



The Newsletter of The Asia Pacific Network of People Living With HIV

APNnews

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



APN PLUS
POSITIVE CHANGE

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Message from the Steering Committee

In 2014 APN+ celebrates 20 years of working in solidarity with our member networks across the region. That is 20 years of representing people living with HIV, implemented by PLHIV, for the benefit of PLHIV.

In 2013 APN+ and member networks continued to rise in reputation, ability and responsibility. We are recognised leaders in our communities, bringing local level issues to the centre of discussions, ensuring a positive perspective is heard loud and clear when advocating quality of life for PLHIV in our region.

In late 2012, APN+ finalised and launched our new strategic plan POSITIVE Change, providing us with clarity about our roles and our priorities for the next 4 years.

Under this strategic plan, our highest purpose remains quality of life and access to fully funded, affordable and comprehensive treatment, care and support for PLHIV. Everything we do links back to this purpose, from our network strengthening initiative, which aims to build PLHIV capacity to lead and influence national HIV planning, monitor treatment access and treatment adherence, to our initiatives on sexual reproductive health rights for positive women and advocacy around better treatment options for HIV-HCV co-infection.

At the time of writing this message, the 64th World Health assembly passed a resolution on HCV, something we have been advocating for years. This means that we can now put more pressure on our country governments, donors and bi-lateral agencies to urgently respond to the needs of our peers who cannot afford to access HCV treatment.

We have developed strong partnerships with key regional networks to help us meet our goals to work collaboratively in areas such as community based HIV testing, treatment literacy, advocacy and human rights. We have also built strong alliances across the world for collective and effective response to the harmful provisions of Free Trade Agreements and patents on access to medicines.

Our regional programs continue to expand our leadership and, strengthen our voice. Both our multi-country Global Fund program and multi-country capacity building initiative focus on PLHIV networks getting stronger as leaders and increasing our capacity as networks to generate evidence from our unique point of view and perspective as PLHIV.

Let us all work harder and continue to address issues faced by our peers.

In solidarity.

Joana R. Qereqeretabua, Wangda Dorji, Natisara Rai, Aznan Abu-Bakar and Jeanne Darc Truong

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. We work alongside 30 country members represented by national networks of PLHIV or smaller organisations of PLHIV.

APN+ Steering Committee

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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 info@apnplus.org



Protest in front of Ministry of Health in Delhi

In March 2014, Delhi Network of Positive People (DNP+) and MSF organized a demonstration at the ministry of health office in Delhi to demand treatment for HCV in India. The demonstration was organized in conjunction with the filing of pre grant patent opposition on Sofosbuvir (new HCV drug). If the patent application is rejected by Indian authority it will allow the production of cheaper generic version of the medicine.

Myanmar Positive Group (MPG) started hepatitis C (HCV) counselling at their secretariat office and advocating government officials and other key stakeholders for testing and treatment. The first national level consultation on HCV was also organized in May 2014 in Yangon.



World Community Advisory Board (World CAB) meeting on Hepatitis C

In February 2014, APN+ and Treatment Action Group (TAG), organized the first Hepatitis C WorldCAB meeting in partnership with ITPC, MDM, GNP+ and Aids Fond. Over 50 representatives of people living with HIV, Hepatitis C (HCV) and treatment advocates from across the world attended the meeting in Bangkok, Thailand. The purpose of the meeting was to bring people living with HCV, treatment advocates and pharmaceutical companies together to discuss treatment availability in low and middle-income countries. All five major multi-national pharmaceutical companies who produce HCV drugs attended the meeting, including: Gilead, Janssen, AbbVie, MSD and Roche One Indian generic company (Zydus Cadilla) also participated. Meeting discussions focused on drug registration, patents and pricing new drugs. A full meeting report is available via APN+ and TAG.

Welcome APNSW and APTN

Early this year Asia Pacific Network of Sex Workers (APNSW) and Asia Pacific Transgender Network (APTN) relocated office to join APN+ at ocean tower office building. Welcome APNSW and APTN! We now have APN+, APNSW, APTN, ANPUD and Youth Lead all located in the same building. Sharing an office benefits communications and collaboration in our daily work and reduces operational costs for networks.

