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BREAKING DOWN BARRIERS

*Innovations in cross-border harm reduction between
Yunnan Province, China and Burma (Myanmar)*

A HAARP Positive Practice Study:

In collaboration with Yunnan Provincial HIV/AIDS Prevention and Control Bureau
and Yunnan Public Health Bureau

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Abbreviations

AIDS	acquired immunodeficiency syndrome
ARHP	Asia Regional HIV and AIDS Project
EAP	effective approach project
HAARP	HIV and AIDS Asia Regional Program
HIV	human immunodeficiency virus
IEC	information, education and communication
MMT	methadone maintenance treatment
NSP	needle and syringe program
TSU	Technical Support Unit

1. Introduction

“Before, the idea was to create a wall to stop HIV, but now we are cooperating as if we were one big region. Yunnan has shifted its policy from one-sided efforts to try to stop the disease to encouraging border counties to build relations with the other side.”

Zhou Hongmei, Yunnan Provincial Bureau of HIV/AIDS Prevention and Control

This case study was commissioned by the Australian Agency for International Development’s Technical Support Unit (TSU) HIV/AIDS Asia Regional Program (HAARP) to identify achievements and lessons learned from the Yunnan Injecting Drug User Cross-Border Harm Reduction Project (Yunnan Cross-Border Project) on China’s borders with Burma (Myanmar) and Vietnam.

Operating for only one year, the project has been noted for its rapid setup and quick gains in coverage. As part of the HAARP Positive Practice series, the purpose of this study was to investigate the mechanisms and strategies used by project staff, as well as any potential to replicate them in other settings.

The study focuses on cross-border activities taking place between Ruili County in Yunnan Province and its Burmese neighbour, Muse. This site was selected for its innovative approach to cross-border cooperation and service provision. In addition, the study takes into account the strategic information and guidance provided at the national and provincial level, which has created a supportive framework for cross-border activities.

Box 1. Innovations in Ruili County

- Doubling up – making use of existing services and facilities to shorten setup time and reduce costs.
- Sustainability – strengthened through reduced costs of using existing staff and services, and county government support
- Results that push for policy change – producing and sharing data to better understand the nature of the epidemic and by monitoring the outcomes of harm reduction interventions to demonstrate what works in practice.
- Flexibility – helps address gaps in service provision and respond to shifts in local and national policy and in the epidemic itself.
- Involving the private sector – Ruili AIDS Department’s promotion of the active participation of all sectors of society. Its cross-border project has used outreach workers who are not drug users, including doctors and local business people such as language school teachers and shopkeepers.



2. Background

The Yunnan Cross-Border Project began on 1 November 2009, following the Yunnan Provincial AIDS Bureau's successful tender for Round One HAARP cross-border funding. Its aim is to control the spread of HIV among drug users and their partners along Yunnan Province's international borders with Burma (Myanmar) and Vietnam by supporting effective harm reduction interventions.

In southwestern China, Yunnan shares over 4000 kilometres of international border with Burma (Myanmar), Laos and Vietnam, placing it at the doorstep of the 'golden triangle' of heroin production. In 1989, the first case of HIV in China was detected in Yunnan's Ruili County. To date, the province has one of the highest HIV prevalence rates in China. Prevalence in China is considerably higher among people who inject drugs: 9.3% in 2009 compared with an overall prevalence of 0.1%.¹ Yunnan is estimated to have 23 000 drug users in its border areas, or 27.1% of the provincial total.²

Yunnan's HIV epidemic is compounded by those of its neighbours. In 2009, HIV prevalence among injecting drug users was 18.4% in Vietnam and 36.3% in Burma (Myanmar).³ In many places, there are no clear border barriers, and the number of daily crossings between countries is high. People who inject drugs frequently cross the border, as Chinese drug

users cross to Burma (Myanmar) to buy cheaper drugs and Burmese drug users cross to China to find work.

