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Harm Reduction among Injecting Drug Users

Report of the Second Bi-Regional Partners Meeting
Yangon, Myanmar, 13-14 August 2003

WHO Project No.: ICP HIV 001

World Health Organization
Regional Office for South-East Asia
Regional Office for the Western Pacific
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LIST OF ACRONYMS

AIDS	**A**cquired **I**mmunodeficiency **S**yndrome
AHRN	**A**sian **H**arm **R**eduction **N**etwork
ARHP	**A**sia **R**egional **H**IV/AIDS **P**roject
ART	**A**nti **R**etroviral **T**herapy
ATS	**A**mphetamine **T**ype of **S**timulants
AusAID	**A**ustralian **A**gency for **I**nternational **D**evelopment
CHR	**C**entre for **H**arm **R**eduction, **M**elbourne, **A**ustralia
DFID	**U**nited **K**ingdom **D**epartment for **I**nternational **D**evelopment
FHI	**F**amily **H**ealth **I**nternational
HIV	**H**uman **I**mmunodeficiency **V**irus
ICG	WHO **I**nter-country **C**ontact **G**roup on Harm Reduction
IDU	**I**njecting **D**rug **U**se
NAP	**N**ational **A**IDS **P**rogramme
NGO	**N**on**g**overnmental **O**rganization
NSP	**N**eedle and **S**yringe **P**rogramme
NNB	**N**ational **N**arcotic **B**oard
OI	**O**pportunistic **I**nfections
STI	**S**exually **T**ransmitted **I**nfection(s)
TB	**T**uberculosis
UN	**U**nited **N**ations
UNAIDS	Joint **U**nited **N**ations **P**rogramme on HIV and AIDS
UNAIDS-SEAPICT	**U**NAIDS **S**outh-**E**ast **A**sia and **P**acific **I**nter-**C**ountry **T**eam
UNGASS	**UN G**eneral **A**ssembly **S**pecial **S**ession on HIV and AIDS
UNICEF	**U**nited **N**ational **C**hildren's **F**und
UNODC	**UN O**ffice on **D**rugs and **C**rime
WHO	**W**orld **H**ealth **O**rganization
WHO/HQ	**WHO H**eadquarters, Geneva
WHO/SEARO	**WHO R**egional **O**ffice for **S**outh-**E**ast Asia, New Delhi
WHO/WPRO	**WHO R**egional **O**ffice for the **W**estern **P**acific, Manila

1. INTRODUCTION

The Second Biregional Partners Meeting on Harm Reduction among Injecting Drug Users was held from 13 to 14 August 2003 in Yangon, Myanmar. The meeting was organized by the WHO Regional Offices for South-East Asia and the Western Pacific.

1.1 Objectives

(1) To review progress made in responding to drug-use related HIV in countries attending the first Biregional Meeting on Harm Reduction among Injecting Drug Users;

(2) To endorse terms of reference for the Inter-Country Contact Group on Harm Reduction (ICG);

(3) To review the draft WHO Biregional Strategic Framework on Harm Reduction among Injecting Drug Users;

(4) To identify the next steps to increase resources, expand capacity and extend political support for HIV prevention among injecting drug users, and

(5) To discuss support needs of other identified countries on harm reduction among injecting drug users.

The detailed programme of the meeting is attached as Annex 1.

1.2 Participants

Sixty-five participants attended the meeting, including country representatives from Cambodia, China, Indonesia, Malaysia, Myanmar, Nepal, Thailand, and Viet Nam and representatives of partner agencies, including the Asian Harm Reduction Network (AHRN), Australian Agency for International Development (AusAID), The Centre for Harm Reduction (CHR), the United Kingdom's Department for International Development (DFID), Family Health International (FHI), the POLICY Project, the United Nations Office on Drugs

and Crime (UNODC), United Nations Children's Fund (UNICEF), and Joint United Nations Programme on HIV/AIDS (UNAIDS). Representatives of the World Health Organization (WHO) representation included staff from Headquarters, Regional Offices for the South-East Asia and Western Pacific Regions and relevant Country Offices.

The Regional Offices for South-East Asia and the Western Pacific, and the WHO Country Office, Myanmar, provided technical and operational support for the meeting. For the list of participants, consultants, temporary advisers, observers and secretariat, please see Annex 2.

1.3 Organization of the Meeting

The meeting was held at the Traders Hotel, Yangon, Myanmar, from 13 to 14 August 2003. Methods used in this meeting included presentations, small group discussions and plenary discussions.

1.4 Opening Remarks

The meeting was formally opened by His Excellency Professor Kyaw Myint, Minister of Health of the Union of Myanmar. He highlighted responses on preventing drug abuse and HIV transmission in Myanmar and noted that the HIV and drug use programme had become one of the major strategies of the AIDS/STD Control Component of the National Health Plan.

The WHO Representative to Myanmar, Dr Agostino Borra, spoke on behalf of Dr Uton Muchtar Rafei, Regional Director, WHO Regional Office for South-East Asia and Dr Shigeru Omi, Regional Director, WHO Regional Office for the Western Pacific. WHO emphasized the need for an evidence-based response to HIV transmission among drug users while acknowledging the challenges and barriers to the adoption of such a programme. The Regional Directors noted that WHO and the United Nations (UN) system as a whole had identified the need for a comprehensive approach to HIV/AIDS prevention, including a harm reduction approach targeting injecting drug users. They also noted the need for a broad partnership across different sectors to scale up interventions effectively. The opening remarks are presented in Annex 3.

2. OVERVIEW OF COUNTRY AND REGIONAL PROGRESS

A brief introduction to the issues was presented by Dr Sandro Calvani, Regional Representative, UNODC Regional Centre for East Asia and the Pacific.

2.1 Country Presentations

Below are brief highlights of country presentations. The full presentations were provided to all participants in CD format and are available on the SEARO website at (http://www.whosea.org/index.htm).

In **China**, more than 50% of injecting drug users surveyed report needle sharing leading to hundreds of thousands of sharing episodes daily. There has been a 32% increase in HIV infection among injecting drug users from 2001 and 63% of new HIV detections are among injecting drug users. The male to female ratio is only 3:1. Harm reduction pilot activities featuring drug treatment and outreach are taking place in two provinces. There are challenges in scaling-up and sustaining programmes.

In **Myanmar** there are an estimated 10,000 to 14,000 injecting drug users of the 66,000 total drug users. Ninety per cent are addicted to opiates. There is very high HIV sero-prevalence among injecting drug users but an apparent decline in aggregate sero-prevalence. Criminal law requires persecution for narcotics use, but in the last two years there have been few arrests. Out of 16 states and divisions of the country, 14 states have made arrests for Amphetamine Type of Stimulants (ATS). It is expected that there will be more ATS addiction in the future. Abstinence and short-term Tincture of Opium substitution therapy are the main treatment modalities used. There are active plans for outreach, substitution therapy, and needle and syringe programmes.

