ASIA REGIONAL HIV/AIDS PROJECT

PROJECT DESIGN DOCUMENT

October 2001
TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS ........................................................................................................................... I

GLOSSARY ............................................................................................................................................... III

EXECUTIVE SUMMARY ............................................................................................................................... VI

PROJECT ORIGIN AND DESIGN PREPARATION ........................................................................................ VI

PROBLEM ANALYSIS AND STRATEGIES CHOSEN .................................................................................... VI

PROJECT DESCRIPTION ....................................................................................................................................... VIII

IMPLEMENTATION ................................................................................................................................................ IX

BENEFITS, RISKS AND JUSTIFICATION ...................................................................................................... X

CHAPTER 1: PROJECT PREPARATION STEPS ............................................................................................ 1

1.1 PROJECT ORIGIN ...................................................................................................................................... 1

1.1.1 The Request ........................................................................................................................................ 1

1.1.2 Assessment and Preliminary Preparation ......................................................................................... 1

1.2 STUDY TEAM AND METHOD ................................................................................................. 2

1.2.1 Team and Mission .......................................................................................................................... 2

1.2.2 Key Aspects of Method ................................................................................................................. 2

CHAPTER 2: ANALYSIS ............................................................................................................................. 4

2.1 DEVELOPMENT CONTEXT .................................................................................................................. 4

2.1.1 Location and geography ................................................................................................................. 4

2.1.2 Illicit drug production ......................................................................................................................... 5

2.1.3 HIV infection among injecting drug users ..................................................................................... 7

2.1.4 Socio-economic and cultural context ............................................................................................. 10

2.1.5 The People involved ......................................................................................................................... 12

2.1.6 Institution context .............................................................................................................................. 13

2.1.6.1 China ...................................................................................................................................... 13
3.2.4.3 Resources and costs .............................................................................................................. 55
3.3 SUGGESTED TIMING ...................................................................................................................... 55

CHAPTER 4: MONITORING AND MANAGEMENT STRATEGIES ........................................................... 57
4.1 PERFORMANCE INDICATORS AND BENEFITS ........................................................................... 57
  4.1.1 Key Result Areas ......................................................................................................................... 57
  4.1.2 Measurement of Performance .................................................................................................... 57
    4.1.2.1 Project Performance .............................................................................................................. 57
    4.1.2.2 Component 1: Institutional Capacity Building ................................................................. 58
    4.1.2.3 Component 2: Expanding Effective Approaches .............................................................. 59
    4.1.2.4 Component 3: Regional Cooperation .................................................................................. 60
    4.1.2.5 Component 4: Project Management ..................................................................................... 61
  4.1.3 Reporting requirements for the Project ..................................................................................... 62
4.2 RISK AND RISK MANAGEMENT ................................................................................................. 63
  4.2.1 Key assumptions and risks ......................................................................................................... 63
    4.2.1.1 Social risks ........................................................................................................................... 63
    4.2.1.2 Institutional risks .................................................................................................................. 63
    4.2.1.3 Technical risks ...................................................................................................................... 63
    4.2.1.4 Human resources risks ......................................................................................................... 64
    4.2.1.5 Political and economic risks ................................................................................................. 64
    4.2.1.6 Project management risks .................................................................................................... 64
  4.2.2 Coordination arrangements ........................................................................................................ 65
  4.2.3 Planning and budgeting ............................................................................................................... 70
  4.2.4 Skills required from Australia ................................................................................................... 71

CHAPTER 5: FEASIBILITY AND SUSTAINABILITY .............................................................................. 72
5.1 MANAGEABILITY OF THE PROJECT ............................................................................................ 72
5.2 TECHNICAL FEASIBILITY ............................................................................................................. 73
5.3 FINANCIAL AND ECONOMIC FEASIBILITY .............................................................................. 74
5.4 IMPACT ON POVERTY .................................................................................................................. 74
5.5 SOCIAL AND CULTURAL IMPACT AND GENDER IMPLICATIONS ............................................... 76
    5.5.1 Social and cultural impact ......................................................................................................... 76
    5.5.2 Gender implications .................................................................................................................. 77
5.6 INSTITUTIONAL AND GOVERNANCE FEASIBILITY ................................................................. 78
    5.6.1 Commitment of partner governments ..................................................................................... 78
    5.6.2 Capacity for new ideas and programs ...................................................................................... 80
    5.6.3 Finance ongoing activities ....................................................................................................... 80
    5.6.4 Long term planning .................................................................................................................. 80
    5.6.5 Complementarity to current roles .............................................................................................. 80
    5.6.6 Negative institutional factors ................................................................................................... 81
    5.6.7 Impact on good governance ..................................................................................................... 81
5.7 ENVIRONMENTAL IMPACT ........................................................................................................... 81
5.8 FACTORS IN THE DESIGN TO PROMOTE SUSTAINABILITY ....................................................... 82
    5.8.1 Key design elements .................................................................................................................. 82
    5.8.2 Potential impediments to sustainability ..................................................................................... 84
    5.8.3 Definition of sustainability ....................................................................................................... 84

Asia Regional HIV/AIDS Project
Figures
Figure 1 - Relationship between goal, purpose and components 35
Figure 2 - Output Relationship in Component 1 37
Figure 3 - Output Relationship in Component 2 43
Figure 4 - Output Relationship in Component 3 48
Figure 5 - Output Relationship in Component 4 51
Figure 6 - Project Phases 56
Figure 7 - Recommended Project management structure 66

Tables
Table 1 - Cultivation and production of opium, Burma 1997-2000 5
Table 2 - Seizures of methamphetamine and precursors, China, 1995-1999 6
Table 3 - Drug use and HIV among injecting drug users in ASEAN Region, 1999 7
Table 4 - Examples of sites with high HIV infection rates among IDUs, China 2001 8
Table 5 - Examples of provinces with high HIV infection rates among IDU, Viet Nam, 1997 – 1999 9
Table 6 - Regional Institutions – functions and regional mechanisms 16

ANNEXES TO THE PROJECT DESIGN DOCUMENT
ANNEX A – STUDY TERMS OF REFERENCE
ANNEX B – LIST OF PERSONS MET
ANNEX C – EXIT REPORTS
ANNEX D - WORKING PAPERS
  - Working Paper on Effective Approaches to HIV/AIDS and Injecting Drug Use
  - Working Paper on Rapid Assessment and Response
  - Regional Institutions Working Paper
  - Policy Discussion Paper
  - Viet Nam Working Paper
  - Burma Working Paper
  - China Working Paper
ANNEX E – BIBLIOGRAPHY
ANNEX F – LOGICAL FRAMEWORK
ANNEX G – IMPLEMENTATION SCHEDULE
ANNEX H – RESOURCES SCHEDULE
ANNEX I – COST ASSUMPTIONS
ANNEX J – COST SCHEDULE
ANNEX K – RISK MANAGEMENT MATRIX
ANNEX L – DUTY STATEMENTS
ANNEX M – SCOPE OF SERVICES
ANNEX N – MEMORANDA OF UNDERSTANDING
ANNEX O – ACTIVITY PREPARATION BRIEF
# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>ABBREVIATION</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>ACCORD</td>
<td>ASEAN and China Cooperative Operations in Response to Dangerous Drugs</td>
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<tr>
<td>AHRN</td>
<td>Asian Harm Reduction Network</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
<td></td>
</tr>
<tr>
<td>AMC</td>
<td>Australian Managing Contractor</td>
<td></td>
</tr>
<tr>
<td>ARHP</td>
<td>Asia Regional HIV/AIDS Project</td>
<td></td>
</tr>
<tr>
<td>ASEAN</td>
<td>Association of South East Asian Nations</td>
<td></td>
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<tr>
<td>ATFOA</td>
<td>ASEAN Task Force on AIDS</td>
<td></td>
</tr>
<tr>
<td>ATL</td>
<td>Australian Team Leader</td>
<td></td>
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<tr>
<td>ATS</td>
<td>Amphetamine-type Substances</td>
<td></td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
<td></td>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
<td></td>
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<tr>
<td>CCDAC</td>
<td>Central Committee for Drug Abuse Control (Burma)</td>
<td></td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial Sex Worker</td>
<td></td>
</tr>
<tr>
<td>CSWs</td>
<td>Commercial Sex Workers</td>
<td></td>
</tr>
<tr>
<td>DDC</td>
<td>Department of Disease Control (Beijing)</td>
<td></td>
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<tr>
<td>DFID</td>
<td>Department for International Development (UK)</td>
<td></td>
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<tr>
<td>DIC</td>
<td>Department for International Cooperation (Beijing)</td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>Drug Re-education Centre</td>
<td></td>
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<tr>
<td>ESCAP</td>
<td>Economic and Social Commission for Asia and the Pacific (United Nations)</td>
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<tr>
<td>FDS</td>
<td>Feasibility Design Study</td>
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<tr>
<td>GoA</td>
<td>Government of Australia</td>
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<tr>
<td>GoPRC</td>
<td>Government of People’s Republic of China</td>
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<tr>
<td>GoUM</td>
<td>Government of the Union of Myanmar</td>
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<tr>
<td>GoV</td>
<td>Government of the Socialist Republic of Vietnam</td>
<td></td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
<td></td>
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<tr>
<td>ICB</td>
<td>Institutional Capacity Building</td>
<td></td>
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<tr>
<td>IDU/s</td>
<td>Injecting Drug User/s</td>
<td></td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
<td></td>
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<tr>
<td>INGO</td>
<td>International Non-Government Organisation</td>
<td></td>
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<tr>
<td>KRA</td>
<td>Key Result Area</td>
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<tr>
<td>LTA</td>
<td>Long Term Adviser</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MANA</td>
<td>Myanmar Anti-Narcotic Association</td>
<td></td>
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<tr>
<td>MBC</td>
<td>Macfarlane Burnet Centre for Medical Research</td>
<td></td>
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<tr>
<td>MOLISA</td>
<td>Ministry of Labour, Invalids and Social Affairs (Vietnam)</td>
<td></td>
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<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NASB</td>
<td>National AIDS Standing Bureau (Vietnam)</td>
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<tr>
<td>NCACP</td>
<td>National Centre for AIDS Prevention and Control (China)</td>
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<tr>
<td>NCAIDS</td>
<td>National Centre for AIDS Prevention and Control (Beijing)</td>
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<tr>
<td>NGO</td>
<td>Non Government Organisation</td>
<td></td>
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<tr>
<td>NNCC</td>
<td>National Narcotics Control Commission (China)</td>
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<tr>
<td>NSP</td>
<td>Needle Syringe Program</td>
<td></td>
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<tr>
<td>PCC</td>
<td>Project Coordinating Committee</td>
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<tr>
<td>PD</td>
<td>Project Director</td>
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<tr>
<td>PDD</td>
<td>Project Design Document</td>
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<tr>
<td>PIM</td>
<td>Project Identification Mission</td>
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<tr>
<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<tr>
<td>PMA</td>
<td>Participatory Monitoring Analysis</td>
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<tr>
<td>RAR</td>
<td>Rapid Assessment and Response</td>
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<tr>
<td>SAP</td>
<td>Subregional Action Plan</td>
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<tr>
<td>SODC</td>
<td>Standing Office for Drug Control (Vietnam)</td>
<td></td>
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<tr>
<td>SEAPICT</td>
<td>Pacific and UNAIDS South East Asia Pacific Inter Country Team</td>
<td></td>
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<tr>
<td>SOC</td>
<td>Senior Officers Committee</td>
<td></td>
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<tr>
<td>SoS</td>
<td>Scope of Services</td>
<td></td>
</tr>
<tr>
<td>STA</td>
<td>Short Term Adviser</td>
<td></td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
<td></td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
<td></td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities, Threat</td>
<td></td>
</tr>
<tr>
<td>TAG</td>
<td>Technical Assistance Group</td>
<td></td>
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<tr>
<td>TNA</td>
<td>Training Needs Analysis</td>
<td></td>
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<tr>
<td>UN</td>
<td>United Nations</td>
<td></td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNDCP</td>
<td>United Nations Drug Control Programme</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>UNESCAP</td>
<td>United Nations Economic and Social Commission for Asia and the Pacific</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Fund</td>
<td></td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>YIDA</td>
<td>Yunnan Institute for Drug Abuse</td>
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</tbody>
</table>
## GLOSSARY

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Explanation within the context of this Project</th>
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<tbody>
<tr>
<td>Chasing</td>
<td>Short for “chasing the dragon”: inhaling sublimated heroin produced by heating heroin on foil; so-called because the heroin fumes resemble the tail of a dragon</td>
</tr>
<tr>
<td>Community</td>
<td>People bound together by either shared values or shared interests, geographical location, concerns, thoughts, traditions</td>
</tr>
<tr>
<td>Detoxification</td>
<td>Withdrawal from a drug of dependence; enforced abstinence from the drug until it is cleared from the body and physiology has returned to normal</td>
</tr>
<tr>
<td>Drug Abuser</td>
<td>One who uses illicit drugs; pejorative term</td>
</tr>
<tr>
<td>Drug Re-education Centre</td>
<td><em>Enforced residential detoxification and abstinence program, where efforts are made through physical labour, discipline and some rehabilitation to correct “mistakes of socialisation”</em></td>
</tr>
<tr>
<td>Drug Treatment Centres</td>
<td>Enforced residential detoxification and abstinence program</td>
</tr>
<tr>
<td>Drug User</td>
<td>One who uses illicit drugs</td>
</tr>
<tr>
<td>Effective approaches to HIV/AIDS prevention and injecting drug use</td>
<td>Pragmatic strategies which focus on means to prevent HIV transmission among and from injecting drug users as their major priority; decreasing drug use is a lesser and not necessary priority</td>
</tr>
<tr>
<td>Epidemic</td>
<td>An increase in the number of cases of a disease over baseline or over what is expected; where the reproductive index R₀ is consistently greater than 1</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>The study of patterns of disease in human populations; the basic science of public health</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>The human immunodeficiency virus (HIV) is a retrovirus which causes chronic infection in humans; one of its targets is the human immune system, which its effects destroy allowing opportunistic infections and cancers to occur – this end stage of HIV infection is called Acquired Immunodeficiency Syndrome (AIDS)</td>
</tr>
<tr>
<td>Illicit drug use</td>
<td>The use of a psychoactive drug which is illegal. Different drugs are made illegal at different times by different cultures, but the Single Convention on Narcotics has universally outlawed opiates such as heroin and amphetamine-type substances</td>
</tr>
<tr>
<td>Injecting Drug Users</td>
<td>The administration of an illicit drug for recreational purposes by use of an hypodermic syringe; may be into a vein (intravenous), subcutaneous or intramuscular</td>
</tr>
<tr>
<td>Institutional Capacity Building</td>
<td>The creation and expansion of desired qualities and features within an institution - rather than just managing what is already available - to reach a strategic goal.</td>
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<tr>
<td>Terminology</td>
<td>Explanation within the context of this Project</td>
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<tr>
<td>Labour Camps (education for labour)</td>
<td>Enforced residential detoxification and abstinence program, where efforts are made through physical labour, discipline and some rehabilitation to correct “mistakes of socialisation”</td>
</tr>
<tr>
<td>Life Skills</td>
<td>A program for young people facilitating knowledge exchange and value clarification. The program is designed to give participants the opportunity to explore potentially harmful situations before encountering them, thus giving participants useful life skills. For example topics include communication skills, peer pressure, HIV prevention, STIs, contraception. The program is delivered using participatory methodologies</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>One of a group of psychostimulants collectively known as ‘amphetamine-type substances’ (ATS) produced from ephedrine chemically manufactured or from the ephedra plant</td>
</tr>
<tr>
<td>Multi level</td>
<td>There are clear delineated administrative levels in the Project countries. Administrative structures are hierarchical. The upper levels have a directive role to level below. Lower levels are accountable, and report to the level above.</td>
</tr>
<tr>
<td>Multi - sectoral</td>
<td>Broad based approach involving two or more sectors</td>
</tr>
<tr>
<td>Needle Syringe Programs</td>
<td>Programs aimed at increasing the use of sterile injecting equipment by injecting drug users so as to break the chain of transmission of blood-borne viruses; by provision to drug injectors of sterile equipment, and by collection and disposal of used equipment so it cannot be used again</td>
</tr>
<tr>
<td>Peer Outreach</td>
<td>The creation of education programs that use trained members of the target population to be educated as the means for providing the education, often in a interpersonal and comprehensive manner</td>
</tr>
<tr>
<td>Pilot Project</td>
<td>An activity that is designed to investigate new initiatives. Proper attention is paid to the design, monitoring and evaluation to obtain maximum information to inform future activities</td>
</tr>
<tr>
<td>Policy</td>
<td>Policy may be used to define a general statement of intention, a set of actions in a particular area, a set of standing rules, a documented program approach etc. Policy exists at all levels of a system and in all formal and informal organisations as practice and as written documentation. Policies may reflect what is not said - that is the supportive policy environment – as opposed to what is said. Public policies are defined as the reflecting the public interest. Many such policies are the responsibility of governments and have evolved through a series of processes, generally informed by practice. Policy development is an integrated set of processes and actions that result in achieving change and/or defining something specific</td>
</tr>
<tr>
<td>Terminology</td>
<td>Explanation within the context of this Project</td>
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<tr>
<td>Precursors</td>
<td>Chemicals necessary for production of illicit drugs, such as the anhydride used to convert opium to heroin.</td>
</tr>
<tr>
<td>Public security/police</td>
<td>Government agencies responsible for enforcing laws about national and community security and safety. Terms “public security” and “police” used interchangeably.</td>
</tr>
<tr>
<td>Rapid Assessment and Response</td>
<td>A process of rapid community-based assessment of the local situation regarding drug use and HIV vulnerability, which is then used to develop and implement programs aimed at prevention of HIV transmission.</td>
</tr>
<tr>
<td>Regional Program</td>
<td><em>A program involving more than one country where the development challenge exists above the national level and the response benefits from regional cooperation.</em></td>
</tr>
<tr>
<td>Rehabilitation Centres</td>
<td>Enforced residential detoxification and abstinence program, where efforts are made through physical labour, discipline and some rehabilitation to correct “mistakes of socialisation”</td>
</tr>
<tr>
<td>Shooting Galleries</td>
<td>Social organisation of injecting drug use in which one needle and syringe is used by many people, so as to overcome shortage of needles and syringes or to avoid being caught carrying needles and syringes. A most effective means of rapidly spreading bloodborne viruses among populations of injecting drug users</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>An institution / organisation / community / individual who will be affected by and/or contributes to the Project in some way.</td>
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</tbody>
</table>
| Supportive environment (practice and policy) | A supportive environment enables effective approaches to prevent HIV among and from IDU to occur. That is:  
  • Public security/police acknowledges, supports and encourages effective health based approaches to drug use  
  • Public security/police and health collaborate in defining and implementing effective approaches  
  ♦ Community structures support the implementation of effective strategies  
  ♦ IDUs, IDUs infected with HIV, commercial sex workers using drugs and/or infected with HIV are not detained for their drug using and/or sexual practices  
  ♦ Community care and support structures are accessible and applicable to those using drugs and drug users infected with HIV  
  ♦ Policy at all levels clearly defines effective approaches for prevention of HIV and care and supportive among IDUs |
EXECUTIVE SUMMARY

PROJECT ORIGIN AND DESIGN PREPARATION

In July 2000, the Australian Minister for Foreign Affairs announced a six-year A$200 million Global HIV/AIDS Initiative. Launching of this initiative coincided with calls within Association of South East Asian Nations (ASEAN) for greater commitment of resources to address HIV/AIDS as the epidemic threatens Asia’s economic development.

In January/February 2001, a Project Identification Mission (PIM) visited seven countries: Cambodia, Lao PDR, Indonesia, Burma, Philippines, Thailand and Viet Nam. The PIM identified and assessed possible areas of, and mechanisms for, Australian assistance. Meetings were held with regional organisations, partner government representatives and national AIDS programs, the Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations agencies, multilateral and bilateral donors, international and local non-government organisations and AusAID posts. Based on these discussions, the PIM team recommended further feasibility and design work focus on a regional Project built around one priority issue, drug use and HIV vulnerability.

In July 2001, AusAID contracted a Feasibility and Design Study (FDS) team to assess the feasibility of such a Project and, if found feasible, prepare a design. The team consisted of an AusAID design specialist, three specialists in HIV/AIDS and injecting drug use issues, and two HIV/AIDS policy analysts. The FDS team visited China (Beijing, Guangxi Zhuang Autonomous Region, Yunnan Province), Burma and Viet Nam and consulted with relevant United Nations agencies and international non-government organisations in Bangkok plus the ASEAN Secretariat in Jakarta. In-country consultations included discussions with national and provincial Ministries of Health, Public Security/Police, Justice, Planning and relevant international, national and provincial agencies. Non-government organisations and other stakeholders - for example, ex drug users and injecting drug users, female commercial sex workers, and people living with HIV/AIDS - were also consulted. Particpatory meetings in each country discussed and reviewed the regional and national context and confirmed the need for a Project to address effective approaches to HIV prevention among drug users.

PROBLEM ANALYSIS AND STRATEGIES CHOSEN

Since the 1970s, illicit drug production and consumption have grown enormously in most of east and south-east Asia, with a concentration at first on opium and heroin and lately on amphetamine-type substances (ATS) as well. Rapid growth and movement of trafficking routes out of drug production areas have exposed new populations to illicit drug use. As a result, there have been massive increases in illicit drug use, particularly among young men, in many parts of south-east Asia, associated with poverty, internal migrant labour, cross-border mobility and uneven economic development. In the main, this illicit drug use has been the injecting of heroin. Asia is now estimated to be home to half the world’s 15-20 million injecting drug users. The burgeoning problem of ATS supply and use is also exposing new populations, especially young people not otherwise at risk, to illicit drug use which, for many, will lead to unsafe sexual practices and injecting. This Project was framed within the context of injecting drug use but recognises that ATS use is increasing dramatically and will have a role in raising awareness of this trend.
This epidemic of injecting drug use (IDU) has over the past 20-30 years particularly affected Burma, south China, Viet Nam, Thailand and Malaysia, and is now spreading rapidly to Lao People’s Democratic Republic (Lao PDR) and Indonesia. HIV has generally followed drug trafficking routes into areas where injecting has increased. Upon entry into a network of injecting drug users, HIV spreads with explosive rapidity. In many parts of Asia the proportion of injecting drug users infected with HIV rose from near zero to 40% or more within a few months. These levels have now reached as high as 90% in some parts of Burma, China and Viet Nam, so that concerted action on a massive scale will be necessary to bring these HIV epidemics under control.

HIV epidemics among injecting drug users provide a continuing focus for further epidemics:

- each of the countries with large HIV epidemics among injecting drug users is beginning to deal with huge numbers of people becoming sick and dying from AIDS, with very little infrastructure in place to address their needs;
- heterosexual transmission of HIV from injecting drug users to their sexual partners can greatly increase the spread of HIV into the general community: this increase is compounded where a high proportion of commercial sex workers inject drugs, as is increasingly being seen in south-east Asia (especially Viet Nam), and where a high level of sexually transmitted infections exists in the general community;
- epidemics of other communicable diseases, including tuberculosis, hepatitis B and hepatitis C, and sexually transmitted infections, can also expand rapidly.

In Burma, China and Viet Nam, injecting drug users account for up to two-thirds of all reported cases of HIV infection: transmission from injecting drug users to their sexual partners accounts for an unknown but sizeable proportion of the remainder.

To date, there has been very little response to the issue of HIV/AIDS among, and from, injecting drug users in most Asian countries by national governments, non-government organisations, international agencies or regional bodies, despite the centrality of injecting drug use to the overall national and regional HIV/AIDS epidemics. This is partly because of a lack of recognition of the need to prevent HIV transmission among injecting drug users, but also because of the extremely stigmatised position such people hold in many societies. This is a result of a uni-dimensional law enforcement approach to illicit drug use and associated harms. Within this approach, dominated by Ministries of Public Security and Police, there is little room for action by health authorities on HIV/AIDS among injecting drug users, and is accompanied by heavy resource allocation into costly and less effective strategies such as compulsory drug rehabilitation centres.

This Project aims to begin to redress this lack of response by focussing on the specific issue of prevention of HIV transmission among and from injecting drug users. While Project activities will be country-based, linkages will be built to regional bodies so that lessons learned from the Project will have a regional impact, and will encourage neighbouring countries to support the target countries’ exploration of different and more effective interventions.

The approach of the Project is dual:

- Institutional Capacity Building (ICB): to work with police and public security authorities to build their awareness and capacity in relation to their role in effective strategies to prevent HIV transmission among, and from, injecting drug users; and to build collaborative linkages between police/public security and health authorities so both sectors work together to develop a supportive policy environment for effective future interventions;
A training and assessment process leading to the support of sustainable, evidence-based, effective interventions addressing HIV/AIDS among injecting drug users: the FDS suggest the use of Rapid Assessment and Response (RAR), a WHO-endorsed methodology, to rapidly scale up the number of sustainable and effective interventions working to prevent HIV transmission among injecting drug users. These interventions are more likely to be sustainable in an improved environment generated by the ICB process, and should provide evidence from effective practice to inform policy development.

A satisfactory response to HIV/AIDS epidemics among and from injecting drug users, especially in those areas with high prevalence of HIV, requires both a large-scale programmatic response (reaching a very high proportion of all injecting drug users with effective behaviour change education and assistance) and a supportive policy environment that allows the exploration and adoption of effective methods. Neither is useful without the other. By identifying the key policy issues – currently posing a barrier to scaling-up effective interventions – and working with relevant sectors, particularly health and police/public security, the Project will assist in the development of this supportive environment at all levels, including grassroots and regional levels. This will allow development of more effective interventions, which in turn will provide evidence for further policy development and implementation. A more supportive policy environment will encourage other funders to consider funding effective and innovative approaches to preventing HIV infection among and from injecting drug users.

**PROJECT DESCRIPTION**

The Goal of the Project is

*(the reduction of HIV transmission and impact in the Asia region)*

Its purpose is

*to strengthen the capacity of governments and communities to reduce the HIV related harm associated with injecting drug use.*

The Project will be of four years duration. A flexible approach to implementation is proposed. A six-month inception phase will review the proposed design, prepare implementation schedules and confirm management and coordination arrangements. During implementation, annual plan preparation will review progress to date at the output level and propose activities and targets for the next annual planning cycle. The Project design is based on a country cluster approach involving three countries. The lessons learned and experience gained will inform other countries in the region and facilitate regional cooperation to address the epidemic. The Project activities will be focussed at the national level in Burma and Viet Nam, and the provincial level in China (Yunnan Province and Guangxi Zhuang Autonomous Region), with some involvement at the Chinese national level.

**Component 1: Institutional capacity building:** *To establish a supportive policy environment for effective approaches to HIV/AIDS and injecting drug use,* there will be a series of activities involving the police/public security and health sectors. Details of who will be involved will be negotiated during the project inception phase. The activities will include joint training, study tours and collaborative working parties. These activities will be resourced by technical assistance in both police/public security and health sectors. This collaboration will build operational mechanisms between these sectors to promote effective approaches and supportive associated policies (Output 1.1). At the actual Project sites, these activities will increase understanding of, and support for, effective approaches among police/public security staff.
Output 1.2). Overall, the Project will provide key relevant officials from health and other sectors involved in drug demand reduction with an understanding of the effectiveness of different approaches to HIV prevention, care and support among injecting drug users and their families, informing policy development and assisting in effective allocation of resources (Output 1.3).

