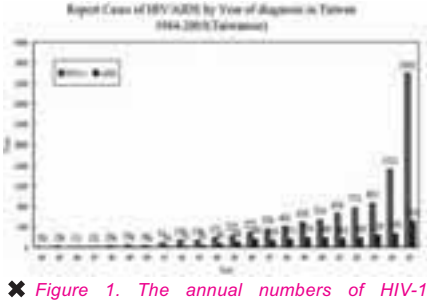
Harm Reduction in Taiwan

By Dr. Yi-Ming Arthur Chen, M.D., M.S., Sc.D., AIDS Prevention and Research Centre of National Yang-Ming University, Taipei, Taiwan

According to Taiwan's Center for Disease Control (CDC), as of 31 December 2005, a total of 10,709 individuals (including 551 foreigners) have been diagnosed as living with HIV-1. The number of people living with HIV-1/AIDS (PLWHA) in Taiwan has increased rapidly in the past five years. Compared to an 11% increase in 2003, rates for 2004 and 2005 were 77% and 123%, respectively (Fig. 1). Results from a risk factor analysis indicate that more than 80% of new PLWHAs reported to the CDC in 2005 were injecting drug users (IDUs). According to an epidemiological study conducted by our centre, most of the HIV-1 antibody sero-positive IDUs were infected with CRF07_BC, a circulating recombinant form (CRF) of subtypes B and C [Chen YM, et al., Emerg. Infect. Dis., in press). After needle-sharing, we found that sharing containers and sharing heroin diluents were the second most important risk factor for contracting HIV-1 infection among IDUs in Taiwan.

Our centre estimates that 10-15% of the 80,000 IDUs in Taiwan are infected with HIV-1. To reduce the risk of contracting diseases in this population, the Taiwan CDC has given funds to Taipei City and Taipei, Taoyuan, and Tainan Counties since September of 2005 for the purpose of initiating a national harmreduction (HR) programme. The pilot programmeconsists of three parts: a needle and syringe program (NSP); methadone (or buprenorphine) maintenance therapy (MMT); and AIDS education, counselling and testing (VCT).

Also in 2005, Alex Wodak, Kate Dolan, Robert Newman, Peter Pi, Garth Popple, Mark Casanova, Jerry Stimson, and other HR experts were invited to Taiwanto meet with government officials, medical fieldworkers, and public health professionals. After explaining HR programmes currently in place in Hong Kong and Australia, modifications weresuggested for the four Taiwanese locations listed above. For instance, MMT will be provided at no cost to 40 IDUs in prison



✖ *Figure 1. The annual numbers of HIV-1 seropositive cases and AIDS patients reported to Taiwan CDC from 1984 to 2005.*

and 60 IDUs in various communities in Tainan. In Taoyuan, 120 HIV-1-negative and 60 HIV-1-infected IDUs will receive MMT. In all, 360 IDUs in the four areas combined will receive MMT and another 50 will be enrolled in a buprenorphine clinical trial in 2006.

By 1 February of this year, 85 NSP sites had been established in the four targeted locations. Most of the NSP sites are local pharmacies run by individuals who do not have formal counselling skills, therefore it is difficult to provide VCT at those sites. We also discovered that many pharmacy owners are reluctant to participate in the programme due to concerns about personal and property security. This may seem odd because in Taiwan (unlike Australia, Canada or the United States) syringes are not strictly regulated—anyone can purchase disposable syringes from local drug stores without a prescription. However, several years ago, local police have started to monitor or trail IDUs who buy syringes from drug stores and arrest them if they test positive for illegal drug use. As a result, there has been a decrease in the purchase of new syringes by IDUs and an increase in needle-sharing behavior. Any successful NSP clearly requires support from the national Ministry of Justice (MOJ) and local police officers. On 17 January of this year, the Taiwan Ministry of Health (MOH) sent a document to the MOJ requesting that police officers not use syringes as evidence to arrest IDUs. An article entitled "Police Use of Discretion" published in Policing Issues and Practices Journal (2000, pp. 35-37) was attached to the document.

