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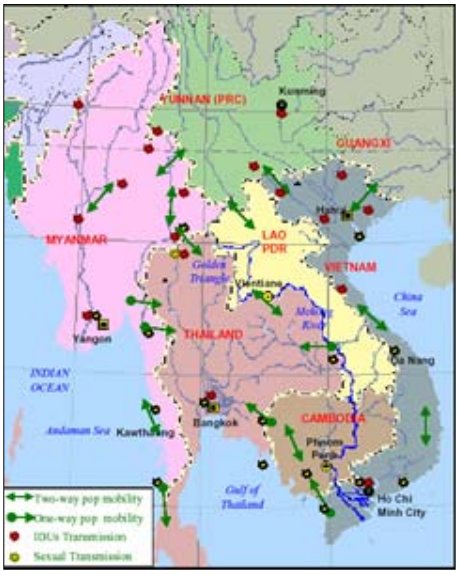
REGIONAL HIV/AIDS PROGRAM



HIV/AIDS hotspots in Southeast Asia

In Klong Toey, the largest slum area in Bangkok, better care has been made possible to people living with HIV/AIDS and their families through home- and community-based care program supported by USAID.

BACKGROUND The HIV/AIDS epidemic in Southeast Asia is local as well as cross-border in nature. The epidemic is concentrated in specific "hotspots", usually urbanized areas, and specific sub-populations in those hotspots while at the same time having the potential to spread from one hotspot to another due to the high mobility patterns. The sub-populations are best defined by the high-risk behaviors of injecting drug use, multiple and concurrent sexual partners, plus unprotected sex. Common labels for identifying who is engaging in these behaviors are: injecting drug users (IDU), female sex workers (FSW), and males who have sex with males (MSM). Contextual factors that add to vulnerability include drug trafficking, a high demand-driven sex industry, stigma and discrimination directed against vulnerable populations, prison environments, poverty, and migration driven by both poverty and economic opportunity.

The opening of the Regional Development Mission/Asia in Bangkok in 2003 enabled the development of an interim HIV/AIDS strategic plan for the Greater Mekong region for the period 2003-2006 and a five-year strategy is being developed for 2006-2012. Regional funds for the program are being used for HIV-prevention efforts in Burma, China (southern two provinces of Yunnan and Guangxi), Laos, Papua New Guinea and Thailand.

ACTIVITY DESCRIPTION The goals of USAID's HIV/AIDS program are to reduce the incidence and prevalence of HIV/AIDS and to mitigate its impact on people living with HIV/AIDS (PLWHA) and their families. This entails reducing HIV transmission among most-at-risk populations (MARPs) including IDUs, MSM, and FSWs and their clients. Military, police, and prison guard personnel, as clients of commercial sex workers, are targeted as well as prisoners themselves. Targeting of MARPs is done in the context of "hotspots" that are often also migration transit points in the region. PLWHA are another important program constituency, both as beneficiaries of care and support services and as targets of prevention efforts. To achieve these goals the program focuses on five major components.

The first component is to make strategic information more available and useful through improved data collection and analysis. Activities include: expansion of 2nd generation surveillance data collection and analysis at country and regional levels; annual regional analyses of surveillance data; data-for-decision-making seminars for policy-makers and program managers; design and implementation of a plan to collect and analyze indicators; MARP size estimations; establishment of a regional database for M&E data; and workshops to share lessons learned.

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On behalf of the American people, the U.S. government has provided humanitarian and development assistance to those in need since Marshall Plan.

REGIONAL HIV/AIDS PROGRAM - Continued

ACHIEVEMENTS:

Selected HIV/AIDS achievements during the first 6 months in FY 2006 are presented below:

- More than 1.1 million people benefited from community outreach activities for behavioral change intervention.
- RDM/A made substantial progress in providing counseling and testing services to most at-risk populations, increasing the number of people served from 604 in FY 2004 to 4,560 in FY 2005 and 3,499 during the first 6 months in FY 2006.
- RDM/A provided basic clinical care, TB/HIV care, and home- and community-based care to 7,039 PLWHA.
- RDM/A expanded the provision of antiretroviral therapy from 120 people in 2004 to 1,138 people in June 2006.
- Almost 8,000 people were trained in HIV/AIDS service provision, strategic information; monitoring and evaluation, use of results for program planning, policy advocacy, and other related topics.

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The second component is increasing access to comprehensive prevention interventions for MARPs and PLWHA. Activities include: peer and outreach behavior change communications; HIV counseling and testing; use of media for targeted messages; targeted condom promotion; STI diagnosis and treatment services; drop-in and wellness centers; and substitution therapy, as well as other HIV prevention for IDU.

The third component is to increase access to care, support and treatment for PLWHA and their families. Activities include: clinical management of HIV; HIV/TB linkages; community- and home-based care; development of PLWHA advocacy groups at the community, sub-national, and national levels and a regional advocacy network of these groups; anti-retroviral therapy (ART) consumer education and treatment literacy; interventions for orphans and vulnerable children; and region-wide sharing of models for scale-up.

The fourth component is to strengthen an "enabling environment" which encourages participation of civil society, and promotes supportive policies and regulations. Activities include: building capacity of PLWHA and other civil society; supporting host government-civil society partnerships to build trust and understanding; surveying stigma and discrimination to identify best points of entry for their reduction; and training for government officials on the use of resource allocation tools.

To achieve the above four components, RDM/A will resource and otherwise support structured coordination of NGOs/FBOs reaching MARPs and PLWHA, along with government and international organization partners. Another critical method for achieving results is to partner with ASEAN, APN +, the A-Squared consortium and other regional networks.

RDM/A enhances the effectiveness of its programs by leveraging funds with other donor resources in expanding the RDM/A-initiated models for coverage of services for MARPs and PLWHA. The critical other donors/partners in the region are: the Global Fund to Fight AIDS, TB and Malaria (GFATM – the Global Fund), the Asian Development Bank (ADB), the World Bank, the UNAIDS Regional Support Team, and other bi-lateral donors.

At present, implementing partners include Family Health International, Population Services International, Constella Futures/Health Policy Initiative, International HIV/AIDS Alliance, PACT Inc., University of North Carolina at Chapel Hill/ Measure Evaluation Phase II, John Hopkins University/INFO, Population Council, Management Sciences for Health/RPM Plus, and United States Pharmacopeia,