

Roles of NGOs/CSOs in HIV/AIDS Prevention, Treatment, Care and Support for Mobile Population in Greater Mekong Sub-regions/ASEAN Countries

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Introduction

Thailand is a major destination for labour markets in Greater Mekong Regions/ASEAN Countries. Health services and medical treatment particularly HIV/AIDS prevention, treatment, Care and support are important area where migrant workers and their dependents have fallen through the cracks for both official and unofficial migrants working in Thailand. For official migrants there are Migrants Health Insurance package which cover the health services, Anti-Retroviral Treatment however for unofficial migrants is a huge obstacles and fear in accessing health care services. Non-government Organizations/ Civil Society Organizations (NGOs/CSOs) in Thailand have attempted to fill some of these gaps particularly for unofficial migrants in HIV/AIDS prevention related to HIV and AIDS in Mobile populations.



Methods

NGOs/CSOs in Greater Mekong Sub-regions in countries like Myanmar, Cambodia, Laos, Vietnam, Thailand and China were contacted to participate in the project **“Strengthening CSOs/NGOs in HIV/AIDS for Mobile Population in Greater Mekong Sub-regions/ASEAN”** to help labor migrants access HIV/AIDS prevention, treatment, care and support. These NGOs were involved in capacity building of PLHIV peer networks, cross border meetings, cross learning visits to learn and share good practices, advocacy messages and recommendations to source, transit, destination in nation, region and to global world.

Cross learning visits



Vietnam



Thailand



Myanmar



Cambodia



Yunnan, China



Lao PDR

Results

About 40 NGOs/CSOs were co-ordinated and collaborated. Learning and collaborating platform were set up in the form of social media pages such as CSO/NGOs collaboration Website and Facebook Page. Recommendation were presented to respective governments and in regions.



Conclusion

HIV/AIDS prevention, treatment, care and support services should be available to migrants despite of their nationality and mobility. This requires policy level changes to scale up migrant's friendly referrals and communication approach in terms of ARVs treatment.

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