The Yunnan Cross-Border Project seeks to address the HIV epidemic on both sides of the border by:

- establishing coordination mechanisms for cross-border cooperation
- responding to the epidemic on both sides of the border with services for drug users and capacity building for local service providers
- gathering strategic information to increase limited research into and knowledge of effective cross-border programming.

Set-up of the cross-border project has benefited from the existing HAARP project management team in the Yunnan Provincial HIV/AIDS Prevention & Control Bureau. The team was first established under the Asia Regional HIV/ AIDS Program (ARHP), 2000–2007 and was later scaled up from four project sites to HAARP's current 19 sites.

Three sites have been set up along the Burmese border (Ruili/Muse, Yinjiang/Kachin State and Longchuan/Lwejie) and one on the Vietnamese border (Hekou/Lau Cai). Of these four, Ruili/Muse is notable as the only one that already had HAARP project sites established on both sides of the border.

The Yunnan Cross-Border Project in Ruili County brings together the Ruili AIDS Department with the HAARP Effective Approach Project (EAP) site in Muse, Burma (Myanmar). Ruili County had already begun some cross-border work ahead of the project, inviting a Burmese study tour in 2008 and establishing a drop-in centre for Burmese truck drivers just across the border in Ruili City. HAARP's cross-border funding has afforded the Ruili AIDS Department the opportunity to expand its activities and has further encouraged creative intervention.

1 UNAIDS 2010 – <http://www.unaids.org/en/regionscountries/countries/china/> [Accessed 02/02/11]

2 Yunnan Provincial HIV/AIDS Prevention and Control Bureau 2010, Cross border report (November), [Kunming, China]

3 UNAIDS 2010

3. Key achievements to date

3.1 Rapid setup

The greatest achievement of the Yunnan Cross-Border Project is undoubtedly the speed with which it began operating. Some needle and syringe program (NSP) sites, notably in Ruili County, were established in November 2009, the same month that the contract was signed with the TSU. At the end of one year, the project reached 1248 Burmese and Vietnamese clients.

Achievement indicators of the Yunnan Cross Border Project, 2010

Item (number)	Hekou	Longchuan	Ruili	Yinjiang	Total
Information, education and communication materials distributed	94	1537	417	217	2265
Condoms distributed	618	7372	2370	6268	16 628
Needles/syringes distributed	11 613	66 331	80 953	120 144	279 041
Needles/syringes collected	10 012	61 814	75 520	93 417	240 763
Referrals made	0	92	28	48	168
Contacts made with Vietnamese or Burmese clients	1544	15 764	23 735	11 855	52 898
Vietnamese or Burmese clients	113	279	591	265	1248
Vietnamese or Burmese clients (male)	92	275	581	216	1164
Vietnamese or Burmese clients (female)	21	4	10	49	84
Contacts made with Chinese clients	245	1560	32	445	2282
Chinese clients	64	77	17	166	324
Chinese clients (male)	49	77	17	163	306
Chinese clients (female)	15	0	0	3	18

In the last year, Ruili County achieved impressive coverage. In addition to the figures above, 96 Burmese drug users are now on methadone maintenance therapy (MMT) and harm reduction training has been held for 345 Chinese and 400 Burmese people in Ruili's detoxification centre.

From the beginning, existing HAARP infrastructure helped to accelerate project establishment. When submitting the cross-border project proposal, the provincial team was able to garner approvals from county, provincial and national governments by capitalising on existing program arrangements and relationships. The provincial team managed to get the proposal signed off at all levels within 20 days, and it is unlikely that such a rapid approval would have been achieved by an entirely new project or a nongovernment organisation. Similarly, the rapid establishment of cross-border interventions in Ruili County can be credited in part to the team's existing relationship with the HAARP project team in Muse, Burma (Myanmar).

3.2 Sustainability

Although the Yunnan Cross-Border Project is scheduled to last only 2.5 years, from the outset the provincial and county teams have focused on how to ensure that activities can continue in the long term. When selecting four project sites, the provincial team looked for counties that had existing project relationships across the border: for example, the Health Unlimited Project working in Yinjiang County and Kachin State and the previously mentioned relationship between Ruili County and Muse.