Our centre has managed an education programme on HIV-1 prevention and HR in detention centres and prisons since September 2004. According to compiled statistics, approximately one-third of all male inmates and 90% of all female inmates in municipal and county detention centres in Taiwan have been charged with drug-related crimes, making these centres appropriate locations for HIV/AIDS and HR education activities. We have learned that prior to participating in these classes, many IDUs in detention centres believed that the HIV-1 sero-positive rate among them was less than 1% and that sharing heroin diluents and/or containers did not lead to HIV or HCV infection. During the classes, IDUs were shocked to know that 10-15% of them were HIV-1 positive and the messages have been spread to IDUs living outside of detention centres. Although many obstacles are foreseen, the Taiwan government has decided to implement a national HR programme in 2006. CDC Director Dr. Steve Hsu-Sung Kuo has said, "We are willing to try different radical pilot programmes before reaching a consensus on a national programme." One indication of the CDC commitment is its purchase of 10 million syringes and 120 bottles (1 litre each) of methadone. Furthermore, a non-government Taiwan HR association will be established in the near future and Taiwan's Bureau of Controlled Drugs is planning to produce methadone for HR purposes in 2009.

For more information, contact Dr. Yi-Ming Arthur Chen of the AIDS Prevention and Research Centre of National Yang-Ming University, Taipei, Taiwan (Arthur@ym.edu.tw).

✖ *programme logo and materials that will be distributed to IDUs at different NSP sites in Taiwan.*

✖ *The opening ceremony for the universal access consultation in Pattaya. Left to right, Mr. Michel Sidibe, Director, Department of Country and Regional Support, UNAIDS Geneva and Co-Chair of Global Steering Committee on Universal Access; Ms. Habiba Akhter, Executive Director, Ashar Alo Society and Civil Society spokesperson; Professor Arun Pausawahdi, Vice Minister for Public Health, Thailand; Mr. Epeli Nailatikau, UNAIDS Special Representative for the Pacific; and Mr. Veravit Vivatthanavanich, Deputy Governor of Cholburi Province.*

The Road to Universal Access

By Pascal Tanguay AHRN Information Officer

In September 2005, the United Nations (UN) General Assembly committed at the World Summit to develop and implement national HIV/AIDS plans leading to universal access by 2010. This commitment built on the G8's agreements reached at the Gleneagles Summit in England in July 2005. There, they agreed to increase official development assistance and called on UNAIDS, WHO and other international bodies to support countries in the scaling up of comprehensive HIV/AIDS responses leading to universal access.

Universal access was born out of the failures and successes of WHO's 3 by 5' campaign. The main objective under universal access is to formulate comprehensive and integrated national HIV/AIDS plans based on each nation's realities as stipulated by the 'Three Ones' approach. In that sense, there is growing recognition that comprehensive scaling up of prevention, treatment, care and support leading to universal access can only be achieved by the development of country-based, led and owned plans, aligning the responses of all actors, rather than global targets.

The current process involves multiple consultations at all levels. The process started when the Global Steering Committee met and prepared an agenda for national consultations which would lead to regional and global consultations on universal access.

Regional consultation schedule

12-14	**January**	:	*Latin America consultation in Brazil*
14-15	**February**	:	*Caribbean consultations in Jamaica*
14-16	**February**	:	*Asia Pacific consultations in Thailand*
1-2	**March**	:	*EECA/CIS consultation in Russia*
6-8	**March**	:	*Africa consultation in Republic of Congo*
8-9	**March**	:	*South-east Europe consultation in Romania*
	March	:	*Middle East (venue to be confirmed)*
4-6	**May**	:	*African Union Heads of States summit in Nigeria*

The Asia Pacific Regional Consultation on Scaling up towards Universal Access to Prevention, Treatment, Care and Support was held in Pattaya, Thailand, from 14-16 February 2006. The objectives of the meeting were to identify regional issues, priorities and impediments in the way of scaling up towards

universal access; to build broad-based consensus on scaling up towards universal access at the country level; and to generate inputs for a regional report for Asia and the Pacific which will be a part of the global report to be considered by the UN General Assembly Special Session on HIV/AIDS in mid-2006. The meeting brought delegations from 21 Asia-Pacific countries as well as representatives from civil society, donor agencies as well as bilateral partners to the same table.

