

ANNUAL **2015**
REPORT

FOREWORD

2014 marked our 20th year in operation. It was a year of reflecting on what we have achieved to date, and on how we can continue our fight for PLHIV in the Asia Pacific.

With the HIV funding crisis deepening and impacts being felt across the region, our work in 2014 and 2015 has proven increasingly more challenging and demanding. PLHIV funding is under real threat at a time when it is critically needed. We have, however, completed our work, executed our advocacy campaigns and secured some victories.

Treatment access continues to be a key focus of our Peer Led Advocacy campaigns. In 2014 new medicines were developed that cure Hep C but nobody could afford them. Our advocacy efforts, along with that of our supporters, has achieved good results. Prices have started dropping down in countries where these medicines are available. Access to 2nd and 3rd line HIV medicines remains a big challenge for many people. Free Trade Agreements with TRIPS-Plus Intellectual Property Rights (pricing and patents) will further keep these medicines out of reach for the majority of PLHIV and people living with Hep C. This is why we continue our efforts, to give the power of knowledge to our networks and community on intellectual property literacy. Our work on building knowledge and mobilising community in this way helps us to be advocates and to take the lead in responding to the crisis of medicines that are unaffordable.

APN+ Leadership, under the direction of network members and in collaboration with strategic partners, builds a community force with knowledge and Advocacy capacity for a positive change. However results of our Leadership and Peer Led Advocacy is sometimes dependent on governments and key stakeholders being willing to engage with us. This barrier has always existed, but we continue building our force and keep them engaged. PLHIV leadership and advocacy capacity has increased in most countries. The stronger we are as networks and as activists, the more likely we are going to stop interference from happening again. We can expect challenge as we enter a new era of governments taking ownership of, and financing national HIV programmes.

On the next pages you will read highlights of our work as guided by our strategies of 'Peer Led Advocacy' 'Leadership' 'Network Strengthening' and 'Communication'. Our efforts always represent the voice and needs of people on the ground when we influence national, regional and global policy, so that people living with HIV can have a better quality of life. Some victories are small, some are large. They are all victories in solidarity.

Mr. Edmund Chak
Ms Sina Soo
Mr. Khursedul Alam
Ms. Jahnabi Goswami
Mr. Vu Tran Dung

**APN
PLUS
POSITIVE CHANGE**

CONTENTS

FOREWORD	2
CONTENTS	3
BACKGROUND	4
VISION	
MISSION	
GOVERNANCE	
STRATEGY	
PEER LED ADVOCACY	
MONITORING ACCESS TO TREATMENT IN ASIA	5
HEPATITIS C	6
SEXUAL REPRODUCTIVE HEALTH RIGHTS	6
LEADERSHIP	
BUILDING CAPACITY & LEADERSHIP OF PLHIV & KAP CCM MEMBERS	7
PATENTS & INTELLECTUAL PROPERTY RIGHTS ON MEDICINES	8
GF REGIONAL KAPS CONCEPT NOTE DEVELOPMENT	10
NETWORK STRENGTHENING	
POSITIVE CAPACITY DEVELOPMENT INITIATIVE	11
MSM+ CAPACITY BUILDING	12
GF/UNDP MSA DIVA PROGRAM	13
COMMUNICATION	
APN+ WEBSITE & HEPC ASIA	14
UNAIDS NGO PCB COMMUNICATION CONSULTATION FACILITY	14
PEER LED RESEARCH	15
KEY EVENTS	16
SECRETARIAT STRENGTHENING & CAPACITY BUILDING	
GOVERNANCE & OPERATIONAL MECHANISMS	17
COLLABORATIONS: PARTICIPATION IN STRATEGIC PLATFORMS	18 - 19
CHALLENGES	20
WAY FORWARD	21
FUNDING	22

BACKGROUND

VISION

A better world for People Living with HIV

MISSION

Working together to improve the quality of life for all people living with HIV in our region through peer led advocacy, network strengthening, communication and capacity building activities

GOVERNANCE

APN+ was established in 1994 as a collective voice for all HIV positive people in the Asia Pacific region. We are a peer led organisation that is driven by the needs of PLHIV at the local level. All country representatives to our Board are positive leaders.