In Ruili County the team works to the mantra 'don't start anything new'. NSPs have been set up in existing sites, including a language school and grocery store (section 4.3). This approach not only contributed to the

project's fast setup but has also reduced costs by using resources that are already available. Furthermore, by locating services in existing sites the Ruili team has ensured that infrastructure and personnel will remain after project funding ends.

In addition to the project's focus on sustainability, commitments have been made at the local, provincial and national level to continue cross-border work. Provincial funding has been announced for carrying out baseline studies among target populations living in 25 counties along the border.

3.3 Generating strategic information

One unexpected result of the Yunnan Cross-Border Project has been the large amount of data generated and researched by the provincial office. In the first year alone, the team carried out five pieces of research (section 4.2). This strategic information has helped to support advocacy efforts and contributed to policy change, such as Ruili County's reversal of a 20-year ban on NSPs. Further, project staff on both sides of the border have been able to generate and share data that describes the HIV epidemic and the spread of other blood-borne diseases such as hepatitis B and C in the area.

3.4 Cross-border cooperation

Initial steps have been made to build cross-border cooperation at both the provincial and the county level. Ruili County and Muse are currently working on a cross-border cooperation framework (section 4.1), while the YNAB is currently formulating HIV strategies for each of the province's border counties. Further, evidence and data sharing between HAARP staff working in both countries exemplifies growing mutual trust across the border (section 3.3).

While progress has clearly been made, cross-border cooperation is still largely aspirational. A lot of initiatives are coming from the Chinese side. While Burmese project staff have been responsive and supportive, particularly in Muse, capacity issues inevitably mean it will take longer for Burma (Myanmar) to come on board.

Box 2. Groceries and needles in Dengxiu village

Han Shuaizhan's grocery store in Dengxiu village sits on the border of China and Burma (Myanmar). Since November 2009, Han has offered more than just groceries; her store is also distributes needles and best location for the program, it gained agreement from the town leaders and Public Security department to operate the site.

Han initially opposed having the site in her store. "I didn't want to get close to injecting drug users," she said. "I have a son and was afraid of the influence on him. But after a year there has been no negative influence." Han received training in needle and syringe disposal and distributing information, education and communication materials. She was then left to establish the program at the new site. Already familiar with the drug users in her village and the places they met to take drugs, she went to tell them that they could get clean needles from her without risk.

Today, Han has 18 regular clients, mostly male, many of whom visit every day or two. Her clients wait until any shoppers have left the store before coming in to exchange their needles and syringes. When Han is not available, her son covers for her.

While the store's secondary role is discreet, villagers are aware of it. Not all approve, saying that her work condones drug taking. "I say to them that I'm not supporting drug use," she said. "This is disease prevention. It's easier for me to answer them because at first I had the same opinion and questioned why needles should be distributed."



4. The Yunnan Cross-Border Project in action

“The cross-border project trains people to show them that carrying out AIDS control on one side of the border just isn’t enough. You shouldn’t just sit at home and cook for yourself.”

Duo Lin, Project Manager, Yunnan

4.1 Cross-border capacity building

Addressing policy issues

The NSP is a major component of cross-border services provided through the project. In 2007, Yunnan became the only province in China to legalise NSPs. This shift in policy was supported by the provincial team implementing the HAARP and its preceding ARHP.

The HAARP advocated for NSPs as part of a comprehensive approach to HIV among people who inject drugs, especially in the border areas. MMT was the preferred intervention among people who inject drugs. The project presented data to the provincial government to demonstrate that HIV was transmitted through sex and shared needles and that MMT alone would not be enough. It was also made clear that one-sided HIV prevention efforts were insufficient and there was a need for effective cross border cooperation.

