# Asia Pacific Region Thematic Analysis Paper - 5

# HIV & AIDS IN ASIA-PACIFIC REGION

## Innovation in Program Design and Management

**AUTHORS**

Dr. Angela Chaudhuri, Emily Madsen & Julian Joseph

**SWASTI HEALTH RESOURCE CENTRE**

# HIV and AIDS in the Asia-Pacific Region: Innovations in Program Design and Management

## 1. Background

The profile of the HIV/AIDS epidemic in Asia-Pacific has changed over the years through improved coverage and scale of prevention/intervention in several countries and increased access to antiretroviral therapy. In the year 2012, new HIV infection in the Asia Pacific region was reported to decline by 26% since 2001 and close to 1.25 million peopleare accessing treatments. In 2012, overall treatment coverage in the region has increased by 46% since 2009(UNAIDS, 2013a).Overall national prevalence in most Asia-Pacific countries remains low, but because of the large size of the population in these countries, the number of people living with HIV is still running into several thousands. Almost all the countries in the region have a concentrated epidemic with HIV infection largely confined to key populations at higher risk: Female and Male Sex Workers, MSM and PWID and Transgender.

In the past couple of years there was a programmatic response shift in the region, focusing on community empowerment and building community capacity to respond and support prevention and care efforts in their own unique ways. Innovative efforts are being tried out in the region and have evolved over years to shiftingfocus on the needs of communities that are often marginalized and, in some cases, criminalized. Responses to this challenge have called for innovative designs to reach the hard-to-reach and ensure high impact and sustained outcome. The most successful prevention and impact mitigation programs have tried to address structural barriers and facilitate improved access to services forkey population groups.

## 2. Scope of this Thematic Paper

This thematic analysislooks at Innovative approaches in program design and management of services related to HIV prevention and care in the Asia Pacific Region. The examples chosen highlight some novel and interesting approaches to program design in countries in the Asia Pacific region, but are not all-inclusive for the region. Furthermore, depending on their stage of development and implementation, these programs may not have been empirically validated yet and further evidence and analysis is needed to determine whether programs have made a significant impact, are sustainable, and cost effective. These examples do highlight ways that programmersare approaching the epidemicand utilizing evidence and existing resources to combat it. Thisthematic paper aims to introduce some innovative ways program developers can reach their own unique community and health systems when developing new programs for HIV prevention and care.

## 3. What is Innovation

Debate on what is and what is not innovation is never ending and it is hard to come up with a definition that is most appropriate and acceptable. Innovation, according to Praveen Gupta is 'delivering breakthrough solution by offering higher value to the customers'. In our effort to find a solution, when we hit upon an idea that has never been tried, and would make the process simpler, efficient, effective and produces the desired result – that is innovation.Innovation could also be creation of 'new processes, products, services and methods of delivery which result in significantImprovements in the efficiency, effectiveness or quality of outcomes' (Mulgan&Albury, 2003).

Why talk about innovation in HIV programming? HIV program in the last 3 decades have evolved through experiments and innovation. The impact we talked about a little earlier is the result of years of innovative practices leading to progress and change. Through this analysis we are not trying to set standards for innovation but highlight any initiative that has made a difference, brought about change and/or found solutions to several growing challenges faced by this sector.

# 4. Innovative Program Design

## 4.1 Prevention Strategies

### 4.1.1 Innovative Approaches to Prevention of HIV Transmission among Key Populations at Higher Risk

Programs to prevent HIV transmission among key populations at higher risk, such as female and male sex workers and their clients, men who have sex with men, transgender people, and people who inject drugs, have required an understanding of disease demographics and creative methods to reach target groups. Accessing key populations is often a challenge to community engagement and prevention. Several innovative approaches have been tried out to create impact among key population groups. These approaches have proved to be innovative for the region and have brought desired resultsfor impacting the HIV prevalence in the region. Some of these approaches and examples are described below:

### a. Empowerment approach

Program design has evolved from an emergency response at the beginning of the HIV epidemic to providing communities with the skills and resources to address the disease head on. Program design that follows the **Community Systems Strengthening** framework (CSS) aims to empower communities to maintain the vision of HIV prevention and improve program sustainability through capacity building. Innovative programs have met these goals by ensuring consistent funding, training community members to carry out tasks, and increasing access to health services and clinics.