Component 2: Expanding effective approaches: To facilitate implementation of an expanded range of effective interventions addressing HIV/AIDS among injecting drug users a training, assessment and project development process will be used. Rapid Assessment and Response (RAR) is suggested as the appropriate methodology to be used in selected sites. The RAR process will increase the capacity of key stakeholders at the local level to understand and respond to the drug use and related HIV/AIDS situation in their community (Output 2.1). This will lead to the implementation of a number of RAR projects utilising effective approaches (based on valid local assessment data) to address HIV/AIDS among injecting drug users (Output 2.2). From this experience, local/national evidence will be developed and disseminated to inform policy and practice for reducing HIV related harm associated with injecting drug use (Output 2.3).

Component 3: Regional cooperation: To strengthen regional cooperation in addressing the HIV/AIDS epidemic among injecting drug users, through regular collaboration between health and public security/police officials from China (national and provincial levels), Burma and Viet Nam on the joint issues of illicit drug use and the HIV/AIDS epidemic (Output 3.1). Knowledge and experience gained from the Project will be provided to existing regional forums addressing HIV/AIDS and/or drug use for deliberation: these forums include the UNAIDS SEAPICT Task Force on Drug Use and HIV Vulnerability, and the UN Drug Control Program Mekong Region Memorandum of Understanding Senior Officials Committee. The Project will work alongside, and inform, ASEAN committees and working groups responsible for HIV/AIDS and drugs.

Component 4: Project Management: To effectively manage and report on the Project and to facilitate monitoring and evaluation of its activities and outputs. Management structures and frameworks to allocate and manage the regional and in-country activities will be developed. Monitoring and evaluation frameworks will review and assess Project progress.

IMPLEMENTATION

The Project focus is to strengthen a multisectoral approach to address HIV/AIDS and drug use with health, police/public security and other key agencies involved in managing drug use and HIV infection. Implementation of activities in Viet Nam and Burma will be through national agencies responsible for HIV/AIDS and narcotic drugs. In Viet Nam this will be the National AIDS Standing Bureau and the Standing Office for Drug Control. In Burma the key agencies will be the Central Committee for Drug Control and the National AIDS Program. In China the focus will be through the Ministry of Health at the national level working closely with the State Council AIDS Coordinating Committee and the National Narcotics Control Committee. In Guangxi Zhuang Autonomous Region and Yunnan Province the leading groups on HIV/AIDS will be key agencies. In Yunnan, an office could be established at the Yunnan Institute on Drug Abuse in Kunming and, in Guangxi, at the regional Centre for Disease Prevention and Control in Nanning. Key stakeholders comprising communities, government agencies at the prefecture/county (China) and district level (Viet Nam and Burma) and non-government organisations (where present) will be invited to participate in identifying and implementing activities and supportive policies to address HIV/AIDS among injecting drug users.
It may be necessary to implement activities at different paces in particular countries. This would be influenced by various factors such as the differing stages of the HIV epidemic and levels of country capacity.

An Australian Managing Contractor (AMC) will be contracted by AusAID and responsible for the management of the Project. The Australian Team Leader (ATL) will be based in the Regional Project Office (RPO). A long term Regional Police Advisor (RPA) will be a member of the Regional Project Office, but not necessarily based in the same location. Locating the Project’s two senior staff at different sites will enhance the Project’s capacity in numerous ways, these include: Project implementation, management and supervision; provision of expertise; and liaison with governments, counterparts and other agencies.

Project coordinators will be recruited to coordinate and manage Australian Government inputs in Viet Nam, Burma, Yunnan and Guangxi at offices in Rangoon, Hanoi, Kunming and Nanning: the Regional Project Office will be in one of these four cities. Project support will be provided by Project Officers within the respective Ministry’s of Health at each site.

At the regional level, the Project will work closely with ASEAN, United Nations agencies and established working groups to strengthen collaboration, cooperation and to inform other countries in the region. Formal and informal linkages with these groups will be established.

In each country a Project Coordinating Committee (PCC) will be established comprising senior representatives of Health, Police/Public Security, Justice, Planning, MOFTEC, DOFTEC, AusAID Post and the ATL. Meetings of the PCCs will be held every six months or annually depending on need. Each year a Regional PCC will be convened to review progress and approve the following year’s Annual Plan.

A monitoring and evaluation framework suitable for the project size and complexity will be developed during the inception phase to monitor progress against Project components and outputs. National coordinators will assist in monitoring outcomes. The focus will be on establishing qualitative, as well as quantitative, indicators.

**Benefits, Risks and Justification**

This Project will have a key role in developing a regional response to the epidemic of HIV/AIDS among, and from, injecting drug users, which has been inadequately addressed to date. Governments will be in a better position to understand the impact of the epidemic and of effective ways to address the epidemic. Government policies related to injecting drug use and HIV/AIDS will be informed through training, technical support, institutional capacity building, experience of implementing effective interventions and dissemination of RAR project evaluations and lessons learned. This will allow governments to make the most effective use of financial, technical and other resources. Within the Project, participating countries can also learn from each other. Through working with regional organisations, other countries in the region will be better informed about the epidemic in general and about effective approaches to reduce the HIV related harm associated with injecting drug use.

The Project has a number of risks that need to be regularly monitored. The risk management plan will be updated during the inception phase. Key risks include:

- The highly contentious nature of the issues the Project is aiming to address and therefore potentially complex opposition which may arise;
• Police/public security agencies not willing to participate in Project activities;
• Health and police/public security agencies are unable to collaborate with each other;
• Injecting drug users and those injecting drug users living with HIV/AIDS are endangered as a result of increased visibility generated by their involvement in the Project;
• Legal frameworks prevent implementation of effective activities addressing HIV/AIDS among injecting drug users;
• Opposition from other countries to Project approaches;
• Donors will not support future Project activities
• Regional agencies are not willing to involve Project and counterpart staff in regional forums.

The Project is consistent with AusAID’s commitment to assisting Asia reduce the impact of the HIV/AIDS epidemic. In Burma, Viet Nam and parts of China over 50% of people living with HIV/AIDS are injecting drug users. HIV infection continues to spread rapidly among injecting drug users in Asia and their communities and remains a key infection route to the broader community. There are sufficient commonalities between the three target countries – in their HIV/AIDS epidemics among IDUs and in the methods used to address injecting drug use and related HIV infection – to suggest that lessons learned in one country will be of use and interest to the other two countries.

The Project will explore a range of gender components and analyses including: women’s particular vulnerability to HIV infection; IDU’s sexual relationships; ethnographic analysis of drug use, including gender analysis; impact of drug use on family structures and functioning; and understanding of sex work as an occupation. Such analyses will be generated during the Project and, amongst others, provided to senior policy makers. This should encourage greater understanding of, and sensitivity to, the gender implications of drug use and/or HIV infection.

A regional Project is therefore justified as strengthened regional cooperation will assist Burma, Viet Nam and China, and ultimately other countries in the region, to develop effective interventions and supportive policies to address the HIV related harm associated with injecting drug use.
CHAPTER 1: PROJECT PREPARATION STEPS

1.1 PROJECT ORIGIN

1.1.1 The Request

In July 2000, the Australian Minister for Foreign Affairs announced a six-year A$200 million Global HIV/AIDS Initiative. Launching of this initiative coincided with calls within the Association of South East Asian Nations (ASEAN) for greater commitment of resources to address HIV/AIDS.

AusAID’s Regional Program aims to assist developing countries in south-east Asia to reduce poverty and achieve sustainable development by tackling trans-boundary development challenges and by strengthening regional cooperation and economic development. The HIV/AIDS epidemic is recognised as a development crisis and was identified as a challenge consistent with the mandate of AusAID’s Regional Program.

1.1.2 Assessment and Preliminary Preparation

In January/February 2001, a Project Identification Mission (PIM) visited seven countries in the east Asia region: Cambodia, Lao People’s Democratic Republic (Lao PDR), Indonesia, Burma, Philippines, Thailand and Viet Nam. The principal objective of the PIM was to identify and assess possible areas of, and mechanisms for, Australian assistance related to HIV/AIDS. Consultations were held with regional organisations, partner government representatives and national AIDS programs, Joint United Nations Program on HIV/AIDS (UNAIDS), United Nations agencies, multilateral and bilateral donors, international and local non-government organisations and AusAID posts. Based on these discussions, the PIM team recommended further feasibility and design work focus on a regional project built around one priority issue, drug use and HIV vulnerability (See Annex A).

The Asia Regional HIV/AIDS Project, designed in this Feasibility and Design Study, aims to target regional action to strengthen the capacity of countries to take a more strategic and evidence-based approach to policy making, planning and developing interventions to reduce HIV related harm associated with injecting drug use. The Project will emphasise a partnership approach and collaboration at local, national and regional levels. The vast majority of Project activities will be in Burma, Viet Nam and the People’s Republic of China (China), with a particular focus on Yunnan Province and Guangxi Zhuang Autonomous Region (Guangxi). Other countries in the region will be involved in the project via the sharing of lessons learned through regional fora.

The Project should be in accordance with Australian Government policy for health aid and HIV and the Asia Regional Program Strategy; and should meet priority needs of participating countries for regional action on the issue of drug use and HIV vulnerability.
1.2 STUDY TEAM AND METHOD

1.2.1 Team and Mission

In July 2001, AusAID contracted a Feasibility and Design Study (FDS) team to assess the feasibility of an Asia Regional HIV/AIDS Project and, if found feasible, to prepare a design. The team consisted of an AusAID design specialist, three specialists in HIV/AIDS and injecting drug use issues, and two HIV/AIDS policy analysts. In August/September 2001, the FDS team consulted:

- relevant United Nations agencies and international non-government organisations in Bangkok,
- ASEAN Secretariat in Jakarta.

In-country consultations were held in China (Beijing, Yunnan and Guangxi), Burma and Viet Nam with:

- National and provincial Ministries of Health, Police/public security, Justice, Planning;
- relevant UN, international, national and provincial agencies;
- Non-government organisations (NGOs)
- Other stakeholders: for example ex drug users, injecting drug users, commercial sex workers, people living with HIV/AIDS.

Participatory meetings in each country discussed and reviewed the national and regional context and confirmed the need for a Project to address drug use and HIV vulnerability (See Annex B). In each country exit reports were presented on the FDS findings (See Annex C).

1.2.2 Key Aspects of Method

Prior to departure from Australia, the team identified the issues likely to be encountered in developing the design for the Project based on a document review and team members’ experience. To assess the situation in the time available, the team was formed into two sub-teams. One sub-team visited Burma and Viet Nam while the second sub-team visited China. Strategies were identified during the preparation phase to ensure a consistent team approach across the three countries. A standardised set of questions requesting information was sent to each country prior to the team’s arrival.

The Pre-feasibility Study prepared by the PIM included a preliminary logical framework matrix for the Project. The PIM suggested that a program approach to implementation be established wherein only outputs for the first year would be described in detail. However the FDS team’s assessment of a constructive regional response was to design a Project based on capacity building processes spanning the Project’s life. This assessment was based on the current condition of local responses to the Project and the need to act urgently to address the HIV/AIDS epidemic in these countries.

Detailed problem analyses of the Project’s strengths, weaknesses, opportunities and threats (SWOT) were undertaken for each country/ province and the region as a whole. These analyses were informed by the in-country consultations and the participatory meetings and contributed to the Project design (see 2.2 Problem Analysis).
The team’s approach emphasises the development of a sustainable resource base by enhancing the capacity of agencies, institutions and communities to seek funding from other donors, and to assist governments to make resource allocation decisions based on evidence of the effectiveness of various intervention options.

Participatory meetings were conducted with key people in each country (in Rangoon, Hanoi, Kunming and Nanning) to:

- identify local priorities for the Project;
- develop a greater understanding of the regional issues;
- promote Project ownership in the participating countries.

At each meeting participants identified a need for a Project that would assist with:

- developing supportive policy at the local, provincial, country and regional levels;
- institutional capacity building to increase collaborative policy making – especially between police/public security and health sectors;
- supporting the development of activities and/or building upon existing pilots.
CHAPTER 2: ANALYSIS

2.1 DEVELOPMENT CONTEXT

2.1.1 Location and geography

The Project is located in the South East Asian region, which comprises 10 member countries including Malaysia, Brunei, Indonesia, Philippines, Laos, Thailand, Burma, Singapore, Cambodia and Viet Nam. The Project will concentrate on activities in China, Burma and Viet Nam.

2.1.1.1 People’s Republic of China (China)

**Yunnan Province (Yunnan)**

Yunnan is located in southwest China and shares a border with Burma, Laos and Vietnam. Yunnan also borders Guizhou, Sichuan Tibet Autonomous Region and the Guangxi-Zhuang Autonomous Region. Yunnan is a rugged mountainous province with a tropical lowland bordering Laos. The provincial capital is Kunming.

The Province is divided into four levels below the provincial administration - prefecture, county, township and village. Eight prefectures are located on Yunnan’s international borders totalling 26 counties.

At the end of 2000, the total population was 42 million of which 33% are ethnic minority groups. Yunnan has 25 ethnic groups. Approximately 80% of the population is rural.

**Guangxi Zhuang Autonomous Region (Guangxi)**

Guangxi is located in the south of China. The Region borders Guangdong, Guizhou, Hunan, Yunnan and Provinces. Eight counties in Guangxi’s southwest border Viet Nam. In the south Guangxi borders the Gulf of Tonkin and the Region is serviced by the port city of Beihai. The east and north is mountainous. The regional capital is Nanning.

Guangxi has a population of 46 million of which ethnic minorities account for 39%. There are 13 ethnic groups of whom the largest is Han (61%) followed by Zhuang (33%). Approximately 80% of the population is rural.

2.1.1.2 Union of Myanmar (Burma)

Burma is a south east Asian country bordering Bangladesh, India and the Bay of Bengal on the west and China in the north and northeast. Burma borders Laos and Thailand in the east and the Andaman sea in the south. The north and east is mountainous. Rangoon is the capital.

Burma’s population is approximately 47 million of which 66% are Burmese. The key ethnic minorities are Karen, Shan and Kachin. Eighty percent of the population is rural.
2.1.1.3 Socialist Republic of Viet Nam (Viet Nam)

Located in southeast Asia, Vietnam extends from China in the north in a long S-curve to Cambodia in the south and Laos in the west. The South China Sea lies to the east and the Mekong delta is in the southeast. The northern border with China is with Yunnan and the Guangxi. Hanoi is the country’s capital with Ho Chi Minh City being the largest city.

The estimated population is 83 million of which 80% live in rural areas. The largest ethnic group is Vietnamese (85 – 90%) with Chinese being 3%. Other ethnic minority groups include Muong, Thai, Meo, Khmer, Mon, and Cham.

2.1.2 Drugs

2.1.2.1 Illicit drug production

The “Golden Triangle” region of south-east Asia – including parts of Burma, Thailand and Lao People’s Democratic Republic (Lao PDR) - has been the world’s major producer of opium and heroin for the last three decades, except for a few years in the 1990s when Afghanistan became the largest producer.

Table 1. Cultivation and production of opium, Burma 1997-2000

<table>
<thead>
<tr>
<th>Opium</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Harvest</td>
<td>155,000</td>
<td>130,000</td>
<td>89,500</td>
<td>108,700</td>
</tr>
<tr>
<td>(hectares)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultivation</td>
<td>165,651</td>
<td>146,494</td>
<td>99,300</td>
<td>108,700</td>
</tr>
<tr>
<td>(hectares)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential yield</td>
<td>2.365</td>
<td>1.750</td>
<td>1.090</td>
<td>1.085</td>
</tr>
<tr>
<td>(metric tons)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Over the last decade, opium poppy crops have been largely eradicated in Thailand and Lao PDR, and production in Burma has declined to some extent through the efforts of national governments and the United Nations Drug Control Program (UNDCP). However, production of heroin has increased in some areas, including parts of the People’s Republic of China (China), and production of amphetamine-type substances has flourished over the last few years throughout east and south-east Asia.

2.1.2.2 Trafficking routes of illicit drugs

Heroin trafficking routes out of the Golden Triangle were originally largely southwards, through Bangkok and the peninsula. In the 1980s, there were major shifts in trafficking routes, with new routes opening up across south China and north-east India. As authorities have responded to these shifts in trafficking routes, new routes are opened, for instance across Lao PDR to Viet Nam and onwards. This phenomenon of shifting trafficking routes exposes new populations to illicit drugs wherever it happens. As a result, most countries in east and south-east Asia now have large populations of illicit drug users, who are increasingly injecting drug users. Many drug users are increasingly becoming involved in illicit drug production, especially of amphetamine-type substances (ATS).
2.1.2.3 Border regions

Much of the production activity and some of the highest rates of use of illicit drugs in the region occurs in areas near national borders, areas associated with ethnic minority groups. These groups are often socially and economically marginalised in their own countries, are able to cross borders with relative freedom and may be disproportionately involved in drug use and trafficking. Such border regions include those between Burma and China, Burma and Thailand, China and Viet Nam, and Lao PDR and Viet Nam.

2.1.2.4 Illicit drug use

Production and trafficking changes have coincided with economic changes in many parts of Asia, with increasingly mobile (especially male) populations, widening social and economic disparity (particularly among ethnic minority groups, clustered largely around borders), and a rising middle class with its attendant youth market for a wide range of commodities including illicit drugs. It has been estimated that in China alone there are 120 million people in a floating population that moves from rural to urban centres, and between provinces, often in search of employment and economic advancement. The result of these changes has been a massive growth in the numbers and range, both geographic and social, of people in Asia involved in illicit drug use and/or trafficking. Increasingly, for cultural reasons, and reasons of economics and fashion, illicit drug users in Asia have moved from smoking or inhaling their drugs (especially heroin) to injecting; the transition period for this practice is becoming shorter. It is estimated now that some 50% of the estimated 15-20 million injecting drug users worldwide are in Asia. The population of heroin users is continually replacing itself, as young people begin using the drug – often, as in Viet Nam, initially by smoking or chasing, but moving rapidly to injecting.

Recently there has been a massive increase in the production, distribution and use of amphetamine-type substances. The bulk of the precursor chemicals for this production come from China, but amphetamine factories have been discovered as far from the Golden Triangle as Malaysia, Indonesia and the Philippines. The importance of Chinese production of methamphetamine is reflected by the rising amount of seizures in recent years.

Table 2. Seizures of methamphetamine and precursors, China, 1995-1999

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(kilograms)</td>
<td>1,304</td>
<td>1,599</td>
<td>1,334</td>
<td>1,608</td>
<td>16,000</td>
</tr>
<tr>
<td>Precursors (ton)</td>
<td>86</td>
<td>219</td>
<td>384</td>
<td>345</td>
<td>272</td>
</tr>
</tbody>
</table>


Amphetamines have largely been used in tablet form, but there is an increasing trend in some parts of South-East Asia to inject the drugs, either alone or in combination with heroin. The rise in amphetamine use exposes new populations, particularly sexually active young people, to HIV risk through the impact of such drugs on sexual behaviour, and provides a new route to injecting drug use.
2.1.3 HIV infection among injecting drug users

2.1.3.1 Background

HIV infection arrived in south-east Asia by several routes through the late 1980s, initially by connections with the United States of America and Australia, and later moving eastward from Africa via south Asia. The first recognized focus of the HIV epidemic in south-east Asia was among injecting drug users (IDUs) in Thailand, where it rapidly spread along trafficking routes in both directions to Burma and south China, and eastwards and southwards into other south-east Asian countries. The first major outbreak of HIV among IDUs recognized outside Thailand was in Yunnan Province in south-western China, but similar outbreaks were rapidly detected within Burma and in regions abutting all borders of Burma. Injecting drug users involved in the widespread sharing of injecting equipment and unsafe injecting practices have largely driven the HIV epidemics in China, Viet Nam and Burma. The following table indicates the extent of drug related HIV transmission among injecting drug users in Burma, China and Viet Nam.

Table 3. Drug use and HIV among injecting drug users in ASEAN Region, 1999.

<table>
<thead>
<tr>
<th>Country</th>
<th>Estimated number of illicit drug users</th>
<th>% injectors</th>
<th>% IDUs among HIV+</th>
<th>% HIV + among IDUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burma</td>
<td>67,489 a</td>
<td>30</td>
<td>20-30</td>
<td>62</td>
</tr>
<tr>
<td>China PDR</td>
<td>540,000</td>
<td>66</td>
<td>70</td>
<td>n.a.</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>90,000 a</td>
<td>n.a.</td>
<td>66</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>185,000 b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>1,270,000</td>
<td>60</td>
<td>5.25</td>
<td>30-40</td>
</tr>
<tr>
<td>Malaysia</td>
<td>300,000</td>
<td>50</td>
<td>77</td>
<td>10-27</td>
</tr>
</tbody>
</table>

(a- registered; b- estimated) Source: UNAIDS APICT, 2000

As in other parts of the world, once HIV arrived in a population of injecting drug users it spread explosively, moving from a few infected IDUs to 40-50% or more of IDUs in each city or district within 6-24 months. This spread was facilitated by situations where a few items of injecting equipment were shared between many people, such as in “shooting galleries” or where “professional injectors” are utilised. Geographic spread of HIV is facilitated especially where there is substantial population mixing with subsequent dispersion to other parts of the country, as in prisons or in migrant labour situations (such as fishing fleets).

In border regions with Burma, especially Yunnan Province and Manipur State in north-east India, as well as in Burma itself, initial studies in the early 1990s found HIV prevalence of 70% or more among IDUs. As stated above, these are extremely dynamic situations, with new trafficking routes opening constantly to evade detection or reach new markets, and exposing new populations to the sequence of drug use, injecting and HIV epidemics. As old trafficking routes fade, they leave behind established populations of injecting drug users, which are now present throughout most of east and south-east Asia. In the majority of these populations, HIV infection is hyper-endemic (established at a prevalence of 40% or more). This is the situation especially in several provinces of China, including Yunnan Province, Guangxi Zhuang Autonomous Region and Xijiang Uygur Autonomous Region, where current HIV infection rates among
IDUs are alarming; much of Burma is similarly affected, especially on the north and west borders; and throughout most of Viet Nam, HIV prevalence rates are of grave concern.

Many injecting drug users in east and south-east Asia are young and sexually active, and increasing proportions of their sex partners are infected with HIV. Whether the HIV epidemic thus generated goes on to support a generalised heterosexual HIV epidemic or not depends on whether there are high rates of other sexually transmitted infections (STIs) in the general community and whether injecting drug users have sex with many, different partners without using condoms. Another important factor in widespread, generalised HIV epidemics is whether significant proportions of injecting drug users engage in sex work, or significant proportions of commercial sex workers engage in injecting drug use (see 2.1.4.4 Drug use and gender issues). But simple continual ‘seeding’ of HIV from injecting drug users to their sex partners, in a context of expanding illicit injecting behaviour, has produced national HIV epidemics in this region almost indistinguishable from heterosexual epidemics.

### 2.1.3.2 HIV among IDUs in China

To June 2001, the cumulative national number of reported HIV positive people reached 26,058 with 1,111 people living with AIDS and 584 AIDS related deaths recorded nationally\(^1\): 94% of reported infections are in the 15-49 age group and the ratio of male to female is five to one. The Ministry of Health estimates that the number of HIV infected people is 600,000 whereas UNAIDS estimates it to be above one million\(^2\).

Injecting drug use is driving the HIV epidemic in China. Injecting drug users account for 69.8% of reported HIV infections. Sentinel site results indicate that 53.3% of drug users inject and 37% shared needles and syringes\(^3\).

**Table 4. Examples of sites with high HIV infection rates among IDUs, China 2001**

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Sites and rates</th>
<th>Sites and rates</th>
<th>Sites and rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xinjiang</td>
<td>Yining 84%</td>
<td>Unumuqi 42%</td>
<td></td>
</tr>
<tr>
<td>Yunnan</td>
<td>Ruili 80%</td>
<td>Wenshan 75%</td>
<td>Yingjiang 70%</td>
</tr>
<tr>
<td>Guangxi</td>
<td>Baise 30-40%</td>
<td>Pingxiang 12%</td>
<td>Liuzhou 12%</td>
</tr>
</tbody>
</table>

*Source: UNAIDS, A Chinese AIDS Odyssey Update, 2001*

### 2.1.3.3 Viet Nam

As of December 2000, over 32,000 people had been reported as being infected with HIV in Viet Nam, though it has been estimated that the actual number was 107,000\(^4\). The epidemic has been evolving

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rapidly since the first reported case in Ho Chi Minh City in 1990; the major evolution has been rapid spread among injecting drug users, first in that city, then moving to each of the other 60 provinces. In almost all provinces, initial detection of HIV in an injecting drug user has been followed by explosive epidemics among IDUs, leading to prevalences of 40-70% or higher\(^5\). Almost two-thirds (65%) of all reported HIV infections to date in Viet Nam have been among injecting drug users. However, this figure underestimates the impact of the IDU epidemic, as an unknown proportion of the remaining 35%, classified as due to ‘heterosexual transmission’, are the result of sexual transmission from an injecting drug user.

Table 5. Examples of provinces with high HIV infection rates among IDU, Viet Nam, 1997 - 1999

<table>
<thead>
<tr>
<th>Province</th>
<th>1997</th>
<th>1998</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanoi</td>
<td>2.4%</td>
<td>3.3%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Hai Phong</td>
<td>0.9%</td>
<td>32.5%</td>
<td>64%</td>
</tr>
<tr>
<td>Quang Ninh</td>
<td>62.4%</td>
<td>65.9%</td>
<td>64.9%</td>
</tr>
<tr>
<td>Binh Dinh</td>
<td>56.7%</td>
<td>62.9%</td>
<td>71%</td>
</tr>
<tr>
<td>Dac Lac</td>
<td>45.2%</td>
<td>41.8%</td>
<td>41%</td>
</tr>
<tr>
<td>Ho Chi Minh City</td>
<td>28.3%</td>
<td>44.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Vung Ta-Ba Ria</td>
<td>5.6%</td>
<td>16.7%</td>
<td>37.5%</td>
</tr>
<tr>
<td>Kien Giang</td>
<td>13.6%</td>
<td>14.3%</td>
<td>16.5%</td>
</tr>
</tbody>
</table>


Lately there have been rises in HIV prevalence among female commercial sex workers (CSWs) in some parts of the country (nationally from 0.6% prevalence among CSWs in 1994 to 2.4% in 1998 and 4.3% in 2000). In some places, prevalence among CSWs has reached 15% or higher. As well, there has been an increasing trend over the past few years of increasing proportions of CSWs reporting injecting drug use. This has especially been the case in Hanoi and Ho Chi Minh City, where 25% or more of CSWs also inject drugs.

2.1.3.4 Burma

The HIV epidemic in Burma is rapidly expanding and spreading. Surveillance figures show spread across the general population, including national figures of 2.2% HIV infection rates among pregnant women [a rate of 1% is considered by WHO as the benchmark of a generalised HIV epidemic]. Overall, 30% of reported HIV cases are among injecting drug users. Until 2001 a total of 33,553 people have been recorded with HIV, and 4,598 cases of AIDS. A total of 1,973 deaths have occurred. As with many countries with similar restrictions on funding for surveillance, it is believed that the actual number of cases is higher.

Injecting drug users were the first group heavily affected by the epidemic. Within a year of the first HIV infection detected in Burma, the infection rates among IDUs were the highest in the world, where they

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\(^4\) UNAIDS Viet Nam. Facts about HIV/AIDS in Viet Nam. UNAIDS, Hanoi June 2001

have remained. Over the years 1997-99 the HIV prevalence rates among IDUs were 55.1%, 59.3% and 53.8% respectively.

2.1.4 Socio-economic and cultural context

Complex political, legal, social and cultural barriers in China, Burma and Viet Nam prevent drug using populations from accessing health and other services and being involved in programs that would minimise the impact of the HIV epidemic upon them.

