HEALTH & RIGHTS for People who Use Drugs

Partner Meeting 8 - 10 April 2014
Linking and learning to bridge the gaps in health and rights for people who use drugs
AIDS Foundation East-West (AFEW) and Mainline are partners in the implementation of activities in the framework of the People who Use Drugs project, part of the Bridging the Gaps; health and rights programme (2011 – 2015).

As a part of this programme, AFEW and Mainline organized a partner-meeting in Amsterdam from 8 to 10 April 2014. At this meeting, both organisations were able to successfully share their approaches for prevention, treatment and care for people who use drugs; including the Continuum of Care model developed by Mainline and the Client Management tool developed by AFEW. This event was designed to facilitate further sharing and learning from the experiences and expertise of the local partners and to fulfil the commitment to objective 5 of Bridging the Gaps project (Develop and strengthen a comprehensive and concerted approach on HIV and key populations by the alliance partners).

From 8 to 10 April, all country partners of AIDS Foundation East-West (AFEW) and Mainline working in the Bridging the Gaps: health and rights for key populations project came together in Amsterdam to exchange best practices, share experiences and learn from each other.

The objectives of the meeting were:
- To present our achievements of "Bridging the Gaps: health and rights for key populations" to participants of the meeting
- To exchange and discuss the results of the PUD project in-country and the global advocacy for further improvement.
- To link and learn on specific themes (human rights, quality of care, client management, continuum of care, advocacy) and each other’s best practices and experiences.
- To explore creating a network of country-based service-providing NGOs.

The meeting was structured in plenary sessions and workshop sessions.

The Directors of AFEW (Anke van Dam) and Mainline (Hugo van Aalderen) opened the meeting by stating that this meeting provided an opportunity to share and link. They stressed that networking opportunities such as this can result in the improvement of quality of services in the countries where the framework of the Bridging the Gaps program is implemented. The opening made clear that the meeting discussions would focus on how we can better serve our clients and make our work more sustainable in the coming years and that the meeting would hopefully initiate new partnerships and express our vision that:

"Advocacy is needed but should always go hand in hand with the practical implementation of harm reduction services for People who Use Drugs."

Our shared vision is to have societies where LGBT people, people who use drugs and sex workers are (sexually) healthy, have their human rights fully respected and are in control of their own livelihoods. Key populations are 10-20 times more likely to become infected with HIV and only 8% have access to HIV services. The mid term evaluation has shown that the program is well under way. The biggest challenges are the linkages between key populations and to focus more on impact. To achieve the most effective linkages and the biggest impact AIDS Fonds, with all Bridging the Gaps Alliance partners, are lobbying hard to have another round of 2-5 years of funding.

Mr. Tariq Zafar, Executive Director of Nai Zindagi Pakistan, and senior managing partner of Mainline, gave an overview on how Nai Zindagi originated and how it has grown: starting as a small drug treatment provider, and now serving as the Principal Recipient for the Global Fund program on HIV/AIDS in Pakistan and Mainline’s managing partners within Bridging the Gaps.
It takes effort and persistence to grow into an Asian-Dutch partnership, but it brings ownership, confidence, improved quality and inspiration for all involved.

Nai Zindagi developed from being an abstinence based local drug treatment organization into a nationwide continuum of care for PUD-organization, where harm reduction, health and HIV are the key focus.

Ms. Natalya Shumskaya, Executive Director AFEW Kyrgyzstan, discussed that Kyrgyzstan is greatly affected by HIV and injecting drug use. The HIV epidemic is growing among males, but is growing even faster among females. AFEW supports and monitors local NGO’s to develop services for people who use drugs within the client management system.

“Only high quality services will have an impact.”

In Kyrgyzstan, it is essential to integrate services and link the client management system to the general health system and to include harm reduction. When we cooperate with each other we save lives and increase efficiency and save costs. Some successful examples of this type: AFEW provides trainings for law enforcement officers and medical personnel, AFEW Kyrgyzstan has integrated the TB screening and facilities for early diagnosis in their services.

