

Report
HIV/AIDS Asia Regional Program (HAARP)
Community consultation



Australian Government

AusAID



29 – 30 November, 2012

Bangkok, Thailand

Executive summary

In line with the focus of greater community involvement HAARP hosted a consultation with key representatives from community based organisations and networks in Cambodia, Lao PDR, Myanmar and Viet Nam and regional networks of people who use drugs and people living with HIV

The consultation enabled HAARP to get an overview of Regional and Country issues and to engage with the networks around the HAARP strategy for 2013 – 2015 being mindful of the fact that the HAARP program will end in 2015.

The meeting made the following recommendations to HAARP:

Recommendation one

It was generally felt that the regional priorities out-lined by HAARP are good and in line with the priorities identified by the Regional networks. HAARP should develop the strategy based on the key priorities identified.

Recommendation two:

Strengthen HAARP partnerships with both Regional and National civil society organisations.

Recommendation three

HAARP (and partners) should advocate to change discriminatory and oppressive policies and law on drugs in the region.

Recommendation four

HAARP should identify and consider some level of action on the following emerging issues that impact directly on HIV issues for people who use drugs:

- Hepatitis C Virus (HCV) for PWUD and people living with HIV co-infection. Advocacy needed to establish greater knowledge and acknowledgement, to increase access to testing and treatment
- Community led testing – increase access to testing by moving beyond the referrals process to community led and provided services: acceptance, quality, resources and capacity
- Peer administered Naloxone

Recommendation five

Policy advocacy is an integral part of the role of HAARP and its partners. However, HAARP and partners need to engage beyond policy formulation and also address the many issues in access to service delivery.

Recommendation six

HAARP has a key role to play in assisting partners to address the gendered dynamics of PWUD and people living with HIV and AIDS (including understanding the different realities of women who use drugs, issues of the women partners and the importance of building capacity in women to take on more leadership roles).

Recommendation seven

At present the lack of capacity issues are hampering the effectiveness of the country networks. HAARP has a key role to play in the building of capacity of country networks and organisations. It is important to acknowledge that not all areas of need will be addressed in the time left for the HAARP program. It will be better to identify a few key priority needs and to focus on these rather than to do a superficial process that addresses more needs but less thoroughly and effectively.

Section A: Background

The HAARP program aims to promote evidence-based interventions for people who inject drugs (PWID) and their partners in the greater Mekong sub-region. In collaboration with government and non-government partners, HAARP supports HIV prevention, care and treatment programs. While much has been achieved in terms of the volume of harm reduction programming in the region, and support for it, there is a desire to enhance community led advocacy and the meaningful involvement of people who use drugs (MIPUD) in HAARP programming and governance.

HAARP has as a key underlying principle “Nothing about us without us” and has made attempts at including community voice in both the design of, and implementation of the program. In the remaining three years of HAARP, as it transitions to country ownership of interventions, a focus on community engagement will be strengthened. A more proactive and systematic engagement with relevant community networks would contribute towards improved reach of service delivery, treatment access and greater chance of harm reduction sustainability in the GMS sub region.

In line with the focus of greater community involvement HAARP hosted a consultation with key representatives from community based organisations and networks in Cambodia, Lao PDR, Myanmar and Viet Nam and regional networks of people who use drugs and people living with HIV, from 29th – 30th November in Bangkok, Thailand.

A.1 Objectives of the consultation

The three key objectives of the consultation were:

1. To engage and consult with regional networks and country level networks on key priority issues related to HIV and people who inject drugs in South East Asia
2. To discuss potential collaboration between HAARP, regional networks and country networks
3. To assist HAARP in formulating it's community engagement strategy from 2013 - 2015

A.2 Process

The key aim of the consultation was to hear the voices of community; both to share what is happening at a country and regional level and to identifying the emerging issues that could influence the HAARP agenda, as well as to enable the community to engage with HAARP through the presentation of the proposed strategies and priorities for 2013 – 2015.

The format of the workshop included partner presentations, discussions, HAARP presentations and discussions and group work to prioritise strategies for 2013 - 2015.

Section B: The Consultation

Day one: Regional network presentations (key points and discussion)

Each of the regional networks presented on:

- Organisation information and regional mandate
- Current activities
- Top three priorities to address issues on HIV for people who use drugs
- Future plans 2013/2014

This section will highlight the critical points discussed.