2.1.4.1 Attitudes to illicit drug use and drug users

There is growing concern that the supply and demand reduction methods traditionally used in these three countries to address drug use are not complete solutions, and may not be the most effective use of scarce resources. Rapid increases in drug use and drug injecting, HIV epidemics among injecting drug users, and increasingly large and costly systems of compulsory drug rehabilitation centres are among the most obvious signs that these methods are not meeting current needs.

However, these supply and demand reduction methods have been used for decades so they have many adherents at all levels of society. They also mirror certain aspects of the hierarchical and socially cohesive nature of the three societies. The methods are based in a set of attitudes towards illicit drug use and drug users which are explored below.

2.1.4.2 Perceptions of illicit drug use and drug users

Illicit drug use is perceived in all three countries as a criminal, moral and social problem. Responses to it are framed within those perspectives. Laws (or in some cases administrative regulations) are used to control drug use and the strategies for dealing with it. Consequently, police/public security agencies have primary responsibility for the control and management of illicit drug users. This usually culminates in arrest and/or detention of the drug user in a compulsory rehabilitation and/or re-education program. About 80-90% of all illicit drug users who undergo compulsory rehabilitation or re-education are generally believed to relapse to drug use.

Behaviour of illicit drug users is often conceptualised as wilful, immoral or anti-social, and there is little opportunity to discuss the complex roots of drug using behaviour, including the links between drug use and social and economic changes, and the nature of drug dependence. Health perspectives on drug use are limited in all three countries as illicit drug use is only occasionally seen as a health rather than a legal issue.

These attitudes are important to any potential Project to address injecting drug use and HIV/AIDS in China, Burma and Viet Nam. International experience has shown that, if illicit drug users fear imprisonment or compulsory rehabilitation or censure by society, they will hide their drug use and will not seek education on HIV/AIDS (even if the information is targeted specifically towards them) as the risks of immediate discovery are perceived as too great. This risk of discovery is often also feared more than HIV itself so that injecting drug users will choose faster, more hidden drug use with a high risk of HIV infection than methods which increase protection against infection but bring a higher chance of discovery.

Interventions seeking to effectively address injecting drug use and HIV/AIDS will need to interact with illicit (especially injecting) drug users and their families. These are a highly marginalised group in every society and
care must be taken to protect their vulnerability. However, their involvement is necessary to contribute to the dialogue about the problems associated with drug use and the exploration of appropriate responses.

2.1.4.3 Illicit drug users and marginalisation

Illicit drug users in these three countries tend to be an impoverished population. The causes of poverty in this group are many and varied. The high cost of drugs, the diversion of income towards drug use that would otherwise benefit the household, the inability to work (or to work as fully as others) due to the effects of drugs, the need for treatments for infections related to drug use (including HIV/AIDS), the stigma attached to illicit drug users that may prevent employment – all contribute to poverty. Illicit drug users lack equity of access to health, welfare and social services (as they do in most countries worldwide). Many live with a set of chronic health problems including drug addiction. They also are the subject of much monitoring by police/public security forces. They are at unique risk of becoming infected by HIV and are disadvantaged from getting appropriate education and access to the means of preventing infection or transmission.

2.1.4.4 Illicit drug use and gender issues

There is a need to generate better understandings of gender in analyses of illicit and injecting drug use behaviour and patterns. These would include analyses of: the particular vulnerability of women to HIV infection; the sexual relationships of injecting drug users; ethnographic studies of drug use that include gender analysis; understanding of the impact of drug use on family structures and functioning; and understanding of sex work as an occupation.

The majority of illicit drug users are male, young and sexually active. International experience shows that HIV is passed from male injecting drug users to their sexual partners. In recent years there has been increasing evidence of the practice of injecting drugs among female commercial sex workers. This was a previously rare phenomenon in south-east Asia but it is rapidly becoming common. Injecting drugs increases a sex worker’s risk of acquiring HIV infection - that is through two transmission routes injecting and sex. This is combined with the risk of transmission to their clients, sexual partners and injecting partners.

Understandings of gender and illicit drug use in the region will need to be developed amongst all government and non-government agencies that have some involvement with the fields of injecting drug use and sex work. These understandings will need to apply at senior policy making level as well as at implementation level. To achieve this, it will be necessary to link with other agencies that have existing involvement with commercial sex work and to coordinate with their strategies and programs. This will need to occur during the implementation of the Project.

2.1.4.5 Drug use and ethnicity

In the three countries, there are significant numbers of ethnic minority communities affected by drug use. Current data about the extent of this and of the accompanying HIV epidemic is limited. The issue is complicated by the involvement of some ethnic minorities in the production and distribution of drugs and by the political and social tensions this creates. Drug use in these populations is understood and dealt with in similar ways to that occurring within the overall national approach in these countries. Hence, to impact on the problem within ethnic minorities it is necessary to initially address national policies and practices related to law enforcement.

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6 Data on actual numbers is unavailable. This comment is based on information from in-country consultations.
2.1.4.6 The Project’s response

The Project will concentrate upon addressing the ways in which existing attitudes towards drug users are reflected in policies and practice at all levels. The Project will seek to explore the ways in which these either benefit or hinder effective strategies for addressing illicit drug use and the impact of HIV/AIDS. Doing this will involve changes in attitude towards illicit drug users that, if the Project is successful, will be beneficial for drug users and their families. Through the training, assessment and RAR project development activities, the Project will assist in the emergence of a fuller analysis of the socio-economic aspects of drug use, which will include a range of gender insights and understandings. As the assessments are community based, they may involve illicit drug users and their families as well as local officials. If so, the Project will have an immediate impact on the lives of some people affected by illicit drug use.

2.1.5 The People involved

2.1.5.1 The primary stakeholders

The primary stakeholders for the Project will be the government agencies responsible for policy development and implementation in the areas of injecting drug use and HIV/AIDS. Given the political and social systems within these countries, this focus will have a significant national impact on the extensive problems associated with drug use and HIV vulnerability. Discussions with the relevant agencies in each country revealed that they are aware of the need to explore additional strategies for dealing with the impact of injecting drug use and HIV/AIDS. Some of these agencies have already implemented strategies and programs to increase their capacity to respond to these issues.

There is the potential in all three countries to increase the dialogue between those agencies responsible for drug control with the health and welfare agencies responsible for the response to the HIV epidemic. This dialogue will provide the opportunity to collaborate and share understandings and experiences of the current problems. The Project will facilitate and encourage an openness to further explore the topics that can reduce the impact of HIV upon drug using populations.

Relevant government agencies – called variously Departments of Police or Public Security and Departments of Health or Centres for Disease Control - are represented at all levels in each country through to community level. Representatives at each level will be involved in the Project and ensure activities are applicable to the local context. This involvement will provide the opportunity to identify the issues that arise at each stage of policy development and implementation as well as for the representatives to be involved in designing assessments and subsequent activities.

The gender balance of participants in Project activities will vary according to the level of government involved. It is likely that the majority of senior officials involved will be male but greater numbers of women are likely to participate as other levels of government, mass organisations and NGOs are included, with the strongest likelihood of women officials becoming involved at the district and county levels.

At district and county levels, the Project will work with communities and with the government agencies responsible for drug demand reduction and HIV education, as well as mass organisations and NGOs (where possible). The Project will aim to include a diverse cross section of these people in Project activities and will seek gender parity in community and community governance representation.
2.1.5.2 Secondary stakeholders

The other key stakeholders in the Project will be people who use drugs and their families. This is necessary to ensure that the assessment activities can obtain an accurate analysis of the nature of the problems facing these people and develop suitable strategies for resolving them. Most importantly, these people will be the beneficiaries of successful Project activities and a supportive policy environment. Consistent with statistics, the majority of illicit drug users are likely to be male. However there is scope for some Project activities to focus on female commercial sex workers who are injecting drugs. The Project will need to link with Government and NGO agencies that also work with CSWs and the HIV epidemic. For, there are additional issues of occupational health and safety and public health that need to be taken into consideration. The Project will also have the capacity to gain understandings of the consequences on family life and relationships.

Dialogue will also extend to representatives of mass organisations and non-government organisations (NGOs) where these are present and willing to be involved. Mass organisations exist in all three countries, mainly working on youth and women’s issues. NGOs are not common in China or Burma and, where they do exist, often have strong links with government and have a clear, narrow role, which may preclude work with injecting drug use and HIV/AIDS issues. NGOs can provide information, skills and capacity to the Project and may already have good working relationships with illicit drug users and their families that the Project can utilise.

2.1.6 Institutional context

2.1.6.1 China

In 1996, China established the State Council AIDS Coordinating Committee. This Committee is chaired by a State Council Vice-Minister and consists of 34 Ministry and Departmental members. The key members are from Health, Finance, Public Security, Justice, Education, the All China Women’s Federation, The Youth Union and the Red Cross. The secretariat for the State Coordinating Committee is in the Ministry of Health.

The Provincial Governments in the Guangxi Zhuang Autonomous Region (Guangxi) and Yunnan Province have established HIV/AIDS leading groups. Thirty-four bureaus and agencies are represented on the leading group in Yunnan and 29 in Guangxi. The key agencies represented reflect the national membership of the State Coordinating Committee.

The leading groups are administered within the Provincial Health Bureaus. Yunnan has established a discrete HIV/AIDS division within the Provincial Health Bureau while the responsibility for HIV/AIDS in Guangxi lies with the Health Bureau’s Centre for Disease Prevention and Control. The Project will work alongside the leading groups in Guangxi and Yunnan.

The National Narcotics Control Committee has a multisectoral membership and sits at the State Council level. The Committee is administered by the Ministry of Public Security and the thirty provinces and autonomous regions have similar multisectoral drugs control committees administered by Provincial Departments of Public Security. The Committee’s focus is on drug eradication and demand reduction.
The Project will work with the Narcotics Control Committee in both Yunnan and Guangxi to develop a complementary approach to injecting drug use and HIV/AIDS issues.

The public security sector at all levels is responsible for the state’s compulsory rehabilitation centres for drug users, and for most voluntary rehabilitation centres. If people relapse after their time in these institutions, they become the responsibility of the justice system and are placed in education by labour camps. Current mechanisms already in place between the health and public security sectors provide an entry point for the Project to develop a greater capacity within the sectors to address injecting drug use and HIV/AIDS, and to involve public security staff in policy development, training, assessment and RAR project development activities.

The Yunnan Institute on Drug Abuse is the leading institute in China on drug use and is a member of the Yunnan Leading Group on HIV/AIDS. The Institute implements needle and syringe and methadone pilot programs with injecting drug users in the provincial capital Kunming and in selected rural settings. The Institute also conducts research, drug demand education and life skills programs. The Institute will be a strong resource for the Project in the two provinces and for the region. The possibility of locating the Yunnan Project office at the Institute will be explored in the Project’s inception phase.

International donor agencies, the United Nations agencies and international non-government organisations are involved in the HIV/AIDS response in Guangxi and Yunnan, with a greater presence in Yunnan. However the focus of these agencies on HIV related harm associated with injecting drug use is virtually non-existent.

Despite the high profile of HIV/AIDS at the national level and an acknowledgment at the national and provincial level of the need to respond effectively to the epidemic, institutions are currently limited in their capacity, resources and understanding of HIV related harm associated with injecting drug use. While there have been HIV/AIDS policy changes (see 2.1.7.2 Policy China) at the national level, it will take time, resources and determination to have these reflected at all levels of the public security, justice and health systems and for a supportive policy and practice environment to evolve.

At the national and provincial levels, the leading group on HIV/AIDS, as well as the health and public security and other key agency staff consulted, expressed a keen willingness to support and collaborate with the Project. At the participatory workshops, identified priorities clearly indicated the need to strengthen institutional capacities and mechanisms to address HIV/AIDS and injecting drug use issues.

2.1.6.2 Burma

In Burma, the Project will establish primary partnerships with the Central Committee for Drug Control (CCDAC) and the National AIDS Program.

CCDAC is chaired by the Minister for Home Affairs and is an inter-ministerial committee responsible for implementing policy on narcotic drugs. The Director General of the Police Force acts as secretary to the Committee. Committees for Drug Abuse Control are established at state, division and district levels. The senior officer responsible for CCDAC has expressed complete support for this Project, recognising the need for Burma to develop better understandings of the value and role of effective approaches in coping with the impact of drug use on the country.

The National AIDS Program within the Ministry of Health works within the policy matrix of the National AIDS Committee which takes policy guidelines from the National Health Committee, the highest decision
making body on health matters in Burma. This Committee is chaired by Secretary General One of the State Peace and Development Council.

The general objective of the National AIDS Program is to increase awareness and perception of HIV/AIDS in the community by promoting access to information and education leading to behavioural change and adoption of healthy lifestyles. The underlying purposes of this Project are compatible with the objectives of the National AIDS Program.

UNDCP is acknowledged to have played a significant role in gaining acceptance for effective approaches to HIV prevention among drug users in Burma. The organisation will soon lose its funding for the position that has been doing this work. The UN in general in Burma faces unique constraints due to the policies regarding their ability to work directly with government and due to difficulties in gaining adequate budget support. Recently the head of the UN agencies in Burma issued a global appeal calling attention to the critical humanitarian issues present within the country. Some major donors are investigating avenues for increasing financial support to Burma but the outcomes are uncertain at present.

Similar constraints also affect international non-government organisations operating in Burma. An extremely small number are working with illicit drug users at present and are conducting some applicable activities. These, though, are so politically sensitive and vulnerable that they are not discussed or acknowledged beyond the organisations conducting them.

2.1.6.3 Viet Nam

In Viet Nam, responsibility for implementing policy on narcotic drugs rests with the Standing Office for Drug Control of the Ministry of Public Security. The Ministry of Labour, Invalids and Social Affairs (MOLISA) is responsible for the re-education centres accommodating many illicit drug users and commercial sex workers, the National AIDS Standing Bureau in the Ministry of Health is responsible for the implementation of HIV/AIDS national planning and monitoring. The Standing Bureaux are also the Secretariats for the National Committee for the Prevention of AIDS, Drugs and Social Evils. This is a joint committee between all three Ministries.

These government agencies are supportive of the Project. In particular, the National AIDS Standing Bureau has developed an interest and familiarity with approaches to reduce the HIV harm associated with injecting drug use over recent years. The Ministry of Justice attended the final workshop conducted by the FDS team and alerted to the need to create appropriate legislation dealing with drug use and HIV vulnerability.

The Ministry of Health has considerable expertise in HIV prevention and can advocate for appropriate change. During the inception phase, the Project will need to identify how best to involve the MOLISA. MOLISA is responsible for accommodating large numbers of people with HIV/AIDS and have a need for assistance in policy and program development.

Due to the economic constraints of Viet Nam and to the government’s decisions to freeze the HIV budget for coming years to current levels, Viet Nam will be constrained from contributing financially to the Project. There is a reasonable background of experience in approaches to reduce HIV related harm associated with injecting drug use in the country gained from NGO activities. A large number of NGOs are active in HIV/AIDS work in Viet Nam, although only a small fraction of them work with injecting drug users. The quality of their work however, is high and their activities will provide a base for some Project activities as well as being a valuable source of expertise and advice to the Project.
UNDCP in Viet Nam recently completed a three-year project that provides valuable background information, lessons and contacts that the Project can build upon. UNDCP is in the process of seeking support for a subsequent phase to their project and expressed a willingness to coordinate it with this Project.

2.1.6.4 Regional institutions

The main regional institutions with some involvement in HIV transmission linked to illicit drug use are:

- United Nations Drug Control Program (UNDCP)
- Joint United Nations Program on HIV/AIDS (UNAIDS) through its South-East Asia Pacific Intercountry Team (SEAPICT) Task Force on Drug Use and HIV Vulnerability in Asia and the Pacific
- Association of South East Asia Nations (ASEAN)
- United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)

Table 6: Regional Institutions – functions and regional mechanisms

<table>
<thead>
<tr>
<th>Agency</th>
<th>Key Functions</th>
<th>Regional Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDCP</td>
<td>♦ The primary UN agency coordinating international efforts to counter the global drug trade ♦ The focus of UNDCP is on reducing both the demand for and supply of drugs ♦ Advises governments on drug control issues ♦ Assists in implementing a number of projects.</td>
<td>♦ Mekong Sub-Region Memorandum of Understanding (MOU) on Drug Control. Signatories include China, Burma and Viet Nam ♦ Subregional Action Plan (SAP). Each annual meeting reviews progress on implementing the SAP ♦ Annual senior officials meeting from Mekong Sub-Region countries and UNDCP meet to discuss regional cooperation on drug control ♦ Bi-annually senior Ministers meet from Mekong Sub-Region countries.</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>♦ Accelerates the development &amp; implementation of effective interventions for the prevention of HIV transmission among injecting drug users ♦ APICT has assisted in finding funds for the Asian Harm Reduction Network (AHRN)</td>
<td>♦ Task Force on AIDS ♦ Senior Officials Meeting on Drug Matters ♦ APICT established a position of regional advisor on drug use and HIV vulnerability ♦ The Task Force is a forum for identifying priorities and proposing strategies, guidelines and options for collaborative activities on drug use and HIV vulnerability in the Asia Pacific region</td>
</tr>
<tr>
<td>ASEAN</td>
<td>♦ Undertake legal obligations related to transnational regional issues eg</td>
<td>♦ Drug Free Asia 2015. Under the ASEAN senior officials on drug</td>
</tr>
</tbody>
</table>
### Agency

<table>
<thead>
<tr>
<th>Key Functions</th>
<th>Regional Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>coordinate activities by member countries ♦ Drug Free Asia 2015</td>
<td>drug trafficking ♦ Implementation of programs identified by ASEAN with co-sponsors ♦ Proposed activities include sharing of information &amp; research studies on HIV/AIDS among ASEAN member countries cooperating with UNAIDS ♦ Collaborating with various agencies to mobilise resources for advocacy &amp; capacity building for HIV prevention, treatment, care, support, rapid assessment, HIV surveillance among drug users &amp; strategies to prevent HIV harm associated with drug use.</td>
</tr>
</tbody>
</table>

### ESCAP

♦ The main legislative organ of ESCAP is the Commission, which meets annually at the ministerial level and reports to the UN’s Economic and Social Council (ECOSOC). ♦ Development focus, including economic and social policy analysis, social development (includes health), transport & infrastructure development, trade & regional economic cooperation, urban and rural development ♦ Forum for all regional governments to review & discuss economic & social issues & to strengthen regional cooperation.

### 2.1.7 Policy context

#### 2.1.7.1 Overview

Policy around the twin problems of illicit drug use and HIV infection has been slow to develop throughout Asia, as the region has been preoccupied with policy regarding illicit drug use. Policy regarding illicit drug use, has generally been based on criminalisation of drug use and therefore of the drug user, or on views of drug users as ‘failures of socialization’. Both have led to unidimensional responses founded on law enforcement, with the establishment of compulsory behaviour change centres – variously called drug treatment or re-education centres (DRC). These are similar to (but distinct from) prisons – in which drug users are confined for varying and often increasing periods.

This concentration of all drug policy on the criminality of drug use, and almost all responses to drug use being enforced incarceration of the illicit drug user, is common to most countries in South-East Asia, with Malaysia being the much-copied paradigm. This has meant a lack of investigation of alternative policy responses and therefore little opportunity to conceptualise illicit drug use as a public health problem or a problem resulting from social phenomena such as unemployment and poverty. This sole focus has severely restricted the development of other, more humane and effective, approaches to drug dependence. In general this focus works to further marginalise illicit drug users to the point where health authorities often have little contact with them (as they are the sole responsibility of the police/public security sector) and consequently possess little knowledge of how to approach them.

This approach to drug policy has also left little room for governments in South-East Asia to develop policy in relation to HIV infection among injecting drug users. Health policy is not seen as relevant to
illicit drug use and therefore health authorities have not been involved in developing effective policy with regard to HIV/AIDS among and from IDUs. In countries where an effective national education and prevention response to the HIV/AIDS epidemic has been developed, such as Thailand, it has been limited to blood safety and prevention of heterosexual transmission. Responses to HIV/AIDS among drug users have not had a policy framework within which they can be developed.

The major policy shift required for developing effective policies to deal with HIV/AIDS among drug users is to separate drug use from drug trafficking, and to locate the former with health and the latter with police. This will require considerable development work with senior public servants in the police and public security sector to ensure they see their key roles in effective approaches to drug use, and in prevention of HIV transmission among injecting drug users.

2.1.7.2 China

Grave social censure by society and criminal regulation by the public security and justice sectors are attached to drug cultivation, trafficking, selling and use in China. China’s legislative framework is designed to stop drug supply and demand and to punish drug-related crimes including drug use. Illicit drug users are dealt with by the compulsory rehabilitation system operated by the Department of Public Security and the justice system (for further drug using offences and for all other offences related to illicit drugs) Penalties can be harsh, including the death penalty for certain offences. However, possession of needles and syringes does not seem to be illegal. Possession of condoms (by a woman) may be used as evidence of sex work.

In response to diagnosis of the first HIV infections in China, an initial National Program for AIDS Prevention and Control was produced in 1987. Two medium term plans were drafted in the early nineties and in 1995 the government issued a document ‘Recommendations on Strengthening Aids Prevention and Control’. Most recently, the State Council has agreed a national “Medium and Long Term Plan for the Prevention and Control of HIV and AIDS”.

In July 2001 the State Council issued a five-year action plan for HIV/AIDS prevention and control. Out of seven actions two are classified as top priorities.7

- Health education to develop a basic understanding of HIV prevention in the general population;
- Behavioural interventions among high risk populations – this includes the use of effective approaches to prevent HIV transmission among and from injecting drug users.

The Action Plan also contains references to needle and syringe social marketing (programs to enhance the availability and accessibility of needles and syringes) and medical approaches to detoxification and rehabilitation (which appears to include methadone and other substitution therapies).

The national policy framework provides an encouraging guide for the establishment of provincial plans and implementation activities. Each level of China’s tiered administrative system has the authority to develop local regulations as long as these do not conflict with national legislation and regulations. Lower levels produce a plan based on their local context and provide it to the next level above for endorsement.

A recent shift from describing illicit drug users as “illegal persons” to “illegal patients” demonstrates an emerging understanding that illicit drug use is at least partly a health issue. The change is new and much needs to be done to implement this shift into practice.

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7 These priorities were stated during consultations with the Ministries of Health and Public Security.
Lack of accurate data makes it problematic to evaluate the true impact of the epidemic and provide the evidence to inform policy decisions. Data is needed to:

- properly evaluate prevention and intervention activities to assess effectiveness and cost;
- provide evidence about the most effective ways to address the HIV/AIDS epidemic among injecting drug users;
- estimate the HIV/AIDS disease burden, and its full impact on injecting drug users, their families and society as a whole.

In both Guangxi and Yunnan, it is well recognised within the health sector that:

- the numbers of HIV infected people is increasing;
- drug use is occurring among younger age groups;
- the practice of sharing needles is common;
- more females are using drugs, including female commercial sex workers;
- HIV is moving from the injecting drug using communities to the wider community;
- this is an emergency situation requiring a coordinated and rapid response.

The Project will support the current shifts in policy and provide a catalyst for the development of effective policy and interventions at all levels based on evidence gained through Project activities and supported by increased institutional capacity to understand and support the issue.

2.1.7.3 Burma

In Burma there is a “zero tolerance” approach to illicit drugs. Drug use is seen historically and at present to be an influence of western or at least foreign immorality. All aspects of the illicit drug trade are illegal and, in pursuit of the objective of a ‘drug-free’ Burma, penalties for production or trafficking can be harsh, including the death penalty for certain offences. All illicit drug users are required by law to register with the authorities, whereupon they are compulsorily placed in a drug treatment centre run by the Health Ministry for detoxification. Possession of needles and syringes is illegal under the Excise Act.

The agency responsible for drug policy is the Central Committee for Drug Control (CCDAC), comprised of personnel from various security services including the police, customs, military intelligence and the army. It is responsible for implementing government policy on reducing the supply and demand for drugs. The government acknowledges that there is a drug problem and discussions with the executive officer of CCDAC indicated an openness to exploring a range of strategies for dealing with those people already using drugs and that these should include considerations for reducing their vulnerability to HIV transmission. The major constraints upon this agency’s capacity to explore these issues is lack of financial resources and an absence of knowledge and experience within the country about the rationale and process for investigating these alternatives. CCDAC is replicated at lower levels throughout the country’s state systems; this would provide local support for any investigate activities such as the assessments conducted as part of the Project.
In Burma HIV is the third priority disease in the National Health Plan. One of the ten specific objectives of the National AIDS Strategy is: to prevent transmission of HIV among intravenous drug abusers. Another objective is: to provide effective health care and counselling services for people with HIV/AIDS.

The National AIDS Program is responsible for implementation of the national AIDS Strategy and has thirty nine prevention and control team located across the States and Divisions.

The resources of the National AIDS Program are extremely limited. Consequently it faces constraints on its capacity to develop and implement policy and services.

2.1.7.4 Viet Nam

Illicit drug policy in Viet Nam is based on a “zero tolerance” approach - all activities associated with illicit drugs (manufacture, transport and trafficking, selling, possession and consumption) are illegal. The single policy goal is eradication of drug availability and use in Viet Nam. In pursuit of this, penalties for drug production and trafficking can be harsh, including the death penalty. However, a distinction is made between other drug-related crime and actual use or dependence on use of an illicit drug: this latter is still a criminal offence, but is seen more as a “failure of socialisation” rather than wilful criminality. Sale and possession of needles and syringes are not themselves illegal, though they are seen by many authorities as being so.

The responsibility for dealing with drug users, whose only crime is possession for use and/or use of the drug, lies with the Ministry of Labour, Invalids and Social Affairs (MOLISA), the Ministry responsible for the eradicating of drug use and sex work. Rehabilitation (or re-education) centres are therefore run by MOLISA rather than by the Ministry of Health; criminal activities fall under the responsibility of the Ministry of Public Security.

HIV/AIDS is one of the seven national development priorities in Viet Nam, but policy development for HIV prevention has been hampered by its uneasy and often conflicting relationship with policy about “social evils” – in particular, illicit drug use and commercial sex work. As policy against “social evils” has been tightened, the ability to develop effective policy against HIV transmission has been weakened. An illustration of this was the decision in June 2000 to abolish the previously relatively independent and multisectoral National AIDS Committee, and to merge it into the Ministry of Health with a purely health sector focus.

During the FDS team visit, there was a strong call from all sectors in Viet Nam for establishment of a ‘legal corridor’ which would allow effective activities to be implemented to address HIV/AIDS and injecting drug use – in some cases, this was taken to mean new laws, in others clarification of existing law.

2.1.7.5 Regional policy

Within ASEAN countries, the Joint Declaration for a Drug-Free ASEAN by 2015 states that the achievement of this objective will be through eradication of illicit drug production, processing, trafficking and use. There is no indication of issues surrounding rehabilitating illicit drug users such as high relapse rates. Regional policy on drug use does not recognise the needs of illicit drug users, injecting drug users living with HIV/AIDS needs, and those drug users that may not be rehabilitated before 2015.

The ASEAN approach to policy is through consultation and consensus. While individual countries have some small-scale activities aimed at reducing HIV harm associated with injecting drug use, support for such activities is not included in regional policy, as there is no consensus on this issue among ASEAN member countries. There is concern among some government officials that support for activities
Regional policy is also developed through regional UN programs with the lead agency being UNDCP. Advice from UNDCP focuses on supply and demand reduction. This organisation has traditionally placed less emphasis on the need to address issues associated with injecting drug users who may be infected with HIV, and policies to prevent HIV transmission among injecting drug users.