Asia Pacific PLHIV Networks Preparing and Responding in Emergencies

APN+, in collaboration and with the support of UNHCR and WFP, conducted a consultation meeting in November 2012 in Bangkok with PLHIV from four countries in the region where there has been a recent known response by PLHIV Networks in an emergency; Thailand, Myanmar, Nepal and Indonesia (Meeting Notes available from APN+).

The meeting objectives were:

- 1) to review recommendations from the APN+ *Asian Tsunami Study*, and findings from the recent review of the *Guidelines for Addressing HIV in Emergency Setting* from a PLHIV perspective;
- 2) to share participant's experiences of disaster/emergency responses; and

- 3) to identify the critical content to be included in PLHIV in Emergencies Protocols.

We subsequently drafted the *Asia Pacific PLHIV Networks Emergency Preparation and Response/Recovery Protocols*. These protocols were to be discussed and altered as necessary to suit national contexts, with implementation trials to be conducted. APN+ is also exploring the option of trialing implementation of these protocols at the regional level. A follow-up consultation meeting to discuss progress and possible future actions will be held on Tuesday 24th June 2014 in Bangkok, just prior to the APN+ AGM. As well as the participants from our earlier meeting in November 2012, we hope to have representatives from Pinoy Plus and

Cebu+ sharing their recent experience of responding to Typhoon Haiyan.

APN+ believes PLHIV networks regionally, nationally and locally can, and do play a vital role in leading community-based responses that support PLHIV affected by emergencies. APN+ also believes it is important that those humanitarian organisations tasked with responding to emergencies work in equal partnership with PLHIV networks in supporting these community-based responses. We hope our upcoming PLHIV in Emergencies consultation meeting will be another step toward achieving our goal of implementing effective community-based responses that support PLHIV affected by emergencies.

Any enquiries welcome to Robert at tunablecreek@gmail.com

Myanmar Positive Group has been actively involved in reaching out to PLHIV affected by the recent crisis in Sittwe (Rakhine state, Myanmar). MPG is working to ensure a continuous ARV supply and other medical needs are available for PLHIV in the area. Cebu+ in Philippines was also actively involved in responding to the recent cyclone hit the country.



Cebu+ members in action

Living Longer with HIV in the Asia Pacific An APN+ E-Survey

The APN+ Living Longer with HIV e-survey ('Survey Monkey') was launched on the 18th November 2013 during ICAAP11 in Bangkok. To be eligible, participants had to be HIV positive for 10 or more years, born and currently living in the Asia Pacific region, and aged 18 years or older. Ethical clearance for the study was obtained from the APN+ Ethics Committee and the University of Malaya Medical Ethics Committee. The survey was available in Chinese, Hindi, Indonesian, Khmer (Cambodian), Malay, Thai, Vietnamese and English.

Data collection ended in late February, 2014 reaching a total of 360 participants from 21 countries and territories: Viet Nam, Thailand, Sri Lanka, South Korea, Singapore, Philippines, Papua New Guinea, New Zealand, Nepal, Mongolia, Malaysia, Laos, Japan, Indonesia, India, Hong Kong, Guam, Fiji, China, Cambodia, Australia.

Participants were aged between 18 and 75 years with an average of 41 years. 64.9% were male, 34.5% were female and 0.6% were transgender. 73% described themselves as heterosexual or straight, 15% as homosexual, gay, lesbian, or as men who have sex with men, 9% considered themselves bisexual, 0.9% as transsexuals, and 3.2% considered themselves queer. Nearly three quarters (73%) of participants had completed 10 or more years of education. The majority (60%) was married, 22% were separated, divorced, or widowed, and 18% were single. 64% of participants have children.

Further analysis is being conducted and findings will be posted to the APN+ website (www.apnplus.org) as they become available. The lead researcher, Martin Choo, will make a brief presentation of key survey findings at the APN+ AGM on Wednesday 25th June 2014 in Bangkok, including options for future activities linked to this Living Longer with HIV research. Martin is happy to respond to any questions at the meeting or via email: livinglonger@apnplus.org

**APN
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Have you been living with HIV for 10+ years?

APN+ would like your help.

We are seeking feedback from
people living with HIV in the
Asia Pacific Region.

Please share your thoughts and feelings
with us NOW

It's Me Club, a positive MSM group in Ho Chi Minh city, was established by Vietnam PLHIV National network (VNP+) to address treatment access issues facing positive MSM. It's Me Club celebrated their first anniversary in April 2014, during a treatment literacy training attended by 25 positive MSM.



