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**HEALTH POLICY
INITIATIVE**

HIV POLICY AND ADVOCACY IN THE GREATER MEKONG REGION AND CHINA

In most of Asia, HIV tends to be concentrated among most-at-risk populations (MARPs). In the Greater Mekong region, HIV gained a foothold among injecting drug users (IDUs) in the 1980s, and since then prevalence among other MARPs—including men who have sex with men (MSM), and sex workers and their clients—has been on the rise.

The intricate connections among MARPs increasingly serve as routes by which HIV is spreading through sexual transmission to other groups and the general population. Yet most national and regional responses in Asia have not adequately addressed the issues and needs of MARPs. Although responses to HIV have been increasing in Asia, awareness among MARPs, political commitment, and access to preventive services remain low.

The USAID | Health Policy Initiative for the Greater Mekong Region and China (HPI/GMR-C), implemented by RTI International, with support from the Burnet Institute, is funded by the President's Emergency Plan for AIDS Relief (PEPFAR). The project aims to improve the enabling environment for HIV prevention, care, and treatment in the Greater Mekong region and China, by ensuring that

- national and local HIV policies, plans, and programs, based on international best practice, are adopted and implemented;
- effective public sector and civil society champions and networks are developed, strengthened, and supported to assume leadership in the policy process; and
- timely and accurate data are used for evidence-based decision making.



World AIDS Day 2008, Guangzhou, China

Project activities are under way in the Greater Mekong region and in China, with a concentration in Yunnan and Guangxi provinces. HPI/GMR-C works closely with civil society and government to build capacity in HIV policy analysis, advocacy, and implementation.

Strengthening policy formulation and implementation for MARPs and people living with HIV and AIDS

HPI/GMR-C contributes to the effective implementation of the USAID Minimum Package of Services model for HIV in China by strengthening the enabling environment in the following technical areas: capacity building, community mobilization, policy, stigma and discrimination, and strategic information. HPI/GMR-C initiatives have included conducting operational policy assessments in key areas such as overcoming barriers to participation in voluntary counseling and testing programs; improving the policy environment to scale up methadone maintenance treatment; developing strategies for sustainable long-term provincial response

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mechanisms; strengthening the HIV legal environment; and reviewing policy regulations to support increased community mobilization and the registration of civil society groups.

Engaging civil society and supporting community advocates

In China, HPI/GMR-C works to strengthen the participation and advocacy capacity of the emerging civil society sector with a focus on MSM and people living with HIV and AIDS. Project activities include

- targeted advocacy training and allocation of small grants to enable communities to manage advocacy campaigns;
- support for establishing a dedicated HIV legal clinic to provide HIV-positive and at-risk communities with legal services; and
- administration of a survey to improve knowledge of and responses to HIV-related stigma and discrimination.

The project is also working to build the advocacy capabilities of regional networks representing HIV-positive communities and MSM. In this regard, HPI/GMR-C is conducting a study that reviews the current level of HIV expenditure, resource needs, and resource availability for HIV prevention programs for MSM in China's Yunnan and Guangxi provinces, Burma, Thailand, Laos, Vietnam, and Cambodia. The resulting advocacy report will be an important tool in advocating for increased funding and political commitment for HIV prevention, treatment, and care services.

Developing data for decision making and advocacy

All HPI/GMR-C policy efforts rely on timely, accurate data. The project is using the Integrated Analysis and Advocacy Project (A²) model to enable evidence-based decision making for HIV responses. The model guides users through the synthesis of local data to clarify the



Advocacy training for MSMs in Guangxi province, China

epidemic and response, analysis to project epidemic trends for support of strategic planning, and use of the results to build sustainable advocacy. HPI/GMR-C, in coordination with Family Health International (FHI) and the East-West Center, participates at the regional level and supports in-country implementation of the A² model in Guangxi and Yunnan.

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