Box 3. Successful advocacy for needle and syringe programs:

- focus on key policy-makers
- cooperation between health care and law enforcement bodies
- clear local evidence and success stories provided to support NSPs
- qualified outreach teams
- results used to further demonstrate the benefits of NSPs.
- importance of cross border efforts.



Despite this great leap forward in policy, change has taken place more slowly in practice. Until recently, Ruili County government doubted the need for, and effectiveness of, needle syringe distribution.. Further evidence and training was provided to local governments in project counties to advocate for NSP and cross border services. The Yunnan Cross-Border Project has analysed the advocacy process followed in Ruili County to document how to create an enabling environment for NSPs (Box 3).

Over two months, Zhang Miaoyun, chief of the Ruili AIDS Department, held regular advocacy meetings with the county government and law enforcement agencies. Using the analogy of a flood, she described

NSPs as another dam to hold back the spread of HIV. She acknowledged that while NSPs and detoxification centres may appear to be mutually contradictory, they share the common goal of harm reduction and work together as part of a comprehensive response to drug use and HIV prevention. Over 20 years after the first HIV case was detected in an injecting drug user in Ruili County, the county now supports a number of NSP sites along the border.

Framework for cooperation

The first annual Yunnan Cross-Border Project meeting was held in Kunming, Yunnan, in June 2010 with over 40 attendees from Burma (Myanmar), China, Laos and Vietnam. This meeting provided an opportunity to share data and best practices, as well as to plan further joint interventions.

At the provincial level in Yunnan, the government currently pays close attention to cooperation with its international neighbours. When interviewed Zhou Hongmei, deputy director of the Administration Office of the Yunnan Provincial HIV/AIDS Prevention and Control Bureau, expressed the hope that the Yunnan Cross-Border Project and similar activities funded by the Global Fund and the UK Department for International Development would pave the way for a future provincial policy on cross-border HIV prevention.

In Ruili County, the Yunnan Cross-Border Project works with the Chinese and Burmese foreign affairs offices toward setting up a cooperation framework between the local governments of Ruili County and Muse. The Ruili AIDS Department clearly understands that the success of the project to date would not have been possible without support from the county government. The new NSP sites along the border, Muse staff

training in the Ruili detoxification centre and provision of antiretroviral therapy to Burmese wives were all bold measures that they would not have attempted without county backing. The Ruili AIDS Department hopes that a cooperation framework with Muse City will enable it to further expand its coverage.

Training and capacity building

The provincial cross-border team has carried out three types of training and capacity building:

- training for law enforcement staff along the Yunnan border
- coordination meetings for project staff from Yunnan, Burma (Myanmar), Vietnam and Laos⁴ held in Kunming
- training for the new outreach workers selected by project counties.

A key focus of cross-border training is to explain why carrying out HIV interventions on just one side of the border is not enough.

Ruili County's initial focus has been on building capacity among its project staff, cross-border outreach workers and staff from the Muse HAARP EAP. To build up trust with its Burmese counterparts, Ruili County has held study visits on either side of the border. Burmese outreach workers have been invited for training along with Ruili's outreach workers. Further, Ruili and Muse project staff have provided joint training on HIV and harm reduction in Ruili's detoxification centre.

Ruili County's work to build up local resources has been noted at the provincial level, and there is now interest in setting it up as a training centre for comprehensive interventions, to share its experience with

⁴ While Laos is not formally involved in the Yunnan Cross-Border Project, it has been included in coordination meetings as a neighbour of Yunnan Province and a HAARP country partner.

other counties and countries. The Ruili AIDS Department is looking to expand its training to cover other migrant populations that are not considered high risk, in particular Burmese citizens travelling to China to work in the hospitality industry.

4.2 Cross-border research and strategic information

Cross-border project research is contributing to a bank of knowledge that both captures best practice and provides evidence to support future NSP interventions and cross-border activities.