Asia Pacific Network of People Living with HIV (APN+)

APN+ raised the following issues:

1. Importance of increasing accessibility and effectiveness of services through community led testing to increase access to testing by moving beyond the referrals process to community led and provided services
2. Treatment access is still a major concern in the region, which requires ongoing advocacy to increase people's access. People who use drugs have the least access to treatment in the region.

International Drug Policy Consortium (IDPC)

A critical issue for IDPC (and the region) is the translation of policy into effective implementation. For example, service availability is one thing but appropriateness and acceptability of services is also important: requires close coordination and strategic advocacy to ensure effective policy implementation.

Asian Network of People who Use Drugs (ANPUD)

ANPUD raised the following issues:

1. The critical importance of building a common collective voice and strategic alliance(s) in the region, which locates and recognizes people who use drugs expertise in the region (this is also critical within the HIV sector)
2. The need to advocate for policy change to enable non- medical people to administer Naloxone. The organisation position is that saving lives is more important than the policy/law and ethics.
3. The need to advocate for testing and treatment of Hepatitis C Virus (HCV) (peginterferon). Barriers include cost and patents. The legal challenge against patents in Indian generics case was successful, and small step towards treatment access and brought more attention to HCV for PWUD and people living with co-infection

Asian Harm Reduction Network (AHRN)

AHRN raised the importance of focusing for the next 3 years to impact on the ASEAN 2015 target of 50% HIV reduction amongst people who inject drugs.

Australian Injecting and Illicit Drug Users League (AIVL)

The primary focus of AIVL is on HCV given that 60% or more people who use drugs are living with HCV, many with an HIV co-infection. They intend to raise awareness of the issue, and advocate for policy change to adequately address the issue.

Discussion

Key emerging issues from the presentations:

1. Community led testing

Community led testing would ensure that more people had access to testing – both due to access (through location and an increase in the number of testing sites) as well as acceptability (given that some people are uncomfortable going to health care settings).

What is needed to scale up community led testing? The current capacity for civil society to test and treat is mixed. In some geographical areas there are sufficiently sophisticated NGO's that are able to offer extended services, whilst others may not yet be ready.

2. Testing and treatment for Hepatitis C (HCV)

As noted by many of the Regional networks HCV is a critical issue for people who use drugs – and many people are living with HIV co-infection. Whilst more people are being tested, access to treatment is limited, mainly due to expense. A key question debated was whether there should be testing in the absence of treatment – especially given the issues that go with forced testing. Testing is a human right – and should be done in the context of adequate information, informed consent, counselling and ensured confidentiality. With this caveat there was unanimous agreement that even in the absence of treatment that testing should be offered.

Knowing one's HCV status is important – and even without treatment life-style changes can impact on the disease. Not everyone is ready for treatment or need to start on a full on treatment regimen; however being aware of one's HVC status can help people to have a better quality of life and understand steps to take, (for example, diet). Treatment options for people living with HIV, who are also infected with HCV, can be discussed and an ARV treatment regimen modified accordingly. The lack of data (HCV status, HCV-HIV co-infection status) equates to a lack of focus/attention by government to address issues. With greater numbers of people knowing their HCV status comes greater knowledge, advocacy, demand and hopefully treatment will follow.

3. Gender

Female user population statistics are comparatively low – even then profiling is not 100% accurate. Women who use drugs and women who inject drugs are not very visible in networks and although many of the organisations have strategies to increase the involvement of women, there is still a way to go. Sex workers a good entry point for access to women who inject and or/use drugs.

Key issues include:

- Defining and developing women leadership
- How to mobilise women
- Building a cadre of women activists
- Identifying the specific issues of women who use drugs
- Provision of services for women who use drugs

4. Regional engagement in Lao PDR

The issue of drug use and HIV is relatively new in Lao PDR. HAARP implemented the first NSP program in two north-eastern provinces of Huaphan and Phongsaly in 2011 after conducting a RAR in 2010 which highlighted HIV prevalence among IDUs at around about 17%. Since then the HAARP program has recruited 24 peer educators who are either current or former drug users. There are currently no NGOs or country level networks that are either formed by drug users or focused on them. The network of people living with HIV/AIDS is active and willing to work with HAARP to further engage the 24 drug users working on the HAARP project and their peers.

The Chairman of the Centre for HIV and STI (CHAS) recently expressed the need for a meaningful engagement of drug users in the country's HIV response. This is an encouraging sign that it is possible to assist drug users to form a support group, NGO or a network. The most realistic way for the moment would be to form a sub-group under the Lao network of people living with HIV. It is important that the regional networks are engaged in supporting the Lao network of people living with HIV to begin its engagement with people who use drugs and people use drugs living with HIV.