THE STEERING COMMITTEE

APN+ is a regional network, with a regional mandate that operates under the direction of the APN+ steering committee and the APN+ Board.

THE BOARD

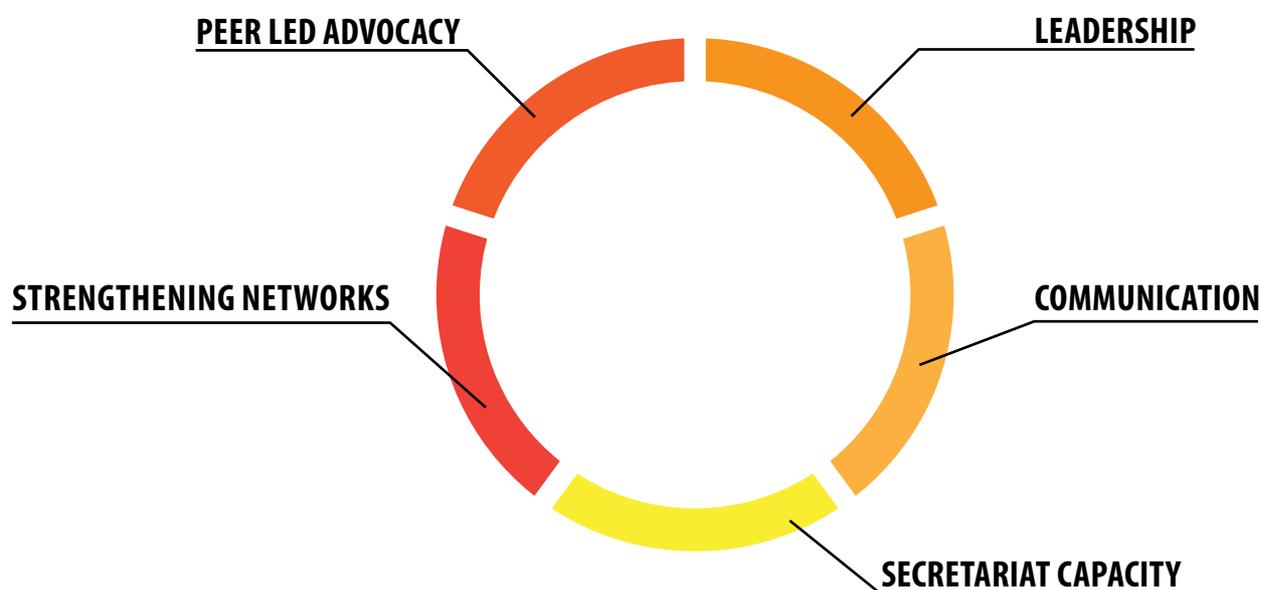
APN+ Regional board is made up of all country representatives to APN+ (30 member networks) with a focus on APN+ vision, mission and strategic direction.

THE SECRETARIAT

APN+ secretariat is based in Bangkok, Thailand. As of December 2015, APN+ employed 8 full time staff.

STRATEGY

Our work is guided by our strategic plan (2012-2016) which was developed and finalised in consultation with member networks. Our activities are prioritised according to 5 strategies for action:



PEER LED ADVOCACY

Monitoring Access to Treatment in ASIA (MATA)

APN+ and partner networks in Bangladesh, Indonesia, Laos, Nepal, Pakistan, the Philippines and Vietnam have collaborated on a program to monitor access to treatment. The program is financially supported by the Global Fund and started in early 2011. This program has improved understanding about treatment, care and support access issues among PLHIV. It also provides the evidence we need to advocate improved service delivery.

