



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 & Control Bureau
and Yunnan Public Health Bureau

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
ARHP	Asia Regional HIV/AIDS Program
CDC	Centre for Disease Control and Prevention
EAP	Effective Approach Project
HAARP	HIV/AIDS Asia Regional Program
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IEC	Information, Education and Communication
MMT	Methadone Maintenance Treatment
NSP	Needle Syringe Program
PMTCT	Prevention of Mother to Child Transmission
TSU	Technical Support Unit

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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.”

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

This case study was commissioned by the Technical Support Unit (TSU) of AusAID’s HIV/AIDS Asia Regional Program (HAARP) to identify achievements and lessons learnt from the Yunnan Injecting Drug User Cross-Border Harm-Reduction Project situated on the Chinese borders with Burma (Myanmar) and Vietnam.

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

The study focuses on the cross border activities taking place between Ruili County, Yunnan Province, and its Burmese neighbour Muse City. 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.

Innovations in Ruili County

- Doubling up – making use of existing services and facilities to reduce set up times and costs
- Sustainability – reduced costs from using existing staff and services, and County Government support have increased the sustainability of local initiatives.
- Generating results to push for policy change – producing and sharing data to better understand the nature of the epidemic, and monitoring outcomes of harm reduction interventions to demonstrate what works in practice
- Flexibility – addressing gaps in service provision and responding to shifts in local and national policy, and the epidemic
- Involving the private sector – Ruili AIDS Bureau are promoting the active participation of all sectors of society. Their cross border project has used non-IDUs to carry out outreach work, including doctors and local business people such as language school teachers and shopkeepers.



2. Background

The Yunnan Cross Border Project began on 1st November 2009, following the Yunnan Provincial AIDS Bureau's successful tender for round one of HAARP's cross border funding. Its overall 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 the southwest of China, Yunnan shares over 4,060km of international border with Burma (Myanmar), Lao and Vietnam, and is located near 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 to an overall prevalence of 0.1%¹. It is estimated that Yunnan has 23,000 drug users in the border areas, accounting for 27.1% of the Province's total number of drug users.²

The serious nature of Yunnan's HIV epidemic is compounded by those of its neighbours. In 2007, HIV prevalence among injecting drug users was 23.1% in Vietnam, and ranged from 19% to 54.5% 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 – Chinese drug users cross to Burma (Myanmar) to buy cheaper drugs, while Burmese drug users come 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 including service provision for drug users and building local capacity
- Gathering strategic information to add to limited research into, and knowledge of, effective cross border programming.

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

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/Lai 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 cross border project in Ruili County brings together the Ruili HIV/AIDS Prevention & Control Office with the HAARP Effective Approach Project (EAP) site in Muse City, 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 AIDS Department the opportunity to increase their activities and has further encouraged creative interventions.

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

2 YNAB cross border report Nov 2010

3 Ibid

3. Key achievements to date

3.1 Rapid set up

The overall achievement of the Yunnan Cross Border Project is undoubtedly the speed with which it began operating. Some needle syringe program (NSP) sites, particularly in Ruili County, were established in November 2009 – the same month that the contract was signed with the TSU. After the first year, the project is reaching over 1,248 Burmese and Vietnamese clients.

	Hekou	Longchuan	Ruili	Yingjiang	Total
IEC materials distributed	94	1537	417	217	2265
Condoms distributed	618	7372	2370	6268	16628
No. of Needles/syringes distributed	11613	66331	80953	120144	279041
No. of needles/syringes collected	10012	61814	75520	93417	240763
No. of referrals made	0	92	28	48	168
Total no. of contacts made with Vietnamese/Burmese clients	1544	15764	23735	11855	52898
Total no. of Vietnamese/Burmese clients	113	279	591	265	1248
Vietnamese/Burmese clients (male)	92	275	581	216	1164
Vietnamese/Burmese clients (female)	21	4	10	49	84
Total no. of contacts made with Chinese clients	245	1560	32	445	2282
Total no. of Chinese clients	64	77	17	166	324
Chinese clients (male)	49	77	17	163	306
Chinese clients (female)	15	0	0	3	18