It's Me Club Treatment Literacy training

The positive MSM initiative of CPN+ (Cambodia PLHIV network) established an emergency funds mechanism to support MSM and Transgender PLHIV living in rural areas, with limited access to health facilities. Financial support will be provided to MSM and transgender in need of immediate access to appropriate health services. The funds will also cover other expenses, including transportation costs to reach health facilities.

In Indonesia, a national level working group consisting of key affected population leaders was formed to share experiences on hepatitis C (HCV). The working group members also meet government officials regularly to lobby for HCV treatment in the country. They also engage in mobilizing other key community leaders and government officials to revise the existing patent law in the country so that all flexibilities provided under the TRIPS agreement are incorporated.

Positive Capacity Development Initiative

APN+ Positive Capacity Development Initiative has come to its sixth year of implementation since first starting in 2009 as the AusAID supported HIV Consortium project. From the beginning the initiative was developed by APN+ as a way to build the capacity of its country network members. Program implementation has demonstrated huge benefits to network member's, so the initiative continued as one of the organization's main projects, turning APN+ strategic direction into action, particularly with regards to addressing the needs of networks to develop institutional capacity.

In the last 2 years of implementation, the initiative has expanded into 7 countries in South East Asia and the Pacific including: Cambodia, China, Fiji, Laos, Myanmar, Timor Leste and Vietnam. The program has also facilitated a sub regional initiative for pacific countries through the establishment of the Positive Pacific Working Group (PPWG) hosted by Fiji National PLHIV Network (FJN+). Another significant example of progress within the initiative is the shift of program management from Australian personnel to the APN+ secretariat with a full time staff member recruited as program manager, based in the Bangkok office. Program planning has also improved with the establishment and integration of the Performance Assessment Framework (PAF) into program design. This serves as an important monitoring tool which equips program implementation teams, at regional and national level, with sets of indicators to ensure all activities contribute towards achievement of objectives and outcomes and to demonstrate program effectiveness.



In January 2014 the Australian Department of Foreign Affairs and Trade (DFAT) commissioned an independent review to evaluate the entire Regional Capacity Building Program, which this initiative is a part of. The review was commissioned towards the end date of the Regional Capacity Building Program (30th June 2014). The report was completed in early May and recommended the need to redesign the whole program in order to meet desired program impacts. Importantly however the report highlighted that APN+, as the only non-Australian organization being funded, had demonstrated increased development of CSOs in program and management capacity. The report also stated that the APN+ approach to the Positive Capacity Development Initiative is cost effective and considered a significant modality for regional HIV responses in the future.



NAPN+(Nepal PLHIV network) organized a national meeting with key community leaders and government officials to commemorate World Hepatitis Day on July 28th 2013. A campaign called "Treatment waiting list" was launched and a national level-working group established to follow up on action plans discussed at the meeting. NAPN+ along with other key community organizations also organized a demonstration to demand urgent access to HCV treatment. Later, government officials announced that funds to treat about 250 people will be proposed to the Global Fund when Nepal submits its new proposal.

APN+ Positive MSM Program

APN+ with support from Australian government launched the positive MSM project in October 2012. The program rolled out in 5 cities of Hanoi and Ho Chi Minh - Vietnam, Yangon – Myanmar, Phnom Penh – Cambodia and Shanghai – China.

The program focus is reaching out to positive MSM for increased access to care and support services, as well as increased engagement of positive MSM in the HIV response. The program objectives are carried out with various activities in regards to local context of each country and city. Hanoi's *Youth Dream Club* and Shanghai's *Beautiful Life* use social media to reach positive MSM as well as providing IEC materials on basic HIV information. Ho Chi Minh's *It's Me Club* established peer outreach workers and conducted treatment literacy trainings for its members, while positive MSM group in Yangon and Phnom Penh work to increase its member capacity in technical skills in addition to treatment literacy trainings.