UNAIDS is influential in HIV policy development. However, few resources in the UNAIDS Regional Office in Bangkok are devoted to HIV transmission linked with injecting drug use. The World Health Organisation, one of the members of UNAIDS, has previously tended to support the views that the HIV epidemic among drug users is separate to heterosexual HIV epidemics elsewhere in the community. Increasingly, all international and regional organisations are becoming concerned that this “separation” of epidemics is growing less likely with large numbers of HIV positive injecting drug users passing the virus on to their sexual partners and large numbers of commercial sex workers now injecting drugs.

Where regional policy is relevant to the issue of HIV transmission linked to injecting drug use, current policy can exacerbate the difficulties of dealing with the issue rather than helping to address the problems. This occurs through:

- the regional emphasis on drug control as solely a law enforcement issue without considering the public health implications of drug control activities making it more difficult to contact and educate injecting drug users about HIV prevention, and causing problems in collaborative efforts between police/public security and health officials;
- lack of regional acknowledgement of the need for implementation of a range of interventions to reduce HIV harm associated with injecting drug use, making it difficult for advocates of such interventions to promote them within their own governments;
- the view that the HIV epidemic among injecting drug users is confined to drug users and, as a result, does not to be addressed as urgently as heterosexual spread of the virus.

Developing mechanisms and materials to inform regional policy will not only make it easier for advocates to introduce new initiatives that effectively reduce HIV harm associated with injecting drug use but it will also raise awareness in countries and institutions of the consequences of failure to address the problem of HIV transmission associated with injecting drug use.

2.1.8 Programs

2.1.8.1 China

Effective approaches to HIV prevention among and from drug users in China are limited and, as a result, their ability to effectively impact upon the current HIV/AIDS epidemic among injecting drug users remains low. Nationally, there is a growing acceptance of the importance of using peer education and outreach approaches to reduce the risk of injecting drug users contracting HIV infection. One approach is to provide and disseminate information, education and communication (IEC) materials about the risks associated with needle sharing. Some of these IEC programs are implemented within voluntary and compulsory rehabilitation centres as well as in education by labour camps8. Funding the production and

8 By the end of 1997, China had 695 compulsory treatment centres and 86 education by labour camps.
dissemination of IEC materials and implementing peer education programs is mainly conducted by the National Centre for AIDS Prevention and Control, under the Ministry of Health, with some imminent donor support expected (through UNICEF). Currently most HIV prevention information and peer education is non-specific and insufficient to meet injecting drug users’ needs.

Needle and syringe programs (NSP) are not in operation nationally but do operate in Yunnan and have been piloted in Guangxi. Substitution therapies such as methadone maintenance programs are rare as the focus is on detoxication and medical treatment of addiction symptoms rather than long-term maintenance. The Ministry of Health funds some methadone programs. The Department for International Development, UK (DFID) intends to provide funds to assist in the implementation of pilot needle and syringe social marketing and methadone programs (at least in Yunnan). UNAIDS, UNDCP and UNDP fund programs to encourage dialogue and policy development in relevant government departments towards addressing sensitive issues associated with injecting drug use and HIV vulnerability.

In Yunnan, most programs specifically targeting IDUs for HIV prevention are based in the capital Kunming and receive substantial input and technical advice from the Yunnan Institute for Drug Abuse (YIDA). YIDA focuses on HIV prevention activities, detoxification, rehabilitation and care, and the training of trainers on drug issues. YIDA has initiated the running of five pilot needle and syringe social marketing programs and provides short-term methadone detoxification.

The Yunnan and Australian Red Cross coordinate training workshops targeting injecting drug users inside rehabilitation centres throughout the province using a peer education program. Both theoretical and practical demonstrations on how to clean injecting equipment are provided. Medecins Sans Frontieres plans to provide IEC materials focused on STIs and HIV/AIDS for injecting drug users in rehabilitation centres.

AusAID is funding a project in Ruili (June 2001) raising awareness and providing education on HIV/AIDS/STIs among various target groups that included injecting drug users. Save the Children Fund has recently started a five-year program at Ruili to address the needs of people living with HIV/AIDS, including injecting drug users. The Yunnan Ministry of Health publishes HIV prevention IEC materials for the general public with limited drug information. The Yunnan Provincial Health and Anti-Epidemic Centre is the only voluntary HIV/AIDS testing site and offers pre and post test counselling.

In Guangxi, programs to reduce the HIV harm associated with drug use are very limited. A six-month pilot NSP was implemented in Baise Prefecture, primarily operated by peer outreach workers. The Guangxi Health Department and the National Ministry of Health provided funding for the NSP pilot but financial sustainability could not be secured and it closed in October 2000. The Guangxi Women’s Federation in coordination with the Department of Public Security currently conducts a support and social care program for female injecting drug users discharged from compulsory rehabilitation centres. Monetary support and further HIV prevention education are provided with the principal focus on preventing relapse.

The Department of Public Security and the Justice Department conduct HIV prevention education courses for injecting drug users inside voluntary and compulsory rehabilitation centres and education by labour camps. However, it is acknowledged more specific information on HIV prevention related to injecting drug use needs to be expanded. In the county of Ningming, ABT (an organisation based in USA), recently (June - August 2001) conducted an investigation into the viability of implementing a needle and syringe program.

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9 Currently there are 23 voluntary and 93 compulsory rehabilitation centres in Yunnan Province
10 In Guangxi, there are 80 compulsory rehabilitation centres and 7 education by labour camps.
syringe social marketing program for injecting drug users. The findings indicated there was both
multisectoral and community support for such a program. Implementation will depend on ABT securing
funds from international donors.

The Project can built upon and expand the capacity already evident in Yunnan and Guangxi. Central to
this is the research and program ability within YIDA and the network of people already familiar with
assessment techniques through other donor activity in Yunnan. YIDA’s experience will be beneficial in
guiding and promoting appropriate strategies in both provinces and will be able to provide inter-provincial
support to Guangxi. The implementation experience of effective approaches in Yunnan will be a critical
advocacy mechanism for development of programs in both provinces.

The HIV/AIDS leading groups in Guangxi and Yunnan provide a solid foundation to develop strong
linkages between the health and public security sectors. The Project’s institutional capacity building and
training, assessment and RAR project development processes will provide the support required to develop
a supportive environment and the evidence to assist local advocates to develop broader effective
responses. While funding for the RAR projects is limited, there will be sufficient funds to demonstrate
results and the Project will also identify other donor interest.

2.1.8.2 Burma

Burma’s national HIV/AIDS Strategic Plan of the Ministry of Health identifies prevention and education
among high risk groups including injecting drug users as a priority. Currently the capacity of the Ministry
to implement these and other activities is severely constrained by the lack of personnel and finances. This
is in part due to the economic constraints affecting Burma that have restricted the flow of international
development assistance. It is also due to very limited exposure to different approaches to minimising drug
use and HIV vulnerability. A few medical personnel have attended international conferences on
HIV/AIDS and drug use, and were impressed with what they learned. On return they developed a list of
recommendations that is compatible with the purposes of this Project.

The Ministry of Health is also responsible for operating the 30 Drug Treatment Centres in Burma. Within
these centres, information and education about HIV/AIDS is provided. Given the HIV infection rates
among IDUs in Burma, it is likely that a significant proportion of people in these centres have HIV/AIDS.
Hence these centres could be sites for assessing injecting drug users’ behaviour (as part of the training,
assessment and RAR project development process).

The United Nations, in conjunction with the government, has created a Joint Plan of Action to respond to
HIV/AIDS. One of the priority areas is ‘Reducing the harmful consequences of injecting drug use’. Implementing this component will be the responsibility of UNDCP. The overall budget for the UN Joint
Plan is $US16 million of which $4.6 million is currently available from the budgets of the Government
and UN agencies, the remainder is being sought from other donors. There is a low level of involvement
by International NGOs in Burma, though there are suggestions that this might improve in the near future.

However, NGOs in Burma are making a substantial contribution to HIV prevention. However, the actual
size of the activities is small compared to the need. One major local NGO is working directly with
injecting drug users and some of the international NGOs working in Burma have identified HIV
prevention work in the drug use field as a priority.
The Myanmar Anti-Narcotic Association [MANA] is the local NGO most active in drug use prevention. Its aim is to support and participate in drug control and prevention. It educates the community about drugs, and works in rehabilitation centres aiming to prevent spread of HIV among injecting drug users.

World Concern has a peer education program for injecting drug users in Kachin State intended to educate drug users about the risks related to injecting. Medicins du Monde is also working in Kachin State, together with the local drug treatment centre providing education about HIV/AIDS and drug use to injecting drug users. CARE and World Vision are increasing their activities among drug using populations.

The experience and contacts of these NGOs will be of value to the Project, providing both expertise and settings for some activities.

2.1.8.3 Viet Nam

In Viet Nam the Standing Office for Drug Control is responsible for implementing the government drug strategy which traditionally has two main purposes:

- to reduce the production of drugs;
- to reduce the supply of drugs.

The Bureau works in collaboration with the other departments on various drug prevention and treatment activities.

The Ministry of Labour, Invalids and Social Affairs (MOLISA) is responsible for operating the re-education centres for illicit drug users and commercial sex workers. The education they provide about HIV/AIDS does, in some centres, cover a full range of information about measures to prevent transmission of HIV through both injecting and sexual means. This Ministry is also responsible for providing employment opportunities and support once people are released. A substantial proportion of these people are infected with HIV/AIDS. Hence the Ministry needs assistance to develop more comprehensive strategies that will assist detainees to care for themselves and to prevent the further spread of HIV.

The National AIDS Standing Bureau is responsible for the implementation of the national HIV/AIDS program. The chairman of the Bureau is one of the country’s leading advocates for the need to increase capacity to address injecting drug use and HIV vulnerability. The Chairperson and the Bureau have been involved in a number of earlier programs in Viet Nam that indicated the value of further programs in this area. This Project would provide the opportunity for these agencies to have a dialogue about the various problems they encounter in dealing with injecting drug use and HIV vulnerability.

The Project will also draw upon diverse experiences already available in Viet Nam. UNDCP recently completed a major three-year project in collaboration with the National AIDS Standing Bureau focusing on the prevention of harm among injecting drug users and included institutional capacity building at all government levels, baseline surveys, and peer education among drug users. WHO is currently designing a large program with injecting drug users and is interested in linking its work with the Project. UNDP provides capacity building support to the National AIDS Standing Bureau, which includes evaluating the National AIDS Program.

UNICEF, as part of the Mekong Regional Project conducts life skills training for young people. The NGO sector in Viet Nam has also been actively working with injecting drug users. SHAPC, one of the local NGOs, and several international NGOs work with IDUs and commercial sex workers at community level.
These existing activities will be of benefit in the training, assessment and RAR project development activities of the Project. In some instances assessments will be able to enhance and build on existing activities, while in other settings the experience from existing activities will be of benefit in the preparation of RAR projects.

2.1.8.4 Regional programs

Under the Mekong Sub-Region Memorandum of Understanding on Drug Control, a Sub-Regional Action Plan (SAP) is being implemented with assistance from UNDCP. At the Senior Officials Committee (SOC) meeting in May 2001, SAP comprised of fourteen projects. None of these projects explicitly address activities to reduce HIV harm associated with drug use.

Currently, one project idea on “Reducing HIV Vulnerability from Drug Abuse” is being turned into a project document. Of note is that the constraint to implementing the project idea is summarised thus:

“The general reluctance of donors to contribute to the regional strategy is complicated by preferences for a bilateral approach. The importance of that stance is recognized with respect to satisfying the exclusive program needs of the respective countries, but it does not recognize the importance of regional guidance and collaboration in managing the strategic issues for integration of the drug abuse and HIV issues”.

The ASEAN Work Program on HIV/AIDS II (2001-2004) is yet to be approved. Some activities involving HIV prevention among injecting drug users are proposed. The ASEAN Secretariat would need to seek donor funds to support any activities included in the work program.

However, regional mechanisms are in place that the Project can use to advocate for the development of relevant policies on the prevention of HIV harm associated with drug use at this level. The in-country experience from each Project site will inform the development of such policies.

The advice from international agencies has not always been consistent about HIV/AIDS approaches – countries often receive conflicting messages from donors. This is especially relevant to drug use and HIV/AIDS where there has been no stand taken to address the issue. There was a favourable response by all regional donors consulted about an AusAID led Project to begin to address the issue of HIV among and from drug use. The FDS team were told by other donors and agencies that there was a potential for collaboration, future funding support and/ or the incorporation of effective approaches to address HIV/AIDS and injecting drug use.

2.2 PROBLEM ANALYSIS

The following issues - common to China, Burma and Viet Nam - complicate the development and implementation of wide-ranging strategies to address HIV/AIDS and injecting drug use.

2.2.1 Scale of the problem

The massive rise in HIV infection among injecting drug users in Burma, Viet Nam and southern China began in the mid-1990s so that large numbers of AIDS cases related to injecting drug use are now starting to appear, and these AIDS cases and AIDS deaths are projected to rise dramatically during the next
decade. People living with HIV/AIDS (PLHA), many of them current injecting drug users, are beginning to place great demands on health systems in the region, and ways of providing effective community care and support for PLHA, especially HIV-positive IDUs, are urgently needed. There is no indication that current drug control or drug demand reduction activities in these countries will dramatically reduce the number of injecting drug users in these countries in the near future.

Injecting drug users and drug users living with HIV/AIDS are marginalised and stigmatised in these countries, with few programs working to reduce the harm of drug use and HIV or to address related care and support issues. They have little or no access to health care including non-compulsory drug treatment, and receive low ranking in priorities for resource expenditure apart from public security/police activities.

The epidemic centring on injecting drug users appears to be entering a new phase as increasing amphetamine use is being reported in areas with little injecting (which has been found in other countries such as Russia to lead to an increase in injecting); and there appears to be a rapidly increasing overlap between commercial sex workers and injecting drug users (especially female drug users). These factors are likely to result in increasing rates of HIV among injecting drug users in these countries over the coming years, among those currently not injecting (if they turn to injecting in the next few years), among sexual partners of drug users and among the rest of the community (especially through the dual transmission routes of unsafe sex work and the sharing of injecting equipment).

As HIV continues to rapidly increase among, and from, IDUs to their families and sex partners, other communicable diseases are continuing to increase, including tuberculosis, sexually transmitted infections (especially among sex working IDUs), and hepatitis C.

Yet the response to HIV regionally has generally not reflected the epidemiology of infection. In the early 1990s, several small-scale pilot programs began in the region to address HIV prevention among IDUs. In 2001, many of these early efforts have closed down, few new programs have started, and nowhere in the region has there been a systematic, evidence-based attempt to provide effective HIV prevention, care and support among IDUs at a scale which could make a significant impact on the epidemic.

While effective approaches to HIV prevention, care and support among injecting drug users are common in most developed and some developing and transitional countries, they are little known in China, Burma and Viet Nam. These approaches have been extensively evaluated and found to be both cost-effective and able to prevent or control HIV epidemics among injecting drug users. There are no such approaches to addressing generalised, heterosexual epidemics of HIV and AIDS.

2.2.2 The policy environment

The social barriers arising from the stigma that exists around drug use, HIV/AIDS and sex work are based in attitudes and beliefs about the people who are associated with these areas. The conjunction of issues associated with drugs, sex and morality presents a complex obstacle to the development of strategies for improving the general health and social well-being of people involved with these behaviours and issues. The urgency presented by the HIV epidemic requires that the factors underlying these barriers be addressed.

The capacity of government at National and Provincial levels to develop policy that is supportive of effective approaches to preventing HIV among injecting drug users is limited by the dominance of policy concentrating on the illegal nature of drug use and the less powerful policy framing drug use as a health concern. HIV/AIDS coordinating/leading groups find it difficult to implement effective programs as HIV
prevention, treatment, care and support are considered to be the prime responsibilities of the health sector, while drug use is the responsibility of police/public security sectors.

Current strategies for control of illicit drug use and sex work are not sufficiently effective to prevent or control the HIV epidemics in these countries. Resources available for HIV prevention activities are extremely limited at all levels, partly due to the allocation of scarce resources towards measures for drug eradication and compulsory detoxification, which have proven to be ineffective in preventing and controlling HIV among injecting drug users. National expenditure on HIV prevention among injecting drug users has remained small, despite their centrality to the national HIV epidemic in each country: expenditure on law enforcement approaches to illicit drug use is far greater.

Where supportive national level policies and plans do exist, their effects are diffused by the implementation of more general activities that do not address the issues of HIV related harm associated with injecting drug use. While there have been several pilot programs in all three countries, all have been small-scale and unsustainable, and few have been rigorously evaluated. These programs have had little impact on policy development.

### 2.2.3 Capacity to respond

The capacity for the National and Provincial governments, institutions and agencies to respond effectively to the epidemic among injecting drug users and their communities is affected by several important factors. Current mechanisms for the public security/police and health sectors to work collaboratively on effective approaches to the twin problems of HIV/AIDS and illicit drug use are inadequate. There is limited knowledge and capacity within the relevant sectors that can address HIV related harm associated with drug use. In the region there are only a small number of people with the relevant expertise who understand the impact of HIV/AIDS among injecting drug users and who understand the complexities of drug dependence and effective approaches to these issues.

Existing training programs do not include components on effective approaches to prevent HIV among and from drug users, including applicable advocacy to develop a supportive policy environment. There is a lack of technical capacity at most levels of government and within NGOs and international NGOs for the development of effective HIV prevention, care and support programs among injecting drug users.

The HIV/AIDS data is incomplete, and reporting systems are unable to quickly and accurately assess future trends or calculate the earlier progression of the epidemic. Such limitations make it difficult to estimate the number of injecting drug users infected with HIV, and the numbers of IDUs who remain uninfected. This has led to a lack of awareness among all segments of the government and of the community about the reality, the implications and the potential impact of an HIV epidemic among injecting drug users.

### 2.2.4 Existing relevant approaches

Within resources allocated for HIV prevention activities among drug users, funding is heavily skewed towards activities which are more socially acceptable (such as life skills education and provision of general IEC materials), but which will have little short or medium term impact on the epidemic. IEC materials generally do not provide explicit information for injecting drug users or their families about HIV related harm associated with injecting drug use.
HIV prevention among injecting drug users can cause community concern. For example, providing needles and syringes can be seem to be encouraging drug use and therefore may be unacceptable by the community. In such cases police/public security staff are likely to be pressured into closing down the programs.

While there have been several pilot projects of effective activities to prevent HIV among drug users, they have remained small, have usually been initiated by international NGOs for short duration and have been insufficient in scale and number to have a significant impact on the HIV epidemic among injecting drug users. However, education processes designed to facilitate behaviour change tend not to be available in rehabilitation centres, nor is a supportive community environment available when people are released. Any proposed intervention needs to develop better understanding of a gender analysis of drug use and the ways in which it links with the HIV epidemic.

2.3 RESPONSE TO THE PROBLEM

2.3.1 Strategy selection

2.3.1.1 Strategy options

A range of strategies was considered to respond to the problems outlined above. These can be grouped into:

- Bilateral approach;
- Region-wide approach;
- Pilot program approach;
- Regional approach integrating Institutional Capacity Building (ICB); assessment, training and development of interventions; and evaluation of interventions and dissemination of evaluation results.

The first three options were discarded because:

*The bilateral approach* does not address the rapidly increasing regional HIV epidemic among drug users or the commonalities between the three countries in terms of the epidemic and potential strategies.

Consideration was given to a *region-wide approach* encompassing countries of south-east and east Asia (or a subset of these countries which have or are likely to have HIV epidemics among IDUs). This approach would not be feasible within the time and budget constraints of this Project.

There was an expressed need for funding of pilot programs in China, Viet Nam and Burma, to address HIV/AIDS among drug users. This was discarded because of experience in the region indicating that the lack of a supportive policy environment leaves pilot programs vulnerable to sudden closure and unlikely to achieve sustainability.

A successful pilot program should lead to the extension of the pilot phase, expansion, replication and eventual integration into government programs at a sufficient scale to make a significant impact on the HIV epidemic. No evidence was found of these effects of pilot programs specifically targeting IDUs for
HIV prevention in these countries. Instead, pilot programs often operate well only as long as they do not come to the notice of certain government officials. Once they are officially recognised as existing, they are usually shut down.

2.3.1.2 Strategy selected

The chosen strategy addresses HIV/AIDS among drug users over a four-year period. The strategy links four elements to provide a catalyst for increased adoption of effective approaches to addressing HIV/AIDS and injecting drug use issues, and for the development of a supportive policy environment for these approaches in the three selected countries:

- The Institutional Capacity Building (ICB) element is intended to primarily engage those responsible for developing and implementing policy. They will be provided with opportunities to further their understanding of drug use and the HIV epidemic through: training in HIV prevention, care and support among injecting drug users; assistance to develop collaborative mechanisms to address HIV/AIDS and injecting drug use (especially between police/public security and health sectors); development of evidence-based training and information materials (developed for the specific needs of the two sectors); study tours; and assistance with conference attendance by key individuals;

- The second element, a Rapid Assessment and Response (RAR) training process, incorporates: development of training and educational materials on assessment of drugs and HIV problems; dissemination of assessment results for advocacy, design and planning of effective interventions to address HIV prevention, care and support needs among injecting drug users; technical support for assessments carried out by local groups at the city/prefecture/county level; and assistance with the design of effective interventions and proposal writing;

- The third element incorporates: assistance in sourcing funding for designed interventions [direct and from donors]; establishing sustainable interventions; and technical support for implementation and evaluation, including reporting for development and dissemination of locally derived evidence of effectiveness of various approaches;

- The fourth element involves the holding of regional meetings for information sharing and development of mechanisms to encourage dialogue on HIV/AIDS and injecting drug use (to discuss the results of the above processes and other related issues) between key individuals from police/public security and health sectors of the three countries, and assistance to encourage similar discussions at regional forums.

There are many levels of linkage between the four elements of the strategy. The senior Government officials participating in the first element will subsequently provide the supportive environment for the RAR activities to occur in element two, and some officials may participate in the RAR activities. Some of these officials will also be involved in further training and peer education within their own departments or services as happens also in element one. It is intended that the most senior of these officials would participate in the regional meetings held as part of element four. The results and lessons learnt from the RAR activities in element two will be folded back into the ongoing capacity building components of element one. The administrative and technical aspects of element three will contribute to the strength of the Project and manifest in the quality of the activities in the other three elements. The regional collaboration in the fourth element will provide the opportunity to learn from the experiences of the other Project sites, and thus enhance existing activities, it also provides a forum for promoting the Project’s experiences to other countries.
The strategy addresses the problems described in 2.2. It emphasises the role of police/public security as the key stakeholders who can either assist the adoption of effective approaches, or ensure that relevant interventions cannot start or are quickly shut down. The strategy is based on the history of previous attempts to introduce such activities and policies, and in the structures that currently exist in each country.

The chosen strategy takes into account the hierarchical nature of health and police/public security systems in the three countries by providing ICB first at the national level, then at provincial and lower levels. It provides relevant materials, in the local language, and training down to the city/prefecture/county level in those areas where training and assessments are carried out.

The strategy provides local evidence of issues related to injecting drug use and HIV/AIDS in those same localities through the assessment results, together with technically supporting the design of interventions and proposals to attract Project and other donor support. It increases the number of key stakeholders who understand the importance of addressing HIV among IDUs and the effectiveness of the approach. The Project will disseminate related information materials and locally derived evidence of effectiveness of the approaches used at all levels to inform policy development in the three countries, and the region.

The above features of the strategy contribute to the likelihood that effective approaches to reducing HIV harm associated with injecting drug use will be sustained and expanded in the region when the Project is completed.

2.3.2 Australian potential to contribute

The objectives of Australia’s aid program in the area of HIV/AIDS are to help
- prevent the spread of HIV;
- mitigate the impact of HIV/AIDS on the individual and on society;
- address the social and economic needs created by the impact of HIV/AIDS.

The guiding principles include: contributing to better coordination of international efforts at the global, regional, national and community level; supporting national plans, strategies and services for the prevention and control of HIV/AIDS; and helping partner countries develop their own capacity to respond to the epidemic. The proposed strategy is consistent with all the objectives and guiding principles.

AusAID has an East Asia Regional Programs section. The objective of the regional program is: “To advance Australia’s national interest by assisting East Asian developing countries to reduce poverty and achieve sustainable development by addressing priority development issues which are regional in nature and which require regional and multicountry aid responses”. The need for a regional Project on HIV transmission and drug use is demonstrated by the failure of regional policy to provide effective guidance in addressing HIV transmission associated with drug use.

This Project will build upon a previous AusAID project “A Strategy for HIV/AIDS Prevention and Care in the Mekong Subregion 1998-2000”. The rationale is similar for both projects: the fundamentals of the pandemic are shared by all countries in the region since its nature defies the restriction of borders. A regional approach will have clear economies of scale. An effective regional strategy will add value to national responses. A regional approach will lead to improved coordination and collaboration between donors and national organisations. The Project will help agencies to collaborate both within countries and
internationally. The number of effective interventions addressing HIV/AIDS and injecting drug use will be expanded, thus enabling policies to be developed using stronger, locally-derived evidence.

Australia is recognised as a world leader in developing and implementing effective approaches to manage drug use and drug-related HIV infection. The number of people with the relevant expertise with international experience, however, is not large relative to the potential demand. AusAID is currently intending to support several HIV related projects, a number of which could require expertise in reducing the HIV harm associated with drug use. By the time this Project is tendered, there may only be a few appropriately qualified Australian experts available to work on this Project.

2.4 LESSONS LEARNED

The AusAID lessons learned database was consulted to identify previous experience applicable for this Project. The following key points were identified:

2.4.1 HIV/AIDS

- Provision of early technical support and advice can greatly enhance the achievement of Project goals.
- Methods of overcoming government denial and complacency that work include strategic cooperation and epidemiological evidence-based research to document the existence within the country of practices (such as injecting drug use) that are conducive to the spread of HIV.
- Programs aimed at reducing blood-borne viruses and sexual transmission of HIV among IDUs will not be successful if they only consist of providing IEC materials.
- The provision of information about STIs/HIV, although very important, is not sufficient to lead to behaviour changes without taking into consideration other socio-economic factors in the community.
- Of equal importance are health and social and economic services and a supportive environment that maximises the availability of drug treatment programs, encourages health promoting norms among illicit drug users and minimises legal repression, stigmatisation and social exclusion.
- Behaviour change needs to be supported by community and peer groups.
- Means for supporting and sustaining behaviour change need to be affordable and accessible (for example obtaining injecting equipment) not only in urban centres but also in remote areas that national programs can fail to reach.
- Efforts to control HIV/AIDS should be integrated with the control of other STIs (research evidence shows that generally drug users have more sex partners than the general community and condom use is poor).
- All relevant parties (government, NGOs and community based organisations) need to forge partnerships and participate in the implementation and review of programs and activities at local, national regional and at a global level.
- Effective national AIDS control must access those at greatest risk (for example through outreach) and focus on behaviour change.
Donors have emphasised the need for speedy intervention at the initial stage of an epidemic’s development when it will have a greater impact and higher cost benefit ratio than intervening at a later stage.

Targeting specific groups (for example injecting drug users) through direct contact (for example using peers and outreach) is important for behaviour change within those groups.

An understanding of the socio-cultural conditions of a community is critical for considering/developing strategies to influence and modify risk behaviours.

Research based evidence findings of epidemics need to be disseminated widely and at higher policy levels to have greater impact.

2.4.2 Institutions

Highly focused development projects, which can strengthen a national institution, have the ability to influence policy and subsequently the implementation of new systems of operations on a national basis.

