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World Health Organization

ADVOCACY STRATEGY

Removing Barriers to Scale-up of HIV/AIDS Prevention and Care Programmes for Injecting Drug Users and Oral Opioid Users in South Asia

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Preface

As outlined in the "Consensus Statement of the Reference Group to the United Nations on HIV and Injecting Drug Use (2010)" an effective and evidence-based response to HIV among people who use drugs is required to control the rapid spread of HIV among drug-using populations and to prevent transmission through unprotected sexual contact with non-drug using partners. This should involve a combination of approaches, should be supported by appropriate policy and legislation, and be protective of human rights.

HIV/AIDS among injecting drug users remains a neglected issue. It is estimated that on an average globally, fewer than two clean needles are provided per month per person who injects drugs and there are about eight people in opioid substitution treatment for every 100 people who inject drugs. According to WHO, UNODC and UNAIDS target-setting guidelines, the availability of fewer than 100 syringes per person who injects drugs per year is considered low.

In South Asia, injecting drug use (opioids and pharmaceuticals) and HIV associated with injecting drug users (IDUs), has diffused rapidly throughout the region. Further, the sexual transmission of HIV from the IDUs to their non-injecting sex partners has been established. Prevention, treatment and care services remain extremely limited or unavailable in most or are not tailored to the specific needs. Supplementary strategic efforts such as developing advocacy strategies and implementing them to address the barriers that impede the access to and scale up of comprehensive package of services for HIV prevention, treatment and care among Injecting Drug Users and their sex partners is key to an effective HIV response.

Recognizing this, UNODC Regional Office for South Asia together with UNAIDS Regional Support Team for Asia and the Pacific and WHO South East Asia Regional Office worked on this advocacy strategy. The strategy was developed following a series of national and regional consultations involving line ministries/departments from the government, civil society organisations and members of the drug using communities who have all contributed actively towards the development of this document.

This document also includes an implementation plan (with costing) for national counterparts and key stakeholders in the region to be able to make judicious use of the document. We have made conscious efforts to ensure that the advocacy methods/actions described here could be used, after such an adaptation, at the community, district and national levels, and even in the inter-country context, such as the regional level in the South Asian.

In conclusion, we hope that this strategy will help development partners in augmenting the existing efforts by starting, maintaining and increasing specific activities to a scale where they will effectively prevent HIV transmission among IDUs and assist in the treatment, care and support of IDUs living with HIV/AIDS.

Cristina Albertin

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Representative
UNODC, South Asia

Acknowledgement

This document was prepared as part of the Joint UN South Asia project "Prevention of transmission of HIV among drug users in SAARC Countries (RAS/H-13)".

HIV/AIDS among IDUs remains a neglected issue. Although policy-makers, programme planners at the community and national levels and international donors have paid increasing attention to HIV/AIDS in recent years, the specific epidemics of HIV/AIDS among IDUs and the response needed have attracted much less attention and funding. A significant proportion of these can be attributed to the barriers that impede the access to and scale up of comprehensive package of services for HIV prevention, treatment and care among Injecting Drug Users and their sex partners.

Recognising this, UNODC along with UNAIDS and WHO regional offices responsible for South Asia have worked towards the development of this advocacy strategy which aims at removing the barriers that impede the access to and scale up of comprehensive package of services for HIV prevention, treatment and care among Injecting Drug Users and their sex partners.

We would like to thank Dr. Barbara Franklin, the regional consultant (also national consultant for Maldives) who led the team of national consultants and helped in consolidating and finalising the national strategies. A special thanks to Ms. Tracey Newbury (UNAIDS regional support team) for initiating and conceptualising and initiating the process of development of this advocacy strategy.

UNODC would like to acknowledge the work of the expert consultants who have worked with the various national stakeholders and developed the national strategies for their respective countries:

- Bangladesh - Mr. Sheikh Abdus Salam;
- Bhutan- Dr. Chencho Dorji;
- India - Dr. Suresh Kumar;
- Nepal -Mr. Mahesh Sharma & Mr. Bijay Limbu;
- Pakistan -Ms. Reem Ali Khan, and
- Sri Lanka -Mr. Pubudu Sumanasekara.

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- Bangladesh-National HIV/AIDS Programme, Directorate General of Health Services, Ministry of Health and Family Welfare & Department of Narcotics Control, Ministry of Home Affairs, Government of Bangladesh;
- Bhutan-National AIDS Control Program, Ministry of Health and Education and Bhutan Narcotics Control Agency, Bhutan Narcotics Control Board, Ministry of Home, Royal Government of Bhutan;
- India- National AIDS Control Organisation, Ministry of Health and National Institute of Social Defence, Ministry of Social Justice and Empowerment, Government of India;

- Maldives- Department of Public Health and Department of Medical Services, Ministry of Health, Government of Maldives;
- Nepal-Department of Health, National Centre of AIDS and STD Control and Drug Control Programme, Ministry of Home, Government of Nepal;
- Pakistan-National AIDS Control Programme, Ministry of Health and Anti Narcotics Force, Ministry of Narcotics Control, Government of Pakistan; and
- Sri Lanka-National STD/AIDS Control Programme, Ministry of Health, and National Dangerous Drugs Control Board, Ministry of Home Affairs, Government of Sri Lanka.

This document draws from the experiences of the civil society networks and also aims at addressing the day-to-day challenges civil society faces in service delivery. We therefore would like to extend our sincere thanks to Mr. Dean Lewis from the Asian network of people who use drugs (ANPUD) who has contributed during the drafting and review of this document. We are grateful also to Professor Nick Crofts for his expert inputs on harm reduction in developing the regional strategy.

Development and publication of this advocacy initiative has been supported by the Australian Agency for International Development (AusAID) through its support of the joint United Nations response to HIV/AIDS among injecting drug users.

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Executive Summary

Background

Globally there are an estimated 15.9 million people who inject drugs in at-least 148 countries. There are many countries where HIV prevalence among people who inject drugs is more than general population or other at-risk populations. Prevalence of hepatitis C virus is even higher than that of HIV. These global trends are also reflected in South Asian region.

The South Asian region is situated between the illicit opiate producing countries/regions in the world which has increased the availability, and consequently use of illicit opiates in South Asia. Not surprisingly, majority of the treatment seekers in the region had sought treatment due to problems associated with opioid use (world drug report, 2010). There are four countries in the region (Bangladesh, India, Nepal and Pakistan) where the phenomenon of injecting drug use is well established with increased HIV prevalence among injecting drug users (IDUs) in some of the countries. There are increasing number of reports on the presence of injecting drug use in Maldives, though HIV prevalence is not high in this group. The remaining two countries – Sri Lanka and Bhutan have documented presence of IDUs; though the numbers are not huge. However, all these countries have a high number of oral opioid users, and transition from oral to injecting route is known to occur at a faster rate.

To prevent HIV among IDUs, a range of services are required, and a comprehensive package of services for IDUs has been endorsed world over. Of these, Needle Syringe Programmes (NSP) and Opioid Substitution Therapy (OST) are the two most essential services for HIV prevention. Three countries in the region have both NSP and OST (Bangladesh, India and Nepal), while only NSP is available in Pakistan, and only OST is available in Maldives. Sri Lanka and Bhutan do not have either NSP or OST. The quality or adequacy of coverage with these two services are also an issue in majority of the countries.

Advocacy with relevant stakeholders helps to ensure that comprehensive package of services are available in each country. In conformity of this principle, advocacy has been one of the main component of the project "Prevention of transmission of HIV among Drug Users in SAARC Countries, (H13)" with the stated goal to influence decision makers and community leaders to accept pragmatic and evidence-based approaches to the dual epidemic of IDU and HIV infection.

Methodology

A key activity of the project was to prepare advocacy strategies for each country on providing comprehensive services to the Drug Users/Injecting Drug Users and their sex partners. These advocacy strategies for the South Asia region and its seven nations envisage the specific changes in law, policy and institutions needed to make it possible to provide a comprehensive package of HR services to IDUs, DUs and their partners, in order to protect them and their communities from the spread of HIV. The strategies were developed by teams of national and international specialists in

collaboration with many stakeholders, and following a systematic advocacy development process, including specific goals and objectives, target audiences, and actions to be taken.

These national level advocacy strategies were finally compiled and analysed to understand common themes which are seen in the South Asian region. Additionally, some issues which required regional resources or support at the regional level were identified for the regional advocacy strategy. This Regional Advocacy Strategy complements and supports the national strategies to build a regional climate of support for interventions that may be perceived as sensitive on the national level. Finally, to bring the advocacy strategies to life and give a realistic estimate of the cost of advocacy, one-year costed workplans were also produced by the national advocacy consultants.

Findings

The National Advocacy Strategies reflect a range of needs and concerns, often related to the stage of the HIV epidemic in that county. While each national strategy addresses the specific concerns of that country, there were certain themes that were found to commonly recur in most countries. Countries throughout the region are concerned about the stigma and discrimination against DUs, IDUs' and PLHIV and voiced the need to increase respect for their rights and support for their needs. Arranging them, the following issues have emerged as key themes at regional level:

- Lack of harmonised drug and HIV policy in the country (4/7 countries)
- Inadequate coverage of services for IDUs and their sex partners with/or poor quality of interventions (4/7 countries)
- Lack of co-ordination among various stakeholders/agencies dealing with drug use issues (4/7 countries)
- Stigma and discrimination against IDUs/DUs (5/7)

These themes have also emerged as the key issues, which was prepared by the regional consultants in discussion with the UNODC project team.

Countries with high sero-prevalence among IDU's, such as Nepal, Pakistan and India tend to focus on scaling up services, enhancing the participation of IDUs and DUs in programs concerning them, and expanding programs to protect the rights of women DUs and IDUs and female sex partners of male drug users. Some national strategies, for example those of Bangladesh and Nepal, seek to strengthen national leadership by forming or revitalizing national coordinating bodies responsible for drug control or HIV and AIDS programs.

Countries without a full package of services plan to advocate for the missing interventions that would complete a comprehensive package – OST in Pakistan (and Bangladesh, where pilot OST has been initiated at this point of time), for example.

Countries where the incidence of IDU is very low have different advocacy needs. Bhutan's strategy aims at increasing recognition of IDUs as a group of risk. In Sri Lanka, with few IDUs, and in Maldives, with many IDUs but extremely low HIV prevalence, a strategic concern is to promote non-punitive, non-discriminatory laws and policies that give DUs access to treatment which would aid in further progression to injecting drug use.

Each national advocacy strategy outlines the key issue and then provides details of the issue in terms of the key messages, target audience, advocacy partners, steps to be taken for conducting advocacy, and challenges and opportunities for conducting advocacy for the particular issue. Finally a costed workplan is provided for carrying out the said activity for that particular country.

The table below provides a list of the key issues that were perceived as very important at each country during the development of national strategy.

Theme	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
1. **Lack of Co-ordination between various stakeholders/ agencies dealing with drug related issues**	Lack of institutional coordination in organisations relevant to harm reduction		Lack of integration of data between different Ministries and agencies involved in drugs	Lack of coordination among stakeholders at national level		Lack of cooperation between implementing partners and law enforcement agencies	
2. **Inadequate coverage of services for IDUs and their sex partners with/or poor quality of interventions/ services offered**	Inadequate coverage and absence of comprehensive services for IDUs/ DUs and their sex partners		Coverage with comprehensive interventions for IDUs and their regular sexual partners is inadequate and 'quality' interventions to scale is an urgent priority	Services for IDUs and HIV are focused in Male and Addu, but the drug using population is dispersed over 200 islands		Inadequate coverage and quality of services offered to IDUs The range of services offered to IDUs does not include Oral Substitution Treatment (OST)	
3. **Stigma and discrimination against IDUs/ DUs**	High degree of stigma and discrimination towards drug users and their sex partners in society	Prevalence of stigma and discrimination against DUs			Discriminatory practices of service providers and society (towards IDUs)	Discrimination and stigma surrounding the issue of HIV/ AIDS and IDU	Drug users are treated as ordinary criminals by law enforcement officers
4. **Lack of harmonised drug use/HIV policy**		Lack of harmony and clear understanding among various stakeholders with regard to provisions of laws and regulations on DUs and HIV prevention	There is lack of harmonised drug use and HIV policy for the country	The drug law is inappropriate for HIV prevention and is currently being amended	Ambiguous laws related to Narcotic Drugs		

Theme	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
5. Participation of drug users	insufficient participation of drug users at different levels		Drug user participation at all is to be guaranteed to enhance the effectiveness of HIV prevention programming for IDUs				
6. Lack of data		Lack of epidemiological data and information on DUs and their SP		Lack of survey on drug abuse to allow evidence-based responses			
7. Others		DU and their Sex Partners (SPs) not recognised as an important group for HIV prevention Lack of skilled professionals for drug treatment and rehabilitation No treatment, rehabilitation and support services for DUs and their Sexual Partners	Majority of HIV positive IDUs are not on ART and access to hepatitis diagnostics and treatment is limited	Policymakers are not convinced of the value of Harm Reduction as an HIV prevention approach	Strengthen high level leadership and political commitment; Social integration of Drug Users Women IDU/DUs and Human Rights No long term funding and sustainability	Inadequate outreach to and services for the spouses and families of IDUs	Prevent current drug users shifting to intravenous drug use Treatment and rehabilitation centres do not follow evidence-based methods, do not follow minimum standards and lack of essential services

Introduction

Why Advocacy?

There is no need to ask how we can stop the spread of HIV among injecting drug users. It has been crystal clear for some time what needs to be done to prevent the spread of HIV among IDUs and their partners, and on to the larger population. Successful models have been developed and implemented, and considerable evidence has been gathered to document their success. Nevertheless, these proven, life-saving interventions are not in place, or have not yet been brought to scale, in any country in Asia.

The reasons for this are equally clear: While intelligent leaders throughout the region recognise the value of these evidence-based prevention strategies for IDUs, they commonly face great difficulties in defending them to politically conservative colleagues and constituencies. Stigma and discrimination against IDUs interfere with wise policy responses. Working with these hidden, hard-to-reach populations, although cost-effective, also does not come cheap, and it is not always easy to assert the importance of this work among competing HIV-related priorities.

The Project and its Advocacy Component

Since 2003, UNODC's Regional Office for South Asia has supported and led the regional Project "Prevention of transmission of HIV among Drug Users in SAARC Countries (RAS/H-13)" implemented in partnership with governments and civil society organisations in the seven South Asian countries (Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka). This project aims to achieve 100% coverage of IDUs with a comprehensive package of services for drug users and their sex partners, through rapid situation and response assessments (RSRA), peer-led interventions (PLI), safer injecting and sexual practices, low cost community-based care and support (LCCS), opioid substitution therapy (OST) and needle and syringe exchange programs in some countries.

Early on, the project (RAS/H-13) realised that advocacy was needed in every country if these evidence-based program responses are to be accepted and implemented. As a result, an advocacy component is included as an essential part of the project. Its stated goal is to influence decision makers and community leaders to accept pragmatic and evidence-based approaches to the dual problem of IDU and HIV infection. Its focus is on removing barriers to scale-up prevention and care programs for IDUs/DUs through advocacy and demonstration. Once the programmatic barriers are removed and service provider capacity is enhanced, the project will support national authorities to seek additional funding to implement the national plans for scaling-up.

To bring the advocacy component to life, the project (RAS/H-13) has supported the development of National Advocacy Strategies in the seven South Asian countries. These strategies include costed workplans for one year, essential for estimating realistic budgetary requirements for the advocacy effort.

A Targeted Advocacy Approach

In the project (RAS/H-13), advocacy is seen as a special form of communication aiming to bring about needed changes in policy, law, structures of institutions, or social and cultural environments, so that evidence based programs can be implemented. This targeted form of advocacy focuses on individuals and groups that can bring about those changes, avoiding the "soft" concept of advocacy as merely raising awareness of a problem or calling attention to possible solutions. Since targeted advocacy is defined as communication for change with specific goals, the advocacy strategy development needed to follow a rigorous, systematic process, starting by asking some pointed questions. For example:

- What are the legal, policy and institutional barriers to the implementation of good HIV programs for IDUs in this country?
- Who are the individuals or groups with the power to change these laws, policies or institutions?
- What barriers do they face in making that change?
- What might motivate them?
- What form of communication is needed to persuade them to take action?
- What channels can reach them with greatest effect?
- What opportunities for advocacy already exist? Which need to be organised?
- What steps need to be taken to organize that communication and who will take them?
- What additional resources will be needed?

The National Advocacy Strategy Development Process

Advocacy Strategy development began with collaboration of all the project partners and the Technical Advisory Group. Seven National Advocacy Consultants (National Advocacy Focal Points) were chosen to work in collaboration with local mentor agencies to develop the seven national advocacy strategies. A Regional Advocacy Advisor was appointed to oversee the process, develop a format for targeted advocacy that all countries could use, train national consultants in its use, and support them as needed during development of the national strategies.

In February 2009, a Regional Advocacy Planning Meeting in Kathmandu brought together the Regional Advocacy Advisor and National Advocacy Consultants, the project staff of UNODC ROSA and other representatives from UNODC, WHO and UNAIDS. At this meeting, participants agreed on and finalised the advocacy format all would use, clarified their concerns, and organised an on-going support network. The consultants agreed to limit the number of advocacy issues each country would address in its strategy to six and to carry out a participatory strategy development process in each country with inputs from government, mentor agencies, and civil society, especially IDU and DUs networks. Costed workplans for one year were to be included to kick-start the advocacy process.

By June 2009, early drafts of the national advocacy strategies were ready, and the same team gathered at a second Regional Advocacy Planning Meeting in New Delhi, India, to share their work. To enhance the discussion and act as a reality check, representatives of IDU and DUs groups from the seven countries were also invited to join the workshop. The workshop participants scrutinised the seven national strategies and costed workplans and offered mutual feedback and suggestions.

Regional Advocacy Strategy

At the New Delhi meeting, participants were in agreement that for some advocacy issues, national level attention would not be enough. Some issues required regional resources or support at the

regional level. The decision was taken to proceed with the idea of developing a Regional Advocacy Strategy. During the following three months, while the National Consultants polished their advocacy strategies and finalised their costed work plans, a virtual team composed of the Regional Advocacy Advisor, a Harm Reduction Specialist, (RAS/H-13) staff and others worked on the development of a Regional Advocacy Strategy, with active support from the TAG and other partners.

The Regional Advocacy Strategy followed the same format as the national advocacy strategies. It does not aim to duplicate issues raised in national strategies; instead, its goals are to complement the national strategies by:

- Maximising opportunities to share information and experiences across the region
- Developing a supportive regional environment for issues that are seen as sensitive in national contexts
- Sponsoring regional level research, and/or collecting and organizing research on IDUs and HIV in an easily accessible form for all countries in the region to use
- Offering economies of scale in developing curricula, advocacy kits and

The Regional Advocacy Strategy was presented in draft form to the Regional Project Steering Committee (PSC) at their meeting in Colombo, Sri Lanka, on September 25-26, 2009. The PSC gave its approval to the concept of a Regional Advocacy Strategy, agreed on the importance of the five issues addressed in the regional strategy and offered additional suggestions for issues to be considered.

Bangladesh

National Advocacy Consultant

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National HIV/AIDS Programme, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh

National Focal Agency – Drug treatment

Department of Narcotics Control, Ministry of Home Affairs, Government of Bangladesh

ISSUE 1: Inadequate coverage and absence of comprehensive services for IDU/DUs and their sex partners
Advocacy Goal Comprehensive package of services for IDU/DUs and their sex partners be established/introduced and ensured.
Advocacy Objectives ▪ Introducing OST and expansion & standardisation of intervention to ensure quality ▪ Developing comprehensive interventions for IDU/DUs and their sex partners (male/female) ▪ Interventions for new injectors and non-injecting opioid users, with a potential for transition to injecting ▪ Evidence based intervention for drug users in prisons ▪ Support for interventions targeting regular sex partners of drug users and drug users in newly identified geographical locations ▪ Building capacity of governments, civil society and health workers to scale up comprehensive interventions.
Key Advocacy Messages ▪ HIV epidemic amongst drug users is heterogeneous, requiring comprehensive interventions ▪ OST is the most effective means of evidence based treatment for IDUs and it is not contradictory to Demand Reduction ▪ If a drug user is given appropriate evidence based treatment therapies followed by proper rehabilitation, in many cases he recovers from drug dependence, regains self-esteem and comes back to normal life in the society ▪ Preventing transition from non-injecting to injecting is essential and it is essential to target all opioid users ▪ Sexual transmission of HIV from and amongst the injecting drug users and their sex partners is preventable ▪ A comprehensive intervention and an effective capacity system is critical for sustainable HIV control response.

Target Audiences

- Minister and High Officials of the Ministry of Health and Family Welfare, Ministry of Home Affairs, Ministry of Finance & Ministry of Social Welfare
- Director General and other relevant high officials of Directorate General of Health Services, Dept. of Narcotics Control; high officials of National AIDS and STD Programme (NASP)
- Officials of the Department of Prison
- Relevant officials at district level (D.C., S.P., Officials of DNC, Civil Surgeons etc.)
- NGOs/CBOs working with Drug Users
- Service providers of the Government and private drug treatment centres
- External Development Partners
- Drug users networks
- Civil society representatives.

Advocacy Partners

(a) Key Partners/Lead Agency

- Ministry of Health and Family Welfare
- Ministry of Home Affairs
- Directorate General of Health Services
- Department of Narcotics Control
- National AIDS/STD Programme (NASP)
- Department of Prison
- NGOs working with HIV and Drug Use (e.g. CARE Bangladesh, Padakhep etc.)
- UN organisations (UNODC, ROSA, WHO, UNAIDS etc).

(b) Other Partners

- External Development Partners (e.g. GFATM, USAID, GTZ etc.)
- Civil Society Networks and service providers
- Media
- International Organisations working in this sector [e.g. S.C. (USA), CARE Bangladesh, etc.].

Opportunities of Advocacy

- The Government of Bangladesh is well sensitised and positive about the issues of Drug and HIV
- Government of Bangladesh has decided to introduce Oral Drug Substitution for IDUs
- Prevention programme has already been highlighted in the National policy on HIV/AIDS, National Strategic Plan for HIV/AIDS (2004–2010), National HIV and AIDS Communication Strategy (2005–2010) and National Harm Reduction Strategy for Drug Use and HIV (2004–2010) etc.

Steps to be Taken/Activity

- Develop a core package of interventions for injecting drug users
- Networking with CBOs of Drug Users and Former Drug Users, Other relevant MARPs, Civil Society and Human Rights Organisations to advocate with NAC for advising the government for addressing the issue with due importance
- Seek more funding and human resources support for comprehensive interventions for injecting drug users and their regular sex partners through civil society networks, media, civil society actors and other pressure groups
- MoHFW approaches the Ministry of Finance with budget proposal for necessary financial allocation.
- MoHFW and NGOs pursue the EDPs with project proposal for financial and technical assistance for comprehensive service coverage
- DGHS and DNC strengthen partnership with NGOs and private sector to deliver quality services.
- Execute appropriate campaign in the print and electronic media for the issue.

Challenges

- Frequent change/transfer at policy level
- Insufficient funding and lack of proper human resources for scaling-up comprehensive interventions
- Traditional attitude & discrimination towards drug users from society & policy makers.

Indicators

- Core package of intervention for comprehensive services developed
- Sufficient fund for drug users' interventions allocated and mobilised
- NAC put importance to Harm Reduction Programme in proper perspective
- Sufficient fund for drug users' interventions allocated and mobilised for introduction and scaling up of OST for IDUs
- Fund for drug users' interventions allocated and mobilised
- Financial/technical support from EDPs for comprehensive service package provided
- NGOs and private sector coming up and providing quality service
- Media coverage is visible and frequent.

Advocacy Resources

Resources Available

- National Harm Reduction Strategy for Drug use and HIV (2004-2010) are already there in Bangladesh
- National and international organisation like ICDDR'B, Save the Children (USA), Care Bangladesh, Padakhep, Ashar Alo Society, CREA, DAM and few peer support groups of PLHIV, CBOs of current and recovered drug users etc. have been working with national and international financial support
- EDPs have been providing valuable support on the issue
- Though very limited but there are existing facilities in the public as well as private sector for treatment and rehabilitation of PLHIV and IDUs.

Resources Needed

- Increased funding
- Technical assistance.

Role of UNODC, UN Joint Team, Mentor Agency

- Programme Support and Technical Assistance
- Logistics and Coordination
- Exposure visit (cross national).

Timeline

2009–2012.

ISSUE 2: There is insufficient participation of drug users at different levels (i.e., policy dialogue, programme design, implementation and evaluation etc.) to optimize the effectiveness of prevention programmes for IDUs and their sex partners

Advocacy Goal

- Real and effective participation of drug users be promoted & ensured at all levels of HIV/drug use related concerns (i.e, policy development, development of comprehensive interventions for IDUs, implementation and evaluation of interventions for IDUs and their regular sexual partners).

Advocacy Objectives

- Develop understanding among policy makers of the importance of the role of drug users and their sex partners in formulating, implementing and evaluating TSF/TA/MV/06/2009/CSA 1329 HIV prevention programmes.
- Develop methods for greater involvement of community in policy and programme responses – e.g. committee membership, peer involvement in programmes
- Develop supportive and accepting atmosphere to ensure appropriate treatment services for drug users and their regular sex partners at all levels of service delivery.

Key Advocacy Messages

- Drug users are best able to know what approaches and interventions will work in their own community
- Drug users can reach out to hidden and risk bearing populations and improve the effectiveness of HIV prevention and harm reduction service
- Based on the principle of 'nothing for us without us – the drug users involvement at all HIV/drug use programmes is essential.