> *Community Systems Strengthening (CSS): A Framework to Empower Communities*
>
> CSS utilizes core components of community systems to build the capacity for sustainable programs at the local level. Main components of CSS include:
> - Engaging the community
> - Advocating with policy makers, community leaders to improve policies and governance in favor of the disadvantaged communities
> - Building community networks and linkages
> - Building resources (human resources, financing, and material resources)
> - Making evidence-based services available according to community needs
> - Organizational and leadership development

An example of CSS can be seen in the successful programs with female sex workers (FSW)in India. Participation in peer-led sex worker collectives or CommunityBased Organizations (CBO) in Karnataka state, India where members of the collective received peer education about safe sex practices resulted in greater STI/HIV/AIDS knowledge and condom use outcomes such as regular use of condoms with clients, recognition and treatment for STIs (Halli et al., 2006). These collectives utilize an empowerment approach to promote behavior change, providing women with the knowledge and control to utilize HIV prevention strategies.

The **PragatiProgramme**, in Karnataka, considers multiple levels of internal and external factors putting FSWs at high-risk of HIV. Its innovation lies in the fact that the program, rather than being a regular HIV prevention project, took the route of a comprehensive social and economic empowerment model that provides women with information and access to health centers, financial services, other livelihood options, de-addiction programs, violence protection, etc. (Euser et al., 2012).

This approach has led to empowering women to take control of their lives, which in turn resulted in greater ownership of the collective by participating women and built the capacity for community buy-in and sustainability. By focusing on community needs and involving the target population in planning interventions according to these needs, the social and economic empowerment approach introduced a paradigm shift in the way that HIV prevention programs are developed. This approach recognizes that HIV prevention does not stand alone in overall health promotion and the importance of addressing larger community development issues that contribute to HIV risk and vulnerabilities.

### b. Targeting Hard-to-reach Populations

Outreach services targeting high-risk groups must confront the institutional barriers that often marginalize these populations and make them invisible. Program design aimed at groups whose high-risk behavior is also illegal and criminalized must work with and around policy and legal barriers to promote sustainable behavior change.

The **EMPOWER program** in Thailand developed an innovative method for reaching migrant sex workers in the country. A Chiang Mai-based radio station broadcasts an FSW-led program that provides information about health, HIV prevention, and sex workers' rights as well as beauty tips and discussions about social issues. This approach ensures a cost effective, wide reach to women who may not have regular access to preventative services or drop-in centers, such as FSWs in rural areas (UNFPA et al., 2012).

The Thai Red Cross AIDS Research Centre also utilized social media and entertainment to reach out to hard-to-reach men who have sex with men (MSM) in Thailand. Through the "Adam's Love" website, celebrity spokespeople, fashion photography, and videos are used to advertise HIV testing, wellness clinics, and incentives aimed at safe sex practices and regular testing. Since its launch in 2011, Adam's Love has been widely used and is credited with increasing health center visits by MSM individuals (Amfar, 2011).

In Bangkok, Chengdu, Ho Chi Minh city, Jakarta, Manila and Yangon, MSM are increasingly using mobile phone technologies to chat and 'hook-up' through 'apps' (applications). This is providing the user with information if someone signed up to a particular e-network is in close proximityto him. Some HIV medical and community services use mobile phones and SMS to engage and re-engagegay and other MSM and transgender people in their services, and early research suggests these strategiesmay be successful at promoting sustained health seeking and improving re-testing rates among MSM (UNDP, 2011).

Given the increasing numbers of MSM and transgender people using mobile phones in the region, the useof SMS and mobile technologies should be standard practice among HIV medical teams and community-basedservices. For example, SMS reminders could prompt return visits by MSM and transgender people forHIV and STI testing and counseling as well as for health maintenance and monitoring visits for those livingwith HIV.

### c. Structural Approach

Structural approaches to HIV prevention attempt to identify the environments and risk factors that increase vulnerability to contract the disease and include social, legal, economic, and cultural factors (USAID, 2013).