Key outputs from the meeting included a set of recommendations feeding into the global consultation process. As part of the recommendations, participants identified setting up regional mechanisms and bodies to ensure accountability across the field; securing high coverage and increased unconditional funding for programmes targeting vulnerable groups; reviewing legislative frameworks which criminalise risk behaviours; equal representation of civil society, including women, in national policy and decision making bodies; increasing access to antiretroviral treatment for vulnerable groups and establishing regional mechanisms to homogenise ART drug prices.

✖ *Mr. JVR Prasada Rao, UNAIDS Regional Support Team for Asia and the Pacific reporting an overview of inputs feeding into the regional recommendations.*

Civil society involvement during the meeting ensured that the voices of affected communities were heard. The Coalition of Asia Pacific Regional Networks on HIV/AIDS (also known as the Seven Sisters) arranged and coordinated side meetings throughout the consultation. The inputs from civil society groups included distinctive recommendations while they also reinforced some of the above recommendations and ensured that challenges affecting vulnerable groups like injecting drug users were included in the final recommendations.

"We remind everyone that nearly all of the HIV epidemics in the Asia Pacific region are most devastating in communities like migrant workers, sex workers, injecting drug users and others which are already vulnerable because they are marginalised and often criminalised."

Ms. Habiba Akhter, Executive Director, Ashar Alo Society and civil society spokesperson on the opening day.

But the process is not yet complete. UNAIDS was requested to present an assessment on these consultative processes – including an analysis of common obstacles to scaling up, and recommendations for addressing such obstacles as well as accelerated and expanded action – to a General Assembly meeting to review progress on the Declaration of Commitment on HIV/AIDS, to be held from 31 May 2006 to 1 June 2006, and a High-Level Meeting on 2 June 2006. At present, it is crucial that civil society organisations mobilise their constituents for the mid-year meetings.

For more information on the universal access regional consultation and the next steps, please contact UNAIDS, the organising body, at http://www.unaids.org/en/Coordination/Initiatives/default.asp; the meeting's official rapporteur, Health and Development Networks at info@hdnet.net or www.hdnet.net; or the Seven Sisters Secretariat in regards to civil society involvement in the process at www.7sisters.org or 7scoord@apcaso.org.

To stay informed, join the UNAIDS eforum on universal access by sending an email with your contact details to universal_access

Advocacy

Guwahati Declaration of North Eastern States Legislatures of India

19th Nov. 2005

Below is the recent promise to stop AIDS in Guwahati formulated in a meeting with Dr. Peter Piot, Executive Director of UNAIDS, and ratified by the Legislatures of the North Eastern States of India.

We will stop AIDS, for we care for our people

We, the elected representatives of the North Eastern States of the Republic of India have come together, on this day, the 19th of Nov. 2005, in Guwahati to address serious issues related to HIV/AIDS prevention, care and treatment in the region and have resolved to undertake the following steps and tangible actions to reverse the spread and impact of HIV and AIDS

We the elected representatives,

1. Recognise that HIV is an issue of growing concern in the North East states and impact is exacerbated in the context of drug use and unsafe sexual practices. Elected representatives are the crucial link between the people and the government. As advocates for the rights of people, we resolve to ensure that mechanisms are in place so that the fundamental rights are not violated by the impact of the epidemic and that people infected or affected are not subject to discrimination;

2. Will draft legislation and ensure its passage guaranteeing universal access to information, prevention, treatment and services for the alleviation of AIDS related impact;

3. Will create a standing committee of the legislative house, chaired by the Chief Minister, to review and monitor the stateÕs response to the endemic;