Loon Gangte, Regional coordinator ITPC. On the global level, there are laws on paper but on the ground, people who use drugs do not have rights. You can just as well forget about the human rights of People who use drugs, they are not even treated as humans. For Loon, grassroots work is the most important, but is often ignored. For example, it is often the case that the least paid service providers are the ones that work the hardest. And in 30 years, HIV has medical treatment, but TB, Hep C, drug treatment, which are older diseases/phenomenon, have less treatment.

“Local partners should decide how the donor’s money is spent, rather than the other way around.”

This is why it is so important to link local and global goals and services, to have the local voices, needs, priorities and solutions heard at the global level.

To end the opening session all participants were asked to write on notes their expectations and what they hoped to gain from the conference. A diverse range of points were made, a selection of the highlight shows the following:

What do you want to learn:
- Exchange, learn from colleagues in other countries
  - Learn about methadone care
  - Learn about SRHR/female drug user needs
  - Harm reduction with ATS users
  - South-south experience in joint programming
- Continuum of care
  - Provide a continuum of care, especially combining care for TB, HCV/HBV in combination with ART
  - Learn about client management system
  - Learn from businesses/ income-generation projects in other countries
- Data collection
  - Exchange data management and measurement (M&E) tools
- Sustainability:
  - Learn how to make my organization self-reliant by using local resources
  - Make plans for after 2015
- Human rights
  - To push for human rights bottom-up
- How to network with human rights organizations
- Knowledge on harm reduction in prison system
- Knowledge about the needs of young drug users
- Quality community services

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Edo Augustian, National Coordinator PKNI, the Indonesian network of People who use Drugs. This organization is made up of 26 current or former drug users in 19 provinces. The organization began in 2006 advocating their rights as equal citizens.

“Instead of working against the system, we strive to change it from within, raising our voices as People who Use Drugs.”

PKNI within Bridging the Gaps works with para-legals on supporting People who use Drugs and get arrested to realize their rights to care instead of ending up in prison. The paralegals are community members that receive training and support from PKNI to do their work.

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Workshop sessions: from inspiration to implementation

Workshop 1

What can we offer people who use drugs (HIV prevention for People who Use Drugs; treatment, care and support for HIV Positive People who Use Drugs)?

Through a market with beautiful posters and presenters, the full continuum of care for drug users was presented. Highlight: The continuum of care, never ends, it is as broad as the health care for general public, so it includes everything from basic medical care and information, to complex clinical care, psycho-social services and economical and educational support. It starts from building relationships with the community through services related to prevention, treatment, care and support to advocate for health and human rights. The Continuum of Care starts with contact and distribution of correct, comprehensive and inclusive information for HIV prevention. It offers access to treatment for every person that is infected, daily outreach-based services, and income generation for people in the margins of society that try to find their way back.

“There are many different programs, many different languages, but we all speak the same language, speaking from the heart aiming at improving quality of life of People Who Use Drugs.”

Workshop 2

Training of service providers, law enforcement officers and prisons staff; some examples of knowledge transfer like blended learning/ e-learning and internet platforms.

As there are many new technological possibilities these days to reach more people and more efficiently, this workshop was mostly focused in presenting working with internet platforms and e-learning modules and what the experiences in this field have been. Different presentations took place from Tajikistan, Kyrgyzstan, Ukraine and Health-E foundation based on best practices such as distance learning, monitoring and evaluation, and blended learning practices, and how to improve the quality of services.

Highlights: The most appreciated conclusions were that internet platforms make it possible to reach people that normally are not easily reached (remote places and people that need to see their anonymity guaranteed) with information that normally doesn’t reach them, provided by specialists and experts.

The e-courses demonstrate efficiency and a more effective mixture of specialists who can share their knowledge and expertise and also can learn from others. It does need to be clear that well-maintained and updated equipment is a condition for this type of learning. Combining it with classroom learning, brochures and other informational material creates a positive and fruitful learning environment.

Workshop 3

Connecting NGO services with national health care system; what services can be integrated and when does this work best.