In the case of people who inject drugs (PWID), for example, programs targeting this high-risk group face legal barriers due to the criminality of drug use and possession. The legal aspect remains a delicate one to balance with rehabilitation services and the ability to reach this population. Several countries in the region such as **India, China, Bangladesh, Vietnam,** and **Indonesia** have implemented needle exchanges, harm reduction campaigns, and drug substitution therapies to minimize the harm from further drug use to the individual and prevent onward HIV transmission (Piot et al., 2008). In **Malaysia**, public health professionals have worked with the government to change policy in order to focus on drug use as a health issue rather than purely a criminal one (Kamarulzaman, 2009). In fact Malaysia has introduced "Cure and Care Clinics" to provide range of services to the PWID that include clinical assessment, provision of food, place to rest, Methadone Maintenance Therapy,etc (UNODC, 2012).

The shift to rehabilitation services for PWID and the sensitization and cooperation of law enforcement, provide a new way of approaching HIV prevention in this target group. Successful advocacy with religious leaders in Malaysia also have resulted in Mosques providing Methadone Maintenance Therapy (Gooch, 2012). In the**Philippines**, The Philippines AIDS Prevention and Control Act was passed in 1998, which was first such Act in South East Asia. This Act helped in removing many of the structural barriers to accessing services in the country. In Cebu, a province in Philippines passed an Anti-discrimination Ordinance, which included people with different sexual preferences.

### d. Focusing on Young, New and High Volume (YNH) Sex Workers

A study conducted by the Department of Health and UNICEF in the Philippines found that in a sample of 9,316 female sex workers close to 62% were 25 years old and younger. Similarly another study undertaken by Swasti and Karnataka Health Promotion Trust with the support of USAID in Bangalore, India, found that between 3,794 to 6,477women enter into sex work in Bangalore every year and 70% are in the age group of 20 to 25 years (Swasti&KHPT, 2010).Given the high vulnerability among young and new sex workers, the **Pragati project** in Bangalore initiated its "YNH" strategy to reach them early and encourage safe sex practices. A combination of strategies are used to do this, such as early identification through formative research to identify the location of their operation, using highly experienced sex workers to identify the young and new, and targeting gatekeepers and clients of new sex workers with prevention messages. Information Education and Communication (IEC) materials and messaging was also changed to suit the needs of YNH sex workers. In addition, Pragati project has used effective Information Communication Technology (ICT)to reach these populations as most of them operate using mobile phones.

**Dark Blue**, an LGBT organization in Beijing, China has used this approach effectively. They are using an Internet based audio and chat room for providing Behaviour Change Communication (BCC) and counseling services to young male and transgender sex workers.

### e. Integrating HIV and Sexual and Reproductive Health (SRH) Services

Integrating HIV and SRH services cancreate greater impact by reducing unintended pregnancies among female sex workers,provide treatment of STIs, improve access to antenatal, delivery and postnatal care, improve access to PMTCT services,provide counseling and legal support, decrease duplication of efforts and competition for scarce resources, etc. According to Dr. Lawrence Oteba, SRH and HIV linkage advisor at International Planned Parenthood Federation's (IPPF) African region office, integration of HIV and SRH services is an effective strategy because "it maximizes space and human resource utilization when a lot is being done in one space. This drastically cuts down on operational costs" (Kityo, 2012).

There are several gaps currently in integrating SRH and HIV services in the region, including lack of policies, national laws and guidelines facilitating the integration and at an operational level there is no organized effort at national level to include integration as part of the planning process. This has led to absence of adequate system for appropriate staffing, procurement and supply, laboratory support etc. Some initiative at policy level we can talk of is the inclusion of HIV related strategies, in Philippines, within the proposed bill on reproductive health. Though there are international commitments for integration of HIV and SRH (Glion Call to Action (2004), Political Declaration on HIV/AIDS (2006), Maputo Plan of Action (2006) and Guilin Framework (2007), these have not been effectively and sufficiently translated into stronger political will around the specific issues at country level.

Some attempts at integration are being tried out by the NGOs at an intervention level. **TOP** in Myanmar and **Lily Women's Wellness Centre** in Kunming, China; provide SRH services to sex workers to improve their sexual and reproductive health. Services included family planning,counseling, and access to a wide range of family planning services.