All recipient agencies involved in the project implementation must share the same perspective, issues and objectives if they are to become fully committed to interacting with each other.

Institutional issues must be subject to a rigorous analysis in project design/inception if information and knowledge transfer is to be given the greatest chance of success.

Institutional strengthening is a long-term process and fits uneasily into the restricted timeframe of three to five year projects.

Technology and training activities should always be appropriate to the institutional capacity of the recipient to manage and service both in the longer term as well as to the project itself.

2.4.3 Project management

Sustainability of project initiatives are endangered by lack of counterpart participation in project management.

Participation is more effective if within the structure of counterpart organisations.

Implementation difficulties can be compounded by weak project monitoring.

The availability of adequate and appropriate baseline data is essential for effective monitoring and evaluation of project impact.

While procedures to define how project monitoring is to be undertaken should be defined at the onset of the project, monitoring should also be based on appropriate implementation during the course of the project.

2.4.4 Community participation

Social development components, including gender concerns, should be an integral part of projects from the start.

In promoting new approaches (such as introduction of needle and syringe programs), projects need to be based on a careful analysis of all the individuals and/or organisations involved for the innovation to be successful.
- Many projects fail to meet their objectives because the intended beneficiaries are not clearly identified and targeted.
- Projects that expand services ahead of the resource base will raise false expectations in relation to service availability and standards and therefore will not be sustainable.
- The failure to properly identify the target community, understand its needs and its cultural socio-economic circumstances has led to reduced impact and sustainability of projects.

2.4.5 Gender

- Women’s and men’s needs and concerns need to be considered in the formulation of project objectives.
- Strategies must be developed to overcome constraints to participation of men and women in all components, and sufficient project resources need to be allocated to ensure that strategies will be implemented.
- Gender-sensitive indicators and processes should be developed to facilitate monitoring progress towards achieving project objectives. Sex-disaggregated data should be collected throughout the project.
CHAPTER 3: THE PROJECT

3.1 GOAL AND PURPOSE

Asia’s HIV/AIDS epidemic has the potential to have major social and economic impacts in individual countries and the region. Current poverty, and vulnerability to poverty, in the region is expected to be exacerbated by the epidemic. The Project concentrates on the HIV/AIDS among injecting drug users because of the centrality of this group to the epidemic’s ongoing expansion. Therefore the goal of this Project is:

Reduction of HIV transmission and impact in the Asia region

The goal of the Project broadly defines the scope of activities to be undertaken. In the case of the HIV epidemic, the factors underlying the spread of the epidemic are complex and solutions involve multisectoral, multi-level and multi-program responses.

The spread of HIV among injecting drug users continues to fuel the Asian HIV epidemic. While drug supply and demand reduction activities are in place in most Asian countries, these measures have not been effective in preventing or controlling HIV transmission among and from injecting drug users. While governments of the People’s Republic of China (China), Burma and Viet Nam have carried out many activities related to HIV/AIDS, these activities have not been effective in targeting injecting drug users, their sexual partners and families.

The aim of this Project is to address one of the key sources of HIV transmission in Asia – HIV related harm associated with injecting drug use.

The purpose of this Project is:

To strengthen the capacity of governments and communities to reduce the HIV related harm associated with injecting drug use.

To realistically approach the reduction of HIV related harm associated with injecting drug use, complementary strategies are needed which use a multisectoral and multi-level approach to implement effective, sustainable activities for HIV prevention, care and support among injecting drug users.

Senior officials in all three countries recognise the need to implement programs that will reduce HIV related harm associated with injecting drug use. A significant role for this Project is that of raising awareness within governments and communities about the need for a policy environment that supports effective approaches to address HIV/AIDS and injecting drug use. By working with three countries, there is an opportunity to encourage the sharing of experience amongst other Asian countries about both the need for a supportive policy and practice environment based on local evidence, and ways of designing and implementing such interventions.
3.2 The Component Structure

The component structure reflects the need to involve a range of stakeholders and strategies to enable the development of a supportive policy environment for effective approaches to addressing HIV/AIDS and injecting drug use issues in China, Burma and Viet Nam. In China, Project activities will mostly take place in Guangxi Zhuang Autonomous Region (Guangxi) and Yunnan Province, with limited work at the national level.

The Project has four components:

- Institutional Capacity Building
- Expanding Effective Approaches
- Regional Cooperation
- Project Management

Figure 1. Relationship between goal, purpose and components

Component 1 is focussed initially at the national level in Burma and Viet Nam and the national and provincial levels in China. The component is designed to encourage a close working relationship between a number of agencies, particularly in the police/public security and health sectors, to increase awareness of the importance of HIV/AIDS and injecting drug use issues; to facilitate implementation of effective interventions addressing these issues; and to develop collaborative mechanisms to harness the resources of both sectors to work on these complex issues. After working at the national/provincial level, the Project
will assist in further capacity building activities to more local administrative levels in selected divisions\(^{11}\): selection of these divisions will be coordinated with selection of sites for Component 2 activities.

Component 2 describes a process for assisting communities at the county or district level to design and implement effective interventions to address HIV/AIDS and injecting drug use problems (RAR). The design and implementation process for these interventions will include extensive training and technical support. Activities will involve not only government agencies but also mass organisations and non-government organisations (NGOs) where these are present and willing to work on effective interventions, together with injecting drug users and ex drug users and their families, and the wider community. The component aims to encourage the development of a supportive policy environment at each level to ensure the sustainability of implemented interventions. To maximise the policy impact of each implemented intervention, assistance will also be provided for evaluation and widespread dissemination of evaluation results.

This component is integrated with Component 1 through the involvement of police/public security staff in the assessment and design activities, and the further participation of some of them in implementation activities. This involvement will only be productive if police/public security staff are willing to participate in Project activities: support for this participation will form one of the main tasks of Component 1 activities. The components will work together to build and disseminate a body of evidence for these effective approaches within the three participating countries from the upper to lower levels in both the police/public security and health sectors, between sectors, and between provinces. This will help to create a supportive policy environment at all levels by combining ‘top down’ and ‘bottom up’ processes.

Component 3 describes activities that will raise the evidence dissemination and discussion of effective approaches to the inter-country, and then to the regional level. Integration of the three components will occur through regular meetings between senior officials of the three countries, which will encourage the participation of police/public security and health staff in activities in each country; and which will assist policymakers in the three countries to make informed choices about usefulness of various approaches and appropriate resource allocation, informed by progress and evaluation reports. Through already established regional mechanisms, dissemination and discussion of progress and evaluation results will expand to other Asian countries.

Component 4 relates to effective Project management and monitoring and evaluation of Project activities.

### 3.2.1 Component 1: Institutional capacity building

#### 3.2.1.1 Component objective and relationship between outputs

The objective of Component 1 is to establish a supportive policy environment for effective approaches to HIV/AIDS and injecting drug use. The component focuses on strengthening the capacity of key institutions at the national and/or provincial level with the aim of developing a supportive institutional and social environment for effective activities addressing HIV/AIDS and injecting drug use.

\(^{11}\) Division is used here to refer to provinces (in Viet Nam), divisions (in Burma) and prefectures (in China).
The component focuses on increasing multisectoral commitment to addressing HIV/AIDS and injecting drug use issues; strengthening collaboration at the national and/or provincial level between key agencies in the police/public security and health sectors to work on these issues; and building the capacity of staff in both sectors to work together on these issues.

A series of introductory workshops will be held with national governments to present the final PDD and ensure its goal, purpose and objectives are understood and proposed management structures are still appropriate.

Then activities commence with facilitated meetings of a broad range of groups at the national level (and at the provincial level in China) to discuss the need for action on HIV/AIDS and injecting drug use issues. These meetings, early in the Project’s life will be called the ‘Awareness Raising in HIV/AIDS and Drug Use’ meetings.

Next another larger and longer workshop, ‘Effective Approaches to Preventing HIV/AIDS Among Drug Users’, will be held at each site. Again, these will be at the national level (and at the provincial level in China.) The “Effective Approaches” workshops will specifically target key staff in the police/public security and health sectors (generally from drugs control and HIV/AIDS divisions, respectively) for further awareness raising and skills building. Collaborative mechanisms developed during these workshops will be used to develop joint plans of action and joint training processes down to at least the level of selected divisions. They will also identify strategies for developing training curricula within existing departmental education and training systems.

The development of institutional capacity is not designed to be an isolated activity. Different levels of input into capacity building will continue throughout the life of the Project. The nature of these specific inputs will depend on the particular situation and context. Capacity building activities are also integrated into the other components in the design.

Component 1: Institutional Capacity Building

To establish a supportive policy environment for effective approaches to HIV/AIDS and injecting drug use.

Output 1.1
Collaborative mechanisms between health and police/public security at all levels to promote effective policies for HIV prevention among and from injecting drug users have been established and are operational.

Output 1.2
The role and potential impact of police activities on effective HIV prevention among and from injecting drug users has been understood by police/public security in Project sites.

Output 1.3
The effectiveness of various approaches to HIV prevention, care and support among injecting drug users and their families has been understood by key officials from the health sector.

Figure 2. Output Relationship in Component 1
Output 1.1: Collaborative mechanisms between health and police/public security at all levels to promote effective policies for HIV prevention among, and from, injecting drug users have been established and are operational.

The establishment of collaborative working mechanisms will be encouraged between the health sector and police/public security sectors where they currently do not exist. Where mechanisms are already in place, the Project will work to ensure these are operational at all levels and supportive of effective approaches to HIV/AIDS and injecting drug use.

Inter-Government department introductory meetings will be held initially. These ‘Awareness Raising in HIV/AIDS and Drug Use’ meetings will involve key health and police/public security staff and other people on the HIV/AIDS and narcotics control committees, mass organisations and relevant non-government organisations (NGOs), where they are present. Each meeting will involve up to 30 people. This activity will involve:

- A meeting at the National level in China, Burma and Viet Nam;
- A meeting at the Provincial level in Guangxi and Yunnan.

These ‘Awareness Raising in HIV/AIDS and Drug Use’ meetings will cover:

- national (and provincial in China) HIV epidemic among injecting drug users;
- HIV/AIDS and injecting drug use, and their impact on development, communities and individuals;
- relationship between supply control, demand reduction and effective approaches to HIV prevention, care and support among injecting drug users;
- HIV related harm associated with injecting drug use;
- discussion of the policy dimensions of HIV/AIDS and drug use;
- discussion of ways to develop broad community support for effective strategies to address these issues;
- strategies for developing training and education within police/public security and health systems.

Two facilitators with relevant expertise will conduct these meetings. One facilitator will have a health, and the other, a police background. They will have experience in working on collaborative programs between police and health sectors on HIV prevention among injecting drug users.

The introductory meetings will be followed by training workshops, ‘Effective Approaches to Prevent HIV/AIDS among Drug Users’, in the four Project sites. These will assist key staff from police/public security and health sectors to investigate their roles in addressing HIV/AIDS and injecting drug use issues. The workshops aim to develop specific collaborative actions on policy development; collaborative activities; and activities that can be carried out by each sector to effectively address these issues (see Outputs 1.2 and 1.3).

Training guidelines and relevant information on effective approaches to HIV/AIDS and injecting drug use will be developed, translated into national languages and distributed to training participants. The workshops will be facilitated by two trainers with experience and expertise in effective approaches to HIV prevention, care and support among injecting drug users, one from a health and the other from a police background. Each workshop will involve up to 30 participants with equal numbers from the police/public security and health sectors. A gender balance from each sector will be sought where possible, though this
needs to be balanced against the need for senior participants who are more likely to be male, especially in the police/public security sector.

Following the ‘Effective Approaches’ workshops, divisions in each of the four Project sites (Burma, Viet Nam, Guangxi and Yunnan) will be selected by national/provincial counterparts (with technical support from the Project) for Component 2 activities (RAR). The Project will support regular meetings between the police/public security and health sectors at the national, provincial and division levels as well as in the communities where RAR projects are established (in Component 2 activities). Such meetings should be at least every six months to ensure timely reporting back on Project activities and to support ongoing policy development.

Indicative activities for Output 1.1

- Development of training guidelines and translation of these, together with methodological and HIV/IDU information materials into Mandarin, Vietnamese and Burmese;
- Provision of training programs;
- Regular meetings between health and police/public security staff;
- Development and implementation of collaborative strategies and action plans to address HIV/AIDS and injecting drug use;
- Dissemination of strategies and plans, and results of joint activities.

Output 1.2: The role and potential impact of police activities on effective HIV prevention among, and from, injecting drug users has been understood by police/public security in Project sites.

The Project will build the capacity of police/public security to understand issues related to HIV/AIDS and injecting drug use, links between injecting drug use and sex work, and the need for collaborative work with the health sector on these issues; and to understand their role in supporting and implementing effective activities to address these issues.

This output will develop and employ diverse forms of education and training to educate the police and public security services. A combination of traditional police training and peer education methods will be used to disseminate this information throughout police/public security staff down to division level, in particular in those divisions where Component 2 activities will take place.

Training on issues related to HIV/AIDS and injecting drug use will be incorporated into regular police/public security training activities. Technical support will be provided for development and/or adaptation or translation of relevant educational materials, and for training of police trainers. Where possible, peer education among police will also be trialled with technical assistance from the Project in training peer educators and development of information and educational materials. Police/public security staff at the national and provincial levels will also be encouraged to devise innovative methods of disseminating appropriate information.

Indicative activities for Output 1.2

- Development and/or adaptation/translation of training guidelines and relevant educational materials on HIV/AIDS, injecting drug use and sex work in national languages;
- Training of police trainers;
• Peer education of police by police;
• Mainstreaming of training on these issues into regular police/public security training activities;
• Dissemination of training guidelines, education and information materials, and results of programs (such as police peer education).

Output 1.3: The effectiveness of various approaches to HIV prevention, care and support among injecting drug users and their families has been understood by key officials from the health sector.

The Project will build the capacity of health and allied sector staff to understand issues related to HIV/AIDS and injecting drug use, and links between injecting drug use and sex work; and to understand the relative effectiveness of various approaches to address these issues. Health and allied sector staff will also be encouraged to develop collaborative activities with police on effective activities.

The appropriate personnel training structures will be encouraged to develop regular health and allied sector training activities. Technical support will be provided for development and/or adaptation or translation of relevant educational materials, and for training of sector trainers. Health and allied sector staff at the national and provincial levels will also be encouraged to devise innovative methods of disseminating appropriate information. A priority will be to ensure that this occurs amongst those staff at the locations where Component 2 activities will take place.

Indicative activities for Output 1.3

• Adaptation/translation of training guidelines and relevant educational materials on HIV/AIDS, injecting drug use and sex work in national languages;
• Training of health and allied sector trainers;
• Mainstreaming of training on these issues into regular health and allied sector training activities;
• Dissemination of training guidelines, education and information materials, and results of programs.

3.2.1.2 Responsibility for outputs

| Output 1.1: Collaborative mechanisms established between health and police/public security sectors |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| AMC | Partner Government Agencies | AusAID | Communities |
| Regional Project and National/Provincial Personnel coordinate initial two day meetings and five-day workshops of relevant sectors | Relevant sectors at all levels attend meetings | Mechanisms established to develop and implement joint activities and policy | Community representatives attend two-day introductory meetings |
| Facilitates the identification of divisions for Component 2 activities | Facilitates the identification of divisions for Component 2 activities | Injecting drug users and their families have input into the training and educational materials | |
| Facilitates development/translation/adaptation of relevant material for local context | Have input into the translation/adaptation of relevant material | |

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*Project Design Document – October 2001*
<table>
<thead>
<tr>
<th>Task</th>
<th>AMC</th>
<th>Partner Government Agencies</th>
<th>AusAID</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitates the operation of collaborative mechanisms</td>
<td>Ensures collaborative mechanisms are maintained</td>
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<tr>
<td>Provides technical advice and support for the establishment of joint activities</td>
<td>Relevant sectors involved in HIV prevention activities among and from injecting drug users</td>
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<tr>
<td>Assist in presentation and dissemination of materials, results</td>
<td>Assist in presentation and dissemination of materials, results</td>
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<td></td>
<td>Assist in presentation and dissemination of materials, results</td>
</tr>
</tbody>
</table>

**Output 1.2: Police/public security understand their role and impact on effective HIV prevention among and from injecting drug users**

<table>
<thead>
<tr>
<th>Task</th>
<th>AMC</th>
<th>Partner Government Agencies</th>
<th>AusAID</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitates development/translation/adaptation of relevant material for local context</td>
<td>Have input into the translation/adaptation of relevant material</td>
<td></td>
<td></td>
<td>Injecting drug users and their families have input into the training and educational materials</td>
</tr>
<tr>
<td>Facilitates training process for police/public security</td>
<td>Ensures attendance of key public security and police at training</td>
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<td></td>
<td>Supports the establishment of training processes</td>
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<tr>
<td>Provides trainers for Project</td>
<td>Provide further trainers and training</td>
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<tr>
<td>Provides training equipment</td>
<td>Resources for future training</td>
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<tr>
<td>Assist in presentation and dissemination of materials, results</td>
<td>Assist in presentation and dissemination of materials, results</td>
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<td></td>
<td>Assist in presentation and dissemination of materials, results</td>
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</table>

**Output 1.3: Key health sector officials understand the effectiveness of various approaches to HIV prevention, care and support among injecting drug users and their families**

<table>
<thead>
<tr>
<th>Task</th>
<th>AMC</th>
<th>Partner Government Agencies</th>
<th>AusAID</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitates development/translation/adaptation of relevant material for local context</td>
<td>Have input into the translation/adaptation of relevant material</td>
<td></td>
<td></td>
<td>Injecting drug users and their families have input into the training and educational materials</td>
</tr>
<tr>
<td>Facilitates training process for health and allied sector</td>
<td>Ensures attendance of key health and allied staff at training</td>
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</tr>
<tr>
<td></td>
<td>Supports the establishment of training processes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides trainers for Project</td>
<td>Provide further trainers and training</td>
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<tr>
<td>Provides training equipment</td>
<td>Resources for future training</td>
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<tr>
<td>Assist in presentation and dissemination of materials, results</td>
<td>Assist in presentation and dissemination of materials, results</td>
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</table>

### 3.2.1.3 Resources and costs

To achieve the outputs of this objective the GoA will provide the following resources:

*Personnel* - Police and Health advisers with experience in effective approaches to HIV with injecting drug users.

*Training* - Workshops, study tours and meetings

*Other* – Collaborative activities

### 3.2.2 Component 2: Expanding effective approaches

#### 3.2.2.1 Component objective and relationship between outputs

The objective of Component 2 is to facilitate implementation of an expanded range of effective interventions addressing HIV/AIDS among injecting drug users.

This component will comprise a training, assessment, Rapid Assessment and Response (RAR) project development and evaluation process. The component is designed to lead to sustainable, well-evaluated RAR projects that inform both practice and policy development on HIV prevention, care and support among injecting drug users.

The FDS team suggests the use of World Health Organisation Rapid Assessment and Response methods (RAR) and other HIV and IDU educational materials as the basis for an extensive training program in: effective interventions; RAR methods; gaining community support for the rapid assessment process; RAR project design; and proposal writing. The component will provide technical support for rapid assessments at the county or city level, and for dissemination of results of the assessments. It will also provide funding and technical support for a small number of significant RAR projects arising from the training program (at least one in each of Viet Nam, Burma, Yunnan and Guangxi) and also will assist national counterparts to access donor support for other proposals arising from the training/rapid assessment process. It will provide technical assistance for evaluation of the RAR projects funded by the Project and will assist in disseminating reports of the evaluations in the three national languages and English.
Component 2: Expanding Effective Interventions

To facilitate implementation of an expanded range of effective interventions addressing HIV/AIDS among injecting drug users

Output 2.1: Capacity of key stakeholders at the district/local level to understand and respond to the drug use and related HIV/AIDS situation in their community has been increased.

Output 2.2: Implementation of programs utilising effective approaches (based on valid local assessment data) have been implemented to reduce HIV related harm associated with injecting drug use.

Output 2.3: Local/national evidence has been developed and disseminated to inform policy and practice for reducing HIV related harm associated with injecting drug use.

Figure 3   Output Relationship in Component 2

Output 2.1: Capacity of key stakeholders at the district/local level to understand and respond to the drug use and related HIV/AIDS situation in their community has been increased.

After Component 1 activities have begun to develop collaborative mechanisms between police/public security and health sectors, divisions will be selected for the development of RAR projects in each of the four Project sites - China (Yunnan and Guangxi), Burma and Viet Nam. In these divisions, a training and assessment process will provide key individuals from the health, public security/police and other relevant sectors (including NGOs where present) with the following skills:

- Understand basic information about HIV infection, drug use, drug dependence, HIV prevention and care and support needs of injecting drug users (IDUs), links between injecting drug use and sex work, HIV epidemics among IDUs and effective, evidence-based approaches to HIV prevention, care and support among IDUs and their families;
- Conduct outreach to contact, listen to and communicate with injecting drug users and ex drug users;
- Together with injecting drug users and/or ex users, conduct assessments to determine the extent of drug use (especially injecting drug use) and related HIV risk and infection in their city or county;
- Design RAR projects to reach targeted injecting drug users to encourage them to maintain or adopt behaviours which prevent HIV transmission, and to reach IDUs with HIV/AIDS and their families with appropriate care and support;
- Write funding proposals to acquire funds to implement these plans.

The FDS team suggests that training be provided in two training cycles to 34 people (each from a different sector of the community) from each of at least 12 selected cities or counties in each of Viet Nam, Burma, Yunnan and Guangxi with at least 48 localities in total participating in the training. Training could be carried out by national/provincial training/health institutions (with support from international specialists experienced in training on assessment and the design of effective interventions related to injecting drug use and HIV/AIDS).

Where possible, training will incorporate local, or nearby, programs addressing HIV among IDUs, meetings with IDUs and/or ex drug users, and people living with HIV/AIDS. National/provincial structures supported by international technical assistance could also provide the technical support for
training participants to carry out assessments at the city or county level. Support will also be provided for dissemination of detailed assessment results and for developing summary reports of assessment results in the three national Project languages and English.

Activities in this output will inform the annual meetings of the three participating project countries (see Output 3.1).

Indicative Activities for Output 2.1

- Development of training guidelines and translation of these, together with methodological and HIV/IDU information materials into Mandarin, Vietnamese and Burmese;
- Identification of partner training institutions in Viet Nam, Burma, Yunnan and Guangxi and training of trainers in use of training and educational materials;
- Identification of partner technical support institutions in Viet Nam, Burma, Yunnan and Guangxi and training/support for staff of these institutions;
- Provision of training programs;
- Technical support for assessments;
- Carrying out assessments;
- Presentation and dissemination of assessment results.

Output 2.2: Implementation of RAR projects utilising effective approaches (based on valid local assessment data) have been implemented to reduce HIV related harm associated with drug use

Following the assessment and training process, selected RAR project designs from training participants will be developed into a small number of significant programs (at least two in each of Viet Nam, Burma, Yunnan and Guangxi). A competitive process will be used to select RAR project designs for development. Criteria for selection of these RAR projects are likely to include:

- Relevance to Project purpose
- Quality of assessment data;
- Likely effectiveness of chosen approach (based on evidence from international and national context);
- Likely impact on HIV epidemic among IDUs and/or the lives of HIV positive IDUs and their families;
- Local institutional capacity to carry out RAR project activities;
- Support from key stakeholders in the community (especially public security and health sectors);
- Innovation within national context;
- Potential for replicability;
- Potential for sustainability;
- Willingness and capacity to carry out valid evaluation, and to have evaluation results widely publicised.
It is envisaged that the selected RAR projects will utilise a variety of effective methods and will attempt to address HIV prevention, care and support in as comprehensive a way as possible (depending on the HIV epidemic and the social context).

A small grants fund will be used to fund the selected RAR projects. A small technical working group will be set up in each country to review proposals. These working groups will include the ATL, a specialist in HIV/AIDS and injecting drug use issues, and at least three national key figures in the area of HIV/AIDS (preferably from a mix of backgrounds including health, police/public security and NGOs, where present).

These selected RAR projects will be funded for 12-18 months. The RAR projects will utilise only local staff, unless national or provincial government funding is provided for additional staff resources from outside the local area. Technical support will be provided to the selected RAR projects, including:

- Training of key staff;
- Specific content advice for activities;
- Meetings with key stakeholders to support implementation of activities, and for their continuation and expansion with local, provincial or national funding (where possible).

The AMC and ATL will support their national partners to seek financial assistance from other donors for proposals arising from the training/assessment process but that cannot be funded by the Project.

Activities in this output will inform the annual meeting between the three participating project countries (see Output 3.1).

**Indicative Activities for Output 2.2**

- Identification of working group members;
- Competitive bid process to select RAR projects for support;
- Identification of funding for selected RAR projects;
- Technical support for selected RAR projects.

**Output 2.3: Local/national evidence has been developed and disseminated to inform policy and practice for reducing HIV related harm associated with drug use.**

Assessment results will be disseminated at the local, provincial and, where possible, national level to inform policy development. Technical support will be provided to participants to assist them to present their assessment results in formats and venues that maximise the likelihood of raising the awareness of policy makers. Assessment results reported against key result areas will be collected in summaries on a regular basis.

During the implementation and funding period of the selected RAR projects, evaluation will be carried out to ensure that lessons learned from innovative and effective activities are widely disseminated. Evaluation activities will generally be carried out as part of each selected RAR project’s activities. Technical support will be provided to develop appropriate evaluation plans, assist in carrying out baseline surveys where needed (though these should generally not be needed if the assessment processes are carried out well), training of key staff from the selected RAR projects in specific evaluation methodologies, assistance in analysis and interpretation of results and reporting.
The Project will use these evaluation reports to develop a regional evidence basis for effective approaches to HIV/AIDS among injecting drug users. A dissemination strategy will be developed to identify key stakeholders and appropriate methods of dissemination to each group of stakeholders at each level, this would include: identification of appropriate formats for reports (longer technical reports for scientific audiences, shorter and more graphic reports for senior policymakers and the general community); media (scientific journals, mass media, specific targeted publications, radio in areas where ethnic minorities may have lower literacy levels, etc); electronic methods of dissemination (establishment of email lists, websites in local languages, links with networks of other initiatives working on HIV and injecting drug use); networking (using the current networks such as UNAIDS SEAPICT, UNDCP Mekong Sub-Region, ASEAN, ESCAP, Asian Harm Reduction Network, and possibly assisting in the establishment of national networks on these issues).

All evaluation and assessment summary reports will be disseminated at the local, provincial and national level to inform further development of policy and practice. Reports will be translated into English for dissemination to international organisations and to allow publication of adapted versions in international scientific journals. All reports will also be translated into the two other national languages for dissemination to key stakeholders in these countries.

*Indicative Activities for Output 2.3*

- Evaluation of activities of all selected RAR projects;
- Technical support for presentation of assessments and evaluation (including training in computer-based presentation methods);
- Development of a dissemination strategy;
- Translation of reports;
- Dissemination of results and reports.

