



APN NEWS

Working with PLHIV communities to address stigma and discrimination and increase access to treatment through advocacy and education.



Message from the Co-chairs

Over recent months we have seen a peaceful anti-FTA protest end violently, many cases of ARV stock outs +the distribution of expired medicines and an increased threat to the future of generic medicines and their production. We have also had to reschedule our AGM and Strategic Planning Consultation due to the flooding emergency in Bangkok, which has affected thousands of local PLHIV.

The flooding crisis facing Bangkok and Thailand has in fact caused difficulties for secretariat staff, many of who are now living with metres of flood water in their homes. The Thai national positive network (TNP+) has been working tirelessly to support many PLHIV and their families who are affected by the flooding crisis. We extend our thoughts to TNP+ for all their efforts, and to APN+ and other organisations who have been supporting the emergency response to ensure that PLHIV maintain access to medicines, safe drinking water and adequate nutrition during this challenging time. As a result of these challenges, our annual AGM has now been postponed until February 2012, along with the APN+ Strategic Planning Consultation.

APN+ continues to follow the case of Novartis, a Swiss pharmaceutical company, who is challenging India's ability to produce cheap generic medicines and supply them to the developing world. APN+ has joined a global campaign 'Novartis: Making a killing in profits' to raise public awareness at the regional and international level. If Novartis win this case, we are likely to see more ARV stock outs and an increase in the price of medicines. We will continue to raise awareness around this case.

The International Congress on AIDS in the Asia Pacific (ICAAP) 2011, Busan, Korea

saw a notable absence of community members including women, sex workers, transgender and people who use drugs, excluded because of denied visas or a lack of available, and locally supplied oral substitution therapy (OST). Furthermore, it was held in an expensive location making it difficult for community to be supported by scholarships because there were less available. To top this off, a peaceful protest against Free Trade Agreements went horribly wrong when police became involved.

We remain concerned about the safety of fellow PLHIV activists in South Korea. We also take this opportunity again to question the regularity of these conferences and the millions of dollars spent. This is particularly the case when we know that millions of people still do not and cannot access treatment, and this is even more of a concern as we begin to see increased cases of ARV drug stock outs and the distribution of expired medicines. We continue to raise awareness about these concerns and raise the voice of PLHIV in the region to ensure ongoing access to treatment and care.

In solidarity

Mr Sudin Sherchan and Ms Mukti



TNP+ flood relief

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About APN+

APN+ was established in 1994 to create a collective voice for HIV positive people in the Asia Pacific region. APN+ is committed to improving the quality of life of people living with HIV and AIDS (PLHIV) and to supporting regional responses to widespread stigma and discrimination and better access to treatment and care. APN+ is the regional network partner of the Global Network of People living with HIV (GNP+) and works closely with other community driven organisations like International Treatment Preparedness Coalition (ITPC) to improve access to treatments, care, support and lobby for equal representation of PLHIV on all relevant decision making bodies. APN+ works alongside 30 country members represented by national networks of PLHIV or smaller organisations of PLHIV. This edition of the APN+ newsletter is funded by the UNAIDS Regional Support Team, Bangkok.

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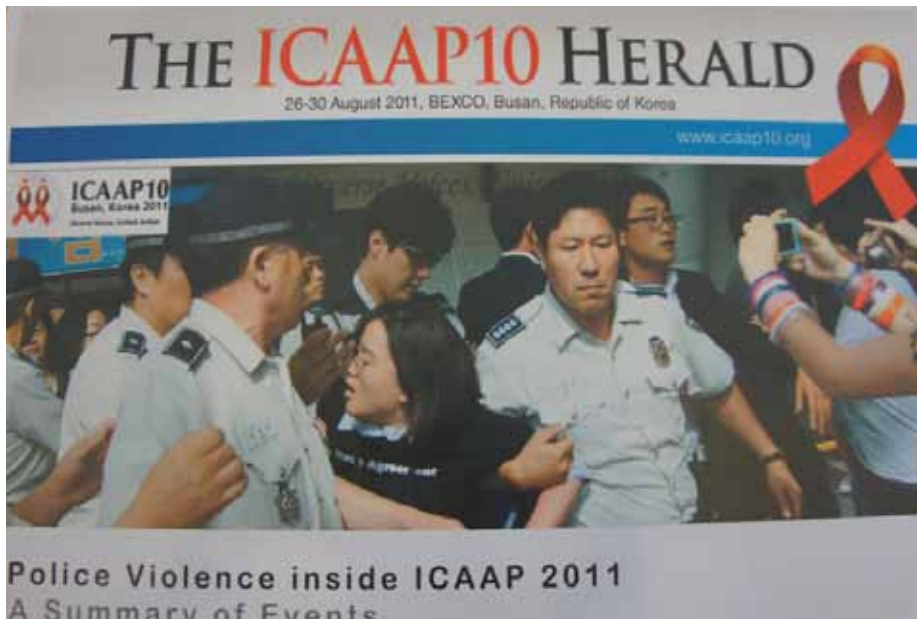
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Your voice counts!