Research has included:

- measuring improvements in harm reduction knowledge among the anti-narcotic police in Cambodia, Burma (Myanmar) and Vietnam
- comparative research into Chinese and Burmese injecting drug users in Ruili County's detoxification centre
- analysis of HIV, hepatitis B and hepatitis C co-infection among Burmese and Chinese injecting drug users
- research into HIV incidence among Chinese and Burmese injecting drug users covered by the NSP
- comparing high-risk behaviour among people who inject drugs in three Burmese and Chinese counties.

The Yunnan Cross-Border Project has taken a different and rather creative approach to measuring HIV incidence. Rather than drawing blood from a target group, the project tests the blood found in used syringes, as this is sufficient to test for HIV and hepatitis B.

This method saves time and money but requires that syringes be carefully labelled to ensure that only one syringe is tested per client. Training in

labelling and collecting syringes has so far been provided to outreach workers in three counties, and collection began in October 2010.

It is worth noting that the Yunnan provincial team has carried out further strategic research into cross-border populations through the China HAARP CP. This research has surveyed epidemiological and behavioural factors in other high-risk cross-border populations such as sex workers and long-distance truck drivers.

Box 4. Harm reduction knowledge among anti-narcotic police

Ninety-three anti-narcotic police in Cambodia, Burma (Myanmar) and Vietnam completed a survey that assessed knowledge of HIV and harm reduction and attitudes to people who inject drugs. The questionnaire was completed before the police attended HAARP training.

- 73.9% perceived drug users as the 'victim' of drugs
- 61.5% support mandatory detoxification for drug users
- 59.3% agree with needle exchange
- 39.6% support MMT.

HIV-related knowledge was low in all three countries, but attitudes to harm reduction are slowly improving. These findings show that further training is needed to strengthen HIV knowledge and understanding of harm reduction. Another highlighted need is training on occupational exposure.

Real data, real cooperation

Prior to the Yunnan Cross-Border Project, staff in the Ruili AIDS Department had met with their counterparts at the Muse EAP in Burma

(Myanmar). These meetings were, however, largely superficial. While participants were able to discuss general impressions and activities, they were unable to share epidemiological data. These restrictions made it difficult to assess whether interventions were successful or if they targeted the right populations.

This restriction has impact beyond the county level. Because only provincial government is permitted to issue epidemiological data, experts in local centres for disease control and prevention do not have timely access to data, nor can they use findings to publish research papers.

Through the project, the HAARP Yunnan team has actively encouraged the creation and dissemination of real data between counties across borders. Current data and the nature of the epidemic can now be discussed in local cross-border meetings, and the provincial team encouraged both sides to share information as they can trust each other.

In addition to enabling project activities that are better targeted and more informed, this strategic research builds a firm evidence base to support future cross-border interventions.

4.3 Cross-border service provision

Needle and syringe program

Ruili County has set up eight NSP sites along the border. When choosing sites, Ruili project staff had two main criteria: (i) the sites needed to be accessible and (ii) they did not want to establish any new facilities but, instead, use existing services and sites. This latter condition has led to the creation of some rather original NSP sites, including a grocery store in the village of Dengxiu and a language school in Jie Gao.

Box 5. Teaming up to increase coverage in Nongdao

The Nongdao village clinic was set up using government funds in May 2007 and has been operating as an NSP for HAARP since June 2010. Integrating the NSP site into an existing clinic avoided any additional setup costs. It built on the service provided by the clinic's doctor, Qiu Zhengxian, who had already been selling clean needles to about 10 drug users on a regular basis.

When Qiu began operating the NSP from the clinic, she informed her existing clients that needles and syringes were now available free of charge and asked them to pass on the message. Despite the new free service, Qiu still has few clients beyond her old group of about 10.

To expand NSP coverage, Qiu recruited Yan Liang, an ethnic Dai injecting drug user and one of her clients from the village. Yan now works as an outreach worker for the clinic, distributing needles and syringes; information, education and communication materials; and condoms. Working in the field he has increased the site's coverage to over 50 clients.