Indonesia has made rapid progress in policy development regarding injecting drug use and HIV infection. Eighty per cent of new HIV detections are among injecting drug users and sero-prevalence runs from 40% to 50%. Needle syringe exchange and methadone maintenance pilot projects have started and are ready for expansion. A memorandum of understanding has been signed between the National AIDS Commission (NAC) and the National

Narcotic Board (NNB) regarding interventions for HIV prevention among injecting drug users using locally acceptable approaches. A forum for coordination has been established with several NGOs and international agencies. There are challenges with regard to decentralization, policy changes, lack of resources, and stigmatization of drug users.

Viet Nam faces a continuing increase in HIV among injecting drug users with aggregate sero-prevalence up to 30%. The most commonly used drug is heroin. Older users smoke, while young users prefer injecting or mixed methods of use. Injecting drug use in female sex workers is substantial, ranging from 10% to 50%. Overall, 60% of new detections are in injecting drug users. Nine harm reduction pilot programmes have been conducted but there are continuing challenges to an expansion of the response, including the stigmatization of drug use, as well as budgetary and legal constraints.

Malaysia has found three-quarters of new detections among injecting drug users who represent just 14% of the country's quarter million drug users. Seroprevalence is higher among older injectors. The country's harm reduction programmes now focus on substitution therapy, with 28 public centres for compulsory treatment and rehabilitation and 150 private clinics for methadone treatment. The government budget for drug rehabilitation in the next 10 years is around $161 million. Challenges continue with legal constraints to scaling-up harm reduction programmes especially needle and syringe programmes.

Nepal has nearly 70% sero-prevalence among injecting drug users. Strong efforts are being made by law enforcement officials to take drug users for compulsory treatment and rehabilitation at treatment centres. The existing programme focuses on demand reduction and reducing health hazards and social consequences of drug user. There are programmes for injecting drug users initiated by NGOs and Community-based Organizations (CBOs). The issues to be addressed include legal constraints on harm reduction programmes and absence of government budget allocated for IDU related HIV prevention and care activities.

Thailand has reported only 4.7% of new HIV detections among injecting drug users who represent just 14% of drug users. There are harm reduction initiatives in one influential facility: a methadone programme for rehabilitation, a therapeutic community rehabilitation programme, and

scaling-up of public/private drug treatment services is ongoing. The possibility of needle and syringe programmes (NSP) needs to be further assessed as there is a government budget available for harm reduction programmes. Challenges include a continuing need for policy advocacy and strategic planning with the involvement of multiple ministries to expand these programmes.

2.2 Development Partner Presentations

A report on the last meeting of the **UN Regional Task Force on Drug Use and HIV Vulnerability** was presented by the UNODC representative. **AusAID** funded activities in Indonesia, Myanmar, Viet Nam, southern China as well as new activities in western China, and in North-East India were outlined. **Family Health International** harm reduction activities in 7 countries were presented. **UNICEF** reported on their activities in harm reduction. **WHO** activities in both regions in Asia were outlined. Presentations were reproduced on compact disc for all participants and may be accessed on the SEARO website (http://www.whosea.org/index.htm).

3. INTERCOUNTRY CONTACT GROUP

The draft terms of reference for the Intercountry Contact Group (ICG) were presented, discussed, and approved:

Objectives

The ICG will be a mechanism that supports countries in Asia with the design and fine tuning of national measures to address HIV transmission associated with injecting drug use.

The ICG will work with countries to identify needs and priority areas of assistance, provide technical guidance and information on funding, and devise a biregional strategy for HIV/AIDS prevention & care and injecting drug use in Asia. The purpose of the ICG will be to coordinate and strengthen activities through intercountry, and country-level programmes biregionally.

Responsibilities

Coordination and Communication

- Ensure that meeting outcomes, data, findings, experiences, projects and other information on HIV and injecting drug use that will help improve strategic responses in Asia as well as globally are shared among concerned parties;
- Provide linkage between and with capacity-building activities and consultant networks in the Asia region. Provide linkage with and between national contact groups (including focus on cross-border issues);
- Ensure regular communications with the UN Regional Task Force on Drug Use and HIV Vulnerability, and
- Provide six-monthly updates on activity.

Technical Support

- Respond to the need for policy and technical advice. Ad hoc working groups may be formed to respond to these areas if required;
- Identify specific training and capacity-building activities to be developed at intercountry level, and
- Assist WHO in developing its harm reduction response by providing inputs and comments on the WHO Biregional Strategic Framework for a Harm Reduction Based Response to HIV among Drug Users. In this respect, a working group consisting of no more than five people, is recommended to continue to support development of the Biregional Strategic Framework and Plan by providing inputs between meetings of the ICG.

Resource Mobilization

Identify funding needs, facilitate preparation of country-specific funding proposals, and draw up multi-country funding proposals to channel existing or new global funds to Asia.

External Relations

Mobilize support for harm reduction, including support through UN Theme Groups and by garnering political support with the Association of South-East Asian Nations (ASEAN) and SAARC.

Organization

Convening Agency

The group shall be convened by WHO SEARO/WPRO.

Membership

The group shall include representatives from organizations, agencies and bodies that are concerned with reducing the negative consequences of drug use, particularly of HIV transmission, among and from injecting drug users, including:

- Government counterparts from countries in the Western Pacific and South-East Asia Regions of WHO where the problems of HIV and drug use are issues of concern;
- WHO offices (country, regional and Headquarters);
- Programme implementing agencies;
- Funding agencies;
- Research agencies;
- Community organizations;
- Nongovernmental organizations (NGOs);
- International agencies, and
- Individuals working in this area.

Meetings

- The group shall meet at least once a year.
- The group shall recommend at each meeting when and where the next meeting should take place; or when the convenors decide, subject to resource availability.

4. COUNTRY WORKPLANS

Country participants worked with partner representatives in small working groups to develop country workplans for mid-2003 to mid-2005. Programme objectives, activities, outputs and responsibilities were outlined for each country (please see Annex 4).

5. REGIONAL STRATEGIC FRAMEWORK

The draft Biregional Strategic Framework and the process for finalizing a Biregional Strategic Plan were introduced.

This framework is the first step for WHO in gaining high-level political support, biregionally, for a strategic response to the spread of HIV and the need for prevention and care among this vulnerable group.