We welcome stories from your own network, letters and other feedback. If you have comments, suggestions, photos or inquiries, please send to us apnplus.communication@gmail.com



Trouble at ICAAP

First and foremost, APN+ and many other networks and community organisations in the region raise questions about the frequency of conferences in the name of HIV. When millions and millions of dollars are spent, we question who really benefits and what is the real impact of these conferences? We also wonder about the levels of participation – in 2011, the ICAAP theme was “Diverse Voices, United Action”. What? We wonder why so many community groups, advocates and PLHIV were absent. We also question who and what drives the agenda of these conferences 30 years into the life of HIV.

The 2011 regional HIV congress (ICAAP 10) in Busan, South Korea was greatly disappointing on many fronts. There was a general absence of community due to many discriminatory barriers including the absence of locally supplied opioid substitution treatment (OST), difficulties with scholarships, visa complications and rejections. Many sex worker and transgender activists were excluded in addition to a large proportion of activists representing people who use drugs. Of further note was the stark absence

of positive women and women’s issues from the agenda. What was particularly inexcusable however was the unsettling, aggressive actions and interventions of security guards and plain clothed police from the very beginning; on the opening night of the conference and following a Free Trade Agreements demonstration by scores of activists.

Free Trade Agreements threaten the provision of generic medicine in developing countries and have implications for the prices of medicines in developed countries too. Currently India and the European Union are negotiating a Free Trade Agreement, and Asian positive activists have demonstrated with some success over the past year to remove clauses that will impede access to generic ARVs. Indian ARVs supply nearly 90% of positive people in the world – and will play a crucial role in reaching the 2015 goal of 15 million people on treatment. In March this year, more than 4000 positive people marched in Delhi to create awareness about the EU-India FTA and the potential threat to ARVs for the majority of people. South Korea is in negotiation with the US on a FTA right now.

During the ICAAP10, activists again demonstrated about the FTAs **because they threaten all progress made in the HIV sector today.** What started as a peaceful demonstration to draw attention to the issue ended in a horrific brawl with the South Korean police. After demonstrators walked through the conference foyer and around the exhibition hall, all public areas for conference delegates, and supposedly “safe spaces”, where it was understood we

could express our opinions openly, one of the demonstrators noticed security personnel photographing the demonstrators. At that point, these men were challenged and asked to delete photos of individuals taking part in the rally. A scuffle broke out and the security police attempted to arrest demonstrators. When a local human rights lawyer asked on what grounds they were arresting people, she was whisked away to a police car waiting outside. All the demonstrators converged on the police car and for almost an hour there was a stand-off. We cried “Shame, shame”, and “Free that woman”. We lay down in front of and behind the police car so that it could not move. As security police dragged us away and attempted to make more arrests, we pulled each other away and returned to the sit down. Eventually riot police were called in and we lost the battle. The lawyer was taken away for questioning and released later without charge.

After the disturbing incident, secret police visited at least one man who had been injured in the demonstration and taken to hospital. He was threatened with arrest, as was at least one Australian delegate who was visited the following day in his hotel. Two others had their hotel rooms broken into and computers opened. All this after assurances had been made that there would be no further police harassment. What was obvious was the total failure to ensure that safeguards were in place that guaranteed the safety and rights of participants, most importantly local community participants who face and struggle against authorities to uphold their rights and campaign against issues of stigma and discrimination.

Korean activists made five demands however were never allowed to meet face to face with any Koreans in authority. To our knowledge these demands have not been met and the discussions are ongoing. The major concern for the international delegates was what would happen to the Korean activists after we left South Korea. Will there be any repercussions for our South Korean brothers and sisters? Despite assurances from UNAIDS, we are still not certain that they are safe.

In early October representatives from UNAIDS regional office met with regional networks and Korean activists to follow up on the incident. It was agreed that a small working group be established comprising of people from regional networks, Korean groups and UNAIDS to follow up the incident and to monitor the safety of local Korean activists.

HCV 'WANTED' Campaign



Advocacy

Advocacy activities and campaigning for Hepatitis C continue to take place across the region. The 'Wanted' poster campaign forms part of a new strategy to advocate for an urgent response to Hepatitis C from the World Health Organisation (WHO).

Why? As the leading international authority on health, the WHO has an extremely important function to provide guidance to nations across the globe. According to their website: *"WHO is responsible for providing leadership on global health matters, shaping the health research agenda, articulating evidence-based policy options, setting the norms and standards, providing technical support to countries and monitoring and assessing health trends"*.