Phase I of the program concluded in 2013 and in 2014 we adapted key findings for Phase II. Future activities will focus on advocacy for improving service delivery, strategies during national program development processes, database expansion via community stories, community led HIV testing and linking to treatment initiation, and country level data analysis to feed into new global HIV response strategies.

As we enter phase II and the final stages of the grant we will begin to build on progress made and use this momentum to continue our work to improve the lives of PLHIV in the region.

KEY OUTCOMES

- » Baseline data and phase I findings consolidated to inform activities and advocacy efforts
- » CAT-S Phase II methodology workshop held to finalise new methodology for phase II implementation of the program
- » APNMATA.org website in place
- » Phase 1 study reports (country and regional) are published
- » Expanded the initiative to new country (Cambodia)



Sexual Reproductive Health Rights (SRHR)

APN+ continues to engage in addressing issues of SRHR with positive women from our country networks. As part of Robert Carr Network Fund program, a series of trainings on SRHR were organised to increase advocacy capacity and knowledge of positive women in India, Nepal, Thailand, Indonesia, Vietnam, Cambodia, Pakistan and Myanmar. Positive women's working groups were established in the above-mentioned countries to lead advocacy campaigns and carry out planned activities. As part of our advocacy effort to make reproductive health services available, several national level meetings with key government officials, UN and other agencies were also organised at the country level. In some of the countries PAP smear testing was provided to positive women through our networks.

KEY OUTCOMES

- » Working groups continue to have discussions with community leaders, government officials and other key stakeholders to advocate for HCV testing and treatment access and for SRHR services for women and their partners
- » Access to services such as PAP smears among positive women has increased and more positive women are aware of their reproductive health
- » Price of new hep C drugs has reduced and as a result more people are able to access to these drugs. In some countries community run buyers club for hep C drugs were established and several people have benefitted from such initiatives
- » Many country governments are in the

Hepatitis C (hep C)

APN+ continues to address issues of hep C and HIV co-infection in the region. Through the program supported by Robert Carr Network Fund several trainings were organised to build advocacy capacity and increase treatment knowledge of PLHIV in Nepal, Myanmar, Thailand, Indonesia, India, Pakistan and Vietnam. A series of advocacy meetings with key government officials, UN and other agencies were also organised to make free hep C testing and treatment available.

Working groups and coalitions were established in countries to implement planned activities and strategise advocacy actions. Work plans are regularly monitored and a series of advocacy actions such as demonstrations were also conducted. In addition, meetings with key generic companies were organised to discuss pricing, registration and availability of new hep C drugs. Together with our network members APN+ will continue addressing issues that prevent people from accessing affordable testing and treatment of hep C in the region.

process of establishing national surveillance systems for hep C. The government in Nepal has started allocating funds for hep C treatment.

- » PLHIV who are co-infected with hep C have better understanding on hep C treatment and increased information sharing between peers
- » Patent opposition on new hep C drugs such as Sofosbuvir and Dacaltasvir were filed in India to challenge patents on these drugs

LEADERSHIP

Building Capacity and Leadership of PLHIV and KAP CCM Members

Global Fund remains a primary donor for HIV programs in many countries in the region. In each country, the committee known as the country coordinating mechanism (CCM) plays a key role in designing and providing oversight to programs funded by the Global Fund. Therefore it is important that community representatives involved in the CCM are equipped with the necessary knowledge and capacity so that their involvement is fruitful.

To this effort, APN+ in partnership with networks from Cambodia, India, Indonesia, Myanmar, Nepal, Pakistan and Vietnam implemented programs to increase knowledge, understanding and skills of community member representatives so that they are engaged meaningfully in the Global Fund New Funding Model (NFM) process.

As part of Robert Carr Network Fund program, Rapid assessments were conducted to help networks to prioritise where and how capacity development could best be supported in each country. Work plans were then

developed and finalised with a focus on training workshops to better understand the mechanics of the NFM, grant oversight and ultimately to educate community on their role in the whole process. CCM members from the community also conducted site visits where global fund programs are implemented as part of monitoring and learning.