Target Audiences

- Policy makers (MoHFW, MoHA, DGHS, DNC, NASP).

Advocacy Partners

(a) Key Partners/Lead Agency

- CBOs of drug users (current & former)
- Peer support group of PLHIV/ILWHA (Injecting drug user living with HIV/AIDS)
- DGHS, DNC, NASP
- UN Agencies (UNODC, ROSA, WHO, UNAIDS)
- Civil society and service providers.

(b) Other Partners

- Human Rights organisations
- Media.

Opportunities of Advocacy

- Existence of CBOs of Drug Users and PLHIV
- Recognition of the importance of Drug Users' participation in the national policy on HIV/AIDS
- Existence of programmatic linkage, although limited with the CBOs of Drug Users and PLHIV.

Steps to be Taken/Activity

- National level advocacy/workshop to discuss the important principle of "Nothing for us without us" involving the CBOs of Drug Users, PLHIV/ILWHA, policy makers and civil society actors and media
- Training and support for drug user organisations and representatives – connection with regional and international drug user organisations, study tours, technical consultancies, conference attendance etc.
- Individual and group level consultation with policy makers and key players of the MoHFW, MoHA, NAC, DGHS, DNC, NASP, drug user representatives at all levels for designing, development and implementation of national and district level HIV prevention programme for drug users
- Training and sensitisation of police at local levels to ensure integration of drug users into community service delivery.

Challenges

- Some laws and acts criminalise drug use and drug users
- Police attitudes and practices
- Negative attitude of society towards drug users.

Indicators

- National level advocacy/workshop conducted
- Drug users representatives included and involved in various forums/working groups to develop policy, strategy, programme design, implementation and evaluation at community, district and national level forums for implementation of drug use related projects
- Individual and group consultation with policy makers and key players including drug users representatives done
- Police held a deferent attitude at local level and IDU/DUs integration/presence to community level service delivery is visible.

Advocacy Resources

Resources Available

- CBOs of drug users & PLHIV and MARPs
- NGOs working in the field.

International drug user organisations – advocacy materials, organising experience etc.

Resources Needed

- Increased necessary funding
- Involvement of drug users with their own supported organisations.

Role of UNODC, UN Joint Team, Mentor Agency

- Technical assistance
- Fund mobilisation
- Facilitate cross national learning.

Timeline

2009–2011.

ISSUE 3: There exists high degree of stigma and discrimination towards drug users and their sex partners in society – their human rights are often violated, especially in relation to health. This prevents an enabling environment for effective programmes for HIV prevention, treatment, care and support for HIV among and from IDU/DU

Advocacy Goal

Promote and ensure human, health & social rights of drug users and their sex partners and reduce stigma and discrimination across all levels of society (family, community, service provision, etc.) to protect their rights and create an enabling environment for good programs for IDU/DU and HIV.

Advocacy Objectives

- Develop awareness and enhance commitment among policy makers for protecting human, health & social rights of drug users and their sex partners
- Create social awareness against stigma, discrimination and criminalisation towards drug users specially IDUs and their sex partners
- Establish and strengthen community support mechanisms for providing health, social, legal, economic and human rights for drug users and their sex partners
- Promote community based support groups and form paralegal committees with necessary training/ orientation for addressing the grievances of drug users and their sex partners in respect of health, social, legal, economic and human rights
- Enhance awareness of law enforcement and local government authorities and the communities about the health, social, legal, economic and human rights of the drug users and their sex partners.

Key Advocacy Messages

- If stigma and discrimination are imposed on Drug users and their partners, and their health, social and human rights are ignored, there will not be an enabling environment for prevention, care and treatment of HIV and the drug problem. This puts them and the society in general at risk
- Drug users and their sex partners are human beings in need of care and treatment, not criminals. Their health & social and human rights must be protected
- Drug use related harms such HIV/AIDS and viral hepatitis are not individual problems but problems for the society at large.

Target Audiences

- MoHA, MoHFW, Ministry of Social Welfare, Ministry of Religious Affairs, Ministry of Local Government, Ministry of Law, Justice and Parliamentary Affairs
- Members of HIV/AIDS Parliamentary Forum
- Members of Law Enforcement (especially operational police in the community) and Local Government Authorities.
- Lawyers' Forums
- Human Rights Commission
- Local Social Leaders (Teachers, Community Leaders, Religious Leaders including Imams of Mosques, Local Clubs, Political Leaders etc.)
- Family Members
- CBOs/Networks of current and recovering drug users and PLHIV/ILWHA
- Media and Human Rights movement groups.

Advocacy Partners

(a) Key Partners/Lead Agency

- Ministry of Health and Family Welfare, Ministry of Home Affairs, DGHS, DNC and NASP
- International organisations dealing with human and other legal rights.

(b) Other Partners

- Networks of PLHIV and MARPs
- Civil Society Networks and Human Rights Organisations
- Legal support organisations/forum
- Media
- NGOs working in the Drugs and HIV/AIDS Sector.

Opportunities of Advocacy

- Policy declaration of the government of Bangladesh is supportive to the protection of human, health and other rights of all classes of people
- HIV/AIDS policy document reaffirms the article-1 on the Universal Declaration of Human Rights and address the importance of enactment of necessary law to protect and ensure the rights of the PLHIV
- International Organisations, NGOs and Media are playing a positive role against imposing stigma and discrimination
- Recently Passed Human Rights Commission Act-2009.

Steps to be Taken/Activity

- Advocacy and policy dialogue with MoHA, MoHFW, Ministry of Social Welfare, Ministry of Religious Affairs, Ministry of Local Government, Ministry of Law, Justice and Parliamentary Affairs
- Media report on the incidents of human right violations and creating awareness about the issue and for advocating the need for local support system to those persons who are facing discrimination and other HR violations
- Regular advocacy meetings with local social leaders
- Human Rights organisation arrange advocacy meetings regularly with law enforcement authorities and local/social leaders so that they provide continuous support and justice in respect of human and social rights to drug users and PLHIV
- MoHFW forms paralegal committees with training/orientation on the issues relating to human and other rights of drug users and PLHIV
- Partnership with existing paralegal committees at local level with support from External Development Partners will be established and maintained
- Partners arrange advocacy meetings with local administration and local people's representatives at grass root level with community and religious leaders including Imam of Mosque and arranged seminars, symposia, talk shows in the electronic media
- Training of the CBOs networks (new and current drug users) to empower them to protect their rights.

Challenges

- Traditional attitudes of law enforcement agencies and community leaders against drug users and PLHIV
- Section of policy people and the people at large are not properly aware of the human and other rights of drug users and PLHIV.

Indicators

- Policy makers sensitised and raising voice against stigma and discrimination in various forums
- Numbers of reports published/broadcast in media
- Drug users perceived harassment reduced
- Paralegal committees and other community support mechanism at urban and local level are formed, trained and activated and handle cases of Human Rights violation of drug users and PLHIV
- Local Government authorities, social leaders and law enforcing authorities respond to reports of harassment
- CBOs are participating in different forums and raising their voice.

Advocacy Resources

Resources Available

A few organisations with trained human resource. (e.g. CARE Bangladesh, Padakhep, Dhaka Ahsania Mission and project partners etc.

Resources Needed

- Funding for programmes and technical support
- Training and resource materials for legal, paralegal and human rights support.

Role of UNODC, UN Joint Team, Mentor Agency

- Programme Support and Technical assistance
- Logistics and Coordination
- Experience/Exposure visit.

Timeline

2009–2012.

ISSUE 4: Lack of institutional strength and coordination in those organisations and sectors responsible for and relevant to harm reduction in Bangladesh

Advocacy Goal

Institutionalisation and strengthening of NASP and inter-agency coordination and collaboration (MoHFW, MoHA, DNC, LEAs).

Advocacy Objectives

- NASP is to be strengthened with permanent organisational structure and regular human resource
- Capacity of DNC is to be strengthened. [e.g. Training/orientation of DNC officials and field staff on Harm Reduction Programme]
- Facilitate coordination, harmonisation and sharing of data among different relevant Ministries and agencies involved in drug use and HIV programme
- Development of appropriate HIV prevention and care programme for IDUs and their regular sex partners and redesigning of existing programme on the basis of evidence.

Key Advocacy Messages

- National AIDS/STD Programme (NASP) has been playing oversight role for HIV/AIDS programme. However there is no permanent establishment and regular human resource. Therefore, it is very critical to establish and strengthen permanent institutional capacity of NASP for appropriate coordination and harmonisation with other agencies
- Synergy needed across Ministries/Departments/Organisations.

Target Audiences

- Hon'ble Prime Minister, Cabinet Ministers, and Advisor for Health to the Prime Minister
- Members of NICAR
- Concerned high officials of DGHS, MoHFW, MoHA, Ministry of Establishment, Cabinet Division.

Advocacy Partners

(a) Key Partners/Lead Agency

DGHS, NASP, DNC, Ministry of Health and Family Welfare (MoHFW), Ministry of Home Affaires (MoHA).

(b) Other Partners

External Development Partners (UNODC, UNAIDS, WHO, World Bank etc.)

Opportunities of Advocacy

- NASP already exists as a unique programme under the DGHS (although without permanent structure and regular human resource) for the management of HIV/AIDS and STD related matters and a regular Department named DNC under MoHA for the management of drug related matters
- A capacity building plan for NASP is already developed for Ministry's approval
- DGHS is sensitised to strengthen NASP
- National AIDS policy has recommended creating a separate Directorate for HIV/AIDS Management.

Steps to be Taken/Activity

- Facilitate advocacy meeting with NASP, DGHS and the High Officials of MoHFW so that they approve the capacity building proposal and establish permanent structure of NASP
- Ensure DGHS and DNC arrange regular periodic coordination meetings, workshops/seminars/ dialogue with stakeholders on drug and HIV issues
- Formation of national multi-sectoral Drug and HIV coordination forum
- Formulate TOR for the proposed national multi-sectoral Drug and HIV Coordination Forum.

Challenges

Internal and bureaucratic complexity of DGHS, DNC, MoHFW, MoHA may overshadow the issue.

Indicators

- DGHS, MoHFW become further active and permanent structure of NASP established
- Periodic Coordination meeting and workshop/seminar/dialogue held
- A Multi-sectoral drug-HIV forum is formed and meets regularly
- Formulation of TOR begins.

Advocacy Resources

Resources Available

Capacity building plan (Draft) for NASP is there

Resources Needed

Funding and Technical Assistance (UNODC, UNJT, WHO, World Bank, GFATM etc.)

Role of UNODC, UN Joint Team, Mentor Agency

- Programme Support and Technical assistance
- Logistics and Coordination.

Timeline

2009–2012.

Costed Workplan

Comprehensive Packages of Services on Drug Use and HIV			
Steps to be Taken/Activity	**Indicators**	**Time Period**	**Budget In Taka (Tentative)**
▪ Develop a core package of interventions for injecting drug users.	▪ Core package of intervention for comprehensive services developed.	[One year]	1,10,000
▪ Networking with CBOs of Drug Users and Former Drug Users, Other relevant MARPs, Civil Society and Human Rights Organisations to advocate with NAC for advising the government for addressing the issue with due importance.	▪ Sufficient fund for drug users' interventions allocated and mobilised. NAC put importance to Harm Reduction Programme in proper perspective.		1,28,000
▪ Seek more funding and human resources support for comprehensive interventions for injecting drug users and their regular sex partners through civil society networks, media, civil society actors and other pressure groups.	▪ Sufficient fund for drug users' interventions allocated and mobilised for introduction and scaling up of OST for IDUs.		-
▪ MoHFW approaches the Ministry of Finance with budget proposal for necessary financial allocation.	▪ Fund for drug users' interventions allocated and mobilised.		-
▪ MoHFW and NGOs pursue the EDPs with project proposal for financial and technical assistance for comprehensive service coverage.	▪ Financial/technical support from EDPs for comprehensive service package provided.		1,00,000
▪ DGHS and DNC strengthen partnership with NGOs and private sector to deliver quality services.	▪ NGOs and private sector coming up and providing quality service.		1,28,000
▪ Execute appropriate campaign in the print and electronic media for the issue.	▪ Media coverage is visible and frequent.		8,25,000
Sub Total: Tk.			**12,91,000**

Empowerment and Participation of Drug Users and Their Sex Partners at all levels			
Steps to be Taken/Activity	**Indicators**	**Time Period**	**Budget In Taka (Tentative)**
▪ National level advocacy/workshop to discuss the important principle of "Nothing for us without us" involving the CBOs of Drug Users, PLHIV/ILWHA, policy makers and civil society actors and media.	▪ National level advocacy/workshop conducted.	[One year]	2,00,000
▪ Training and support for drug user organisations and representatives – connection with regional and international drug user organisations, study tours, technical consultancies, conference attendance etc. *[One national level training Tk. 2,00,000; Six regional level training Tk. 4,92,500; Five Study Tour (5 persons) Tk. 7,50,000; Technical Consultancies Tk. 5,00,000; Conference attendance (5 person) Tk. 7,50,000]*	▪ Drug users representatives included and involved in various forums/ working groups to develop policy, strategy, programme design, implementation and evaluation at community, district and national level forums for implementation of drug use related projects.		26,92,500
▪ Individual and group level consultation with policy makers and key players of the MoHFW, MoHA, NAC, DGHS, DNC, NASP, drug user representatives at all levels for designing, development and implementation of national and district level HIV prevention programme for drug users.	▪ Individual and group consultation with policy makers and key players including drug users representatives done.		2,00,000
▪ Training and sensitization of police at local levels to ensure integration of drug users into community service delivery.	▪ Police held a deferent attitude at local level and IDU/DUs integration/presence to community level service delivery is visible.		3,12,000
Sub Total: Tk.			**34,04,500**

Stigma and Discrimination – Human, Health and Social Rights			
Steps to be Taken/Activity	**Indicators**	**Time Period**	**Budget In Taka (Tentative)**
▪ Advocacy and policy dialogue with MoHA, MoHFW, Ministry of Social Welfare, Ministry of Religious Affairs, Ministry of Local Government, Ministry of Law, Justice and Parliamentary Affairs.	▪ Policy makers sensitised and raising voice against stigma and discrimination in various forums.	[One year]	1,00,000
▪ Media report on the incidents of human right violations and creating awareness about the issue and for advocating the need for local support system to those persons who are facing discrimination and other HR violations.	▪ Numbers of reports published/ broadcast in media.		13,00,000
▪ Regular advocacy meetings with local social leaders. ▪ Human Rights organisation arrange advocacy meetings regularly with law enforcement authorities and local/social leaders so that they provide continuous support and justice in respect of human and social rights to drug users and PLHIV.	▪ Drug users perceivd harassment reduced.		9,00,000 4,80,000
▪ MoHFW forms paralegal committees with training/orientation on the issues relating to human and other rights of drug users and PLHIV. ▪ Partnership with existing paralegal committees at local level with support from External Development Partners will be established and maintained.	▪ Paralegal committees and other community support mechanism at urban and local level are formed, trained and activated and handle cases of Human Rights violation of drug users and PLHIV.		9,40,000 6,40,000
▪ Partners arrange advocacy meetings with local administration and local people's representatives at grass root level with community and religious leaders including Imam of Mosque and arranged seminars, symposia, talk shows in the electronic media.	▪ Local Government authorities, social leaders and law enforcing authorities respond to reports of harassment.		25,00,000
▪ Training of the CBOs networks (new and current drug users) to empower them to protect their rights.	▪ CBOs are participating in different forums and raising their voice.		8,10,000
Sub Total: Tk.			**76,70,000**

Organizational Matters: Leadership and Coordination			
Steps to be Taken/Activity	**Indicators**	**Time Period**	**Budget In Taka (Tentative)**
▪ Facilitate advocacy meeting with NASP, DGHS and the High Officials of MoHFW so that they approve the capacity building proposal and establish permanent structure of NASP.	▪ DGHS, MoHFW become further active and permanent structure of NASP established.	[One year]	20,000
▪ Ensure DGHS and DNC arrange regular periodic coordination meetings, workshops/seminars/ dialogue with stakeholders on drug and HIV issues.	▪ Periodic Coordination meeting and workshop/ seminar/dialogue held.		2,70,000
▪ Formation of national multi-sectoral Drug and HIV coordination forum.	▪ A multi-sectoral drug-HIV forum is formed and meets regularly.		1,00,000
▪ Formulate TOR for the proposed national multi-sectoral Drug and HIV Coordination Forum.	▪ Formulation of TOR begins.		2,50,000
Sub Total: Tk.			**6,40,000**
Grand Total: Tk.			**130,05,500**

Bhutan

National Advocacy Consultant

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ISSUE 1: Drug users (DU) and their Sex Partners (SP) not recognised as an important group for prevention of HIV, for e.g. the National Strategic Plan (NSP) does not include comprehensive harm reduction package, the TOR for Multi-Sector Task Force (MSTF) on HIV prevention does not specifically mention prevention of HIV among DUs and their SPs

Advocacy Goal

To include comprehensive harm reduction package in the National Strategic Plan and mandate of MSTF.

Advocacy Objectives

- NSP include comprehensive harm reduction package for DUs and their SPs
- MSTF members are sensitised about the comprehensive harm reduction package for DUs and their SPs
- MSTF members accept, allocate adequate resources and implement the comprehensive harm reduction package for DUs and their SPs.

Key Advocacy Messages

- National response to HIV/AIDS prevention should include comprehensive harm reduction package of services for DUs and SP
- DUs and SPs are high risk group for HIV transmission; Studies in several NE States of India have shown that HIV infection spreads rapidly among IDUs. As much as 30% of IDUs there are HIV positive
- Implementing comprehensive harm reduction package for DUs and their SPs can prevent HIV and other blood borne diseases spread among them
- Harm reduction has benefits for the community as a whole, including reductions in crime and improvements in law and order.

Target Audience

Key Person

- Health Minister (Chairperson of NHAC & NCB & DRA)
- Chairpersons of MSTF.

Key Influencers

- HM Ashi Sangay Choden Wangchuck - Good Will Ambassador for UNFPA and President of RENEW
- The Cabinet; Members of NHAC, NCB, NC and MP
- DUs and their SPs.

Advocacy Partners

BNCA, DOPH, NACP, MHP, Chairperson of MSTF, DHO, NGOs, EDP.

Opportunities for Advocacy

- The Royal Government of Bhutan (RGOB) has always accorded highest priority to the health and well being of the Bhutanese people. All health care services in the country are provided free by the government to the people
- Strong political will: His Majesty the 4th King Jigme Singey Wangchuck issued a Royal decree on prevention of HIV/AIDS in Bhutan and to treat PLWHA with respect and dignity (15th May 2004)
- The new democratic government of Bhutan has endorsed the National Strategic Plan (NSP) 2008 for prevention and control of STIs and HIV/AIDS in the country in February 2009
- Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck - Good Will Ambassador for UNFPA and President of an NGO (RENEW) talks regularly to policymakers and to communities on HIV prevention. To use these opportunities to include in their agenda prevention of HIV among drug users and their sex partners
- World AIDS Day is observed all over the country every year. To use that opportunity to include prevention of HIV among drug users and their sex partners in their agenda
- MSTF meetings (biannually) to include HIV prevention among drug users and their sex partners in their agenda, NCB and NHAC Meetings to include HIV prevention among DUs and SPs in their agenda.

Steps to be taken

- BNCA in collaboration with the MOH organise a high level advocacy meeting with stakeholders to discuss inclusion of the comprehensive package in the operational plan of NSP
- NHAC Meeting to include comprehensive package in the operational plan of NSP
- MOH in collaboration with BNCA conduct workshop with MSTF chairpersons & stakeholders to develop strategies and work plan in 20 districts.

Challenges

- Lack of awareness and knowledge about DUs prevention and treatment among MSTF members
- Lack of or too few substance use treatment professionals in the country who can influence decision makers
- Lack of representation or participation of DUs and PLWHA in the NHAC, NCB and MSTF
- Lack of evidence or scientific data on DUs and their SPs in the country.

Indicators

- NHAC accept comprehensive harm reduction package on prevention of HIV among DUs and SPs
- NHAC instruct NACP to include it in the TOR for MSTF
- MSTF include comprehensive harm reduction package on prevention of HIV among DUs and SPs in their work plan.

Advocacy resources

Resources available

- His Majesty the 4th King Jigme Singey Wangchuck's Royal decree on prevention of HIV/AIDS in Bhutan 2004
- UN Conventions on Narcotic and Psychotropic Substances Control (Bhutan is a signatory to these conventions)
- Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) 2005 Kingdom of Bhutan
- Rules and Regulations for Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Implementation framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan

- Medicines Act of the Kingdom of Bhutan 2003; Bhutan Medicine Rules & Regulations 2005, 2nd Edition 2008
- National Strategic Plan for prevention and control of STIs and HIV/AIDS 2008; Royal Government of Bhutan
- National HIV/AIDS Commission – Terms of Reference 2007
- Manual for the District Multi-Sectoral Task Force for STI & HIV/AIDS Prevention & Control 2005
- HIV/AIDS General Population Survey Bhutan – 2006
- Reports on the RSRA - Thimphu 2006 & Phuentsholing 2008
- Annual Report of the NACP; Annual Report of BNCA 2007 – June 2008
- National Guidelines for Voluntary Counselling and Testing 2008
- Handbook for Recording and Reporting System for STIs and HIV in Bhutan
- Report of the Commission on AIDS in Asia March 2008 Draft Advocacy Guide
- Comprehensive harm reduction package for prevention of HIV among DUs and their SPs, WHO; Bhutan Penal Code.

Resources required

- Technical consultant to conduct TOT on the use of the comprehensive harm reduction package
- Adequate funding to conduct meetings, training, workshops and study tours for key stakeholders.

Role of UN-JT

Technical and financial assistance, logistics and coordination.

Timeline

Five years.

ISSUE 2. There is lack of harmony and clear understanding among various stakeholders with regard to provisions of laws and regulations on DUs and HIV prevention in the country. For example the NDPSSA Act 2005 does not distinguish DUs and drug traffickers

Advocacy Goal

To amend or add relevant clauses in the Bhutan Penal Code and NDPSSA Act with regard to distinguishing DUs and drug traffickers.

Advocacy Objectives

- To familiarize stakeholders with laws and regulations with regard to DUs and drug traffickers in the country
- To update existing laws and regulations with regard to DUs and drug trafficking.

Key Advocacy Messages

- Laws and regulations on DUs and drug trafficking should be clear and unambiguous with regard to treatment and punishment
- All stakeholders should be conversant with the DUs law and regulations in the country
- There should be a clear criteria for distinguishing DUs and drug traffickers.

Target Audience

Key Persons

- Chief Justice
- Chief of RBP
- Health Minister.

Key influencers

- HM Ashi Sangay Choden Wangchuck, President of RENEW
- HM Ashi Tshering Pem Wangchuck, President of YDF
- The Cabinet; Members of the NC, NA, NHAC, NCB
- Mayors of Thimphu and Phuentsholing Municipal Corporations because these are the bigger towns with majority of DUs in Bhutan
- Self help groups of drug users (AA, NA).

Advocacy Partners

BNCA, DOPH, OAG, RCJ, YDF, RENEW, NGOs; DYS; NSB, CBS, NACP; MHP; Members of MSTF, NDLEU; EDP; Out Reach workers; Self help groups (AA, NA); Media.

Opportunities for Advocacy

- The Royal Government of Bhutan (RGOB) has always accorded highest priority to the health and well being of the Bhutanese people. All health care services in the country are provided free by the government to the people
- Strong political will: His Majesty the 4th King Jigme Singey Wangchuck issued a Royal decree on prevention of HIV/AIDS in Bhutan and to treat PLWHA with respect and dignity (15th May 2004)
- The new democratic government of Bhutan has endorsed the National Strategic Plan (NSP) 2008 for prevention and control of STIs and HIV/AIDS in the country in February 2009
- Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck - Good Will Ambassador for UNFPA and President of an NGO (RENEW) talks regularly to policymakers and to communities on HIV prevention. To use these opportunities to include in their agenda prevention of HIV among drug users and their sex partners
- World AIDS Day is observed all over the country every year. To use that opportunity to include prevention of HIV among drug users and their sex partners in their agenda
- MSTF meetings (biannually) to include HIV prevention among drug users and their sex partners in their agenda, NCB and NHAC Meetings to include HIV prevention among DUs and SPs in their agenda.

Steps to be taken

- National level workshop to discuss legal provisions on DUs and HIV in the Bhutan Penal Code, the NDPSSA Act 2005
- Inclusion of additional clause such as criteria for distinguishing between DUs and drug trafficker in the NDPSSA Act 2005 and Bhutan Penal Code

- BNCA submit draft amendment to NCB, NHAC and Cabinet for endorsement
- Cabinet submit draft amendment to NC/NA for discussion and enactment
- Revision of Laws and Acts to include criteria to distinguish DUs and drug trafficker with regards to treatment and punishment
- Publication, distribution and dissemination of revised law or Act
- Implementation of revised or amended law and act on DUs.

Challenges

- Lack of awareness among stakeholders on laws and regulations with respect to DUs and drug Trafficking
- Lack of coordination among various stakeholders such RBP, Courts of Justice, Service providers
- Lack of funding and logistics to train stakeholders.

Indicators

- Stakeholder meeting discuss Bhutan Penal Code and NDPSSA Act with regard to DUs and drug traffickers
- Drafting committee formed and revise the Act
- Revised Act submitted for enactment
- NC/NA approves revised Act.