4. Will engage the PRI institutions at village, block and district levels to mobilize the participation of all from the Sarpances to the Zilla Parishad chairpersons and Chief Executive Members of Autonomous Councils in the response;

5. Will strengthen infrastructure, especially the testing centres and blood banks, for matching the testing, care and support treatment requirements at the district level to ensure that infected persons have access to adequate services, including psychosocial support from civil society organisations and networks of positive persons;

6. Will support allocation of funds for AIDS control activities at all levels, especially at the district and block levels;

7. Are convinced that the impact of HIV epidemic is far reaching and requires the involvement of a range of partners and sectors to bring about a change in the situation. We will ensure integration of HIV control activities into mainstream development through advancement of a multi-sectoral response;

8. Will ensure the correct AIDS prevention and control information is disseminated through state information and public relation departments, extension media as well as e-governance/information outlets; and expand AIDS control response by participation in TV discussion, radio talks and public rallie;

9. Will engage the education, home, police, social justice and social welfare departments as well as representatives of positive people, marginalised communities, and all political parties and different sections of people;

10. Will improve distribution and strengthen visibility, availability, coverage and reach of condoms, consider needle-exchange programmes and harm reduction as key strategies for AIDS prevention;

11. Will adopt special measures to protect youth and children and address the feminisation of the epidemic through empowerment programmes;

12. Will work towards mitigating the impact of the epidemic of families and individuals, especially women, children and the elderly infected and affected by the disease;

13. Understand that AIDS is an exceptional epidemic. We also recognise that the virus in the region is moving from injecting drug users and other highly vulnerable groups to the general population; we acknowledge the need for a strong response in our region;

14. Will create a regional AIDS prevention and control coalition of legislators of the north east to consolidate actions in the region;

15. Will mobilise and synergise the participation of the private sector, civil society, faith-based organisations, opinion leaders, media, staff unions, plantation industry, oil industry, youth leadership and persons living with HIV to help build up the concerted action at the community level;

16. Will monitor the epidemic as well as the response by electoral constituencies to reduce the HIV prevalence across the region through the implementation of the strategic optional plan;

17. Will encourage the participation of public health staff and other social workers, especially at the village and ward levels, through the institution of regional awards of excellence and enhance measures to uphold accountability in HIV surveillance and reporting.

By signing this declaration, towards strengthening of the response, both within our state territories and the region, we accord the highest priority to prevention and control of HIV and AIDS in the North East.

We commit to make this Guwahati declaration a people-centred, people-driven, and people-owned initiative Ð a unique democratic instrument to contain the epidemic and mitigate its impact.

We pledge to meet periodically, at least twice a year, to review the progress and initiate appropriate actions where necessary, exchange experiences, share knowledge, and execute cross border actions including joint planning, mobilisation and service delivery, towards the achievement of HIV resilient families and AIDS-free communities.

Excerpts from the Biregional Strategy for Harm Reduction 2005-2009 HIV and Injecting Drug Use (WHO, 2005)

Excerpts from the Biregional Strategy for Harm Reduction 2005-2009 – HIV and Injecting Drug Use (WHO, 2005)

(page 8) "Acknowledging increasing drug use and the rapidly increasing prevalence of HIV/AIDS among people who inject drugs in the region, ASEAN developed a three-year workplan selecting Indonesia, Malaysia, Myanmar and Viet Nam as lead countries. The workplan details harm reduction activities to be undertaken in order to achieve positive outcomes:

* governments address the issue through national policies reflecting a health/harm reduction approach;

* enabling environments are created for implementing harm reduction interventions;

* drug users have access to drug dependence treatment, HIV prevention and care services;

* collaborative regional action; and

* surveillance of HIV/AIDS among drug users."