The Reproductive Health Association of Cambodia, through the support of IPPF has initiated SRHR services for PLHIVs by integrating SRHR clinics with HIV services (eg. ART treatment and condom provision). In India, Child Survival India (CSI) supported by India HIV/AIDS Alliance is providing integrated services for PLHIV and sex workers. The services include Mother and Child Health, STI, condom, Menstrual Hygiene, Prevention of Mother to Child Transmission, Family Planning information, etc.

## 4.1.2 Innovative Approaches to Vulnerable Population Prevention

Programs have been designed to reach vulnerable populations including truckers and migrant workers,because of high-risk behaviors and their contact with the general population. Other populations considered to be vulnerable to HIV infection include women, and street children who are exposed to vulnerabilities that increase their risk to HIV.

Reaching truckers through non-traditional peer educators is an innovative example of targeting this vulnerable group. Truck drivers are a high-risk population due to reports of multi-partner sex while traveling and a lack of education about safe sex practices. In fact, 75% of truckers in India reported extramarital affairs with either paid or unpaid women (UNAIDS, 2001). In **India**, interventions have been implemented through collaborations between NGOs and the Transport Corporation of India (TCI) to reach truckers on the road. Two Indian programs arethe**Healthy Highways Project** and **Kavach Intervention.** Both have taken innovative approaches by utilizing unconventional peer educators: petrol station workers. They have also increased access to safe sex practices with the

availability of condoms and education messaging at *paan* (tobacco) retailers, tea stalls, and petrol stations that drivers regularly frequent (Juneja, 2013; UNAIDS, 2001).

The **Nepali** intervention **GoankoRaiwar ("News from Home")** created a way to reach migrant workers through the influence of the workers' wives. Nepali men migrating to India for work received letters along with instructional materials from their wives encouraging healthy behavior. Wives participating in this intervention are also trained by peer educators to negotiate safer sex practices when their husbands return home (UNAIDS, 2009).

### 4.1.3   Innovative Approaches in General Population Prevention

Since almost all the countries in the Asia Pacific region have a concentrated epidemic, the focus of most national programs is on Key Population Groups rather than the general population.  Therefore most national programs are limited to IEC campaigns with HIV messages among the wider community. This includes regular TV ads, billboard messages, newspaper ads, posters in hospitals and similar settings, etc.

One innovative IEC campaign that has been implemented by Department of AIDS Control in India in partnership with the Ministry of Railways is the **"Red Ribbon Express" Campaign**. In order to spread the message of HIV prevention and stigma reduction, a red ribbon express train was launched in 2007 from Delhi. It has travelled more than 27,000 km, bringing messages of HIV prevention to more than 50,000 towns and villages and reaching more than 10 million people (UNAIDS, 2013b).

### 4.2 Impact Mitigation

HIV programming focused on impact mitigation reduces the impact of the disease on PLHIV as well as the burden of HIV/AIDS on communities and health systems. The goals of impact mitigation programs include providing support to reduce financial impact of HIV and AIDS on families, reaching children and ensuring education (particularly for those orphaned to AIDS), increasing livelihood opportunities, improved access to quality care, creating networks for support, and promoting legal and overall human protection.

### 4.2.1   Social Protection

Social protection programs along with impact mitigation strategies are approaches to enhance and sustain services to reduce burden for PLHIV and their families. Creative tactics must be employed as work often involves confronting widely accepted social stigmas. In India, widespread gender inequities mean that widows infected with HIV often lose property and inheritance rights to their late husbands' families. In Karnataka, India, the **Single Window program** works with CBOs to increase employment opportunities and ensure access to such entitlements and social protection schemes through advocacy with government officials, awareness-building for PLHIVs and key populations  and skill building training.

Cambodia has also initiated steps to improve the access to social protection for PLHIVs. Free primary health care and ART is being made available to eligible PLHIVs in the country. Additionally, the Buddhist Leadership Initiative in 10 provinces mobilizes monks to provide cash transfer support and support in kind as well as psychosocial support to PLHIVs (UNDP, 2013).

In Pakistan and Nepal, the third gender has been legally recognized through an order of the respective Supreme Courts. This is helping the transgender community to access better health care

and receive the right to vote. In Thailand HIV has been included now in the Universal Health Coverage Scheme, which has improved access to affordable medication for PLHIV.