What has happened so far? In May 2010, the 63rd World Health Assembly (WHA) adopted a resolution (63.18) on viral hepatitis, formally recognising the global impact of Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) **for the very first time**. The resolution clearly identified the urgent need for a globally coordinated response to address viral hepatitis backed by dedicated resources. To date there has been no progress made. APN+ along with 140 treatment activists, people living with hepatitis, organisations working with people who inject drugs and people living with HIV in Europe, Asia and around the world sent letters to WHO in early 2011 calling for a response and leadership from Dr Margaret Chan personally and from WHO in addressing the epidemic of Viral hepatitis.

Poster Launch: The story behind the poster relates directly to the letter sent in early 2011. It targets Dr Margaret Chan for failing to respond - up until early September 2011 - 6 months after it was first sent. It also follows up letters sent to WHO South East Asia regional office and WHO Western Pacific region asking for leadership and support from within the Asian context. The Margaret Chan WHO gang 'Wanted' poster was launched on August 28 at ICAAP Busan during a silent protest outside a plenary session chaired by the WHO. A personal note outlining our demands, a package of Korean candy and a large poster were to be hand delivered to Doctor Chan via colleagues who were attending ICAAP.

What are our demands?

1. Adopt and implement a global hepatitis C program with specific indicators and timeframes (using the WHO "3 by 5" initiative as an example).
2. Include HCV in country disease surveillance mechanisms and as a component of the national response to communicable diseases.
3. Develop policies and frameworks to address HCV prevention, diagnosis, treatment and management.
4. Strengthen human resource & infrastructure capacity for diagnosis, treatment & management of HCV at the country level.
5. Ensure affordable access to HCV treatment by reducing cost, allowing the generic production of pegylated Interferon and other new drugs and including them into medicine pre qualification programs.

6. Include medicines used in the current treatment standard for Hepatitis C in the WHO List of Essential Medicines.
7. Scale up harm reduction efforts and Oral Substitution Therapy (OST) services for People Who Inject Drugs.
8. Increase WHO human resources capacity in the hepatitis field by appointing global/regional hepatitis Advisers.
9. Provide support and resources to civil society, especially people who inject drugs and those living with HIV, to be involved in the design and implementation of WHO programming and policy work at global and local levels.

What next?

In their written response, the WHO indicated that they are planning a consultation with advocates, patients and experts before the end of 2011. The consultation reportedly aims to develop priorities for supporting hepatitis C virus screening, care and treatment in resource constrained settings. We will continue to advocate for available, accessible and affordable Hepatitis C treatment.

APN+, Asian Network of People who Use Drugs (ANPUD) and other partner organisations are in the process of establishing a central resource point for community to access information about Hepatitis C and about activities in the region. For more information, or to become involved, contact APN+ (apnplus.communication@gmail.com) or Anand Chabungbam at ANPUD (anand.chabungbam@anpud.info)

FREE TRADE AGREEMENTS

An Update

Trans-Pacific Partnership

A Free Trade Agreement (FTA) known as the Trans Pacific Partnership Agreement (TPPA) is currently under negotiation between nine countries: USA, Australia, Brunei, Chile, Malaysia, New Zealand, Peru, Singapore and Vietnam. The intention of this agreement is to help form the basis of all future trade agreements to be rolled out through the Pacific. The US is taking the lead on setting the provisions of the agreement and as expected it seeks to strongly protect the intellectual property (IP) of US-based pharmaceutical companies. Leaked US documents reveal that pharmaceutical companies are paving more ways to maintain higher prices for medicines by lobbying for inclusion of clauses which could delay the introduction of cheaper generic medicines in the negotiated countries. Specifically, clauses that would prevent countries from using the IP flexibilities guaranteed under the 2001 Doha Declaration on Trade Related Aspects of Intellectual Property Rights (TRIPs).

We are witnessing a trend across the world where the USA and the European Union are seeking stronger IP protections that could delay access to cheaper generic medicines through direct trade agreements with individual countries. Activists in Australia, Malaysia, New Zealand and Vietnam are raising awareness and urging their governments to reject the inclusion of such clauses.

The Medicines Patent Pool

The Medicines Patent Pool (MPP) was established with the objective of creating a drug purchasing system that would be sustainable and predictable. The MPP is currently supported by UNITAID and registered as an independent foundation. The principle behind it was to encourage multinational pharmaceutical companies to place patents on their drugs (e.g. anti-retroviral medicines (ARVs) into the pool to allow generic manufacturers the rights to produce generic formulation of their drugs.