Such efforts enabled us to be better leaders and advocates by promoting community dialogue and by supporting our engagement in the national decision making process. Effective CCM representation will ensure that treatment access issues are formally documented when raised within national GF processes.

KEY OUTCOMES

- » Rapid assessment and workplans in place
- » NFM training conducted in 7 countries
- » NFM documents translated into local languages
- » Increased community expertise in NFM related processes
- » Established standard operating procedures for field visits
- » Increased understanding of Global Fund supported programs
- » Communication mechanism established to support flow of information from field level to CCM members and vice versa
- » Increase in stakeholder coordination meetings to bridge community needs to program design

APN+ continues addressing issues of Intellectual Property Rights (IP) and their impact on access to medicines. In 2015, APN+ in collaboration with local community groups filed two patent oppositions against granting patents on two new hepatitis C drugs in India. If successful it will allow local generic companies to produce and sell the two drugs at a much cheaper price.

APN+ also continue raising our voices against free trade agreements (FTA) with TRIPS-Plus provisions such as the Trans Pacific Partnership (TPP) and the Regional Comprehensive Economic Partnership (RCEP). Leaked texts of TPP and RCEP showed some developed countries proposing IP provisions that are far beyond WTO's TRIPS agreement. If such TRIPS-Plus provisions are signed, access to cheaper generic medicines will be further delayed not only in countries that are part of these trade agreements but across the developing world. In response to such provisions APN+ and several country networks organised demonstrations and issued press statements.

Additionally APN+ currently implements a project on the impact of IP on access to affordable generic medicines in Indonesia, Myanmar and Vietnam. The project is funded by Aidsfonds and will run through to mid 2018.

Under this project APN+ works with Myanmar Positive Group (MPG) to build community capacity around IP and access to medicines. This is particularly important as Myanmar is drafting their first IP law and there is a need for community to monitor the process and provide inputs to make sure it does not restrict access to cheaper generic medicines. The project provides an opportunity for MPG and key concerned stakeholders to arrange workshops and meetings to discuss the new law. A series of meetings have been held with parliamentarians and other key stakeholders to ensure that all TRIPS flexibilities are included in the new law.

In Indonesia, a series of meetings and workshops have been conducted with officials from the patent office, justice ministries and ministry of health to advocate that new hepatitis drugs are accessible and included in the Indonesian insurance scheme. Meetings are also conducted with relevant government and UN stakeholders to consistently advocate for TRIPS flexibilities to be included in the revised IP law.

In Vietnam, VNP+ has organised series of workshops to build the capacity of key community leaders from across the country. VNP+ has also held several meetings with the patent office to discuss patent opposition to new hepatitis C drugs.

KEY OUTCOMES

- » Community has shown leadership by engaging in a series of meetings and workshops to discuss IP laws
- » PLHIV Networks are actively involved in meetings with key stakeholders and raising awareness about the impact of IP laws on access to affordable treatment
- » PLHIV community and other key stakeholders are more aware of patents and its impact on access to medicines
- » More government officials, UN and other stakeholders are engaged in IP related work and increasingly speaking up against TRIPS-Plus provisions in FTA



GF Regional KAPs Concept Note Development

The GF regional KAPs concept note came about in response to critical funding and services gaps identified by KAP networks. Formal concept note development process started in Nov 2013 between ANPUD, APNSW, APTN, APN+ and network partners in 11 countries including Bangladesh, Cambodia, Nepal, Sri Lanka, Thailand, Philippines, Pakistan, Indonesia, Myanmar, Lao PDR and Vietnam.

The regional grant supports community to take the lead in monitoring the quality of service delivery, to assess barriers to accessing care and retention by KAPs and to promote community based testing and the establishment of demonstration sites for community-led HIV Counseling and Testing.