Advocacy resources

Resources available

- His Majesty the 4th King Jigme Singey Wangchuck's Royal decree on prevention of HIV/AIDS in Bhutan 2004
- UN Conventions on Narcotic and Psychotropic Substances Control (Bhutan is a signatory to these conventions)
- Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) 2005 Kingdom of Bhutan
- Rules and Regulations for Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Implementation framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Medicines Act of the Kingdom of Bhutan 2003; Bhutan Medicine Rules & Regulations 2005, 2nd Edition 2008
- National Strategic Plan for prevention and control of STIs and HIV/AIDS 2008; Royal Government of Bhutan
- National HIV/AIDS Commission – Terms of Reference 2007
- Manual for the District Multi-Sectoral Task Force for STI & HIV/AIDS Prevention & Control 2005
- HIV/AIDS General Population Survey Bhutan – 2006
- Reports on the RSRA - Thimphu 2006 & Phuentsholing 2008
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- National Guidelines for Voluntary Counselling and Testing 2008
- Handbook for Recording and Reporting System for STIs and HIV in Bhutan
- Report of the Commission on AIDS in Asia March 2008 Draft Advocacy Guide
- Comprehensive harm reduction package for prevention of HIV among DUs and their SPs, WHO; Bhutan Penal Code.

Resources required: Adequate funding to organize meetings and revising existing laws and Acts.

Role of UN- JT

Technical and financial assistance, logistics and coordination.

Timeline

4 years.

ISSUE 3: There is lack of epidemiological data and information on DUs and their SPs including demographic info, HIV prevalence, mode of transmission, and in-depth information on situation, drug using practices, health seeking behavior, attitudes toward HIV and prevention, barriers, motivators, and other strategic information of programme delivery in the country

Advocacy Goal

To gather evidence or scientific data on the epidemiology of HIV among DUs and their SPs in the country.

Advocacy Objectives

- Conduct periodic studies on programme delivery including RSRA, KABP and Sero Surveillance for HIV to determine the trend in HIV/AIDs prevalence among DUs as well as strategic information on programme delivery over time
- Set up sentinel surveillance on HIV infection among DUs and their SPs in Thimphu and Phuentsholing towns where majority of them live
- Standardise recording and reporting of information on DUs from health services, DICs, Police and other sources
- Build capacity to gather accurate data and conduct research studies on HIV and DU.

Key Advocacy Messages

- DUs and their SPs are high risk for HIV infection due to increase vulnerability to unprotected sex
- IDUs are especially high risk for HIV infection due to sharing of needles and syringes
- Lack of data does not mean there is no HIV infection among DUs. Surveys may not pick up all cases of HIV infection among DUs in a community
- Surveys have to be done at regular intervals to determine any change in status over time due to the dynamic nature of this problem
- Already two HIV positive individuals in Bhutan are known to have used drugs; Oral DUs can shift to IDU at any time depending upon circumstances such as availability of IDUs. Therefore, the need to prepare and prevent harm due to IDU
- Drug use is a disease which is treatable. Services are available in Bhutan. In order to better the services we need more information on people using drugs and with HIV.

Target Audience

Persons directly responsible

- Health Minister (Chairperson of NHAC, NCB & DRA)
- Chief of Royal Bhutan Police
- Heads of NGOs (who provide treatment and rehabilitation)
- EDP
- Vice chancellor, RUB.

Key influencers

- Their Majesties the Queen Mothers
- The Cabinet; Members of the NHAC, NCB
- Mayors of Thimphu and Phuentsholing Municipal Corporations (as majority of DUs are in these two cities)
- Self help groups of drug users (AA, NA).

Advocacy Partners

BNCA; DOPH; YDF; RENEW; Other relevant NGOs; DYS; NSB; CBS; NACP; NMHP; Members of the MSTF; NDLEU; EDP; Out Reach workers; Self help groups (AA, NA); Media.

Opportunities for Advocacy

- The Royal Government of Bhutan (RGOB) has always accorded highest priority to the health and well being of the Bhutanese people. All health care services in the country are provided free by the government to the people
- Strong political will: His Majesty the 4th King Jigme Singey Wangchuck issued a Royal decree on prevention of HIV/AIDS in Bhutan and to treat PLWHA with respect and dignity (15th May 2004)

- The new democratic government of Bhutan has endorsed the National Strategic Plan (NSP) 2008 for prevention and control of STIs and HIV/AIDS in the country in February 2009
- Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck - Good Will Ambassador for UNFPA and President of an NGO (RENEW) talks regularly to policymakers and to communities on HIV prevention. To use these opportunities to include in their agenda prevention of HIV among drug users and their sex partners
- World AIDS Day is observed all over the country every year. To use that opportunity to include prevention of HIV among drug users and their sex partners in their agenda
- MSTF meetings (biannually) to include HIV prevention among drug users and their sex partners in their agenda, NCB and NHAC Meetings to include HIV prevention among DUs and SPs in their agenda.

Steps to be taken

- BNCA and DOPH organize dissemination of National Baseline Assessment report among stakeholders and media
- BNCA in collaboration with MOH, NDLEU and NGO develop standardised recording and reporting format for DUs in the country and publish forms
- BNCA in collaboration with MOH, NDLEU and NGO conduct training of stakeholders on recording and reporting of data
- BNCA in collaboration with MOH, NDLEU and NGO conduct training of stakeholders on collection of data, analysis and publication
- BNCA in collaboration with MOH, NDLEU and NGO allocate resources to train and conduct research studies on HIV & DU.

Challenges

- Lack of trained persons to conduct surveys or studies and funding to generate information and data on DUs and their SPs in the country
- Health workers do not have adequate knowledge and skills to treat, record and report DU
- RSRA may not pick up the most high risk DUs due to existence of stigma and discrimination of DUs Lack of effective communication and coordination between different agencies dealing with DUs in the country hampers collection of reliable data and delivery of timely and effective services to DUs.

Indicators

- Adequate funds are allocated for doing studies and research including RSRA at regular intervals on DUs and HIV infection
- No. of persons trained in conducting studies and research including RSRA
- Survey results are published and discussed with key stakeholders
- The Health Ministry includes in the HMIS recording and reporting of DU who seek treatment from the health centres
- BNCA develops a standard format for recording and reporting DU.

Advocacy resources

Resources available

- His Majesty the 4th King Jigme Singey Wangchuck's Royal decree on prevention of HIV/AIDS in Bhutan 2004
- UN Conventions on Narcotic and Psychotropic Substances Control (Bhutan is a signatory to these conventions)
- Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) 2005 Kingdom of Bhutan
- Rules and Regulations for Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Implementation framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Medicines Act of the Kingdom of Bhutan 2003; Bhutan Medicine Rules & Regulations 2005, 2nd Edition 2008
- National Strategic Plan for prevention and control of STIs and HIV/AIDS 2008; Royal Government of Bhutan

- National HIV/AIDS Commission – Terms of Reference 2007
- Manual for the District Multi-Sectoral Task Force for STI & HIV/AIDS Prevention & Control 2005
- HIV/AIDS General Population Survey Bhutan – 2006
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- National Guidelines for Voluntary Counselling and Testing 2008
- Handbook for Recording and Reporting System for STIs and HIV in Bhutan
- Report of the Commission on AIDS in Asia March 2008 Draft Advocacy Guide
- Comprehensive harm reduction package for prevention of HIV among DUs and their SPs, WHO; Bhutan Penal Code.

In addition

- BNCA is presently doing a nationwide RSRA in collaboration with DOPH which is collecting biological samples for HIV screening
- DYS is planning to do a national survey on adolescent risk behaviors this summer and perhaps BNCA and MOH could collaborate with them to obtain information related to HIV and DU
- A group of young recovering DUs and school graduates have participated in RSRA earlier and can be hired to do future surveys.

Resources required

- A technical consultant may be required to develop recording procedures and reporting format of DUs in the HMIS, NDLEU, DICs, Detox and Rehab centres and to train stakeholders on their use
- Adequate funds to develop the recording, reporting formats, training of stakeholders on their use, to conduct RSRA, training workshops and research studies at regular intervals and study tours to well established centres outside the country
- The need for confidentiality and protection of all service related data.

Role of UN- JT

Technical and financial assistance, logistics and coordination.

Timeline

3 years.

ISSUE 4: No treatment, rehabilitation and support services available for population of DU and their SP in the country

Advocacy Goal

To establish treatment, rehabilitation and support services for population of DUs and their SPs.

Advocacy Objectives

- Establish at least one fully equipped, functional and user-friendly DIC for case identification, referral and follow up of DUs in each of districts with high prevalence of DUs in the next 5 years
- All referral and border town hospitals (5) in the country to be equipped with trained health workers to provide detoxification and treatment of drug overdose in the next 5 years
- Establish at least 2 Rehabilitation Centres in the country in coming 5 years.

Key Advocacy Messages

- NDPSSA Act 2005 specifies that DUs are to be given a choice of taking treatment and rehabilitation in lieu of prison sentence
- DUs and their SPs are at high risk of HIV infection either through sharing of needles and/or unprotected sex
- DUs should have easy access to effective treatment and rehabilitation services
- All major hospitals should be able to offer detoxification and treatment of DUs
- Detoxification and treatment of DUs do not require expensive equipments or specialist services. Any doctor can be trained to offer the services
- Rehabilitation should include a comprehensive package of services to increase the knowledge and vocational skills of DUs
- DIC and Support Groups are important components of services to prevent relapse
- Recovering DUs can run these DICs as well as do outreach programmes if they are trained.

Target Audience

Key Person

- Health Minister.

Key influencers

- Their Majesties the Queen Mothers
- The Cabinet; Members of NHAC, NCB, MSTF, NC, NA
- Chief Justice; Chief of RBP; NGOs.

Advocacy Partners

DMS, BNAC, DOPH, DOE, DAHE, DYS, DVTS; Dept. of Employment, YDF, RENEW, NACP, MHP, CBR, DHO/DMO, NDLEU, Media, EDP, DU.

Opportunities for Advocacy

- The Royal Government of Bhutan (RGOB) has always accorded highest priority to the health and well being of the Bhutanese people. All health care services in the country are provided free by the government to the people
- Strong political will: His Majesty the 4th King Jigme Singey Wangchuck issued a Royal decree on prevention of HIV/AIDS in Bhutan and to treat PLWHA with respect and dignity (15th May 2004)
- The new democratic government of Bhutan has endorsed the National Strategic Plan (NSP) 2008 for prevention and control of STIs and HIV/AIDS in the country in February 2009
- Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck - Good Will Ambassador for UNFPA and President of an NGO (RENEW) talks regularly to policymakers and to communities on HIV prevention. To use these opportunities to include in their agenda prevention of HIV among drug users and their sex partners
- World AIDS Day is observed all over the country every year. To use that opportunity to include prevention of HIV among drug users and their sex partners in their agenda
- MSTF meetings (biannually) to include HIV prevention among drug users and their sex partners in their agenda, NCB and NHAC Meetings to include HIV prevention among DUs and SPs in their agenda.

Steps to be taken

- BNCA in collaboration with MOH and NGO organize a high level national advocacy meeting for need of treatment, rehab and support services and fund mobilisation
- BNCA in collaboration with MOH, RBP and NGO strengthen YDRC in terms of technical and logistic capability to offer treatment and rehabilitation services to DUs.
- BNCA in collaboration with MOH and NGO establish DICs & Self Help Groups in at least 5 border towns and 5 districts
- BNCA in collaboration with MOH and NGO develop a standard treatment guide and protocol for detoxification, treatment & rehabilitation for DUs
- MOH in collaboration with BNCA establish detoxification and treatment centre in at least 5 hospitals in the coming 5 years. Meanwhile, a temporary detoxification and treatment centre will be opened in Thimphu
- YDF in collaboration with BNCA, MOH establish a fully equipped and well resourced national rehabilitation centre in Thimphu in the coming 5 years. Meanwhile, an interim temporary rehab centre will be opened soon in Thimphu.

Challenges

- Lack of awareness among policy and decision makers about the risk of HIV infection among DUs and their SPs
- Lack of infrastructure for detoxification, treatment and rehabilitation of DUs in the country
- Lack of trained and experienced human resources in DUs treatment and rehabilitation
- Poor communication and coordination between various stakeholders who provide support to DUs Inadequate allocation of funds by government for DUs rehabilitation and treatment.

Indicators

- Number of treatment, rehabilitation, HISC, DICs and VCT centres and self-help support groups for DUs established in the country
- Number of DUs taking treatment and undergone rehabilitation
- Number of recovering DUs remaining free of drugs, employed or under going further education
- Number of recovering DUs involved in the treatment and rehabilitation as peer counselors or treatment providers
- Reduction in the number of HIV infection among DUs and their SPs.

Advocacy resources

Resources available

- His Majesty the 4th King Jigme Singey Wangchuck's Royal decree on prevention of HIV/AIDS in Bhutan 2004
- UN Conventions on Narcotic and Psychotropic Substances Control (Bhutan is a signatory to these conventions)
- Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) 2005 Kingdom of Bhutan
- Rules and Regulations for Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Implementation framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Medicines Act of the Kingdom of Bhutan 2003; Bhutan Medicine Rules & Regulations 2005, 2nd Edition 2008
- National Strategic Plan for prevention and control of STIs and HIV/AIDS 2008; Royal Government of Bhutan
- National HIV/AIDS Commission – Terms of Reference 2007
- Manual for the District Multi-Sectoral Task Force for STI & HIV/AIDS Prevention & Control 2005
- HIV/AIDS General Population Survey Bhutan – 2006
- Reports on the RSRA - Thimphu 2006 & Phuentsholing 2008.
- Annual Report of the NACP; Annual Report of BNCA 2007 – June 2008
- National Guidelines for Voluntary Counselling and Testing 2008.

- Handbook for Recording and Reporting System for STIs and HIV in Bhutan;
- Report of the Commission on AIDS in Asia March 2008 Draft Advocacy Guide
- Comprehensive harm reduction package for prevention of HIV among DUs and their SPs, WHO; Bhutan Penal Code.

In addition, following resources are available

- RGOB has allotted land for construction of a 50 bedded rehabilitation centre in Thimphu
- DICs established in three major towns -Thimphu, Phuentsholing and Gelegphu towns
- HISC established in two major towns – Thimphu & P/ling
- VCT established in JDW NR Hospital. Most peripheral hospitals have trained staff in VCT
- The Psychiatry ward in JDWNR Hospital is already being used as a detoxification and treatment centre for DUs and alcohol users
- Psychiatry Department hosts at least three support group meetings in a week; Support group meetings are also held in other areas in Thimphu
- A Buddhist monk is conducting regular teachings and meditation classes for DUs in Thimphu.

Resources required

- Allocation of adequate funding for establishment of detoxification, treatment, rehabilitation centres and HISC, DIC, VCT support centres and programmes for DUs throughout the country
- A technical consultant to formulate, plan and supervise the establishment of various treatment, rehabilitation and support centres.

Role of UN-JT

Technical and financial assistance, logistics and coordination.

Timeline

Five years.

ISSUE 5: Lack of skilled professionals in the area of DUs treatment and rehabilitation

Advocacy Goal

To establish a cadre of skilled professionals with relevant training in DU treatment and rehabilitation.

Advocacy Objectives:

Long term- RGOB to recognize the need to establish a cadre of DUs treatment professionals in the country; The Royal Civil Service Commission establish a cadre and career ladder for professionals in the country with clear criteria on qualification and skills requirement

Short Term - Peer counsellors and rehabilitation managers receive trainings on standard operation procedures for rehabilitation and counselling of DUs; Health workers in relevant hospitals get special training on drugs detoxification, treatment and effective management of drug overdoses and evidence based treatment such as OST.

Key Advocacy Messages

- RGOB should recognize and develop a cadre of DU treatment professionals in the country to attract the best and well motivated people in the field; DU treatment professional cadre should have clear career ladder to retain the best people in the profession
- Providing treatment and rehabilitation are essential components in the prevention of HIV infection among DUs and their SPs
- DU treatment providers need updating of their knowledge and skills at regular intervals to provide most effective and updated evidence-based treatment methods
- Well motivated and qualified recovering DUs should be trained to become treatment providers. Recovering DUs can become effective treatment and rehabilitation service providers if they receive good training.

Target Audience

Person responsible

- Health Minister
- Chairperson, Royal Civil Service Commission.

Key influencers

- Their Majesties the Queen Mothers
- The Cabinet; Members of the NHAC, NCB; Secretary, GNH Commission.

Advocacy Partners

Commissioner, HRD, RCSC; DG, DMS; Department of Adult and Higher Learning; BNCA; DOPH, CPO, HRD, MOH; CPO, PPD, MOH; NACP; NMHP; CBR, DHO/DMO; NDLEU, RBP; NGOs; EDP.

Opportunities for Advocacy

- The Royal Government of Bhutan (RGOB) has always accorded highest priority to the health and well being of the Bhutanese people. All health care services in the country are provided free by the government to the people
- Strong political will: His Majesty the 4th King Jigme Singey Wangchuck issued a Royal decree on prevention of HIV/AIDS in Bhutan and to treat PLWHA with respect and dignity (15th May 2004)
- The new democratic government of Bhutan has endorsed the National Strategic Plan (NSP) 2008 for prevention and control of STIs and HIV/AIDS in the country in February 2009
- Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck - Good Will Ambassador for UNFPA and President of an NGO (RENEW) talks regularly to policymakers and to communities on HIV prevention. To use these opportunities to include in their agenda prevention of HIV among drug users and their sex partners
- World AIDS Day is observed all over the country every year. To use that opportunity to include prevention of HIV among drug users and their sex partners in their agenda
- MSTF meetings (biannually) to include HIV prevention among drug users and their sex partners in their agenda, NCB and NHAC Meetings to include HIV prevention among DUs and SPs in their agenda.

Steps to be taken

- BNCA in coordination with MOH, RCSC, NGO to coordinate high level advocacy meeting with stakeholders on career development for professionals in Bhutan
- BNCA in collaboration with MOH, RCSC and NGO appoint a drafting team to formulate a cadre and career ladder for professionals in Bhutan
- BNCA submit the draft proposal to Government for approval through the chairperson NCB
- Government approves the cadre and career path for professionals and instruct RCSC to include in the HRD master plan
- Relevant agencies put requisition for training of addiction professionals outside the country to RCSC through the GNH Commission
- GNH identifies and mobilize funding for training of DUs treatment and rehabilitation providers
- Short terms training inside/outside country including study visits given for treatment providers.

Challenges

- Lack of trained DUs treatment providers and counsellors available in the country
- No institutions available in the country to train treatment providers and counsellors
- Lack of funding and resources for training treatment and rehabilitation providers.

Indicators

- RCSC develops a cadre of DUs treatment professionals with criteria for minimum qualification standards and other requirements
- Number of scholarship offered by Department of Adult and Higher Learning, Ministry of Education to study DUs treatment medicine and counselling
- Number of trained treatment and rehabilitation providers available in the country
- Number of institutions capable of providing trainings for DUs treatment and rehabilitation providers available in the country
- Number of trainers in DUs treatment medicine and counselling available in the country.

Advocacy resources

Resources available

- His Majesty the 4th King Jigme Singey Wangchuck's Royal decree on prevention of HIV/AIDS in Bhutan 2004
- UN Conventions on Narcotic and Psychotropic Substances Control (Bhutan is a signatory to these conventions)
- Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) 2005 Kingdom of Bhutan;
- Rules and Regulations for Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Implementation framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Medicines Act of the Kingdom of Bhutan 2003; Bhutan Medicine Rules & Regulations 2005, 2nd Edition 2008
- National Strategic Plan for prevention and control of STIs and HIV/AIDS 2008; Royal Government of Bhutan
- National HIV/AIDS Commission – Terms of Reference 2007
- Manual for the District Multi-Sectoral Task Force for STI & HIV/AIDS Prevention & Control 2005
- HIV/AIDS General Population Survey Bhutan – 2006
- Reports on the RSRA - Thimphu 2006 & Phuentsholing 2008
- Annual Report of the NACP; Annual Report of BNCA 2007 – June 2008
- National Guidelines for Voluntary Counselling and Testing 2008
- Handbook for Recording and Reporting System for STIs and HIV in Bhutan
- Report of the Commission on AIDS in Asia March 2008 Draft Advocacy Guide
- Comprehensive harm reduction package for prevention of HIV among DUs and their SPs, WHO; Bhutan Penal Code.

In addition, following resources are available

- Two psychiatrists, one of whom had special training on DU treatment and rehabilitation available in the country
- One expatriate DU Treatment consultant available in the country
- Four recovering DUs have undergone 4 months DU treatment counselling training in India
- Ten recovering DUs have undergone short course training in DU treatment counselling
- Four health workers attended short term training on treatment and management of DU
- Two health workers are undergoing short term (2 months) training in psychiatry and DU management in India
- Many DUs in the country have attended rehabilitation outside Bhutan.

Resources required

- Allocation of adequate funding for training of addiction professionals
- Identification of institutions for training placements
- Trainers in DU Treatment counselling.

Role of UN-JT

Technical and financial assistance, logistics and coordination.

Timeline

Five years.

ISSUE 6: Prevalence of stigma and discrimination against DUs due to lack of understanding among general population and unsympathetic attitude of treatment providers discourages DUs to seek help

Advocacy Goal

To increase awareness, understanding among the general population and particularly treatment providers toward DUs so that they become more supportive in providing treatment and rehabilitation to DUs.

Advocacy Objectives

- Increased awareness and acceptance within the families, friends and communities about DU being a disease condition and the necessity to provide treatment and rehabilitation to them
- Involvement of DUs and their SPs and their families in the in treatment and rehabilitation process
- Increase awareness among DUs and their SPs about the risk of HIV infection if they continue to indulge in unsafe practices such as sharing needles and syringes or indulge in unprotected sex
- To sensitize treatment providers to be more compassionate to DUs, respect the rights of patients, and maintain strict confidentiality of people taking treatment from them.

Key Advocacy Messages

- DUs come from all walks of life irrespective of age, sex, education, wealth or social status and is not restricted to one community or people of one area
- DU is a disorder like any other chronic disease and therefore DUs need treatment and rehabilitation rather than punishment and imprisonment
- Earlier the DUs are treated and rehabilitated, better will be the outcome. Recovering DUs can lead a normal life if they remain sober
- Effective treatment and rehabilitation of DUs can stop both drug use and spread of HIV infection among them and their sex partners
- DUs and their SPs need to be handled with sensitivity, compassion and patience. Discrimination and negative attitude towards DUs will make them more isolated and marginalized.

Target Audience

Person directly responsible

- Health Minister.

Key influencers

- Their Majesties the Queen Mothers
- The Cabinet; Members of NC, NA, NHAC, NCB
- Chief Justice, Chief of RBP.

Advocacy Partners

The Secretary, Ministry of Information & Communication; BNCA; DOPH; NACP; MHP; Members of MSTF; Judges and Registrars of Royal Court of Justice; NDLEU; NGOs; Community leaders; EDP; Mass Media; Celebrities and Role Models; Recovering DUs.

Opportunities for Advocacy

- The Royal Government of Bhutan (RGOB) has always accorded highest priority to the health and well being of the Bhutanese people. All health care services in the country are provided free by the government to the people
- Strong political will: His Majesty the 4th King Jigme Singey Wangchuck issued a Royal decree on prevention of HIV/AIDS in Bhutan and to treat PLWHA with respect and dignity (15th May 2004)
- The new democratic government of Bhutan has endorsed the National Strategic Plan (NSP) 2008 for prevention and control of STIs and HIV/AIDS in the country in February 2009
- Her Majesty the Queen Mother Ashi Sangay Choden Wangchuck - Good Will Ambassador for UNFPA and President of an NGO (RENEW) talks regularly to policymakers and to communities on HIV prevention. To use these opportunities to include in their agenda prevention of HIV among drug users and their sex partners
- World AIDS Day is observed all over the country every year. To use that opportunity to include prevention of HIV among drug users and their sex partners in their agenda

MSTF meetings (biannually) to include HIV prevention among drug users and their sex partners in their agenda, NCB and NHAC Meetings to include HIV prevention among DUs and SPs in their agenda.

Steps to be taken

- BNCA in collaboration with MOH, NGOs organize a high level advocacy meeting to increase awareness and decrease stigma among treatment providers and stakeholders BNCA in collaboration with NGOs involve DUs, CSWs and PLWHAs at planning, implementation and monitoring of service provision
- BNCA in collaboration with MOH, NGO develop multi-media IEC package for education and increasing awareness of treatment providers and general public
- Multi-media IEC package to be launched by a member of the Royal Family or the Prime Minister
- Dissemination of IEC to treatment providers and general population through various means such as through trainings, workshops, street theatres and including use of mass media

Challenges

- Some key decision making members in the government or civil society may continue to make a moralistic stand on DUs or HIV infection
- Lack of awareness and knowledge in the general population about the close relationship of HIV infection and IDU can pose challenge to changing their attitude towards DUs
- Low literacy rate among the elder generation (yet influential group due to respect of age in our culture) of Bhutanese may be a barrier to effective IEC on prevention of HIV among DUs and their SPs
- Logistical challenges in providing IEC through mass media such as non-availability of TV or electricity in remote villages and isolated populations
- Constraints with funding, availability of appropriate equipments and technology and trained people for effective communication.

Indicators

- Availability of IEC materials on HIV and DU at all health centres, educational institutions, public places Frequency of IEC activities in mass media, public forums and gatherings
- Surveys show increase in knowledge, attitude and practice regarding HIV and DUs prevention among general population.