### 3.2.2.2 Responsibility for outputs

<table>
<thead>
<tr>
<th>Output 2.1 Capacity of key stakeholders at the district/local level to understand and respond to the drug use and related HIV/AIDS situation in their community has been increased.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMC</strong></td>
</tr>
<tr>
<td>Development of training guidelines, educational materials</td>
</tr>
<tr>
<td>Identify training institutions</td>
</tr>
<tr>
<td>Translation/adaptation of training guidelines, educational materials</td>
</tr>
<tr>
<td>Train trainers at government training institutions</td>
</tr>
</tbody>
</table>
Assist with training RAR projects | Carry out training RAR projects | Participate in training courses, write proposals, design RAR projects
---|---|---
Train government agencies to provide technical support for assessments | Provide technical support for assessments, Carry out assessments | Carry out assessments
Assist in presentation and dissemination of assessment results | Assist in presentation and dissemination of assessment results | Present and disseminate assessment results
Evaluate training and assessment | Assist in evaluating training and assessment | Assist in evaluating training and assessment

**Output 2.2** RAR projects utilising effective approaches (based on valid local assessment data) have been implemented to reduce HIV related harm associated with drug use

<table>
<thead>
<tr>
<th>AMC</th>
<th>Partner government agencies</th>
<th>AusAID</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct competitive bid process</td>
<td>Assist with selection of RAR project sites, agencies, designs</td>
<td></td>
<td>Bid for funds for RAR projects</td>
</tr>
<tr>
<td>Fund RAR projects</td>
<td>Carry out RAR project activities</td>
<td>Carry out RAR project activities</td>
<td></td>
</tr>
<tr>
<td>Provide technical support for RAR project activities</td>
<td>Provide technical support for RAR project activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Output 2.3:** Local/national evidence has been developed and disseminated to inform policy and practice for reducing HIV related harm associated with drug use

<table>
<thead>
<tr>
<th>AMC</th>
<th>Partner government agencies</th>
<th>AusAID</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with RAR project evaluation</td>
<td>Assist with RAR project evaluation</td>
<td></td>
<td>Assist with RAR project evaluation</td>
</tr>
<tr>
<td>Technical support for presentation of assessments and evaluation</td>
<td>Presentation of assessments and evaluation</td>
<td></td>
<td>Presentation of assessments and evaluation</td>
</tr>
<tr>
<td>Translation of reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of a dissemination strategy</td>
<td>Carry out dissemination strategy</td>
<td>Carry out dissemination strategy</td>
<td>Carry out dissemination strategy</td>
</tr>
</tbody>
</table>

**3.2.2.3 Resources and costs**

The GoA will provide:

*Personnel –* Advisers with experience in RAR  
*Training –* Workshops, meetings and study tours  
*Other –* RAR project funds.
3.2.3 Component 3: Enhancing Regional Co-operation

3.2.3.1 Component objective and relationship between outputs

The objective of Component 3 is to strengthen regional cooperation in addressing the HIV epidemic among injecting drug users.

This component will address the need for officials in the four Project sites - China (Yunnan and Guangxi), Burma and Viet Nam - to plan and review Project activities, and discuss issues of common interest with respect to illicit drug use and HIV/AIDS. This regular forum for information exchange and discussion of relevant issues will ensure that each Project site learns from the work being done at other Project sites and will build a body of regional evidence about the effectiveness of various strategies to address these issues. It will facilitate a cycle of learning from experience and adjusting approaches to improve the effectiveness of ongoing Project activities. The component will also address the need for other countries in the region, regional organisations and other stakeholders to be informed of Project activities and outcomes.

Component 3: Enhancing Regional Cooperation

To strengthen regional cooperation in addressing the HIV epidemic among injecting drug users

Output 3.1
Regular dialogue between health and police/public security officials from China, Burma and Viet Nam on the joint issues of illicit drugs and HIV/AIDS has been undertaken.

Output 3.2
Knowledge and experience gained from the Project has been incorporated into regional forums addressing HIV/AIDS and injecting drug use.

Figure 4: Output Relationship in Component 3

Output 3.1: Regular dialogue between health and police/public security officials from China, Burma and Viet Nam on the joint issues of illicit drugs and HIV/AIDS has been undertaken.

Component 3 relates to developing mechanisms and frameworks to enable information and experience from Burma, China and Viet Nam to be shared between agencies directly and indirectly participating in the Project. The focus of this output is to ensure agencies directly involved in the Project are actively involved in reviewing and planning Project activities and addressing issues of common interest related to illicit drug use and HIV/AIDS. This process has an even better opportunity of success with key stakeholders in the Project attending specific conferences and study tours. This would allow further opportunities to meet and discuss Project activities and to explore the possibilities of further collaborations between Project workers and/or representatives of the different countries in the region. These collaborations will enhance the likelihood of consensus and commitment to regional interventions.

Mechanisms will be identified and developed to enable senior counterparts from CCDAC and NAP in Burma, SODC and NASB in Viet Nam, and Health and Public Security Ministries in China to meet to review and discuss Project activities, these will be the Annual Meetings between the three participating project countries. During the inception phase there should be a regional meeting of senior counterparts to
develop communication strategy mechanisms, which could include: joint meetings; study tours to countries participating in the Project and other countries; and enhanced communication through the provision of email access. The meetings and study tours need to have clearly defined outcomes and be intended to enhance intercountry and multisectoral collaboration. The objectives of the initial study tours will be determined during the inception phase, and those of other tours in subsequent Annual Plans of the Project.

As the activities in Components 1 and 2 are carried out, a reporting system will gather data from training workshops and courses, collaborative work between police/public security and health agencies, assessments, RAR project designs and evaluations. This data will be exchanged at six-monthly meetings between the main counterparts from the four Project sites.

Other issues for discussion at these counterparts meetings could include regional policy discussions and the establishment of a ‘twinning process’ where an established project intervention in one country or province takes on the responsibility for helping an RAR project/intervention in another country or province. This process of the pairing of institutions for research and RAR project development could enhance the exchange of ideas, enable a new understanding about the issues, and ensure that the dialogue between the different sectors is ongoing and further encouraging greater collaborations.

**Indicative Activities for Output 3.1**

- inception meeting to identify mechanisms for communications and dialogue;
- annual meetings;
- study tours;
- twinning arrangements.

**Output 3.2: Knowledge and experience gained from the Project has been incorporated into regional forums addressing HIV/AIDS and injecting drug use.**

There is a need for other countries in the region, regional organisations and other stakeholders to be informed of Project activities and outcomes and evidence regarding effective approaches to HIV/AIDS and injecting drug use. Project counterparts also need to be informed of what is happening in the region to assist in identifying appropriate strategies to address HIV related harm associated with drug use. The RPO will review existing and proposed activities in the region to avoid duplication or overlap with activities of regional organisations, international NGOs and other donors. Where appropriate, the Project will complement these activities.

The RPO will develop a strategy to ensure Project outcomes inform the ASEAN Medium Term Working Program on HIV/AIDS and the ASEAN strategy for Drug-Free Asia by 2015 to assist these groups to formulate appropriate policy related to HIV/AIDS and injecting drug use. The possibility of informing the relevant ASEAN SOC of Project activities and outcomes will also be considered.

SEAPICT has regular six monthly meetings and participation by Project counterparts will be explored. ESCAP has recommended that the Project should provide information regarding Project outcomes at their annual meetings that focus on economic development issues. This will be an important avenue to ensure Planning Departments and Ministers are informed, and aware of, appropriate strategies. The RPO will identify other key meetings where attendance by Project counterparts could assist in informing regional policy on HIV/AIDS and injecting drug use. Counterparts should prepare papers and actively participate in discussion groups.
Also, Project counterparts will participate in key regional meetings including the International Conference on the Reduction of Drug Related Harm in April 2003, the International Conference on AIDS in Asia and the Pacific in Japan in late 2003, and the International AIDS Conference in Bangkok in mid-2004.

**Indicative Activities for Output 3.2**

- Develop strategy for regional cooperation;
- Develop and maintain links with regional organisations;
- Develop and maintain links with ASEAN Secretariat;
- Participate in regional meetings;
- Prepare papers for publication.

**3.2.3.2 Responsibility for outputs**

<table>
<thead>
<tr>
<th>Output 3.1</th>
<th>Regular dialogue between health and police/public security officials from China, Burma and Viet Nam on the joint issues of illicit drugs and HIV/AIDS has been undertaken.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMC</td>
<td>PARTNER GOVERNMENT AGENCIES</td>
</tr>
<tr>
<td></td>
<td>Coordinate meetings</td>
</tr>
<tr>
<td></td>
<td>Develop materials for meetings</td>
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<tr>
<td></td>
<td>Review Project activities and develop Annual Plans</td>
</tr>
<tr>
<td></td>
<td>Coordinate study tours</td>
</tr>
<tr>
<td></td>
<td>Provision of hardware and software</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output 3.2</th>
<th>Knowledge and experience gained from the Project has been incorporated into regional forums addressing HIV/AIDS and injecting drug use.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMC</td>
<td>PARTNER GOVERNMENT AGENCIES</td>
</tr>
<tr>
<td></td>
<td>Initiating linkages with regional agencies</td>
</tr>
<tr>
<td></td>
<td>Reviewing regional project activities and developing strategy</td>
</tr>
</tbody>
</table>

**3.2.3.3 Resources and costs**

To achieve the objectives of this output, the GoA will provide the following resources:

- Technical expertise
• Meeting costs
• Equipment to facilitate communication which could include computers, modems and software

The partner governments will provide:
• In-country costs for meetings
• Ongoing communication costs
• Counterparts to attend meetings

3.2.4 Component 4: Project Management

3.2.4.1 Component objective and relationship between outputs

Component Four aims to effectively manage and report on the Project and to facilitate monitoring and evaluation of its activities and outputs. This component will manage and monitor the activities in components 1, 2 and 3.

Output 4.1: Effective and efficient regional project management will have been achieved.

A Project Inception Phase during the first six months of the Project will be undertaken to establish a sound foundation for the Project. This will involve revalidation of the Project concept and Project management structure with key stakeholders at the national level. A review of the proposed Project workplan for the first year including details of involvement of various agencies will also be developed. Regional and country Project offices will be established, operating procedures developed and agreement will be reached with Government about the management of local funds and counterpart staff. National advisers and the ATL will attend training in Australia to consolidate their understanding of effective approaches to HIV/AIDS among injecting drug users. During the inception phase, the Project will be launched in each Project location.

![Component 4: Project Management](image)

Output 4.2: Project activities will have been monitored and evaluated

Figure 5: Output Relationship in Component 4

The Regional Project Office (RPO) will be located in one of the four Project sites.
• Rangoon, Burma;
• Hanoi, Viet Nam;
• Nanning, Guangxi, China;
This office will be responsible for the day-to-day management and coordination of the Project, with the ATL responsible for project management activities.

A Project Coordinator, responsible for coordinating Project activities in each country/province, will staff the country/province Project offices and report to the ATL. It is envisaged that in both Viet Nam and Burma, Project offices will be co-located with the UNDCP offices. In Guangxi, the Project will co-locate with the Centre for Disease Prevention and Control, and in Yunnan, the Project will co-locate with the Yunnan Institute for Drug Abuse. The Project offices will be responsible for the day-to-day implementation of the Project in their province/country and report directly to the ATL. The Project Coordinators will receive support from Project Officers who will be within the Bureaux of Health in each site.

A Regional Police Adviser (RPA) will be appointed and will be a member of the Regional Project Office, although it is recommended that the RPA be located in a different setting to maximise spread of expertise and responsibility. The RPA will provide specific expertise in public security and policing approaches to drug use and HIV.

The majority of Australian assistance is likely to comprise advisers, either international or local staff. A key task of the ATL will be to ensure lessons learned in one location are quickly and effectively passed throughout the Project, thus avoiding the danger that each site may operate and develop in isolation.

All Australian inputs will be contracted to an AMC, who will appoint a Project Director and/or a Technical Director to support the Team Leader. The Project Director will be based in Australia. Project coordination will be the main responsibility of the Regional Project Office, with assistance from the local Project office staff, under the leadership of the ATL. The ATL and Project Director will be responsible for ensuring all AusAID inputs are managed efficiently. This will include responsibility for establishing office processes in the regional and country/provincial Project offices – such as financial systems and regular reporting systems. The regional office will undertake annual planning processes and provide monitoring and evaluation data as it applies to AusAID inputs.

A communication strategy will be developed during the inception phase. It will identify strategies for: communication within the project team; communication from regional/country/provincial offices to government counterparts and other bodies; and between the Project team and regional groups and fora.

Training will be a major Project activity and includes workshops, training courses, local study tours, and internal agency training where possible. Trainees will be both male and female, sourced from a range of agencies, predominately police/public security and health sectors at national, provincial, and local levels. The Regional Project Office will coordinate training activities, with local organisation undertaken by the country/provincial offices.

The Regional Office will receive and disperse both local and Australian funds to finance its own operation and the activities of the country/provincial Project offices. The ATL will hold administrative responsibility for all Australian-funded activities and disburse Project funds to the country/provincial Project Coordinators to manage Project activities.
Indicative activities for Output 4.1

- Establish Project Office;
- Establish and implement project management procedures;
- Training for ATL, RPA and Project Coordinators and Officers in effective approaches to HIV/AIDS among injecting drug users;
- Establish communication systems and strategies;
- Prepare Annual Plans and progress reports for submission to AusAID;
- Prepare a Project Completion Report.

Output 4.2: Project activities will have been monitored and evaluated.

The Regional Project Office will develop a monitoring framework during the inception phase, commencing with the identification of baseline information to assess performance over the life of the Project. A short-term adviser monitoring and evaluation specialist will assist in this process by establishing a framework and protocols, and support counterpart staff in the implementation of monitoring and evaluation activities.

Monitoring information and data will be collated by each of the Project offices on activities being implemented. The information collated will include monitoring progress against the Annual Plan and gender strategy. Once the information has been analysed, the Regional Office will prepare the information for inclusion in various Project reports, some of which can be used by the partner government to promote the Project to outside funding agencies with a mandate to support HIV/AIDS programs.

The ATL, supported by the RPO, will manage all monitoring and evaluation functions and ensure that progress is checked against the logframe activity schedules. The Regional Office will ensure that Ministries respond to issues raised by the Project offices.

National Annual Planning Workshops attended by the National Project Coordinating Committee will be held in each participating country to discuss and plan Project activities in each country for the following year. This information will feed into the Project Annual Plan presented and finalised at the Regional Annual Planning Workshop attended by the Regional Project Coordinating Committee.

The first Regional PCC will occur during the inception phase to ensure endorsement of proposed Project activities and allocation of resources. The Regional PCC meeting will coincide with the annual tri-partite meeting (see component 3) and will discuss allocation of Project resources between the countries. Each meeting should be held in a different country to enable counterparts to develop a clearer understanding of what is happening in each country. The Regional Project Office (RPO) will work with counterparts to develop the agenda and identify the outcomes of the annual meeting.

The monitoring data collected progressively throughout the Project period will be used to evaluate Project performance at activity and output level. This will be reported in the six-monthly reports and annual plans. The Project Completion Report will be a contractor activity. In order to enable realistic evaluation, comparisons will be made with relevant baseline data collected prior to commencement of Project activities.
Other aspects of monitoring and evaluation include the AusAID and GoPRC/GoV/GoUM requirements relating to Technical Advisory Groups, audits and a Mid-Term Review. Given the uncertainty related to working in such a dynamic environment and the flexibility built into the design to accommodate the differing speed and nature of implementation, a Mid-Term Project Review is considered beneficial to assess progress in meeting the Project purpose. These activities will be undertaken and funded at the discretion of AusAID outside of the Project budget.

**Indicative activities for Output 4.2**

- Establish and maintain Project monitoring systems;
- Develop gender strategy;
- Development of a framework for managing the small grants facility;
- Conduct baseline surveys;
- Develop and implement the monitoring and evaluation plan and gender strategy;
- Establish National and Regional PCCs and conduct regular meetings.

### 3.2.4.2 Responsibility for outputs

<table>
<thead>
<tr>
<th>Output 4.1: Effective and efficient regional project management will have been achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMC</strong></td>
</tr>
<tr>
<td>Attend Regional and National PCC meetings</td>
</tr>
<tr>
<td>Oversee the establishment of regional and National/Provincial Project Offices</td>
</tr>
<tr>
<td>Team management</td>
</tr>
<tr>
<td>Financial control and audit of GoA funding</td>
</tr>
<tr>
<td>Manage GoA resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output 4.2: Project activities will have been monitored and evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMC</strong></td>
</tr>
<tr>
<td>Establish monitoring and evaluation framework</td>
</tr>
<tr>
<td>Establish gender strategy and verifiable</td>
</tr>
</tbody>
</table>
3.2.4.3 Resources and costs

To achieve the objectives of this output, the GoA will provide the following resources:

- personnel and equipment for effective project management
- Regional Project Office and National/Provincial Project Office Staff for Project management
- equipment to support activities of other components of the Project.

The partner government will provide:

- offices, furniture and maintenance for the Project Offices
- human resources to support effective Project management
- maintenance costs such as petrol, vehicle maintenance and office operation.

3.3 SUGGESTED TIMING

The Project has been developed with three key phases (See Figure 6):

- Inception
- Implementation
- Handover

The Project exists in an environment of constant change and as such Government strategies in the region are evolving. For example, the GoV is proposing changes to the management of its HIV/AIDS programs. In addition, regional responses to assist countries with managing HIV/AIDS related harm is expanding as the need rapidly expands. Given this state of change, at Project commencement, a six-month inception phase is proposed. This phase is key to securing project success. This phase will confirm the project with counterparts and agencies for co-location. A series of introductory workshops will be held with national governments to present the final PDD and ensure its goal, purpose and objectives are understood and proposed management structures are still appropriate. Two-day workshops will be held with the proposed counterpart agencies in each country. The key outcome of the inception phase will be the Project’s first annual plan, which will propose any changes to the PDD and the Project’s activities for the first year.
Figure 6. Project Phases

The implementation phase will start once agreement is reached on the annual plan. This phase will concentrate on institutional capacity building supported by training, workshops, mentoring and demonstrations of process and practice. These activities aim to build on the existing skills and information within participating agencies to ensure that resources are more effectively targeted towards the Project goal of reducing HIV/AIDS. It may be necessary to implement activities at different paces in particular countries. This would be due to various influences such as different stages of the HIV epidemic and levels of country capacity.

A Mid-Term Review of the Project after two years is recommended. The review will assess the outcomes and the impact of Project activities and determine the resourcing of Project inputs in the final two years of the Project.

During the third year of the Project, the handover plan of the Project will commence and be incorporated into the annual plan to ensure that Project activities continue to be adequately resourced after the completion of GoA assistance. As handover is integral to Project sustainability, planning will commence 18 months before Project completion with the final 6 months of the Project concentrating on disseminating the Project achievements and lessons learned into the information and policy networks at the provincial, national and regional level. This phase will endeavour to enhance sustainability of Project activities by incorporating Project practices into a wider cross-section of the partner agencies at all levels and in the communities in the target countries. A continuous learning process exists throughout the Project life, which increases the likelihood of a sustainable impact.
CHAPTER 4: MONITORING AND MANAGEMENT STRATEGIES

4.1 PERFORMANCE INDICATORS AND BENEFITS

4.1.1 Key Result Areas

There are three key result areas (KRA) most relevant to this Project. The Improve Health KRA is “To improve the health of people in partner countries, the aid program will focus on … communicable and vector-borne diseases especially HIV/AIDS…” The goal of this Project is ‘Reduction of HIV transmission and impact in the Asia region’. Thus successful achievement of this goal will directly lead to achievements in the Improve Health KRA.

The second relevant KRA is Promote Gender Equity -“To promote equal opportunities for women and men as participants and beneficiaries of development in partner countries, the aid program will incorporate strategies to address inequalities…”. In the design of the Project, various strategies to address gender inequality have been developed. These strategies are discussed in Chapter 5.

The third relevant KRA is Promoting Effective Governance – “The exercise of political, economic and administrative authority to manage a nation’s affairs . . . in ways that are accountable, representative, transparent, efficient, equitable.” A key element of good governance for this project is the protection of human rights. The Project must ensure the protection of these rights, particularly given the social status of injecting and HIV positive populations. Full consideration of how the Project has been designed in a way that is cognisant of good governance is provided in Chapter 5.

4.1.2 Measurement of Performance

4.1.2.1 Project Performance

The Project will develop a detailed monitoring and evaluation framework based on the Logframe (see Annex F) and the Risk Management Matrix (see Annex K). The framework will identify key aspects of the project to be monitored and evaluated, how these are to be monitored and by whom, and how the project intends to use this information. There are two key types of information – qualitative and quantitative. The performance indicators for the Logframe will be confirmed during the inception phase and, where possible these should be congruent with existing government targets. Performance indicators will provide the starting point for collating quantitative information on project performance. As the Project will not have the resources to monitor everything, the significance of each Project output and activity will need to be determined in relation to the achievement of the Project’s desired outcomes. Some of the quantitative indicators can be used to monitor the contractor’s performance in achieving the outputs that are fixed milestone payments.

In addition, the AMC and counterparts should jointly identify a set of critical desired outcomes that can be monitored more extensively to assess project qualitative performance. Some of these can be shorter term, such as the impact of training and others can be longer term, especially where attempts are made to change attitudes. The contractor will be responsible for managing and reporting results to AusAID through the Annual Plans and six-monthly reports. The Mid-Term Review will provide a useful mechanism to assess the status of the Implementation Phase; specifically the progress of capacity building activities, the RAR process and assessing inputs required for the remainder of the Project to ensure the Project purpose is met.
The following methods will be used to measure the Project’s overall performance. Statements and policies by
governments at different levels will be studied to assess whether their focus on HIV related harm associated
with injecting drug use is increasing, and to determine the effectiveness of approaches used.

The number of effective interventions plus ongoing support for the Project and budgets for current
interventions will be recorded – (at baseline and annually) to determine whether a substantial increase in
numbers and budgets of effective interventions has occurred.

The number of RAR projects developed after the RAR training and assessment process that are either
funded, or part-funded, through local sources and/or international donors by the end of the Project will be
recorded to determine the sustainability of the measures implemented by the Project.

The number of people and projects working to address HIV related harm associated with injecting drug
use will be measured (at baseline and in annual surveys of counterparts, international NGOs, UN agencies
and other donors).

On-going reviews of regional documentation, including the outcomes of relevant regional meetings and
forums, and public statements on HIV and drug use will indicate the level of regional support to reduce
the HIV related harm associated with drug use.

4.1.2.2 Component 1: Institutional Capacity Building

The objective of Component 1 is to establish a supportive policy environment for effective approaches to
HIV/AIDS and injecting drug use.

This supportive environment will be achieved through Institutional Capacity Building, leading to
collaborative work, particularly between police/public security and health sectors. The willingness of
senior officials from both sectors to endorse effective approaches to HIV/AIDS and injecting drug use will
be assessed through the collection of relevant directives, public statements and statements of willingness
to collaborate with the other sector.

Output 1.1 Collaborative mechanisms between health and police/public security at all levels to promote
effective policies for HIV prevention among and from injecting drug users have been established and are
operational.

Project office reports and regional meeting minutes will be monitored to determine whether collaboration
is occurring and whether collaborative mechanisms have been established in all Project sites. They will
also be studied to determine the number and quality of collaborative activities aimed at expanding
effective approaches to HIV/AIDS and injecting drug use.

In training workshops, process evaluation will be carried out during training (daily and workshop) to
provide data for reports (after each workshop), with suggestions for changes to future training processes.
Changes in attitudes, understanding, knowledge and skills will be measured through the above evaluations
and use of a pre- and post-test. Training participation will be disaggregated by gender.

Output 1.2: The role and potential impact of police activities on effective HIV prevention among and from
injecting drug users has been understood by police/public security in Project sites.
In training workshops, process evaluation will be carried out during training (daily and workshop) to provide data for reports (after each workshop), with suggestions for changes to future training processes. Changes in attitudes, understanding, knowledge and skills will be measured through the above evaluations and use of a pre- and post-test. Training participation will be disaggregated by gender.

Numbers of police/public security staff trained on HIV/AIDS and injecting drug use issues will be recorded and discussed at annual meetings between the three countries. Numbers of peer education and other innovative police education activities (and reach of these activities) will be recorded by similar processes.

Output 1.3: The effectiveness of various approaches to HIV prevention, care and support among injecting drug users and their families has been understood by key officials from the health sector.

In training workshops, process evaluation will be carried out during training (daily and workshop) to provide data for reports (after each workshop), with suggestions for changes to future training processes. An understanding and acceptance of alternative approaches, changes in attitudes, understanding, knowledge and skills will be measured through the above evaluations and use of a pre- and post-test. Training participation will be disaggregated by gender.

The number of people and projects working to address HIV related harm associated with injecting drug use will be measured (at baseline and in annual surveys of counterparts, international NGOs, UN agencies and other donors).

4.1.2.3 Component 2: Expanding Effective Approaches

The objective of Component 2 is to facilitate implementation of an expanded range of effective interventions addressing HIV/AIDS among injecting drug users.

All RAR projects funded under the Project will be required to submit reports (as well as their original proposals that will contain baseline data derived from rapid situation assessments of their local area). From these reports, the number and range of interventions being implemented and the population targeted by each RAR project will be recorded. These will be aggregated in Project reports. Budget allocations to HIV harm related activities will be a combination of the counterpart funding for activities funded under the Project and any other budget details that can be acquired by national staff. These will also be included in Project reports.

Output 2.1: Capacity of key stakeholders at the district/local level to understand and respond to the drug use and related HIV/AIDS situation in their community has been increased.

In training courses, process evaluation will be carried out during training (daily, weekly and entire course) to provide data for reports (after each training cycle), with suggestions for changes to future training processes. Changes in attitudes, understanding, knowledge and skills will be measured through the above evaluations and use of a pre- and post-test. Training participation will be disaggregated by gender.

Impact evaluation will be carried out by counting the number of localities which are able to complete an assessment: this is an indicator of success as completing an assessment means that a policy change has occurred (at least at the local level for the duration of the assessment) to allow the assessment activities to take place (especially interviewing IDUs, observation, focus groups, etc). Key result areas (KRAs) from rapid assessments will be defined, and assessments will be measured against these KRAs. These key
results will be collected from all rapid assessments in all countries to allow comparability across the Project sites. The number of funding proposals received in the competitive bid process (below) that appropriately address the selection criteria, and the number of RAR projects funded (from this Project or other sources) as a result of the assessment and training process will also indicate whether the training and assessment process has been successful.

Output 2.2: Implementation of interventions utilising effective approaches (based on valid local assessment data) have been implemented to reduce HIV related harm associated with drug use

Funding of at least one project in each of Vietnam, Burma, Yunnan and Guangxi will be an indicator of success: Project offices will record this. Evaluation of the methods used in selected projects, and impact of their activities on HIV prevention, care and support among IDUs, will be carried out as part of the activities attached to Output 2.3.

Number of selected projects that achieve partial or total funding from local, national or provincial sources will be a demonstration of support for these innovative activities. The number of people and projects working to address HIV related harm associated with injecting drug use will be measured by Project staff (at baseline and annually), including information on community (including injecting drug users’ and HIV positive peoples’) perception and acceptance of Project activities, levels and sources of funding.

Evaluation of technical support for selected projects will be carried out by the AMC through interviews with funding recipients, consultants’ reports and regular discussions with national project coordinators.

Output 2.3: Local/national evidence has been developed and disseminated to inform policy and practice for reducing HIV related harm associated with drug use.

The number of presentations of assessment results and the level at which they are presented (local, provincial, national, regional, international) will be recorded by Project staff: this will indicate whether training participants understand the value of the assessment results for informing policy development. The number of evaluation reports completed (compared to the number of Projects funded) is a key indicator of success, as is publication of the evaluation reports in four languages. This information will be contained in Project reports.

The number of adapted evaluation reports published in international journals is an established method of measuring whether the evaluations are valid and of scientific interest: this information will be collected by Project staff in a routine manner. Another key indicator is policy development that facilitates the adoption of effective approaches to HIV/AIDS and injecting drug use in the three countries, though it may be difficult to judge the specific role that the Project activities have played in such policy developments. This will be measured by examining the number of people and projects working to address HIV related harm associated with injecting drug use and will be carried out by Project staff (at baseline and annually).