(page10-11) "Regional, political and jurisdictional boundaries, including those established by the WHO and the UN, are in a sense unrelated to the spread of HIV. Moreover, a biregional strategy that combines efforts of the two WHO regions will facilitate an Asia-wide response, providing crucial linkage among countries. Such links generate evidence for advocacy, support advocacy efforts, build and mobilise partnerships and resources, educate communities regarding harm reduction, and ultimately reduce the incidence and prevalence of HIV. The experience gained in some countries can benefit others through biregionally shared learning networks and collaboration between countries. International organisations and implementers in this process will assist in developing enabling policy environments for harm reduction.

"WHO is well placed to support and contribute to advocacy efforts and the establishment of collaborative partnerships across the regions. This effort will help create enabling policy environments and the scale up of effective approaches to HIV/AIDS among people who inject drugs. In recognising the need for an accelerated response in this area and the importance of health sector collaboration as its basis, the World Health Organisation convenes the Biregional Partners Meetings on Harm Reduction among InjectingDrug Users.

Guiding Principles

"The following guiding principles are at the foundation of any effective approach to HIV prevention among and from people who inject drugs.

• The most effective approach to preventing the transmission of HIV among drug users is one based on harm reduction.

• A multisectoral response is most effective, particularly where that involves all ministries that contribute to the overall social response to illicit drug use. The harmonisation of drug policies and strategies with HIV/AIDS policies is essential.

• Responses to illicit drug use, particularly injecting drug use, and drug dependence must take account of the health and social consequences of HIV spread among this population and how such spread may be reduced.

• Community representatives are to be involved in planning, implementing and monitoring harm reduction initiatives. Peer education, as a cornerstone of effective approaches to HIV/AIDS among drug users, needs to be recognised and strongly supported.

• Effective HIV prevention is based on respect for the individual's capacity to make choices appropriate for them and, once given information, access the means of prevention and a supportive environment.

• The Biregional Strategy must accommodate the varying epidemiological, sociological and cultural environments that exist in Asia.

• Respect for the fundamental human right of all individuals to achieve the highest level of health attainable, consideration of the gender inequities that contribute to the epidemic and, non-discriminatory service delivery are essential to HIV/AIDS prevention and care."

A copy of this document can be found online on the AHRN website or at the following URL:

http://www.wpro.who.int/NR/rdonlyres/984BABB1-BCBA-4F27-BAA5B090961DE0A1/0/BiregionalStrategicPlan.pdf

The Team GK & The Monster Plan comic is an effective tool that can be used to teach children in a school, at home or through various health institutions. The comic strip teaches about AIDS and offers clear and helpful facts that will help children. This edition of AHRNews features this embodiment of youth power throughout the pages. Go back to AHRNews issue number 39 for the fist pages. Produced by Teddy Toys Inc, 2005.

The Team GK & The Monster Plan is continued on page 17.

POLICY

ASEAN Regional Dialogue Meeting Supports Scaling-Up HIV Prevention, Treatment and Care for IDUs

By Dr. Penny Miller, Senior Technical Officer, Treatment and Care, Asia/Pacific Department, Family Health International

Access to treatment and care for HIV-positive injecting drug users (IDUs) is still extremely limited in Asia with only 1-5% of IDUs having access to any HIV prevention, treatment and care services (including outreach, drug substitution, primary health care or ART). Less than 2% of patients enrolled in the TREAT Asia HIV Observational Database (TAHOD) have a history of injecting drug use, indicating minimal access to HIV treatment and care for IDUs in countries contributing data to the database. There are small-scale oral substitution programmes in Indonesia, Malaysia and China and plans in Vietnam to introduce oral substitution in 2006, however, no ASEAN member countries have yet gone beyond the small-scale pilot stage for delivery of oral substitution programmes or delivery of treatment and care for HIV-positive IDUs.