Advocacy resources

Resources available

- His Majesty the 4th King Jigme Singey Wangchuck's Royal decree on prevention of HIV/AIDS in Bhutan 2004
- UN Conventions on Narcotic and Psychotropic Substances Control (Bhutan is a signatory to these conventions)
- Narcotic Drugs, Psychotropic Substances and Substance Abuse Act (NDPSSA) 2005 Kingdom of Bhutan
- Rules and Regulations for Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Implementation framework for the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005 Kingdom of Bhutan
- Medicines Act of the Kingdom of Bhutan 2003; Bhutan Medicine Rules & Regulations 2005, 2nd Edition 2008
- National Strategic Plan for prevention and control of STIs and HIV/AIDS 2008; Royal Government of Bhutan
- National HIV/AIDS Commission – Terms of Reference 2007
- Manual for the District Multi-Sectoral Task Force for STI & HIV/AIDS Prevention & Control 2005
- HIV/AIDS General Population Survey Bhutan – 2006
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- National Guidelines for Voluntary Counselling and Testing 2008
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- Report of the Commission on AIDS in Asia March 2008 Draft Advocacy Guide
- Comprehensive harm reduction package for prevention of HIV among DUs and their SPs, WHO; Bhutan Penal Code.

In addition, following resources are available

- Already there is a fair degree of awareness on HIV/AIDS among the general population due to high level advocacy and awareness campaigns by the Royal Family and Health Workers and IEC activities through mass media
- The Information and Communication Bureau in the Health Ministry has well trained personal and experience to develop appropriate IEC materials on HIV prevention among DUs and their sex partners
- The media services in Bhutan has expanded considerably and also gaining experience in effective communication and education of the public.

Resources required

- Funding and logistical supplies
- Technical expertise and knowhow of developing appropriate IEC material
- Positive role models and celebrities.

Role of UN-JT

Technical and financial assistance, logistics and coordination.

Timeline

Five years.

Costed Work Plan

Issue 1: DUs and their SPs not recognised as an important group for prevention of HIV in Bhutan, for e.g. the National Strategic Plan does include a comprehensive package of services for prevention of HIV among DUs and their SPs and the TOR for Multi-Sector Task Force MSTF on HIV prevention does not specifically mention prevention of HIV among DUs and their Sex Partners SPs							
Activity	**Expected Outcome**	**Key Partner/Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget US $**	**Link to National Strategic Plan**
High level advocacy meeting with stakeholders to discuss inclusion of the comprehensive package in the Operational Plan of NSP	Stakeholders sensitised about comprehensive package	NACP, ICB, MHP, MOH	BNCA, UN – JT, NGO, Media	2 month	Stakeholders accept to include comprehensive package in the operational plan of NSP	5,000	Yes
NHAC meeting to include comprehensive package in the operational plan of NSP	NHAC members accept comprehensive package	Chairman NHAC, NACP	ICB, MHP, NGO, UN-JT	3 months	NHAC directs NACP to include comprehensive package in their work plan	0,000	Yes
Workshop with MSTF chairpersons & stakeholders to develop strategies and work plan	MSTF chairpersons sensitised and accept comprehensive package	NACP, ICB, MHP, MOH	BNCA UN-JT, NGO Media	5 months	Comprehensive package included in TOR for MSTF	10,000	Yes
Capacity building of MSTF	MSTF members more knowledgeable and skilled				No. of MSTF members attended training or study visits	50,000	
Implementation of the comprehensive package	MSTF members include comprehensive package in their work plan	NACP, ICB, MHP,	BNCA, UN – JT, NGO, Media	6 months	Workshop & training of MSTF members on comprehensive package	20,000	Yes
						85,000	

Issue 2: There is lack of harmony and clear understanding among various stakeholders with regard to provisions of laws and regulations on DUs and HIV prevention in the country. For example the NDPSSA Act 2005 does not distinguish DUs and Drug Traffickers							
Activity	**Expected Outcome**	**Key Partner/Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget**	**Link to National HIV Strategic Plan**
National level workshop to discuss legal provisions on DUs and HIV in the Bhutan Penal Code, the NDPSSA Act 2005	Stakeholders aware of various legal provisions for DUs & Traffickers in the country	BNCA, MOH, NC/NA	OAG, RCJ, RBP, NGOs, UN-JT	3 months	Discrepancies, duplication, shortages in the legal provisions identified	3,000	Yes
Inclusion of additional or amendments in the legal provisions with regards to DUs and drug traffickers	Draft amendment to include differentiation between DUs and drug traffickers	BNCA, MOH, NC/NA	OAG, RCJ, RBP, NGOs, UN-JT	3 months	Drafting committee formed and meet	10,000	Yes
Submit draft amendment to NCB, NHAC	Draft amendment endorsed by NCB, NHAC	BNCA, MOH	NGOs, UN-JT	3 months	NCB and NHAC discuss draft amendment	1,000	Yes
Submit draft amendment to Cabinet	Cabinet endorse draft amendment	Chairman NCB	BNCA, DOPH, NGOs, UN-JT	4 months	Cabinet discuss draft amendment	1,000	Yes
Submit draft amendment to NC/NA	NC/NA approve draft amendment	Speaker of Parliament, Chairman of NC	Chief Justice, Secretaries of NA/NC, Cabinet S	6 months	NC/NA discuss draft amendment	2,000	Yes
Revision of Laws and Acts to include comprehensive package with regards to DUs treatment	Government issues order to include amended law on DUs & traffickers	Cabinet & Members of NC/NA	OAG, RCJ, Secretaries NA/NC, Cabinet	7 months	Relevant clauses in Bhutan Penal code and Acts amended or added	2,000	Yes
Implementation of revised or amended law and Act on DU	Stakeholders implement revised or amended laws and acts	BNCA, OAG, RCJ, RBP, MOH	NGOs, UN-JT	8 months	Dissemination of amended law or Act with stakeholders	2,000	Yes
Publication, distribution and dissemination of revised law or act	Increased awareness among general public on laws related to DU	BNCA, RBP, OAG, RCJ, MOH	NGOs, UN-JT	9 months	Number of copies, and mass media campaigns conducted	30,000	Yes
						51,000	

Issue 3: There is lack of epidemiological data on DUs and their SPs in Bhutan							
Activity	**Expected Outcome**	**Key Partner/ Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget**	**Link to National HIV Strategic Plan**
Dissemination of NBA report among stakeholders and media	Stakeholders and general public aware of DUs & HIV among DUs in Bhutan	BNCA, DOPH	NGOs, UN-JT	4 months	Dissemination of information through various means including mass media	10,000	Yes
Development of standardised recording and reporting format on DUs and publication of forms	Standardised formats for recording and reporting developed	BNCA, MOH, NDELU, NGOs	UN-JT	4 months	Appointment of drafting team from among stakeholders	20,000	Yes
Training of stakeholders on recording, reporting and research on DUs	Stakeholders knowledgeable in recording, reporting & research methods	BNCA, MOH, NDLEU, NGOs	UN-JT	6 months	No. of training programmes or study visits organized	60,000	Yes
Collection of data, analysis and feedback to stakeholders and allocate resources to conduct research studies						30,000	
						120,000	

Issue 4: Inadequate treatment, rehabilitation and support services available for population of DUs and their SPs in the country							
Activity	**Expected Outcome**	**Key Partner/ Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget**	**Link to National HIV Strategic Plan**
High level national advocacy meeting for the necessity to establish treatment, rehab and support services for DUs and fund mobilization	Increased awareness and fund allocation	BNCA, MOH, NGO	NDLEU, UN-JT	3 months	Number of advocacy meetings held	3,000	Yes
Strengthen YDRC in terms technical and logistic capability to offer DU treatment and rehab services	YDRC provide comprehensive rehabilitation services	RBP, BNCA, MOH	MOE, MOLHR, RCJ, NDLEU, NGOs, UN-JT	6 months	Number of trainings for staff of YDRC and supply of logistics & equipments	10,000	Yes
Establishment of DICs & Self Help Groups in at least 5 border towns and 5 districts	More DUs seeking treatment & rehabilitation and remain sober	BNCA, MOH, NGOs	NDLEU, UN-JT	6 months	Recruitment of peer counsellors and acquirement of infra-structure	20,000	Yes
Development of a standard treatment guide and protocol for detoxification, treatment & rehabilitation for DU	Standard treatment guide available	BNCA, MOH, NGOs	NDLEU, UN-JT	3 months	Stakeholders discuss the standard treatment & rehab with consultant	10,000	Yes
Establishment of detoxification and treatment centre	Detox facility available	BNCA, MOH, NGOs	RCJ, NDLEU, UN-JT	3 months	Establish a separate temporary Detox and treatment centre in Thimphu	10,000	Yes
Establishment of rehabilitation centre	Rehab facility available	BNCA, MOH, NGOs	RCJ, NDLEU, UN-JT	3 months	Establish a temporary rehab centre in Thimphu	10,000	Yes
						63,000	

Issue 5: Lack of skilled professionals in the area of DU treatment and rehabilitation							
Activity	**Expected Outcome**	**Key Partner/ Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget**	**Link to National HIV Strategic Plan**
High level advocacy meeting with stakeholders on career development for addiction professionals (AP) in Bhutan	Key stakeholders accept need to create cadre and career ladder for AP	BNCA, MOH, RCSC, MOE	RBP, NGOs, UN-JT	3 months	Stakeholders discuss cadre & career ladder development for AP	3,000	Yes
Formulation of Cadre and Career ladder for AP	Draft cadre and career ladder for AP formulated	BNCA, MOH, MOE, RCSC, NDLEU	RBP, NGOs, UN-JT	6 months	Drafting committee formulate cadre and career ladders for AP	10,000	Yes
Government approval of cadre and career for AP	RGOB approves cadre and directs RCSC to implement	Chairperson NCB, Chairperson RCSC	MOE, RBP, NGOs, UN-JT	6 months	NCB approves cadre and submit to Cabinet	2,000	Yes
Training of AP outside country	GNH award funding to relevant agencies	RCSC, MOE,	MOH,BNCA, RUB, NGOs, RBP, UN-JT	9 months	RCSC directs relevant agencies to put HRD plans	50,000	Yes
Short term training of AP and treatment providers in the country	National consultant conduct training of AP	BNCA, MOH, NGOs	UN-JT	3 months	National consultant develop training curriculum and content	50,000	Yes
						135,000	

Issue 6: Prevalence of stigma and discrimination against drug users due to lack of understanding among general population and unsympathetic attitude of treatment providers to DUs discourages them to seek help							
Activity	**Expected Outcome**	**Key Partner/ Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget**	**Link to National HIV Strategic Plan**
High level advocacy meeting with stakeholders	Increased awareness & decrease stigma among treatment providers and stakeholder	BNCA, MOH, NGOs	UN-JT Media	3 months	No. of meetings & participants, No. of mass media campaigns	3,000	Yes
Involvement of DUs, CSWs and PLWHAs at planning, implementation and monitoring of service provision	Authentic first hand info and realistic program planning and implementation	BNCA, MOH, NGOs, RBP	UN-JT Media	3 months	No. of DU, CSW & PLWHA participating	10,000	Yes
Multi-media IEC package launched by a member of Royal Family or Prime Minister	Multi-media IEC package developed and approved by Health Minister	BNCA, MOH, NGOs, RBP	UN-JT Media	6 months	Development multi-media IEC package by stakeholders with help of consultant	13,000	Yes
Dissemination of IEC to treatment providers and general population through various means including use of mass media	Awareness and attitude change towards DUs & SPs among families, treatment providers and general population	BNCA, MOH, NGOs, RBP	UN-JT Media	6 months	NHAC & NCB discuss strategy for dissemination of info, BNCA and NACP implement the dissemination strategy	34,000	Yes
						60,000	

India

National Advocacy Consultant

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National Focal Agency – Drug treatment

Ministry of Social Justice and Empowerment, Government of India

ISSUE 1: There is lack of harmonised drug use and HIV policy for the country; the policies and programmes on drug use and HIV and the stakeholders within these needs to be harmonized

Advocacy Goal

A harmonised comprehensive drug policy for the country that facilitates implementation of comprehensive, evidence based interventions for drug users and their regular sex partners is in place.

Advocacy Objectives

- Enhanced understanding related to 'harm reduction' interventions for injecting drug users among certain sections and agencies
- Increased awareness among certain sections and agencies that evidence based interventions such as needle syringe programme (NSP) and opioid substitution therapy (OST) are effective evidence based harm reduction interventions
- Endorsement by the Apex body (the Prime Minister's Office) for the national HIV/drug use policy response comprising effective, evidence based, inclusive approaches that is jointly approved by the Narcotics Control Bureau (NCB), Department of Revenue, Ministry of Social Justice and Empowerment, Ministry of Health and Department of AIDS Control
- Harmonising the different responses for drug control from the various Ministries responsible for drug use related issues
- Effective mechanisms to link the various services for the drug users at the field level
- Adequate resources for a harmonized national drug use/HIV policy.

Key Advocacy Messages

- 'Abstinence only treatment approaches' for drug users have significant limitations
- Effective approaches for drug users and their regular sex partners are evidence based and engage Government, civil society, service providers, drug users and their families
- Comprehensive interventions for drug users ensures 'continuum of care' for them
- "Continuum of care" is feasible with effective linkage of various services at the field level
- Different interventions are effective for diverse needs/harms at different stages of drug use and in varied contexts.

Target Audience

- Policy makers (Prime Minister's Office, Parliamentary Board for AIDS Control, NCB, Department of Revenue, Ministry of Social Justice and Empowerment, Ministry of Health, Department of AIDS Control)
- Donors, Global Fund.

Advocacy Partners

- UN Agencies (UNODC ROSA, WHO, UNAIDS)
- IDU Taskforce
- Networks (Drug users networks, IHRN, Regional harm reduction networks, Positive networks)
- Civil Society and Service providers
- Lawyers Collective.

Opportunities for Advocacy

- National Advocacy Workshop jointly organized by NACO, UNODCC ROSA and WHO SEARO
- IDU taskforce meetings.

Steps to be taken

- Organizing a National Advocacy workshop jointly by UNODC ROSA, UNAIDS and WHO
- Seeking endorsement by Apex body (Prime Minister's office) for the National HIV policy related to drug use – UN Agencies, Civil Society, Networks
- Participation of the mass media, to facilitate a better informed media and improved communication of the harm reduction concept among the public – Media wing of the UN agencies, Civil Society, Networks
- Technical Resource Group devises a harmonised National drug use/HIV policy response – Subgroup of IDU taskforce along with representatives from the drug user networks and Lawyers Collective
- Forums to bring policy makers and drug users together – Parliamentarian forums in Drug use related conferences, meetings such as ICAAP
- Mechanisms for effective linkages of services at the field level - Joint consultation of relevant government ministries (MSJE, MOH, Department of AIDS Control).

Challenges

- Resource allocation for different components of comprehensive interventions
- Challenges in effective coordination across various Ministries and agencies.

Indicators

- Harmonised HIV/drug use policy response developed
- Evidence for linkage between TIs, drug deaddiction centres and drug detoxification-cum-rehabilitation centres.

Advocacy resources available and required

Resources available

- Project H-13 Resources
- IDU Taskforce.

Resources required

- Technical resource group to devise harmonised policy
- Funding to support harmonised policy and harmonisation across various ministries and agencies.

Role of UNODC, UN Joint Team, Mentor Agency

- Technical assistance
- Logistics and coordination.

Timeline

2009-2010.

ISSUE 2: Drug user participation at all levels – policy dialogue, design and development of interventions, implementation and evaluation of comprehensive interventions is to be guarenteed to enhance the effectiveness of HIV prevention programming for IDUs

Advocacy Goal

Participation of drug users guaranteed at all levels of HIV/drug use related concerns - policy development, development of comprehensive interventions for IDUs, implementation and evaluation of interventions for IDUs and their regular sex partners.

Advocacy Objectives

- Understanding among key decision makers that people who use drugs themselves are often best able to identify what works in a community and they need to be involved to create effective responses to the HIV epidemic
- Treatment environment for drug users and their regular sex partners is user-friendly as drug users are engaged at all levels of service delivery
- Increased participation of drug users in the policy discussions, design and nature of interventions, implementation and evaluation strategies at all levels – central, state, district and community

Key Advocacy Messages

- Drug users have demonstrated their ability to organize themselves and their networks have made significant contributions to their community
- Drug users only can reach out to the hidden populations who are at greatest risk and improve the effectiveness of HIV prevention and harm reduction services
- Based on the principle of 'nothing for us without us', drug users involvement in the design, development, implementation and evaluation of all HIV/drug use programs is essential

Target Audience

- Policy makers (Prime Minister's Office, Parliamentarian Form on AIDS Control, Ministry of Social Justice and Empowerment, Ministry of Health, Department of AIDS Control, Narcotic Control Bureau, Department of Revenue)
- Donors

Advocacy Partners

- UN Agencies (UNODC ROSA, WHO, UNAIDS)
- IDU Taskforce
- Networks (Drug users networks, IHRN, Regional harm reduction networks, Positive networks)
- Civil Society and Service providers
- Lawyers Collective

Opportunities for Advocacy

- Potential for collaboration with existing Drug user and HIV positive Networks
- Inclusion of Positive networks and Drug user network representatives in the current IDU Taskforce

Steps to be taken

- National level advocacy (UNODC ROSA, WHO) workshop to discuss the important principle of "Nothing for us without us"
- Work with the MOH, Department of AIDS Control, State AIDS Control Societies to include drug user representatives at all levels of national, state and district level design, development and implementation of HIV prevention programming

Challenges

- Laws such as NDPS Act criminalizing drug use and drug users
- Negative attitude of society towards drug users

Indicators

- Inclusion of drug user representatives at community, district, state and national level implementation of drug use related projects

Advocacy resources available and required
Resources available ▪ INP Plus and other Positive networks ▪ Drug networks; Harm reduction networks ▪ IDU taskforce Resources required ▪ HIV positive network of IDUs
Role of UNODC, UN Joint Team, Mentor Agency ▪ Technical assistance (WHO, UNAIDS) ▪ Logistics and coordination
Timeline 2009-2013

ISSUE 3: Currently, the coverage with comprehensive interventions for injecting drug users and their regular sex partners is inadequate and 'quality' interventions to scale is an urgent priority

Advocacy Goal

Scaled-up comprehensive interventions that are 'quality assured' are available for injecting drug users and their regular sex partners.

Advocacy Objectives

- Standardisation of interventions to ensure quality
- Developing comprehensive interventions for injecting drug users and their sex partners and prioritizing components for different contexts
- Developing comprehensive interventions for female injecting drug users; evidence based interventions for drug users in prisons
- Development of interventions for new injectors and non-injecting opioid users, with a potential for transition to injecting
- Support for interventions targeting regular sex partners of drug users and drug users in newly identified geographical locations
- Building capacity of Governments, civil society and health workers to implement scaled up comprehensive interventions
- Establishment of Regional Resource Centres in partnership with Civil Society and Governmental institutions

Key Advocacy Messages

- HIV epidemic amongst drug users is heterogeneous, requiring comprehensive interventions with varying priority in different geographical locations and contexts
- Standardised implementation of different interventions will improve quality and enable scale-up
- For effective impact, deliver comprehensive interventions to majority of injecting drug users including women drug users, new drug users and those in prison settings
- Preventing transition of injecting from non-injecting is essential and it is essential to target all opioid users
- Sexual transmission of HIV from and amongst the injecting drug users and their sex partners is preventable
- Local capacity is the key for successful implementation of comprehensive interventions
- An effective capacity system is critical for sustainable HIV control response

Target Audience

- Policy makers (Ministry of Social Justice and Empowerment, Ministry of Health, NACO, Narcotic Control Bureau, Department of Revenue)
- Donors, Global Fund
- UN Agencies (UNAIDS, WHO)

For Capacity building

- Governmental agencies
- Networks (Drug users networks, IHRN, Regional harm reduction networks, Positive networks)
- Civil Society and service providers
- Health workers

Advocacy Partners

- UNODC ROSA, WHO, UNAIDS
- IDU Taskforce
- Networks (Drug users networks, IHRN, Regional harm reduction networks, Positive networks)
- Civil Society and Service providers; Researchers

For Capacity building

- AIIMS; other academic institutions; Resource centres

Opportunities for Advocacy

- Review of current Targeted Interventions
- Global Fund; Gates Foundation/AVAHAN

Steps to be taken

- Develop a core package of interventions for injecting drug users in consultation with WHO
- Through civil society networks and other pressure groups, seek more funding and human resources support for comprehensive interventions for injecting drug users and their regular sex partners
- Identify potential Governmental institutions (such as medical colleges) and Civil Society organisations that can establish partnership to serve as Regional Resource Centres
- Lobby with the PM's office and Ministry of Finance for a senior position within Department of AIDS Control to provide leadership for designing and implementing comprehensive HIV interventions for drug users

Challenges

- Challenges in reaching out to majority of drug users and their partners (new drug users, women drug users, regular sex partners, drug users living in remote places)
- Sufficient funding for scaled-up comprehensive interventions
- Human resources for a scaled-up response
- Building a local capacity system

Indicators

- Development of a core package
- A senior position for HIV/drug use related issues in NACO
- Number of TIs – their scope and scale
- Allocation of funding for IDU interventions

Advocacy resources available and required

Resources available

- Current funding in NACP–III.

Resources required

- Increased funding
- Technical assistance

Role of UNODC, UN Joint Team, Mentor Agency

- Technical assistance
- Logistics and coordination

Timeline

2009-2013

ISSUE 4: Majority of HIV positive IDUs are not on ART at present and access to hepatitis diagnostics and treatment is limited

Advocacy Goal

There is increased coverage of ART for HIV positive drug users and improved treatment services for hepatitis C among injecting drug users.