Regional priorities

Based on the priorities that each network had presented the delegates were split into two groups to further prioritise and determine the five key priorities for the region. This was then compared to the HAARP suggested priorities for 2013 – 2015.

Group One	Group two
Reform drug policies that violate the human rights of PWUD taking into account different country contexts.	Civil society groups work with HAARP and other stakeholders to reform drug policy, particularly compulsory rehabilitation and other mechanisms that violate human rights
The increased engagement of civil society groups in drug policy advocacy development and implementation	Improved coverage, access to and quality of harm reduction services, especially MMT, HCV, testing, education and treatment, needle and syringes, peer naloxone programs and overdose management
Expansion of evidence based harm reduction services (including access to peer-administered naloxone)	Develop a system for identifying emerging issues that utilise civil society networks and can advocate to appropriate agencies to respond – research, documentation
Access to essential life saving medication including Hep A, B and C, MMT and ARV	Pool of funding and support that coordinates country level networks and can provide ongoing funding but also respond to respond to emerging issues
Capacity building for PWUD networks at all levels, including peer workers	Support for building of capacity of country level networks of PWUD to be involved in all responses relevant to drug users and at all levels

Discussions following the two group presentations showed that:

1. There was obvious synergy between the two groups prioritization and consensus on the top priorities to address issues of HIV and people who use drugs.
2. The key issues identified by HAARP as needing urgent attention in the region included:
 - Continued discrimination and criminalisation of drug users
 - Low coverage of services in each country – both numbers reached and geographical areas with interventions
 - Lack of research including population size estimates
 - Compulsory detention and rehabilitation; incarceration
 - Small scale MMT and high level of drop out; lack of peer led initiatives
 - Lack of ART for HIV positive drug users
 - Inadequate information and therefore services for women drug users
 - Lack of representation at National forums and policy discussions
 - Country level networks are not able to effectively represent or advocate on behalf of drug users

These issues are well covered by the priorities that the National networks and consultation delegates identified in both the presentations and the group discussion highlighting their support for the HAARP agenda.

Priorities for HAARP 2013 - 2015

1. Advocacy in the area of drug laws and policies, including law enforcement
2. Improved treatment for HIV positive drug users
3. Improving access and scaling up MMT programs (also relevant to ART)
4. Increased research and evidence including PSE (number of HIV+ drug users on treatment; RAR). None of the countries in the GMA have conducted a population size estimate of PWID or PWUD. As a result coverage of services for this population is hard to calculate. In Cambodia a PSE process is currently in place; in Myanmar, harm reduction services are limited to Shan and Kachin states. There is a paucity of information related to the many states along the border of India and Thailand. Also in many of these countries it is difficult to assess the number of PWUD who are on ART. Without such data it is difficult to assess if the population most at risk (drug users in Myanmar) are accessing treatment.

Delegates were in agreement with priorities set out for the Regional HAARP strategy 2013 – 2015.

Consultation: Day two

The focus of day two turned to the country networks and organisations. Following a similar format to day one, each organisation presented on organizational mandate, activities and future plans. However, the focus was more on what are the key needs in order to build strong, effective drug user networks in each country that are able to address the needs and issues of people who use drugs as well as the specific issues around HIV.

Cambodia: Korsang

In Cambodia there is no national PWUD network as yet and Korsang is the primary organisation addressing the needs of people who use drugs. The current focus is on outreach with the majority targets in Phnom Penh. It is very hard to locate the PWID populations: they exist, however are constantly on the move. Korsang is at present more of a service delivery organisation and operates a 24 hour drop in centre & social support escort service critical to ensuring continuity of care (including a mobile van to support drug users living with disabilities). A key challenge is in securing funding as Korsang are not registered (due to a previous incident involving the organisations refusal to cooperate with government). They are however moving closer to getting license reinstated and are working with authorities to build up confidence again.

Laos PDR

There is no PWUD network as yet although there are promising movements and as noted previously now is a good time to capitalise on the ground-work done with groups of people who use drugs. A worrying trend in the country is the Government's strategy to pursue a 'drug free state' making it difficult for user populations.

Myanmar

National Drug-user network Myanmar (NDNM)

Despite efforts to capacitate the NDNM the network is still not functioning effectively. There are plans to expand network to include provinces/ areas bordering with India. The Myanmar Positive Group (MPG) have agreed to work more closely with and to support NDNM.

