**THE ISSUE**

It is already acknowledged that a data revolution is key to poverty eradication and achieving sustainable development. This is also true for HIV policies and interventions: they can only be fully effective when they are based on strong evidence. HIV and AIDS data is also a vital component when developing financing strategies, especially at a time when development assistance for the AIDS response in Asia and the Pacific is declining.

**THE PROJECT**

Launched in 2008, the HIV and AIDS Data Hub’s mission is to support regional and country partners with quality and relevant data to inform policies, strategies, and programs in the AIDS response; and to strengthen health systems. The Data Hub has become the go-to source for high-quality, accessible, and up-to-date data on HIV in Asia and the Pacific in one convenient site. The website covers 24 Asian and 22 Pacific countries and territories, with data disaggregated by age and sex.
THE BENEFITS

The Data Hub is the only source of HIV- and AIDS-related data from the region. Reflecting the concentrated and localized nature of HIV epidemics in the region, the Data Hub has a strong emphasis on subnational data on key populations at higher risk.

Data sources include published literature and national HIV websites from a network of country and regional partners, and are carefully vetted before inclusion in the database. The Data Hub team generates and regularly updates country profiles, as well as data sheets, slide sets, and publications on key populations and other groups at increased risk of HIV. Data is also presented according to thematic areas, such as treatment, the economics of AIDS, and stigma and discrimination. Data products are also directly commissioned by the Data Hub's partners, including Asian Development Bank (ADB).

All the resources in the Data Hub are freely available, and these public goods have proven invaluable to a wide range of stakeholders, including governments, the public, researchers, civil society, the United Nations, and donors.

Initiatives such as the Data Hub lead the way in the data revolution, showing how the increasing availability of data from disparate sources can be harnessed to create a global public good that is more powerful than the sum of its parts.

THE ADB ADVANTAGE

ADB provided funding and its own expertise, but brought in partners to set up, manage, and host the Data Hub. In addition to ADB, the Data Hub’s partners are UNAIDS, UNICEF, and WHO (technical partner). The UNAIDS Regional Support Team for Asia and the Pacific hosts the Data Hub in Bangkok, Thailand and is now also funding the hub from its own resources.

ABOUT THE ADB COOPERATION FUND FOR FIGHTING HIV/AIDS IN ASIA AND THE PACIFIC

The Cooperation Fund for Fighting HIV/AIDS in Asia and the Pacific was launched in 2005, with a $19.2 million grant from the Government of Sweden. The fund ran until the end of 2014. Its main goal was to assist ADB developing member countries in their AIDS response. The trust fund worked with governments in 17 countries and in collaboration with numerous partner organizations on regional and cross-border projects.

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THE ISSUE

The trust fund achieved significant results from its project in Myanmar, but sustaining these achievements required substantial funding over a longer time frame.

THE PROJECT

The project was designed to strengthen the local response to HIV risks along the country’s economic corridors and newly developed infrastructure. The border townships were selected because of the ample opportunities they provide to serve cross-border and migrant mobile populations. The Asian Development Bank (ADB) engaged Malteser International, an international nongovernment organization (NGO) that already has its own program of build-operate-transfer rural health clinics in the area, to create and offer the service provision packages for at-risk populations, mobile migrant populations, and people living with HIV. ADB also brought in two UN agencies—UNAIDS and the International Organization for Migration—to provide the necessary technical support.
THE BENEFITS

The same inputs that were used to design the project under the trust fund, which had $1 million in funding, were then used by the Japan Fund for Poverty Reduction (JFPR) for a $10 million project that took over from where the ADB project left off. The assessment of the ADB-funded project was used by JFPR to determine where the actual institutional activities of its project would take place.

The project was successful in achieving its objectives, and also provided the evidence base to justify scaling up the activities, prompting JFPR to commit a tenfold larger grant for continuation of the project’s work. Moreover, whereas the ADB funding was channeled to international and local NGOs, the JFPR took the process a step further, by infusing more funds directly to the government to build institutional capacity to prepare them for principal recipient status with The Global Fund to Fight AIDS, Tuberculosis and Malaria in 2016.

THE ADB ADVANTAGE

This was ADB’s first health project in Myanmar and the first health project by any organization in Myanmar specifically focused on the border areas and economic corridors. ADB was already working in border areas and economic corridors where no other agencies were engaged, and the five townships under the ADB project were not yet covered under any project funded by grants from the Global Fund, for example. The project highlights ADB’s ability to convene diverse and expert partners to ensure maximum impact.

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The 2011 memorandum of understanding signed by Greater Mekong Subregion (GMS) governments acknowledges the crucial role that communities play in protecting themselves from HIV. Nongovernment organizations (NGOs) are often the best-placed entities to take on this work, but working with small groups can be problematic for large organizations like the Asian Development Bank (ADB).