4.1.2.4 Component 3: Regional Cooperation

The objective of Component 3 is to strengthen regional cooperation in addressing the HIV epidemic among injecting drug users.

The number of regional organisations advocating effective approaches to HIV/AIDS and injecting drug use will be measured at baseline and in annual review of counterparts, international NGOs, UN agencies
and other donors. Formal media channels will be monitored to assess the amount of publicity received and any shift in the public’s response to, and attitude towards, HIV and injecting drug users.

**Output 3.1:** Regular dialogue between health and police/public security officials from China, Burma and Viet Nam on the joint issues of illicit drugs and HIV/AIDS has been undertaken.

Records of meeting attended by Project staff will record the seniority of participants at regional meetings, and the quality of discussion occurring at these meetings. Processes will be identified to assess the value of inter-country review to develop country programs. This will involve assessing the extent to which programs in one country or site have assisted another country or site develop and adapt their own programs. The value of information exchanged will need to be evaluated. Meetings should have clearly defined agenda and outputs: participants will evaluate the value of meetings and outline what they have learnt from the meeting.

**Output 3.2:** Knowledge and experience gained from the Project has been incorporated into regional forums addressing HIV/AIDS and injecting drug use.

The number of regional forums discussing these issues will be measured at baseline and in annual surveys of counterparts, international NGOs, UN agencies and other donors. In addition, the number of papers presented on Project activities at these forums will be recorded in Project reports. Mechanisms need to be developed to assess whether or not initiatives developed by the Project are being integrated into ASEAN declarations and strategies and other Ministerial consultations.

### 4.1.2.5 Component 4: Project Management

Component Four aims to effectively manage and report on the Project and to facilitate monitoring and evaluation of its activities and outputs.

Project reports will be used to record whether Project activities are carried out on time and on budget.

**Output 4.1:** Effective and efficient regional project management will have been achieved.

Effective Project performance will be monitored through the timely presentation of Project reports that indicate activities are on time and within budget. Key competencies will include project management and monitoring. Counterpart and Project staff performance will be assessed against these competencies. Other indicators of effective project management will include the achievement of both contractual and Project milestones and the assessment of the budget against actual expenditure. These indicators will be verified through the Annual Plans and Project Completion Report. Expenditure against budgets will be reviewed on a regular basis and project management indicators can be monitored from the start of the Project. The Australian Team Leader and the Project Director will be responsible for project management, and will work cooperatively with the country/province coordinators and counterparts to ensure that the Project is meeting its objectives.

**Output 4.2:** Project activities will have been monitored and evaluated.

Project monitoring and evaluation will be assessed through Project reports and the mid-term review. Reports will detail monitoring methods, results and disaggregate information by gender where appropriate. Monitoring will be a collaborative activity involving both the Regional Project Office and the Project team. Regional and National PCCs will provide key agencies and AusAID with the
opportunity to monitor progress on a twice-yearly basis. The Mid-Term Review will monitor and evaluate the effectiveness and efficiency of project management.

4.1.3 Reporting requirements for the Project

Various milestone reports will be required as per the milestone schedule in the Basis of Payments.

**Six-monthly reports**

As there are a number of activities to be undertaken, it is critical that the ATL and team members focus on achieving these activities. Reporting on a six-monthly basis is appropriate to ensure the twin aims of achieving Project outputs and reporting on Project progress are met. Exception reports can be provided as required. Six monthly reports will be prepared by the ATL in collaboration with the team and counterparts and provided to the annual national PCC members for the annual PCC meetings. The reports will cover progress in relation to the Annual Plan, providing reasons for deviations from the plan, highlighting problems and achievements, management of risks and the impact on implementation. Required changes to the approved Annual Plan will be identified and justified in a change-frame with requested approval from AusAID. The six-monthly report will highlight achievements and problems, and note recommended actions and issues to be included in the agenda for, and discussed at, the subsequent PCC meeting. Project management will establish the reporting framework at Project inception according to AusAID, AusGUIDE and GoV, GoUM and GoPRC requirements. The risk management plan, gender strategy and sustainability framework will also be assessed every six months.

**Annual Plan**

An Annual Plan (the Plan) will be produced for the upcoming financial year. The first Plan will be developed during the inception phase. The Plan will review the logframe to ensure its relevance given initial discussions during the inception phase and review the risk management and monitoring and evaluation framework. Future plans will monitor performance to date and indicate timing and quantify outputs over the next twelve months. The Plan must conform to the activities and schedules in the PDD and proposed implementation schedule, unless otherwise agreed in writing by AusAID. The format and content of this report should be negotiated with AusAID but must specify all activities and schedules for the year in enough detail to allow all Project stakeholders to have a clear understanding of Project activities, events, and resources available for the upcoming year.

The Annual Plan will be developed by the ATL advised by the National PCC where country activities for the upcoming year will be discussed. The plan will be finalised following the Regional PCC meeting where Project allocations and balance of activities between countries will be assessed.

**Mid-Term Review**

A Mid-Term Review is suggested at the end of the second year of implementation. It could be undertaken at a later date if deemed necessary by AusAID and the GoV, GoUM and GoPRC, depending on Project progress. AusAID will be required to fund this activity, as it is not included in the budget. The focus of the Mid-Term Review will be to assess the status of the Implementation Phase; specifically the progress of capacity building activities, the RAR process and assessing inputs required for the remainder of the Project to ensure the Project purpose is met.

**Completion Report**

Three months before completion of the Project, the ATL must submit a draft Completion Report. The format should follow AusGUIDE and any specific written instructions from AusAID. One month before
completion of the Project, the final Completion Report is required to be submitted to AusAID, inclusive of any comments arising from the draft.

4.2 **RISK AND RISK MANAGEMENT**

The Project has incorporated a number of strategies to minimise and manage risk which includes:

- regular reporting and review;
- integrated management structures;
- monitoring and evaluation strategy;
- participatory approaches.

Management strategies for each identified risk are presented in Annex K.

At Project inception, it will be necessary to update the risk matrix and complete a detailed risk management plan in consultation with AusAID and partner countries. The risk management plan should summarise the results of the risk management assessment, action strategies and implementation framework. Risk action schedules will need to be prepared for higher risk activities which assign responsibility, timeframes and identify follow-up procedures.

4.2.1 **Key assumptions and risks**

4.2.1.1 **Social risks**

Working on the issue of HIV among injecting drug users in Asia carries inherent risks primarily related to the prevailing social stigma and legal requirements associated with this target group. Key amongst these is that identifying and working with injecting drug users may place them at risk of criminal prosecution and detention. The Project must act to protect this population at all times, including when the Project is completed. An associated risk is that there may be limited community support to advocate for policy change and/or resource allocation to address HIV transmission among and from injecting drug users.

4.2.1.2 **Institutional risks**

There is a risk that police/public security and health departments may not be willing or able to work together to implement activities. This could stem from the definitive line of responsibility and/or understanding that HIV is a health issue. It could also stem from an inability to accept that current approaches are not working. As police/public security and health working together is a key tenet of the Project approach, significant time and resources need to be invested to ensure this risk is minimised. A further institutional risk pertains to the interest of other South East Asian nations in the activities of this Project. The Project aims to seek the support of other nations to create an enabling regional environment for implementation of effective interventions through existing forums, specifically established to examine responses to HIV and/or drug use across the region.

4.2.1.3 **Technical risks**
The Project is based on existing current international practice to develop effective strategies to address the HIV/AIDS epidemic among injecting drug users. RAR, the approach is new to China, Viet Nam and Burma. RARs may lead to invalid assessment results or fail to result in the design of effective interventions. If technical support is insufficient for the assessment of information and the needs of the selected projects then inappropriate interventions may be developed. Sufficient technical support has been identified to provide back up if the need arises.

4.2.1.4 Human resources risks

Support from government officials is critical, in police/public security sector to ensure a common understanding of the HIV/AIDS epidemic among injecting drug users. Current support for this approach within the target countries rests with a few key individuals. The possibility of these advocates becoming marginalised or moved, could compromise the building of a sound foundation for the Project. Through training a number of people in senior positions at national and provincial levels, the Project will broaden the base of understanding, and ultimately advocates, for effective approaches to reducing HIV among and from injecting drug users.

4.2.1.5 Political and economic risks

The Project has limited funds to implement wide-scale programs. There are some early indications of additional donor support but there is a risk that funds will not follow. A role of the ATL is to support Governments to lobby for further funding from other donors.

In all participating countries it needs to be acknowledged that the involvement of all levels of government, from ministers to local level, is affected by existing government policy. The Project will need to factor this in during its development and ensure appropriate guidance and support is provided from senior government sources for the Project.

As the proposed approach is new to each of the participating countries, it is possible that one or all countries may reject it as inappropriate because of its inception and development in western countries. The approach taken to the Project includes intensive technical assistance and an evidence-based methodology, which should minimise this risk. The FDS team had no indication during consultations that this was a barrier.

As governments and communities may be uneasy about exploring a diversity of effective approaches to HIV/AIDS and drug use, it is possible that funding will continue to be diverted away from these approaches towards targeting injecting drug users into public security/police run drug rehabilitation and treatment centres. This strategy is not sufficient to prevent further spread of the HIV virus. Through awareness raising of effective approaches at the senior levels, the likelihood of this occurring is somewhat reduced.

While the participating countries have been consulted about the Project and given consent and support to its design and content, the counterpart Governments have not yet agreed to provide contributions and have not yet agreed to detailed implementation schedules. This is going to be addressed during country consultations by AusAID and during the implementation phase.

4.2.1.6 Project management risks
There are management risks associated with operating a project over three different countries. The Team Leader will be required to travel extensively, which may impact on daily project management. Allocating sufficient administrative resources and implementing the communications strategy reduces this risk. In addition there is a risk that counterpart contributions will not be provided on time, which could delay some Project inputs.

4.3 MANAGEMENT AND COORDINATION STRATEGIES

4.3.1 Management arrangements

An Australian Managing Contractor (AMC) will be responsible for the management of the Project. The AMC will have an office in Australia/New Zealand. This office will be responsible for all contractual obligations with AusAID. Project staff, employed by the AMC, will be located in each of the four Project sites.

The location of the regional Project office will be subject to further discussion with the relevant host Government. Decisions about the most appropriate location for the regional Project office should take account of a number of factors; frequency of plane flights (and travel time) to various Project destinations; costs of maintaining an office; and the potential value the office location could add to developing support for the Project. In addition, locating the regional office in a provincial capital rather than a national capital could detract from the national priority of this Project.

A Bangkok location, while the most accessible to relevant regional UN agencies involved in the HIV epidemic and drug use, was the least preferred option as it is remote from most Project activities, and given the complexity of the work involved, it is preferable to maximise support to the Project locations.

National offices in Hanoi, Viet Nam, and Rangoon, Burma, and provincial offices in Kunming, Yunnan and Nanning, Guangxi will support the regional office. Each national/provincial office will have staff to coordinate the implementation of country activities. A Regional Police Adviser will ideally be based in a different location to that of the ATL, thus assisting in the spread of expertise and responsibility. The Regional Police Adviser will provide support to the ATL and the national/provincial offices with public security activities. AMC selected Project Coordinators and the Regional Police Adviser will report to the ATL, who in turn will report to the Project Director in Australia.

Regional Project Office
The Regional Project Office comprises of the ATL and the Regional Police Adviser. The location of the office of the ATL is dependent on further discussions during AusAID’s country consultations regarding the Project. It is recommended that the Regional Police Adviser be based in another location to assist with the spread of expertise and responsibility. The Regional Project Office will be responsible for managing Project activities and act as the secretariat for the Regional PCC.

Burma Project Office
The Country Project Coordinator will have key responsibility for liaising with the Central Committee on Drug Abuse Control (CCDAC) and the Ministry of Health. The key counterpart for the Project Coordinator will be the CCDAC. A Project funded Project Officer working from within the National AIDS Committee will support the Coordinator. There are a number of options for co-location for the Country Project Coordinator, with the preferred alternative being UNDCP. Senior counterparts from within CCDAC and the Ministry of Health will be sought to assist with the coordination and management of the Project. Support for the Project on a day-to-day basis will be sought from within CCDAC and the
Ministry of Health. The Burma Country Project Coordinator will be the Secretariat for the Burma PCC meetings.

**Figure 7. Recommended Project management structure**

**Vietnam**
- Counterparts: SBDC, SODC
- Country Project Coordinator
- Key liaison: Standing Office for Drug Control (SODC)
- Co-locate with: UNDCP

**Burma**
- Counterparts: CCDAC, NAC
- Country Project Coordinator
- Key liaison: National AIDS Committee on Drug Abuse (NAC)
- Co-locate with: UNDCP

**China**
- Coord: MOFTEC Implement: MoH
  - Guangxi Cpart: CDC
  - Yunnan Cpart: YIDA
  - Guangxi Project Coordinator
  - Key liaison: Leading group on AIDS - Nanning
  - Co-locate with: CDC
  - Yunnan Project Coordinator
  - Key liaison: Leading group on AIDS - Kunming
  - Co-locate with: YIDA

**Viet Nam Project Office**
The Viet Nam Project Office will be based in Hanoi and managed by the Viet Nam Country Project Coordinator. The Coordinator will be the main liaison person with the Standing Office for Drug Control (SODC) and the Ministry of Health. Their counterpart will be the SODC. A Project funded Project Officer will be located within the National AIDS Standing Bureau (NASB) and will support the Country Project Coordinator in their activities. As in Burma, co-locating the Country Project Coordinator with UNDCP is recommended, although it may also be possible to locate the officer within the Vietnamese government structure. Senior counterparts from within SODC and the Ministry of Health will be sought to assist with the coordination and management of the Project. Support for the Project on a day-to-day basis will be sought from within SODC and the Ministry of Health. The Viet Nam Country Coordinator will be the Secretariat for the Viet Nam PCC meetings.

**Yunnan Project Office**
In Yunnan Province the Yunnan Provincial Project Coordinator will be located within offices provided by the Leading Group on AIDS in Kunming. The office could be co-located with the Yunnan Institute for Drug Abuse or within a relevant department. The Provincial Project Coordinator will have responsibility for liaising with all Yunnan departments involved with the Project. Senior Representatives from the Yunnan Leading Group on AIDS will be sought to assist with the Project management and coordination,
participating in the National and Regional PCC meetings. Support staff will be drawn from the Bureau of Health, HIV/AIDS Department to assist with the day-to-day execution of the Project.

**Guangxi Project Office**

In Guangxi Zhuang Autonomous Region, China, the Guangxi Provincial Project Coordinator will be located within offices that will be arranged by the Leading Group on AIDS in Nanning [they do not have their own premises]. These offices will be at the regional Centre for Disease Prevention and Control. The Project Coordinator will have responsibility for liaising with all Guangxi departments involved with the Project. Senior Representatives from the Guangxi Leading Group on AIDS will be sought to assist with the Project management and coordination, and participate in the National and Regional PCC meetings. Support staff will be drawn from the HIV/AIDS Coordinating Department in the Bureau of Health to assist with the day-to-day execution of the Project.

**Liaison with Beijing**

It will be important for the project to liaise with Beijing to ensure national commitment to the project, even though the activities will primarily be conducted in the two provinces. The FDS team confirmed with officials in Beijing that it is not necessary to establish any formal Project structures at the national level, however the partner government should nominate a contact for coordination purposes within the Ministry of Health, the key implementing agency at the national level. The implementing responsibility within the Ministry will be in the National Centre for AIDS Prevention and Control, which is housed in the Chinese Academy of Preventative Medicine. Within this Centre a staff position will be allocated to take responsibility for being the point of contact and coordination for the Project. The Yunnan and Guangxi Coordinators will liaise with this contact person. A contact will also be appointed in the Ministry of Foreign Trade and Economic Cooperation (MOFTEC), as the organisation responsible for donor cooperation. The Team Leader will liaise with MOFTEC as required. The Project will also require strategic liaison with the Ministry of Public Security department’s responsible for drug control and HIV prevention. These and other key liaison points will be identified at Project commencement. National representatives will attend the National and Regional Project Coordinating Committee Meetings.

**Communication between offices**

It is essential that the offices communicate with each other. This is particularly the case for the Yunnan and Guangxi project offices. The broad mechanisms for communication are outlined below, however the communication strategy, developed during the project inception phase, will provide more detail.

The Country/Provincial Project Coordinators will have prime responsibility for administration of Project activities in their Project sites. They will meet once every six months to discuss the progress of the Project and country activities. Communication links will be established between the four Coordinators.

It will be important for the Project to liaise with other agencies working in HIV such as the UN agencies, other donors, INGOs and NGOs to ensure complementarity between Project activities. The Project staff will provide support to the partner governments in their liaison with potential donors interested in funding activities designed to reduce HIV transmission associated with drug use. Once potential sources of financing have been located, this information will be passed on to RAR teams to assist in preparing proposals for funding activities identified as a result of RAR studies.

Every six months, the main counterparts from the four Project locations will meet together with the ATL. These meetings will be an opportunity to share experiences and identify ways to manage Project activities more efficiently. Ideally, these meetings will coincide with regional meetings such as the UNDCP SOC
on drug control and UNAIDS SEAPICT. These meetings will help improve coordination among donors implementing related Projects and avoid potential duplication of activities.
Contractual arrangements

MoUs with each country will outline GoA and partner government arrangements. Key agencies in each country will be identified and commitment to provide counterparts confirmed. MoUs may have to be agreed prior to mobilising the AMC. AusAID will need to advise on the level of formal arrangements with ASEAN Secretariat and UN organisations. These arrangements will need to be confirmed during the inception phase.

The AMC’s contract with AusAID is a combination of outputs and reimbursables. The Scope of Services and the Basis of Payment are set out in Annex M. Outputs will be linked to those outputs the AMC can effectively manage but contribute to the overall outcome of the Project. Milestones will be based on Long Term Adviser (LTA) costs, in-country office operating costs, Project travel for LTAs and Head office management costs. Short Term advisers will be reimbursed at cost, as the number of person months and skills required may vary. The AMC will be reimbursed to facilitate implementation of activities in accordance with the agreed implementation schedule but which cannot be identified in advance e.g. costs associated with participation at workshops. The Annual Plan will provide an opportunity to make adjustments to the Project.

The ATL will maintain regular contact with the AusAID representative in each of the participating countries and also in Bangkok. The Project Director will maintain regular contact with AusAID in Canberra.

4.3.2 Coordination arrangements

National PCCs

A National Project Coordinating Committee (PCC) will be established in each participating country. The role of the PCC is to monitor Project performance in each country/province, review the annual plans prior to implementation and address problems identified during implementation. The PCCs in Burma and Viet Nam will consist of the two main counterparts (representatives of Ministries of Health and Public Security), the ATL, the Project Director, the AusAID representative in country and possibly a representative from the AusAID Desk. The National Project Coordinator will carry out secretariat responsibilities, including organisation of meetings and preparation of agendas. Documentation will be circulated at least one week in advance of meetings.

The PCCs in China will consist of the two main counterparts (representatives of the Bureau of Public Security and Bureau of Public Health from both Yunnan and Guangxi), representative from DOFTEC, three representatives from Beijing (MOFTEC, Ministry of Public Security and Ministry of Health), the AusAID representative in China, the ATL and the Project Director. The meetings will be held alternately in Kunming and Nanning and the Project Coordinators in each province will carry out secretariat responsibilities.

The National PCCs will have a National Annual Planning Workshop to discuss and plan Project activities in each country for the following year, to produce the basis of the Annual Plan. The first meeting will occur during the inception phase to discuss year one activities. The national PCC will then meet after six months to monitor Project progress against the Annual plan. After the first year, meetings may be held annually if implementation is proceeding according to schedule. Detailed arrangements on appropriate agencies co-chairing the PCCs will be discussed during the Project inception phase.
Regional PCC

The Regional PCC will consist of the ATL, Project Director, AusAID Desk and representatives from the national Health and Public Security Bureaus/Ministries in each participating country. The first Regional Annual Planning Workshop will occur following the National PCC meetings during the inception phase to ensure endorsement of proposed national Project activities and assess the allocation of resources across all the Project sites. The Regional PCC meeting will coincide with the annual tri-partite meeting held alternately in each Project country. The Regional Project Office will act as Secretariat for the Regional PCC.

4.3.3 Planning and budgeting

Project activities may commence before counterpart governments have had the opportunity to incorporate funding for their contributions to the Project. Participating countries operate on a financial year commencing on 1 January with national budget generally approved in November of the previous year. As the Project will most likely start in March 2002 it will not be possible to confirm counterpart funding for the first year. For this reason most of year 1 activities will be primarily funded by the GoA contribution. During the inception phase appropriate counterpart contributions by each participating country will be identified. Annual regional meetings, most likely held in October, will review and confirm counterpart contributions.

The expected GoA and partner government costs for the Project are detailed in Annex J.

The level of financial assistance from each country will vary depending on the resources it can commit. In many cases, however, these contributions will be in kind and should not affect commencement of the Project. However it is expected participating countries will be responsible for direct counterpart staff, this could include; staff participating in training, monitoring, planning and implementation of activities, Project Officers, and drivers. Other inputs will include office space and furniture, Project operation and maintenance expenditures (electricity, heating, vehicle fuel and repairs), workshops, and local staff Project travel expenses.

GoA inputs to the Project will cover the costs of Australian-provided technical advisers, training activities, meeting costs and equipment. Other Project costs to be met by the GoA include residential accommodation for long and short term team members, international communication costs, translators, Project related travel for Project specialists and counterparts and study tours, Project related administrative manuals and publications.

The AMC will manage GoA inputs for AusAID and be responsible for disbursement of funds for all procurement and other Project activities paid from the Australian side. The ATL will manage and supervise payment of expenses. Bank accounts will be established in Rangoon, Hanoi, Kunming and Nanning and managed by the ATL/ National Coordinators. Financial management systems will need to be established and clearly documented during the inception phase. Annual training plans outlining proposed funding will need to be prepared prior to AusAID approval for funding training activities.

A number of activities in component 1 and 2 will be identified after training and RAR have been undertaken. For example, possible activities could include establishing a Viet Nam Harm Reduction Network or small-scale HIV/IDU programs. As the actual level of funds is uncertain it is proposed the AMC recommend to AusAID appropriate mechanisms to fund these activities. One option is to establish a trust account.
Recurrent costs
Following completion of the Project, and withdrawal of Australian involvement, incremental recurrent costs to participating countries will need to be addressed. The resources required for assisting countries in the region to address the HIV/AIDS epidemic from, and amongst, drug users are significant. This Project aims to develop a climate whereby governments and donors understand and are beginning to commit funds to this area. As these countries are already allocating resources to HIV/AIDS and drug control it may be possible to assist in the reallocate resources once the complexity of the issue is appreciated and opportunities are identified.

The Project recognises the need to identify and source external funds to expand effective interventions and local resource bases. Opportunities to support partner governments to link to existing and proposed donor assistance programs will need to be clearly defined and acted upon.

4.3.4 Skills required from Australia

Capacity building is the central focus of this Project. By providing external technical assistance, new innovations and approaches to addressing the HIV/AIDS epidemic can be developed and introduced into the overall programs in China, Viet Nam and Burma for managing the HIV/AIDS epidemic amongst drug users.

Technical expertise sourced from Australia provides an opportunity to transfer Australia’s skills and expertise. Key areas where Australian expertise can be provided is in the following areas:
• Specialists from the health and police sectors on HIV/AIDS and Injecting Drug Use Issues
• RAR experts.
CHAPTER 5: FEASIBILITY AND SUSTAINABILITY

5.1 MANAGEABILITY OF THE PROJECT

This Project can be implemented by a range of Australian agencies. There are a number of development agencies and implementing companies with substantial experience of providing or managing HIV/AIDS projects in Asia, including in the three countries covered by this Project. Australia is a world leader in technical expertise on effective approaches to reduce HIV related harm among and from injecting drug users, evaluation/research of drug use and related HIV issues, and HIV/AIDS policy development. Several agencies and individuals have experience in assisting in the implementation and evaluation of projects, and HIV/AIDS policy development, in developing and transitional countries, especially in Asia. RAR and other assessment methodologies have been used to investigate drug use and related HIV risk in Australia, and Australian consultants have been involved in providing technical support and training on RAR and other assessment methods in developing and transitional countries.

The Project depends on specialised skills being available both in Australia and in the three countries. In Australia, the main skills are those described above. In Viet Nam, Burma and the China, the main skills needed are the capacity to provide training programs, the technical capacity to train others (with external technical support) on HIV/AIDS and injecting drug use issues, to provide technical assistance (with external technical support) for assessment, and to implement drug use and HIV vulnerability programs. In the three countries it was not possible to definitively assess the skill range and capacities during the FDS team visits. Therefore an assessment will be needed during the inception phase of the Project.

Australian resources should be provided on time if appropriate project management is in place. It is difficult to predict whether partner government resources will be provided on time as the area of injecting drug use and HIV/AIDS is politically controversial and China, Viet Nam and Burma are undergoing significant policy shifts in areas related to these issues. However, the response by partner governments to the FDS team members suggests that each country is willing to participate in a set of activities which will inform the development of policy and practice in this area. It is therefore envisaged that these resources will be provided within negotiated and realistic timeframes.

The Project design is sufficiently flexible to allow it to respond to obstacles and opportunities. It is recognised that activities may be implemented at different paces in different countries and the Project design can accommodate this. The inception phase allows a more in-depth evaluation of capacities and countries’ ability to participate in all Project activities. The RAR process proposed assists local key stakeholders to define their HIV/IDU related issues and develop effective responses, based on locally derived data. The use of a competitive bid process (with criteria such as national innovation) for funding selected effective RAR projects ensures that funded RAR projects will be of interest and useful for evaluation, no matter what changes occur in each country prior to the bid process. The institutional capacity building, RAR and regional activities are designed to operate within existing structures and to take up opportunities identified for increased collaboration.

In the Project structure there are clear lines of responsibility and communications for major tasks. Complexity may arise through partner government requests for alternative institutional or Project location arrangements.
The Project is designed in detail to the component and output level. Activities will be further defined during the inception phase and incorporated into the first annual plan. Each year, annual plans will outline proposed activities, and quantify and qualify expected outcomes and outputs in detail. It is proposed a hybrid contract be developed whereby training, meetings, procurement, assessments and RAR projects are reimbursed at cost. Indicative short-term inputs, though defined in the PDD, will be reimbursed at cost. Milestones will cover long-term personnel office operating costs. Contract milestones should be under complete control of the AMC and include key reports or outcomes achieved in the annual planning cycle.

### 5.2 Technical Feasibility

The technical approaches proposed are:
- Public health framework
- Institutional Capacity Building (ICB)
- Rapid Assessment and Response training and methods
- Technical support for implementation and evaluation of effective interventions to reduce HIV among and from injecting drug users.

Effective approaches to HIV/AIDS and injecting drug use need to include a range of public health responses. The Ottawa Charter of Health Promotion is the foundation document of such public health approaches (WHO 1986). It states that five activities must be undertaken together for effective promotion of public health:
- Promoting health through public policy
- Creating a supportive environment
- Reorienting health services
- Strengthening community action
- Developing personal skills

The United Nations Drug Control Program also notes the importance of public health approaches to drug control, especially in those countries seriously affected by HIV/AIDS among drug users (UNDCP 1997).