The initiatives have shown positive results throughout implementation as shown by key achievements highlighted from some of the in-country groups. In Cambodia the positive MSM and TG group has managed to expand its network to provinces across the country and are now recognized as key stakeholders in national HIV programming. They also managed to initiate a donation program which aims to provide financial support for members, particularly those living in rural areas, to be able to access the health services they need. It's Me Club in Ho Chi Minh reached 80 positive MSM, mainly young positive MSM, and established a referral system in collaboration with health facilities to help overcome barriers for members to access HIV services. In Shanghai *Beautiful Life* is an innovative and successful project, working closely with both community and government to encourage men who have sex with men, who may have been at risk, to get tested and then where appropriate to access treatment.



Association of people living with HIV in Pakistan (APLHIV) launched their access to treatment research report in June 2014. The research was conducted as part of the Global Fund round 10 grant APN+ has been implementing in 7 Asian countries. In the coming months APLHIV will organize a series of treatment literacy and advocacy trainings on HCV co-infection to build the capacity of their members in different provinces of Pakistan.



Research findings dissemination workshop

PLHIV and drug users groups in Manipur and Nagaland (India) have started integrating a HCV component into their existing HIV programs. Integration has enabled community groups to lead peer to peer HCV related activities without much additional funding.

APN+, APNSW, ANPUD and APCOM, in partnership with UNAIDS and WHO, organized the first regional meeting on community based HIV testing in September 2013. A statement outlining the need to scale up community based HIV testing was issued during the meeting.



Community Based Testing meeting

Positive women's network in Thailand has integrated HPV information into their monthly support group meetings with positive women. They also work in two main provincial level hospitals across two Thai provinces, reaching out to provide SRHR information to hundreds of pregnant women and their partners.

China Alliance of People Living with HIV (CAP+) and AIDS Care China (ACC) launched the Young PLHIV leadership POSITIVE FORCES program. Young PLHIV leaders from different provinces will receive training and mentoring as part of APN+ capacity building program, funded by AusAid.

Community Voices

Shafqat plays cricket now:

Shafqat never thought that he would reach his twenties, much less be fit and healthy at the age of twenty five. Now, he believes he has every chance of getting a good job, having a family and succeeding in life. Like many young people in his home town, he dreamt of being a professional cricket player. His sporting hopes were dashed at the age of 17 when he found out that he was HIV positive. He became ill suddenly and his physical condition deteriorated rapidly and so was admitted to hospital. He says of that time that the nurses and medical staff began to treat him differently, they kept their distance and when they had to touch him they wore gloves. He had no idea what was going on, until a counsellor came to see him and bluntly told him that he was HIV positive. He thought his life was over. Shafqat believes that he was infected when he was given vaccinations and treatment for diarrhea at a clinic in Northern Punjab area and he saw the nurse re-use a needle. It is a common practice in that area, and it changed his life forever.

When Shafqat was diagnosed with HIV he knew nothing about the disease. "I was extremely depressed" He said "I had wanted very much to become a professional cricketer, but this health deterioration meant I could no longer achieve this dream. Every time I watched a match, I would become depressed".

Eventually he was told that he was eligible for ART and was put onto a course. It turned his life around. His health began to improve and he finally felt like he could start thinking about the future again. He found out about APLHIV, the Association for People Living with HIV/AIDS in Pakistan. This organisation gave him access to counseling and peer support. He now has a job as a cashier and also works as a volunteer with APLHIV. He is optimistic about his future and wants to go on to study at university and plays cricket regularly.

Owie, from Davao, working on his part of putting a human face of HIV Epidemic.

**"Just like anybody's story, mine is simple, and like many people I have been through hardships."
He wanted to share his life's story as a testimony to how a person can be devastated upon
diagnosis as well as how a person should decide to cope and live a quality life afterward.**

Owie is the second child of 5 siblings his father died when he was young. His mother tried to support the family could not afford to send all the children to school. When he was still young, Owie went to Manila to look for a better life. In Manila, he found odd jobs to support himself. He tried hard to work and study at the same time. To support her own needs, to pay for her studies and to send money back to her family in Davao so that his younger sister could also study. He began to provide sexual services for a fee. He knew about HIV but he thought that only women could be infected.

Owie had an opportunity to work in the Middle East. He underwent the mandatory medical examinations for overseas workers. He passed it and received a "fit to work" clearance. In his seventh month, however, he was again asked to undergo medical examinations. He did not know that HIV testing was part of the tests. When HIV test came back positive he was put into quarantine for two weeks. Without being given the chance to collect his belongings or say goodbye to his friends, he was deported back to the Philippines. His dreams of being able to support his family and put his siblings through their education were shattered.