The purpose of this document is to: (a) provide the framework for a Biregional Strategic Plan for HIV prevention and care among injecting drug users; (b) define the goal and objectives for this Biregional Strategic Plan; (c) elaborate on the best practice, evidence-based approach to the issue of harm reduction; and suggest the process for the development and adoption of the strategic plan.

The **goal** of the framework is to reduce HIV incidence resulting from the sharing of needles and syringes in drug use in the South-East Asia and Western Pacific Regions, including secondary, sexual transmission.

The **objectives** are:

- To facilitate the development of country-based workplans to effectively respond to the spread of HIV resulting from the sharing of needles and syringes and sexual transmission among and from drug users;
- To identify means of monitoring and evaluating, and
- To identify steps to be taken by WHO at regional and country levels to support effective country-based responses to this issue.

Process for finalizing the Framework

During the session participants commented on the framework and additional time was recommended for further comments to be made. A technical advisory committee was established under the terms of reference for the ICG to support this development review process and assist in the development of a draft Biregional Strategic Plan for Harm Reduction among Injecting Drug Users.

6. ADVOCACY AND POLITICAL COMMITMENT

Dr Broto Wasisto, Deputy II, Secretary, National AIDS Commission, Indonesia, spoke on advocacy and political commitment. A working group session on advocacy followed. The group noted that major obstacles to scaling-up that need attention are the Vienna convention, legal constraints due to existing laws, cultural and social constraints due to poor understanding of addiction and harm reduction, and stigmatization associated with drug use. They noted opportunities for advocacy at the ministerial level using existing regional networks such as ASEAN, SAARC, cross-border meetings, the Asia Pacific Leadership Forum, and meetings of interparliamentary associations. Both, the police and health sector should develop a common view.

This group suggested three concrete advocacy activities:

- A regional evidence base should be used to develop a nontechnical briefing for senior bureaucrats and politicians;
- A multiministerial meeting of senior officials, and
- An Asia Pacific Leadership Forum meeting of senior officials.

7. CAPACITY DEVELOPMENT AND RESOURCE MOBILIZATION

Two speakers made presentations at this session: Prof Nick Crofts, from The Centre for Harm Reduction, The Macfarlane Burnet Institute, Australia, spoke on the need for a capacity building initiative and Dr Andrew Ball, WHO/HQ spoke on WHO's strategic capacity -development within the context of major funding initiatives. Working group sessions on resource mobilization and strategic capacity building were held.

The group on resource mobilization reported on major opportunities including governmental resources which must be continuous and sustainable. These included the Global Fund to Fight AIDS, Tuberculosis and Malaria, the private sector including, for example, mining companies and health professionals, bilateral donors especially the United Kingdom and Australia, multilaterals including UNODC and the World Bank, international NGO's, and foundations including the Bill and Melinda Gates Foundation. Group members found the following funding and technical resource gaps preventing scaling-up: decision makers need to see pilot projects evaluated before scaling-up, there is a need to bring more than one ministry on board, reviews of laws are needed, followed by strategic planning, the development of monitoring and evaluation indicators, building the capacity of nongovernmental organizations to implement activities, and more experience working with the private sector. They suggested activities to promote resource mobilization: mapping the needs of countries to enable them to implement (suggested as activities appropriately to be undertaken by WHO), improving planning capacity especially data quality and the development of indicators (suggested as activity to be undertaken jointly by WHO, UNODC, UNICEF, and UNAIDS), and advocacy to central and provincial authorities and the private sector (suggested activity to be implemented jointly by WHO, UNODC, and UNAIDS).

The group on capacity building and technical support through partners noted that there are key ongoing capacity building activities already in place, including bilateral programmes of Australia, the United Kingdom, and the United States of America, Asian Harm Reduction Network (AHRN) and CHR, activities being implemented by UN system organizations including WHO, UNODC, UNAIDS and UNICEF (including the upcoming Hong Kong methadone practitioners workshop), activities funded by the World Bank, the Bill and Melinda Gates Foundation, and the Global Fund to Fight AIDS, TB and Malaria. This group found that several key components of capacity building required strengthening: such as training of trainers, partnerships with training institutions, quality assurance for training, short term training and longer term institutionalization of training, more clearinghouse and information services, technical focuses at regional level and, perhaps, at national and provincial levels, increased general community and affected

community participation, community development among drug users, development of indigenous research capacity, improved management capacity including supervision, quality assurance, and monitoring and evaluation, and building on what already exists.

Suggested activities were:

- capacity building and mapping of workforce training needs;
- development of technical resource networks for substitution therapy, development of tools for management of HIV infected injecting drug users including ART, OI management, and TB treatment, and
- development of a network of indigenous researchers.

8. CONCLUSIONS AND RECOMMENDATIONS

At the final session, a draft statement was adopted following inputs from the meeting.

The meeting:

- acknowledged and recognized the significant work done by agencies across different sectors in working for HIV prevention and care among drug users;
- heard reports from countries and partner organizations and expressed its concern at the continued spread of HIV among and from drug users;
- endorsed the Terms of Reference for the ICG, and
- reviewed and commented on the WHO regional strategic framework for a harm reduction approach to HIV prevention and care among drug users in Asia.

The meeting recommended the following action points to the concerned parties:

8.1 Action points by Inter-Country Contact Group

In collaboration with existing drug control agencies and other organizations and networks, the ICG will:

(1) work with countries to reduce HIV incidence, vulnerability and prevalence among and from drug users and to reduce the impact of HIV/AIDS on drug users;

(2) develop a regional model for a true partnership for a coordinated response that could be reflected at country level;

(3) expand its membership to representatives of the drug user community and to networks of People with HIV/AIDS that are addressing HIV and drug use;

(4) assign an ad hoc working group including service providers, WHO and UNODC, to start a process setting targets within a specific time-frame and developing indicators and tools for monitoring and evaluation of HIV prevention and care programmes targeting drug users;

(5) through its network of expertise, improve country capacity for indicator development, data collection and analysis for programme and policy development. In this context members of the ICG will facilitate the development of a network of indigenous researchers;

(6) endorse the WHO Regional Strategic Framework for Harm Reduction Approach to HIV Prevention and Care among Injecting Drug Users in Asia by the end of September 2003;

(7) use the regional evidence base to develop appropriate briefing materials for politicians and other policy makers;

(8) work closely in partnerships with existing forums such as the Asia Pacific Leadership Forum, ASEAN, and SAARC to advocate for HIV prevention and care among drug users in Asia;

(9) support the International Harm Reduction Association (IHRA) to facilitate a meeting of senior officials to address HIV prevention and care among drug users in Asia at the International AIDS Conference in 2004, and

(10) hold the next ICG meeting in conjunction with the International Conference on the Reduction of Drug Related Harm, in Melbourne, Australia in April 2004.