The workshop identified what is done on connecting the different BTG services for PUDs and to the broader (existing) health care system. We discussed what approaches are useful to link specialised care to the general health system and when differentiated services are more effective or the only option. Highlights: national health services are at different levels of development and so it is difficult to make a general way to connect the national health system with services. Some countries have worked within the system from the beginning. Others develop their programs and then try to connect them to the national health system and policy.

When lacking a stable government and in a very strict and repressive system, it seems the only way is to just start doing the work and demonstrating success. But with a health care system in place and a government that leaves space for discussion and differences, it shows to be very effective and possible to integrate services. But we should never forget that for first contact and services that are needed on the spot, specific and focused work outside the system is essential.

Workshop 4

Human rights in practice: ensuring access to health and protection of human rights in your daily work

All partners in Bridging the Gaps work with human rights in a different way. However, 'human rights' are sometimes an abstract concept that is hard to put into daily practice. Our work mainly focuses on the right to health and access to health care. There are also many other rights that are violated among the drug user community. We discussed a number of human rights violations such as the violation of the right to access to legal support and to privacy. The context of criminalization (the war on drugs) furthermore leads to violence, abuse and arbitrary arrests among drug users. Forced treatment is another inhumane form of abuse that drug users might face.

Local grass root organizations struggle to deal with these huge issues. There is a gap between the human rights framework and the capacity organizations have to work on improved access to human rights. Also, national legislation might oppose international human rights treaties.

We need to try to fill this gap between national laws and human rights conventions, And People who Use Drugs should be involved in every step.
Possession of drugs can be punished. Up to one year for the second offense. If you cannot pay, you are sent to jail for drugs is punishable with high fines. In Georgia, illegal consumption of drugs is punishable with high fines. If you cannot pay, you are sent to jail for up to one year for the second offense. Possession of drugs can be punished with anywhere from 11 years in prison to a life sentence. 70% of prisoners use drugs. About 45% of them inject drugs. Counselling and testing is available to PUDs in prison. Methadone, ARV therapy, and treatment for HCV are also available.

A specific program component in Nepal focuses on female drug users. This program provides a full continuum of care and helps to develop a specific oriented guideline, to address the needs of Female Injecting Drug Users (FIDUs), and to encourage meaningful involvement of FIDUs in responses to drugs and HIV. Youth vision found that 99% of the FIDU women who participated in the survey were never tested, even though they are 20-30% more at risk for HIV and Hepatitis C. Consequently, Youth Vision provides oral substitution program drug treatment, long term treatment and rehabilitation, primary health care service, behaviour change communication sessions and counselling, condom promotion and distribution, and referral for other health testing and treatment services.

In Indonesia, services for sex workers are provided through outreach, basic health care services, and empowerment. There are more than 11,000 female sex workers in Indonesia. Laras provides services to female sex workers that includes medical and STI check-ups, HIV tests, Care and Support for PLHIV, referral to CD4 and ARV treatment. Furthermore Laras, empowers women through life skills training, peer support, business opportunities, and social services through social department.

In Kyrgyzstan, services provided to people who use drugs and those that are HIV positive by NGO Socium are not categorized by key population groups, but are rather provided to all key populations. Services are client-based and include a 24-hour hotline, a peer consultant and a psychological consultant.

Workshop 6
Towards sustainability: Resource Mobilization in the private sector for NGOs that work with People who Use Drugs.

The workshop gave a regional overview of the Mainline partners in Asia: with Nai Zindagi in the lead and supported by Jolan van Herwaarden (Trainer and Mentor Fundraising and Organizational Capacity Building). Their work is focused towards getting private and corporate funding. It is a long process, you need good branding and communication, marketing and fundraising skills. Fundraising needs to be a job, not an addition to a job. You have to find out how the donor could benefit and find creative ways to combine this with what you need as a NGO.