In return the multi-national pharmaceutical companies would receive a licensing fee from the use of their patents. If implemented based on its original principle, such a mechanism has the potential to help increase access to generic versions of patented drugs for people living with HIV in low and middle income countries.

Much excitement was felt in July of this year when the MPP announced its first success under its Gilead-MPP agreement. Four products were included in the MPP agreement: Tenofovir (TDF), one of the drugs favoured by WHO as a first line regimen, Elvitegravir, an integrase inhibitor still in development, Cobicistat, a competitor to Ritonavir as a booster, also still in development, and Quad, a fixed dose combination of all three drugs, including in its fix-dose combination (FDC).

For many, the excitement was short lived. Closer inspection showed that most middle-income countries were excluded from the deal and only manufacturers in India are qualified for the use of the Gilead licenses through this agreement. The International Treatment Preparedness Coalition (ITPC) with whom APN+ has a very close relationship with published a full analysis on the Gilead licensing agreement (available at www.itpcglobal.org). A meeting was arranged in Geneva October 1st and 2nd between ITPC, MPP and other stakeholders about the issue. ITPC, APN+, many community organizations and treatment advocates across the world are now calling the MPP to review the license signed with Gilead. Unless any future licenses have far better conditions attached to them than the Gilead agreement, many will see the MPP as lost opportunity to improve treatment access.

Novartis

Over the past five years, Novartis, a Switzerland-based multinational pharmaceutical company has been challenging the Government of India in the Court on a critical public health safeguard provision under the section 3(d) of Indian Patent Law. Section 3(d) inhibits drug companies from abusively patenting known medicines to extend their monopoly – also known as patent evergreening. Earlier court rulings have been against Novartis and its attempt to have section 3(d) removed from the Indian patent laws through its cancer drug, Imatinib Mesylate, patent case. Since then, they have changed their tactic, instead of the removal of section 3(d); they are challenging the interpretation of the law with the aim of weakening the application of Section 3(d). If Novartis win this case, and manage to change the interpretation of Section 3(d) to obtain the patent for its cancer drug Imatinib Mesylate, then India will be

forced to grant more patents to multinational pharmaceuticals. This will eventually result in the death of generic production and a severe increase in drug prices. India's ability to act as the pharmacy of the developing world hugely depends on this legal battle between Novartis and the Government of India.

While Novartis is playing with the interests of patients across the globe suffering from life threatening diseases such as cancer and AIDS, it continues to make huge profits. The giant firm boasts that it bolsters the economic growth of Switzerland and protects the country from any setbacks from the financial crisis. But all this comes at cost of the lives and health of millions of people in developing countries. Novartis is taking advantage of this position, enjoying its monopolies over patented medicines.

Novartis has made a 'Special Leave Petition (SLP)' challenging the decision of the Intellectual Property Appellate Board (IPAB) to reject its appeal for a patent. The Supreme Court has posted the matter for hearing on 17 October 2011 on the preliminary issue of whether the Supreme Court ought to entertain Novartis' SLP. The results of this case will set new standards around 'evergreening' and likely influence the outcomes of the EU-India FTA which also threatens to affect the supply and production of affordable generic medications. These cases and agreements threaten the lives of millions of patients across the developing world that are dependent on Indian generic medications. In short, Novartis' actions prioritise profit over people and patents over patients.



ARV stock outs



DNP+ members protest ARV stock outs at NACO, Delhi, May 2011

Positive networks in Cambodia, Indonesia and Nepal are responding to the issue of ARV drug stock outs, the distribution of expired medicines and increased forecasts that ARVs will run out. This follows on from similar ARV stock outs across different Indian states earlier this year.

Members of Cambodian Network of PLHIV (CPN+) are concerned about the issue of expired medicines and continue to raise awareness around these issues and are engaging in dialogue with government authorities.

In Indonesia, JOTHI (National PLHIV Network) and ITPC Indonesia have begun surveillance of the situation. They have documented more than 100 adults and children who have received expired ARV medicines across

12 provinces in Indonesia. Meetings with Ministries of Health have been held and calls have been made to urge the Ministry of Health to address issues around the evaluation and monitoring of ARV supply chain management with the full involvement of key stakeholders including PLHIV networks. JOTHI and ITPC Indonesia continue to monitor, document and lobby the situation.

In Nepal there is a predicted shortage of ARV's looming, and many have been aware of this for some time. Despite efforts from PLHIV and other treatment activists, the impact of delayed negotiation processes and a general lack of coordination are said to be central to the expected ARV shortages in Nepal. NAP+N (National Association of PLHA in Nepal) have advocated for months about these concerns.