Table 1: Core data of the Cross Border Project (1/11/2009-31/12/2010)

In the last year, Ruili County has achieved impressive coverage:

- 2,370 condoms distributed
- 80,953 needles distributed
- 75,520 needles collected
- 23,735 contacts made with 591 Burmese clients
- 96 Burmese drug users on methadone maintenance therapy (MMT)
- Training held for 345 Chinese and 400 Burmese people in Ruili's Detoxification Centre

From the beginning, the existing HAARP infrastructure helped to accelerate project set up. When submitting the cross border project proposal, the provincial team were able to gain county, provincial and national government level approval by capitalising on existing program arrangements and relationships. The provincial team managed to get the proposal signed off at all levels within 20 days – it is unlikely such a rapid approval would have been achieved by an entirely new project or a non-government organisation.

Similarly, Ruili County's rapid set up of cross border interventions can be part credited to their existing relationship with the HAARP project site in Muse City in Burma (Myanmar). Furthermore, the relationships already built up between countries through the HAARP program has made cross border efforts more effective and less sensitive. With the support of the HAARP TSU in Bangkok, activities can be arranged directly through the program rather than going through countries' foreign affairs channels.

3.2 Sustainability

Although the Yunnan cross border project is only due to last for two and a half years, from the outset the provincial and county level teams have focused on how to ensure activities can continue in the long term. When selecting four project sites, the provincial team looked for counties which had existing project relationships across the border, for example the Health Unlimited project working in Yinjiang County and Kachin State (Burma) and the aforementioned relationship between Ruili and Muse.

In Ruili County the team work to the mantra “don't start anything new” – NSPs have been set up in existing sites, including a language school and grocery store (see section 4.3). This approach not only contributed to the project's fast set up, but has also reduced costs by making use of resources already available. Furthermore, by locating services in existing sites the Ruili team have 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 local, provincial and national level to continue cross border work. Provincial level funding has been announced for 25 border counties to carry out baseline investigations among target populations living along the border.

3.3 Generating strategic information

One unexpected result of the cross border project has been the large amount of research and data generated by the provincial office. In the first year alone, the team have carried out five pieces of research (see 4.2). This strategic information has helped to support advocacy efforts and contributed towards policy change, such as Ruili County's reversal of a twenty year ban on NSPs. Furthermore, project staff on both sides of the border have been able to generate and share data that describes the HIV epidemic and 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 county levels. At county level Ruili and Muse are currently working on a cross border cooperation framework (see 4.1), while the Yunnan Provincial AIDS Bureau is currently formulating HIV strategies for each of the province's border counties. Furthermore evidence and data sharing (see 3.3) between HAARP project staff working in both countries exemplifies a growing mutual trust across the border.

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 (in particular in Muse) and supportive, capacity issues will inevitably mean it takes longer for Burma (Myanmar) to come on board.

Groceries and needles in Dengxiu Village



Ms Han Shuai Zhan's grocery store in Dengxiu Village sits at the crossroads of China and Burma (Myanmar). Since November 2009, Ms Han has offered more than just groceries; her store also distributes needles and syringes. Identified by the Ruili AIDS department as the best location for the program, they gained agreement from the town leaders and public security department to operate the site.

Ms Han was initially opposed to having the site in her store: "I didn't want to get close to IDUs. I have a son and I was afraid of the influence of him. But after a year there has been no negative influence." Ms Han received training in needle and syringe disposal and distributing IEC materials. She was then left to establish the program herself. 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 Ms Han now has 18 regular clients, mostly male and many of whom visit every one or two days. Her clients will wait until shoppers have left the store before coming in to exchange their needles and syringes. When Ms Han is not available her son covers for her.

While the store's secondary role is discreet, the village are aware of its existence. Not all approve, saying that her work condones drug taking. "I say to them that I'm not supporting drug use, 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 cross border program in action

“The cross border program 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 the cross border services provided through the project. In 2007, Yunnan became the only province in China to legalise NSP. This shift in NSP policy was supported by the HAARP (and the preceding ARHP) provincial project team.