The plenary stakeholders meeting
For relevant (inter)national stakeholders in the field of harm reduction, the organizers planned a meeting to advocate for rights to health and care for people who use drugs. Representatives of Global Fund, Dutch Ministry of Foreign Affairs and Dutch parliament were invited. The representative Jasper van Dijk, from the multi-party initiative on sexual and reproductive health and rights including HIV, was unfortunately not able to attend the meeting.

At this meeting, we discussed the current status and quality of services for People who Use Drugs (PUD). Clients, representatives of governmental, non-governmental and UN organizations presented their ideas and strategies to increase access to and improve the standard of services. We had high profile presenters that included clients, outreach workers, policy makers, and representatives from leading NGOs and governmental organizations, and Ms. Marijke Wijnroks, Chief of Staff of Global Fund.

The plenary stakeholder meeting gave the stage to partners and stakeholders to present their latest data and to start important discussions. The focus was...
the access to and quality of services provided to People who Use Drugs. Comprehensive ranges of services were presented from different angles such as from the community, from NGOs, and from governmental views. The achievements of our program are the best advocacy tool.

Irena Ermolaeva is a former drug user who formed NGO Asteria because there were no services for women who use drugs in Kyrgyzstan. It was formed by and is run by former drug users. There are only two organizations that work with women who use drugs; Asteria is one, supported by AFEW Kyrgyzstan. Consequently, most services are not adjusted or aware of women’s needs. For example, there are needle exchange programs, but they are not focused for women and rehabilitation centers for women are not popular for donors because of the small target audience with a high cost.

Tariq Zafar states that all interventions of Nai Zindagi, Pakistan are evidence- and needs-based, but to the support of the Bridging the Gaps through Mainline made a crucial difference. Under the BtG program, the effectiveness and importance of residential drug treatment services in HIV prevention and AIDS-related treatment, care and support services was demonstrated and proven. It convinced Global Fund to accept these components in the HIV program. There are now mobile CD4 testing units all over the country and detox programs widespread, within the Global Fund National Program in Pakistan, which would not have happened without the innovative support of Bridging the Gaps. From November 2013, a two-month residential treatment to promote ART adherence started, as this is the next gap to bridge.

Ton Coenen expresses in his speech that you cannot have advocacy work without proper service delivery. They are intimately linked. At the moment it is especially harder as donors’ contributions shrink and more countries become middle income, because matching funds are expected. Advocacy always needs to be driven by data and evidence.

Marcel de Kort, representative of the Ministry of Foreign Affairs and contact liaison for Bridging the Gaps, was invited to experience harm reduction information live by playing “Russian Roulette.” In providing an overview of Dutch harm reduction history, he stated that “HIV is not a result of using drugs, but is a result of bad drug policy.” Starting with a biography of Nico Adriaanse, an early activist for drug users in the Netherlands, through the first innovative services, and up to the present situation with low numbers of homeless drug users, hardly any new HIV infections but high numbers of HepC and low numbers of injecting drug users, he came to lessons learned. These lessons learned include that innovations in drug policy are initiated on a grass roots level, by trial and error, and lobby and advocacy are important. Harm reduction and development cooperation for SRHR, key populations, support for harm reduction on the international level is needed and priority in the Dutch policy. The ministry is committed to support the work for key populations where Dutch policies can make a difference, because of their long history of drug use and harm reduction.

Maria Phelan - Harm Reduction International. Needle and syringe programs are not widely available, but are even less available to those in prison. Globally, 2 needles per PUD per month are distributed, which can never lead to an effective HIV response. Repressive legislation, poor services, police harassment or arrest, lack of funding, and a lack of government and community support are common barriers for harm reduction.

Marijke Wijnroks, Chief of Staff of Global Fund (GF) explains the HIV response of GF and the new round: this is the first program like this in the world. A total of US$595 million has been donated from 2002-2013. GF is the largest and most important donor to harm reduction activities. In the future, GF strives to invest more strategically and promote and protect human rights. The key characteristics of the new funding model include: focus on poorest countries with highest disease burden, allocation model with upfront announcement of full amount, concept note based on national strategic plan, strategic investment for impact, inclusive country dialogue going beyond CCM, and entry points for engagement.