Myanmar Positive Group (MPG)

Although servicing the needs and issues of all people living with HIV many of the networks members are HIV positive drug users. At the moment MMT treatment is easier to access than ART treatment. This is a real concern for the organisation. There are 5000 people on the waiting list for ARVs – medical authorities do not consider viral load as a defining issue and tend to attend to the sickest. D4T (Stavudine) continues to be administered to all HIV positive people in Myanmar – should be phased out immediately – in line with WHO recommendations. The organisation is advocating for the involvement of CBO's in discussions around MMT effectiveness and quality control.

Viet Nam

Vietnam Network of people who use drugs (VNPUD)

As a new network the organisation is trying to establish itself and has a steadily growing membership base. Challenges exist with local level authorities – including recognition of the organisation. The organisation has plans to build capacity to engage in diplomatic dialogue, as well as to generate evidence to influence policy makers.

Viet Nam Network of People living with HIV (VNP+)

The primary focus is to connect between all networks and create a stronger united voice. There are plans to work closely with VNPUD.

HAARP Perspective

HAARP presented the strategic visions for country programs based on certain observations from working in the region:

- Drug user organisations can provide effective services and interventions – Yundi & Korsang
- Drug User networks are not yet strong enough to represent and advocate for drug users
- Laws and policies are not in place to support the development of drug user organisations
- There is increasing acceptance of drug user organisations in Lao PDR, Cambodia, Myanmar, China

HAARP has identified the following competencies needed in order to make the country networks function more effectively:

- Leadership development and team building
- Organisational Development – ensuring
- Communication
- Representation – enhancing skills on how to represent
- Advocacy Skills

Based on HAARP's observations the following strategic areas were highlighted for 2013 -2015:

- Sustained capacity building
- Manual on Network development including (but not limited to):
 - i. Organisational development
 - ii. Leadership
 - iii. Representation
 - iv. Communication and public speaking
 - v. Advocacy skills

Significant discussion was held regarding the role of HAARP in capacity building as well as the methodology to be employed that highlighted disparities in understand what capacity building entails. The Regional networks also expressed capacity building as a key role – for example, AIVL will be conducting needs assessments in Viet Nam and Myanmar over the next 3-6 months. AHRN stated their plan to start new networks in Laos PDR, Viet Nam and Cambodia. This was hotly contested by other networks in the room who did not consider there to be a need to establish new country networks.

The focus of any work of international partners (including Donors) should be preferably mentoring/partnering with Asian based organizations and networks – as this will enable consistent mentoring of the Asian based partner and a ensure a deeper understanding of the local context and experience.

The group was broken into two smaller groups – one consisting of Regional networks and one of country networks and organisations – and were tasked to determine the capacity building needed to ensure that the country networks were developed and strengthened and were more effective. They also debated the best methodology for, and approach to capacity building.

Both of the groups agreed that the development of materials is important but not sufficient and that capacity building should be seen as a process that is also community driven in that the networks play an active role defining their own agenda based on the individual needs of each network. The agenda developed may be broader than the key areas identified by HAARP and other role players may be involved in meeting the capacity building needs.

The process should include

- Needs assessment of the specific country networks and the development of capacity building plans. This could be done through a consultation. The needs assessment could include an organisational audit to assess OD needs, strengths and weaknesses. It was also important to identify specific program skills needed to make the network more effective in its work.
- Development of effective tools, and/ or consolidation of existing tools – that are evidence based and transparent
- Ongoing capacity building through training, mentoring and coaching on the specific issues. It is important to note that adults learn through doing and this needed to be built into the capacity building methodology.
- Commitment by both the country network and the capacity building partner to the entire process – being mindful that true building of skills takes place over time.

HAARP identified specific areas of capacity development that form part of the strategy including:

- Organisational development
- Leadership
- Representation
- Communication
- Advocacy

Other potential issues for capacity building included:

- Understanding and developing accountability
- Fund raising: including proposal writing and developing funding strategies
- Train the trainer
- Financial management
- Project management
- Sustainability (succession planning, next generation)
- Team building
- Monitoring and evaluation (and ways to show effectiveness)
- Outreach
- Mobilisation
- Documentation skills
- Working with families
- Self help
- Network building

Consensus was reached that the ultimate goal of the capacity building is to have strong country level drug user networks that can represent their community in National level forums related to programs and policies that affect drug users. This will be achieved in part through the increased effectiveness of both the operational and programmatic elements of the country networks.