Raks Thai Foundation is a large NGO that implements programs and projects directly in over 40 provinces in Thailand through its 23 program offices. It also works jointly with academic institutions, government authorities, and local stakeholders. The foundation was selected by ADB to implement a project to strengthen civil society organization (CSO) collaboration in regional HIV prevention, care, and treatment programs, with a focus on the health of mobile populations. Raks Thai engaged 12 CSOs in health promotion and HIV prevention, care, and treatment for mobile and migrant populations in GMS countries.
THE BENEFITS

Many important lessons were learned through this project. The project exposed some of the severe challenges facing migrants, especially those who are living with HIV. There are different policies and treatment protocols on either side of the border. For migrant workers, diagnosis in the host country does not necessarily confer treatment there or at home. Undocumented migrants in particular face discrimination when seeking treatment. Migrants also fall through the cracks in existing HIV prevention efforts as they are not typically considered to be a key population.

The project showed that to ensure that migrants get access to treatment for HIV, the availability of drugs needs to be increased, and cross-border drug compatibility issues need to be addressed. This is beyond the scope of civil society and must be dealt with at the government level through cross-border treatment protocols.

Raks Thai’s work demonstrated that NGOs and CSOs can become a focal point to assist migrants with access to testing, counseling, and antiretroviral therapy, regardless of their residence status. The network also facilitated engagement of CSOs in intercountry and regional collaboration between themselves, with counterparts in other countries, and, importantly, with government agencies and the private sector.

THE ADB ADVANTAGE

ADB was able to capitalize on Raks Thai’s well-established access to local and regional stakeholders and target communities in a project covering the six countries of the GMS. Through this collaboration, not only was ADB able to extend its reach, it also supported capacity development in these CSOs and increased their capacity to contribute to the AIDS response.

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**PROJECT FOCUS:**

**MONGOLIA: ENGAGING WITH THE PRIVATE SECTOR FOR PEER-LED HIV PREVENTION**

“Workers were trained to conduct peer educator training on HIV and sexually transmitted infection prevention.”

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**THE ISSUE**

Mongolia’s recent heavy investment in road, transport, and mining projects has brought with it concerns about the social impact of rapid economic development. As the scope of mining and infrastructure projects has expanded, so has the size of the mobile and migrant workforce, as well as the interaction between construction and mining workers, local communities, and sex workers, which has created a perfect environment for the increased risk of HIV transmission.

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**THE PROJECT**

The project had four main aims: to boost knowledge of HIV and sexually transmitted infections among construction workers, contractors, sex workers and communities; improve access to related health services; prepare HIV policy guidelines for the infrastructure and mining sectors; and increase HIV prevention capacity among national and local partners. Acknowledging that it lacked the tools and capacity to tackle the issue of HIV in these sectors alone, the government delegated implementation of the project to the Mongolian Employer’s Federation (MONEF), a nongovernment organization with a mandate to promote the country’s private sector through information sharing, capacity building, and legal advice to its 7,000 members.
THE BENEFITS

MONEF created a new unit to conduct train-the-trainer workshops, and disseminate the guidelines and training materials developed by the Asian Development Bank (ADB) in collaboration with the National Centre for Communicable Diseases. Workers from two private companies were trained to conduct peer educator training on HIV and sexually transmitted infection prevention. One company also provided health checkups, voluntary HIV/sexually transmitted infection (STI) testing, condoms, and HIV/STI prevention information. It also included HIV/STI prevention in its new employee induction program.

MONEF took up the program after the ADB-funded project ended, and it continues to conduct train-the-trainer sessions using the guidelines and training materials provided under the trust fund project.

The project was also very successful in stimulating dialogue that led to meaningful policy change. In May 2012, the Ministry of Roads, Transportation, Construction and Urban Development together with the Ministry of Mineral Resources and Energy adopted an HIV prevention service package to be implemented in all infrastructure, road, and mining projects. The same year, Mongolia also passed a new HIV law that mandates all institutions to have a workplace safety program to address HIV. Bid documents for infrastructure, transport, and mining projects must also include a chapter on workplace safety, particularly HIV prevention.

THE ADB ADVANTAGE

Through its well-established relationships with Mongolia on infrastructure development, ADB was able to engage both the government and the private sector to ensure that the project would be both successful and sustainable.

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“The success of this cross-border approach also underlines the importance of ADB continuing this work through other health trust funds, as well as ensuring such work is linked to cross-border infrastructure projects.”

**THE ISSUE**

In 2012, the governments of the Lao People’s Democratic Republic (Lao PDR) and Viet Nam received a $5 million grant and a $15 million loan, respectively, from the Asian Development Bank (ADB) to build capacity in HIV prevention. However, carving out funding in the area of cross-border collaboration is a challenge for both governments.