8.2 Action Points by WHO

WHO, in collaboration with other partners should:

(1) reinforce its advocacy with governments (at central and provincial/ state levels), the private sector, regional and international institutions to create an enabling environment to scale-up HIV prevention and care for drug users and develop an advocacy plan in support of harm-reduction-based responses to HIV among drug users;

(2) pursue the development of existing capacity for regional capacity building initiatives for the scaling-up of HIV prevention and care for drug users;

(3) map the needs of countries, including workforce training needs and technical resource agencies that can provide technical assistance, to enable them to implement HIV prevention and care for reducing drug related harm among drug users, their families and communities;

(4) support ministries to develop national workplans on HIV prevention and care for drug users, their families and communities;

(5) support the translation and adaptation of tools and guidelines into languages of the affected countries such as the Training Guide for HIV Prevention Outreach to Injecting Drug Users, Advocacy Guide for Effective HIV Prevention Among Injecting Drug Users, Policy and Programme Development Guide for HIV Prevention and Care Among Injecting Drug Users and the Rapid Assessment and Response Guide;

(6) develop training tools, where such materials do not exist: on drug treatment services, HIV prevention and education in custodial[1] settings, voluntary confidential counselling and testing, care

[1] Custodial settings include juvenile detention centres, drug treatment centres and prisons (in coordination with appropriate bodies for treatment of offenders)

including antiretroviral treatment, opportunistic infection management, and TB treatment targeting drug users and their families, and

(7) work with countries where a supportive environment and care already exists, to generate and document evidence through rapid assessment and response, second-generation surveillance and operational research for HIV and drug use.

8.3 Action Points by Member States

Member States should:

(1) develop clear national plans for HIV prevention among and from drug users, and care for those affected (as stated in the joint UN position paper on Prevention of HIV among Drug Users), with strong participation from affected people and communities, which include time-bound national targets, monitoring and evaluation systems. Ideally these should be part of National AIDS Plans or National Drug Control Plans and, where appropriate, as a multisectoral harm reduction plan;

(2) create an enabling environment in which the scaling-up of HIV prevention among and from drug users and care for drug users, their families and affected communities can be promoted and commit adequate and sustained national resources;

(3) ensure that national plans for HIV prevention and care include the key elements for harm reduction as recommended by the WHO Biregional Strategic Framework and address human rights of drug users and people with HIV, and

(4) ensure that programmes, policies and activities are consistent with existing UNGASS declarations and other declarations.

Annex 1

PROGRAMME

Wednesday, 13 August 2003

Situation updates, TOR, Regional Framework & Plan

07.30 – 08.15	**Plenary session:** Formal opening M.C. Dr Tin Tin Aye • H.E. Dr. Kyaw Myint, Minister for Health • Dr Agostino Borra, WR Myanmar – RD SEARO/WPRO message
08.15 – 08.45	Group Photo
08.45 – 09.45	**Opening of Proceedings** Chair/Co-Chair - Dr Broto Wasisto (Indonesia), Police Col. Sitaye (Myanmar)
08.45 – 09.00	Dr Sandro Calvani, Regional Representative, UNODC Regional Centre for East Asia and the Pacific
09.00 – 09.45	Introduction of participants, objectives and agenda - Dr Ying-Ru Lo, WHO SEARO
09.45 – 11.00	**Updates: Country presentations (presentation & questions)**
10.00 – 10.15	China
10.15 – 10.30	Myanmar
10.30 – 10.45	Indonesia
10.45 – 11.00	Viet Nam
11.00 - 12.15	**Plenary session: Updates by partner agencies**
11.00 – 11.12	UNODC regional activity update - UNODC/UNTF
11.12 – 11.24	AusAID HIV Projects in the Regions - AusAID Rep. & projects
11.24 – 11.36	FHI projects in the Regions – FHI
11.36 – 12.48	WHO South-East Asia & Western Pacific Regions - WHO SEARO/WPRO

11.48 – 12.00 UNICEF Regional Projects - Sub-Regional Advisor

12.00 - 12.15 **Inter-Country Contact Group (ICG): Adoption of Terms of Reference**
Presentation and discussion - Dr Bernard Fabre-Teste, RA, WHO/WPRO

13.15 – 14.15 **Working session: Review WHO Biregional Strategic Framework for Harm Reduction in Asia**

The Biregional Strategic Framework is a step towards high level political commitment between Regions of WHO to a strategic response from WHO to the need for HIV prevention and care among (injecting) drug users. If supported, it is proposed that a working group of the ICG will finalize the document, based on input from the meeting and support development of a Biregional Strategic Plan.

- Introduction of the Biregional Strategic Framework and process for finalising a Biregional Strategic Plan
- Presentation - Gray Sattler, WHO/WPRO
- Plenary discussion to review and comment on the draft Biregional Strategic Plan

14.45 – 17.00 **Working session: Identifying immediate steps to biregionally resource, expand capacity and increase political support**
This session will build on the previous session, with presentations and discussion of specific activity that may be included in the biregional strategy

14.45 – 15.30

- Advocacy/political commitment - Dr Broto Wasisto, Deputy II, Secretary, National AIDS Commission, Indonesia
- Capacity building - Prof Nick Crofts, The Centre for Harm Reduction, The Macfarlane Burnet Institute, Australia
- Strategic capacity development within the context of major funding initiatives - Dr Andrew Ball, WHO/HQ

15.30 – 17.00 Working session - Individual groups
Four groups based on the issues raised above to develop proposals for action. The groups will respond to a series of questions (provided) and should make concrete recommendations that will become input for the regional infrastructure component of the Biregional Strategic Plan

Thursday, 14 August 2003

Country work-plans, expanded regional involvement
Chair/Co-Chair - Dr Mean Chhi Vun/Dr Wu Zunyou

08.00 – 08.20 Recap on Day 1, including report on last session
Reporter to present summary of Day One

08.20 – 09.20 **Plenary session - Introduction of new country participants and country situations**

08.20 – 08.40 Malaysia
08.40 – 09.00 Nepal
09.00 – 09.20 Thailand

09.50 – 11.30 **Working session: Country work-plan development**
This session includes all countries and partners. The basis for this session will be the log-frame suggested in the Biregional strategic framework. The task will be to begin to develop country work-plans with an emphasis on WHO tools & guidelines.