With so many reported cases of poor procurement and inefficient processes taking place it is extremely important to monitor the situation. It is a real concern because such events not only adversely affect those who desperately need to begin treatment but especially those on treatment already who are at increased danger of developing resistance to ARV medicines when treatment is interrupted. The distribution of expired ARV's is unacceptable and a major threat to the HIV/AIDS response. We must ensure awareness among all networks and prepare a response in support of fellow networks to prevent this from happening further. For more information please contact apnplus.communication@gmail.com



Lhak-Sam Bhutan

“Lhak-Sam” (altruism) is the Bhutanese Network of People living with HIV and AIDS (BNP+), formed exclusively by People living with HIV and the first of its kind in Bhutan. Lhak-Sam (BNP+) was formally registered at the end of 2010.

Lhak-Sam envisages creating an enabling environment for People Living with HIV in Bhutan, and across the region, with available, accessible quality treatment and testing facilities to those who are in dire need. Lhak-Sam (BNP+) aims to advocate and educate the general population about HIV and its impact through their experiences of living with the disease and to promote Voluntary Counselling and Testing and encourage shared responsibilities to achieve universal access, prevention, treatment, care and support.

Lhak-Sam (BNP+) became a member of APN+ in August 2010 at the APN+ AGM in Bangkok. Lhak-Sam received capacity building in leadership and advocacy Training from the leader of Nepal Positive Network and Strategic Planning Training from Youth Lead (7 sisters).

Funding support is from UNAIDS directed through UNDP PAF with technical assistance from Technical Support Facility (TSF) South Asia. Currently Lhak-Sam is focused on capacity building and Networking. This year on the World AIDS Day some empowered members of the network will come out in front of the mass media to raise awareness about HIV to encourage accessing available treatment and testing services and also to reduce stigma and discrimination.

Networks Newsflash

New Zealand

Jane Bruning, National Coordinator of Positive Women Inc, New Zealand, is the new Asia Pacific civil society representative to the NGO delegation to the UNAIDS Programme Coordinating Board (PCB). Jane replaces Denovan Abdulla (JOTHI, Indonesia) who stood in the position for the previous year. We wish Jane well in her time representing community.

However all collaboration, energy, time and money invested over the past 5 years is set to be reversed. NAP+N have made consistent efforts to raise awareness among various stakeholders, and despite reassurances from Ministries of health and other relevant funding agencies, the crisis remains and many people will be affected.

NAP+N – funding crisis in Nepal

NAP+N have been fighting to prevent the shutdown of essential community based care and support services for people living with HIV and chronically ill PLHIV patients in Nepal. This is due to DFID funding (UK Aid from the Department of International Development) coming to a close and a total lack of coordination among donors during the transition to a health SWAp approach (a sector wide approach) and Global Fund supported programs. Over 150 PLHIV support groups and more than 30 care and

support programs were established during the 5 year presence of the DFID program. These services will close. It is unclear why this will happen when Nepal is due to receive up to USD 70 million over the next 5 years from the Global Fund and Health SWAp donors led by the World Bank. Civil society, particularly groups of PLHIV and those who are highly affected by the epidemic, have played a crucial role in the AIDS response from very early on in the epidemic.

Timor Leste

Estrela+ is the APN+ member partner in Timor Leste, and is the only totally PLHIV organisation in that country. Having now registered formally with the NGO forum and progressing full registration through the Ministry of Justice, Estrela+ has now finalised its application for a Global Fund Round 10 grant. They decided to apply as a Sub Recipient and as they are a new organisation the Global Fund had a lot of ancillary questions for them to answer. The responses have all been collated and submitted and now they are just waiting for the final outcome.

Meanwhile in June of this year Estrela+ established a small office and Drop in Centre (DIC) with seed money from the Positive Capacity Development Initiative funding through APN+ as part of the AusAID HIV Consortium project. The first two employees and managers of Estrela+, Ines and Sarah, have been run off their feet with so much to do. Between representing the PLHIV community on the Country Coordinating Mechanism (CCM), the National Aids Council (NAC) and other bodies in Timor Leste and overseas, running the secretariat and DIC, fighting the huge stigma and discrimination in their country, and dealing with a fair degree of local politics, it has been an exhausting journey. But they are resilient and committed and determined to make sure that Estrela+ will lead the way to a better life for PLHIV in Timor Leste.



Activists in Nepal



Today, many of us living with HIV have access to antiretrovirals, which has transformed HIV into a chronic manageable disease. Yet, we are constantly at risk of Non Communicable Diseases (NCD). Every day at my clinic, we see around 100 patients with HIV, a significant number of whom have NCD's. This is not different from the health risks of my peers from other regions. Understanding the factors that contribute to these higher risks can help inform the next steps towards developing strategies for NCD prevention and treatment among people living with HIV.