Section C Summary

Overall the consultation was seen as a useful and necessary exercise, which was appreciated by the partners. The consultation enabled HAARP to get confirmation on their strategic thinking, as well as to think through some possible new or extended areas to engage in. The consultation also enabled the country and regional networks to further develop linkages, learn from each other's experience and to discuss issues in the region.

Through the plenary and small group discussions the networks were able to identify a specific capacity building agenda, taking into account country differences. A model for the capacity building was also developed collectively.

The consultation provided networks and organisations an opportunity to get to know then HAARP program and strategy in more detail and to feel a greater sense of ownership of the process going forward.

Section D Recommendations to HAARP

Based on the consultation discussions and debates the following recommendations were made to HAARP to shape the 2013 - 2015 strategy.

Recommendation One:

The regional priorities outlined by HAARP are good and in line with the priorities identified by the Regional networks:

Action: HAARP should develop the strategy based on the key priorities identified

Recommendation two:

Strengthen HAARP partnerships with both Regional and National civil society organisations

Action: HAARP should build the established partnerships and encourage further networking amongst organisations to ensure a strong group of organisations exists when the HAARP program comes to an end in 2015

Recommendation three

HAARP (and partners) should advocate to change discriminatory and oppressive policies and law on drugs in the region.

Action: Strategic opportunities in the region that will forward the advocacy agenda for HIV and people who use drugs should be identified and the opportunities should be optimized. For example, the three high-level policy dialogue opportunities in 2013 include UNCND (Vienna), IHRN (Latvia), and ICAAP11 (Bangkok). This would enable partners to work with HAARP, and each other, to advocate more effectively for policy and legal reform.

HAARP should encourage partners to strategically make use of opportunities to forward the regional agenda and through the capacity building program ensure that organisations are equipped to represent the issues of people who use drugs.

Recommendation four

HAARP should identify and consider some level of action on the following emerging issues that impact directly on HIV issues for people who use drugs:

- Hepatitis C Virus (HCV) for PWUD and people living with HIV co-infection. Advocacy needed to establish greater knowledge and acknowledgement, to increase access to testing and treatment
- Community led testing – increase access to testing by moving beyond the referrals process to community led and provided services: acceptance, quality, resources and capacity
- Peer administered Naloxone

Action: HAARP to undergo internal discussions to determine what issues they include in their strategy and determine specific ways that they can address the issues, for example, through information sharing, direct advocacy, research.

Recommendation five

Policy advocacy is an integral part of the role of HAARP and its partners. However, HAARP and partners need to engage beyond policy formulation and also address the many issues in access to service delivery.

Action: Often policy advocacy stops when the policy has been developed and no attention is paid to the implementation of the policy – for example, service availability, appropriateness and acceptability of services, which is important and requires close coordination and strategic advocacy. **HAARP has a role to play in building capacity of networks to extend their advocacy and increase their effectiveness in monitoring policy implementation.**

Recommendation six

HAARP has a key role to play in assisting partners to address the gendered dynamics of PWUD and people living with HIV and AIDS

Actions:

HAARP's proposed capacity building process, to include ways in which women drug users benefit significantly including the development of leadership skills.

HAARP to assist organisations to address gender issues.
Any HAARP research conducted to include gender issues.

Recommendation seven

At present the lack of capacity issues are hampering the effectiveness of the country networks. HAARP has a key role to play in the building of capacity of country networks and organisations. It is important to acknowledge that not all areas of need will be addressed in the time left for the HAARP program. It will be better to identify a few key priority needs and to focus on these rather than to do a superficial process that addresses more needs but less thoroughly and effectively.

Actions: The model (and areas) of capacity building suggested by HAARP and modified at the consultation should give direction to the capacity building agenda, being mindful of the different needs of the different networks. Capacity building should therefore be country specific, should be more than material development and should include ongoing processes of mentoring and coaching.