- Introduction of the log-frame - Gray Sattler WHO/WPRO
- Country based working groups (with partner contributions)

12.30 – 13.30 **Working session: Report-back WHO SEARO/WPRO**

Indonesia	Myanmar
Nepal	Thailand
Cambodia	China
Malaysia	Viet Nam

14.00 – 15.00 Discussion: Linking biregional support activity to country work-plans, including plans for next meeting

15.00 Closing

Annex 2
LIST OF PARTICIPANTS

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Annex 3

SPEECH DELIVERED BY H.E. PROFESSOR KYAW MYINT, MINISTER OF HEALTH AT THE SECOND BIREGIONAL PARTNERS MEETING ON HARM REDUCTION AMONG INJECTING DRUG USERS, YANGON (13 AUGUST 2003)

Honourable Deputy Ministers, Directors General and Heads of the Departments, Distinguished Guests from WHO South-East Asia and Western Pacific Regional Offices, Honourable Delegates from the member countries of the two regions, Country Representatives of the UN Agencies and International Non-governmental Organizations, Chairpersons of the National NGOs,

Ladies and Gentlemen,

It is indeed a great pleasure for me to have this opportunity to welcome you all to this biregional meeting on harm reduction among injecting drug users.

Since the beginning of HIV epidemic in the world, disease transmission among injecting drug users have been the highest and increasing very rapidly in many parts of the world.

The HIV infection did not confine only to the drug users but also spread among other population groups through sexual contacts or other means. Thus, in Myanmar, reducing HIV infection among injecting drugs users becomes an urgent issue in controlling HIV epidemic while the people and the government of Myanmar are trying to enhance demand reduction and supply reduction programmes to control narcotic problems in the country.

Distinguished Guests, Ladies and Gentlemen,

Please allow me to highlight some salient points on preventing drug abuse and HIV transmission in Myanmar. Although there are limited resources, like several other countries in the region, to combat growing problems of some infectious diseases such as HIV/AIDS, TB and Malaria, and different forms of narcotic abuse, Myanmar has determined to achieve the goal of narcotic elimination in 15 years even with our own resources. Now we are in the fifth year of elimination programme and have achieved visible

improvements in reducing narcotic production and trafficking, expanding crop substitution programmes, and promoting detoxification and rehabilitation of addicted persons. In addition to the increasing health expenditure of the government, these programmes have also been supported by UN agencies, NGOs and some governments. Along with increasing pace of programme implementation in all strategic areas, "Drug Free Zones" have been declared in some special regions where national groups are actively participating in the drug control and rehabilitation programmes.

Ladies and Gentlemen,

These drug control programmes are dramatically moving forward through a multisectoral approach led by the Central Committee on Drug Abuse Control (CCDAC). UNODC, Myanmar Anti-Narcotic Association (MANA) and some international NGOs are also working in collaboration with CCDAC to prevent and control drug use problems by all possible means.

On the other hand, Ministry of Health and other related organizations are trying to reduce HIV infection among at risk population groups including injecting drug users. National AIDS Committee, with the guidance of the National Health Committee, has laid down the effective strategies to reduce HIV infection among drug users. Ministry of Health has expanded the services for drug addicts, and now there are 26 major and 40 minor drug treatment centres in all States and Divisions. Besides, township hospitals and the border area hospitals are also authorized to provide services for the drug users. Education for prevention of HIV among drug users have been conducted since the start of HIV/AIDS programmes in Myanmar. HIV and drug use programme becomes one of the major strategies of the AIDS/STD Control Component of the National Health Plan.

In addition, with increasing inputs from UN and other partners in the recent years, definite targets have been set to reduce HIV/AIDS related harm among injecting drug users in the National Strategic Plan (2001-2004) of NAP and the Joint Plan of Action (2003-2005) developed by UN and all other partners.

Ladies and Gentlemen,

As a member of ASEAN, Myanmar has also endorsed the ASEAN Workplan on HIV/AIDS II (2002-2005), in which HIV prevention, treatment and care among drug users is a major component as well. Myanmar is trying to create an enabling environment in the selected townships where drug users

will be accessible to information, care and support services. In these areas, local authorities, community members, health and related sectors and the national and international NGOs are working together to achieve the objectives of our programmes.

Ladies and Gentlemen,

Please allow me to express my sincere thanks to these donor agencies and governments who provide financial and technical assistance to all implementing partners involving in harm reduction programmes. Although these programmes are in the early phase, it is very much encouraging to receive more supporting partners: like AusAID providing assistance for the "Asia Regional HIV/AIDS Project", UNODC - developing a programme in collaboration with CCDAC, Myanmar Anti-Narcotic Association (MANA), Asian Harm Reduction Network (AHRN) and other NGOs, and the "Fund for HIV/AIDS in Myanmar" (FHAM) - assisting harm reduction component of the Joint Plan of Action. In all these areas, National AIDS Programme is involving in all essential steps such as rapid assessment and response (RAR) activities, training of peer educators, establishing voluntary confidential counselling and HIV testing, and care and support for Injecting Drug Users living with HIV/AIDS.

Ladies and Gentlemen,

I would like to envisage the role of WHO in this HIV and Drug Use component. With the technical assistance of WHO, this biregional meeting will develop a "Workplan on HIV and Injecting Drug Use" for a two years of implementation period. It will also review the progress made in affected member countries and identify necessary actions to scale up the programmes. I also notice that WHO would also provide technical assistance for capacity building of some organizations specifically for carrying out rapid assessment and intervention programmes for reducing HIV vulnerability among the drug users.

Ladies and Gentlemen,

In this two days meeting, I have learnt that the delegations and responsible persons will be discussing on several important matters to vitalize harm reduction programmes in both of the regions. I believe that it is also a good chance to share the country experiences, and with your combined expertise and knowledge, we will have a fruitful interactions and valuable outcomes of the meeting by the end of the day 2.

Before concluding my remarks, I would like to thank WHO for supporting us to host this meeting and making necessary arrangements to invite the participants from member countries. I would appreciate the organizers and secretariat of the meeting for all their efforts to convene successfully. I wish you all to have a pleasant stay in Myanmar, enjoy the beautiful scenes of Yangon and the sweet hospitality of our people.

Thank you.

Annex 4

ADDRESS BY DR UTON MUCHTAR RAFEI, REGIONAL DIRECTOR, WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA AND DR SHIGERU OMI, REGIONAL DIRECTOR, WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC

H.E. Dr. Kyaw Myint,

Distinguished Participants, Ladies and Gentlemen,

I have the honour to convey to you all warm greetings from Dr Uton Muchtar Rafei, Regional Director of the WHO South-East Asia Region and Dr Shigeru Omi, Regional Director of the WHO Western Pacific Region. Both the Regional Directors would very much have liked to be present here today at this very important meeting. Due to urgent commitments, however, they are unable to do so. I have, therefore, the privilege of delivering their address to you. I quote:

While welcoming you all to this Second Biregional Meeting on Harm Reduction among Injecting Drug Users, we would, at the outset, like to convey our deep appreciation to the Government of Myanmar for hosting this very important meeting.