KEY OUTCOMES

- » Final concept submitted 30th January 2015.
- » Concept note accepted with revisions 18 May 2015, followed by Grant making process
- » Anticipate work will commence by October 2016

Extensive collaboration and commitment rewarded our efforts as the concept note was found to be strategically and technically sound. However the technical review panel recommended some issues be clarified and some programmatic activities that should be removed. Much of 2015 was focused on adjusting the concept note to address these requests.



NETWORK STRENGTHENING

The Positive Capacity Development Initiative

This program enabled APN+ to channel long term network strengthening support to partners in Cambodia, China, Fiji, Lao, Myanmar, Timor Leste and Vietnam. The program supported national PLHIV networks to develop their capacity and over the 7 years of the program this has translated to stronger PLHIV groups, a greater involvement in policy and dialogue and generalised acceptance by governments of the need to work with the PLHIV community.

The final phases of this initiative were designed to consolidate the capacity that has already been built. Three key areas of overall change can be reflected upon in the conclusion of this program: PLHIV networks have robust governance and management structures; PLHIV networks have greater influence and services in provincial and non-metropolitan areas; and PLHIV have increased ability to advocate for themselves, especially around treatment issues.

Activities for this final phase included a focus on expanding PLHIV network coverage areas at regional, provincial and district level, building leaderships skills of young PLHIV, encouraging the development of groups within the networks such as women and MSM. Trainings were conducted in advanced treatment literacy, treatment advocacy and healthy living. There was also specific focus on positive women as leaders, and advocacy on sexual and reproductive health rights training of women in all countries involved. Unfortunately this program has no further funding.



KEY OUTCOMES

- » National workshop on SRHR conducted in all 7 countries, with provincial level advocacy rolled out = improved capacity of women to understand the issues, know their rights, and to advocate for them to be upheld
- » Expansion of PLHIV representation at regional, provincial and district levels
- » Each network has established their position so that they are recognised as primary stakeholders representing PLHIV in national, provincial and non metropolitan level forums

MSM+ Capacity Building

This project made good progress with the small amount of time (1 year extension) and funding provided. This initiative enabled national networks to build partnerships with MSM+ and TG+ in China, Cambodia, Myanmar and Vietnam.

As a result MSM+ have more knowledge and are better represented but most importantly more MSM and MSM+ have been engaged. Reaching out to more MSM+ has remained priority. The training of peer outreach workers to engage both MSM+ (and MSM) with the intent of getting them to talk about their needs, get and stay on effective treatment and to encourage testing has been the main role of partners. In some of the project sites there was no outreach prior to this project, in others there has been considerable access to communities outside of main cities. In all sites there has been

huge increase in the number of MSM+ reached.

The establishment of MSM+ support groups has helped break down the stigma that exists. The ability to engage with the MSM+ community and break down their sense of isolation and get them on treatment and in a better mental state has improved significantly.

KEY OUTCOMES

- » MSM+ have stronger voice within their own national PLHIV networks
- » More MSM+ have knowledge and are able to advocate for MSM+ issues
- » Recognition by government as stakeholders, MSM+ perspective is brought to policy, strategy and implementation and MSM+ are engaged in the HIV response
- » Regionally APN+ ensures the perspective of MSM+ and TG+ are taken into account via input into key MSM and TG networks
- » POZmen news established and plans to start MSM+ podcast

GF/UNDP MSA-DIVA Program

APN+ partnered with MSM and TG community groups in Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka as part of the GF Multi-Country South Asia (MSA) Diversity in Action (Diva) Program. The DIVA Program uses the GF community systems strengthening (CSS) model to reduce the impact of, and vulnerability to, HIV among MSM and TG populations.

APN+ became a regional implementing partner in phase 2 of the program and works to meet

two of the MSA-DIVA objectives - to improve community advocacy, and to improve programmatic approaches to treatment uptake within the HIV treatment cascade at the country level.