By integrating NSP sites with existing businesses and clinics, Ruili staff avoided spending the time and funds needed to build a service centre from scratch. Looking for existing sites to house the NSPs also meant project staff could focus on selecting the best location for extending their coverage. As the sites' existence does not rely wholly on project funding, the sustainability of their services is improved.

Another notable difference in Ruili's service provision is that its outreach workers are not drug users. Ranging from small business holders to doctors, the outreach workers were selected because of their location and nationality: all are either Burmese citizens or Dai, the largest ethnic minority in Muse and Ruili. The Ruili AIDS Department chose Burmese- or Dai-speaking outreach workers to overcome language barriers when targeting Burmese clients.

The decision to assemble a team of outreach workers who did not inject drugs was an experiment. The project team was interested to see if these outreach workers would suffer less discrimination in the local community. While cross-border outreach workers appear to have had a successful first year, some have had to work hard to contact their clients and earn their trust. In response to this challenge, Qiu Zhengxian, the doctor who runs the NSP at the Nongdao village clinic, has recruited one of her clients as an additional outreach worker who acts as a roving distribution point to expand the clinic's coverage (Box 5).

Condoms and information, education and communication materials

In addition to distributing needles and syringes, all NSP sites provide condoms and information, education and communication (IEC) materials. The distribution of condoms and IEC materials is noticeably

less extensive in Ruili than in other counties. These low figures need to be addressed and improved as the project goes into its second year.

The limited distribution of IEC materials can be explained by language barriers. Ruili has so far received and distributed IEC materials only in Mandarin, despite the project's target audience being Burmese drug users whose native language is either Dai or Burmese. The outreach workers explained that they pass on safe-injecting and HIV-prevention information verbally to those who cannot read Mandarin, but recognised that not having bilingual materials was restricting their potential audience. One outreach worker pointed out that many older people, both in Ruili and across the border, speak only Dai. Consequently, if drug users take leaflets home their families may be unable to read it.

Translated versions of IEC materials are currently in production at the provincial level. In the interim, Mao Chunling, who manages the NSP site at the language school in Jie Gao, has approached HAARP staff in Muse and requested copies of their Burmese language materials (Box 6). This is a good example of the resourcefulness of the outreach workers and project staff working in Ruili.

Referrals

The referral system for cross-border clients in Ruili has not been without its challenges, but some key achievements have been made. In particular, MMT has now been made available to 96 Burmese citizens in Ruili County, and 21 clients have been referred for voluntary counselling and testing.

In April 2010, China revoked its ban on HIV-positive people entering the country. This change in policy has removed an additional barrier to cross-border clients trying to access HIV services in China. For example, while treatment to prevent parent-to-child transmission of HIV is offered

free of charge to Burmese women, referring them for this service across the border was problematic.

Recently, the Ruili AIDS Department began to offer antiretroviral therapy to HIV-positive Burmese wives of Chinese drug users. This is a bold move, as non-Chinese citizens are ineligible for these services and the change in policy has yet to be sanctioned by either the provincial or the national government. The Yunnan Provincial HIV/AIDS Prevention and Control Bureau is pushing for national funding to extend antiretroviral therapy to Burmese citizens, but the size of the necessary budget and long-term nature of the investment mean a decision may take some time.

Ruili project staff wanted to act more quickly. Capacity for providing antiretroviral therapy in Muse is weak, as only five of the ten people who qualify receive it at the government hospital. Referrals can also be made to Médecins Sans Frontières in Burma (Myanmar), but, again, capacity is limited and services are far away. With the support of the county government, Ruili has extended the service to Burmese wives living in China, regardless of whether they hold a Chinese identity card.

Box 6. Local people, local services: Harm reduction services in Jie Gao

Mao Chunling moved to China from Burma (Myanmar) 12 years ago. After training as a nurse in Luxi she returned to the Jie Gao Free Trade Zone on the border with Burma (Myanmar) to set up a language school.

