



THE NEWSLETTER OF THE ASIA PACIFIC NETWORK OF PEOPLE LIVING WITH HIV/AIDS (APN+)

WORKING WITH PLHIV COMMUNITIES TO ADDRESS STIGMA AND DISCRIMINATION AND INCREASE ACCESS TO TREATMENT THROUGH ADVOCACY AND EDUCATION

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Your voice counts!

We welcome stories from your own networks, letters and other feedback.

If you have comments, suggestions, photos or inquiries, please send it

info@apnplus.org

Welcome Frika, Raynu, Nok, Sowat and Ed

We are extremely pleased to be able to welcome Frika, Raynu, Nok, Sowat and Ed. Frika joined us as coordinator of WAPN+ (Women of APN+, positive women working group of APN+). Raynu started her new position at APN+ as account

manager and Nok as account assistant. Sowat joined the team as program manager of the Collaborative Fund and Ed as the communication assistant for ITPC.

We wish them every success in their new positions.

Message from the Co-chairs of APN+

At 5.9 million, our region has the second largest number of people living with HIV. It also produces more generic HIV drugs than the rest of the world. Despite this, more than 300,000 people die from AIDS every year in our region. Only 19% of those who need ARV are receiving them.

First line ARVs are available in most of the countries here in the region but due to fear of stigma, many people are reluctant in coming forward to access treatment. We continue to hear incidents of discrimination within medical settings from our positive friends and those suspected of being positive. We regularly receive pleading emails and calls for help because of ARV supply interruptions. ARV clinics are not accessible to those living outside of major cities and high transportation cost is a big barrier for many in keeping up with their regular follow-up appointments. 2nd and 3rd line regimens are not available but the number of people in need of those is increasing day-by-day in our region. Although the community level of treatment literacy has improved over the last few years, it remains at a dismal level. Many friends are also co-infected with Hepatitis C but treatment is either unavailable or unaffordable. Treatments for opportunistic infections have also remained costly throughout the region.

This year we need to work harder. We need more people on the streets. We must play our role in holding our governments accountable in keeping their promises. We need to increase our advocacy efforts to help make ART medications more affordable and accessible. We need to collaborate in developing campaigns to ensure that the current free trade agreements (FTA) between countries in our region and the US and EU do not affect the cost of life saving medications. We need to work together and we must work together.

Thank you all for the support and encouragements you have provided to APN+ and its steering committee. 2007 was a very productive and exciting year for the network and the secretariat. With additional resources and support, we saw an increased in collaboration among the network groups, including an increased number of advocacy efforts; we were also able to support a number of important network capacity building trainings and initiatives. Please continue to share with us your ideas and your support. We look forward to another fruitful year.

Sincerely,
Ms. Naoko Kawana
Mr. Do Dang Dong
APN+ Co-chairs

Collaborative Fund for HIV Treatment Preparedness

The Collaborative Fund for HIV Treatment Preparedness is a partnership of the International Treatment Preparedness Coalition (ITPC) and the Tides Center to improve access to HIV treatment for those who need it. The program aims to support civil society, especially people living with HIV/AIDS, to advocate for improved access to treatment and to educate people living with HIV about HIV treatment. Over 100 community-based and regional organizations around the world are already involved in Collaborative Fund activities, including:

- Asia Pacific Network of People Living with HIV/AIDS (APN+)
- Thai Treatment Action Group (Thailand)
- Treatment Action Group (South Africa)
- International Community of Women Living with HIV/AIDS (ICW)
- Global Network of People Living with HIV/AIDS (GNP+)
- Vivo Positivo (Chile)
- European AIDS Treatment Group
- Indian Network of People Living with HIV/AIDS
- Central/Eastern European Harm Reduction Network
- Jamaican Network of People Living with HIV/AIDS
- Podruga (Kyrgyzstan)
- AIDS Care China
- Gay Men's Health Crisis (U.S.)
- Zimbabweans Against HIV/AIDS
- Lumiere Action (Cote d'Ivoire)

Organizations currently receiving grants from Collaborative fund 3rd round in Southeast Asia:

- Ocean Love Group (Vietnam)
- Friendship Group (Vietnam)
- Bright Futures Hon Gai – Quang Ninh (Vietnam)
- Blue Group (Vietnam)
- Bright Futures Thai Nguyen I (Vietnam)
- Bright Futures Bac Ninh I (Vietnam)
- Udon Thani Network of PLHIV (Thailand)
- TNP+ Chiangmai (Thailand)
- Ban Them Jan (Thailand)
- Violet Home (Vietnam)
- Thai Drug Users Network, Chiangmai (Thailand)
- Karen Student network Group (Thailand)
- Asia Pacific Network of Sex workers (Regional)
- Penang Family Planning Association (Malaysia)
- Kuala Lumpur AIDS Support Services Society (KLASS) (Malaysia)
- Yayasan Gaya Celebes (Indonesia)
- Perempuan Medan Tegar (PERMATA) (Malaysia)
- Pantura Plus (Indonesia)
- Positive Women of Hope (Cambodia)
- Kampong Cham provincial Network of PLHIV (Cambodia)
- Mission of Generous Cambodian Alliance (Cambodia)
- Esther Group (Cambodia)

Organizations currently receiving grants from Collaborative fund 3rd round in South Asia:

- Y.R Gaitonde Center for AIDS Research and Education (India)
- Pro – Vision (India)
- Network of Naga People Living With HIV/AIDS (NNP+) (India)
- Udaan Trust (India)
- Kerala Positive Women Network (KPWN) (India)
- Manipur Network of Positive People, Churachandpur (MNP+CCPur) (India)
- South India Positive Network (SIP) (India)
- Positive Network of Mizoram (PNM) (India)
- Positive Voice (Nepal)
- Dharan Positive (Nepal)
- Astha Samuha (Nepal)
- Hepa Foundation (Nepal)
- Saathi Samuha (Nepal)
- Sakaar Samuha (Nepal)
- Aavash Samuha (Nepal)
- Sriaran Mahila Samuha (Nepal)
- Ashar Alo Society (AAS) (Bangladesh)
- Geon Health Foundation (Bangladesh)
- Mukto Akash Bangladesh (MAB) (Bangladesh)
- Delta Foundation (Pakistan)
- Life Plus Pakistan (Pakistan)
- Lanka+ (Sri Lanka)

Positive MSM and Sex

The APN+ MSM Working Group recently supported Violet Home, a small Thai NGO based in Chiang Mai with focus on the needs of local positive MSM, to expand the training of their 15 volunteers to include skills on dealing with living with HIV and safer sex practices as MSM. A pilot training was held in October 2007, financially supported by the International HIV/AIDS Alliance and in partnership with local NGOs - AIDSNet and Mplus. It was encouraging to see positive MSM taking part in such innovative peer education training. Further work has been planned with Violet Home and includes the needs assessment completed in December. More details on Violet Home are available at www.violethome.org



What Price Life? We Must Act for Change

It has been a while since the death of a little 6-year old girl called Nhung that we tried to help. I still can't forget her face when she had to suffer from pain when I visited her in the pediatric hospital. Both of Nhung's parents died of AIDS and she was being cared for by her very poor grandparents. When we first visited Nhung, her grandmother explained that she had suffered from a lingering fever that first developed 6 months ago. For the last month and half, nothing her grandparents did could reduce the fever. Nhung's stomach had also swelled to the size of a little balloon and she was experiencing severe stomach pain. Nhung used to play with the neighborhood kids and enjoyed singing and dancing for all to see. However, the fever had left her weak and without much appetite. She stopped playing with the other children, stopped talking, stopped smiling, stopped laughing, and stopped eating. In the beginning, her grandmother took her to the local hospital to try to get some medical attention. Yet, for reasons unclear to her grandmother, they were sent home without neither medication nor care.

It takes only about 3 US dollars to travel from Nam Dinh – the little girl's home town to Hanoi, where the national pediatric hospital is located. However, the family did not have enough money to cover the transportation cost and other additional related expenses associated with the overnight and hospital stays. So her grandparents opted to keep her at home and take care of her.