The HAARP project pushed NSP as part of a comprehensive approach to HIV among injecting drug users, especially in the border area. The project presented data to the provincial government to demonstrate that HIV is transmitted through sex and shared needles and that MMT alone is not enough. It was also made clear that one-sided HIV prevention efforts were insufficient and there was a need for effective cross border cooperation.

Successful advocacy for NSP services

- Focus on key policymakers
- Cooperation between health and law enforcement bodies
- Provide clear local evidence and success stories in support of NSP
- Qualified outreach team
- Use the results to further demonstrate the benefit of NSP
- The importance of cross border efforts



In spite of this great leap forward in policy, in practice change has taken place at a slower pace. Until recently, Ruili County government doubted the need for, and effectiveness of, needle syringe distribution. Further evidence and training was provided to the local government in project counties to advocate for NSP and cross border services. The HAARP cross border project has analysed the advocacy process followed in Ruili County to document how to create an enabling environment for NSP (see text box)

Over a period of two months Ms 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 NSP as another dam to hold back the spread of HIV. She acknowledged that while NSPs and Detoxification may appear contradictory procedures, they share the common goal of harm reduction and together form part of a comprehensive response to drug use and HIV prevention. Over twenty years after the first HIV case was detected in an injecting drug user in Ruili, the county now supports a number of NSP sites along the border.

Framework for cooperation

The first annual cross border project meeting was held in Kunming, Yunnan, in June 2010 with over 40 attendees from China, Burma (Myanmar), Vietnam and Laos. This

meeting provided an opportunity to share data and best practice, and to plan further joint interventions.

At the Provincial level in Yunnan, the government is currently paying close attention to cooperation with its country neighbours. When interviewed Ms Zhou Hongmei, Deputy Director of the Provincial AIDS Bureau, expressed the hope that the HAARP cross border project (and other similar activities funded by the Global Fund and DFID) would pave the way for a future provincial policy on cross border HIV prevention.

In Ruili the cross border project is working with the Chinese and Burmese Government Offices to try to set up a cooperation framework between the Ruili and Muse local governments. The Ruili AIDS Department are clear that the success of the cross border project to date would not have been possible without support from the County government. The new NSP sites along the border, Muse staff trainings in the Ruili Detoxification Centre and provision of anti-retroviral therapy to Burmese wives were all bold measures that they wouldn't have attempted without County backing. The AIDS Department hopes that a cooperation framework with Muse City will enable them to further increase their coverage.

Training and capacity building

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

1. Training of Burmese and Vietnamese policemen in Kunming and training for law enforcement staff along the Yunnan border
2. Coordination meetings for project staff from Yunnan, Burma (Myanmar), Vietnam and Lao⁴ held in Kunming and respective border cities.
3. Training for the new outreach workers selected by the 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, the cross border outreach workers and also among staff from Muse EAP. To build up trust with its Burmese counterparts, Ruili has held study visits on either side of the border. Burmese outreach workers have been invited for training along with Ruili's outreach workers. Furthermore, Ruili and Muse project staff have provided joint trainings on HIV and harm reduction in Ruili's Detox Centre.

Ruili's work on building up local level 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 in other counties and countries. Ruili AIDS Department is also looking to expand its training activities to cover other migrant populations who aren't considered high risk, in particular Burmese citizens travelling to China to work in the hospitality industry.

4.2 Cross border research & strategic information

The cross border project's research is contributing towards a bank of knowledge that both captures best practice, as well as providing evidence to support future NSP interventions and cross border activities.

⁴ Note – while Lao is not involved in the cross border project, they have been included in the coordination meetings as a neighbour of Yunnan Province and also as a HAARP country partner.

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 Detox Centre
- analysis of co-infection of HIV, Hepatitis B and Hepatitis C among Burmese and Chinese injecting drug users
- research into HIV incidence among Chinese and Burmese injecting drug users covered by the NSP
- and, comparing high risk behaviour among people who inject drugs in three Burmese and Chinese counties

The 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 in used syringes. The blood left in the syringe is enough to test for HIV and Hepatitis B.