He feared that he would be put in jail because of his HIV status. For two years he worked as a waiter in Manila and kept to himself. His mother died of cancer during that time. He finally came to find an organisation of other people living with HIV, and with their help he was able to tell his family that he was HIV positive. It wasn't easy though and his family were angry with him, thinking that he had caused their mother's cancer.

Now things are much better, his family have come to terms with his disease and realised that he is not to blame. They have welcomed him back into the family. He has been on antiretroviral therapy since 2007 and his life is much better. He is even comfortable speaking out in public about his experience living with HIV. He advocates on social media and television to help fellow PLHIVs in the Philippines. Owie continues to be not only a voice but as well as the face of HIV advocacy in the Philippines together with his support group, Pinoy Plus Association, Inc.

Documenting access to treatment through MATA

MATA (**M**onitoring **A**ccess **T**o **T**reatment **i**n **A**sia) was envisioned as a way of empowering PLHIV networks through the ownership of information, which will be valuable to national governments and NGOs in their HIV program planning. MATA aims to bridge the gap in information from the point of view of the PLHIV and also help build the capacity of national PLHIV networks, with key research skills, enabling them to undertake more studies on their own in the future. MATA is a tool to document, monitor, and advocate issues related to access to treatment, care and support for PLHIV in Asia and the Pacific region over time. MATA currently focuses on seven countries Bangladesh, Indonesia, Lao, Nepal, Pakistan, Philippines, and Vietnam.

APN+ as Principal Recipient (PR) led the design and implementation of a study on Community Access to Treatment Care and Support (CATs) in the seven countries. Initial study design followed a rigorous multi-level country consultation, whereby the respective national networks participated in developing and providing feedback into the parameters of the study.

The study was implemented through National PLHIV Networks between November 2012 and March 2013. Data was cleaned and fed into a secure server hosted in Bangkok. The data collection was completed in March 2013 and data cleaning and verification was completed in September 2013. In December 2013, 8 reports (7 countries and one region) were finalized.

In Phase 1, the PR has been granted A1 rating for four consecutive quarters and an overall A1 rating for its annual performance review. At the end of Phase I, PR's most recent grade was A2. The program's financial absorption at the cut-off date (September 2013) is approximately at 89.03% of its total budget



Some of project's key results are:

- 5 of 7 SRs are national PLHIV network/organizations which have received capacity building trainings and intensive technical assistance on program, financial and grant management. The 2 remaining SRs are non-governmental organizations; which are working closely with national PLHIV networks/groups in past projects and have been working in collaboration with national PLHIV groups to implement Phase 1 activities. Through this symbiotic partnership of non-PLHIV and PLHIV network non-government organisations, there is a strategy to seamlessly transfer skills and capacity in programme implementation to national PLHIV network/organization to take the role as an SR in phase 2. It is expected that in Phase 2, 6 national PLHIV networks/organizations will assume the role of SRs to this grant.
- A total of 7,518 sets of questionnaires have been collected from all seven program countries and 7,194 sets of data have been entered in the iDatafax at the end of quarter 6. While micro planning the study, an additional 603 samples and the final total of 7,853 were planned to be interviewed. This realignment was carried out within the agreed budget for interviewing 7,250 respondents originally planned.
- A cumulative of 98 data collectors (27 more than initially planned) were trained from 7 countries (Bangladesh-13, Indonesia-19, Laos-12, Nepal- 14, Pakistan- 11, Philippines-14 and Vietnam-15). The realignment was necessary to ensure sampling distribution across geographical areas and various risk groups. The additional data collectors were also recruited to ensure appropriate gender distribution and gender sensitivity. Additional recruitment of data collectors which is reflected in over-achievement of this performance indicator did not require additional costs.
- There are some varied skills and capacity in overall capacity of the SRs. It would be prudent to mention at this point that the program worked well with community based organizations in multiple countries with different languages, working culture and personalities. Hence, it is not surprising that the programmatic capacities of the SRs vary. Most SRs (Vietnam, Pakistan, Indonesia, Bangladesh and Philippines) have demonstrated excellent quality of work.