Around 7 million persons are living with HIV/AIDS in the South-East Asia and Western Pacific Regions of WHO, making Asia the second most HIV-affected region in the world after Sub-Saharan Africa. Together these two regions make up to sixty percent of the world's population. Injecting drug use (IDU) has been identified as a major mode of HIV transmission second only to sexual transmission. Confirmed and serious HIV epidemics among injecting drug users have been reported in China, India, Indonesia, Malaysia, Myanmar, Nepal, Thailand, and Viet Nam. HIV prevalence rates of more than 50% among injecting drug users have been reported in some of these countries. Obviously, this has serious implications for the spread of the HIV/AIDS epidemic. Several countries have reported that significant numbers of injecting drug users are also engaged in sex work. We know that the HIV

epidemic can spread from injecting drug users to sex workers, and then to their clients and their spouses and subsequently, to their children.

We all know that there are cost-effective interventions to prevent HIV transmission among injecting drug users. However, there are formidable challenges and barriers which we must overcome.

United Nations agencies have identified the need for a comprehensive HIV/AIDS prevention programme, including a harm reduction approach targeting injecting drug users, in response to the spread of HIV through sharing injection equipment. A strategy based on harm reduction means a comprehensive package of interventions that collectively reduce the negative consequences of injecting drug use for both the individual and the community. These interventions **do not** undermine other efforts addressing drug use, such as programmes to decrease the demand and supply of drugs.

Scaling-up prevention efforts of HIV/AIDS and sexually transmitted infections (STIs) is part of WHO's response to the spread of the HIV epidemic among and from vulnerable populations. We believe that we have to prevent transmission at an early stage. WHO is committed to assisting governments and organizations in selected countries in the Asia-Pacific region to rapidly scale up HIV/AIDS and STI prevention efforts, with particular emphasis on injecting drug users. Harm reduction is an important part of this comprehensive strategy.

The first Biregional Partners Meeting on Harm Reduction among Injecting Drug Users in China, Indonesia, Myanmar and Viet Nam was held in October 2002 in Hanoi, Viet Nam. It was attended by representatives from China, Indonesia and Viet Nam as well as partner agencies. Participants called for urgent action specifically to prevent and reduce HIV epidemics among injecting drug users through harm reduction approaches, which are now endorsed by all members of the UN system. Participants agreed that the tools and guidelines developed by WHO would facilitate the development of rapid, systematic and large-scale responses to HIV epidemics among injecting drug users and that an intercountry contact group should be established to hasten the use of these tools during the scaling-up process. Intercountry training and capacity-building were identified as critical. We are now here to follow up on these action points.

You all have a very important task ahead of you. This meeting will discuss a biregional strategy, country work plans and the role of WHO. We are confident that you will not only make valuable contributions over the next two days, but will also work with us to include more partners in the process. It is clear that we need a broad partnership across different sectors to scale up interventions effectively in order to reduce harm among injecting drug users. While providing an opportunity to exchange experiences on international good practices, this meeting should be able to develop strategies that will contribute to improved national responses to the drug-related elements of the HIV epidemic.

Unquote.

I will, of course, convey to the Regional Directors the outcome of this meeting. I will conclude by wishing you all fruitful deliberations and a very pleasant stay in Yangon.

Thank you.

Annex 4

COUNTRY WORKPLANS – WPR AND SEAR COUNTRIES

Country Working Group on Harm Reduction Workplan: Cambodia

Objective	Activities	Outputs (Steps)	Budget	Milestones	Responsible	Comment
Programme element	Required for programme	Steps necessary to complete activity	Suggested budget	A key step along the way to completing the activity	Govt, NGO, multi-lateral or other partners	Any assumptions or constraints, things that are needed to be successful but may be beyond your control. Other comments.
1.1. Advocacy to introduce the response to HIV transmission related to drug use	1.1.1 Translate and adapt WHO tools and guidelines (4 modules)	1. Translation 2. Printing 3. Training key people of the 3 relevant Ministries and 3 relevant departments at provincial level			NCHADS* & NACD	
4.1. Provide Programme Management and support	4.1.1 Programme management group.	Set up TWG in health sector including HIV Establish Advisory Group for multi-sectoral response			Ministry of Health , NCHADS, NAA, NACD	Cross sector collaboration is weak.
	4.1.2 Resource mobilization	Participation of current partners in harm reduction activities.				
	4.1.3 Surveillance, monitoring, evaluation	Rapid assessment by mid-November Include drug use in HSS and BSS in 2005			NCHADS, NAA, NACD, WHO, NGO	Lack of expertise in rapid assessment.

Country Working Group on Harm Reduction Workplan: China

Objective	Activities	Outputs (Steps)	Budget	Milestones	Responsible	Comment
Programme element	Required for programme	Steps necessary to complete activity	Suggested budget	A key step along the way to completing the activity	Govt, NGO, multi-lateral or other partners	Any assumptions or constraints, things that are needed to be successful but may be beyond your control. Other comments.
1.1 Expand the response to HIV transmission related to drug use	1.1.1 Translate and adapt WHO tools and guidelines 1.1.2 Expand the availability of HIV prevention education to general population 1.1.4 Expand the range of drug treatment services available	Done WAD campaign World day on drugs, June 26th. Conduct methadone maintenance workshop Study tour on drug treatments Develop curriculum on drug treatments				
2.1 Reorient Health Services	2.1.1 Engagement of Health Sector with drug dependence and treatment 2.1.2 Provision of targeted health services for drug users (e.g. STI, HIV/AIDS treatment, primary health care, VCT, PMTCT, etc.)	Training workshop on health sector involvement in response to drug dependence Develop VCT training manual VCT workshop				

Objective	Activities	Outputs (Steps)	Budget	Milestones	Responsible	Comment
3.1. Promote Health through Public Policy	3.1.1 Advocacy efforts targeting key decision making bodies at national level.	High level WHO advocacy delegation to visit China Advocacy seminar Develop needle & syringe programme protocol Training workshop for implementing needle & syringe programme.				
	3.1.2 Encourage development of a multi-sectoral and integrated approach to HIV and drug use.	Taskforce on HIV prevention among drug users Mapping of harm reduction activities done or ongoing in China Networking				
	Policy, legislative & regulatory review	Done				
4.1. Provide Programme Management and support	4.1.4 Programme management group	Work-plan on harm reduction Training in implementation and management for harm reduction				

