Theme: Building good governance and HIV resilience

United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction

2004 First Meeting Report

Dili, Timor-Leste
25-27 May 2004
## PARTICIPANTS

### Task Force participants
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13. Kimberley K. Fox, U.S.-CDC Global AIDS Program, Asia Regional Program
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15. Michele Russell, USAID, Regional HIV/AIDS Health Office
16. Vilaphanh Siliatham, IFRC, Regional Health Unit – South-East and East Asia
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### Local participants
20. Luis M.R.F. Lobato, Vice-Minister of Health
21. H.E. Alberto Ricardo da Silva, Bishop of Dili
22. Sukehiro Hasegawa, Special Representative of the UN Secretary-General to Timor-Leste, UNRC & UNDP-RR
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26. Pedro Canisio, Ministry of Health
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43. Domingas Alves, Office of Promotion of Equality
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46. Narciso Fernandes, Cruz Vermelha
47. Aguia Belo, Fundacao Hari Timor
48. Aguiara Pereira, Fundacao Hari Timor
49. James Rock, FHI
50. Carina Reinhardt, FHI
51. Charles W. Oliver, USAID
52. Zahra Bolouri, IOM
53. Mica Barreto, UNDP
54. Milena Rangel, UNDP
55. Elaine Tan, UNDP
56. Daniel B. Baker, UNFPA
57. Sevinj Huseynzade, UNFPA
58. Cecilia Silva, UNFPA
59. Shui-Meng Ng, UNICEF
60. Vathinee Jitjaturunt, UNICEF
61. Dhuruba Koirala, UNMISET
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63. Joao Martires, Interpretation

### Embassies
64. H.E. Kywal de Oliveira, Ambassador of Brazil
65. H.E. Shao Guanfu, Ambassador of the PR China
AGENDA

THEME: Building good governance and HIV resilience

The first 2004 meeting of the United Nations Regional Task Force on Mobility and HIV Vulnerability Reduction was held in Dili, Timor-Leste, 25-27 May.

1. Opening
   • Opening and welcome remarks by Mr. Luis M.R.F. Lobato, Vice-Minister of Health, Timor-Leste
   • Opening statement by H.E. Alberto Ricardo da Silva, Bishop of Dili, Timor-Leste
   • Opening remarks by Dr. Sukehiro Hasegawa, Special Representative of the UN Secretary-General for Timor-Leste, United Nations Resident Coordinator and UNDP Resident Representative, Timor-Leste

2. Timor-Leste: HIV situation and responses by GO, NGOs and UN, chaired by Mr. Luis M.R.F. Lobato, Vice-Minister of Health, Timor-Leste
   2.1 HIV situation
      • The regional context of population movement and HIV vulnerability, presented by Dr. Lee-Nah Hsu, Convener, UN Regional Task Force on Mobility and HIV Vulnerability Reduction
      • Launch of the "Dili STI survey", the first biomedical and behavioural assessment of HIV/STI risks in Timor-Leste, presented by Mr. James Rock, Country Director, FHI, Timor-Leste
   2.2 Responses: What do we do about it? The HIV situation, responses, gaps and how to build HIV resilience in Timor-Leste. Panel discussion, chaired by Dr. Joao Martins, Programme Manager of Programme Management Unit, Ministry of Health, Timor-Leste
      • Government response: Mr. Luis M.R.F. Lobato, Vice-Minister of Health, Timor-Leste
      • UN system responses:
        o Ms. Shui-Meng Ng, UNICEF Representative, Timor-Leste
        o Mr. Daniel B. Baker, UNFPA Chief of Operations, Timor-Leste
        o Dr. Domingas Bernardo, WHO Focal Point for Maternal Health, Timor-Leste
        o Ms. Elaine Tan, UNDP HIV Focal Point, Timor-Leste
      • Civil society responses: Local NGOs and INGO
        o Mr. Narciso Fernandes, Cruz Vermelha, Timor-Leste
        o Mr. Aguira Pereira, Fundacao Hari Timor
        o Mr. James Rock, Country Director, FHI
        o Discussion

3. Thematic presentations: Building good governance and HIV resilience
   • Building dynamic democratic governance and HIV-resilient societies, by Dr. Lee-Nah Hsu, Manager, UNDP South East Asia HIV and Development Programme
   • Governing the AIDS response – the call for coordination, inclusion and accountability, by Dr. Sigrun Møgedal, Senior Executive Adviser, NORAD & Senior Policy Adviser, UNAIDS
   • Discussion

4. Results-based management (I): a tool for monitoring and evaluation as a component of governance, facilitated by Mr. Bruce Parnell
   • Discussion: Governance principles. How they apply to government sectors, the Task Force and to each of its member organizations' roles and functions
   • Evaluation of the Task Force
   • Working groups and plenary discussion
   • Future beyond the Task Force 2004: working groups, group exercise and plenary discussion

5. Task Force updates
   • XV International AIDS Conference, Bangkok, Thailand, 11-16 July 2004
   • Memorandum of Understanding (MOU)
   • Global Fund updates
   • TF member updates
6. Results-based management (II)

- Indicators, Logical Framework Analysis (LFA) and Performance Measurement Framework (PMF) of CIDA
- The UNAIDS/UNITAR HIV/AIDS competence programme: self-assessment process

7. Field visit

8. Next Task Force meeting

OPENING

Welcome remarks
Mr. Luis M.R.F. Lobato, Vice-Minister of Health, Timor-Leste, welcomed the participants, expressing the honour for Timor-Leste to host the first 2004 meeting of the Task Force. Timor-Leste, being a country in the process of reconstruction, faces many challenges. Timor-Leste is committed to the fight against HIV/AIDS and welcomes suggestions from the Task Force members.