Advocacy Objectives

- Opioid substitution therapy for most HIV positive active opioid users requiring ART
- Treatment literacy for HIV positive drug users and their HIV positive regular sex partners
- Increased coverage of ART for HIV positive drug users and their regular sex partners requiring ART
- Ready availability of appropriate antiretroviral medicines to treat IDUs who are co-infected with HBV/HCV and/or TB
- More trained health professionals and health workers for effective management of IDUs requiring ART
- Hepatitis diagnostics and treatment services are available in the public health sector (subsidized or free treatment)

Key Advocacy Messages

- Treatment for HIV-infected IDUs should include both treatments for HIV infection and drug dependence
- Treatment literacy for IDUs and physician training increases treatment access
- Specific guideline for treatment of HIV/hepatitis co-infected IDUs is available
- OST improves ART adherence among IDUs
- Hepatitis diagnostics and treatment is an integral component of comprehensive intervention package for IDUs

Target Audience

- Policy makers (Ministry of Social Justice and Empowerment, Ministry of Health, Department of AIDS Control, Narcotic Control Bureau)
- Donors, Global Fund
- UN Agencies (UNAIDS, WHO)

Advocacy Partners

- UN Agencies (UNODC ROSA, WHO, UNAIDS)
- IDU Taskforce
- Networks (Drug users networks, IHRN, Regional harm reduction networks, Positive networks)
- Civil Society and Service providers
- Lawyers Collective

Opportunities for Advocacy

- Advocacy for hepatitis diagnostics and treatment already initiated by Lawyers Collective and networks such as IHRN
- Potential collaboration with Positive networks such as INP Plus for treatment advocacy

Steps to be taken

- Work with accredited OST centres to include HIV + drug users
- Work with M&E subgroup in the Department of AIDS Control to collect disaggregated data (e.g., number of IDUs) on persons receiving ART
- Ensure dissemination of WHO's treatment literacy module to the NGOs and community based organisations (CBOs) to increase ART access for IDUs
- Collaboration with Positive networks to carry out treatment advocacy for HIV positive IDUs
- Lobby through Lawyers collective and civil society networks, positive networks for the procurement of appropriate ART medicines for management of HIV/HCV co-infections
- IDU taskforce to address physician and health workers training on ART for IDUs

Challenges

- Funding resources
- Training of physicians in managing HIV, hepatitis and other co-morbid conditions in IDUs

Indicators

- Number of HIV + IDUs on OST
- Number of HIV+ IDUs on ART
- Number of IDUs screened for hepatitis diagnostics and offered subsidized or free treatment

Advocacy resources available and required

Resources available

- NACO Guidelines for management of HIV/HCV co-infection
- Availability of OST in several centres and commitment to have 40000 IDUs on OST in the coming years

Resources required

- Funding
- Technical assistance

Role of UNODC, UN Joint Team, Mentor Agency

- Technical assistance (WHO)
- Logistics and coordination

Timeline

2009-2013

ISSUE 5: There is lack of integration of data between different Ministries and agencies involved in drug control and necessity for evidence based information to design future policy and programme directions for drug users and their regular sex partners

Advocacy Goal

HIV prevention and care programming for IDUs and their regular sex partners is designed based on evidence based information

Advocacy Objectives

- Harmonisation and integration of data between different Ministries and agencies involved in drug control
- Future HIV prevention and care programming for IDUs and their regular sex partners is developed or existing programme redesigned based on evidence based information

Key Advocacy Messages

- For a coherent response to HIV/drug use, data from different Ministries and agencies need to be harmonised and integrated
- Tracking HIV prevalence and risk behaviours of drug users over time is critical for understanding the heterogeneous HIV epidemic among IDUs in the country
- Well established monitoring and evaluation systems strengthen the evidence based programming and increase the impact of programmes

Target Audience

- Policy makers (Ministry of Social Justice and Empowerment, Ministry of Health, Department of AIDS Control, NCB)
- World Bank
- Donors, Global Fund

Advocacy Partners

- UN Agencies (UNAIDS, WHO, UNICEF)
- Civil society and networks (Drug users networks, IHRN, Regional harm reduction networks, Positive networks)
- Researchers and academicians

Opportunities for Advocacy

- Strategic management Information Unit within the Department of AIDS Control
- Revision of CMIS

Steps to be taken

- The IDU/HIV related operational definitions and indicators are finalised; consensual operational definition of various terms important to drug related M&E framework are available to all Ministries and agencies
- Standardised tools to collect surveillance data and service data are finalised
- Development of simple fact sheets based on the information gathered
- Work with Research wing of the Department of AIDS Control to conduct outcome research on IDU interventions

Challenges

- Coordination related to gathering of information and transmission of data in time by programme managers in various Ministries and agencies
- Representativeness of surveillance data

Indicators

- Establishment of guidelines for gathering IDU related HIV data
- Periodic (annual) fact sheets
- Programme design/redesign based on evidence

Advocacy resources available and required
Resources available ▪ Strategic Management Unit, Department of AIDS Control Resources required: ▪ Technical expertise
Role of UNODC, UN Joint Team, Mentor Agency ▪ Technical assistance (WHO) ▪ Logistics and coordination
Timeline 2009-2013

India Advocacy Strategy – Costed Workplan

Issue 1: There is lack of harmonised drug use and HIV policy for the country; the policies and programmes on drug use and HIV and the stakeholders within these needs to be harmonised				
Activity	**Expected Outcome**	**Partners**	**Indicator**	**Budget (USD)**
Organize a National Advocacy workshop	Government agencies agree to develop a harmonised drug and HIV policy	UNODC ROSA, UNAIDS, WHO, Civil society, NACO, MSJE, NCB, Department of Revenue	Workshop conducted and report printed	25,000
Technical Resource Group devises a harmonised National drug use/ HIV policy response	A harmonised National drug use/ HIV policy is developed	Subgroup of IDU technical resource group, India, representatives from the drug user networks, Lawyers Collective, UN partners	A harmonised National drug use/ HIV policy	20,000
Forums to bring policy makers and drug users together	Policy makers are sensitised on the issue of drug use and harm reduction and endorse the harmonised drug and HIV policy	Parliamentarian forums in drug use related conferences, meetings such as ICAAP	Number of policy makers/ parliamentarians attending the conferences on drugs/HIV/harm reduction	50,000
Participation of the mass media, to facilitate a better informed media and improved communication of the harm reduction concept among the public	Media sensitised on the issue of drug use and harm reduction	NACO, Media wing of the UN agencies, Civil Society, Networks	Increase in the number of media coverage on IDU and harm reduction	20,000
Seeking endorsement by Apex body (Prime Minister's office) for the National HIV policy related to drug use	The National Drug HIV policy endorsed by the PMO	NACO, UN Agencies, Civil Society, Networks	The harmonised drug HIV policy is submitted to the PMO	0
Mechanisms for effective linkages of services at the field level	Joint consultation of relevant government ministries (MSJE, MoH, Department of AIDS Control)	MSJE, MoH, Department of AIDS Control	Number of consultation meetings held jointly	0
			Sub Total	**115,000**

Issue 2: Drug user participation at all levels – policy dialogue, design and development of interventions, implementation and evaluation of comprehensive interventions is to be guaranteed to enhance the effectiveness of HIV prevention programming for IDUs				
Activity	**Expected Outcome**	**Partners**	**Indicator**	**Budget**
National level advocacy workshop to discuss the important principle of "Nothing for us without us"	Endorsement of the principle by the relevant Government agencies	UNODC ROSA, UNAIDS, WHO, Civil Society, NACO, MSJE	Workshop conducted and report made available to stake holders	25,000
Work to include drug user representatives at all levels of national, state and district level design, development and implementation of HIV prevention programming	Drug user representatives are involved in important technical committees, finalisation of action plans and programme monitoring committee	UNODC ROSA, UNAIDS, WHO, Civil society, Department of AIDS Control, State AIDS Control Societies	Number of relevant boards/ committees in which a drug user representative is a member	0
			Sub Total	**25,000**

Issue 3: Currently, the coverage with comprehensive interventions for injecting drug users and their regular sexual partners is inadequate and 'quality' interventions to scale is an urgent priority				
Activity	**Expected Outcome**	**Partners**	**Indicator**	**Budget**
Seek additional support in terms of funding and human resources for comprehensive interventions for injecting drug users and their regular sex partners	The existing norms (financial and human resource) followed for IDU interventions are rationalised	NACO, civil society networks and other pressure groups	Revision in the guidelines followed for human and financial resources for IDU interventions	25,000
Identify potential Governmental institutions (such as medical colleges) and Civil Society organizations that can establish partnership to serve as Regional Resource Centres	Selected medical colleges and NGOs function as Regional resource centres for capacity building	NACO, Technical Resource Group, Regional medical colleges, civil society organisations	Number of Regional resource centres established	10,000
			Sub Total	**35,000**

Issue 4: Majority of HIV positive IDUs are not on ART at present and access to hepatitis diagnostics and treatment is limited				
Activity	**Expected Outcome**	**Partners**	**Indicator**	**Budget**
Work with M&E subgroup in the Department of AIDS Control to collect disaggregated data (e.g., number of IDUs) on persons receiving ART	A system of collection of disaggregated data is established	NACO, Technical Resource Group - IDU & ART, M&E division of NACO, ART centres	Number of HIV positive drug users detected and number on ART	10,000
Ensure dissemination of WHO's module on treatment and care for HIV positive IDUs to increase ART access for IDUs	IDUs are aware of and access HIV related treatment including ART	NGOs, CBOs, WHO, NACO	Number of dissemination/training workshops held	20,000
Collaboration with Positive networks to carry out treatment advocacy for HIV positive IDUs	IDUs are aware of and access HIV related treatment including ART	Positive networks, NGOs, CBOs, NACO	Number of advocacy workshops held	20,000
Work with accredited OST centres to include HIV positive drug users	Majority of HIV positive drug users receive OST	NACO, civil society networks and accredited OST centres	Number of HIV positive drug users receiving OST	10,000
Lobby for the procurement of appropriate ART medicines for management of HIV/HCV co-infections	Procurement of appropriate ART medicines for management of HIV/HCV co-infections	NACO, WHO, Lawyers collective, civil society and positive networks	Number of meetings held between stakeholders	10,000
			Sub Total	**70,000**

Issue 5: There is lack of integration of data between different Ministries and agencies involved in drug control and necessity for evidence based information to design future policy and programme directions for drug users and their regular sexual partners				
Activity	**Expected Outcome**	**Partners**	**Indicator**	**Budget**
The IDU/HIV related operational definitions and indicators are finalised	Consensual operational definition of various terms important to drug related M&E framework are available to all Ministries and agencies	NACO, Technical Resource Group - IDU, M&E division of NACO, MSJE, Ministry of Health	Meeting on consensus on definitions and indicators held; report published	20,000
Standardised tools to collect surveillance data and service data are finalised	There is uniform understanding on the epidemiological situation and response with regards to IDUs among all the stakeholders from the Government	NACO, Technical Resource Group - IDU, M&E division of NACO, MSJE, Ministry of Health	Standardised tools to collect surveillance data and service data are developed	20,000
Development of simple fact sheets based on the information gathered	Fact sheets are developed	NACO, Technical Resource Group - IDU, MSJE, Ministry of Health	Fact sheets are published and disseminated to relevant agencies	20,000
Conduct outcome research on IDU interventions	Outcome research on IDU interventions is conducted	NACO, Technical Resource Group - IDU, Research division of NACO, Regional resource centres	Research report published and disseminated	25,000
			Sub Total	**85,000**
			Grand Total for all the five key issues	**330,000**

Maldives

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ISSUE 1: The drug law – specifically 17/77 – is inappropriate for HIV prevention and is currently being amended
Advocacy Goal Make sure the drug law is amended correctly and completely.
Advocacy Objectives: Amended drug law will: ▪ Categorize dealers, peddlers and users correctly ▪ Guarantee the right to treatment without admission of guilt ▪ Include national guidelines ▪ Define drug possession regarding category of drugs and amounts ▪ End mandatory sentences for relapse.
Key Advocacy Messages ▪ Drug addiction is a disease, not a crime – drug users need support and services, not punishment ▪ Mandatory jail sentences for drug users trap them in a cycle of addiction.
Target Audience ▪ Law firm drafting law ▪ Stakeholders who will review law ▪ Parliament.
Advocacy Partners: ▪ NGOs working with drug users (Journey, SWAD); UNJT
Opportunities for Advocacy ▪ Law is currently being amended with periodic opportunities for review and discussion.
Steps to be taken ▪ Conduct key informant interviews to assess the attitudes & opinions of groups of stakeholders who will review the draft law *(NGO Journey, civil society, NAC, UNJT)* ▪ Develop advocacy kit (based on evidence) including CD with powerpoint about benefits and effects of changes in the drug law, (*local consultant, NGO Journey, civil society, NAC, UNJT*)

- Train individuals in advocacy skills, e.g. presenting and responding to questions about proposed changes in the drug law. (*NGO Journey, civil society groups, NAC*)
- Conduct meetings and hold discussions with groups of stakeholders (e.g. parliamentarians, MPs, media, others) who will review the draft law. (*Trained advocates, NGO Journey*)
- Identify selected journalists with interest and ability to write fairly and give them information about need for a change in approach to drug users. (*NGO Journey*)
- Write a series of evidence-based articles about needed changes in drug law (*Journalists*)
- Advocates interviewed on radio and tv about needed changes in drug law (*Trained advocates*).

Challenges

- Different views of drug addiction (e.g. punitive approach, religious perspective, etc.)
- Lack of interest or commitment from decision makers.

Indicators

- Advocacy kit developed
- Number of presentations to stakeholders who will review draft law
- Number of journalists trained
- Number of articles written
- Number of desired changes in the drug law.

Resources available and required

Available

- Committed NGOs representing recovering drug users
- Assistance of UNJT.

Needed

Facts, evidence of success of different approach to drug users from Maldives and elsewhere (UNODC, other regional advocacy documents).

Role of UNODC, UN Joint Team, Mentor Agency

- UNODC, UNJT – International standards & policies, evidence of success, TA
- Mentor agency - Organize opportunities to meet stakeholders.

Timeline

Maximum 6 months.

ISSUE 2: There is no survey on drug abuse, so lack of evidence, numbers and trends to allow evidence-based responses

Advocacy Goal

A nationally representative, comprehensive reliable and up to date research on the issue of the substance abuse and HIV, completed and made available.

Advocacy Objectives

- A detailed substance abuse survey will be carried out.

There will be evidence to

- Develop, design and implement *and fund* effective interventions
- Advise policymakers
- Create public awareness.

Key Advocacy Messages

- Policies, regulations and laws will be formulated based on the most recent research evidence
- All interventions on drug and HIV will be based on most recent research evidence
- All public awareness campaigns/programs will be based on most recent research evidence
- There will be more opportunity to access funds/TA from international organisations with solid research evidence.

Target Audience

- Policy makers (Narcotics Control Council)
- Focal ministry (MoHF)
- Department of National Planning (DNP).

Advocacy Partners

- Civil society organisations working with drugs and HIV (Journey, SWAD, SHE).

Opportunities for Advocacy

- Meetings of the NCC
- Planning meetings
- Future Search follow up meetings.

Steps to be taken

- Prepare a concept note including an overview of research design–submit to NNC
- Establish a partnership with government and NGOs to conduct the research
- Train 10 focal points to coordinate and monitor the research
- Conduct monitoring visits to survey sites in the south (2) and north (2).

Challenges

- Reluctance in communities to talk or ask questions about drugs
- Funds/technical expertise.

Indicators

- Study approved
- Research underway
- Research completed, nationwide data available

Resources available and required

Available

- Committed civil society organisations
- NAP staff, NGO and National Research Unit trained on mapping & estimations in Bangkok

Required

- Funding
- Technical Assistance
- Training in research methodologies.

Role of UNODC, UN Joint Team, Mentor Agency

UNODC, UNJT: Provide funding support, TA for survey.

Timeline

1 year.

ISSUE 3: Services for IDUs and HIV are focused in Male and Addu, but the drug using population is dispersed over 200 islands

Advocacy Goal

Empower every island to serve the needs of drug users, by strengthening available resources through mobile training teams (as outlined in Future Search).

Advocacy Objectives

Persuade government to adopt island-based approach to HIV as outlined in Future Search (island-based services for HIV and drug abuse throughout the Maldives) strengthening available resources, including:

- Health posts
- CBOs
- Teachers
- Community members.

Key Advocacy Messages

- Island-based services are more direct, make use of local capacity and save money
- Let's take HIV and IDU services to the people
- A truly Maldivian solution to a uniquely Maldivian problem
- Every member of society must understand drugs and drug-related issues in order to make informed personal choices and help the community respond effectively.

Target Audience

- National Narcotics Council
- National AIDS Council
- Ministry of Health and Family
- Ministry of Atolls
- Provincial Governments.

Advocacy Partners

- UNJT, Global Fund advocating to NNC and NAC
- Mobile advocacy team empowered by NNC, NAC, NAP, comprised of NGOs, NOHF, MoHA and DRS.

Opportunities for Advocacy

- New Government desire to address drug issue, recognizing demand reduction
- On-going meetings between NGOs and new government leaders
- Provincial ministry meetings
- Atoll level meetings.

Steps to be taken (what/who)

- Based on the data gathered in the survey (issue no. 2)
- Conduct a workshop to develop the concept of island level service delivery for IDUs/HIV, on levels of services, how to deliver, phased approach (*UNJT, NAP, NGOs*)
- Designate a committee to draft a concept/paper, with evidence of successful community-run services from Maldives and other countries
- Present concept paper to NNC, NAC, MoHF, MoHA, and Ministry of Atolls to get their agreement to the new approach including:
  - establishment of demonstration atoll(s), e.g. Ghaaf Alif & Ghaaf Dal
  - development of curriculum for training in needed service delivery skills
- Possibly: Develop a mobile advocacy team to present evidence from the survey and the new concept of community-based services to atolls.

Challenges

- Lack of public awareness of the scope and scale of the national drug problem
- Judgmental attitudes toward drug users, favouring punishment not services.

Indicators

- Concept paper for community-based services developed
- NNC, NAC, MoHF, MoHA and Min. Atolls agree.

Advocacy resources available and required

Available

- Each atoll has fully functional hospital
- Each island has health post or center
- Each island has school, teachers
- Example of Indonesia "empowered youth program".

Needed

- TA with planning, concept
- Funding for training and set up of demonstration site.

Role of UNODC, UN Joint Team, Mentor Agency

UNODC, UNJT - Planning, training, funding, TA, monitoring

Mentor agency – communication with atolls.

Timeline

Advocacy 1 year; Island-based approach.

ISSUE 4: Lack of coordination among stakeholders at national level

Advocacy Goal

Support Future Search, proper coordination among stakeholders at national level, as planned by Future Search.

Advocacy Objectives

NNC and NAC together will establish a proper coordination mechanism for:

- Better resource mobilization
- Coordinated effort to respond to drugs and HIV issues
- Reduced duplication of activities, resources saved
- Proper information exchanged.

Key Advocacy Messages

- Lack of coordination means missed opportunities, duplication and wasted resources
- Good coordination means efficient and effective implementation of programs.

Target Audience

- Narcotics Control Council (newly established under President's Office)
- National AIDS Council.

Advocacy Partners

- NGOs and CBOs, esp. Journey, Society for Health Education (SHE)
- Ministry of Health and Family
- UNJTA.

Opportunities for Advocacy

- Policy level meeting (sensitising workshop for parliament members).

Steps to be taken

Establish a Coordination Committee managed by NAP manager to assist with development of Secretariat for NCC (as proposed in Future Search) to assist with:

- Developing reporting format for HIV and drug related activities
- Identifying of focal points for all stakeholder groups
- Planning website with links to all relevant data for programs regarding HIV in the Maldives calendar of events, focal points, research, etc.

Challenges

- Lack of awareness that coordination is important
- Personal and institutional competition and jealousy may interfere with pooling of resources.

Indicators

- Formation of Coordination Committee
- Reporting format established
- Website planned
- Secretariat formed; website up and running.

Advocacy resources available and required

Available

- NCC & DDPRS, MoHF convinced of the need for coordination
- IT capacity.

Needed

- Funding for website
- Technical assistance in website development.

Role of UNODC, UN Joint Team, Mentor Agency

- Support Coordination Committee in monitoring
- Technical assistance
- Financial support.

Timeline

6 months.

ISSUE 5: Policymakers are not convinced of the value of Harm Reduction as an HIV prevention approach

Advocacy Goal

Increased awareness leading to better policy decisions in the context of drugs and HIV prevention

Improved planning & strategy development.

Advocacy Objectives

Policy makers sensitised to drug-driven HIV and effective interventions will develop policies leading to effective prevention including:

- MMT and needle and syringe exchange
- Drug users allowed to go to rehabilitation more than 1-2 times if needed (*MoHA*)
- Withdrawal will be treated like other diseases at hospitals without informing the police (*MoFA, MoHA*)
- Persons arrested under influence of drugs will be given medical treatment throughout withdrawal (*MoHA, MoFA*)
- 5-year restriction in civil service on hiring for people with drug arrest records will be lifted
- Council takes initiatives to develop policies that assist HIV prevention efforts.

Key Advocacy Messages

- Every drug user should have access to at least one of the programmes that minimise the spread of HIV
- Harm reduction approaches protect the public from HIV
- No one should be stigmatised or abused because he/she is a drug user
- Drug users have the same human rights as other Maldivians
- Drug abuse has been a problem for decades and a criminalized approach has not improved it
- Once a person is addicted, she/he cannot exercise a full range of choices but needs help and support.

Target Audience

- Ministers, State Ministers and Deputy Ministers of MoHA, MoHF, MoIA
- Attorney General
- Prosecutor General
- Police Commissioner
- Chief Justice
- Parliamentary group on drug law & policy.

Advocacy Partners

- NGOs
- NAP
- Multilateral agencies.

Opportunities for Advocacy

- Global Fund Policy Makers Sensitisation on HIV and IDUs
- Anti Drug Abuse Day
- World AIDS Day
- Amendment to current drug law.

Steps to be taken

- Conduct Key Informant interviews to assess opinions of current policymakers
- Develop information package on policy needs of IDUs and HIV prevention, using good examples from elsewhere
- Develop sensitisation activities, materials
- Partner with GF in Sensitisation of High Level Policymakers re. HIV (GF's suggestion)
- Possible exposure visits e.g. Iran, Indonesia.

Challenges

- Limited time of policymakers
- Traditional assumptions about IDUs
- Maintain good collaboration with GF to do sensitisation workshop.

Indicators

- Number of policymakers sensitised
- Number of leaders identified and trained
- Pre- and post-test of attitudes of sensitised policymakers
- Policies changed.

Advocacy resources available and required

Available

- Committed NGO, UNJT, NAP Manager.

Required

- Examples, evidence of successful policies from other countries.

Role of UNODC, UN Joint Team, Mentor Agency

UNODC – Technical expert

UN Joint Team – coordination and funding

Mentor agency – encouragement for high level policymakers to attend sensitisation meeting.

Timeline

One year.

Issue 1: The drug law – specifically 17/77 – is inappropriate for HIV prevention and is currently being amended							
Activity	**Expected Outcome**	**Lead Partner**	**Partners**	**Timeline**	**Indicator**	**Costs in detail**	**Budget**
Conduct key informant interviews to assess the attitudes & opinions of groups of stakeholders who will review the draft law	Information gathered on likely responses to amended drug law – especially points of contention, misunderstandings	NGO Journey	Civil society, NAP UNJT	Oct. 2009	Key points for advocacy identified	None	
Develop advocacy kit & CD with powerpoint about benefits and effects of changes in the drug law	Prototype of advocacy kit with powerpoint	Local consultant	Civil Society, AP UNJT	Oct. 2009	Power point presentation developed Advocacy kit designed	Consultant 20 days @ 500 MRF	10,000 MRF
Pretest advocacy kit & CD on small sample of stakeholders and media	Advocacy Kit modified appropriately	NGO Journey	Local consultant, Civil Society		Advocacy kit pre-tested and modified	10 gifts for respondents @ 300 MRF	3,000 Mrf
Produce advocacy kits in Divehi and English for media, parliamentarians, drug committee, ministers	500 advocacy kits to explain and garner support for new drug law	NGO Journey	Civil Society, NAP UNJT	Nov. 2009	No. of kits with CDs produced	500 kits @ 300 MRF	150,000 MRF
Train individuals in advocacy skills regarding new drug law (1-day training)	20 advocates who can present info and field questions skilfully re. changes in drug law.	NGO Journey	Civil Society NAP UNJT	Nov. 2009	No. of individuals trained as skilled advocates	Training Room: 1,500 MRF Refreshments: 95 x 20 MRF Stationery: 1000 MRF	4,400 MRF
Conduct meetings/ hold discussions with groups who will review or present info on the draft law	3 stakeholder meetings held for: Parliamentarians Media MPs & Others	Trained advocates, supervised by NGO Journey	Civil Society NAP UNJT	Dec. 2009 – March 2010	No. of meetings held	Meeting Rooms: 3 x 1,500 MRF Refreshments: 95 x 3 x 30 MRF Stationery: 3 x 1000 MRF	16,050

Activity	Expected Outcome	Lead Partner	Partners	Timeline	Indicator	Costs in detail	Budget
Select & brief journalists who write sponsored articles	6– 0 journalists contracted to write sponsored articles	NGO Journey	Civil Society NAP, UNJT	Dec. 2009	No. of journalists briefed & contracted	n/a	n/a
Write series of evidence-based articles about needed changes in drug law	6–10 articles, Increased public understanding of need for change in drug law	Journalists	NGO Journey, NAP, UNJT Civil Society	Dec. 2009– March 2010	No. of sponsored articles published	10 articles x 10 pp x 250 MRF	25,000 MRF
Advocates interviewed on TV and radio about benefits of new drug law	7–14 radio, TV interviews with advocates	Trained advocates	NGO Journey, Civil Society NAP UNJT	Dec. 2009 – March 2010	No. of appearances by trained advocates on radio, TV	14 hours x 250	3,500 MRF

Total budget for Issue 1: 211,950 MRF @ 7.75 = 27,348.39 USD.

Issue 2: There is no survey on drug abuse, so lack of evidence, numbers and trends to allow evidence-based responses							
Activity	**Expected Outcome**	**Lead Partner**	**Partners**	**Timeline**	**Indicator**	**Costs in detail**	**Budget**
Engage consultant to prepare concept note, train focal points and follow up on research	Consultant on board	NAP	Civil Society (Journey, SWAD, SHE), UNJT		Consultant identified, engaged	66 days @ 300 USD	19,800 USD
Consultant international travel	4 visits	NAP	-		No. of visits by consultant	4 round trips Male' – Colombo @ 400 USD	1,600 USD
Prepare concept note on research, submit to NNC	Inputs into design of national survey	Consultant with NAP	Civil society (Journey, SWAD, SHE) UNJT		Concept note done	n/a	n/a
Train 10 focal points in research methods (10 half-days of training)	10 individuals trained as focal points to monitor research	Consultant with NAP	Civil society (Journey, SWAD, SHE) UNJT		No. of focal points trained	Meeting room: 5 days @ 1500 MRF, Refreshments: 5 x 10 x 95 MRF Stationery: 1500 MRF	13,750 MRF
Monitoring visit to Foah Mullah & Addu – 4 days (consultant & 2 focal pts)	Research going well	Consultant with NAP	Civil society (Journey, SWAD, SHE) UNJT	During survey	No. of sites monitored	Travel air island aviation to Gan @ 2,400 MRF x 2 Travel sea @ 200 MRF x 2 trips x 2 Local ground travel foahmullah @ 200 MRF x 2 days Local ground travel Addu @ 600 MRF x 2 days Lodging @ 400 x 2 x 4 days Per diem @ 300 x 2 x 4 days	12,800 MRF

Activity	Expected Outcome	Lead Partner	Partners	Timeline	Indicator	Costs in detail	Budget
Monitoring visit to Laamu (Hahdhummathi)– 3 days (consultant & 2 focal pts)	Research going well	Consultant with NAP	Civil society (Journey, SWAD, SHE) UNJT	During survey	No. of sites monitored	Travel air island aviation to Kadhoo @ 1,800 MRF x 2 Travel sea @ 4,000 MRF x 2 Local ground travel @ 200 MRF x 3 days Lodging @ 400 MRF x 2 x 3 days Per diem (food & incidentals) @ 300 MRF x 2 x 3 days	16,400 MRF
Monitoring visit to Lhavieni/Noonu – 3 days (Consultant & 2 focal pts)	Research going well	Consultant with NAP	Civil society (Journey, SWAD, SHE) UNJT	During survey	No. of sites monitored	Travel air taxi @ 1,500 MRF x 2 Travel sea @ 4,000 MRF x 3 days Local ground travel @ 200 MRF x 3 days Lodging @ 400 MRF x 2 x 3 days Per diem (food & incidentals) @ 300 MRF x 2 x 3 days	19,800 MRF
Monitoring visit to Haa Dhal – 3 days (Consultant & 2 focal pts)	Research going well	Consultant with NAP	Civil society (Journey, SWAD, SHE) UNJT	During survey	No. of sites monitored	Travel air island aviation to Hanimaadhu @ 1,800 MRF x 2 Travel sea @ 4,000 MRF x 2 Local ground travel @ 200 MRF x 3 Lodging @ 400 MRF x 2 x 3 days Per diem (food & incidentals) @ 300 MRF x 2 x 3 days	16,400 MRF

Total Budget for Issue 2: 79,150 MRF @ 7.75 = 10,212.90 USD + 21,400 USD = 31,612.90 USD.