Institutional capacity building (ICB) is a commonly used approach to assist developing and transitional countries to address issues such as injecting drug use and HIV/AIDS. In this Project, ICB activities specifically target police/public security and health sectors. Both sectors regularly participate in ICB activities, though it is less common for the sectors to participate together in meetings, seminars, and training programs. ICB of this type to assist the development of multisectoral approaches to HIV/AIDS are promoted by UN Development Program, UNAIDS and others.

RAR is a relatively new technical approach to HIV/AIDS and injecting drug use. It is promoted by the World Health Organisation and UNAIDS, and these organisations have developed a technical manual, which has been used to carry out rapid assessments and design effective responses to HIV among IDUs. For example in India, Nepal, Indonesia, Ukraine, Kazakhstan, the Russian Federation, Colombia and Nigeria. The approach proposed for this Project includes training in the use of this manual: training programs have been used in most of the above-mentioned countries and training guidelines on the
methodology have been developed and disseminated by organisations such as WHO and Medecins Sans
Frontieres.

Technical support from developed countries to assist in the implementation and evaluation of effective
interventions to address HIV/AIDS among injecting drug users is becoming increasingly common in
developing and transitional countries. While cultural differences need to be taken into account in such
support processes, external technical support has been effective in many countries in starting and assisting
to sustain such activities.

5.3 FINANCIAL AND ECONOMIC FEASIBILITY

The Project is primarily aimed at improving the health and social well being of target populations, rather
than aiming specifically at economic or financial returns. Thus a full cost benefit analysis is not required.
However, HIV prevention and care projects are justified on financial and economic grounds as they
contribute to the economic well being of individual target groups as well as the national level.

To facilitate an understanding of the impact of the epidemic on the economy, it is proposed the Project
will link with existing regional activities like SEAPICT and ESCAP to assist Vietnam, Burma and China
assess this impact. This will enable government agencies to assess the cost of existing strategies, the
potential costs as the epidemic spreads, and the cost of alternative strategies.

Currently, in the participating countries, efforts to reduce the impact of HIV and drug use are largely
limited to supply and demand reduction. The need for these two approaches to be complemented by more
effective methods of reducing HIV transmission among and from injecting drug users is now being
recognised. The success of this Project will not only reduce the number of people who would otherwise
have become infected with HIV but it could also result in significant savings by reducing resources being
used in relatively ineffective strategies.

The Project is assisting SOUTHEAST ASIAN countries and China to reduce the potential high negative
economic impacts arising from the epidemic. There will be no negative economic benefits directly attributed
to the Project.

5.4 IMPACT ON POVERTY

The HIV epidemic is well recognised as posing the most serious threat to advances made in development
over recent decades. This is supported by economic analysis of the impact of the HIV epidemic in a
number of developing countries where the epidemic is long established. There is every reason to believe
that similar epidemics will emerge in parts of the South East Asia region. The HIV epidemic in the three
countries has already passed the stage at which the epidemic is considered to be well established.

The economic impact of the HIV epidemic commences with the first wave during which members of the
most productive section of the population are infected. This leads to widespread illness and death and
thus to the loss of productivity. Simultaneously there is heavily increased demand on the health sector,
which in most countries is unsustainable. Meanwhile the impact at family and community level reflects
that at national level. Savings are expended on coping with immediate demands whilst capacity for future
coping is depleted.
This Project is designed to assist with preventing the spread of HIV amongst drug injecting populations, hence it is contributing to efforts to minimise the spread of the HIV and prevent economic decline and the increase in poverty at family, community and national level.

This Project makes a valuable contribution to the region by being one of the few initiatives that is focusing on the HIV epidemic amongst drug users. It appears that analysts, donors and program designers have neglected the significant HIV epidemic among drug injecting populations in many parts of the region. Hence this Project has the potential to establish the setting for further interest from UN agencies and donors. This would see an increase in the flow of funds into the region. These funds would create an increase in national expenditure on the HIV epidemic that is currently constrained by the poor economic status of these countries.

The use of drugs is widespread across all socio-economic levels of nations. It ranges from use by the urban educated middle classes through to use by seafarers, labourers and the transport sector. Hence this Project will be assisting in preventing the spread of HIV through many economic sectors.

In addition to prevention, this Project has the capacity to assist in the creation of community activities to respond to the presence of drug use at family and community level. Included in this is the potential to develop care and support interventions for those affected by HIV/AIDS. Given the imminence of widespread illness and dying due to HIV, such strategies create capacity for health systems to explore alternate family and community based home care interventions. Again, this will reduce the demand on the health and hospital system and provide more efficient and cost effective models for care and support. However, this must be understood as being beyond the main purpose of the Project and will depend upon whether such activities are chosen as part of individual RAR project designs and thus it is likely that this may, at best, be only a minor outcome of the Project.

The profile of injecting drug users across the region is that they are mainly male and young. This Project will not be focused directly on preventing people from taking drugs. Thus there is an economic aspect that is associated with this Project but beyond its influence. This concerns the expense of maintaining a drug habit. Anecdotal evidence provided to the FDS team indicated that the stigma associated with drug use caused many families to hide drug use from exposure beyond the family. This includes providing the money to support drug use and this can be a cause of impoverishment at family level.

There is evidence of increasing injecting drug use among female commercial sex workers. When these women are diagnosed with HIV it jeopardises their ability to earn a living. Countries that provide compulsory re-education for these women identify a major problem with finding alternate forms of livelihood. This Project will have the capacity to contribute to dialogue and explorations of policy that affect the ways in which sex work is understood, regulated and managed in these countries. By contributing to this dialogue from the perspective of injecting drug use and HIV vulnerability, this Project can join with those agencies that are already working with sex workers on HIV education and prevention activities.

This Project is based on a poverty analysis wherein drug users are understood to be a highly impoverished population within their communities and countries. The cause of this is their drug use, its effect upon them, and the ways in which this is perceived within their social, health and political environments. The consequence is that many drug users lead lives on the fringes or margins of their communities. They are unable to have equity of access to health, welfare and social services. Many live with a chronic health problems including drug dependence, yet this is not acknowledged as such in their societies. Instead they may be portrayed as a threat to the social and cultural cohesiveness of their societies. In some countries, they are additionally portrayed as a major threat to the political stability of the country. They live with a
high degree of monitoring by the police and security forces, and according to the laws are meant to enter compulsory re-education and detoxification centres.

With the advent of the HIV epidemic, injecting drug users are at unique risk for becoming infected and thus have a strong likelihood of dying within coming years. There are strong barriers that hinder the provision of appropriate education to inform them of the threat of HIV infection and access to safe injecting equipment to prevent infection and transmission.

Within the Project there is scope for activities that have a direct impact on this impoverished population. These occur within the assessment and RAR project design process that will identify a range of activities to actively engage with injecting drug users and the issues that affect them.

The Project has a more substantial focus on addressing indirect activities. It is designed, and intended, to have wider and more comprehensive impact on the forces that create, and maintain, the impoverishment of injecting drug users. By addressing institutional capacity building, with the engagement of policy makers in dialogue and exploration of strategies for responding to injecting drug use and HIV vulnerability, the Project will be working with some of the most powerful institutions that are responsible for determining how drug use is understood and managed within these countries.

The Project will also, through the assessment and RAR project design and implementation process, provide some opportunities for injecting drug users and their families to become engaged in RAR project design and delivery. The extent to which this will occur is beyond the direct control of this Project design. The actual nature and shape of activities that are designed during the above processes will depend upon those participating in the process. This will also depend upon the quality of the training provided to the assessment teams and the extent to which they are encouraged to include the participation of drug users and their families in the assessment and other processes. This will also depend upon the willingness of drug users to participate in the process and, in particular, upon the degree of safety and acceptance that they are given.

5.5 SOCIAL AND CULTURAL IMPACT AND GENDER IMPLICATIONS

5.5.1 Social and cultural impact

The overall need for the Project arose from an understanding that there are profound barriers affecting the capacity of particular sections of populations to be assisted in minimising the impact of the HIV epidemic upon them. These barriers are political, legal, social and cultural. The purpose of the Project is to work with those who have the greatest influence at country and regional level over the ways that these barriers can be minimised.

This Project is designed to engage with the senior government officials that are responsible for policies and programs that affect people who are injecting drugs and thus at risk of HIV infection. Hence the institutional capacity building component of the Project will devise strategies that assist these officials to understand the way in which existing barriers prevent the implementation of effective education and prevention strategies among these populations. This will require a comprehensive analysis of the combined negative impact of existing political, legal and social understandings and approaches towards injecting drug use and HIV/AIDS, both as separate entities and as inter-connected issues. A similar approach will be taken in preparing teams for the assessment and RAR project design process. A planned outcome of this process
will be changes in understanding and attitudes amongst government officials and NGO staff. This will contribute to changes in attitude and policy at differing levels throughout the countries.

A major risk concerns the participation of drug users and their families in any aspect of the Project. Given the impact of the combined political, legal and social consequences mentioned they already live with immense fear of discovery and public exposure. Whilst the Project intends to engage with them in the assessment and RAR project design process and to seek their active involvement at all levels in the execution of the this process, their unique vulnerability must be well understood. Strategies to accomplish this must commence from the inception of the Project and be clarified during negotiations with senior officials about the establishment and intention of the Project. This must be continued throughout all aspects of the development of the Project. The guiding principle should be that the wellbeing of these people should be the first and major consideration and that all Project activities should include thorough scrutiny to ensure that proper and complete protection can be guaranteed to any participation from these vulnerable groups.

There are several factors that support the capacity of the Project to have some beneficial impact on these vulnerable populations. One is the agreement of the partner Governments to participate in the Project. Their consent to exploring the ways to reduce the HIV related harm associated with injecting drug use reflects some attitudinal shift towards the management of drug using populations. This is still a complex matter as the majority of existing policy and programs are punitive. Another factor is the recognition that the HIV epidemic is a having a serious impact on these countries and that existing policies and programs are having a minimal impact on reducing its spread.

5.5.2 Gender implications

The HIV epidemic among injecting drug users in Asia appears to be changing dramatically. In its first phase, which is well established, HIV spread rapidly among injecting drug users who are almost exclusively male. However, whilst surveillance data indicates rates of over 90% are males, it does not generally provide substantial information about the female injecting population.

The second phase, which is only currently emerging, is an increase of injecting drug use among female commercial sex workers. Data about the extent and nature of this phenomenon is limited but is strongly supported by anecdote and the observations and insights coming from those who have close contact with these workers.

Thus the Project also has direct connection with the sexual transmission of HIV. The first phase of injectors have the risk of transmitting HIV to their sexual partners, the majority of whom are likely to be women. The second phase, where HIV is spreading among the female commercial sex workers who also inject drugs, presents the possibility of sexual transmission to their clients and partners, the majority of who will be men.

This has illustrated the ways in which gender is affected through the injecting and sexual behaviours of the people that are the subject of the Project. Hence, the Project will be directly concerned with intimate human relationships, be they sexual or drug taking. The Project will be creating an understanding and appreciation of the human dimension in which these activities occur and contributing this to the prevailing ways of understanding these behaviours. Core to this is the relationships between men and women. Thus the Project will develop analyses of the ways that existing cultural and social beliefs about gender affect people’s vulnerability to HIV.
ICB will involve working with government officials, particularly those responsible for police/public security and health. The vast majority of these will be men. This reflects existing attitudes and practices concerning gender in the partner countries. The issues which the Project will be exploring with these officials and encouraging them to understand in new and different ways will have gender components and analyses. They will be provided with opportunities to learn more about the HIV epidemic and injecting drug use, and links between sex work and injecting drug use. Core to this are analyses about the ways in which attitudes towards injecting and other drug users, those with and affected by HIV, and commercial sex workers affect the quality and competency of good government policy and programming. Intrinsic to this are understandings of a range of issues including: the particular vulnerability of women to HIV infection; the sexual relationships of injecting drug users; ethnographic analyses of drug use that include gender analysis; understanding of the impact of drug use on family structures and functioning; understanding of the impact of HIV infected IDUs upon family; and understanding of commercial sex work as an occupation.

The process of carrying out assessment and RAR project designs, and of implementing successful designs, will require the active involvement of a wide cross-section of the community. This will include the participation of injecting drug users and their families. During this, there is the potential for the Project to gain diverse knowledge and analysis about the ways that injecting drug use and HIV impact on individuals and their families. As this will involve both men and women in their capacity as either injecting drug users or family members it will provide much information about the ways in which gender affects their roles, experiences, responsibilities and capacities. This information will be used in the design of RAR projects that will address these issues. The information will also be used in the ongoing policy dialogue with senior officials.

The Project will specifically address children in their role as family members of drug users. In this instance, the Project will generate understandings in the same manner as just discussed concerning family members. It is uncertain if the Project will have direct contact with young children who are using drugs and/or are commercial sex workers. It does have the capacity to include them in the assessment and RAR project design component should their presence be identified.

The Project will need to recognise that by addressing injecting drug use among female commercial sex workers, there will arise a diverse range of policy issues that will need to be addressed by other agencies working on the HIV epidemic. These will include analysis of sex work as an occupational issue, issues of access to equity in health, welfare and education, and in particular the need for HIV education to prevent infection and transmission through their sexual relationships, both personal and professional. It will be necessary for the Project to establish coordination with the appropriate government, UN and NGO agencies that have the primary responsibility for working with female commercial sex workers. By participating in these broader initiatives the Project can contribute some unique understandings of the way in which gender affects vulnerability to HIV infection and to drug use.

5.6 Institutional and Governance Feasibility

5.6.1 Commitment of partner governments

The Project will strengthen the knowledge, skills and experience of the partner governments in each country to reduce the HIV related harm associated with injecting drug use. There is an indication from each partner...
government that they are interested in receiving this support. The establishment of institutional capacity building strategies at the national and provincial levels will expand and sustain this commitment.

The Project’s inception phase provides an opportunity to establish a further commitment from each government. The nature and level of this commitment will depend upon the political and policy environment at the time of this Project phase.

Government officials from public security and health sectors in China at the national and provincial level clearly articulated a commitment to pilot and assess effective activities to address HIV infection among injecting drug users. Counterpart resources will be available to further Project activities. Through this commitment, it is highly likely that the Project’s activities will be undertaken in a relatively supportive environment and will contribute to further policy development for these approaches.

In Myanmar, support for the Project comes from the CCDAC, the institution responsible for implementing policy on narcotic drugs. CCDAC clearly expressed willingness and interest to incorporate additional strategies for reducing the harm associated with drug use and HIV/AIDS into their existing programs. Consent has also been given by the Ministry of Health, which has the responsibility for the National AIDS Programme. Both of these Government Ministries function at provincial and local level. They are responsible for both policy development and the implementation of programs and services. The major constraints affecting them are a chronic shortage of funding and resources, and lack of experience in having explored alternate approaches.

In Viet Nam, responsibility for implementing policy on narcotic drugs rests with the SODC of the Ministry of Public Security. The MOLISA is responsible for the re-education centres accommodating many injecting drug users, and the National AIDS Standing Bureau in the Ministry of Health is responsible for the implementation of HIV/AIDS national planning and monitoring: it is also the Secretariat for the National AIDS Committee of which all three Ministries are members. All of these government agencies are supportive of the Project. In particular, the National AIDS Standing Bureau has been developing an interest in, and familiarity with, diverse strategies concerning drug use and HIV vulnerability over recent years. Due to the economic constraints of Viet Nam and to the government’s decisions to freeze the HIV budget for coming years to current levels Viet Nam will be constrained from contributing financially to the Project. There is also a significant background of experience gained from NGO activities with injecting drug users.

Government capacity will be further supported from regional and national level United Nations and donor agencies. In particular, UNDCP has been active in generating awareness of the benefits of working on these issues. In Burma, UNDCP has been successful in establishing partnership with the Central Committee for Drug Abuse Control whilst UNDCP in Viet Nam has just concluded a three-year program that provides valuable context setting for this Project. During the FDS visits, a number of donors expressed strong interest in this Project and said that it provided the potential for them to become more active at country level on the same topic, if not actively supporting some of the Project activities. This potential commitment could enhance government participation in the Project.

In all three countries, international NGOs have been active in establishing HIV-related activities with injecting drug users. While the extent of this varies from country to country, they can provide valuable advice to the development and implementation of the Project in each country.
5.6.2 Capacity for new ideas and programs

There is a growing, albeit limited, acknowledgment in the region that supply eradication and demand reduction do not impact on the reduction of HIV transmission among drug users. In some sectors and countries, there is a greater understanding of this. In China for example the department of Public Security in Guangxi clearly asked for training in HIV related issues to build their capacity to begin to respond to the HIV epidemic among drug users. In the concluding workshops held in both Burma and Viet Nam, participants from the full range of relevant government and NGO sectors identified current approaches as insufficient to address the HIV epidemic among injecting drug users. They expressed support for the Project as it provided them with the opportunity to investigate strategies that might be more effective and satisfactory.

However, it must be acknowledged that such strategies are new to the majority of health and police/public security officials in the region as well as the governments of these countries. Therefore, time, resources and training are incorporated into the Project’s design to encourage a shift in thinking and the processes required to build up a supportive policy environment for considering a range of approaches to reducing the impact of HIV upon injecting drug users.

5.6.3 Finance ongoing activities

The Project has a component that enhances the capacity of partner governments to attract further funding for RAR project activities. Funding proposals arising from the assessment and RAR project design process will be designed for activities at the local level. One of the roles of the Project staff is to support partner governments in their contact with donor agencies, promoting their interest and involvement in the Project. A number of donor agencies have expressed interest in expanding their involvement in the area of injecting drug use and HIV/AIDS. This Project would provide an attractive supportive environment for such donors as well as a framework within which they could locate complementary activities.

Each of the partner Governments allocates budgets for both their HIV and drugs programs. There is the potential for the Project to influence the re-allocation of some of this funding towards the type of activities that the Project would be investigating. This is enhanced by the fact that the senior officials that are the partners in the Project also have considerable influence at national level over budget allocations.

5.6.4 Long term planning

Ongoing planning activities for addressing injecting drug use and HIV/AIDS will be encouraged at all levels of the Project through national institutional capacity building, assessment and RAR project design activities and regional forums. The incentive for continual planning after the Project has ended will be provided through the expanded funding resource base, the regional mechanisms for dialogue and the development of a stronger policy environment for effective approaches. In addition, all countries involved have national action plans or strategies concerning both HIV/AIDS and drug use. In some instances they already have commitments to activities that this Project would be investigating. Regardless, it is likely that the lessons learnt from the Project will be reflected in those national documents.

5.6.5 Complementarity to current roles

The Project partners in each country are the government agencies that have prime responsibility for strategies to address injecting drug use and HIV/AIDS. They are already conducting extensive activities
in responding to the impact of the twin problems of HIV/AIDS and drug use. In some instances they are already conducting, or consenting, to activities similar to those that the Project seeks to explore further. Each of these agencies has expressed that they are experiencing difficulties in mounting a comprehensive and effective response, hence their interest in participation. Project staff will be assigned to work directly with those agencies as a method of enhancing their capacity building.

5.6.6 Negative institutional factors

The size and institutional nature of the key government institutions in each country has the potential to stall the implementation of new and innovative approaches and the development of a supportive policy environment. This is coupled with a dominant institutional culture that denies the HIV epidemic, and does not acknowledge people who use drugs or those who live with HIV/AIDS. Clear strategies are incorporated in the Project to address this. For example, institutional capacity building, the identification of key Project advocates and the development of a strong evidence base to show the necessity of implementing a range of approaches to reduce the impact of HIV from and among injecting drug users. The Project is designed to be able to respond to negative institutional factors by allowing more time if necessary to develop discrete and targeted activities to work with such constraints.

5.6.7 Impact on good governance

The Project will be concerned with supporting the development of policy that is effective and appropriate. Strategies will be used to directly link government officials with communities through the ICB and RAR training processes. At the national and regional level it will be creating opportunities that encourage debate about policy and programs. It will be working on topics that are considered national priorities and are the subject of national plans and strategies. It will be supporting the development of policies and interventions that are evidence based and are grounded in appraisal of their effectiveness amongst the communities concerned.

5.7 ENVIRONMENTAL IMPACT

The major environmental impact involved in HIV prevention among IDUs is that of disposal of used needles and syringes. In developing such programs or in areas where needles and syringes are relatively freely available it is equally, or more important, to remove used needles and syringes from circulation, as it is to provide sterile equipment. There are currently problems with inappropriate disposal of used equipment, partly at least because possession of needles and syringes can cause harassment or indictment of drug users.

Proper disposal of used needles and syringes should be an integral part of any training carried out under this Project. When RAR projects are being designed, disposal issues should always be centrally considered; in many cases, activities to enhance proper disposal and to remove improperly discarded needles and syringes should be among the first activities of new RAR projects at street level.

Inappropriate disposal of needles raises the following concerns:
• community members, especially children are exposed to the risk of viral transmission from equipment thrown in the street;
• it provides ‘evidence’ of the untoward impact of needle exchange programs and thereby endangers moves to establish needle syringe provision; and
• inappropriately disposed-of equipment is often retrieved and re-enters circulation both in the illicit drug use setting and in the clinical/hospital setting.

This often provides an excellent starting point for community-based injecting drug use and HIV/AIDS programs, by emphasising their role in proper disposal of such equipment and therefore the diminution of community risk.

The key environmental issues of the final destruction and disposal of used needles and syringes remain. Landfill solutions, even where needles and syringes have been compacted or otherwise rendered useless so they cannot be collected and reused, are environmentally damaging and unavailable in much of Asia where land is at a premium. High temperature incineration is the preferred method, as the only environmentally friendly method devised for the destruction of plastic wastes. However, incineration must be at a sufficiently high temperature to ensure that complete combustion does not result in production of dioxins and other toxic wastes. Such incinerators are generally not available in Asia. Low temperature incineration effectively removes the needle and syringe from circulation, but produces a major environmental hazard.

For RAR projects involving the distribution and disposal of small numbers of syringes and needles these issues are not major barriers. However, if such interventions are to have a significant impact on the HIV epidemic they will need to be scaled up by one or even two orders of magnitude. Should this desirable goal be achieved, the problem posed by destruction of millions of used needles and syringes will be insurmountable unless planning begins now.

This is a problem common to many HIV/IDU programs and health care systems, particularly immunisation programs and in hospitals. These health institutions have been investigating solutions to the problem for a long time. It would be sensible and beneficial for other reasons, for RAR projects involved in distribution and disposal of needles and syringes to work with health institutions, around the supply, handling and disposal of injecting equipment.

5.8 FACTORS IN THE DESIGN TO PROMOTE SUSTAINABILITY

5.8.1 Key design elements

In framing the Asia Regional HIV/AIDS Project design, key factors, which promote sustainability, include:

Prioritisation of capacity building activities: Throughout each component, the Project channels resources into encouraging dialogue of the policy and program context around HIV/AIDS among injecting drug users. The process involves working both separately and collaboratively with senior and field level health and police/public security officials to raise their knowledge of how the epidemic is spread, the impact of existing programs and policies on preventing the spread of HIV, the principles of reducing the risks of drug using, and analysing the positive role they can play in reducing HIV transmission from and between IDUs. The techniques utilised to encourage this dialogue include training programs, interactive RAR project development through the RAR process and workshops. The intent behind building the awareness and capacity of senior level health and public security officials through this Project is to develop an enabling policy and program environment for future government and non-government programs to
develop effective interventions. All countries currently prioritise HIV/AIDS as a development issue and China has explicitly stated in its five-year HIV/AIDS action plan that working with injecting drug users is a key focus. In essence, the Project is working to build on these commitments. The intent behind building awareness and capacity among field level officers is to have a direct impact on perceptions and therefore permissible interventions within the injecting drug using community (particularly those that are HIV positive). Through capacity building activities the Project can raise the awareness of more effective strategies for reducing the spread of HIV in the target countries.

Utilising established structures as forums for capacity building at the regional level. The Project will work cooperatively with UNDCP, ASEAN, SEAPICT, ESCAP and existing regular international and regional HIV/AIDS and Drugs conferences. Not only do these mechanisms provide the Project countries with the opportunity to share experience, they provide the opportunity to bring regional drug use and HIV vulnerability activities to the attention of other participating countries. The Project will be actively working to raise the profile of the topic at these international and regional forums through requesting agenda items, conference papers and symposia, sharing their experiences, and informal networking.

Engaging the right agencies. At the national level the Project will also work within existing government and institutional structures. Support will be sought from both Health and Police/public security Ministries. Common to all participating countries, it is recognised that the police/public security sector has a comparatively higher status, and therefore larger budget, within the public service than Health. By funding staff to work directly with Ministries of Police/public security, the Project is strategically placed to encourage a shift in the perceived role of police/public security institutions in HIV prevention in each nation.

Collaborative identification of problems and solutions. The assessment and RAR project design approach requires participants to jointly identify the HIV/AIDS and drug use situation in a specified area, the programs that currently exist, the various approaches to addressing this problem, and most importantly jointly identify effective interventions to address the problems and the respective roles of health personnel, police, community based organisations and communities in these interventions. This process is designed to produce ownership of the identified interventions and therefore develop advocates for RAR project implementation. The presence of advocates within varying departments with an appreciation of how to work together with other key stakeholders and how to develop proposals for funding these RAR projects greatly increases the likelihood of support for effective interventions that address HIV/AIDS and injecting drug use in the future.

Building on the success of existing programs. Whilst there is some conservatism within public security agencies and the community at large about the relative merits of some activities intended to reduce the vulnerability of drug users to HIV, there are a number of advocates for this approach among community organisations, NGOs and the health sector. This Project is designed to build on the success of a small number of programs that already exist and also to complement the activities of other donors. There has been a shift within the donor community to consider HIV prevention activities among and from injecting drug users. Whilst this Project must be realistic about the level of support that can be expected for RAR projects developed during the Project, growing donor interest in the area suggests some level of support in the future is highly likely.

Monitoring and Evaluation The Project will institute a sound monitoring and evaluation framework around all of its activities. The lessons learned from these activities will be provided to counterparts for consideration in future programs.
5.8.2 Potential impediments to sustainability

Whilst every effort has been made in the Project design to ensure the sustainable outcomes, two potential impediments to sustainability must be acknowledged.

Firstly there is a deeply imbedded culture around the status and perception of both injecting drug users and HIV positive people. They are commonly considered “mistakes of socialisation” and “perpetrators of social evil” and therefore there is a culture of fear is associated with anything related to these people. There is also a general lack of awareness about drug dependence as a health problem, and about the need to provide care and assistance to drug dependent people. It needs to be acknowledged that a four-year Project with a limited budget can go some way to raising awareness of the problem and laying the groundwork for developing effective interventions to manage the problem in a select few areas. A realistic expectation is that the Project will create advocates at regional, national and local levels for effective approaches to addressing the spread of HIV among and from injecting drug users.

Secondly, whilst the design team has received indications that donors could be interested in funding RAR projects that arise during the Project, the level of funding expected must be considered within the context of a historical reluctance to initiate and fund such activities. The design team received clear indications that many senior members of governments are aware of the danger of a highly prevalent epidemic among injecting drug users and despite strong (and often successful) programs in supply reduction, there is an acknowledgement that this has had limited success in stemming the spread of the HIV, and there is now a willingness to look at alternative methods. Despite this, there is still a reticence on the part of many donors to fund interventions addressing HIV/AIDS among injecting drug users. This Project will be a test case. A realistic expectation is that some of the RAR projects will receive funding from outside donors, but the capacity for this process to scale up depends on a shift both within government to see these interventions as a priority and therefore for donor communities to feel safe in supporting such interventions in the future.

5.8.3 Definition of sustainability

A sufficient number of advocates with a good understanding of effective approaches to HIV/AIDS and injecting drug use will have been created by the Project to support the proliferation of these activities within the target countries.