Opening statement
H.E. Alberto Ricardo da Silva, Bishop of Dili, Timor-Leste, gave the opening statement, calling for a holistic response to HIV/AIDS. He stated the Catholic Church’s commitment to HIV prevention. Every human being could be infected. He called upon the people of Timor-Leste to uphold their Catholic values and moral responsibility towards each other. Abstinence, especially in teenage years, and fidelity within a single monogamous relationship are the best prevention strategies. He expressed concern about the growing trend of commercial sex work and urged the people of Timor-Leste to refrain from such activities to protect their own families. He pointed out the National Strategic Plan for HIV/AIDS of Timor-Leste as a good step in the right direction. The Church as a private health services provider is part of the effort in the fight against HIV/AIDS. Based on the experience in that field, Bishop da Silva identified important elements which any programmes on HIV/AIDS in Timor-Leste have to take into account. The problem of high cost of treatment provision is an obstacle. Nevertheless, programmes on HIV/AIDS should be carried out with care and compassion: “We must be able to address those in high risk and those that are in need of compassion and understanding in the most difficult time of their lives.”

Opening remarks
Dr. Sukehiro Hasegawa, Special Representative of the UN Secretary-General for Timor-Leste, UN Resident Coordinator and UNDP Resident Representative, presented HIV/AIDS as a human security issue1, relevant for Timor-Leste in fulfilling its National Development Plans and the Millenium Development Goals (MDGs). The concept of human security “equates security with people rather than territories, with development rather than weapons.” By the same token, HIV/AIDS is not just a public health crisis, but affects development and human security. The main cause of the spread of HIV is poverty and ignorance. He shared his personal experiences in Rwanda and Cambodia. Rural poverty and limited job opportunities fuel the movement of people, within the country and internationally. An increasing number of people from Timor-Leste are likely to seek work abroad; therefore, a pilot Emigrant Workers Programme is planned. HIV/AIDS is also a human rights issue. Stigmatization, discrimination, gender inequality and trafficking of human beings all link to HIV vulnerability. Measures to build HIV resilience must therefore include poverty reduction, access to information/education, protection of human rights and empowerment. Therefore, UNDP makes the equation of human development + good governance = human security. Dr. Hasegawa warned that low HIV prevalence does not justify complacency, and that efforts to address HIV/AIDS should not be left to the health sector alone. Since the spread of HIV/AIDS is a multi-faceted problem, it requires a multisectoral approach to tackle the root causes of vulnerability. He stressed that mainstreaming HIV into a

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HIV situation
Chaired by Mr. Luis M.R.F. Lobato, Vice-Minister of Health, Timor-Leste

- Dr. Lee-Nah Hsu, Convener, UN Regional Task Force on Mobility and HIV Vulnerability Reduction, gave a presentation on “The regional context of population movement and HIV vulnerability.” In every country in the region people are moving internally and between countries. Mobility is important for economic development. Dr. Hsu pointed out that the 2002 World Populations Prospects (for 2020) had to be adjusted downward by 400 million from prior estimates, mainly due to AIDS. However, half the world’s population lives in six countries, of which only one, Nigeria, is not in Asia. With increased transportation links through the Asian Highway Network, there are several implications. Increasing population in poor regions will lead to increased migration for employment. The number of undocumented migrants will rise, fuelled by trafficking of human beings, since leaving a country is easier than entering another. The root cause for migration, poverty, needs to be addressed. However, the goal is not to stop migration. Mobile workers can help their source communities, but migrant work has to be organized so that both source communities and migrant workers can benefit. The Task Force members work through regional collaboration to promote the respect of human rights for mobile people. For all people’s health, well being and future survival, one has to take care of mobile populations and one’s own communities at the same time, because both are interlinked in mobility systems. Recommendations include: ensure human rights, not only for one’s own citizens but also for migrant workers; prevent trafficking and sexual exploitation; promote regional collaboration and cooperation on mobility; strong enlightened leadership at all levels of society; politicians and governments to look beyond the next election; and the commitment to build necessary financial and human resources for these efforts.²

- Mr. James Rock, Family Health International (FHI), Timor-Leste, presented the results of the Dili STI survey.¹ This is the first biomedical and behavioural assessment of HIV/STI risks in Timor-Leste. The groups included in the study were sex workers, MSM¹, taxi drivers and FDTL² personnel. The findings are: considerable risk behaviour exists in Timor-Leste, which challenges the social preconceptions. Extramarital sex, often with multiple sexual partners, is the norm for some men (61 per cent of the military and 48 per cent of taxi drivers). Both unmarried and married men visit sex workers. Consistent condom use in commercial sex is rare. The majority of clients (54 per cent of the military and 78 per cent of the taxi drivers) never use condoms with commercial sex workers. The majority of the university students reported abstinence (73 per cent of the male and 97 per cent of the female students).³ However, those who chose to have sex did not use condoms. There is evidence of injecting drug use: 4 per cent of MSM and 3 per cent of male students. The majority of sex workers reporting recent symptoms of STIs had not sought/received treatment. Although HIV prevalence is relatively low,⁴ HSV-2 is high⁵ and HIV is likely to follow. This means that there is no room for complacency. Targeted action can make a big difference to STI prevalence. The lessons from the survey are: commercial sex is common; condom use is low, so is STI symptom recognition and knowledge of STIs and their transmission. The main barrier to condom use is availability. At the same time, regular STI screening and treatment services must be made available in a friendly and confidential atmosphere, supported by outreach services. The questions from the plenary were directed at availability and cost of condoms. Mr. Rock reported that the problem is both availability and cost (50 U.S. cents for three condoms). As a response to the survey results, 70,000 condoms were directly distributed and 200,000 through district health services.