Issue 3. Services for IDUs and HIV are focused in Male and Addu, but the drug using population is dispersed over 200 islands							
Activity	**Expected Outcome**	**Lead Partner**	**Partners**	**Timeline**	**Indicator**	**Costs in Detail**	**Budget**
Based on data gathered in survey, conduct a workshop to develop the concept of island level service delivery for IDUs, HIV	Draft concepts for island level service delivery	NAP	UNJT, Civil Society		Workshop conducted; ideas gathered	Meeting room @ 1500 MRF Refreshments: 30 x 95 MRF Stationery: 1000 MRF	5,350 MRF
Designate a committee to draft a concept/paper, with evidence of successful community-run services from Maldives and other countries	Concept paper	Committee	NAP, UNJT, Civil Society		Concept paper drafted and agreed on by workshop participants	n/a	n/a
Present concept paper to NNC, NAC, MoHF, MoHA, and Ministry of Atolls to get their agreement to the new approach including: ▪ establishment of demonstration atoll (s), e.g. Ghaaf Alif & Ghaaf Dal ▪ development of curriculum for training in needed service delivery skills	NNC, NAC, MoHF, MoHA and Ministry of Atolls agree	Committee	NAP, UNJT, Civil Society		No. of ministries hearing presentations	n/a	n/a

Total Budget for Issue 3: 5,350 MRF @ 7.75 = 690.32 USD.

Issue 4. Lack of coordination among stakeholders at national level							
Activity	**Expected Outcome**	**Lead Partner**	**Partners**	**Timeline**	**Indicator**	**Costs in detail**	**Budget**
Establish a Coordination Committee managed by NAP manager to assist with development of Secretariat for NCC (as proposed in Future Search) to assist with: ▪ Developing reporting format for HIV and drug related activities ▪ Identifying focal points for all stakeholder groups ▪ Planning website with links to all relevant data for programmes regarding HIV in the Maldives, calendar of events, focal points, research, etc.	Committee to assist with realising plans peoposed during Future Search	NAP	Civil Society Ministry of Health and Family UNJTA		Formation of Coordination Committee Reporting format established Focal points identified and active Website planned	n/a	n/a

Total Budget for Issue 4: No cost.

Issue 5. Policymakers are not convinced of the value of Harm Reduction as an HIV prevention approach Essue							
Activity	**Expected Outcome**	**Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Costs in detail**	**Budget**
Determine research questions and develop discussion guide for key informant interviews	Clearly stated research questions reflected in Discussion Guide for policymakers	NAP	Civil Society (Journey, SWAD, SHE)		Discussion guide developed	n/a	n/a
Train interviewers in in-depth interview & note-taking techniques using discussion guide	Interviewers trained	NAP	Civil Society (Journey, SWAD, SHE)		No. of interviewers trained	Meeting room @ 1500 Refreshments: 10 x 95 MRF	2,450 MRF
Conduct Key informant interviews to assess opinions of current policymakers		Trained interviewers	NAP, Civil Society (Journey, SWAD, SHE)		No. of key informant interviews conducted	40 gifts for respondents @ 300 MRF	12,000 MRF
Local consultant to analyze data 2 weeks @ 500/day	Data on opinions of policymakers suitable for info package	Local Consultant	NAP, Civil Society (Journey, SWAD, SHE)		Qualitative data analysed	10 days @ 500 MRF	5,000 MRF
Develop content for information package on policy needs of IDUs and HIV prevention, using good examples from elsewhere	Curriculum/activities for training, and content for info package for policymakers	Regional Consultant	NAP, Civil Society (Journey, SWAD, SHE)		No. of sensitisation activities developed No. of key messages for information package developed	30 days @ 300 USD	9,000 USD
Design information package on policy needs of IDUs and HIV prevention, using good examples from elsewhere.	Prototype of information package	Design/ad agency	Regional Consultant, NAP Civil Society (Journey, SWAD, SHE)		Information package designed	40,000 MRF	40,000 MRF

Activity	Expected Outcome	Lead Agency	Partners	Timeline	Indicator	Costs in detail	Budget
Pretest information package on small sample	Information package suitable, persuasive for policymakers	Trained interviewers	Regional Consultant, NAP Civil Society (Journey, SWAD, SHE)		Information Package pretested & modified	3 gifts for respondents @ 300 MRF	900 MRF
Produce information packages for policymakers	Information pack	Production agency	Regional Consultant, NAP Civil Society (Journey, SWAD, SHE)		Information package produced	40 advocacy kits @ 300	12,000 MRF
Develops sensitisation training activities, materials	Participatory activities for policymakers' sensitisation sessions	Regional Consultant	NAP Civil Society (Journey, SWAD, SHE)		No. of training activities developed	n/a	n/a
Partner with Global Fund in sensitisation for high level policymakers		NAP	Civil Society (Journey, SWAD, SHE)		Pre- and post-test of policymakers sensitised	n/a	n/a
Conduct 2 meetings for policymakers		NAP	Civil Society (Journey, SWAD, SHE)		Pre- and post-test of policymakers sensitised	Meeting hall 2 @ 1500 MRF Refreshments: 2 x 20 @ 95 MRF	6,800 MRF

Total Budget for Issue 5: 79,150 MRF @ 7.75 = 10,212.90 USD + 9,000 USD = 19,212.90 USD.

TOTAL FOR 5 ISSUES = 78,864.81 USD.

Nepal

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ISSUE 1: Ambiguous laws related to Narcotic Drugs
There are two critical laws governing the issues, Drug Administration Act (BS 2035, 1978) and Narcotic Drug Control Act (BS 2033, 1976). Both acts tend to suppress and control the use of drug and in both case punitive actions have been suggested. National constitution and Drug control policy have safe guarded the rights to health services. There is a need to promote concept of treatment for drug dependence and greater.
Advocacy Goal Amendment of ambiguous laws and policies Revised Drug Administration Act and Narcotic Drug Control Act focused on corrective actions rather than just punishment.
Advocacy Objectives ▪ Drug administration act and narcotic drug control acts revised ▪ Sensitised Constitutional Assembly members to the need for revision of acts.
Key Advocacy Messages ▪ Changing the discriminatory law will protect the young people from HIV infection and drug use. ▪ Corrective actions are more effective and acceptable than punitive actions ▪ Treat, Don't Punish – drug dependence can be treated; Drug dependence is a disease it is not a crime ▪ Demand reduction and Harm reduction should go hand in hand.
Target Audience ▪ Parliamentarian/CA Members ▪ Ministry of Home Affairs ▪ Ministry of Health and Population/NCASC ▪ Ministry of Law and Justice.
Advocacy Partners ▪ National Harm Reduction network (NANGAN, NEHA, JAGRITI, NHRC, RN and others) ▪ National association of People living with HIV and AIDS ▪ UNODC, UNAIDS, WHO ▪ Community members.

Opportunities for Advocacy

- "Social Inclusion" has become a central theme in all social and political development process including drafting of New Constitution for the country. This is an opportunity to include DUs/IDUs in the policy and planning process that affects the DUs and IDUs
- National Action Plan for HIV (2008-2011)
- National Risk Reduction and Demand Reduction Strategy (draft and subsequent revision process)
- National HIV/AIDS Strategy (2006-2011) revision period
- 4th National AIDS Conference (2010)
- International Human Rights Day (December 10).

Steps to be taken

- Amendment Bill (for Narcotic Drug Control Act) has already been prepared and undergoing revision process– advocacy for its early endorsement is required. With the initiation of Ministry of Home Affairs, national networks will coordinate with HIV and STI Control Board; Ministry of Health (NCASC) for additional inputs and initiate action for early endorsement of the Bill. Amendment Bill (Drug Administration Act) prepared
- Greater consultations with law enforcement agencies, UN agencies, NGOs, INGOs
- Prepare Fact Sheets/brief and disseminate to key target audiences and other stakeholders at all levels (centre, district and community) to create wider supportive environment for changes in discriminatory law and practices
- Draft Amendment Bill will be shared with national level stakeholders – led by Ministry of Home in collaboration with HSCB and NCASC
- Final bill will be sent to Ministry of Law and Justice to have it registered for parliamentary session
- Organise carefully designed workshops for CA members taking into consideration of their busy schedules and different political and social background, needs to be implemented several times. Constituent Assembly members (parliamentarians) require specific and timely information for them to be able to influence the law and policy development process.

Challenges

- It is likely to be less priority for CA members. (Making new constitution is their first priority)
- Conflicting interests of national level networks, therefore difficulties in coordination
- Uncertain political situation and frequent changes of government officials at key ministries
- Cumbersome, lengthy and centralised administrative and bureaucratic process to bring rapid changes in law and legislative procedures.

Indicators

1. Acts revised and draft amendment bill in place
2. Number of sensitisation events conducted.

Advocacy resources

Resource Available

- National Drug Policy
- There is National Coordinating committee for Drug abuse control chaired by Home Minister, if active this committee can influence the harm Reduction issues at the Policy level
- National strategy for HIV and AIDS
- Nepal National Advocacy Plan on HIV and AIDS
- National Strategy for Drug control. (Draft)
- National Action Plan for HIV and AIDS (2008 – 2011).

Resource Required

- Funding to support, consultants, facts sheets development, events management.

Timeline

Three years

ISSUE 2: Discriminatory practices of service providers and society

There are widespread discrimination and avoiding attitude in health care settings for IDUs/DUs seeking health care. Due to this, many IDUs/DUs end up with quacks for their health care needs paying higher cost for inferior and often inappropriate treatments. This is more so for women and girls I/DUs.

Advocacy Goal

Improved attitude of health care providers and society

Attitude of health care providers improved and existence of IDUs/DUs accepted among the general population, reducing the prevailing stigma and discrimination. In other words the culture of denial is minimised.

Advocacy Objectives

- Acceptance of IDU/DUs improved among Health care providers. Hospital and Health care system will understand and internalise the relationship between HIV prevention among IDUs/DUs and accepts the need for addressing the issues of IDUs/DUs
- Stigma and discrimination reduced. Stigma and Discrimination will be reduce against the IDUs in Health care settings.

Key Advocacy Messages

- Stigma and discrimination cause vulnerability leading to spread of HIV
- Drug use is a disease, treat it. Health problem should not be a crime
- Harm Reduction "Works". HIV prevalence has started declining among IDUs
- Drug use and HIV are now in our society; denial is no solution.

Target Audience

- Ministry of Health and population
- Parliamentarians/CA members
- Teaching hospitals and Health training institutions
- Social workers and religious leader
- Local Authorities (DDC, DACC, Municipalities etc.).

Advocacy Partners

- NGOs and CBOs who are actively involved in HIV and DRUG prevention activities.
- National Networks and MARPs leaders
- Youth Alliances and their networks
- Celebrities Sports, Music, Films and Televisions
- Recovering users.

Opportunities for Advocacy

- JAR (Joint Action Review) organised by Ministry of health regularly
- National Action Plan (2008 – 2011) revision period.
- Global Fund Rd 7 and DFID/UNDP programmes for DU/IDUs
- Social/cultural/festival events
- Day Celebration.

Steps to be taken

- Updates/briefs prepared and shared with leaders at national and local level by network delegates and NGO leaders
- Conduct series of special sessions with top level health leaders and local health service providers including training institutions through the civil societies with support from UN agencies
- Train and engage all types of Media (TV, FM Radio, and Print) so that they will highlight such behaviour to public and encourage acceptance – responsible MoHA/UNODC
- Engage celebrities through direct meetings and give them updates and briefs on the issue. They will be supported to take public stands and present a role model for acceptance of IDUs/DUs with Media – responsible Networks with TA from UN team
- Organise "Have your say" or "Open and speak up" events at various levels – responsible CSOs.

Challenges

- Uncertain political situation to make any policy changes regarding improvement in health services
- Conflicting interest and approach among networks and government authority
- Drugs use and HIV/AIDS is not the first priority of Hospital and health care centres
- Fear of criminal offence, social humiliations and discrimination, family reaction are among the major factors affecting the Drug Users in accessing health and other services.

Indicators

- IDUs/DUs will get quality services from mainstream health services centre. This is to be expressed by the service seekers in regular reporting and during client exit survey
- Social leaders speak about HIV and drug in their other speeches.

Advocacy resources

Resource Available

- National Drug Policy
- There is National Coordinating committee for Drug abuse control chaired by Home Minister, if active this committee can influence the harm Reduction issues at the Policy level
- National strategy for HIV and AIDS
- Nepal National Advocacy Plan on HIV and AIDS
- National Strategy for Drug control. (Draft)
- National Action Plan for HIV and AIDS (2008–2011).

Resource Required

- Funding to support, consultants, facts sheets development, events management

Timeline

On going (phase wise)

ISSUE 3: Strengthen high level leadership and political commitment

There is National Coordinating committee (21 members) and executive committee (13 members) on Drug Abuse Control chaired by Home Minister. Proactive and greater involvement of this committee has far reaching importance. Strengthening this committee can influence the harm reduction issues at policy level and harmonise the implementation[1].

Advocacy Goal

Strengthen national leadership and stewardship in drug and HIV issues.

Advocacy Objectives

Strengthened leadership response

The officials and other leaders will emphasise the importance and need of a harmonised action to curb Drug and HIV issues and speak about it in national and international forum. Besides, there have been a number of structural changes in the government including formation of new Ministry (i.e. Ministry of Youth) and decentralisation of response at various levels. Therefore it is important to reflect such changes in the existing committee and expand membership as appropriate for coordinated and harmonised response.

Key Advocacy Messages

- It is the state's responsibility to fulfil the national and international commitments made by the government
- The nexus between Drug and HIV can only be addressed by strong leadership and coordinated actions.

Target Audience

- Ministry of Home
- Ministry of Health and Population
- HIV AIDS and STI Control Board
- High level national guidance and coordination committee on drug control
- External Development Partners.

Advocacy Partners

- NGOs and CBOs who are actively involved in HIV and Drug prevention activities.
- National Network and MARPs leaders
- EDPs
- Experts and trainers in key governments
- Media personnel.

Opportunities for Advocacy

- National Harm Reduction Conference
- Civil Servant Day
- National Risk Reduction and Demand Reduction Strategy (draft and subsequent revision process).

Steps to be taken

- EDPs and civil society organise a retreat for committee members and reviews the strengths and challenges
- Exposure visits to Committee members to other countries coordinated by UNODC
- Further, the Committee identifies and takes decision in the areas of improvements both in leadership and in members' role
- Decision of the committee is forwarded to Cabinet (if needed) for final endorsement and followed it up by the Committee.

Challenges

- Frequent transfer of high level officials (no continuity no institutional memory)
- Uncertain political situation and political priority
- Conflicting and competing time priority of senior government officers
- Limited or no priority of committee members.

1 National Drug Control Committee is chaired by Home minister and other member are; secretary from following ministries - finance, Home affair, foreign affairs, information and communication, education and sports, Health and population, law justice and parliamentary affairs, National planning commission, and IGP, chief of NID, 8 member from INGOs and NGOs, Please see National Drug Control Policy 2063.

Indicators

- Frequent meetings of the high level committee and decisions taken towards speeding up the national response
- National leaders speaking about IDU and HIV in their public speeches and forum.

Advocacy resources

Available resource

- National Drug control Policy 2063
- National Drug control strategy (Draft)
- Harm Reduction Network and NGOs
- National HIV/AIDS strategy
- Nepal national advocacy plan on HIV and AIDS.

Required resources

- Capacity building inputs and Technical Assistance as required is supported by EDPs
- Secretariat support (including material support) for the National Drug Control Committee through DCP.

Timeline

Two years

ISSUE 4: Women IDUs/DUs and Human Rights

Women Drug Users are often in the shadow, they face multiple discriminations and sexual violence. There are limited or no interventions specifically targeted to them. Most people assume that most or all IDUs are male. Apart from some limited and anecdotal information true picture and magnitude of IDUs/DUs among women and among the spouse of male IDUs/DUs is not fully known.

Advocacy Goal

Promote and protect human rights and health rights of women IDU/DUs.

Advocacy Objectives

- Understanding on the issues among the policy makers improved in order to promote/protect the rights of FIDUs/FDUs
- Access of women IDU/DUs to harm reduction and treatment services Increased.

Key Advocacy Messages

- By social and biological nature women IDUs/DUs require more support and encouragement to access the services
- Stigma makes women more vulnerable to exploitation and transmission of HIV.

Target Audience

- National Human Rights Commission
- National Women Commission
- Ministry of Home
- Ministry of Health and population/NCASC
- Ministry of Women, Children and Social Welfare
- Local authorities.

Advocacy Partners

- National Human Right Organisations (NGOs)
- Media personnel
- External Development Partners
- NGOs and INGOs
- Women Leaders (including RN women wing) and social activists including National Federation of Women Living with HIV
- Research institutions.

Opportunities for Advocacy

- Inclusive and Reservation Policy of government to ensure access of deprived community to political and administrative process
- National Harm Reduction Conference
- National Risk Reduction and Demand Reduction Strategy (draft and subsequent revision process)
- Proposed IBBS study on various MARPs.

Steps to be taken

- Government in collaboration with technical partners (UNODC for example) conducts situation analysis regarding women drug users and disseminate findings to wider stakeholders (UNODC has already initiated this action)
- New implementation policy and programme is formulated based on evidences
- EDPs and NGOs along with government partners review the programme approach they are implementing and make it more women friendly
- Staff from Human Rights Commission and HR Organisation trained to take responsibility of HR monitoring and disseminating the results.

Indicators

- Programmes and interventions are more gender sensitive and women friendly (as indicated in the programme documents and routine reporting)
- Number of women seeking Harm Reduction and Treatment services
- Number of women in networks and civil society organisations working on FIDU/FDU issue.

Advocacy resources

Available resources

- Treatment rehabilitation centres
- National drug control strategy (Draft).
- National HIV and AIDS strategy.
- Nepal national advocacy plan on HIV and AIDS.

Resource required

- Funding support for situation assessment
- Trainer and funding support
- TA (UN) to make programme more women friendly.

ISSUE 5: No long term funding and sustainability

There is no adequate long term funding for the programme interventions neither from Government nor from donors, therefore most are "project oriented". As a result the achievement and success are not sustained. Besides, service providers feel extra responsibility to take up drug related interventions (e.g. OST) due to lack of human resources and other capacity.

Advocacy Goal

Build national capacity for resource mobilisation.

Advocacy Objectives

- Government allocation in drug and HIV increased
- Long term financial support from EDPs ensured.

Key Advocacy Messages

- It is the state's responsibility to fulfil the national and international commitments made by the government
- Short term funding does not work – patch work does not work
- Allocate budget for change, not for token. Drug abuse is global problem – a global attention is required
- Narcotic Drug Control Act clause 18 "20% of amount collected as fine from Drug Traffickers will be made available for drug treatment centres".

Target Audience

- Member of parliament
- National Planning commission.
- Ministry of finance
- Ministry of health and population (incl. NCASC).
- Ministry of Local Development
- Local government
- EDPs (UNODC, UNAIDS, WHO, Bilateral agencies).

Advocacy Partners

- Ministry of Home Affairs
- Ministry of Women, Children and Social Welfare
- HIV AIDS and STI Control Board
- NGOs and INGOs, Parents groups
- Media personnel
- National Harm Reduction Networks.

Opportunities for Advocacy

- Government grant to Local Government has substantially increased (up to 3 million NRs)
- Local Self Governance Act – allows local bodies to allocate resources as per local need
- New political scenario
- Forthcoming National Development Forum
- National Harm Reduction Conference.

Steps to be taken

- UN, Govt and CSOs collectively nominate good will Ambassador who will advocate and lobby on the issue at national and international level
- MoHA with support from partners conducts discussion session with national planning commission regarding funding issues who in turn will influence ministry of Finance and EDP for adequate resource allocation
- High-level Drug Control Committee along with Ministry of Home Affairs initiate dialogue with EDPs for long term funding.

Challenges

- Government conflicting and competing priority for resource allocation
- Some EDPs' restrictive policy on funding for drug related issues.

Indicators

- Percentage of Government allocation
- Number of EDPs and international agencies engaged in Drug and HIV
- Percentage of external resources allocated supporting national programme.

Advocacy resources

Resource Available

- National Drug control Policy 2063
- National Drug control strategy (Draft)
- Harm Reduction Network and NGOs
- National HIV/AIDS strategy
- Nepal national advocacy plan on HIV and AIDS.

Resource required

- TA and meeting expenses.

Timeline

On going.

ISSUE 6: Social integration of Drug Users

Drug users/ex-users are socially not well accepted despite changes in their behaviour. They are not easily employed and do not get opportunity for self employment also – as a result they revert back to same circle where they feel supported and continue drug use. At time they also revert back to activity of criminal nature (burglary, pick pocketing, drug peddling).

Advocacy Goal

Increased acceptance of Recovered Drug users in employment opportunities.

Advocacy Objectives:

- Link with employment scheme established
- Private sectors more receptive to recovered DUs.

Key Advocacy Messages

- Recovered persons, drug users can work...
- Joining hands for social integration.

Target Audience

- Private Sectors, Corporate Houses and employment agencies
- National Chamber of Commerce and Industry
- Ministry of Local Development
- Ministry of Youth
- Ministry of finance
- Ministry of Labour and Transport Management
- National planning commission.

Advocacy Partners

- Ministry of Home Affairs
- Business clubs (Rotary, Lions)
- NGOs and CBOs
- Trade Unions
- Youth leaders, Media
- EDPs (particularly those who are promoting private sectors involvement i.e. SDC, GTZ).

Opportunities for Advocacy

- Central government is proving fund for VDC and Municipality for local development
- Youth self employment program (Loan for Rs 2, 00,000/-) and Skill for Employment (ADB Funded Programme) to establish linkage for reintegration of recovering users in to the community
- According to the local development policy there is provision of use of Central grant (approx Rs 800,000/-) in support of Women, Children issues at the local level
- Other UN supported in districts that can influence DDC planning and resource allocations. UN supported programme includes – DACAW (UNICEF); PARHI (UNFPA); DLGSP, MEDEP (UNDP).

Steps to be taken

- National level meetings led by Ministry of Home affairs along with EPDs, National planning commission, representatives from ministry of youths, Labour and transport management etc to work out mechanism for linkage with employment opportunity
- Lobby with corporate sectors with the involvement and support from Executive Committee
- National networks conduct meetings with government ministry (local development, Ministry of Home, Ministry of health and ministry of finance to develop a plan for DDC funding
- Local NGOs will follow up and lobby with DDC for allocate DDC budget in rehabilitation program (Youth self employment program).

Challenges

- Uncertain political situation
- Government and private sector's low priority
- Diverse characteristics of IDUs/DUs and recovered users could be difficult to accommodate.

Indicators

- Number of IDUs/DUs trained in specific skills
- Number of Drug Users utilising employment opportunity.

Advocacy resources

Available resources

- National Drug control Policy 2063
- National Drug control strategy (Draft)
- Harm Reduction Network and NGOs
- National HIV/AIDS strategy
- Nepal national advocacy plan on HIV and AIDS
- National program on youths
- Skill for Employment Programme.

Resource Required

- TA and funding support to conduct events.

Costed Work Plan

Estimated summary budget for one year (2010)		
Issues	Budget	(US$)
Issue 1	Ambiguous laws related to narcotic drugs	4879
Issue 2	Discriminatory practices of service providers and society	37800
Issue 3	Strengthen high level leadership and political commitment	75600
Issue 4	Women IDU/DUs and Human Rights:	17142
Issue 5	No long term funding and sustainability	3571
Issue 6	Social integration of Drug Users	30714
Total budget for one year		**169,706**

Pakistan

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National Focal Agency – Drug treatment

Anti Narcotics Force, Ministry of Narcotics Control, Government of Pakistan

ISSUE 1: Inadequate outreach to and services for the spouses and families of IDUs
Advocacy Goal ▪ Increased outreach to and services for spouses and families of IDUs, offering "package of services" for families including referral, female friendly service centers with guaranteed anonymity, Voluntary Testing and Counselling (VCT), education about HIV and AIDS, and practical help such as employment opportunities, skills training, clothing etc. ▪ Re-integration of the spouses and families of IDUs through curriculum changes and awareness amongst health sector
Advocacy Objectives ▪ Successful execution of a baseline survey to ascertain the actual number of spouses of IDUs ▪ Increase outreach to include at least 50 percent of the wives of registered IDUs reached in the next two years and 100 percent in the next four years ▪ Offer services packages for spouses and families including HIV testing (especially for pregnant mothers) at partner clinics, reproductive health services, methods of protection which are easily accessible to this group ▪ Inclusion of trained and experienced female members into outreach teams who can reach families of IDUs more easily than male outreach workers ▪ Media and other awareness partners to bring an end to the marginalisation of the spouses and families of IDUs.
Key Advocacy Messages Policy Level ▪ "Developing a comprehensive package of services for the spouses of IDUs will enable them to potentially protect themselves and their children from HIV" ▪ "Service availability and easy accessibility is key to the health of the spouses of IDUs". Community Level ▪ "Spouses and families of IDUs are vulnerable victims and should not be marginalised by society".