Final remarks and summary: several lacking issues were mentioned: lack of services for women drug users, a lack of clean needles and syringes to conduct effective HIV prevention and still little integration of poverty as a factor of importance. But we can also demonstrate that most of the changes to policy and access to services start at the grassroots level and that Bridging the Gaps does make a difference, a difference that can lead to further scale up through support from national programs and Global Fund.

Networking and Open Space session

In the open space session, all delegates could experience and discuss harm reduction in reality. Interactive small sessions were organized on health education, safer injecting with innovative needles and syringes of Apothicom, working in prison settings, and how to use the media to highlight your achievements and new HCV medication.
Closing

Summary and conclusion

During the meeting, local partners from Georgia, Indonesia, Kenya, Kyrgyzstan, Nepal, Pakistan, Tajikistan and Ukraine exchanged their experiences with each other. Every organization faces its own obstacles. In many cases, solutions to these challenges are dependent on local policies. At the same time, there are many similarities: the provision of quality services targeted to the needs of the target group has a priority in every country – as well as a continuous lobbying towards the government. The aim of these lobbying efforts is the acknowledgement of right to health care for every citizen, including those who use drugs.

Ensured human rights and access to healthcare for people who use drugs (PUD) is on the horizon, and we can get there together if we continue to exchange methodologies and develop joint strategies. This was one of the main conclusions of more than 40 professionals from eight countries representing people who use drugs who came together in Amsterdam.

Reflections:

• Funding is drying up in the near future and is a challenging aspect.

Opportunities to grow:

• Operational research
• Facilitation for south–south exchange
• Quality-set of standards of our work
• Increase visibility of our work

Fatma Jenely, Program Coordinator at MEWA, shares the Kenyan experience to come to from the KHRN (Kenyan Harm Reduction Network). They have built a symbiotic relationship with the Kenyan healthcare system with a focus on collaboration to make sure that the grassroots organizations will not be overlooked and are essential in service delivery for People who Use Drugs.

Elena Voskrenskaya, Director of AFEW Ukraine talks about quality of services. It is a wide topic with many angles. This is a good topic for our next Partner meeting: Moving from quantity of services to quality services. How do we measure quality? What is quality? How does the output of services meet the expectations of the client? Dimensions include effective, efficient, accessible, acceptable/patient-centred, equitable, and safe. What dimensions do we measure now? Effectiveness is the one we do the most through evaluations. How do we measure efficiency? Through cost-benefit analysis, but that is not comprehensive. Why should you invest more money in a more expensive treatment that covers less people? Who is responsible for quality? Policy makers, service providers, and clients and communities are all responsible. The patient should feel like the service providers are trustworthy, empathetic, reliable, responsive, professional, and provide tangible resources. These concepts are all tied together.

In Indonesia, they are conducting Monitoring and Evaluation research. They have found that one of the most important things is if the service provider listens to the feedback. In Pakistan, they have a constant monitoring system of programs (MIS) and, in residential facilities, the client provides feedback on the services. There are monthly focal group discussions for clients to provide feedback. Everyone is implementing their own monitoring and evaluation program. Elena suggested forming an informal working group to discuss different monitoring and evaluation techniques and different milestones.

As a conclusion it was stated that to develop a working group of service providers worldwide would be good to:

• Improve quality of services.
• Advocate for services and funding for services.
• Develop data and research to use for the above bullet points: milestones and monitoring and evaluation techniques.

Mainline and AFEW will take the initiative for this working group and hope that this conference linked all partners, allowing them to consult each other with further questions and initiatives.

Evaluation and feedback

By all accounts, the conference was a success. The participants rated the logistical planning on average as a 4.2 on a progressive scale of 1 through 5 and a 3.8 for the accommodations. Feedback about the program was positive and reflected an overall satisfaction and enthusiasm felt by the participants. “The meeting was very good and it gave me the energy to bring back to our office,” wrote one participant. “It gave me a lot of confidence in our partners and I learned a lot from my colleagues,” wrote another. The majority of participants said that they felt all of the sessions were interesting and helpful and a good opportunity for learning. “The program was absolutely wonderful for the purposes,” read one of the evaluations.