Responses: What do we do about it? The HIV situation, responses, gaps and how to build HIV resilience in Timor-Leste. Panel discussion
Chaired by Dr. Joao Martins, Programme Manager of Programme Management Unit, Ministry of Health, Timor-Leste

- Government response
Mr. Luis M.R.F. Lobato, Vice-Minister of Health, Timor-Leste, reported that Timor-Leste has an estimated 850,000 people, with half the population living under the poverty line. There was no report on HIV during Indonesian

¹ Relevant materials on mobility and HIV vulnerability reduction can be found at the UNDP-SEAHIV web site: <http://www.hiv-development.org>.
² HIV, STIs and risk behaviour in East Timor: an historic opportunity for effective action. Results of the Dili STI survey, March 2004 – report prepared by Elizabeth Pisani (FHI Asia) on behalf of the Dili STI survey team. The study was made available during the TF meeting. All numbers given in this part of the TF report are taken from the survey and the presentation.
³ Men having sex with men.
⁴ Military of Timor-Leste
⁵ The university students were included only in the behavioural study.
⁶ 3 per cent of sex workers and 1 per cent of MSM tested positive for HIV, and no positive samples were found among the soldiers or taxi drivers.
⁷ 60 per cent of female sex workers, 29 per cent of MSM, 29 per cent of taxi drivers, 12 per cent of soldiers.
occupation. In 2001, four people with HIV/AIDS were identified; by 2004, there are fourteen. The Ministry of Health’s policy on HIV/AIDS is multi-sector coordination for prevention and care. Timor-Leste has developed a National Strategy on HIV/AIDS with four components: 1. creating an enabling environment; 2. promoting development responses to reduce HIV vulnerability; 3. building community resilience; and 4. a coordination, research and evaluation mechanism. The Ministry of Health set up health facilities in communities and for vulnerable groups such as sex workers, MSM, youth and students; cooperated with NGOs and INGOs; cooperated with WHO on prevalence surveys in three hospitals; established VCT and the National Protocol for the treatment of HIV/AIDS; and established a multisectoral National AIDS Commission. To tackle the problems of low condom use among sex workers, the Ministry of Health will cooperate with UNFPA and other partners for sufficient information dissemination. STI infected sex workers rarely seek treatment. Therefore, health education, especially on STIs, will be conducted at all health facilities. So far, the involvement of other sectors in HIV/AIDS prevention efforts is not optimal. The Ministry of Health will develop a better coordination mechanism. An increased utilization of VCT will improve HIV surveillance. Mr. Lobato concluded that HIV/AIDS is a national challenge and is not a disease that affects only “foreigners”. He warned that HIV/AIDS could reach an epidemic stage, unless a strategic plan that engages the participation of all sectors and the community is implemented now.

- **UN system responses**
  - **Ms. Shui-Meng Ng**, UNICEF Representative, Timor-Leste, reported that only 10 per cent of the 15-45 age group have any knowledge of HIV/AIDS. Thus, increasing public awareness is a priority; HIV has to be taken out of the closet, not only in Dili but also in the rural areas. Since 60 per cent of the population is below the age of 18, it is important to target young people. The good news is that a large proportion of the young people still practise abstinence. It is important to provide the young with a good life skills education. Access to information, counselling and treatment is crucial, but young people also need to know where to get the services. To open up the discussion on HIV/AIDS at the community level, help is needed from community and religious leaders. It is crucial to engage faith-based organizations since the church is influential, and strong youth networks are connected with the church. Ms. Ng reminded the participants that there is no room for complacency and that stigmatization has to be dealt with early.
  - **Mr. Daniel B. Baker**, UNFPA Chief of Operations, Timor-Leste, stressed the necessity of having hard data for programme designs. With the Dili survey findings, programmes are designed to target specific risk groups. Work among international and local organizations has to be coordinated.
  - **Dr. Domingas Bernardo**, WHO Focal Point for Maternal Health, Timor-Leste, reported surveys on HIV prevalence and its risk factors. The prevalence is below 1 per cent, however, it is increasing and risk behaviour for HIV transmission is high. WHO assisted the Ministry of Health in producing health education materials and contributed to safer blood supply. Trainings for health workers on STI syndromic management have been conducted; physicians were trained on clinical management of opportunistic infections; health staff was trained on HIV infection prevention. WHO developed guidelines for STI management. Dr. Bernardo stressed the importance of collaboration, coordination and the spirit of team work within and among agencies.
  - **Ms. Elaine Tan**, UNDP HIV Focal Point, Timor-Leste, reported that UNDP assisted in the development of the National AIDS Strategy Plan, the creation of the National AIDS Commission and awareness raising on HIV/AIDS in three districts. Future UNDP assistance includes continued capacity-building in the country office on HIV/AIDS within the development paradigm. The goal is mainstreaming HIV work in existing UNDP programmes and better coordination within the UN. UNDP will work with the other partners in the UN Theme Group on HIV/AIDS and the Government on an HIV proposal to the GFATM.