Country working group on harm reduction work-plan: Malaysia

Objective	Activities	Outputs (Steps)	Budget	Milestones	Responsible	Comment
Programme element	Required for programme	Steps necessary to complete activity	Suggested budget	A key step along the way to completing the activity	Govt, NGO, multi-lateral or other partners	Any assumptions or constraints, things that are needed to be successful but may be beyond your control. Other comments.
1.1 Expand the response to HIV transmission related to drug use	1.1.1 Translate and adapt WHO tools and guidelines	Advocacy workshop for other agencies			Ministry of Health & MHA, WHO.	
	1.1.2 Expand the availability of HIV prevention education to general population	Education kit targeting injecting drug use			Govt. & NGO	
	1.1.3 Establish peer based and other outreach education, information & prevention services (target vulnerable populations)	Support existing programmes of NGO			NGO	Limited human resources in this area.
	1.1.4 Expand the range of drug treatment services available	Substitution therapy (buprenorphine)		Identify suitable cases for inclusion in programme and suitable clinics Training of doctors		Monitoring, compliance of patients
2.1 Reorient Health Services	2.1.2 Provision of targeted health services for drug users (e.g. STI, HIV/AIDS treatment, primary health care, VCT, PMTCT, etc.)	RAR: Technical support to conduct RAR in 3 areas			WHO, Ministry of Health , MHA	

Country Working Group on harm reduction work-plan: Viet Nam

Objective	Activities	Outputs (Steps)	Budget	Milestones	Responsible	Comment
Programme element	Required for programme	Steps necessary to complete activity	Suggested budget	A key step along the way to completing the activity	Govt, NGO, multi-lateral or other partners	Any assumptions or constraints, things that are needed to be successful but may be beyond your control. Other comments.
1.1. Expand the response to HIV transmission related to drug use	1.1.1 Translate and adapt WHO tools and guidelines	Translation, printing & selected dissemination Stakeholders meeting of appropriation and adaptation Training in use Pilot use in 3 provinces Feedback and evaluate			Ministry of Health , WHO, NGO	
	1.1.4 Expand the range of drug treatment services available	Expand substitution and other treatment options methadone (pilot), acupuncture, 12 step Review existing pilot projects Advocacy programme with Party, NA, Govt. Ministries, local authorities Resource mobilisation strategy for scaling-up programmes.			Ministry and local authorities, WHO, CDC programme, GFATM participating agencies	
	Needle and syringe exchange programme					

Objective	Activities	Outputs (Steps)	Budget	Milestones	Responsible	Comment
2.1. Reorient Health Services	2.1.1 Engagement of Health Sector with drug dependence and treatment (both public and private)	Meeting with MoLISA for cooperation in drug treatment Enable involvement of private health sector in drug treatment			MoLISA, Ministry of Health ,	
3.1. Promote Health through Public Policy	3.1.1 Advocacy efforts targeting key decision making bodies at national level and especially at the local level 3.1.3 Policy, legislative & regulatory review	Multi-sectoral meetings High level meeting Review existing policy, regulations Draft and submit amendments where needed Develop mew policies where required Disseminate and promote new policies to general population and targeted groups Extend involvement of NGO in policy development: involvement of PLWHA in the drafting process.			Ministry of Health (legislative dept. and HIV/AIDS administration; WHO; UNAIDS; INGO ;	
4.1. Provide Programme Management and support	4.1.1 Surveillance, monitoring, evaluation	Strengthen existing surveillance system that includes surveillance for injecting drug use (BSS, HSS)			Ministry of Health & NGO	

Country Working Group on Harm Reduction Workplan - Myanmar

Objective	Activities	Outputs (Steps to take)	Budget	Milestones	Responsible	Comment
1.1 Expand the response to HIV transmission related to drug use	1.1.1 Translate and adapt WHO tools and guidelines	• Partially completed • Continue the process	5,000/guideline	Adjusting the langauge and make it user-friendly	ARHP, CCDAC NAP	Language diversity
	1.1.2 Expand the availability of HIV prevention education and harm reduction education to the general population	• Start with health personnel • Target population	10,000 10,000	• Advocacy meetings • Workshops • Mass media campaign	Govt CCDAC INGOs NGOs	
	1.1.3 Establish peer based outreach education, information & prevention services (target vulnerable population)	• Training of outreach workers set up • Peer education	10 townships, 10 PC, 5 OR per township - $10,000	Establish the DTC & Township Hosp., NGO as the base	GOs and NGOs	
	1.1.4 Expand the range of drug treatment services available	• Expanding VCT services in DTCs • Rural – PHC approach • Urban – establish satellite clinics • Out-patient detox services • Community –based • Private sector • Prison • Correctional Centres	• 10 sites • $500,000	Review of law with regard to…	CCDAC All levels	
2.1 Reorient Health Services	2.1.1 Engagement of Health Sector with drug dependence and treatment - Capacity building of service providers (Primary H. Care Institution)	Study tours	$500,000	Review of service provision strategies	CCDAC Health sector at all levels	
	2.1.2 Provision of targeted health services for drug users (e.g. STI, HIV/AIDS treatment, primary health care, VCT, PMTCT, etc.)	• Strengthen collaboration between drug treatment & HIV/AIDS services & BHS • TB program	1,000 x $500 x 12 = $ 6 Mill	• Only STI services are available • National Policy	MOH	

Objective	Activities	Outputs (Steps to take)	Budget	Milestones	Responsible	Comment
3.1. Promote Health through Public Policy	3.1.1 Advocacy campaign targeting key decision making bodies at national level.	• Ministerial meetings on HR (Regional & inter-regional) • High-level meetings between countries (Regional and Inter-regional) • Local / Divisional advocacy meetings • Ad-hoc Expert Group Meetings	$100,000	Ministerial meeting (Regional & Inter-regional)	National Health Committee	
	3.1.2 Encourage development of a multi-sectoral and integrated approach to HIV and drug use.	Mid-level meetings & workshops National Task Forces formation	$50,000	Ministerial meetings	• - CCDAC • - NAP	
	3.1.3 Policy, legislative & regulatory review	Review meetings & workshops with Criminal Justice System at central level	$20,000	Collective commitment	• CCDAC • Attorney Gen. Office • Chief Justice Office	
4.1. Provide Project Management and support	4.1.1 Programme Management group	Identification & formation of programme management team	20% of overall budget	Funding received	WHO	
	4.1.2 Resource mobilization	Funds mobilization	$20,000	Proposal developed	WHO	
	4.1.3 Surveillance, monitoring and evaluation	• Sero surveillance strengthened (on-going) • Monitoring & supervision of services done	10% of budget	Review of on-going system • Establish monitoring system for drug Treatment & Services	MOH	