### 4.2.2 Mainstreaming

Because the HIV epidemic in Asia Pacific is concentrated, mainstreaming is not as easy to enact, as it would be in a generalized epidemic, as seen in Africa. However, most governments have recognized the challenges that PLHIV face in daily life. Several of the Indian Ministries are in talks with Department of AIDS Control to mainstream HIV programming into their overall missions and some of them have already signed a Memorandum of Understanding (MoU). These steps will enhance the national response to HIV further by raising additional resources through the engagement of other ministries.

In Cambodia, a prioritization exercise and cost effectiveness analysis led to reduction in the cost of NSP III and it was easy to convince key stakeholders in the country to agree and participate in the program. The process involved consultation with wide variety of stakeholders and improved involvement and ownership (UNAIDS, 2012).Papua New Guinea has made significant progress in mainstreaming HIV prevention in the key government sectors of education, law and justice, and transport. In fact 100% of the schools were provided skill-based HIV and AIDS education in 2009 (Jose et al., 2011).A significant number of leaders (MPs, heads of department, CEOs, Provincial Administrators,etc) have been trained in HIV and AIDS leading to many of them initiating workplace policy and mainstreaming activities within their organizational set up.

## 5. Innovative solutions to Program Management

Successful program management has involved collaboration between diverse stakeholders to implement and monitor interventions, and in mainstreaming HIV/AIDS programs into already existing systems and cultures.

Effective, large-scale program management has required:
- Quick and efficient decision making and funding flows
- Community participation and involvement
- Rapid program scale-up and mainstreaming
- Maintaining quality programming and services through partnerships at multiple levels of implementation and monitoring

**Governance**

The investment in national governing bodies has been essential to the successful management of country-wide programs. Government (both central and local government bodies) involvement and policies allow for comprehensive and integrated strategic planning, keeping the mission on target, and maintaining sustainability of allocated resources (Saphonn et al., 2004). **India's National AIDS Control Program**created a system that would respond to the virus as it would an emergency situation, move agendas and funding more quickly. Its status as a semi-government agency allowed some freedom in working with communities outside the legal framework through partnerships with NGOs and CBOs. The separation of national, state and district units was also developed as a way to decentralize response and quickly mobilize resources. Leadership as high up as the Prime Minister, who chaired the National AIDS Commission, kept the NACP's mission on the country's agenda. Leadership was also able to streamline funding to reduce redundancy and increase the effectiveness of donor aid (Piot et al, 2008).

Afghanistan, while late in the AIDS response, has produced immediate action by creating its **HIV and AIDS Coordination Committee** in 2007. The multi-sector composition of the Committee, consisting of ministries of youth, religious affairs, refugees, justice, the interior, and women's affairs, ensures a comprehensive outlook and rapid response to stopping the spread of disease (USAID, 2011).

### Program planning and scale-up

Innovative program planning requires a multifaceted understanding and approach to combating barriers to prevention and care as well as a vision for sustainable implementation. The social ecological framework to health promotion (McLeroy et al., 1988)(see textbox below) can be used in program planning to think comprehensively about interventions.

---

### Using the socio-ecological model when planning HIV programs

**Individual**: Understanding the barriers and misconceptions to prevention and access to care.

**Community**: Targeted interventions with high-risk communities.

**Society**: Gender norms and stigma, engaging communities and designing programs according to cultural contexts.

**Policy**: Ensuring law enforcement does not act as a barrier to HIV treatment and prevention, engaging leadership and utilizing government influence, promoting sustainability by integrating into policy.

**Collaboration between levels**: Ensures wide reach, higher impact, cooperation, and promotion/support of services at multiple levels.

---

In order to build the capacity for widespread scale-up, effective management has included **mainstreaming** HIV/AIDS issues into various sectors of government and society. The **Thailand Business Coalition on AIDS (TBCA)** engaged the private sector to mainstream and include AIDS awareness into the workplace by connecting businesses with public health services, NGOs, and international development agencies in order to provide employers with resources to address discrimination and promote prevention (Pramualratana&Baruah, 2008). **Cambodia**'s military also responded to the high risk of HIV infection in its population by mainstreaming HIV prevention and awareness into its military's culture (UNAIDS &UNDP, 2005).