- **Civil society responses: Local NGOs and INGO**
  - **Mr. Narciso Fernandes**, Cruz Vermelha, Timor-Leste (CVTL), explained that CVTL was formed in 2000. CVTL organized life skills training at district level. After three months, a follow-up meeting was held. They produced information brochures and participated in World AIDS Day activities. CVTL works against stigmatization and discrimination and serves as an umbrella for NGOs working on HIV/AIDS in Timor-Leste.
  - **Mr. Aquira Pereira**, Fundacao Hari Timor, reported that the organization addresses university students through peer education. One has to look at different ways of prevention and make sure that young people continue with their education. Hari Timor also addresses sex workers, however, it is difficult to reach them. Organizations have to find ways of outreach. Hari Timor distributes information material and condoms. All NGOs have different ideas and different information material. It is necessary to have a consistent message that is acceptable to all.
  - **Mr. James Rock**, Country Director, FHI, Timor-Leste, listed additional NGOs working on HIV/AIDS, such as Caritas, EdWave, Dio Gracia and Alola Foundation. FHI’s activities in Timor-Leste consist of advocacy.

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9 Red Cross, Timor-Leste
External stakeholders bear a certain amount of risk of undermining democracy and the balance with other goals, academic and the private sector all need to be involved in all stages of the governance of AIDS responses. It is imperative that state-led development based on leadership. National ownership highlights the important role of the state to be respected by donors, but also created. It is important for all donor policies to consider national ownership for informed and broad-based participation, responsiveness and timeliness; and 3. a multisectoral systems approach. A multisectoral systems approach to population mobility needs to be inclusive, as high-risk groups do not exist in isolation. Part of the multisectoral approach is an Early Warning Rapid Response System (EWRRS). The idea behind an EWRRS is that the other sectors, such as infrastructure, agriculture, labour/ social welfare, education, rural development/ poverty reduction, need to work together with the health sector to ensure that each sector with its own expertise and mandate works to build HIV resilience. The principles of democratic governance ensure that all sectors contribute to poverty reduction and building HIV resilience: the rule of law, participation, transparency, equity and effectiveness of the distribution of resources, and accountability. People need to know their rights and be protected under the rule of law. This includes the right to treatment. Elected government actors need to be held accountable for both their actions and inactions. In the case of labour migration, countries that host foreign labourers need to appreciate their contribution and ensure their rights. At the same time, the sending countries themselves need to ensure the protection of their citizens working abroad. The building blocks of sustainable human development are democratic governance, human security and HIV resilience. The recommendations are to establish an EWRRS to mainstream HIV prevention in all sectors; to strengthen governance mechanisms, start with people in communities; to broaden the HIV responses by including relevant development sectors. The application of democratic governance principles is equally important in the international community, including donors and INGOs, regarding technical and financial support. The goal is to build social capital and community resilience, not only for HIV/AIDS.

**Building democratic governance and HIV-resilient societies**

*By Dr. Lee-Nah Hsu, Manager, UNDP South East Asia HIV and Development Programme*

To illustrate the need for early interventions, Dr. Hsu showed a projection of the existing HIV epidemic in Thailand, contrasting with the estimate, had there been no interventions in the early 1990s. Mechanisms of democratic governance for building HIV resilience include every level of society, but leadership with strategic vision is crucial. There are three components of democratic governance: 1. transparency and accountability; 2. participation, responsiveness and timeliness; and 3. a multisectoral systems approach. A multisectoral systems approach to population mobility needs to be inclusive, as high-risk groups do not exist in isolation. Part of the multisectoral approach is an Early Warning Rapid Response System (EWRRS). The idea behind an EWRRS is that the other sectors, such as infrastructure, agriculture, labour/ social welfare, education, rural development/ poverty reduction, need to work together with the health sector to ensure that each sector with its own expertise and mandate works to build HIV resilience. The principles of democratic governance ensure that all sectors contribute to poverty reduction and building HIV resilience: the rule of law, participation, transparency, equity and effectiveness of the distribution of resources, and accountability. People need to know their rights and be protected under the rule of law. This includes the right to treatment. Elected government actors need to be held accountable for both their actions and inactions. In the case of labour migration, countries that host foreign labourers need to appreciate their contribution and ensure their rights. At the same time, the sending countries themselves need to ensure the protection of their citizens working abroad. The building blocks of sustainable human development are democratic governance, human security and HIV resilience. The recommendations are to establish an EWRRS to mainstream HIV prevention in all sectors; to strengthen governance mechanisms, start with people in communities; to broaden the HIV responses by including relevant development sectors. The application of democratic governance principles is equally important in the international community, including donors and INGOs, regarding technical and financial support. The goal is to build social capital and community resilience, not only for HIV/AIDS.