Service Delivery Level

- Communicate the importance of safe sexual practices to vulnerable groups – "Protect yourself, the options are simple but can be lifesaving"
- Advocate to civil society the importance of gathering testimonies and evidence about the hardships endured by the spouses and families of IDUs – "Sharing real life experience is key to promoting understanding and awareness"
- Importance of involving spouses in the process of reintegrating IDUs to society – "Families are key in the counselling and reintegration into society of their IDU family members".

Target Audience

Policy Level

- Donors - UNAIDS, UNODC, UNICEF, UNFPA.

Community Level

- Religious Leaders/The Interfaith Religious Council
- Mass Media.

Service Delivery Level

- Implementing Partners (Civil Society, Health Institutions)
- Law Enforcement Agencies
- Spouses and families of IDUs.

Advocacy Partners

Policy Level

- UN agencies – UNAIDS, UNODC, UNICEF, UNFPA
- Government Ministries – Ministry of Health, Ministry of Education, Ministry of Population Welfare.
- NACP
- PACP.

Community Level

- Media
- Religious leaders

Service Delivery Level

- Civil Society/Implementing partners
- JPMC
- Spouses and families of IDUs
- NACP
- PACP.

Opportunities for Advocacy

Policy Level

- International HIV/AIDS Conference
- International Drugs Day
- World AIDS Day
- Parliamentary Forums.

Community Level

- Media Forums
- The Interfaith Council.

Service Delivery Level

- NGOs Forums for Drugs and HIV
- PLHIV Forum.

Steps to be taken

Policy Level

- Carry out a baseline survey (UNJT, NACP)
- Establish forum for partners involved with the provision of services to the spouses of IDUs. This forum will allow for the easy exchange of ideas and role delegation (UNJT, MNC, Health Partners)

- Frequent strategy meetings held with donors, civil society, medical partners and LEAs to set up a referral system
- Continually evolve advocacy messages as the strategy matures (UNAIDS).

Community Level

- Prepare media kits to help to of re-integrating spouses and families.
- Revise curricula to incorporate information on drug use and HIV/AIDS
- Approach religious leaders to garnering their support

Service Delivery Level

- Develop adequate training materials/consistent training of LEAs
- Train female outreach workers
- Sensitize health providers to ensure non-discriminatory treatment of spouses of IDUs
- Establish referral linkages between outreach teams, LEAs, health care providers and civil society
- Gather testimonies, success stories and other documentation on the lives of this vulnerable group for purpose of developing documentaries.

Challenges

- Encouraging spouses and families of IDUs to identify themselves and provide testimonies will be difficult due to the stigma surrounding drug use and HIV/AIDS
- Continually adapting advocacy and communication messages as strategy matures will be challenging because it must be done on an annual/bi-annual basis
- Generating employment opportunities for this group may also be difficult.

Indicators for objectives

- Baseline carried out successfully
- Gender-specific capacity building/training of female outreach workers undertaken
- Percentage of people reached each year
- Successful referral system between implementing partners and health care providers.

Advocacy resources needed/available

Resources Needed

- Baseline survey to map out target population
- Short documentaries
- Evidence based testimonies
- Educational briefs for spouses and families of IDUs
- In-depth studies on the social and economic impacts/consequences of drug use on spouses/families
- Larger female outreach teams.

Resources Available

- The Hidden Truth – Nai Zindagi
- Existing female outreach workers.

Timeline

Year One

- Advocate to donors and implementing partners for the execution of a baseline survey to determine actual number of spouses of IDUs
- Advocate the importance of capacity building of outreach workers, especially females
- Influence decision-makers to develop a comprehensive package of services to offer spouses and families of IDUs
- Advocate the importance of establishing a proper referral system between LEAs, civil society and medical partners by including the upper echelon on Law Enforcement in advocacy efforts. Develop training materials
- Strategy meetings amongst key players
- Develop briefs on the matter that are relevant to various players
- Begin gathering testimonials of trained and experienced outreach teams, as well as the spouses and families of IDUs which will be used for mass media messages.

Year Two

- Begin advocacy efforts with media and Ministry of Education for building general awareness amongst the population
- Continue to advocate for the strengthening of the referral system between key on-the-ground players
- Educate public using documentaries and media kits developed based on testimonies and experiences.

Year Three/Four

- Continue efforts to strengthen referral linkages.

Role of mentor agency, UNODC, UNJT

- Provide funding
- Facilitate relationship between advocacy persons and implementing partners
- Facilitate strategy meetings
- Play key role in establishing various forums
- Establish relationship with key media players.

ISSUE 2: Inadequate coverage and quality of services offered to IDUs

Advocacy Goal

To vastly increase the coverage of/outreach to IDUs.

- Improve the quality of services offered to IDUs and offer a wider range of services including full availability of harm reduction services such as primary health care, NSEPs, OST, as well as counselling, accessibility to detoxification and rehabilitation programs, skills building, employment opportunities, etc.
- Include outreach to DUs as well, and ensure the availability of services especially for this group; this may prevent the switch-over to Injecting Drug Use.

Advocacy Objectives

- Completion of a baseline to determine the exact number of IDUs in Pakistan
- Reach approximately 10 – 15,000[1] IDUs per year over the next four years through trained outreach teams, with a total of at least 40 – 60,000 IDUs reached over the next four years
- Offer a comprehensive package of services including, but not limited to, easy access to harm reduction services (NSEP, primary health care, OST etc.), skill building, employment opportunities, counselling etc. at all service centres. Detoxification and Rehabilitation programs should be available as well
- Standardized coverage and quality of services offered to IDUs, with a stronger focus on high return areas
- Ongoing capacity building of government partners and outreach teams
- Effective referral system for IDUs between health facilities, civil society, LEAs and private partners.

Key Advocacy Messages

Policy Level

- "The availability of a complete package of services is necessary for the successful recovery of IDUs"

Community Level

- "Harm Reduction is a proven and effective way of preventing the spread of HIV/AIDS"
- "IDUs/DUs are the victims of the poverty cycle of unemployment, discrimination and marginalization"
- "Drug use and HIV/AIDS is everyone's problem".

Service Delivery Level

- The importance of safe behaviour and practices - This message can be altered to put forth numerous messages. For example –
  - "Safe injecting practices can save your life"
  - "Access other available Harm Reduction services to protect yourself".

Target Audience

Policy Level

- Senior Bureaucrats
- Parliamentarians
- Ministry of Health
- PACP/NACP
- Donors/UN.

Community Level

- Media
- Religious leaders.

Service Delivery Level

- Health Institutions - JPMC
- Civil Society/Implementing partners
- Law Enforcement Agencies.

Advocacy Partners

Policy Level

- UN agencies – UNAIDS, UNODC, UNICEF, UNFPA
- Government Ministries – Ministry of Health, Ministry of Education, Ministry of Population Welfare
- NACP
- PACP.

Community Level

- Media
- Religious leaders
- Other influential figures (athletes, actors etc.).

Service Delivery Level

- Civil Society/Implementing partners
- JPMC/Private players
- NACP/PACP
- Former IDUs/Dus and PLHIV.

Opportunities for Advocacy

Policy Level

- Form committee to serve as a platform for this issue.
- Work closely with donors and implementing partners to draft goals and strategies and help implement them.
- Involve pro-active politicians. (Government Ministries/NACP/PACP).

Community Level

- Raise awareness through key messages, documentaries, success stories on World AIDS Day. (Media Forum)
- Religious Inter faith Council – Garner public support and awareness.

Steps to be taken

Policy Level

- Develop one-page information briefs for Policy makers/Senior bureaucrats/Parliamentarians with information specific to their localities
- Organize regular strategy meetings with civil society, donors, LEAs, government ministries and private players.

Community Level

- Media – Gather testimonials, success stories and documentaries for general awareness
- Religious leaders – Gather and present statistics and figures regarding IDUs and HIV prevalence specific to their areas to garner their support and understanding of the problem.

Service Delivery Level

- Health Institutions – Highlight the importance of proper service delivery and the availability of a complete range of services to IDUs and non-discriminatory service
- Civil Society – Highlight the importance of trained and experienced outreach teams and proper service delivery
- LEAs – Approach both grassroots and upper stratum of LEA and highlight the benefits of an effective referral system and eventual rehabilitation of IDUs (less crime, fewer drug users and eventual decrease in demand for drugs).

Challenges

- Building a complete comprehensive package of services which includes a whole range of services offered to IDUs will be difficult
- Ensuring the quality of services offered continue to be acceptable
- Employment opportunities are not easily available for rehabilitated IDUs, thus high chances of relapse
- Standardisation and organisation of services offered to IDUs
- Lack of proper rehabilitation centres
- Forming referral linkages between the various services offered to IDUs will be very difficult to create and establish
- Capacity building of Implementing Partners to adopt a Harm Reduction approach.

Indicators for objectives

- Capacity building workshops for 'enhanced outreach'
- Access/referrals to government sponsored facilities
- Better coordination with Provincial Authorities
- Income generation/employment opportunities for ex DUs/IDUs to re-integrate them into society.

Advocacy resources needed/available

Resources Needed

- Short documentaries highlighting the debilitating cycle of Drug Abuse
- Media messages by high profile athletes and/or actors
- Curriculum development - Short lesson plans for use in primary and secondary schools
- Testimonials/evidence based stories
- Success stories: DUs/IDUs living a drug free life.

Resources Available

- National Drug Abuse Assessment 2006
- Rapid Situation and Response Assessment of Drug Related HIV 2008
- Baseline Assessment for Bangladesh, India, Nepal and Pakistan, UN Regional Task Force on IDU and HIV/AIDS in Asia and the Pacific 2006
- Pakistan specific UNRTF advocacy brief on IDUs and HIV
- Legal and Policy Concerns Related to IDU Harm Reduction in SAARC countries, UNODC ROSA
- Other UNODC project documents.

Timeline

Year One

- Execution of a baseline survey to correctly ascertain the exact number of Injecting Drug Users in Pakistan
- Advocate the importance of developing a complete range of services that can be offered to IDUs. Work with various partners to ensure a full range of services
- Liaise with private partners to establish employment opportunities and skills training for former IDUs
- Advocate the importance of establishing a referral system between LEAs, civil society, health care providers and private partners.

Year Two

- Further strengthen referral systems between key players
- Build database of documentaries, testimonies and success stories to help erase negative image of drug users
- Develop media kits and documentaries for awareness and to build support for harm reduction activities.

Year Three/Four

- Continue to monitor the referral linkages
- Continue to develop close relationships with private partners
- Ensure media messages being broadcast are in line with advocacy efforts through frequent meetings with the Media Forum.

Role of mentor agency, UNODC, UNJT

- Provide funding
- Act as a liaison between implementing partners and advocacy efforts.

ISSUE 3: Discrimination and stigma surrounding the issue of HIV/AIDS and Injecting Drug Use hinders an enabling environment for harm reduction and outreach

Advocacy Goal

An enabling environment for outreach work and harm reduction services through the eradication of discrimination and stigma surrounding issues regarding IDUs and HIV/AIDS.

Advocacy Objectives

- Complete support of opinion leaders, law enforcement, health institutions (amongst others), private partners as well as the general public through increased awareness and education
- IDUs and their spouses/families successfully re-integrated
- Access to employment opportunities for former IDU and their spouses
- Successfully highlight the poverty trap (addressing social and economic factors) which leads to drug abuse through media
- Successfully clarify the concept of Harm Reduction to all players by highlighting the greater harms that are inevitable without Harm Reduction activities. This should be done with the attempt to garner support at all levels.

Key Advocacy Messages

Community Level

- "Community support and awareness is key in preventing the spread of HIV/AIDS in Pakistan."
- "HIV/AIDS and drug use is a problem for all of society"
- "Discrimination and stigma prevent the creation of an enabling environment, which is a hindrance to progress"
- Advocate the underlying philosophies of Harm Reduction. Message should be presented differently based on the audience

Target Audience

Policy Level

- Government Ministries – Ministry of Population Welfare, Ministry of Health
- NACP/PACP
- Donors.

Community Level

- Media forums
- Religious Interfaith Council.

Service Delivery Level

- Civil Society/Implementing Partners
- Former IDUs/DUs and PLHIV.

Advocacy Partners (Who can influence the change)

Policy Level

- Ministry of Education
- Donors.

Community Level

- Media – journalists, photo-journalists
- Influencial figures – athletes, actors etc.
- Religious leaders
- Teachers/Educators
- Families of IDUs/IDUs themselves.

Service Delivery Level

- Civil Society
- Law Enforcement Agencies – on-the-ground teams.

Opportunities for Advocacy

Community Level

- Broadcast awareness messages to educate the public. Worlds Aids Day is an opportunity to share the stories of former IDUs living with HIV (Media Forum)
- Use the Inter faith Council to garner support.

Steps to be Taken

Policy Level

- Gather evidence to back-up claim that curricula today lacks any education of drug use and HIV/AIDS.
- Convince the Ministry of Education that this needs to be changed.

Community Level

- Develop documentaries for the sensitisation of the general public. These should include success stories and highlight the positive role of former IDUs that become productive members of society
- Highlight the unfair victimization and marginalisation of this group by society
- Establish close partnerships with media forums to break down the negative image of IDUs and their families
- Establish partnerships with influential persons (actors, singers, athletes) to help promote positive image messages.

Service Delivery Level

- Sensitisation of health care institutions and LEAs and other on-the-ground partners through promotion of the positive image of rehabilitated IDUs.

Challenges

- Non-alignment of the community to support Harm Reduction activities and employment opportunities for former IDUs and their families
- Successfully re-integrating IDUs will be difficult due to discriminatory behaviour
- Lack of clarity regarding Harm Reduction, which may cause resistance to Harm Reduction activities.

Indicators for objectives

- Employment programmes for DUs/IDUs
- Employment opportunities for the spouses and families of IDUs
- Inclusion of PLHIV in various national and international discussion forums
- Equitable access to health care, both government and private.
- An enabling environment for Harm Reduction activities.

Advocacy resources needed/available

Resources Needed

- Evidence based testimonies of former IDUs
- Result-based facts on harm reduction methods to share with partners and target audience
- Advocacy packages for opinion leaders and outreach teams
- Policy and advocacy briefs for parliamentarians.

Timeline

Year One

- Develop media kits and documentaries
- Begin initial discussions with the Ministry of Education with regard to curricula changes
- Approach key religious and opinion leaders to garner their support.

Year Two to Four

- Broadcast media messages
- Begin to implement changes in curricula in partnership with the Ministry of Education
- Use the support of religious and opinion leaders to gradually help change the negative image of IDUs and their families.

Role of mentor agency, UNODC, UNJT

- Provide funding
- Facilitate interaction with the Ministry of Education
- Liaise with media players
- Approach high profile persons (such as actors, athletes etc.) to help promote messages.

ISSUE 4: The absence of an enabling environment for Harm Reduction activities and outreach work due to a lack of cooperation between Implementing Partners and Law Enforcement Agencies (LEAs)

Advocacy Goal

A top down and on-the-ground agreement with Law Enforcement Agencies, which will not only create an enabling environment, but also allow for the foundation of a referral system for IDUs to health care and harm reduction services.

Advocacy Objectives

- On-going sensitisation of all levels of LEAs regarding drug use, drug users and HIV/AIDS
- Support from LEAs for the concept of Harm Reduction
- Coordination of LEAs and outreach teams to establish a process of referral of IDUs and their spouses to Harm Reduction services and health care facilities, thus moving the focus from discrimination/ incarceration to treatment/harm reduction.

Key Advocacy Messages

Policy Level

- Focus is on the prevention of HIV/AIDS, not just on IDUs and drug use
- Proper services to effectively prevent the spread of HIV/AIDS amongst IDUs are not being accessed due to the lack of an enabling environment
- LEAs are often unaware of how to deal with DUs/IDUs, and therefore may not be handling the situation effectively. Consistent awareness/sensitisation sessions with LEAs are required for further support and facilitation.

Service Delivery Level

- Working closely with implementing partners offering harm reduction services and primary health care providers to establish a referral system for IDUs and DUs is more productive than incarceration and harassment of these groups.

Target Audience

Policy Level

- Anti Narcotics Force
- Ministry of Narcotics Control
- Regional and provincial police forces
- Donors
- Legislators/Parliamentarians.

Service Delivery Level

- Civil Society/Implementing partners
- Health care providers
- LEAs.

Advocacy Partners

Policy Level

- Donors
- Ministry of Health; Ministry of Population Welfare
- Upper tier of LEAs.

Community Level

- Media
- Religious leaders.

Service Delivery Level

- Former drug users
- Civil Society/Implementing partners
- Health care providers
- On-the-ground law enforcement teams.

Opportunities for Advocacy

- Donors – draft goals, provide funding
- Media – Use every opportunity to erase the negative image of IDUs, and highlight the positive role former IDUs can play in the outreach, harm reduction and rehabilitation process. The following are some opportunities for advocacy through media:
  - World AIDS Day
  - International Day Against Drug Abuse
  - International Human Rights Day etc.
- Former Drug Users - Former users also serve as clear evidence that drug users can become very productive members of society. Collect testimonies and success stories from this group to promote awareness
- Civil Society – Work at grassroots level to sensitize LEAs and establish a process of referral; engage former drug users and key partners within LEAs as peer educators
- Religious leaders – Can play a major role in garnering the support of the LEAs and the general public on the matter.

Steps to be Taken

Policy Level

- Regular meetings with top tier of LEAs to establish agreements, provide sensitisation, and monitor progress
- Gather evidence that working with implementing partners to establish referral systems to harm reduction and health care services will result in less crime.

Service Delivery Level

- Intensive on-going training of all levels of LEAs
- Regular contact and sensitisation with on-the-ground police teams
- Gather testimonies and success stories from former drug users to develop documentaries that can assist in sensitisation efforts
- Develop strong partnership with key persons within LEAs to act as peer educators for on-the-ground teams
- Establish referral system between health care providers, implementing partners and LEAs.

Challenges

- Frequent changes in the internal structure of LEAs means that sensitised teams may be replaced by new teams which have to be sensitised. This calls for regular sensitisation and capacity building of on-the-ground teams
- Non-acceptance of the fact that on-the-ground teams need to be sensitised by top tier of LEAs
- Approach must be two-pronged (top-down and at the grassroots level) and must take place simultaneously; change must come from above, as well as on the ground.

Indicators for objectives

- Regular capacity building of on-the-ground LEAs
- Regular meetings with top tier of LEAs and other relevant stakeholders
- Better coordination through effective referral system
- Increased liaison between LEAs and other key partners.

Advocacy resources needed/available

Resources Needed

- Documentaries explaining the concept of Harm Reduction
- Develop training material for the sensitisation of LEAs
- Key partner from within LEAs to act as a peer educator for on-the-ground teams.

Resources Available

- Former drug users as part of outreach teams to help with the sensitisation process and to remove the negative image of drug users.

Timeline

Year One:

- Advocate the need for coordination with the top tier of Law Enforcement
- Establish work plan and agreements with top tier. Begin drafting plan for referral systems between LEA and implementing partners
- Identify point person within LEA to act as peer educator for on-the-ground teams
- Develop training materials including documentaries
- Training and sensitisation of higher levels of LEAs should begin within the first year.

Year Two:

- Regular training and sensitisation of LEAs at the grassroots level within six months to a year
- Maintain continuous contact with all levels of LEAs
- Begin to formally establish referral systems between Implementing partners and LEAs.

Year Three/Four:

- Continue regular contact with all levels of LEAs.

Role of mentor agency, UNODC, UNJT

- Provide funding
- Facilitate interaction with top levels of Law Enforcement
- Assist with the development of training materials for the sensitisation of on-the-ground law enforcement forces.

ISSUE 5: The range of services offered to IDUs does not include Oral Substitution Treatment (OST) which has proved to be effective in preventing the spread of HIV/AIDS in other countries

Advocacy Goal

Successful implementation of Oral Substitution Treatment Programme.

Advocacy Objectives:

- Successful pilot project
- Legalisation of OST drugs such as buprenorphine and/or methadone
- OST Programs offered in primary health care facilities accessible to IDUs, with full-time highly skilled and trained doctors and staff
- Support of all stakeholders, opinion leaders, general public.

Key Advocacy Messages

Policy Level

- OST focuses on harm reduction and should not be considered as the substitution of one drug for another
- Those receiving OST can be functioning and useful members of society
- OST reduces crime and the spread of HIV/AIDS and other infections
- Highlight concept of Harm Reduction through various messages.

Target Audience

Policy Level

- Anti Narcotics Force
- The Ministry of Narcotics Control
- Ministry of Health
- Donors.

Community Level

- Media
- Religious leaders.

Service Delivery Level

- Civil Society/Implementing Partners
- JMPC.

Advocacy Partners

- Donors
- Ministry of Health
- Medical Institutions (public and private)
- Ministry of Narcotics Control
- Anti Narcotics Force
- Civil Society/Implementing Partners.

Opportunities for Advocacy

- Sharing of experience between countries - best practices to be shared with stakeholders e.g. from Iran and Uzbekistan.

Steps to be taken

Policy Level

- One-on-one meetings and discussions amongst key stakeholders
- Donors – Work closely with key stakeholders to coordinate the legalization of OST drugs and the implementation of OST

- Ministry of Health/Medical Institutions – Endorse OST and work closely with civil society and implementing partners to carry out the pilot and implement OST after the pilot is complete
- MNC/ANF – Facilitate the legalization of OST drugs and sensitize all levels of LEAs to the concept of OST. Work closely with implementing partners to identify and refer IDUs
- Develop information briefs/fact sheets about OST.

Community Level

- Evidence based examples to be broadcast through mass media messages to garner public support (post pilot project)
- Evidence based examples presented to religious leaders to garner public support (post pilot project).

Service Delivery Level

- Develop evidence-based testimonies of the successful implementation of OST during the pilot project (JPMC)
- Redefine the concept of harm reduction to make it more acceptable by the public
- Accurate document findings from the pilot project.

Challenges

- Legalization of OST drugs may be difficult due to resistance from the Anti-Narcotics Force
- Capacity building within organisations and institutions to successfully implement OST and prevent the misuse of OST drugs.

Indicators for objectives

- Approval by Ministries of Health and Narcotics/ANF to endorse a pilot project
- Legalization/procurement: local registration of drug at higher potency or import at subsidized rates from Iran
- Focus on capacity building: exchange programme abroad e.g., Tehran, Iran.

Advocacy resources needed/available

Resources Needed

- Information briefs highlighting the concept of OST
- Evidence-based testimonies of the successful implementation of OST in other countries i.e. Iran, India etc.
- Documented findings of the pilot (also required for future scale up).

Resources Available

- Case studies from other countries
- Other research of the effectiveness of OST.

Timeline

Year One:

- Advocate for the implementation of pilot projects
- Advocate for the legalization of OST drugs.

Year Two:

- Advocate for public support through pilot results.

Year Three and Four:

- Establish OST centers throughout the country, with a focus on "high return" areas i.e. Karachi, Lahore etc.

Role of mentor agency, UNODC, UNJT

- Provide funding
- Facilitate strategy meetings with stakeholders.

Costed Workplan

Milestones	Indicator	Cost (USD)	Partners
Advocacy workshop for Donors/ UN Agencies/key stakeholders to highlight the importance of the comprehensive package for the spouses of IDUs	Better coordination and inter-agency support	10,000	
Capacity Building of outreach staff/ service providers	Gender specific capacity building; Female friendly service provision at DIC/ Treatment centres; Effective delivery of comprehensive package of services	25,000	
Develop IEC material (gather success stories/testimonials for documentaries)	Material published and disseminated among key stake holders and partners	2,500	UNJT/UN Agencies
Liase with media partners for support in developing awareness-raising media kits	Promotion of evidence based best practices		MoH/UN Agencies/ Media
Advocacy meetings with key stakeholders to highlight the importance of the comprehensive package for IDUs and the development of an effective refferal system	Better coordination among Federal and Provincial authorities; Access to Government sponsored facilities for treatment.	2,000	UNJT, NACP/PACP/ UN Agencies/LEAs/ Implementing Partners
Capacity Building of outreach staff/ service providers	On the Job training of staff; No. of health professionals capable of delivering comprehensive package of services;	5,000	NACP/PACP/UN/ DONORS
Develop IEC material (gather success stories/testimonials for documentaries)		2,500	UNJT/UNODC/ Implementing partners
Employment programme as part of the rehabilitative process	Income generation/job placement scheme as part of re-integration process of Dus/IDUs		ILO/UN Agencies/ MoL
Advocacy meeting with Ministry of Education for curriculum changes/ Advocacy meeting with religious and opinion leaders to garner support for launching an effective media campaign	Better coordination and support; Awareness raising	2,000	UNJT/UNODC/ MoE/Implementing partners/Media/Ex Dus/IDUs
Liaise with media partners for support in developing awareness-raising media kits	Promotion of evidence based best practices		MoH/UN Agencies/ Media
Advocacy meeting with LEAs for better coordination at the community level	Better coordination and inter-agency support at the community level	2,000	Law enforcement agencies (LEAs)/ANF/ UNODC

Agreed joint work plan with LEAs	Better coordination through effective referral system; Increased liaison between LEAs and other key partners		UNJT/Implementing partners/LEAs
Recruitment of a peer educator for LEA teams	Effective monitoring and follow up system		UNJT/Implementing partners/LEAs
Capacity Buidling of LEAs/ sensitisation	Sensitisation of LEA on-the-ground staff;	3,000	ANF/Implementing partners/LEAs/UNJT/ Ex Dus
Advocacy meetings with key stakeholders for implementation of a pilot OST programme in Pakistan	Approval by government counterparts; Endorsement of pilot project.	2,500	MNC/ANF/MoH/ NACP
Advocacy for the legalization of OST drugs	Registered drugs; availability of substitution drugs		MNC/MoH
		Total Cost	**56,500 USD**

Sri Lanka

National Advocacy Consultant

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National Focal Agency – Drug treatment

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ISSUE 1: Treatment and rehabilitation centres run by individuals, religious and other drug prevention organisations follow methods that are not evidence-based, do not follow minimum standards and lack of essential services such as VCCT and aftercare
Advocacy Goal Treatment and rehabilitation centres which are providing quality guaranteed services to the clients.
Objectives ▪ Standardise all Treatment and rehabilitation centres to meet minimum standards, follow methods that are evidence based and have essential services and ensure the screening facilities to all drug users for HIV at treatment and rehabilitation centres.
Key Advocacy Messages Sri Lanka needs standardised drug treatment and rehabilitation centres to provide guaranteed quality services to minimise the drug problem and to keep it low.
Target Audience ▪ National Dangerous Drugs Control Board (NDDCB) ▪ Competent drug prevention organisations with experience of running community based treatment care and support services to drug users ▪ Sri Lanka Federation of NGOs Against Drug Abuse (SLFONGOADA).
Advocacy Partners ▪ SLFONGOADA ▪ Drug prevention and treatment Organisations ▪ Professionals in the field ▪ Samurdhi (Govt. Poverty Alleviation Programme) development officers ▪ NSACP, UNAIDS, UNODC, WHO ▪ Family members of the drug users ▪ Civil Society ▪ Ex users ▪ Law enforcement agencies.