It was here that she encountered the Ruili AIDS Bureau. The premises that Mao selected for her school had been identified by the bureau as an ideal location for a cross-border NSP. That the site was occupied by a bilingual nurse made it even more attractive.

The NSP was set up in Mao's language school at the end of 2009. While she does not appear fazed, the uptake of the service has been overwhelming. In the first couple of months she had fewer than 20 clients, but by October 2010 she had 150 clients, which she believes includes nearly all of Jie Gao's injecting drug users. This rapid growth in coverage illustrates the benefits of using local people to provide outreach services.

"I grew up here", she explains. "People know me, and I know the local drug dealers. So I went to the dealers and asked them to tell their buyers that I had clean needles and syringes. I know the drug users trust their dealers."

Mao has made good use of her local connections. Having worked as a Burmese translator for Jie Gao's public security officers, she made sure they were informed of her additional outreach work. When in need of Burmese IEC materials, she crossed the border to Muse EAP and requested copies of their leaflets. Later, as demand for needles and syringes rose, she relocated the site to a nearby motorbike packaging warehouse near a 'shooting gallery'. The warehouse is managed by a friend, who also helps Mao with her outreach work.

Overall, Mao's outreach work is a prime example of the resourcefulness that is encouraged in Ruili project staff.



5. Challenges and areas for improvement

5.1 Equal participation

Cross-border cooperation is still somewhat nascent, with most activities generated on the Chinese side. While Burma (Myanmar) is beginning to link up with activities on the other side of the border, developing equal levels of engagement will take time and effort.

5.2 Improvements in service delivery and referral

Testing and prevention of parent-to-child transmission proved to be very challenging while the Chinese border ban on HIV-positive people remained in effect. Now that this law has been revoked, referral remains problematic. Non-Chinese citizens do not qualify for many services and capacity in Burma (Myanmar) remains weak. The Chinese government is reviewing whether antiretroviral therapy can be offered to non-Chinese citizens, but it may take some time to reach a final decision. The limited distribution of condoms and IEC materials also needs to be addressed.

5.3 Emphasis on the local context

Each of Yunnan's border counties and their neighbouring counties in Burma (Myanmar), Vietnam and Laos have distinctive ethnic groups, cultures and languages. All of these factors need to be taken into account when delivering services. Centrally produced IEC materials have

not been of use in Ruili County, where the local language is Dai. In other counties in Yunnan and Burma (Myanmar), Jingpo is more likely to be the lingua franca. Similarly, limited condom distribution in Ruili County may be improved if local and rural cultural norms are addressed. In an ethnic group that views extramarital sex as deeply taboo, unmarried men, or those away from their wives, are unlikely to ask an outreach worker for condoms. More discreet distribution measures should be investigated.

5.4 Gender awareness

Most clients in Ruili County are male. While this may reflect, for the most part, current infection and drug use rates, local and provincial teams need to ensure that strategies are in place to reach females who inject drugs and the female sex partners of injecting drug users.

5.5 Selecting and training outreach workers

Ruili County has piloted the exclusive use of outreach workers who are not injecting drug users. It is worth further investigating how successful this has been. While some outreach workers, such as Mao Chunling in Jie Gao Free Trade Zone, have rapidly built up a client base, others have struggled. For example, Qiu Zhengxian in Nongdao village has employed a male drug user to provide outreach services in the field, as clients are reluctant to visit her clinic. All the outreach workers interviewed had recruited additional outreach workers to cover them in their absence or, in Qiu's case, to extend coverage. It is important that any new recruits receive official training at the provincial level. Further, safety training needs to be emphasised, as at least one of the outreach workers has gone to work in the field unaccompanied.

6. Lessons learned and best practice in cross-border working

China operates within a very specific political and cultural context and the situation across the border in Burma (Myanmar) is equally distinct. In addition, circumstances vary between Burmese states and among each of Yunnan's border counties. As such, many of the methods employed in Ruili must be understood in their specific context. That said, there are some general lessons that can be drawn from activities in Yunnan and Ruili and used to inform future cross-border work.