**Governing the HIV/AIDS response – the call for coordination, inclusion and accountability**

*By Dr. Sigrun Møgedal, Senior Executive Adviser, NORAD & Senior Policy Adviser, UNAIDS*

Dr. Møgedal stated that there are various factors causing vulnerability to HIV/AIDS. The concept of good governance at the local and the national level equally applies to governing the AIDS responses. There are three cornerstones in the AIDS responses: political leadership, inclusive strategies and exceptional attention to development planning. The “people’s corner” in this triangle means that besides the government and the public sector, civil society, NGOs, religious and cultural institutions, community organizations and interest groups, the academic and the private sector all need to be involved in all stages of the governance of AIDS responses. External stakeholders bear a certain amount of risk of undermining democracy and the balance with other goals, e.g. efforts in donor harmonization, poverty reduction and national ownership. There cannot be “business as usual”, but too much emphasis on exceptionality may well bypass democratic control and oversight, e.g. through donors taking over the response. This is where an enabling policy environment for AIDS action can be created. It is important for all donor policies to consider national ownership for informed and broad-based leadership. National ownership highlights the important role of the state to be respected by donors, but also the accountability of elected governments to their people. It is imperative that state-led development based on
leadership and democratic governance goes hand in hand with community-based action based on empowerment of individuals. In order to have a sustainable impact, all actors involved are mutually accountable. It is crucial that monitoring and evaluation (M & E) also supports the countries’ own needs. Credible M & E serves the purpose of improving programme implementation, and not only ensuring the donor sources that their funding is effectively spent. UNAIDS, the World Bank and the Global Fund initiated the “Three Ones” principle to guide coordination at country level and pull donors together: one agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; one National AIDS Coordinating Authority with a broad-based multisectoral mandate; and one agreed country-level Monitoring and Evaluation System. Linking MDG monitoring with HIV/AIDS monitoring can strengthen all actors involved. Participants were reminded that central to succeed in reaching the MDGs as well as HIV resilience, are good governance, mutual accountability and the full inclusion of vulnerable groups.

- **Discussion**
  The issue of HIV/AIDS and human rights was raised, in that some members of society might claim a right not to use a condom. The discussion went into the concept of democracy and the balance of rights, obligations and responsibilities of each member of society. The representative of MFA pointed out that AIDS makes governments realize they have to be more inclusive. Large donors cannot deal with small organizations, however, there could be a coordinating body at the national level.

**RESULTS-BASED MANAGEMENT (I):**

**A TOOL FOR MONITORING AND EVALUATION AS A COMPONENT OF GOVERNANCE**

*Facilitated by Mr. Bruce Parnell*

- **Discussion: Governance Principles**
  **How they apply to government sectors, the Task Force and to each of its member organizations’ roles and functions**

  *Mr. Bruce Parnell*, external evaluator of Task Force Phase II (2002-2004), introduced the evaluation process for the TF. Mr. Parnell is independent, however, has knowledge of the TF because he was a member in its first phase (2000-2001). As recommended in the Phase I evaluation and stated in the TF workplan for 2002-2004, an independent evaluation for the period of 2002-2004 is scheduled. The evaluation of Phase II will be based on the review of TF documents as well as interviews of TF members and the discussions during the 2004 first TF meeting. Mr. Parnell outlined the work of the TF as a regional self-governing mechanism, with two meetings a year, rotating among countries and the second meeting linking to the ASEAN Task Force on AIDS (ATFOA) meeting. From the beginning, the TF is set with a limited time-frame to avoid everlasting new institutions in the UN. The TF is supposed to stimulate new ideas and hearing from TF members on actions between the biannual meetings. The TF does not fund projects but may bring donors, GOs and NGOs together for projects. A plenary discussion followed on how governance principles are related to mobility and HIV and how these principles relate to the TF and its members. The discussion focussed on the principles of governance introduced in the preceding sessions. Specifically, participants provided some case study examples and answers to the following questions about governance and mobility:
  - How are mobile populations associated with 1. participation and responsiveness, 2. transparency and accountability, 3. the rule of law, 4. leadership with strategic vision, 5. timeliness of responses, and 6. multisectoral systems responses?

- **Evaluation of the Task Force**

  *Mr. Parnell* indicated that the TF is itself a mechanism of governance to stimulate responses to mobility and HIV vulnerability. Members are encouraged to share each others’ project outlines and to apply participatory approaches, e.g. the Farmers’ Life School in Cambodia. Members represent leadership from all levels, with leadership being understood as leading through sharing and by example. The TF itself is also multisectoral. The recommendations coming out of this evaluation will be presented at the final TF meeting. Mr. Parnell explained the choice of the UNDP Monitoring & Evaluation approach among the many different approaches, because the TF has been initiated by UNDP and UNAIDS. Outcome monitoring as in the case of the TF evaluation focuses on projects, programmes, partnerships, “soft” development assistance and implementation strategies. “Soft” development assistance includes policy advice; policy dialogue; advocacy; and brokerage/coordination. The beginning stage of the TF (Phase I) helped to develop a regional strategy and especially to create an enabling policy environment. First, a development approach to HIV/AIDS was introduced, now this includes good governance. Membership in general and government and NGO involvement in particular have increased. This includes self-funding by NGOs, meaning that the TF meetings must be perceived as worth attending.

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10 The outline of the principles and the agreed statement of commitments were distributed to the TF participants. The documents as well as further information on the “Three Ones” are also available on the UNAIDS web site at <http://www.unaids.org>.


12 Brokerage/coordination includes promoting dialogue between parties; sharing lessons learned and information knowledge with development partners and stakeholders; facilitating working relationships.
Furthermore, participants are more actively initiating meetings, field visits, and reports. There is also increased collaboration between countries among government representatives.

- **Working groups and plenary discussion**
The TF split into three groups to discuss the following questions: 1. What has changed in responses to mobility and HIV vulnerability since the beginning of 2002 (analysis, programmes, policies, partnerships); 2. How has the Task Force been useful; and 3. What challenges remain for the future?