Fortunately, with support from some of my friends who came with me on a field visit to Nam Dinh province, her grandparents received some financial support to help cover the transportation, accommodation, and food expenses. With the financial support, we were hopeful that Nhung would be getting the kind of medical attention she desperately needed. Nhung and her grandmother arrived early to the hospital the very next day. The clinic opens just four times a week, Monday to Friday, and only in the afternoon. After waiting for an entire morning, it was finally Nhung's turn to see the doctor. However, to our sur-

prise, despite her fragile looking condition, she did not receive any health check or blood test. The only prescription ordered by the doctor was an appointment for the following week.

Nhung's grandmother obediently took the doctor's order and boarded the bus and returned back to Nam Dinh. When we heard about the situation, we were very disappointed. It was clear to us that if she did not receive medical care immediately, her chance of survival will be even lower. We convinced her grandmother to bring Nhung back to Hanoi again the following day, on a Friday, and arranged for her to be seen by another HIV pediatric doctor who happened to be visiting Hanoi from Ho Chi Minh City. Long distance traveling added additional pain and suffering to Nhung's tiny body; however, we also felt that it was important that she was seen by a specialist doctor.

When Nhung came back to Hanoi again the next day, and met the doctor at her hotel the prognosis did not look promising. Nhung had multiple AIDS defining symptoms, including TB, and "her reserve was very, very low", according to the doctor. Because it was a Friday and the hospital was not open, the doctor was not able to order any tests. The only thing the doctor could do was to give Nhung's grandmother the appropriate medication to treat Nhung's mild oral candidiasis. Nhung and her grandmother took another long bus ride home again that evening. After seeing Nhung, the visiting doctor called her colleague who was based in Hanoi, a pediatric treatment specialist at the national Hanoi Hospital to inform him about the situation. Her colleague promised to do all he could to care for Nhung and said that she will be in good hands. Before she left the doctor from Ho Chi Minh City instructed me to make sure that Nhung returns for her 'appointment' the following week.

A week later, Nhung and her grandmother returned to the hospital. They had missed their appointment the day before because Nhung was too weak and in too much pain to travel. Following the visiting doctor's instruction, I called the doctor at the Hanoi hospital to remind him of Nhung's case. But I was disappointed and saddened when I

arrived at the hospital and the doctor seemed to forget his promise and could not recount our discussions or even acknowledge our relationship. Despite this, we were just grateful that she was finally admitted to the hospital.

Nhung was hospitalized for three weeks. For the first few days, she received two Biseptol every morning to help reduce her fever; then she was given IV injection for two days. Her condition improved greatly after the IV. She regained some of her energies and could even respond to my greetings and questions. She even started eating some boiled rice even though her stomach was still painful. I asked her what would she like for the upcoming holiday and she told me she wanted a toy guitar.

However, the IV stopped and her condition deteriorated quickly. Every day, she was seen by either a doctor or a nurse; however, no additional treatment was prescribed. We were hopeful that the doctor would start her on anti-retroviral treatment when her TB test result came back negative; however, that was not the case. Feeling hopeless I could not stand the painful look on Nhung's face, and her grandparents decided to take Nhung home so she could die at home rather than at a hospital.

Nhung died at home 5 days after returning from the hospital. She passed away in the arms of her grandparents and members of local PLHA self-help group. We tried to comfort each other that she finally was able to join her parents. Yet, the truth of the matter is, she died without experiencing the beauty of life.

Nguyen Thi Diu & Do Dang Dong

Hepatitis Co-infections need an Effective Response

The additional health burden placed by hepatitis C (HCV) co-infection on people living with HIV (PLHIV) is immense. PLHIV with HCV co-infection are more likely than those with HCV alone to develop end-stage liver disease because HIV accelerates progression of HCV. Based on the limited HCV prevalence studies conducted in Asia, it is estimated that between 40 to 60 percent of PLHIV with history of injection drug use (IDU) are co-infected with HCV. A 2003 Thailand study on HIV/HCV co-infection showed a co-infection rate of 88.2 percent among those who acquired HIV through IDU. A 92 percent co-infection rate was found in a small study carried out in Manipur, India. HCV co-infection has emerged to be one of the leading causes of illness and death in PLHIV in the region.