**Strategic Information:** The response to HIV must occur at a rapid pace in order to prevent widespread infection. Once recognized, an intervention must reach at least 80% of the population in 2 years to effectively impact the growth of the epidemic. Strategic Information plays an important role to efficiently monitor and guide the programs in achieving this target.Several countries in the region have strengthened strategic information management system to gather, process and report data for providing strategic decision making to the programmers. This has improved the quality and extent of data gathering and data usage within the national programs.

In India, Strategic Information System was effectively used to track the epidemic in the country as well as to track performance of program. A Systematic look at these data provided the national program with strategic information that was critical for strategic decision-making, which in turn impacted the performance of the program and success of intervention.Key sources of data included: HIV Sentinel Surveillance, Behaviour Sentinel Surveillance, Computerized Management Information System, Service Quality Assessment through routine monitoring, Special Studies, impact Evaluations and operations research. The formative research (mapping) provided the denominator for program planning. An effective combination of these elements within strategic information and focus on data quality provided the edge for an effective program in India.  While at national level these initiatives

improved strategic information flow, several innovative experiments were also undertaken to improve community engagement in data gathering and analysis.

One such experiment was in the **Pragati project** in Bangalore that has evolved a tool called Reach, Access, Services and Products (RASP). Peer educators, most of whom are illiterate, use this tool to report on various services and products that were provided by them in the community. By using this tool the peer educators were able to track each individual Key Population (Female Sex Workers) over several months and determine what services that were availed by them and what they required.

## 6. Key Messages

**Key messages for HIV program planners and managers from these innovative examples:**

a. **Deepening prevention and care programs**
   In order to create sustainable impact of HIV prevention and care programs, it is critical to evolve programs that are effective for the community. Some of the tried and tested strategies are experiencing fatigue, such as Behaviour Change Communication approach, because of repetitive messaging. Therefore, alternative approaches in addition to traditional ones are crucial for deepening and sustaining impact. Empowerment models and focus on development approach for the community can achieve better ownership, participation and renewed interest of the community towards HIV prevention efforts. Several of the models described above have tried this approach with great success.

b. **Targeting the most vulnerable and hard to reach**
   In order to achieve greater impact in prevention, it is important to evolve strategies that can reach to the most vulnerable and hard to reach population. Using emerging technologies and social media effectively, as tried out in Thailand and other countries, could be modeled in order reach to the hard to reach populations.This in turn will contribute to achieving the vision of "zero new infections".

c. **Addressing structural barriers**
   Achieving greater coverage and scale up of prevention programs are critical to create larger impact and reduce the HIV prevalence within countries. Addressing structural barriers that prevent improved access to services for the marginalized communities through creative solution is therefore critical.

d. **Strategic Information**
   Innovations are important to re-energize and strengthen programs that contribute to sustained impacts. Understanding community needs and changing expectations of government are driving factors for innovation.National programs should allocate adequate resources for gathering good quality data that can guide development of innovative and impactful program designs that works for the community.At the same time, community organizations should build the capacity to gather and utilize data efficiently and in a way that informs policy at local and national levels. This reciprocal relationship should enhance strategic information across stakeholders and policymakers.

e. **Understanding Risks**
   Innovations often involve risk taking, as the outcomes of developing innovative program models cannot be predicted with certainty. It is therefore important to take adequate steps to understand the extent of potential risk and measures should be initiated to manage risk.

Donors also will need to be patient with innovative models and driving hard for immediate results may not ultimately be fruitful.

f.  **Focus on Outcomes**

What is the relevance of innovation in programming? It is to achieve quality outcomes through innovative processes. Innovative process should not limit its scope in just delivering outputs, but focus on achieving outcomes. The pathway to progress towards achieving outcomes should be clearly defined while developing innovative programs.