Some sessions that stuck out as particularly interesting for multiple participants were those about services for specific populations such as women and young people that use drugs. The issues of sustainability and fundraising were also identified as important sessions. The main recommendations were focused around fewer presentations to allow for more discussion time and more interactive workshops. Also there was a need expressed to discuss more about Hepatitis-C and harm reduction among people who use amphetamine type stimulants (ATS).

Most objectives as were written down by participants were addressed during the conference. A discussion on quality measurement of services was introduced and needs follow-up, this will include M&E tools.
Rewati Dhakal, Youth Vision Nepal: “The program was wonderful and has ignited us to persistently carry our activities. Primarily concerning the fundraising, the opportunity to share our diary and interact with people was great. It has further motivated me to work and sharpen myself in the area of fundraising. I thank you all for your great efforts for creating such a marvelous environment to meet, share and interact with partners from different parts of the world.”

Shoaee Mohamed from our Kenyan partner Omari Project: “I didn’t expect that the different partners would have so much in common. In Kenya, already years ago we were faced with the same challenges that our Eastern European and Central Asian partners are facing now. For them, our experience is valuable. Moreover, this meeting has given me the feeling that our work really matters. That is extremely motivating!”

The three-day meeting was concluded with site visits to harm reduction facilities in Amsterdam.

In small groups different services for drug users and sex workers in Amsterdam could be visited:

**Amoc**
Amoc is a drop in centre (DIC) for young people from Europe (majority from Eastern Europe). The DIC includes a room where people are allowed to use drugs (average of 15 to 20 visitors on a daily basis) and there are 10 beds, where people can stay the night. Amoc provides support in practical and/or juridical issues, information on health issues and/or in supporting those who want, in returning to their home country. Along with a Mainline outreach worker, delegates visited the day and night shelter of AMOC/Rainbow Foundation. In addition to a presentation about the vision and policy, the consumption room was visited. The group spoke to a number of users who talked openly about their drug use and lifestyle. The participants experienced this visit as very inspiring.

**Wallen tour**
(including visit to The Rainbow Group Foundation)

This tour through the red light district and the Amsterdam city centre informed about the history of this neighbourhood. Part of the tour was a visit to DIC at Princehof, where people are allowed to use drugs and where The Rainbow Group Foundation, already for 25 years, provides for a needle exchange program and a DIC for social support to drug users. The DIC is open 6 days a week and also provides for tea/coffee and bread. This is the only DIC in Amsterdam that offers a shelter for women.

It is interesting how this DIC has become a part of this neighbourhood and has been quite successful in providing services for male and female drug users.

“We learned that even within a methadone program, some people also still use heroine, not to miss the ‘High’ that methadone can not provide you with, but this is not necessarily a problem. And some people in the Netherlands are already in methadone treatment for 30 years, so it is part of their medication and then they are ok.”

**P&G292**
(Centre for Prostitution & Health) and presentation by GGD.

The P&G 292 is increasingly becoming a well-known centre for prostitutes (M/F) in Amsterdam. Many sex workers have themselves tested every year for Sexually Transmitted Diseases (STDs) and receive hepatitis B vaccinations. A growing group also benefits from the ‘Prostituition Social Work’, which is offered by the Social Workers of HVO Querido. This organisation operates within P&G292 together with ‘social nurses’ and the ‘confidential adviser prostitution’ of the GGD Amsterdam.

GGD: The Dutch Constitution states that government is responsible for protecting their citizens’ health. To do this, the Municipal Advisory & Health Services Centres (GGD) support the local government in doing so, including provision of services related to infectious diseases such as HIV and HCV, and to sexual reproductive health, including STDs.

“To hear that sex workers in the Netherlands are entrepreneurs for the law, was surprising, but that this improves their safety and that of their customers, was a real eye-opener for us.”