Four activities were implemented with a focus on treatment literacy via treatment as prevention training, regional consultations to map advocacy efforts around treatment is prevention, a study on community initiated VCT testing and monitoring of the CSS advocacy seed funding.

KEY OUTCOMES

- » Regional treatment literacy Training of Trainers conducted (14 participants from 7 countries) = community based treatment literacy focal points at country level
- » 35 community representatives attend regional consultation to map out existing barriers at grass roots level, strategies to address barriers, and collective consensus on priorities moving forward
- » Treatment access and human rights action plan mapped out to improve MSA-DIVA program through 2016
- » Country level treatment literacy training and technical assistance provided to support implementation of knowledge transfer
- » Regional study to identify good practice models in community initiated VCT with view to adapt a model for the South Asia program
- » Assist with design of seed grant funding and provide troubleshooting and technical support as required

COMMUNICATION

APN+ website & HepC Asia

APN+ developed and launched a new website in 2015, and new HepC Asia website in 2016. This was necessary to provide a refreshed, up to date user friendly resource for PLHIV networks and community groups in the region. It remains more than ever an important space for us to keep our network members informed, share our work and priority issues of concern in the region. The websites and facebook page are managed by program staff and set up with aim for regular updates and community contribution. HepC Asia has also started using twitter for advocacy and awareness raising under the twitter handle of @HepCAsia.

KEY OUTCOMES

- » Community delegates have the necessary support to actively participate in the PCB meetings and pre meetings (in 2014, delegates met with 22 member states, 3 observer states, co-sponsors and the Africa group)
- » Community delegates strategise and position advocacy in response to agenda items and issues of importance
- » Community voice is at the table to challenge critical decision points and ensure they are inclusive and responsive to the needs of the PLHIV community
- » Regular communication between the secretariat and country networks to discuss events, issues, emerging subjects

UNAIDS NGO PCB Communication Consultation Facility

The CCF is an important function for our communications strategy as it supports community to directly and actively lobby key HIV decision makers in the global policy forum.

The CCF manages all things related to coordinating community participation so that community delegates are fully prepared when attending PCB meetings twice a year.

The CCF exists to ensure the inclusion of an independent community voice. As representatives to the board, much of the work of the NGO PCB CCF ensures that all decisions made regarding the HIV response are made with full awareness of their consequences for people and communities on the ground. APN+ has been contracted to host the CCF in Bangkok since 2014, until 2017. In addition regular communication between secretariat and country networks takes place via email, skype and phone calls.

Living longer study

Fills an important gap in evidence on the wellbeing of HIV positive individuals as they live longer with HIV in our region. Economic concerns, HIV treatment access and depression are three important trends resulting from the study analyses. Alarmingly one third of participants said they didn't have enough money for food in the past three months.

These findings highlight an ongoing need to empower PLHIV if gains in HIV treatment and service scale-up, as well as human and health rights, are to be held and expanded in the future. Moving forward advocacy must target improved health and socio-economic outcomes for PLHIV. Community should continue to mobilise for better treatment access and adherence and prepare themselves with the necessary skills and knowledge to detect and diffuse mental health concerns. The study concludes the following suggested options for future action

- » Advocate for community involvement in the provision of HIV treatment and to improve linkages into treatment and care
- » Advocate to train community in mental health issues, provide peer-led counseling services and link people into care.
- » Advocate for more equitable employment practices and establish services that support PLHIV to address economic shortfalls

CBT Regional Study

CBT Regional Study has been finalised and is currently being reviewed by UNDP regional office, the PR of the MSA-DIVA grant, before being disseminated.

The study assesses innovative models of community initiated voluntary counseling and testing services, what makes them effective and how they can be improved. Reporting on these innovations will support the development of effective, evidence-based approaches to be applied in communities across the AP region.

The study considered methods, local definitions and differences across countries, types of VCT implemented and why they were chosen and most importantly to what extent such methods had led to uptake among MSM and transgender communities.