ASEAN, through the ASEAN Task Force on AIDS (ATFOA), has the potential to be an important player in accelerating the scale-up of clinical services and oral substitution programmes for HIV-positive IDUs in the region. ASEAN is a powerful regional association with access to high-level policy makers from its ten member countries (Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam). In early December 2005 ASEAN held a Regional Dialogue in Kuala Lumpur on HIV Prevention, Treatment and Care Services for Injecting Drug Users to build collaboration among policy makers in the health sector, drug control and civil society in scaling-up HIV prevention, treatment and care services for IDUs. The regional dialogue was supported by USAID, hosted by the Malaysian Ministry of Health, and was attended by participants from seven of the ten ASEAN member countries.

Key issues addressed during the meeting included the elements of an essential package of HIV treatment and care services for HIV-positive IDUs, the need for scale-up of oral substitution programmes and the need for treatment and care for IDUs in closed settings.

The meeting supported two key recommendations which have since been incorporated in the ASEAN Work Plan III (2006-10). The first recommendation supports an essential package of care and treatment services for HIV-positive IDUs which includes:

- **Counseling and testing;**
- **Clinical services:** OI prophylaxis and treatment, ART;
- **Adherence support:** including directly observed treatment (DOT) linked to oral substitution programmes;
- **Drug rehabilitation**, including oral substitution (maintenance and treatment), detoxification and risk reduction.

The meeting stressed that this essential package should take into account the specific needs of IDUs in closed settings and those using amphetamine-type stimulants (ATS).

The second recommendation acknowledged the powerful potential role ASEAN can play to support policy development at national and regional levels for registration of methadone (fast track procedures) and more cost-effective procurement mechanisms for methadone, buprenorphine and ARVs.

In addition to the Regional Dialogue in Kuala Lumpur, under the USAID Cooperation with ASEAN, a regional advanced training course is planned for August 2006 for doctors providing treatment and care for HIV-positive IDUs.

For more information, contact Dr. Penny Miller, Senior Technical Officer, Treatment and Care, Asia/Pacific Department, Family Health International, at pmiller@fhibkk.org. You can also get more information from the ASEAN Secretariat website at www.aseansec.org or by contacting ASEAN directly at public@aseansec.org.

Law Enforcement Officials and other participants at the AusAID ARHP Seminar.

A Police Seminar Facilitates Harm Reduction Approach, Understanding, Acceptance and Support

By Gregory Denham, Trainer - Effective Approaches, Asia Regional HIV/AIDS Project

The Australian government funded Asia Regional HIV/AIDS Project conducted a seminar for senior police officers at the Dusit Resort and Polo Club, Cha-am Beach, Thailand on 14 and 15 September 2005 to advocate and promote understanding and awareness of the issues relating to HIV/AIDS and harm reduction in the Asian region. This seminar was the first harm reduction seminar for senior police officers from the region.

The seminar aimed to promote police understanding of the prevalence and transmission of HIV/AIDS in the community, and facilitated police understanding, acceptance and support for harm reduction approaches. Twenty-six senior police officers holding strategic positions in the police services and narcotic bureaus from India, Bangladesh, P.R. China, Viet Nam, Myanmar, Philippines, Thailand, Malaysia, Indonesia, Cambodia, Brunei and East Timor joined this seminar.

The two day programme covered a range of issues relating to the police's role in combating the spread of HIV/AIDS which included understanding epidemiological data, vectors of transmission of HIV/AIDS, harm reduction programmes and principles, police approaches to supporting harm reduction, legal and policy issues as well as occupational exposure.

It was most fortunate that the Australian Ambassador to Thailand, Mr William Paterson, gave the opening address. Mr Paterson spoke about Australia's commitment to preventing and reducing the spread of HIV/AIDS in the region through a strong financial allocation to respond to HIV globally up to 2010.

It was felt that police officers and representatives from law enforcement would be in the best position to speak to their colleagues about the most effective approaches to dealing with the spread of HIV/AIDS. So the seminar was based on a 'police talking to police about harm reduction' theme. Whilst experts from the medical field were included in the programme, the majority of speakers were police or people working directly with police.