Concern THREE... The NCD declaration by the Heads of States, which brings us here today, is a ground-breaking step forward and I salute all those who have taken the lead. However, as has been raised in this Summit there is serious concern, in this NCD HLM Outcome document, around the lack of targets, lack of financial commitment and unclear commitment on the continuum of care. Civil society groups all over the world have been actively raising the same concern. The document recognizes the problem, but does not offer a solution. There is no clear goal or set targets. It will be a shame, to see this moment of opportunity pass-by, if we do not act collectively to commit ourselves **to clear, bold and strategic targets**. Our message is loud and clear.

Concern FOUR... I affirm once again the involvement of affected communities with focus on the community based approach, which was so critical in the breakthrough with HIV globally. Likewise, community involvement is key to an effective response in the NCD deliberations.

When people, whose lives are most affected by these diseases, are involved in the response process as equal partners, and communities' experiences and perspectives are recognized and taken as valuable lessons and inputs, **then** there is a far greater opportunity to make real change and lasting impact in the lives of millions of people for whom these policies and programs are being developed. We have seen this approach work in HIV, TB and Malaria and we can integrate these same principles in addressing NCD.

Integration will not only be cost effective, but will ensure maximum coverage as well as promote collective responsibility and shared ownership. After all, **the primary objective is to save lives and promote health**.

I conclude with the words of Martin Luther King who said, "*An injustice anywhere is a threat to justice everywhere*". So let us prevent duplication and disregard of vital issues for the benefit of all human kind. Thank you for your attention.

REPRESENTING COMMUNITY

at the UN High Level Meeting

On September 20th 2011, Dr Tokugha Yephthomi, spoke to the UN High Level meeting general assembly in New York about community-based approaches to address non communicable diseases. He spoke of his personal experiences as a HIV positive person running HIV services, and how to best integrate HIV and NCD services. This is what he had to say:

Salutations: Your Excellencies, Delegates, Colleagues. My name is Tokugha Yephthomi. I have been living with HIV for the past 17 years; and have been on antiretrovirals for 13 years. This afternoon, I would like to bring to your attention four serious concerns.

Concern ONE... We are at stake of losing the momentum we gained in our collective efforts to contain and reverse the spread and impact of HIV in the world. Access to health care is a basic human right for all, including people living with HIV. I bring with me today my own personal experience, and that of my patients and peers.

Most of these diseases can be easily managed if adequate prevention, testing and treatment are made available to all, especially for hard-to-reach and vulnerable communities through a collective global commitment to PROTECT, PROMOTE and PRESERVE LIFE in fullness. **This is Right to Health**.

Concern TWO... Increasingly rapid development of bilateral free trade agreements puts profit before people's right to health. These threats, to our fundamental right to treatment and health, are **undermining universal access to affordable** medicines for chronic diseases for the millions in need of essential life-saving medications.

We urge our world leaders to take the necessary steps to implement the flexibilities of the TRIPS Agreement, reaffirmed by the historic 2001 WTO DOHA Declaration to protect public health and promote access to medicines for all. In particular, it is essential that the TRIPS flexibilities retained in the DOHA Declaration are preserved for medicines for NCD.

APN+ STRATEGIC PLANNING - moving forward

As most regular readers of our Newsletter will know, APN+ has recently completed a review of our current Strategic Plan (2006-2011). The Review Report is available at www.apnplus.org, including a translatable version of the Summary, please have a look now!

During September 2011 some members of the Strategic Plan Working Group (SPWG) held separate informal strategic planning consultations with the APN+ Secretariat (Bangkok based staff). We also took the opportunity to consult with the APN+ MSM Core Group who were conducting a regular meeting around the same time.

The Secretariat consultation was also pleasingly attended by several staff from our co-located partners such as ANPUD (Asian Network of People who Use Drugs),

ITPC (International Treatment Preparedness Coalition) and 7-Sisters (The Coalition of Asia Pacific Regional Networks on HIV and AIDS). Both meetings were very interactive and participants seemed to appreciate the opportunity to discuss the findings from our Review and hear of ways they can provide input into the development of our next Strategic Plan (2012-2016).

Two members of the SPWG also attended a small part of the regular quarterly meeting of the APN+ Steering Committee (SC) on the 24th September. The purpose of our participation was to brief the Steering Committee on progress so far with the analysis of the Review findings and to discuss ideas to develop our next Strategic Plan.

This will include a 1-day formal consultation with the APN+ Board and Secretariat

which will be linked to the APN+ Annual General Meeting in February. We had planned to conduct this meeting in late October however it was cancelled due to the flooding emergency in Bangkok. We also discussed some ideas for bringing our next Strategic Plan to 'life', through developing, in early 2012, practical operational and M&E (Monitoring & Evaluation) plans.