Country Working Group on Harm Reduction Workplan: Thailand

Objective	Activities	Outputs (Steps to take)	Budget	Milestones	Responsible	Comment
1.1. Expand the response to HIV transmission related to drug use	1.1.1 Translate and adapt WHO tools and guidelines	• Translate tools & guidelines into Thai. • Workshop to adapt and adopted the national tools & guidelines • Workshop for health personnel and related agencies			MOPH ONCB MOE, MOI MOD MOJ WHO National Police Bureau NGOs	
	1.1.2 Expand the availability of HIV prevention education available	• Production and dissemination of IEC materials on HR • Mass media campaign • Integration HIV prevention into Drug Treatment Centers			MOPH Office of the Prime Minister ONCB BMA MOI MOD MOJ	
	1.1.3 Establish peer based outreach education, information & prevention services (target vulnerable population)	• Strengthening community based organizations and volunteers to provide peer education for HIV prevention and harm reduction • Pilot studies on outreach programs for hard-to-reach population			NGOs MOPH MOI	
	1.1.4 Expand the range of drug treatment services available	• Expand the drug treatment services, HIV prevention and harm reduction to cover the whole country			MOPH BMA NGOs MOI MOJ	
2.1 Reorient Health Services	2.1.1 Engagement of Health Sector with drug dependence and treatment	• Integrate harm reduction issues into the Annual National Drug Treatment Meeting • Training of personnel from public hospitals and NGOs on harm reduction among IDUs			MOPH BMA NGOs	
	2.1.2 Provision of targeted health services for drug users (e.g. STI, HIV/AIDS treatment, primary health care, VCT, PMTCT, etc.)	• Scaling-up provision of health and HIV/AIDS prevention and care for drug users to cover the whole country			MOPH BMA NGOs	

Objective	Activities	Outputs (Steps to take)	Budget	Milestones	Responsible	Comment
3.1. Promote Health through Public Policy	3.1.1 Advocacy campaign targeting key decision making bodies at national level. 3.1.2 Encourage development of a multi-sectoral and integrated approach to HIV and drug use. 3.1.3 Policy, legislative & regulatory review	• Develop advocacy materials on harm reduction among IDUs for HIV/AIDS prevention and care for the use of policy makers • Propose strategies on harm reduction among IDUs for HIV/AIDS prevention and care to be adopted by the National AIDS Committee • Develop national plan of action to include activities of all related agencies including GOs and NGOs • Review policy and regulations that support harm reduction			MOPH ONCB BMA NGOs PHAs/IDUs Private sector NAC National Committee and Working Group	
4.1. Provide Project Management and support	4.1.1 Programme Management group 4.1.2 Resource mobilization 4.1.3 Surveillance, monitoring and evaluation	• Establish National Committee on harm reduction among drug users for HIV/AIDS prevention and ca • Establish working group under the National Committee • Allocation of government budget • Seek external assistance from international agencies • Active surveillance among IDUs • Monitor progress and evaluate the programme			MOPH National Committee MOPH NGOs International Organizations BMA MOSW	

Country Working Group on Harm Reduction Workplan – Indonesia

Programme Goals	Programme Components	Activities	Responsible Partners	
			National	Int'l
1. Reduce Transmission of HIV among and from drug users	1.1 Expand the response to HIV transmission among and from drug users	1.1.1 Translated & adapted WHO tools & guidelines	MoH NAC BNN NGOs	WHO ASA IHPCP CHR AHRN
		1.1.2 Finalize Training Modules	MoH	
		1.1.3 National Conference in IDU & HR	NAC MoH	UNAIDS WHO ASA IHPCP
		1.1.4 Expand & scale up drug treatment services	MoH	WHO ASA IHPCP
		1.1.5 Expand the range of drug treatment services available		WHO ASA IHPCP
		1.1.6 HIV prevention & HR services to be initiated in place of detention & prison	MoH MoJustice Police Dept	WHO ASA IHPCP
	1.2 Improve education and information campaigns on HIV transmission (Expand the availability of HIV prevention to general population)	1.2.1 Develop IEC materials on HR related to HIV	NAC MoH BNN	UNAIDS ASA IHPCP
		1.2.2 Life skills education for students in school	MoE	UNICEF
	1.3 Increase access to the means of prevention – to needles and syringes, including a retrieval / disposal strategy, condoms & lubricants	1.3.1 Provide safe sex behaviour for drug use population	NAC MoH MoSA	UNAIDS ASA IHPCP
	1.4 Improve treatment and care for HIV + users and their significant others	1.4.1 Provision of targeted health services for drug users (STI, ARV, OI, VCT etc)	MoH NGOs	WHO ASA IHPCP

Programme Goals	Programme Components	Activities	Responsible Partners	
			National	Int'l
2. Create an enabling environment for reducing the transmission of HIV among and from drug users	2.1 Promote health through public policy	2.1.1 Review health laws and regulations - availability of substitution drugs for treatment purposes (methadone, buprenorphine) 2.1.2 Advocacy effort targeting key decision making bodies at national level 2.1.3 Advocacy at national, provincial and district level 2.1.4 Encourage development of multi sectoral & integrated approach to HIV & drug users 2.1.5 Continue intersectoral leadership through special committee on HR under NAC 2.1.6 Policy, legislative and regulatory review - Review laws, regulations and health and drugs	MoH POM NAC MoH NAC NAC NAC MoH NNB FDA	WHO ASA IHPCP
	2.2 Reorient health services	2.2.1 Engagement of health sectors with drug dependence treatment 2.2.2 Engagement and extension of methadone services of health sector		
	2.3 Strengthen community action	2.3.1 Establish and strengthen the referral system and network		
	2.4 Reduce the stigma and discrimination associated with drug dependence	2.4.1 Develop IEC materials on HR to reduce Stigma & Discrimination of Drug use & HIV		
	2.5 Integrate HR based HIV education and prevention activities into other sector activities	2.5.1 Establish Peer based and other outreach IEC 2.5.2 PE for drug users in school & out of school (street children, drop outs) 2.5.3 Expand the coverage of outreach to IDUs (HR services) 2.5.4 Establish and strengthen the referral system and network	NAC MoH MoE MoSA MoE MoSA NAC MoH MoE MoSA	
3. Provide Project Management	3.1 Management, Reporting & Evaluation	3.1.1 Strengthening NAC (Program mgt. group) • M & E capacity building • Standardization & QA • Develop POA	NAC	UNAIDS WHO ASA IHPCP
		3.1.2 Resource mobilization - Advocacy to decision makers	NAC MoH	UNAIDS ASA IHPCP
		3.1.3 Dialogue among partners (UNAIDS – WHO, bilaterals, multi laterals, GFATM, private sectors)	NAC MoH BNN	
		3.1.4 Strengthening the existing system of surveillance / 2nd generation	MoH	WHO ASA IHPCP
		3.1.5Drug abuse surveillance	MoH BNN	WHO ASA IHPCP