Despite the high prevalence rate, HIV/HCV co-infection has largely been dismissed from both medical and public health discussions because of HCV's relatively low sexual transmission rate and the stigmas surrounding the disease as a drug users' infection. Such attitude

is nothing but another form of discrimination and denial of the rights of PLHIV and other vulnerable populations to HIV/HCV prevention, treatment and care.

Currently, the prevailing IDU health intervention paradigm emphasizes on HIV prevention but ignores the issues of HCV prevention, treatment and care. HIV prevention programs, including harm reduction have contributed to the reduction of HIV infection within the IDU community. Such program can also reduce the risk of HCV transmission; hence related prevention strategies should be integrated into such efforts.

HCV treatment programs are also urgently needed here in the region; this is especially the case for PLHIV because of the increased risk of liver damage associated with HIV infection. Over the last four years, many national governments in the region have rapidly scaled up their HIV antiretroviral treatment (ART) programs; however, HCV co-infection treatment programs have been dismally left behind. The high cost of HCV treatment and the

comparatively lower rate of treatment success have been used by governments as justifications for not providing HCV treatments. Evidences on both the cost-effectiveness analysis and clinical benefits of HCV treatment can be found in studies conducted in the developed countries. Unfortunately, such studies have not been conducted here in Asia.

Real and bold actions are needed in the region by the national governments. National ART programs must find ways to provide less liver damaging antiretroviral (ARV) medications. The use of compulsory licensing and generic production that contributed to the increased availabilities of ARV in the region, need to also be exercised for HCV treatment if fair and reasonable prices cannot be obtained from the big multi national pharmaceutical companies. Resources must also be put into training of doctors in administrating HCV co-infection treatment; research on both the economic and clinical benefits of providing HCV treatment need to also be included in this effort.

Sydney Community Statement Summary

John Daye, National Association of People Living with HIV, Australia (NAPWA), presented the closing statement on behalf of the Community Advisory Group (CAG) during the 4th International AIDS Society (IAS) Conference on Pathogenesis, Treatment and Prevention, 22 – 25 July 2007 in Sydney, Australia. A short summary of key points is provided below.

- The introduction of new drugs with improved efficacy, toxicity and resistance profiles is very valuable as treatment options. Additionally, improved treatment for people who are highly treatment experienced will make it possible for most to reach and sustain undetectable viral load. There is much to be learned about what role these new drugs will have in treatment and for those initiating therapy.
- Abbott's hard stance on supplying Aluvia to Thailand is a reminder that no matter how good research is on new therapies, it will only be successful if they are accessible and affordable to all who need it. The conference provided a much needed space for dialogue between community and industry, which needs to be continued until people have access to medicines regardless of where they live
- The importance of community involvement in developing, implementing, monitoring and evaluating prevention research was emphasised repeatedly during the conference but moving from theory to practice continues to be a challenge for prevention programmes globally.
- Organisations, such as the World Health Organization, are still endorsing Provider Initiated Opt-out Counselling and Testing without considering the critical issue of stigma and discrimination, further putting people's lives at risk in countries where human rights are not protected.
- A strong bias on bio-medical prevention research was presented at the conference. For a full understanding of prevention, both bio-medical and socio-behavioural research must be presented because prevention technologies and human behaviour cannot be separated.

Full Community Statement available at info@apnplus.org

First National Congress of People Living with HIV/AIDS in Nepal

From March 11-14 over 300 delegates convened in Dhulikhel for the First National Congress of PLHAs in Nepal. The delegates represented over 56 districts and more than 100 community based organizations led by people living with HIV/AIDS (PLHA). Although extensive efforts were made to invite government representatives, none attended.

The Congress met against the background of Nepal's growing HIV epidemic. Officially, over 10,000 Nepalese are living with HIV, a vast majority are poor, marginalized and in dire need of support. Poverty and low literacy are some of the key factors that are fueling the epidemic in Nepal. Since the last Consultation in 2005, some progress has been made but it is still not enough. Today there are over 1500 people on ARV treatment, over 100 CBOs are established and run by PLHA, employing more than 600 PLHAs and serving over 5000 members. People are still dying due to lack of ARV treatment while the drugs expire in the shelves in Kathmandu. Livelihood support for PLHAs

is non-existent, discrimination towards PLHAs is often reported and the mother-to-child transmission prevention programme remains sub-optimal with limited coverage.

