Kunming Communiqué on Cross-border Collaboration for Drug Demand Reduction and HIV/AIDS Prevention

We, the participants attending the China-Myanmar Cross-border Review Meeting on Community-based Drug Demand Reduction and HIV/AIDS Prevention, convened at Kunming, China, 18 - 20 March 1996, reviewed the implementation of the ESCAP project on The reduction in the demand for and local consumption of narcotics in the border areas of China and Myanmar, fully satisfied with the success of the project to date and confident that the outcome of this project will provide a model for future cross-border endeavours for drug demand reduction and HIV/AIDS prevention in the Asian and Pacific region.

In reviewing the progress of project implementation to date, we recognized several principles that motivated our common endeavour. First, we noted the essential role of community participation in the successful planning, implementation, monitoring and evaluation of any intervention against drug abuse and HIV/AIDS. Second, we found that close cooperation among government agencies in the planning, implementation, monitoring and evaluation of programmes and intervention strategies is imperative. Third, we realized that, in order to maximize effectiveness, programmes and strategies to reduce drug abuse and prevent HIV/AIDS in border areas require joint planning, implementation, monitoring and evaluation by the participating governments.

Cross-border activities were understood by us to be activities conducted jointly by governments in areas touching common international frontiers. While we focused our attention on border areas involving two countries -- namely, China and Myanmar -- we recognized that in future cross-border projects multiple countries could be involved.

Cross-border collaboration, which had served as the driving force in the design and execution of the present project, was found to have been a highly successful means of energizing government efforts for drug abuse reduction and HIV/AIDS prevention in border areas of China and Myanmar. Joint planning, parallel implementation, monitoring and evaluation exercises had provided opportunities for the participating
Governments to share in the common endeavour to evolve effective approaches to the subject.

On the basis of our project review, we have concluded our deliberations with the following recommendations for further action in this as well as other border areas affected by drug abuse and HIV/AIDS:

A. Planning

The planning of cross-border drug demand reduction and HIV/AIDS prevention has to be based on the assessment of both needs and resources on both sides of the border.

Preparatory exercises, including planning workshops, should be organized on both sides of the border, and those activities should be designed along parallel lines in order to facilitate cross-border collaboration.

Representatives of all concerned agencies and communities on both sides of the border should participate in the planning activities in order to establish contact and initiate coordination and collaboration.

B. Data collection

It is essential that information collection, storage and analysis be carried out with comparable instruments and techniques, using standard questionnaires and assessment designs wherever possible. Data storage and analysis should be standardized to enable project and programme planners to make maximum use of available information.

Electronic data processing should be used to the extent that available hardware permits. Standard software should be developed to permit direct comparability of databases on different drug abuse and HIV/AIDS situations.

C. Training

The participating countries should collaborate in developing standard training modules that could be adapted to meet the specific needs and circumstances of the respective target communities. Training should include such subjects as community mobilization, community-based rehabilitation, HIV/AIDS awareness and other cost-effective methods.

To foster collaboration and coordination at the community level, training
courses should, whenever possible, be held jointly for concerned personnel, community leaders and members of project implementation teams from the respective participating countries.

D. Local implementation

Local action plans should be implemented in parallel, to the extent possible, on both sides of the border. In particular, attention should be directed to the relative merits of alternative treatment approaches in the cross-border context.

Intervention strategies on either side of the border should be as similar as possible. Special attention should be paid to the need to avoid conflicting approaches. This is particularly important for activities concerning harm reduction and treatment and rehabilitation. The long-term effects of community-based rehabilitation should be considered in the selection of treatment approaches.

It should be noted, however, that there would need to be some differences in approaches to reflect different national and cultural circumstances.

E. Information exchange

Material for public awareness campaigns and other educational materials should be pre-tested with representative samples of the target populations of both sides of the border, as most materials will be diffused across the border. This is particularly important for messages using radio and television as dissemination mediums.

To reduce costs and maximize efficiency, materials for public awareness campaigns and other educational materials should be exchanged between the collaborating countries wherever feasible, taking into account the need for translation to the local languages.

Successful interventions should be documented, and those materials should be disseminated widely to provide opportunities for replication.

F. Exchange of personnel

Resource persons and trainers for training courses should be exchanged between the countries. A roster of resource persons and trainers should be established for that purpose.
G. Cross-border collaboration mechanisms

To strengthen and sustain cross-border collaboration, it is necessary to maintain a regular dialogue between officials at the levels of policy and programme development, and service provision. A mechanism that includes representatives of all concerned parties would facilitate continuing communication and exchange of experiences. It is therefore proposed that, for each border area of concern, a joint working group on cross-border drug demand reduction and HIV/AIDS prevention be established. For each participating country, the national focal point for drug abuse control would be the responsible body for the joint working groups.

Each working group would play an advisory role. Its functions would be to promote strategies, policies, plans and programmes to strengthen cross-border collaboration in drug demand reduction and HIV/AIDS prevention.

(a) Each working group would review the drug abuse and HIV/AIDS situation on both sides of the border. It would identify gaps in data availability and advise the respective government agencies of the data collection requirements for drug demand reduction and HIV/AIDS prevention.

(b) Each working group would provide recommendations to the respective governments on all issues of cross-border drug demand reduction and HIV/AIDS prevention with a view to strengthening national and provincial strategies, policies, plans and programmes.

(c) Each working group would review monitoring and evaluation reports and, if necessary, develop proposals for submission to the respective governments on means to improve programme and project implementation.

The membership of each working group would include representatives from all concerned government agencies in both countries.

Each working group would, on an ad hoc basis, invite experts on drug demand reduction and HIV/AIDS prevention to provide advice on critical issues.

Representatives of concerned United Nations bodies and agencies, including ESCAP, UNDCP and UNAIDS, would be invited to serve as working group members in an ex officio capacity. Those bodies and agencies would also be invited to play a substantive and financial support role in activities to be undertaken by the participating countries under the
auspices of the working groups. The concerned United Nations bodies and agencies would also be invited to provide secretariat services to ensure the smooth functioning of the working groups.

Concerned non-governmental or community organizations may be invited to participate in the working groups in a consultative capacity.

The hosting of meetings of each working group would alternate between the participating governments. Each meeting would decide on the dates, agenda and venue of the next meeting.

Each working group meeting would have a chairperson, vice-chairperson and rapporteur, designated by the host government with the concurrence of the other participating government(s).

Each working group would meet as necessary, but at least twice a year.

Each working group might wish to establish technical subgroups to deal with specific matters as necessary. Those subsidiary bodies would report to the working group at each of its meetings.

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