6.1 Using regional programs to facilitate cross-border work

Setting up government-to-government cooperation frameworks can take a long time, but, within a regional program, work across borders can be set up quickly. Where regional programs such as HAARP have already been ratified nationally, gaining multi-level approval for cross-border work can be easier to achieve and government support can help instil confidence. In Ruili and Muse the rapid set-up of services owed a lot to existing HAARP sites on both sides of the border. In contrast, in Hekou and Yinjiang counties of Yunnan Province, the lack of a HAARP counterpart site across the Vietnamese and Burmese borders accounts for some of the difficulties local project teams faced.

6.2 Importance of flexibility

When setting up any project it is important to identify existing service delivery gaps and address them. Yunnan project staff targeted injecting drug users from Burma (Myanmar) with initial cross-border activities because they were underserved and harder to reach.

Throughout the Yunnan Cross-Border Project the focus has been on less input and more output. When identifying project counties, the provincial team looked for existing project mechanisms and relationships to build on, such as the Health Unlimited Project at the Longchuan County border, and interaction among border police.

Similarly, the Ruili AIDS Department has made good use of existing resources and networks. The NSP at the grocery store in Dengxiu village was initially meant to be located in Burma (Myanmar). When the department was unable to secure permission for the NSP from the Burmese police, it set up the site directly across the border.

6.3 Importance of strong local knowledge

Employing local staff and outreach workers plays an important role in ensuring the success of cross-border activities. The achievements of the Ruili team and outreach workers such as Mao Chunling were underpinned by an understanding of who to talk to, where to locate services and the overall local context. As previously mentioned, cultural issues such as sexual norms and risk behaviour among ethnic minorities and rural communities must be taken into account to ensure that service provision is relevant and appropriate.

The backing of the local authorities is critical. The Ruili AIDS Department freely admits that without this backing it would not have been able

to implement so many bold measures, such as bending the rules on antiretroviral therapy for non-Chinese citizens. Similarly, the Ruili AIDS Department was aware that previous NSPs had failed in Ruili because Public Security was not on board, so the project focused advocacy efforts on ensuring police support.

6.4 Need for advocacy and education first

The previous work done through the ARHP in China and Burma (Myanmar) facilitated the rollout of the Yunnan Cross-Border Project and harm reduction work in general. Yet, a gap remains between policy changes and actual implementation. For example, Yunnan Province's NSP policy was in place long before the Ruili County government agreed that sites could be set up.

There is a need to identify local change agents and focus advocacy efforts on them. For example, in Ruili it was necessary to get Public Security to accept NSPs. Education plays an important role in increasing the uptake of services, as, for example, injecting drug users must understand why they need to use clean needles before NSP sites are set up.

6.5 Research into practice

Whereas ARHP focused on changing minds, HAARP and the Yunnan Cross-Border Project have provided an opportunity to put ideas into practice and generated evidence of what works.

The cross-border project has generated a huge amount of strategic research results that, unlike data produced by centres for disease control and prevention, can be disseminated and published. Being able to talk about current epidemiological data and behavioural studies enables a more effective response on both sides of the border.

Once the Ruili model for cross-border work has been fully developed, this evidence can be used to advocate policy change and the mechanisms employed can be rolled out at other Yunnan sites.

6.6 Politics and security

All new programs and activities need to take into account the delicate regional power balance and ever-changing political situation. During the visit for this Positive Practice study, entry to Burma (Myanmar) was not possible because foreign consultants were barred from the country in the run-up to elections.

It is important to be aware of, and continue to monitor, sensitivities in border areas, in particular where there is conflict or local insurgents. Importantly, this situation may differ from county to county along a border. Again, this is where strong local knowledge is needed.

Security is also an issue, as borders are often militarised. This can affect the safety of project staff and interfere with service delivery, for example police in Muse refused to allow Ruili staff to set up an NSP site on their side of the border.

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