- **Future beyond the Task Force 2004: working groups, group exercise and plenary discussion**
The next step of the discussion was to look at the future of a regional self-governing mechanism for mobility and HIV vulnerability after the existing TF. A facilitated process was used to encourage participants to discuss important issues about the future of a regional coordinating mechanism. Participants first met in four small groups, then in a facilitated plenary exercise which encouraged debate and dialogue. Four scenarios were discussed by the small groups:
  1. A regional self-governing mechanism will help address these issues because…
  2. A regional self-governing mechanism would be useless because…
  3. If there is a regional self-governing mechanism, these things will make it work…
  4. If there is a regional self-governing mechanism, these things will make it ineffective…
The small groups completing the above statements reported back within the context of the exercise, and then talked more in depth about what they thought would be useful in the future.

**TASK FORCE UPDATES**

- **XV International AIDS Conference, Bangkok, Thailand, 11-16 July 2004**
  TF members presented their plans for the conference. Some key activity plans are: IOM, UNHCR and CARAM are going to have a noon symposium on Thursday, 15th July on Mobility and AIDS (migrants, refugees and mobile populations). Booth number 153 will be available to display materials on HIV and mobility throughout the conference. A satellite session on HIV/AIDS and Population Mobility: Mainstreaming AIDS in Development will be held on Monday, 12th July (6-8 p.m.), organized by AIDS & Mobility Europe, IOM, UNHCR, UNDP-SEAHIV and CARAM Asia. GTZ and UNAIDS are co-hosting a session on Mainstreaming AIDS in Development: Time to Scale Up, which will also include experience with the Farmers’ Life Schools in Southeast Asia and Southern Africa.

- **Memorandum of Understanding (MOU)**
  A consultation for the continuation of the MOU and joint action to reduce HIV in mobile populations was held in February in Yangon, Myanmar. Suggestions for the signing ceremony were made for country delegates to follow up with the ASEAN secretariat.

- **Global Fund updates**
  **Viet Nam** submitted a proposal for the fourth round. A portion relates to mobile populations, with a focus on internal mobility.
  **Thailand** submitted two proposals. One is a bilateral proposal of Thailand and Myanmar to coordinate and collaborate on HIV/TB control in the Thai-Myanmar border areas. Another proposal was submitted by faith-based organizations such as Church of Christ to establish helpline centres for counselling, care and support.
  **China** submitted a proposal to create an enabling environment for harm reduction, risk reduction for migrant and sex workers, VCT, treatment and care.
  **Lao PDR** submitted a proposal for condom social marketing in collaboration with PSI. Eighteen provinces are covered by the programme.
  **The Philippines** submitted a proposal for HIV education in pre-departure programmes for prospective migrant workers.

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13 Subsequently, MFA informed TF members that they were too busy to prepare the draft statement.
14 CCM: Country Coordinating Mechanism
CARAM Asia as a member of the Seven Sisters has a project to monitor the experiences of community organizations with the Global Fund.

- **TF member updates**

  **CARAM Asia**

  Ms. Sharuna Verghis reported that the Seven Sisters organized the Alternative Community Forum (owing to the cancellation of the Kobe conference) to provide a space for community groups to prepare for their involvement in the *XV International AIDS Conference* in July and to strengthen the skills in networking and advocacy. The three-day forum was attended by 270 participants to review experiences with GFTAM and UNGASS processes and the 3x5 plan. A need for a unified advocacy campaign against mandatory testing was identified. CARAM also organized a session on Migration and HIV Vulnerability during the *World Social Forum* in Mumbai in January 2004. Further, CARAM co-wrote the background paper on mobility with Jyoti Sanghera (OHCHR), who participated in the *Regional Expert Meeting on HIV/AIDS and Human Rights in the Asia-Pacific*, organized by OHCHR in Bangkok in March. CARAM also provided resource persons for the training of trade unionists on migrant health and the UN Convention on Migrant Workers. The training was organized by the Institute of International Workers Education in preparation of the *International Labour Conference* in June 2004. In May, CARAM participated in the *Asia-Pacific Hearing of the Global Commission on International Migration* in Manila. ACHEIVE, the CARAM partner in the Philippines, undertook a programme on *Strengthening Perspectives and Building Capacity of Foreign Service Personnel on Migration and HIV/AIDS*, funded by UNAIDS.

  **UNDP-SEAHIV**


  **Migrant Forum in Asia (MFA)**

  Mr. Rex Varona, reported on MFA’s plan for the *XV International AIDS Conference* in Bangkok. A monograph on *Migrant Savings and Alternative Investments (MSAI) for Community Development & Reintegration* is being prepared. The publication is supported by the TF and copies will be made available at the Conference. Regarding documentation, the challenge is internal advocacy, to get the partners to submit their work (MFA has 200 member organizations across Asia). The Mekong Migration Network (MMN) has been formed to build and strengthen capacity on mobility/ migration issues in the Mekong. MFA is developing a handbook on mainstreaming gender issues into MSAI with the support of UNIFEM. MFA initiated a training project on health and migration, with research ongoing in 20 Asian countries; a strategy meeting for research partners was held in February, with the support of CHASPPAR, ANROAV and PHN. As to the ratification of the Migrant Workers Convention (MWC), MFA is engaged in the MWC Committee. A regional migrants’ human rights training was conducted in April, in collaboration with CHRF, APWLD and AHRC. The 9th *Regional Conference on Migration (RCM)* is planned for September in Korea. MFA attended the *Asia-Pacific Hearing of the Global Commission on International Migration* in May.