**THE PROJECT**

The $1 million project under the trust fund had aimed to achieve broadly the same goals as the grant and loan, but with a focus on migrant workers and mobile populations at border areas. The project generated three memorandums of understanding (MOU) between governments in the border provinces of the two countries, and based on these, the project facilitated a national-level bilateral MOU with specific regional cooperation measures on HIV prevention. Models for several pilot cross-border initiatives were developed under the project, which if successful can inform and improve effectiveness of the manner in which the $20 million loan and grant is used.
In Viet Nam, the focus of the models developed was community outreach in border provinces, including with migrant workers, and also harm reduction for people who inject drugs. These models will be implemented under the block grant mechanism of the ADB loan project. Key activities include distribution of HIV awareness and education materials; behavior change communication activities for at-risk groups; capacity building for health service providers; and HIV prevention training for health quarantine and immigration staff at border stations.

In the Lao PDR, the focus of two pilot projects was on harm reduction among populations in remote areas close to the Viet Nam border, with links to similar interventions under way on the Viet Nam side. The pilot comprised of an outreach-based needle syringe program including village-based awareness events implemented through health centers and a point-of-care referral system with links to the needle syringe program, HIV voluntary counseling and testing services, and AIDS treatment and care.

The other pilot project targeted migrant laborers employed by private companies and enterprises as well as the management. The project also covered owners of bars and entertainment venues and staff from provincial health and other sectors involved in HIV prevention. The objectives were to increase HIV prevention knowledge and skills of migrant workers and other vulnerable populations in the cross-border area through education for migrant workers, increase access to voluntary counseling and testing, and advocacy with the private sector.

ADB was the only agency engaging in cross-border HIV prevention efforts in these parts of the Greater Mekong Subregion. The imminent opening of borders to migrant labor, which is expected to follow the launch of the ASEAN Economic Community in 2015, adds increased urgency to such action.

The success of this cross-border approach also underlines the importance of ADB continuing this work, e.g., through the Regional Malaria and Other Communicable Disease Threats Trust Fund and other health trust funds, as well as ensuring such work is linked to cross-border infrastructure projects.

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One of the key successes of the project was the way in which it was able to mobilize otherwise unlikely partnerships.

The ISSUE

How to reach both the general population and specific groups at increased risk of HIV with education and prevention messages is a challenge across the region, due to resource constraints and also because of cultural taboos regarding sex, sexuality, and drug use in some countries.

THE PROJECT

With 47 national football association members, the Asian Football Confederation can command unparalleled attention through a game that is loved by millions. Football players are national heroes; matches bring together diverse groups of people in one place; and the game is found on the sports curriculum of schools all over Asia and the Pacific.

The engagement of the Asian Development Bank (ADB) with the Confederation began in 2013, with programs in Cambodia, Malaysia, Myanmar, the Philippines and Viet Nam. All programs were united through the UNAIDS–supported Protect the Goal campaign, launched at the 2010 FIFA World Cup in South Africa, with the target, approach, and outcome of each program tailored to the country concerned.
THE BENEFITS

One of the key successes of the project was the way in which it was able to mobilize otherwise unlikely partnerships in Asia and the Pacific, such as between the Asian Football Confederation and UNAIDS, and between national football associations and local nongovernment organizations from outside the sports world.

In the Philippines, the campaign was headlined by the Philippine football national team, Azkals, and featured national players. Using video, social media, and HIV testing and prevention promotion materials at Azkals games, the campaign reached out to youth, especially to young men who have sex with men, a group particularly at risk for HIV in the Philippines.

By contrast, the campaign in Cambodia centered on high school and university tournaments, not only in football, which is not the main sport in the country, but also athletics and basketball. In Myanmar, the campaign also worked with university students to train them as peer educators, taking HIV prevention messaging with them to weekly high-school team coaching sessions, incorporating health talks and decision-making skills training into warm-up and practice sessions.

In Malaysia the focus was children and teens, who were educated about HIV prevention as part of a school-based football clinic with a national team player. The sessions were mandatory, which ensured that they reached all children aged 10–15 and not just those who were avid football players. The campaign in Viet Nam received an important boost when the country cohosted the 2014 Suzuki Cup together with Singapore. HIV/AIDS education materials and videos were used during the event, the most prestigious football cup in the region with up to 300 million spectators. Voluntary testing and counseling for HIV was also available on-site.

THE ADB ADVANTAGE

ADB was able to take its experience of engaging with the private sector into the health arena. The success of the HIV/AIDS campaign with the Asian Football Confederation also shows promise for other health-related interventions, e.g., hygiene, violence against women, and malaria.

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