WAP+ Activities Jan – Dec 2013:

Strategic planning meeting:

A meeting to develop strategies in response to issues faced by women living with HIV in Asia and Pacific was held in Bangkok on 19th and 20th of January 2013. Twenty women (20) living with HIV from ten countries: India, Cambodia, China, Vietnam, Fiji, Timor, Australia, Indonesia, Nepal and Sri Lanka attended the meeting. Women highlighted the need to have one regional network to advocate with a stronger, united voice on issues facing women living with HIV. Women decided to merge the two regional networks for women living with HIV: International Community Women living with HIV-Asia Pacific (ICW-AP) and WAPN+ to form one platform for women living with HIV in the Asia-Pacific region: Women of Asia Pacific Plus (WAP+). It was agreed that a core group of eight members, two from each sub region would govern WAP+ (South Asia: India, Nepal, Bangladesh and Sri Lanka; South-East Asia: Myanmar, Vietnam, Cambodia, Laos, Thailand, Malaysia and Indonesia; East Asia: China; and The Pacific: Australia, Fiji, Timor and PNG). An interim core committee was formed with four women: Susan Paxton, Rebecca Matheson and Anandi Yuvraj to select the WAP+ core group members. The current Core group members are; Rebecca Matheson (Australia), Rebecca Kubu (Fiji), Sita Shahi (Nepal), Daisy David (India), Melly Windi (Indonesia) and Norlela Mokhtar (Malaysia). No women from East Asia applied so as of now there are no representative from East Asia on the Core Committee.

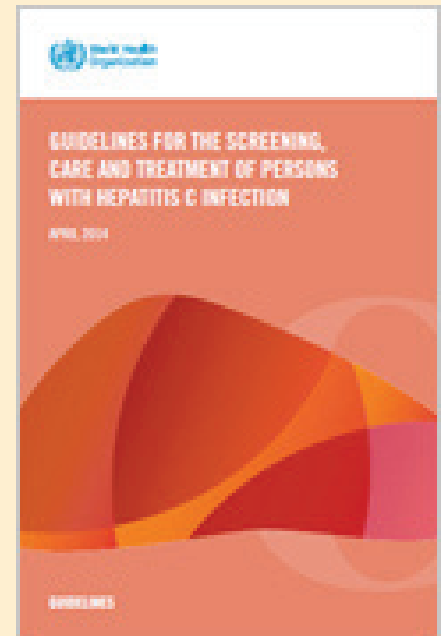
TOT on SRHR

WAP+ conducted training of trainers on Sexual and Reproductive Health and Rights of women living with HIV from 21st to 23rd January 2013. Twenty-three (23) women attended the training from India, Nepal, Sri Lanka (South Asia); Cambodia, Thailand, Vietnam, Indonesia and Laos (South East Asia); China (East Asia); Fiji and Timor (Pacific)

In country SRHR Training

SHRH training is being conducted at the country level in Cambodia, China, Fiji, India, Indonesia, Laos, Myanmar, Nepal, Sri Lanka, Thailand, Timor Leste, Thailand and Vietnam.

AUSAID/Australian government is supporting the trainings in Myanmar, Cambodia, Vietnam, Laos, Fiji, China and Timor Leste. The project will complete in June 2014. RCNF supported India, Nepal, Indonesia, Thailand, Vietnam and Myanmar for the SRHR trainings and the project is completed in these countries.



After many years of campaigning by PLHIV, drug users and their advocates World Health Organisation (WHO) has finally published the treatment guideline for HCV in April 2014. Now as community affected by HCV we need to push our governments to start implementing the guideline in our countries and continue our campaigns to bring down the price of medicines including new direct acting antivirals to treat HCV.



SRHR training in Nagaland, India

In June 2014, positive networks in Manipur and Nagaland (India) conducted workshops to build SRHR knowledge and capacity among positive women. Free PAP smear tests were offered during the workshops and over 50 women agreed to test. About 20 of the women who took the test learnt that they will need treatment. This is yet another example of the importance of regular reproductive health check up's for positive women. We will see more and more positive women diagnosed with cervical cancer in future. We must consistently advocate for PAP smear tests to be regular, freely available and accessible to positive women.

In April 2014, VNP+ conducted a governance training workshop as part of an exercise in building alliances and capacity among key affected population groups in Vietnam. The training was attended by 20 steering committee members from Vietnam network of people who use drugs (VNPUD), Vietnam network of sex workers (VNSW), Vietnam network of women living with HIV (VNW+), MSM and TG network and Sunflower network.