Appendix One:

Agenda

Wednesday 28 November 2012 - Delegates check in to Chaydon Sathorn,

Thursday 29 November 2012 – Chaydon Meeting Room

Time	Activity	Speakers
0900 - 1010		
	Welcome and Introduction	Lissa Giurissevich
	HAARP <i>Progress and achievements to date</i>	Peter Diamond
	Introduction of participants, expectations and ground rules	Vicci Tallis
1010 – 1030	Coffee Break / Group Photograph	All Delegates
Part 1: Current Situation (Regional Presentations)		
1030 - 1035	Introduction to Session	Vicci Tallis
1035 – 1230 10 minutes each followed by 5 minute discussion/Q&A	Presentations by the Regional networks: <ul style="list-style-type: none"> • Organisational mandate and reach • Current activities • 3 key priorities • Future plans 	Vicci Tallis
1230 - 1330	Lunch	
Part 2: Breakout Discussion (In Country Delegations)		
1330 – 1335	Introduction to Session	Vicci Tallis
1335 - 1500	Group work Each group to identify the top 5 priorities of region Presentation to plenary Consensus on priorities	Vicci Tallis
1500 – 1530	Tea	
1530 - 1700 (20 minutes discussion/Q&A)	HAARP Regional thinking Discussion	Palani Narayanan
Part 3: Closing		
1700 - 1715	Reflections on the day	Vicci Tallis

Friday 30 November 2012 – Chaydon Meeting Room

Time	Activity	Speakers
0900 - 0930	Summary day 1 Introduction day 2	Vicci Tallis
Part 1: Current Situation (Country Presentations)		
1035 – 1230 10 minutes each followed by 5 minute discussion/Q&A	Presentations by the Country networks: <ul style="list-style-type: none"> • Organisational mandate and reach • Current activities • 3 key priorities of the country • what is needed to build and strengthen effective country level drug user networks? • Future plans 	Vicci Tallis Country networks
1230 - 1330	Lunch	
Part 2: Country focus continued		
1330 – 1335	Introduction to Session	Vicci Tallis
1335 - 1500	Center for Community Health Promotion (CHP) presentation	Hoang Thi Vi Yen
	HAARP country level priorities	Palani Narayanan
	Plenary discussion – country priorities	Vicci Tallis
1600 - 1630	Tea	
Part 3: Closing		
1630 - 1730	Summary of two days Next steps and way forward	Vicci Tallis
	Closing	Peter Diamond

Appendix Two: Participant list

Cambodia	Title	Organisation	
1. Mr Taing Phoeuk	Executive Director	Korsang	taing@korsang-ks.org
2. Mr. Kumpheak Srey	Peer Supervisor	Korsang	Spheak@korsang-ks.org
Lao PDR	Title	Organisation	
3. Mr. Kinoy Phongdeth	President	Assoc. PLHIV (exLNP+)	splnpplus@gmail.com coordinationlnpplus@gmail.com
4. Mr. Som Saiyavong	Peer Outreach Worker	HAARP	soulivanh.phengxay@unodc.org irene.lorete@gmail.com
5. Ms Amena Katanyuta	Translator	Independent	amenakatanyu@gmail.com
Myanmar	Title	Organisation	
6. Mr Than Htoon	Representative	Myanmar Positive Group (MPG)	myanmarpositivegroup@gmail.com / rakhine.rep@mpgnationalnetwork.org / thanhtoon.utopia@gmail.com
7. Mr Kyaw Thu	Representative	National Drug user Network Myanmar (NDNM)	joespine123@gmail.com; Htwe.KYU@unodc.org
Vietnam	Title	Organisation	
8. Mr. Nguyen Xuan Cuong	Representative	Vietnam Network of PLHIV (VNP+)	VNP+ dongdodang@gmail.com nguyenxuancuong1972@gmail.com
9. Mr. Vuong Kien Thanh	Representative	Vietnam Network of PWUD (VNPUD)	nguyen.phg.lan@gmail.com
10. Ms. Lan Nguyen	Coordinator	Centre for Supporting Community Development Initiatives (SCDI)	nguyen.phg.lan@gmail.com
11. Ms. Hoang Thi Vi Yen	A/Director	Centre for Community Health Promotion (CHP)	htvyen@chp.org.vn
Regional	Title	Organisation	
12. Ms. Gloria Lai	Senior Policy Officer	International Drug Policy Consortium (IDPC)	glai@idpc.net
13. Ms Ele Morrison	Coordinator	Australian Injecting and illicit Drug User's League (AIVL)	EleM@aivl.org.au
14. Mr Shiba Phurailatpam	Coordinator	Asia-Pacific Network of PLHIV (APN+)	Shiba@apnplus.org
15. Mr Abou Mere	Board Member	Asian Network of People who Use Drugs (ANPUD)	aboumere@gmail.com
16. Mr Ronny Waikham	Coordinator	Asian Harm Reduction Network (AHRN)	ronnyw@ahrn.net
17. Ms.Vicci Tallis	Facilitator	Independent consultant	vicci.tallis@gmail.com