Whilst every speaker provided valuable information and presentation quality were of a very high standard, it was felt by the majority of the seminar participants that the presentation by Mr. Soumen Mitra, Deputy Inspector General of Police, Calcutta CID, was exceptional and inspiring. Mr. Soumen Mitra provided an insight into the innovative and ground breaking work undertaken by police in Calcutta to forge working relationships between police and NGOs to address the problems associated with injecting drug use.

Overall, the seminar was extremely successful and an evaluation found that all participants enjoyed the experience and found it to be very worthwhile.

Participants drafted statements that they took back with them to bring about positive changes in their respective nations about harm reduction. These statements demonstrated clearly their feelings about these issues:

'Let's help one another to make the world better through addressing the combined problems of drug use and HIV transmission through community policing and harm reduction approaches.'

'HIV/AIDS is a global threat that requires immediate attention or we face catastrophic results. Comprehensive harm reduction approaches should be supported by governments through their various agencies, through NGOs, law enforcement and health care units.'

More information about the seminar can be obtained from:

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INSIDE AHRN

AIDS Groups to Bring Free

HIV Treatment to Drug Users In Asia

New Delhi, India and Los Angeles, US

10 January 2006

AIDS Healthcare Foundation (AHF), the largest AIDS organisation in the US, which operates free AIDS treatment clinics in the US, Africa, Central America, and Asia (including two clinics in India) and the Asian Harm Reduction Network (AHRN) announce a groundbreaking new partnership that will bring life-saving anti-retroviral therapy (ART) to HIV positive non-injecting and injecting drug users (IDUs) throughout Asia.

By working together, the two agencies also hope to generate innovative multi-strategic plans for ART scale up, as well as generate and encourage technical cooperation to enhance and better the quality of life for those infected and affected in Asia.

"We are very pleased to announce that we have recently signed a memorandum of understanding to work closely together with AHRN to scale up ART delivery to HIV positive drug users throughout Asia, a partnership that came about as a result of our discussions with Mr. Ton Smits, AHRN's Executive Director, following a meeting with AHRN's Board of Directors in Kobe, Japan last July," said Dr. Chinkholal Thangsing, Asia Pacific Bureau Chief for AIDS Healthcare

Foundation in a statement from AHF's Asia Pacific Bureau in India.

"We believe that the synergy of AHF and AHRN will heighten the awareness of ART treatment and have a positive impact by helping improve access to HIV/AIDS care and treatment in the region, especially among those in marginalized groups such as the HIV positive injecting and non-injecting drug users

who may need AIDS treatment."

"This new partnership highlights AHRN's ongoing commitment to recovering drug users," said Mr. Ton Smits, Executive Director of AHRN. "Increased access to ART will contribute to stabilizing their health and lives, and assist them in exercising their basic human rights . AHRN's prior involvement

WHOs study on 'Scaling up the Provision of Antiretroviral Drugs (ARV) to Injecting Drug Users' and our long working experience and extensive network of organisations and individuals in the region provide an ideal platform for working together with AHF to scale up access to ARV for non-injecting and injection drug users throughout Asia."

"Both AHF and AHRN are concerned about the lack of access to quality health services for HIV positive injecting and non-injecting drug users throughout Asia," said Henry E. Chang, AHF Chief of Global Affairs in a statement from the AHF Global secretariat in Amsterdam. "AHF has significant expertise and experience in ART service delivery and skills and capacity building related to HIV/AIDS treatment and care, and we are therefore well positioned to complement AHRN in its efforts to enhance access to prevention, treatment and care for injecting and non-injecting drug users in Asia. It is our hope that this new treatment partnership may also one day serve as a model for the delivery of HIV/AIDS medical services to specific targeted populations in resource-constrained settings around the world."

For more information about the AHF-AHRN partnership, contact Dr. Chinkholal Thangsing, Asia Pacific Bureau Chief of AHF Global (New Delhi) at chinkholal.thangsing@aidshealth.org or visit the AHF website at www.aidshealth.org. This article is an excerpt from an AHF press release; get the full story either at the AHF website or at the AHRN website.