  **International Federation of Red Cross and Red Crescent Societies (IFRC)**

  Dr. Vilaphanh Silitham, IFRC, Regional Health Unit – South-East and East Asia, reported a meeting of IFRC in Manila, November 2003, where the Manila Action Plans for 2003-2006 were developed. An Asian Red Cross HIV network exists since 1993, focusing on youth education, care and support, and working against stigmatization and discrimination. In Mongolia, an HIV/AIDS campaign was started. The Chinese Red Cross is now present at nine railway stations in four provinces, targeting people on the move. Both in Lao PDR and in Cambodia, HIV/AIDS education projects for factory workers have been set up. Regarding the Global Fund, six national societies are members of the CCM and received support in Viet Nam, Cambodia and Indonesia.

  **Directorate of Socialization and Guidance for Indonesian Overseas Placement, Indonesia**

  Ms. Fifi A. Pancaweda of the Directorate, which is part of the Ministry of Manpower and Transmigration, gave an overview of the main tasks of the office regarding the *Socialization and Guidance Programme for Overseas  

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15 ACHEIVE, Inc.: Action for Health Initiative, Inc.
16 CHASPPAR: Control of HIV/AIDS/STD Partnership Project in Asia Region; ANROAV: Asian Network for the Rights of Occupational Accident Victims; PHN: Preferred Health Network
17 CHRF: Canadian Human Rights Foundation; APWLD: Asia Pacific Forum on Women, Law and Development; AHRC: Asian Human Rights Commission
Manpower Placement and Development. Other activities are a counselling centre for Indonesian domestic and overseas workers and pre-departure orientation for prospective overseas workers, including HIV prevention. The Directorate plans to conduct seminars on HIV/AIDS and prevention strategies for seafarers.

**Philippine Overseas Employment Administration (POEA), Philippines**

Ms. Dolores H. Crisostomo reported that a Training of Trainers (TOT) on the Utilization of the HIV/AIDS/STI Training Module for the Staff of Department/Bureau Rendering Health and other Social Services to Overseas Filipino Workers in the Country, was organized by ACHIEVE and CARAM Philippines at the end of 2003. Representatives from the Department of Foreign Affairs, the Department of Labour, Social Welfare and Development, the Department of Interior, Local Government and NGOs participated in the TOT. Furthermore, in March, UNAIDS, ACHIEVE, the Philippine National AIDS Council, POEA and the Foreign Service Institute conducted a training of trainers course to strengthen the awareness and to build capacities of foreign service personnel on HIV/AIDS and mobility issues. The Philippine National AIDS Council’s new medium-term plan considers mobile populations as a major focus. In May, ACHIEVE sponsored a Seamen’s Spouses Forum to assess their current situation and identify issues and concerns they face. Furthermore, there is a new Memorandum of Agreement with IOM.

**Ministry of Public Health, Thailand**

Ms. Pamanrat Asavasena reported that the Ministry of Public Health and IOM agreed on a project on HIV/AIDS along the Thai/Myanmar border, with a focus on HIV and mobile populations, including the prevention of mother-to-child transmission.

**WHO SEARO**

Ms. Laksami Suebsaeng reported that WHO facilitated cross-border cooperation to contain the spread of HIV, TB, malaria and SARS in India, Bhutan and Bangladesh, and in Thailand and Myanmar. With the TF on mobility being held in Timor-Leste, it heightened government’s awareness and commitment to mobility and HIV issues, resulting in a fruitful discussion between the Vice-Minister of Health and WHO for possible cross-border collaboration between Timor-Leste and Indonesia.

**Ministry of Health, Timor-Leste**

Mr. Carlos Tilman reported on HIV/AIDS trainings for midwives in district and community health centres. In addition, IEC materials were produced and disseminated. During World AIDS Day in December 2003, the Ministry of Health collaborated with NGOs and UN agencies. Timor-Leste has received funding from the 3rd round on TB of the Global Fund.

**U.S.-CDC Global AIDS Program (GAP), Asia Regional Program**

Dr. Kimberley Fox reported that although there are no activities in the Programme focussing on HIV and mobility, the GAP is assisting cross-border cooperation between Lao PDR and Thailand, including HIV/AIDS.

**CARE International**

Ms. Catherine Esposito reported on a CIDA-funded regional project on safe mobility, with a focus on migrant PWA and access to services.

**CIDA/Project Executing Agency: CARE**

Ms. Sue Carey reported that a project design workshop is planned for June to cover Cambodia, Lao PDR, Viet Nam and Thailand. The MOUs with Thailand and Lao PDR will be signed in June. The programmes are expected to start in October in each country.

**Ministry of Health, Viet Nam**

Dr. Nguyen Duy Tung, HIV/AIDS Department, reported that a new National Strategy on HIV/AIDS prevention and control in Viet Nam for the period until 2010, with vision to 2020 was approved in March 2004. Mobile populations are identified as one of the priorities for the National Strategy. Viet Nam has broadened national partnership, multisectoral involvement in HIV prevention and care for mobile populations. Bilateral cooperation targeting mobile populations (Viet Nam-China) has been continued. Viet Nam is promoting construction companies’ inclusion of HIV prevention in infrastructure projects.

**National Committee for the Control of AIDS Bureau (NCCAB), Lao PDR**

Dr. Pouthone Southalack reported that the Lao Strategic Plan for HIV/AIDS includes targeting mobile population issues. Improvements have been made in establishing a multisectoral response to HIV/AIDS and mobility: the Ministry of Transport is now working closely with the Ministry of Health. A project on reproductive health and quality of life for truck drivers was initiated. There is also a project for assessment of mobile populations in eight Lao-Thai border provinces. Furthermore, an ICT programme including Thailand, Lao PDR and Yunnan province, China, has been set up in collaboration with the Ministry of Education and SEAMEO-TROPMED.