This is an exciting time for us to be developing our next 5-year Strategic Plan; there are many challenges, but also many opportunities. We hope you can join us on our journey striving for a better future for all positive people in the Asia Pacific Region.

All enquiries welcome to:
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APN+ Secretariat New Recruits

APN+ welcomes a number of new members to the secretariat office in Bangkok. Gina from the Philippines, is stepping into the position of Women of APN+ (WAPN+) Coordinator. We also welcome new recruits joining the APN+ Global Fund R10 Team: Sushil Kumar Koirala from Nepal in position of Monitoring and Evaluation, Oranuch Nampaisan (Aor), from Thailand in position of Database, Pornpun Yipkanchna (Bow) from Thailand in the position of Finance, Thanid Boonridrthaikul (NiD) from Thailand in the position of Project Assistant.

EMERGING LEADERS

The second phase of the Young Positive MSM Leadership Development took place over a five-day period in September, in the Northern Thailand city of Chiang Mai. Participants came from countries in the Greater Mekong Subregion (GMS) – Cambodia, China, Myanmar, Thailand and Vietnam to attend the Treatment Literacy and Advocacy Training. Two participants shared their stories.



Winla Paribunna, [34]

Winla was diagnosed HIV-positive in 2006. When her CD4 counts dropped to 280, she was advised to start on HAART. *“So I started. I met many meaningful people and felt blessed as I had access to medicines. I saw others dying without the ARVs”*. she said as she recalled her journey.

As her health recovered, Winla struggled to find ways to help others. She spoke out at every opportunity and shared a lot at meetings. This increased her visibility which opened doors for her. A Provincial Public Health Officer noticed her dedication, and Winla was selected to work at M-CAN project in Khon Kaen, as the leader of a self-help group. Her life improved and she was happy with her family. She was developing as a respected member of her society and the community. *“I want to be a role model, like a mobile (communication) signal pole; covering as many people as possible”*.

Her efforts were not without challenges as she used her mobile phone as a hotline to make it easier for people to reach her. From 8am until 11pm, she was on call to counsel and provide support to those in need. She also made home visits when requested, not only to help her clients but also their families as well. After the first phase of the programme, she used the training modules, increasing information sharing and developing IEC materials for her own community.

Encouraged by the knowledge, Winla did not just stop there. She wrote a proposal to the Khon Kaen local administration, which was submitted to the sub-district administration office; and subsequently approved for funding. *“We have 12 months to conduct five training workshops for both HIV-positive and non-positive volunteers. Helping to increase awareness of safer sex and prevention is needed to save lives”*.

Acknowledging that she cannot do it alone, Winla is dedicated to encouraging more transgender to take on a more pro-active role in addressing the needs of the community in Khon Kaen.



Todd Sui, [33]

Todd graduated in 2001 with a major in International Trade and his interest in working for a multi-national organisation led him to join an electronics company; where he worked his way up to middle management. His career seemed to be moving in the right direction until the summer of 2007. That was when he received the dreaded diagnosis of his blood test.

Todd's strong character didn't allow him to wallow in self-pity for long. He reached out for help and received his lifeline. *“I am glad that I was introduced to Beautiful Life, an NGO in Shanghai. I started volunteering my time, learning as much as I could”*.

“Then in 2010, I quit my job and joined Beautiful Life, when they were successful in the Global Fund Round 6. They needed more people to expand the reach of their programmes”. he said as he described his move from the corporate to the NGO world. After attending the first phase of the Young Positive MSM Leadership Development programme, he returned to Shanghai more self-confident. He proceeded to share what he had learnt with his colleagues.

When the time came for his senior, Zhou Yi, to join ITPC and focus on conducting Treatment 2.0 trials in August; Todd was ready to take over the demanding role as the Executive Director of Beautiful Life. *“I believe that in the future, the social society can be strong. We need to share knowledge. Treatment education by itself is not enough. We need Advocacy as well”*.

Todd admits that he used to think that there's nothing we can change. Now he knows he has the tools and know-how that is practical and real. *“I have changed my mind. I know advocacy can be done step-by-step. This workshop has given me something I can use”*. *“We must ensure united voices to be strong”*. Todd says, as his mind races to plan his next steps upon his return to Shanghai.

APN+

GF R10 UPDATE

On 26th September 2011, after a 9-month long grant negotiation process, APN+ signed a contract agreement with the GFATM. The GF R10 Proposal will enable APN+ and national PLHIV networks in Bangladesh, Indonesia, Laos, Nepal, Pakistan, the Philippines and Vietnam to carry out regional and national level activities in regard to treatment access for PLHIV.

The grant negotiation started in early January 2011, when the GFATM Board approved the APN+ proposal with a 90% budget reduction

(this means up front removal of 90% of the original submission). The final amount approved was 3 million USD over five years of implementation.

