour Migration and Social Protection
  - HIV Prevention Project in Lao PDR and Viet Nam supported by ADB
Lessons/Insights (2)

- Multi-sectoral approach
- Joint review and planning process - take time
- Funding – still relied on external support for regional activities (UN agencies, ADB etc)
- JUNIMA’s support
- ASEAN Work Programme on HIV and AIDS IV
- Activities addressing pre-during-post construction period
- A comprehensive package (ADB supported projects)
  - institutionalizing HIV prevention approaches
  - Policy development across sectors
  - Capacity building
  - Effective model for partnering with international, national, and local NGOs to reach target populations
  - Integrate HIV and AIDS prevention and anti-trafficking components into infrastructure and road projects
  - Prevention, treatment, care and support with involvement of affected communities, vulnerable groups (youth, ethnics, migrants, SW, MSM, peers..)
- Indicators and M&E