**IOM Regional Office for East and South-East Asia**

Mr. Greg Irving reported that in Viet Nam, IOM would be adding a full-time HIV/AIDS and health officer. In the Philippines, IOM is working on a joint project proposal for pre-departure programmes, in collaboration with ACHIEVE and the Philippine Overseas Employment Administration (POEA). Furthermore, IOM has developed a proposal for mapping NGO HIV/AIDS activities in the Greater Mekong Sub-Region. IOM is also working on developing a regional programme for prevention and care targeting mobility-affected areas. In Thailand, IOM is
currently collaborating with the Ministry of Public Health on improving access to “migrant-friendly” health services in four provinces. The immigration detention centre project is supported by the Rockefeller Foundation and will be turned over to the Ministry of Interior in the next few years.

**CDC Guangdong Province, China**

Dr. Ralph He Qun reported that an advocacy conference with 21 department leaders was organized to set up a working committee on HIV/AIDS control. Through the help of the working committee, the Methadone Maintenance Programme (MMP) for injecting drug users in Guangdong province has been approved by the Departments of Public Security and Justice. There is collaboration with U.S.-CDC GAP to expand sentinel surveillance sites and improve guidelines on provincial HIV surveillance, incorporating VCT, and with WHO on the provision of VCT and free ART consistent with the WHO/UNAIDS “3x5” initiative as part of the national strategy. Guangdong has a large mobile population of 23 million in 2003; it will set up an EWRRS at county level. CDC Guangdong hosted the 2003 second TF meeting in Zengcheng.

**Guangxi Centre for HIV/AIDS Prevention and Control, Guangxi CDC, Guangxi Province, China**

Dr. Liu Wei reported on a mobile populations project at the Chinese-Vietnamese border. The Guangxi Centre hosted the Guilin meeting on **Building HIV Resilience through Development**, a training workshop on the multisectoral development approach to HIV/AIDS and the establishment of an EWRRS for the local/provincial level in China, November 2003.

### RESULTS-BASED MANAGEMENT (II)

- **Indicators, Logical Framework Analysis (LFA) and Performance Measurement Framework (PMF) of CIDA**
  
  LFA and PMF are refinements for monitoring and evaluation of the CIDA-supported TF work. The TF’s workplan is broader than the CIDA-supported portion, which represents less than half of the TF efforts. Therefore, the LFA/PMF are not applicable to most TF activities, but rather to CIDA’s own aims and goals for its Regional Programme. Regarding the maintenance of the web site, the majority of the costs are contributed by UNDP; in 2003, UNAIDS contributed about 20 per cent of the total. Every contributing member is treated equally at the TF. One member has one voice and there should not be anyone member dominating. CIDA requests LFA/PMF monitoring for the two 2004 TF meetings. Mr. Varona, MFA, stated that the NGOs’ contribution to the TF are an added value. Mr. Parnell pointed out the difficult question of how to measure the TF achievements. It was noted that HIV prevalence can be measured by sentinel surveillance, but this medical indicator does not fit with the type of work this TF does. There is considerable debate on the appropriateness of indicators to capture (behaviour) change and the impact of policies and programmes. It was stressed that one should not be blindfolded by indicators.

- **The UNAIDS/UNITAR HIV/AIDS competence programme: self-assessment process**

  As a conclusion to the discussion on results-based management, the TF members undertook the self-assessment exercise of the **UNAIDS/UNITAR HIV/AIDS competence programme** and critiqued its relevance.

### FIELD VISIT

- **Organizational briefing**

  The logistics and transportation arrangements of the Task Force field visit to the village of Maubara was organized by IOM, Dili. The TF members had been instructed by IOM on the importance of respecting the social values of the people of Timor-Leste.

- **Field visit groups and reports**

  The TF members were organized into three discussion groups.

  **Group A: Returnees**

  IOM played a large part in facilitating the repatriation of East Timorese from West Timor back to Timor-Leste. Approximately 250,000 returnees traveled back by boat, after being registered in returnee camps. Many families still have members in Indonesia. They expressed their wish to be reunited with their families. It is easier to travel from Indonesia to Timor-Leste than vice versa. On labour migration, the Philippine TF member introduced the Philippine model. The discussions were very open and friendly.

  **Group B: Youth**

  Lack of education and employment or market opportunities are the main concerns among young people in Maubara. About one third of the youth find work in Dili. HIV/STI knowledge is low.

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18 The self-assessment framework was developed by Jean-Louis Lamboray and Geoff Parcell of UNAIDS. More information can be obtained at <http://www.unitar.org/acp>. 
Group C: Community health/ Women
Respiratory illnesses, malaria, and tuberculosis were identified as three major health problems in the community. Large numbers of children (seven or more per household) and domestic violence are obstacles. Cutbacks on the mobile clinic have reduced the visits from one visit per week to one per month. Access to water is also a problem.

NEXT TASK FORCE MEETING
The next Task Force meeting is likely to be held around mid-to late October. The venue is possibly Malaysia. Unfortunately, to date, the Malaysian Government has not yet informed the ASEAN Secretariat as to the potential dates or venue of the 2004 ATFOA meeting. In the event no decisions are made in August, to ensure timely conduct of the final TF meeting for 2004, the TF meeting will be held around the third or fourth week of October.