g.  **Innovation Cycle**

Developing innovation models start with understanding the needs of the community and understanding policy environment, through systematic evidence gathering process. Once the needs are identified, initiate the process of evolving innovative models of intervention, which should include both technical design and systems for implementation. Once the model is evolved it should be implemented and evaluated. The learning should be constantly used to make course corrections and improvement.
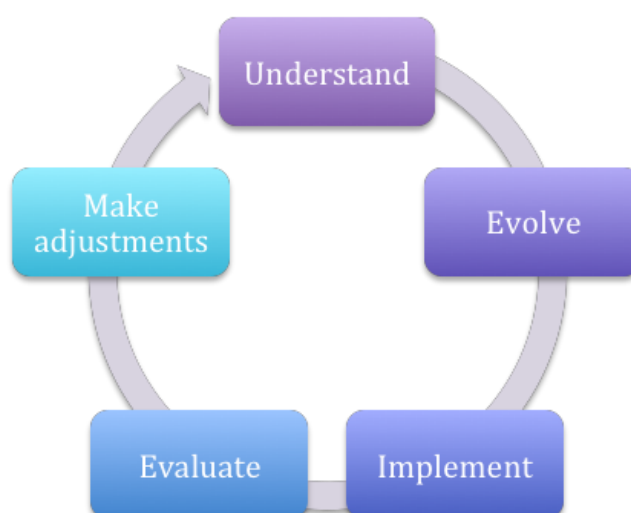


# Conclusion

Innovative programming is only possible if there is committed leadership, appropriate systems, sufficient capacities and freedom to innovate. It is also important to understand the fact that the risk of failure is high and if that happens one should be able to absorb, learn quickly and move on. In the HIV sector innovation has always driven achievement of outcomes and impact. Several donor agencies have tried to promote innovations by providing financial support for innovation. In most countries in our region, the national programs are at a juncture that requires innovative solutions to manage implementation fatigue and enliven interventions towards sustained outcomes.

**References**

1. Amfar. (2011, October). New Website Reaches Out to MSM in Thailand. http://www.amfar.org/articles/around-the-world/treatasia/2011/new-website-reaches-out-to-msm-in-thailand/

2. Euser, S.M., Souverein, D., Rama, P., Gowda, N., Gowda, C.S., Grootendorst, D., Ramaiah, R., Barot, S., Kumar, S., Jenniskens, F., Kumar, S., & Den Boer, J.W. (2012). Pragati: an empowerment programme for female sex workers in Bangalore, India.*Global Health Action, 5*. 1-11. http://dx.doi.org/10.3402/gha.v5i0.19279

3. Gooch, L. (2012 March 28). Malaysian mosque is also a methadone clinic. *The New York Times*. Retrieved from: http://www.nytimes.com/2012/03/29/world/asia/malaysian-mosque-is-also-methadone-clinic.html?pagewanted=all&_r=0

4. Halli, S.S., Ramesh, B.M., O'Neil, J., Moses, S. & Blanchard, J.F. (2006). The role of collectives in STI andHIV/AIDS prevention among female sex workers in Karnataka, India. *AIDS Care: Psychological and Socio-medical Aspects ofAIDS/HIV, 18*(7), 739-749.

5. Jose, O.,Totona, K.,Begani, A.,Andew, T.,Tombe, B.,Begani, R. (2011). Knowledge, Attitudes and Beliefs on HIV/AIDS among Tertiary Students in Papua New Guinea. *World Journal of AIDS*, *1*, 50-61.

6. Juneja, S., Tirumalasetti, V.R., Mishra, R.M., Sethu, S., & Singh, I.R. (2013). Impact of an HIV prevention intervention on condom use among long distance truckers in India. *AIDS Behavior, 17*. 1040–1051.

7. Kamarulzaman, A. (2009). Impact of HIV prevention programs on drug users in Malaysia. *Journal of Acquired Immune Deficiency Syndrome, 52*. S17-S19.

8. Kityo, J. (2012 Sept 14) Integration for impact 2012: Lessons from HIV/SRH integration in Malawi, Swaziland and Kenya. Retrieved from: http://www.keycorrespondents.org/2012/09/14/integration-for-impact-2012-lessons-from-hivsrh-integration-in-malawi-swaziland-and-kenya/

9. McLeroy, KR, Bibeau, D, Steckler, A, &Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly, 15*(4), 351-377.

10. Mulgan, G, and Albury, D. (2003). Innovation in the Public Sector, Cabinet Office Strategy Unit, United Kingdom Cabinet Office.