The First National Congress of PLHAs the enormous challenges faced by PLHAs across the country and the struggle for HIV prevention and treatment. Members will utilise their networks and the following resolutions for advocacy, with a special focus on women and children's issues, women's leadership and building stronger leadership among PLHA.

Dhulikhel Declaration Resolutions for National Advocacy Agendas (2008 – 2010) Treatment and Care:

- Ensure continuation and rapid scale up of VCT, diagnostic, treatment and care programs up-to district levels
- Ensure continuation and scaling up of support to community based organizations led by PLHAs through the challenge fund model

Meaningful Involvement:

- Ensure participation of PLHAs at the constituent assembly and genuine involvement of PLHAs up to District AIDS Coordination Committees and all levels of policy making
- Enforce guidelines ensuring organizations working in AIDS to employ HIV positive staff in meaningful positions

Livelihood Support and microfinance:

- Ensure the creation of a government funding scheme for HIV positive women and AIDS orphans
- Ensure skill development, micro-financing and income generation activities specially focused on PLHAs

Complete Dhulikhel Declaration available from sudinsherchan@gmail.com

Fighting Eviction, Taiwan AIDS Shelter Helps Transform Human Rights Law

An important new human rights law, the Taiwan Human Immunodeficiency Virus Prevention and Patients' Rights Protection Act, was passed in July 2007, securing the rights of HIV-positive people to housing, care, and equal protection under the law. The new law was a victory that resulted from a court case aimed at evicting Harmony Home, an organization in Taiwan that provides housing and care for HIV-positive people and their children.

When Harmony Home first moved into its present location in Taipei's Wenshan district in 2005, neighbors felt threatened by the presence of HIV-positive residents and attempted to force them out. In October 2006, the Taipei District Court ruled in favor of the housing

complex's management committee and ordered Harmony Home to move.

But Harmony Home appealed the court decision and public hearings were organized by legislators and AIDS advocates. Regional and international HIV organizations also offered support. The result was the introduction of the HIV protection act, which was passed by Taiwan's legislature. A month later, Taiwan's High Court followed the legislature's lead. Reversing the earlier decision by the Taipei District Court, the High Court ruled that the housing complex where Harmony Home is located could not force the care facility to leave.

(Adapted with the permission of the TREAT Asia Report)

Treatment Literacy Training in Papua New Guinea

The IGAT Hope training-of-trainers (TOT) for HIV treatment literacy workshop was conducted from 15-25 January 2008. The workshop was first of its kind in Papua New Guinea (PNG) and was developed to address the growing concern of the PLHIV community on its limited knowledge and access to information on antiretroviral therapy (ART). Poor adherence and side-effect related treatment interruption and termination are common due to the lack of understanding on treatment adherence, managements of side-effects and opportunistic infections amongst the community and the medical providers. A treatment working group was formed after the workshop to further carried out treatment literacy activities in the community. The workshop was supported by APN+, TREAT Asia/amfAR and Health Policy Initiative.

Opening Ceremony Speech by Ms Maura Elaripe Mea

4th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention. Sydney 2007

My name is Maura Elaripe Mea and I am a member of Igat Hope, the national network of PLHIV in PNG. I am deeply honored to be asked to speak to you this evening at the opening of this important scientific HIV and AIDS conference here in Sydney.

The number of HIV infections and deaths due to AIDS has been rising throughout Asia and has been steadily increasing in the Pacific especially in Papua New Guinea. It is over 10 years since the first triple combination therapy was proven to be effective in treating HIV and thus reducing AIDS-related deaths. But even today, from Latin America to Africa, from the Caribbean to Asia and the Pacific, hundreds of positive people are dying every day because they are not able to access these treatments.

I came forward with 19 other PLHIV to form an organization for People Living With HIV in Papua New Guinea. And we named our organization "IGAT HOPE". Igat Hope in the Melanesian pidgin of

the Pacific simply means "There is Hope". And it is that hope I cling to – believing that things could be very different.