In its recommendations the study considered interventions that could have lasting impact beyond MSM and transgender women to all key populations at risk of HIV. Recommended interventions are multifaceted, and seek to address structural factors that influence the social, economic, political, or environmental environments determining HIV risk and vulnerability. APN+ will use this evidence to support national networks with future planning in community led VCT testing initiatives.

CAT-S Phase I

MATA Community Access to Treatment, Care and Support (CATs) study findings provides evidence to support advocacy and help identify best ways forward for the program.

Phase I findings verify what community groups have been advocating for some time: Low CD4 at diagnosis, No access to viral load monitoring which in turn increased risks of PLHIV morbidity and mortality rates, Low functioning Prevention services (condoms and needles/syringes).

The study concludes that data generated by the Community Assessment Tool should be used to advocate changes to existing service delivery models. The GF NFM funding proposal development process is a particularly important forum for national networks to advocate for change. National networks will also be encouraged to develop country specific data analysis in partnership with key stakeholders to feed onto new strategies such as UNAIDS 90-90-90. Critical to this approach is the initiation of community-led testing as a measure to address barriers to HIV testing.

APN+ and network members use peer led research findings to support advocacy around the need for community based testing. These changes are being adopted and we are moving closer to being able to provide peer to peer testing and support to treatment access and care. Both country and regional reports of the study were published and presented at different key events.

Generic Pharma meeting

In late May 2015, APN+ organised a meeting with key generic pharmaceutical companies from the region, with financial support from UNAIDS. The meeting aimed to discuss the accessibility of new hepatitis C drugs, as well as second and third line HIV drugs. Eight generic companies from India, Thailand, Indonesia, Bangladesh and Pakistan attended the meeting with PLHIV and other key community leaders from the region.

Key discussion points during the meeting included the production of new hep C drugs, patents on these new drugs, and to share plans on how to tackle patent and other IP related issues in order to be able to produce the drugs locally. The role and advocacy efforts of community groups was also discussed.

Not many of the companies were producing the new hep C drugs so the meeting provided an opportunity to explore how these more affordable medicines can be accessed by people in other countries. Additionally, the meeting brought community and generic company representatives together and created the space to discuss the many issues faced by people trying to access hep C and second and third line HIV drugs in the region. This is the first time in history such a meeting has ever happened between the community and generic companies at the regional level.

SECRETARIAT STRENGTHENING & CAPACITY BUILDING

Governance and Operational mechanisms

- » AGM in June 2014 was attended by over 50 participants, including 22 vote carrying board members. Apologies were accepted from Australia, Iran and South Korea.
- » Steering Committee have engaged in scheduled meetings throughout 2014 and 2015.
- » Thai board meetings take place regularly throughout 2014/15 as part of the oversight mechanism. The Thai board continue to enable our existence in Bangkok by verifying the work that we do whilst based in Thailand.
- » APN+ has significantly increased experience in GF related processes as a result of involvement in 3 different GF grants. Governance and operational capacity has been strengthened and the value of peer to peer knowledge and skills exchange is gaining greater recognition.



UN Secretary General High Level Panel on Access to Medicines

The panel was launched in November 2015 with the aim to find a balance between trade, human rights and public health. APN+ representative was invited to participate and represent the perspective of community in this important high level panel. The panel has created the meeting space for treatment advocates, experts, governments and the pharma industry to debate how to increase access to medicine and promote innovation. APN+ representative shared the treatment access experiences of PLHIV on the ground in the Asia Pacific region and provided PLHIV perspective on solutions to the barriers. Many civil society groups and other stakeholders united to discuss what legal changes could ensure that trade agreements do not restrict access to medicines in any way. Final report and next steps are due for release in June 2016.

WHO Expert Committee

APN+ representation to the WHO expert committee enables us to communicate the realities on the ground regarding HIV treatment services and WHO guidelines on behalf of PLHIV in our region.