11. Piot, P., Bartos, M., Larson, H., Zewdie, D, & Mane, P. (2008). Coming to terms with complexity: A call to action for HIV prevention. *Lancet, 372*. 845-59. DOI:10.1016/S0140-6736(08)60888-0

12. Pramualratana, A. &Baruah, K. (2008). Building regional capacity to mainstream HIV/AIDS management: Engaging the private sector. In Pandya, A. &Laipson, E. (Eds), *Transnational Trends: Middle eastern and Asian views.* Available from: http://www.stimson.org/images/uploads/research-pdfs/Stimson_ch10.pdf

13. Saphonn, V., Sopheab, H., Sun, L.P., Vun. M.C., Wantha, S.S., Gorbach, P.M., &Detels, R. (2004). Current HIV/AIDS/STI epidemic: Intervention programs in Cambodia, 1993-2003. *AIDS Education and Prevention*, *16*, (Supp A), 64–77.

14. Swasti and Karnataka Health Promotion Trust. (2010). Understanding New Female Entrants to Sex Work, Bangalore Urban. .

15. UNAIDS. (2001). *Working with men for HIV prevention and care*. Retrieved from: http://webcache.googleusercontent.com/search?q=cache:er9jUNkZKQsJ:https://www.unaids.org/en/media/unaids/contentassets/dataimport/publications/irc-pub02/jc543-workingwithmen_en.pdf+&cd=1&hl=en&ct=clnk&gl=bs&client=firefox-a

16. UNAIDS. (2009). *Compendium of migration and HIV and AIDS interventions*. Retrieved from: http://www.undp.org/content/dam/india/docs/compendium_of_migration_and_hiv_and_aids%20.pdf

17. UNAIDS. (2012). Case Study: The Royal Government of Cambodia at the forefront in applying new investment approach. Retrieved from: http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2012/20121114_PCB31_Case_study_Cambodia_Final_en.pdf

18. UNAIDS. (2013a). HIV in Asia and the Pacific, UNAIDS Report 2013. Retrieved from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/2013_HIV-Asia-Pacific_en.pdf

19. UNAIDS. (2013b). *India's Red Ribbon Express train making a difference in the AIDS response*. Retrieved from: http://www.unaids.org/en/resources/presscentre/featurestories/2013/january/20130116rre/

20. UNAIDS and UNDP. (2005). Mainstreaming HIV and AIDS in Sectors and Programmes: An Implementation Guide for National Response. Retrieved from :http://www.undp.org/content/dam/aplaws/publication/en/publications/hiv-aids/mainstreaming-hiv-and-aids-in-sectors-and-programmes--guide/19.pdf

21. UNDP. (2011). Towards Universal Access, Examples of Municipal HIV Programming for Men who have Sex with Men and Transgender People in Six Asian Cities. Retrieved from: http://www.snap-undp.org/elibrary/Publications/TowardsUniversalAccess.pdf

22. UNDP. (2013). HIV Sensitive Social Protection: A Review of Cambodia's Social Protection Schemes for incorporating HIV Sensitivity. Retrieved from: http://www.kh.undp.org/content/dam/cambodia/docs/DemoGov/UNDP%20Report%20about%20HIV%20Social%20Protection%20Schemes_Eng.pdf

23. UNFPA, UNAIDS, & APNSW. (12 December 2012). *The HIV and sex work collection: Innovative responses in Asia and the Pacific*. Retrieved from: http://www.unaids.org/en/resources/presscentre/featurestories/2012/december/20121212sexworkasia/

24. UNODC. (2012 Sept 24). In Asia, growing support for voluntary treatment for illicit drug users. Retrieved from:
http://www.unodc.org/southeastasiaandpacific/en/2012/09/treatnet/story.html

25. USAID. (2011 Dec 3). Afghan government fit to fight HIV. *USAID Afghanistan.* Retrieved from:
http://afghanistan.usaid.gov/en/USAID/Article/2554/Afghan_Government_Fit_to_Fight_HIV

26. USAID. (2013). Structural Interventions: An Overview of Structural Approaches to HIV Prevention. Retrieved from: http://www.aidstar-one.com/focus_areas/prevention/pkb/structural_interventions/overview_structural_approaches_hiv_prevention