During my involvement with Igat Hope I have advocated with other members for access to life saving treatment and comprehensive sexuality education to protect the community through prevention measures from HIV infection. I, like all other women, should have my sexual and reproductive rights respected. Despite all the efforts made; I am struggling to be heard. Stigma and discrimination remain a huge burden in positive people's lives.

This is the time when decision and policy makers need great resolve to address the growing crisis that is unfolding in the region particularly in my home land PNG.

One of the keys to addressing the HIV epidemic is to address stigma and discrimination. An important way of doing this is to put a real human face to the epidemic and embrace the principles of the greater involvement of positive people (GIPA). GIPA has been shown time and time again to be a central component of an effective and successful response to the epidemic, apart from ensuring that responses are relevant to the needs of HIV positive people.

The roll out of treatment must involve positive people as key players, because there are lots of challenges and issues we face when starting and staying on treatment.

We need governments to agree to urgent action – to make sure we all have affordable access to medicines and medical tests. Not just antiretrovirals, but treatments for opportunistic infections and common co-infections such as TB and hepatitis C. There is need for better care and support programs which are often in short supply.

We want people to stop being afraid of us and discriminating against us; to allow us to work and move ourselves out of the poverty that HIV so often brings and allow us to help prevent others from becoming infected.

There is a fundamental GIPA Principle, and I want to end with it
TALK WITH US, NOT ABOUT US.

In Melanesian Pidgin we say; TOK TOK WANTAIM MIPELA; NOKEN TOKO TOK LON MIPELA.

Thank you.

Regional Training on Research for Positive Women

APN+ women working group (WAPN+) organized a research and assessment skills training from 1-3 November 2007 in Bangkok. The training was attended by 16 women living with HIV from China, Japan, India, Indonesia, Thailand, Viet Nam and Cambodia

The objectives of the training were:

- Develop skills of positive women on research and assessment through questionnaires and Focus Group Discussions (FGD)
- Improve skills and capacity of women in community based research and documentation
- Create women centered project on HIV/AIDS treatment issues in Asia Pacific region.

Positive women who have participated at the training will carry out the treatment research project in 5 countries. This research project will identify treatment gap among positive women and specific recommendations will be made. For further information contact Frika at frika@apnplus.org



Positive Consultations in the Mekong

Last year, APN+ was commissioned by the International HIV/AIDS Alliance and USAID to conduct country-level consultations for the 'minimum service standards for PLHIV' process that was commenced with a regional meeting in Bangkok in June 2006. Meetings of positive people were held in Laos, Cambodia, China (Kunming & Nanning), Vietnam and Thailand. Sadly the recent internal political troubles in Myanmar prevented that community meeting from taking place.

APN+ received great in-country support from our positive friends, along with our local key partners. The meetings proved to be an excellent opportunity to sponsor gatherings of positive people from those countries, including participations of people from rural areas. The consultation meetings were facilitated by local positive people in their local languages and participants were very enthusiastic and clear in stating what they saw as their priorities for services for positive people. A report is being finalized and will be available shortly on APN+ website.

Establishing a National Network of Positive People in Vietnam

The long awaited national workshop aimed to strengthen the capacity of local self-help groups and initiate dialogues on the formation of a Vietnam national network of people living with HIV was held from 30 March-1 April 2008 in Hanoi. More than 70 positive leaders from 65 self-help groups attended the workshop. Participants reached a consensus the establishment of a national network to help promote networking and collaboration on between the groups. A core committee was setup to carry out the workplan developed during the workshop. The workshop was facilitated by



local positive leaders with support from APN+.

For more information contact Mr. Dong at dongdodang@yahoo.com

APN+ Representative from Samoa

Samoa is the furthest east of all of our member countries, way out in the Pacific Ocean. Peati is our country representative from Samoa. She lives in Apia, the capital of Samoa along with her son. Peati works for the Samoan AIDS Foundation with assistance from the Samoan Red Cross doing outreach in schools, churches and the community in general. Much of its work is geared to youth and the messages on HIV are delivered through drama and songs. She is dedicated to ensuring prevention messages reach all Samoans and especially young people



and, as she says, "that they are educated properly about AIDS through which I have lost my loved ones".