Martin Choo represented APN+ at the 3rd Global WHO consultation on the strategic use of ARVs (SUFA3) in February 2014, in addition to the scoping meeting on HIV care packages held in September 2014. Martin was a member of the WHO clinical and consolidated Guidelines Development Groups (GDG) on the use of antiretroviral drugs for treating and preventing HIV infection (2015), HIV testing services (2015) and on HIV self-testing and partner notification (2016). The GDG's enabled Martin to represent PLHIV community responses to the guidelines as they are being deliberated, and to offer our region's perspective to shape and inform decision-making. In this role, Martin has voting capacity on new guidelines or potential changes to existing guidelines. Recently, Martin was invited by WHO to participate in discussions on the misdiagnosis of HIV.



HEP C Coalition

APN+ is a member of the HEP C Coalition which was formed as a coalition of community organisations and international NGOs from around the world to advocate for access to affordable Hepatitis C treatment. Activities include information sharing through mailing list and website, creating online campaigns as well as protests during conferences or other international events.

The coalition regularly holds face-to-face meetings to plan collective advocacy strategies. The most recent coordination meeting was held in Barcelona

to set up advocacy strategies to address the latest progress in global response to Hepatitis C epidemics.

During the meeting a series of joint activities were agreed and a leading organisation for each activity was appointed. The Barcelona meeting also aimed to expand Hep coalition network with local Hepatitis C advocates group in Spain, where the European conference on Hepatitis was held the following month. News on Hep Coalition activities during that conference can be seen on www.hepcoalition.org



CHALLENGES

Many of our challenges remain the same. Can we access treatment? Will there be sufficient funding for the response? Is community involved as equal partners in the response?

Treatment access and quality of life for PLHIV is what we strive for. The risk to our work continuing remains high. PLHIV funding is under real threat at a time when it is critically needed. With many countries moving to middle income country (MIC), and donors stopping funding the outlook is grim..

However with the decrease in HIV funding there is an increased opportunity for community to take the lead. We are in a better position to reach and recruit individuals at risk. We have better access and know those communities. The challenge is that regulations currently do not allow many organisations to be funded by the government budget. The second challenge is that

progressing to MIC has made some countries ineligible to receive multilateral funds. Many countries are not actually economically able or technically ready to take over. This is where we can use leadership and community mobilisation to turn challenge into opportunity. We have taken steps to generate evidence about Community based testing. We must continue to lobby our governments and relevant stakeholders to make this happen. We must also continue to pressure our governments to ensure IP and patents on medicines do not restrict our access to HIV and Hep C medicines.

The advocacy environment we operate in doesn't always invite PLHIV to be equal partners but after 20 years of work in this area we are a fighting force, and we will keep being vocal as we advocate for the interests of PLHIV in our region.

WAY FORWARD

As we move forward we will continue to generate evidence that reflects the realities on the ground. We will represent and report the needs, struggles, challenges, and successes of our diverse communities. The fact remains that many countries with large PLHIV populations are moving to MIC status. The majority of PLHIV will face huge barriers to treatment access as result of the IP components of FTA's in addition to existing stigma and discrimination.

APN+ advocates that regardless of where you are born, your income, sexuality or gender, everyone has a right to HIV treatment and other essential medicines. We advocate that PLHIV groups be allowed to play a greater role in the detection of HIV and treatment. We are generating evidence to support this. PLHIV groups are better placed to convince

people with higher HIV risk to get tested and treated. Our work around the impacts of free trade and intellectual property will continue. Without access to generic medicines, and medicines of the future, entire public health systems in our region are doomed. The next round of program activities will build on our advocacy by focusing on health financing, monitoring allocation of resources and continued engagement in policy discussions to ensure we get access to the treatment and services we need. Governments in our region must maintain sovereignty by using the TRIPs flexibilities to ensure access to affordable generic medicines.

APN+ will continue to operate under the guidance of our steering committee and in 2016 will work closely with our member networks to review our strategic plan.

FUNDING