Steps to be taken

- Register all treatment and rehabilitation centres under NDDCB - NDDCB and SLFONGOADA
- Form a committee for monitoring rehabilitation centres representing government, professionals and representatives of civil society organisations – NDDCB and SLFONGOADA
- Sensitise treatment and rehabilitation centres, drug prevention organisations and civil society on minimum standards – NDDCB and the Committee
- Develop a monitoring and evaluation mechanism for treatment and rehabilitation centres- NDDCB, NSACP and the Committee.

Opportunities for Advocacy

- Presidents vouch on making a drug free Sri Lanka in 2015
- Interest taken by the Ministers and other political structures to support the Presidents programme "mathata thitha"
- Initiation taken by NDDCB to register and introduce minimum standards for treatment and rehabilitation centres
- Dialogue started in the civil society on standardised treatment and rehabilitation centres in the country
- Steps taken by some treatment and rehabilitation centres to improve the services of the centre.

Challenges

- Some existing treatment/rehab centres may view new minimum standards as a threat
- Existing centres may not have enough resources to meet the minimum standards and do aftercare/ follow up programs
- Some users may not like to have continued aftercare/follow-up.

Indicators for objectives

- Drug Policy with clearly set minimum standards for treatment and rehabilitation centres
- Number of centres registered and agreed to follow the minimum standards
- Availability of monitoring tools and evaluation methodology for the treatment and rehabilitation centres
- Number of Positive responses reported in the media on introducing the new system
- Availability of accurate information and database on link between HIV and Drug use in the country
- Minimise misuse of facilities and relapse rate.

Advocacy resources needed/available Needed

- Funding to support the whole process
- Technical support on effective methods to carry out evaluations and monitoring of the Treatment and rehabilitation centres.

Available

- Professionals to advocate and provide technical support for the process
- An umbrella organisation
- Newly developed drug policy
- HIV clinics run by the government hospitals.

Role of Mentor agency, UNODC, UNJT

- Initiate the process with advocacy partners
- Convince the government through evidence
- Provide international evidence
- Review the progress.

Timeline

2009–2011.

ISSUE 2: Drug users are treated as if they are ordinary criminals by law enforcement officers and specific interventions to treat drug users are not available

Advocacy Goal

Users should be treated the way which help them to get out of the habit and preventing them from shifting to more harmful methods of taking drugs.

Advocacy Objectives

Creating an environment where law enforcement activities are supportive to getting out of the habit of using drugs which do not force them to be use forever and shifting to more harmful methods of taking drugs such as through the Intravenous route.

Key Advocacy Messages

- Existing law enforcement activities perpetuate the habit of users
- Correct attitude in the correction system helps users minimise their use and prevent them from shifting to more harmful methods.

Target Audience

- Police Narcotic bureau (PNB)
- Excise department
- Police department
- National Dangerous Drugs Control Board (NDDCB).

Advocacy Partners

- Organisations working with drug using population including H13 partners
- Ex users who have become free from drug use
- National STD and Aids Control Programme (NSACP)
- Department of prisons.

Steps to be Taken

- Review existing policies and identify the gaps
- Assessment of the correction system for drug users
- Special training series for law enforcement officers on drug use and correction system for drug users
- Develop an coordination system among different agencies dealing with the law enforcement, drug, and HIV/AIDS.

Opportunities for Advocacy

- Presidents Mathata thitha programme and its' future plan
- Process started by the NDDCB to establish compulsory treatment in the country
- Prison department initiation to separate drug users and criminals

Challenges

- Traditional approaches of law enforcement on drug users
- Existing laws and the system which treat drug offenders as ordinary criminals
- Lack of facilities to send all drug users in to compulsory treatment
- Difficulty of changing the attitudes of law enforcement officers
- Difficulty of changing attitudes of users towards law and law enforcement officers
- Develop a coordination system to follow-up and after care.

Indicators for objectives

- Changing of existing laws on drug users and introducing new laws for it
- Increase interest of law enforcement officers to send drug users to compulsory system
- Reported cases on how law enforcement officers treat drug users
- Number of users who are going through the new correction method and its' success rate
- Minimise the number of users shifting to more harmful methods.

Advocacy resources needed/available

Available

- Evidence on effective methods to deal with drug offenders and users.

Needed

- Funds to train law enforcement officers
- Funds to assess existing laws on drug and crime
- Technical supports to aftercare and follow-up.

Role of Mentor Agency, UNODC, UNJT

- Initiate the process with partners
- Coordinate the activity with involved parties
- Provide positive responses of the civil society to the target audience.

Timeline

2009–2010.

Costed work plan

Issue 1: Introduce minimum standards for all drug treatment centres in the country to assure quality services with integrated VCCT services							
Activity	**Expected Outcome**	**Key Partner/ Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget (Rs.)**	**Link to National HIV Strategic Plan**
Registering all treatment centres	Updated list of the centres	National Dangerous Drugs Control Board (NDDCB)	SLFONGOADA, Treatment centres And other civil society organisations working in the drug field	3 Months	No. of registered treatment centres	20000.00	Strategy 1 prevention and Strategy 2 care treatment and support Strategy 4 multi sectoral involvement
Visits to existing centres by the NDDCB representatives and civil society members nominated by NDDCB,NSACP and SLFONGOADA	Report with observations of the observers with recommendations	NDDCB	SLFONGOADA Treatment centres And other civil society organisations working in the drug feild and NSACP	2 Months	Availability of the report	100000.00	Strategy 1 prevention and Strategy 2 care treatment and support Strategy 4 multi sectoral involvement
Sensitise treatment centres through conducting workshops on minimum standards integrate VCCT and why is it important to have such minimum quality standard	Agreement to follow the quality standards with monitoring	NDDCB	SLFONGOADA And other civil society organisations working in the drug field	1 Month	Workshop reports Signed agreements	100000.00	Strategy 1 prevention and Strategy 2 care treatment and support Strategy 4 multi sectoral involvement
Monitoring the centres to assure the quality	Close monitoring for two years	NDDCB, NSACP and SLFONGOADA	Treatment centres	1 year	Monitoring reports	200000.00	Strategy 1 prevention and Strategy 2 care treatment and support Strategy 4 multi sectoral involvement

Activity	Expected Outcome	Key Partner/ Lead Agency	Partners	Timeline	Indicator	Budget (Rs.)	Link to National HIV Strategic Plan
Organise workshops for law enforcement officers on importance of treating drug offenders separately and their contribution on reducing transmission of HIV/AIDS among drug users	Educational: change of attitudes towards drug users and knowledge on dual epidemic of drug use and HIV/AIDS Operational: Develop skill to change their responses to drug offenders	Dept of Police, Prisons and NDDCB	SLFONGOADA Treatment centres	3 Months	Enhance knowledge and skills of the law enforcement officers	100000.00	Strategy 5 Policy development and legislation
Initiate discussions with relevant parties to develop necessary effective policy for sending drug offenders to compulsory treatment	Policy documents, existing and new	Dept. of Police, Prisons and NDDCB	Attorney generals department	1 year	Level of engagement of relevant parties Time frame develop by the stake holders for the policy process	500000.00	Strategy 5 Policy development and legislation
Establish after care services to drug users after the treatment period	Effective after care system with operational plan	Social service dept. and Samurdhi	Prisons and NDDCB	1 year	Divided responsilities among social services dept., prison and Samurdhi	1000000.00	Strategy 2, 4 and 5

Issue 2: Prevent current drug users shifting to intravenous drug use							
Activity	**Expected Outcome**	**Key Partner/ Lead Agency**	**Partners**	**Timeline**	**Indicator**	**Budget**	**Link to National HIV Strategic Plan**
Scale up interventions with identified drug users in the project (RAS/H13) areas	Intensive support for the drug users and risk groups	Project partner organisations	Community based organisations and interested individuals	1 year	Demonstration sites with intensive implementation of activities to prevent drug users shifting to IDU	No cost	Strategy 1 prevention and Strategy 2 care treatment and support Strategy 4 multi sectoral involvement
Build capacity among organisations working with drug users and treatment centres to address the issue of shifting drug users to more harmful methods	Enhanced knowledge and practice to prevent shifting of drug users to harmful methods	NDDCB	Organisations working in the field of drug prevention and treatment	1 year	Enhanced knowledge and practice of drug users	1000000.00	Strategy 1 prevention and Strategy 2 care treatment and support Strategy 4 multi sectoral involvement

Total budget 3020000.

Regional Advocacy Strategy

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Regional Consultant

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Expert

ISSUE 1: There is still limited understanding among stakeholders at all levels in the region of the principles of harm reduction and the elements of a comprehensive approach for DU/IDU and HIV. Many countries have some elements of HR, but none has a fully operational, comprehensive package of interventions covering the majority of people at need

Advocacy Goal

The concept of harm reduction, its application to HIV and DU/IDU, and the components of a comprehensive package of interventions will be generally understood and accepted by all countries in the region.

Advocacy Objectives

- To demystify the concept of harm reduction and how it is applied,
- National and local level drug and HIV strategies and plans will refer to the regional advocacy document.

Key Advocacy Messages

- The harm reduction approach is most effective in mitigating the impact of HIV on countries where DU/IDU is a significant phenomenon
- While isolated HR interventions are useful, a comprehensive package of interventions has a multiplier effect that greatly increases the benefits.
- A comprehensive HR package for HIV and IDUs includes:
  - drug substitution treatment (including OST)
  - outreach to DUs/IDUs with risk reduction info and referral to services
  - access to condoms, clean needles and syringes
  - voluntary counselling and testing
  - treatment of sexually transmitted infections
  - antiretroviral therapy
  - interventions for especially at-risk populations such as prisoners and sex workers who use drugs.
- A comprehensive HR package also includes a focus on effective drug treatment instead of punishment (especially imprisonment) for minor drug offences, because it is cost effective, humane, and reduces HIV transmission in prison

Target Audience

- Communities and community leaders
- High level policymakers from the 7 SAARC countries
- Regional Law Enforcement groupings
- National Drug Policy groupings

Advocacy Partners

- International Harm Reduction Association
- Gates' Foundation, Open Society Institute, and other philanthropic organisations and INGOs involved in the area.

Opportunities for Advocacy

- Regional political coordination forums
- Regional law enforcement and drug control forums

Steps to be taken

- Survey national programs in the region to identify both successes and needs (gaps) regarding comprehensive package of HR interventions for DU/IDU and HIV.
- Compile examples of good practice in comprehensive package of HR interventions from the region and outside.
- Develop advocacy kit combining print materials, videos, power point, examples of effective legislature/language.
- Disseminate advocacy kit at a high level regional workshop for policy-makers, and/or include it in planned high level forums.
- Develop curricula for training of media in the benefits of comprehensive HR approach

Challenges

- Drug users are often blamed for HIV, resulting in punitive attitudes towards them. HR can be seen as a "weak" or "soft" response to them.
- "Law and order" responses are favoured by politicians as being electorally more popular.
- There are not many relevant regional groupings, forums or other opportunities for advocacy with law enforcement

Indicators

- No. of countries that add no. of elements of the comprehensive package of HR interventions
- No. of countries with fully developed comprehensive package of HR interventions
- No. of countries with policy harmonisation between drug policy and HIV/harm reduction policy

Advocacy resources available and required

Available

Many advocacy and training materials for policy-makers, law enforcement and other senior sectors exist, but they require adaptation and refinement

Needed

- Funding for above activities
- Leadership and ownership of activities

Timeline

Three years

ISSUE 2: Drug and law enforcement policies have a negative impact on DU/IDUs access to services

Advocacy Goal

There will be a supportive environment for DU/IDUs to access services they need, both in and outside of prisons.

Advocacy Objectives

- Policy-makers in all sectors will agree that good drug policy involves consensual goals between law enforcement and public health
- Law enforcement and public health bodies will agree on common goals health ensuring maximum reduction of harm associated with drugs to individuals, their communities and the region
- Model principles for harmonisation of drug law and HIV/public health law will be developed and published at the regional level for reference of national programs.

Key Advocacy Messages

- Drug use and dependence is primarily a health issue; regulation of availability is primarily a law enforcement issue; and the best results for both are achieved by close cooperation and common goals.
- Drug treatment is a more effective demand reduction strategy than is criminalisation and incarceration of drug users
- Drug treatment is far more cost-effective than imprisonment
- Police are better engaged in policing criminals than in arresting drug users

Target Audience

- Policy-makers – regional groupings and forums
- Law enforcement – regional groupings and forums
- Drug treatment – regional groupings and forums

Advocacy Partners

- UNAIDS, UNODC, UNJT
- IDU Task Force

Opportunities for Advocacy

- Regional political co-ordination forums
- Regional law enforcement and drug control forums

Steps to be taken

- Review regional and global approaches for working with LEAs regarding HR
- Develop sample curriculum for training LEAs on benefits of comprehensive HR approach
- Hold a high level regional workshop for senior law enforcement officials, and/or include it in planned law enforcement forums
- Organize exchange and exposure visits to countries with useful approaches

Challenges

- Currently, drug and HIV/public health laws currently have very different stated objectives and language.
- There is now little support for change in emphasis of drug laws
- There is little understanding or experience of how public health and law enforcement can work together

Indicators

- Number of countries that have been through open process of examination and alignment of policy, law and regulation in regard to drug law and HIV/public health law
- Number of changes made in policy and law

Advocacy resources available and required

Resources available

- Policy and legal reviews exist for most countries as a starting point for examination of requirements for harmonisation
- Examples of alignment/harmonisation processes and results exist in other countries/regions

Resources required

- Funding to develop model principles and model harmonised statutory approaches
- South Asian regional examples of alignment to be identified, adapted

ISSUE 3: Stigma and discrimination toward drug users and their families prevail across the region, impeding the establishment of an enabling environment for HIV programs for them, eroding their rights, and negatively impacting PLHIV as well

Advocacy Goal

A humanized, normalized concept of drugs users will be accepted by governments and policy makers throughout the region.

Advocacy Objectives

- Tools will exist that will help countries successfully fight stigma and discrimination against DUs/IDUs/PLWHA
- Policy makers will understand the cycle of poverty and other factors that contribute to drug use
- The public throughout the region will view HIV+ DU/IDUs and their families with compassion and empathy

Key Advocacy Messages

- With stigma and discrimination, there will not be an enabling environment for prevention, care and treatment of HIV and the drug problem. This puts the entire society at risk.
- Drug users and their partners are human beings who need services, not criminals who need punishment.
- Drug use related harms such HIV/AIDS and viral hepatitis are not individual problems but problems for the society at large.
- Drug users have an important contribution to make to HIV prevention; acknowledgement and support for their efforts must replace discrimination.

Advocacy Partners

- IDU task force
- HIV + regional networks

Opportunities for Advocacy

Regional gatherings concerning HIV and/or DU/IDUs

Steps to be taken

- Designate a researcher to conduct qualitative research into the lives of PLHIV DU/IDUs and their families and develop a media presentation, such as a photo exhibit, based on testimonials, showing how HIV+ DUs/IDUs and their families face stigma and discrimination, and the negative impact this has on them and on HIV prevention.
- Disseminate/circulate this media presentation as a travelling presentation to all countries in the region.
- Print as a book with profits going to PLHIV groups
- Train a core group of DU/HIV+ speakers as a resource for the region.

Challenges

- A general habit of "blaming the victim" regarding HIV and DU/IDUs
- Fear of discussing drugs, in case it causes young people to imitate

Indicators

Number of countries who have hosted the exhibit.

ISSUE 4: Drug users and people living with HIV are not meaningfully engaged in policy development, program design, delivery and monitoring and evaluation, as a result policies and programs may miss the mark, resources are wasted

Advocacy Goal

Drug user participation at all levels – policy dialogue, design and development of interventions, implementation and evaluation of comprehensive interventions – becomes the norm in HIV programming for IDUs throughout the region.

Advocacy Objectives

- Key decision makers recognise that drug users are best able to determine what works in their communities, so they must be truly involved in designing, implementing, monitoring and evaluating HIV programs for IDUs.
- Implementers and funders recognise that drug users need support to fulfil these roles, and allocate resources and time to develop their capacities.
- Participation of drug users in the policy discussions, design of approaches and interventions, implementation and evaluation of programmes is increased at all levels – central, state, district and community.

Key Advocacy Messages

- Drug users themselves are best placed to know what can work in their communities to lead to behaviour change
- Drug users have demonstrated their ability to organise themselves, and their networks have made significant contributions to the response to DU/IDU and HIV in the broader communities.
- Drug users can best reach out to the hidden population who are at greatest risk
- Drug users groups say "nothing for us without us", showing their strong desire to be involved in the design, development, implementation and evaluation of all HIV/drug use programs.

Target Audience

- Policy makers, e.g. Prime Ministers, Parliamentarians involved in HIV, Ministries of Justice, Ministries of Health, etc.
- Human rights organisations
- ANPUD, INPUD
- Response Beyond Borders
- Bilateral donors

Advocacy Partners

- UN Agencies (UNODC ROSA, WHO, UNAIDS)
- IDU Task force
- Bill and Melinda Gates Foundation
- Networks (Drug users networks, IHRA, Regional harm reduction networks, Positive networks)
- Civil Society
- Service providers

Opportunities for Advocacy

- HIV committees and regional, national and local consultations
- Regional forums on HIV and DU/IDU

Steps to be taken

- Lobby to appoint members of drug using communities in HIV committees and regional, national and local consultations – (modelled in first instance by UN/WHO)
- Call for drug user participation in regional HIV and DU/IDU meetings
- Support the development of regional networks and groupings and forums of and for drug users and their communities through opportunities for networking, experience sharing and capacity building
- Support regional law enforcement and drug user organisation meetings and trainings

Challenges

- Laws criminalising drug use and drug users
- Negative attitude of society towards drug users – perceptions that they have nothing to add and will detract from processes
- Reluctance to include drug user representatives
- Difficulties of drug user organisational development

Indicators

- Inclusion of drug user representatives at community, district, state, national and regional level implementation of drug use related projects
- Inclusion of drug user representatives on regional committees and consultative processes
- Growth and increases in capacity (activities) of regional drug user organisations

Advocacy resources available and required

Resources available

- INP Plus and other Positive networks
- Drug user networks – ANPUD, INPUD
- Harm reduction networks – IHRA, AHRN
- IDU taskforce

Resources required

- Regional HIV positive network of IDUs – support for community development and for mentoring of speakers and leaders

Timeline

2 years

ISSUE 5: There is poor use of data for evidence based design of future policy and programme directions for drug users and their regular sexual partners

Advocacy Goal

There will be sufficient high quality relevant and pertinent data available in useful and accessible formats for policy and program development; and that policy and program development is informed by such data.

Advocacy Objectives

- Establishment and support of the development of networks of data producers – combinations of health authorities (surveillance) and research institutes (quantitative and qualitative, multidisciplinary) across the region to allow of inter-country capacity building and mobilisation of necessary expertise
- Production of data in accessible and useful formats at country level to allow and inform cross-country comparison and evaluation
- Production and dissemination of guidelines for use of data in design of policy and programs, and training in their use

Key Advocacy Messages

- We need to build our responses on evidence
- We can learn from our neighbours – both by sharing expertise and by learning and teaching experience
- We can share our intellectual resources – the whole is greater than the sum of the parts

Target Audience

- Ministries of Health, Ministries of Education
- INGOs
- WHO and UNODC, with UNAIDS

Advocacy Partners

- SAARC with national Health Ministries
- UNAIDS, with WHO and UNODC
- Universities and research institutes – both national and global (i.e. from countries other than in South Asia)

Opportunities for Advocacy

- Joint research grant applications

Steps to be taken

- Identify of leadership in development of research consortia
- Hire a research/surveillance consortium to lead regional development (similar to TreatNet)
- Develop of communications and collaboration mechanisms
- Develop joint research grant applications – to national and international research funding bodies

Challenges

- Forming links between data producers and policy/program developers
- Ensuring policy developers and program implementers consider the evidence base

Indicators

- New policy makes explicit reference to evidence on which it is based
- Procedures put in place at national level to test policy against available evidence; and to feed back evidence gaps when policy is being developed

Abbreviations

AA/NA	Alcohol Anonymous/Narcotic Anonymous
ANPUD	Asian Network for People who Use Drugs
ART	Antiretroviral Therapy
BNCA	Bhutan Narcotic Control Agency
CA	Constituent Assembly
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
CBS	Centre for Bhutan Studies
CMIS	Computerised Management Information Systems
CPO	Chief Programme Officer
CSW	Commercial Sex Worker
DACC	District AIDS Coordination Committee
DAHE	Department of Higher Education
DCP	Drug Control Programme
DDC	District Development Committee
DDPRS	Department of Drug Prevention and Rehabilitation Services
DG	Director General
DHO	District Health Officer
DIC	Drop in Centre
DMO	District Medical Officer
DMS	Department of Medical Services
DNP	Department of National Planning
DOPH	Department of Public Health
DOSE	Department of School Education
DRA	Drug Regulatory Authority

DRS	Drug Rehabilitation Services
DU	Drug Use/r
DVTS	Department of Vocational Training and Standards
DYS	Department of Youth and Sports
EDP	External Donor Partners
FDU	Female Drug Users
FIDU	Female Injecting Drug Users
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNH	Gross National Happiness
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HISC	Health Information and Service Centre
HM	His/Her Majesty
HMIS	Health Management Information System
HR	Harm Reduction
HRD	Human Resource Development
HSCB	HIV, AIDS and STI Control Board
ICAAP	International Congress on AIDS in Asia and the Pacific
IDU	Intravenous Drug Use/r
IEC	Information, Education and Communication
IHRA	International Harm Reduction Association
INGOs	International NGOs
INP plus	Indian Network for People Living with HIV/AIDS
INPUD	International Network of People who Use Drugs
JDWNR	Jigme Dorji Wangchuck National Referral
JMPC	Jinnah Postgraduate Medical Centre
KABP	Knowledge Attitude Behaviour and Practice
LEA	Law Enforcement Authorities
MHP	Mental Health Programme
MoE	Ministry of Education
MOH	Ministry of Health

MoHA	Ministry of Home Affairs
MoHF	Ministry of Health and Family
MoL	Ministry of Labour
MP	Member of Parliament
Mrf	Maldivian Ruffiya
MSTF	Multi Sector Task Force
NA	National Assembly
NAC	National AIDS Commission
NACO	National AIDS Control Organisation
NACP	National HIV/AIDS Control Programme
NAP	National AIDS Programme
NASP	National AIDS and STD Programme
NC	National Council
NCASC	National Centre for AIDS & STD Control
NCB	Narcotic Control Board
NDDCB	National Dangerous Drug Control Board
NDLEU	National Drug Law Enforcement Unit
NDPSSA	National Drug Psychotropic Substance and Substance Abuse (Act)
NE	North East
NGO	Non Governmental Organisation
NHAC	National HIV/AIDS Commission
NNC	National Narcotics Council
NSACP	National STD and Aids Control Programme
NSP	National Strategic Plan
OAG	Office of Attorney General
OST	Oral Substitution Therapy
PACP	Provincial AIDS Control Programme
PLHIV	People with HIV
PLWHA	People Living with HIV/AIDS
PPD	Policy and Planning Division
PWID	People Who Inject Drugs
RBP	Royal Bhutan Police

RCJ	Royal Court of Justice
RCSC	Royal Civil Service Commission
RENEW	Rehabilitate Educate Nurture Empower Women
RGOB	Royal Government of Bhutan
RSA	Rapid Situation Analysis
RUB	Royal University of Bhutan
SHE	Society for Health Education
SLFONGOADA	Sri Lanka Federation of NGOs Against Drug Abuse
SP	Sex Partner
STI	Sexually Transmitted Infections
SWAD	Society for Women Against Drugs
TA	Technical Assistance
TI	Targeted Intervention
TOR	Terms of Reference
TOT	Training of Trainers
TV	Television
UNJT	United National Joint Team on AIDS Control
VCT	Volunteer Counselling and Testing
YDF	Youth Development Fund

UNODC
United Nations Office on Drugs and Crime

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