**‘Wallenwinkel’ and Tour by Mariska Majoors**

The ‘Wallenwinkel’ is based in the so-called ‘Wallen’, which is the name of the neighborhood where many prostitutes in Amsterdam work.

Mrs. Mariska Majoors, a former sex worker welcomed us in the ‘Wallenwinkel’, where she informed us on the history of prostitution in The Netherlands, including the laws and than talked and shared stories on ‘prostitution in practice’.
Conclusions

The meeting 'health and rights for people who use drugs', organized by AFEW and Mainline was a great opportunity to get the local counterparts of both organizations to get acquainted and share experiences. The partners recognized that they face similar challenges and opportunities in different countries and contexts. The discussion on the different approaches and solutions gave a lot of inspiration and thoughts for new ways of working at home. Three issues popped up at the meeting that need follow up.

1. What do we mean by integration of services?

Several people had different ideas about integration of services and about the need for integration of services. In some contexts, it is better to refrain from integrating services for people who use drugs into the general health system, due to the fact that national health services forbid certain services. The Bridging the Gaps mid-term evaluation report highlighted this issue as a concern. This topic will be further elaborated upon in the Programme Team of the Bridging the Gaps Alliance and taken up for further discussion in the PUD programme.

We, as organizers of the meeting, are very pleased with the outcomes. We will explore options for organizing such a conferential meeting for 2015, in order to go deeper into the challenges, barriers, and opportunities and explore potential solutions and approaches.

2. What do we mean by quality of services and how can we ensure and improve it?

This topic was of great interest to all partners. Mainline and AFEW will initiate action to continue discussions on this issue and define a minimum package of services with its standards of quality.

3. The need for grassroots- and local NGO's to get involved in advocacy for the rights of people who use drugs.

This demands a greater involvement of the people who use drugs in raising their voices and an improved knowledge for local organizations to know how to use the (human) rights language. Within the Bridging the Gaps project, a general discussion is taking place on how to link global advocacy to a local level. A need for a joint advocacy strategy was expressed as well. AFEW and Mainline will be involved in this discussion at different levels and will follow up in the PUD programme.

Annex 1. Participant list

1. Andi Muhammad Aslam
   LARAS, INDONESIA
2. Megawati
   LARAS, INDONESIA
3. Dilmua Mohamed
   Omari Project, KENIA
4. Mohamed Hamadi
   (Showsee) Omari Project, KENIA
5. Abdalla Ahmed Badhrus
   Muslim Educational Welfare Association, KENIA
6. Fatma Jeneby
   Muslim Educational Welfare Association, KENIA
7. Ruth Sau Mwashigadi
   Reachout Centre Trust, KENIA
8. Tariq Zafar
   Nai Zindagi Charity, PAKISTAN
9. Tauseef Qureshi
   Nai Zindagi Charity, PAKISTAN
10. Ghazanfar Imam Rizvi
    (Muna) Nai Zindagi Charity, PAKISTAN
11. Jagdish Lohani
    Youth Vision, NEPAL
12. Rajendra Thapa
    Youth Vision, NEPAL
13. Rewati Raman Dhakal
    Youth Vision, NEPAL
14. Edo Agustian
    Perkumpulan Persaudaraan Korban Narkotika, Psikotropika dan Zat Adiktif, INDONESIA
15. Asghar Ilyas Satti
    Association Of People Living With HIV&AIDS, PAKISTAN
16. Machteld Busz
    Mainline, THE NETHERLANDS
17. Hatun Eksen
    Mainline, THE NETHERLANDS
18. Janine Wildschut
    Mainline, THE NETHERLANDS
19. Miriam Elderhorst
    Mainline, THE NETHERLANDS
20. Anke van Dam
    AFEW Amsterdam, THE NETHERLANDS
21. Corie Leifer
    AFEW Amsterdam, THE NETHERLANDS
22. Tatiana Mouhebati
    AFEW UKRAINE
23. Olena Voskresenska
    AFEW UKRAINE
24. Anastasiya Shebardina
    AFEW UKRAINE
Linking and learning to bridge the gaps in health and rights for people who use drugs