Estrela+, Timor Leste's national PLHIV network, has continuously gained recognition as key stakeholder in the AIDS response. Estrela+ has recently started working as National SR in phase two of the Global Fund round 10 grants implementation in Timor Leste.

FJN+ (Fiji National PLHIV Network) held its 2014 Annual General Meeting on April 28 – 29, 2014. New board members were elected to serve as representatives for the next two years. In conjunction with the AGM, a two day orientation program was conducted for new Board members to prepare for their upcoming roles and responsibilities.

The positive MSM initiative of CPN+ (Cambodia PLHIV network) established an emergency funds mechanism to support MSM and Transgender PLHIV living in rural areas, with limited access to health facilities. Financial support will be provided to MSM and transgender in need of immediate access to appropriate health services. The funds will also cover other expenses, including transportation costs to reach health facilities.

PLHIV leaders and Indian generic companies engaged in a series of meetings to negotiate a reduction in the price of pegylated interferon (HCV drug). As a result, the price of pegylated interferon in India has started dropping down. Free peer to peer HCV testing has also been conducted in Manipur state, reaching out to hundreds of PLHIV living with co-infection.

Indonesian positive woman's network (IPPI), conducted a series of SRHR trainings from July 2013. Workshop participants reported recent cases of forced sterilization of positive women. Cases of violence against positive women by their partners were also reported. The workshops produced an advocacy agenda to push for integration of SRHR into existing health services up to district level. A national advocacy meeting to address SRHR issues is planned for the end of 2014.

Development of the Expression of Interest (EOI) for the Global Fund



APN+, APNSW, ANPUD and APTN jointly organized a two-day workshop to collectively identify, strategise and develop an EOI for submission to the Global Fund. More than 40 participants from eleven countries represented PLHIV, sex workers, drug users and trans people at the workshop. Key areas identified for collaboration included community based HIV testing, hepatitis C co-infection and community based research. The EOI was based on workshop outcomes and submitted to the Global Fund in May 2014. Participants nominated APN+ as Principle Recipient (PR) of the grant if supported by the Global Fund. We expect to hear the result of our EOI submission soon. The workshop was supported by UNAIDS and TSF.



Pinoy Plus in the Philippines organized its first HCV meeting in February 2014. Representatives from Cebu Plus, UNAIDS, patent office and other government officials have also participated at the meeting.

APN+ Networks Photo Wall



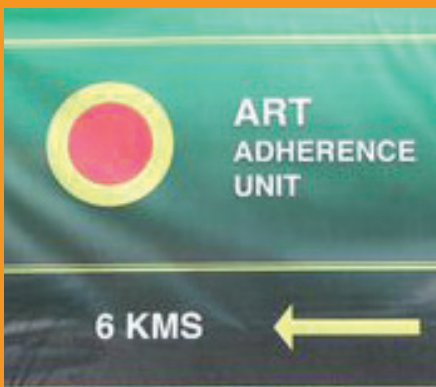
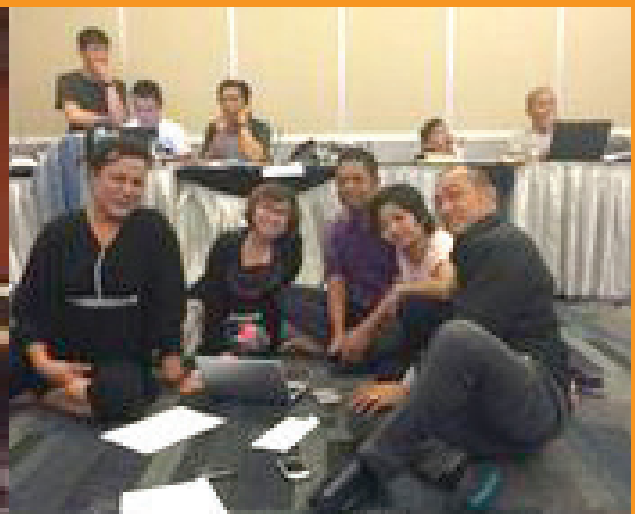
Community documentation workshop, Vietnam



PLHIV support group meeting, Pakistan



Community Documentation Workshop, Indonesia



Positive Women Group meeting, Vietnam



Community meeting, Pakistan