The phase one agreement is valued at USD 1.15 million for the first 2 years (phase 1) to support various activities between the 1st of October 2011 until 30th September 2013.

The grant will be used to develop documentation in seven countries which will strengthen advocacy efforts at local, national and regional levels; by documenting real grass root situations about treatment access and barriers to treatment access.

At the time of writing, the design of the study is entering its initial phases. The seven country networks will lead the design and development of the study.

The grant will also be used to strengthen

the capacity of the seven national networks in different areas, such as governance, management capacity, and coordination in relation to advocacy and monitoring access to treatment.

APN+ would also like to acknowledge the many different stakeholders who have provided significant supports during the proposal development process and grant negotiation stages. Developing this proposal would have been impossible without the support of these stakeholders. They include UNAIDS Regional Support Team Asia & Pacific, TSF-SEAP, GFATM Secretariat, and different individuals that went great distances to support APN+.

The entire proposal development process and grant negotiation has demonstrated that when we receive “real” support, community groups are able to lead meaningfully and participate in the AIDS response.

POSITIVE MSM working group

Leadership Program

APN+ positive MSM Working Group launched its positive MSM young leadership development program in mid 2011. The program recently conducted its second training in Chiang Mai, Thailand. The training focused on building knowledge around treatment literacy as well as Free Trade Agreements (FTA), Trade Related aspects of Intellectual Property Rights (TRIPS), Compulsory Licenses (CL) and Advocacy. The aim is to ensure participants are able to use the skills and information to lead advocacy activities in their own respective countries to ensure friendlier services for positive MSM in provincial and national government health care settings. It was also to understand the impact of FTAs on access to medicines.

Observation and assessment from the first workshop showed that all participants are potential leaders when given the right tools. The MSM WG is planning to strengthen leadership skills focusing in the following areas: visioning and goal setting, decision making, creating and sending positive messages and advocacy. Leadership development will be tailored to the individual's strengths and weaknesses. Read about two participants in this



newsletter! Apart from the workshops, the MSM WG included visits to grass roots community so participants were able to relate their common experiences.

10th ICAAP Busan

APN+ positive MSM WG presented 3 oral presentations & 3 posters at ICAAP including:

Posters

- “Peer-led HIV + MSM research in the Asia Pacific: benefits, challenges and lessons learnt from a community perspective” by Addy Chen.
- “Treatment access for positive MSM in Singapore” by Arthur Lim.
- “Creative a group of young MSM PLHIV” by Palitha (Sri Lanka).

Oral presentations

- “HIV stigma in Australia: a study of the effects of stigma on people living with HIV” by Sean Slavin.
- “Improved MSM responses by involving HIV+MSM” by John Rock.
- “A Disrupted biography: A 10 country study of issues surrounding positive MSM in the Asia Pacific” by Martin Choo

Annual face-to-face meeting

In September 2011, APN+ positive MSM WG held its annual regional face-to-face meeting in Bangkok, Thailand. Core Group members, including all eight sub-region representatives, and advisors attended the meeting. The meeting aimed to share updated information about the WG and develop a work plan for the upcoming three years in accordance with the new APN+ strategic plan.

Novartis: Making a killing in profits

India is known as the 'Pharmacy of the developing world' for producing and supplying affordable generic drugs to more than 150 developing countries in Asia, Africa and Latin America. But India's capacity to provide affordable drugs to millions of people is being threatened by Novartis which is challenging a critical health safeguard – section 3(d) of Indian Patent Law in the Supreme Court of India. For the past 5 years Novartis has been dragging the Government of India and cancer patients to Indian courts to try and change this law. First they tried to have it removed from the Indian patents law. Novartis lost that case. Now through this court case, Novartis is attempting to weaken Section 3(d), a provision specifically designed by the Indian Parliament to prevent drug companies from abusively patenting known medicines. If Novartis win this case and manages to change the interpretation of Section 3(d) to obtain the patent for its cancer drug Imatinib Mesylate, then India will be forced to grant more and more patents that will eventually result in killing generic production and increasing drug prices exorbitantly. India's ability to act as the pharmacy of the developing world hugely depends on this legal battle between Novartis and Government of India.

While Novartis is playing with the interests of the patients across the globe suffering from life threatening diseases such as cancer and AIDS, this Swiss firm continues to make huge profits as **its net sales reached up to \$10 billion in 2010**. The giant firm boasts that it bolsters the economic growth of Switzerland and protects the country from any setbacks from the financial crisis. But all this comes **at the cost of the lives and health of millions of people** in developing countries. Novartis is taking advantage of this position, enjoying its monopolies over patented medicines and feasting on our dead bodies.

Novartis: Take your claws off our medicines



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