Women's Workshop in Papua New Guinea

The first training-of-trainers (TOT) workshop on facilitation and advocacy for positive women in PNG was held at Lamana Hotel in Port Moresby, Papua New Guinea (PNG), from 12-15 November 2007. Dr. Susan Paxton, an APN+ advisor and Maura Elaripe from Igat Hope co-facilitated the workshop. Twelve women from five provinces attended the workshop. Most participants had some experience in organizing small group meetings but wanted to further develop their skills in order to conduct their work more effectively.

From the workshop, participants identified the following as the key priority advocacy issues:

1. Prevention of mother to child transmission (PMTCT)
2. Orphaned and vulnerable children (OVC)
3. Stigma and discrimination
4. Community education

A national women's group called 'Women Affected by HIV and AIDS' (WABHA) was formed with representations from five provinces after the workshop. Discussion has also been initiated to explore the possibility of the group in becoming a sub-group of Igat Hope - the national network of PLHIV in PNG.

Participants indicated that the workshop provided them with skills and knowledge on meeting planning and facilitation. More importantly, key steps for planning effective advocacy activities.

WABHA is now planning activities for the coming months and making this group as the national positive women's network in PNG.

APN+ Positive MSM Working Group

2007, wow what a busy first year our group has had. From our first meeting of 17 guys from 10 countries in Bangkok in March 2007, we have grown to 31 men from 15 countries across the region, including Indonesia, Singapore, Malaysia, Thailand, China, Mongolia, Nepal, India, Australia, New Zealand, Philippines, Myanmar, Guam, Papua New Guinea and Japan.

Our members mainly communicate via e-group and we now have our own section on the APN+ website. 16 of our members managed to get to ICAAP in Colombo in August 2007 where we met several times and conducted several popular activities including a satellite meeting, skills building workshop and presentations. Our members have been active within other MSM focused networks like the Purple Sky Network (Mekong) and the Asia Pacific Coalition on Male Sexual Health (APCOM). We aim to lobby for the needs of positive MSM across our region.



We have completed our first research project with focus groups of positive MSM held in five countries namely India, Indonesia, Malaysia, Papua New Guinea and Myanmar (Burma). We are very excited to be able to hear of the concerns of our friends through those focus group discussions and aim to expand our efforts in 2008. We have appreciated the financial support provided to our working group by the International HIV/AIDS Alliance and hope for an ongoing working relationship with them into the future.

First Treatment Literacy Workshop in Sri Lanka

The first national level HIV treatment literacy workshop was organized by Lanka+ from 23-26 January 2008 in Colombo, Sri Lanka. The workshop was funded by the Collaborative Fund South Asia Region and facilitated by the members of International Treatment Preparedness Coalition (ITPC). Thanks to CFSa for their technical and moral support.



ABOUT APN+

APN+ has been established since 1994 to create a collective voice for HIV-positive people in the region. It is committed to improving the quality of life of people living with HIV/AIDS (PLHIV) and to overcoming the isolation of PLHIV in Asia-Pacific region by extending the network into all countries in the region.

During the past ten years, the network has worked closely with PLHIV and various partners such as UNAIDS, UNDP, Red Cross Crescent Movement, among others to bring about improved access to treatments, care and support, and lobby for equal representation of PLHIV on all relevant decision making bodies.

In addition, it has worked to provide information exchange support and skills development for PLHIV. APN+ is the regional network partner of the Global Network of People Living with HIV/AIDS (GNP+), and currently works closely with 28 national networks of PLHIV in the region.

Who's Who at the Regional Secretariat

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APN+ Steering Committee

APN+ Management is overseen by the APN+ Steering Committee who were appointed at the most recent AGM in February 2007. Committee members are:

Co Chairs:

Ms. Naoko Kawana (Japan)

Mr. Do Dang Dong (Vietnam)

Treasurer:

Mr. Puji (Mongolia)

Steering committee members

Ms. Maura Mea (Papua New Guinea)

Mr. Sudin Sherchan (Nepal)

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