This method saves time and money. It does, however, require careful labelling of syringes to ensure that only one syringe is tested per client. Training in labelling and collecting syringes has now been provided to outreach workers in three border counties and collection began in October 2010.

It is also worth noting that the Yunnan provincial team have carried out further strategic research into cross border populations through the main HAARP project. This research has generated epidemiological and behavioural surveys among other high-risk cross border populations, such as sex workers and long distance truck drivers.

Harm reduction knowledge among anti-narcotic police

Ninety-three representatives from the anti-narcotic police in Cambodia, Burma (Myanmar) and Vietnam completed a survey to assess knowledge of HIV and harm reduction, and attitudes to people who inject drugs. The questionnaire was completed before they 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 exchanges
39.6% support MMT

HIV-related knowledge was low in all three countries, but attitudes to harm reduction are slowly improving. Based on these findings, further training is needed to strengthen HIV knowledge and understanding of harm reduction. In addition training on occupational exposure was highlighted as need.

Real data – real cooperation

Prior to the HAARP cross border project, staff in Ruili AIDS Department had met with their counterparts at the Muse EAP in Burma (Myanmar). These meetings, however, had been largely superficial. While they were able to discuss general impressions and activities, they were not able to share epidemiological data between counties. These restrictions made it difficult to assess whether interventions were successful and if they were targeting the right populations.

This restriction does not only impact on the county level. Only provincial government are permitted to issue epidemiological data and consequently experts at the Centre for Disease Control and Prevention (CDC) have difficulty accessing current data and using these findings to publish research papers.

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

In addition to enabling more targeted and informed project activities, this strategic research is building a firm evidence base to support future cross border interventions.

4.3 Cross border service provision

Needle syringe program (NSP)

Ruili County has set up eight NSP sites along the border. When choosing sites, the Ruili project staff had two main criteria: firstly, the sites needed to be accessible; and secondly, they didn't want to establish anything new – instead they made use of existing services and sites. This latter condition has led to the creation of some rather original NSP sites, including a grocery store in Dengxiu Village and a language school in Jie Gao.

By integrating NSP sites with existing businesses and clinics, the Ruili staff avoided the time and costs involved in building 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. Since the sites' existence is not wholly reliant on project funding this also improves the sustainability of their services.

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 a HAARP needle syringe distribution site since June 2010. Integrating the NSP site into an existing clinic avoided any additional set up costs. It also built on the service provided by the clinic's Dr Qiu Zheng Xian, who was already selling clean needles to approximately ten drug users on a regular basis.



When Dr 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. In spite of the new free service, Dr Qiu still has little over ten regular clients who visit the clients.

To increase the NSP's coverage, Dr Qiu recruited Mr Yan Liang a *Dai* injecting drug user and one of her clients from the village. Mr Yan now works as an outreach worker for the clinic distributing needles and syringes, IEC materials and condoms – working in the field he has increased the site's coverage to over 50 clients.

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 were interested to see if these outreach workers would face less discrimination at the hands of the local community. While the cross border

outreach workers appear to have had a successful first year, some have had to work hard to contact and build trust with their clients. In response to this challenge, Dr Qiu Zheng Xian who runs the NSP at Nongdao Village Clinic has recruited one of her clients as an additional outreach worker – he acts as a non-fixed site distribution point, thereby increasing the clinic’s coverage (see text box: Teaming up to increase coverage in Nongdao).

Condoms and IEC

In addition to distributing needles and syringes, all the NSP sites provide condoms and IEC materials. Distribution of condoms and IEC is noticeably lower in Ruili than in other counties. These low figures will 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. To date Ruili has only received and distributed IEC materials in Mandarin; however the project’s target audience is Burmese drug users across the border, whose native language is either *Dai* or Burmese. While the outreach workers explained that they pass on safe injecting and HIV prevention information verbally to those who could not read Mandarin, they recognised that not having bilingual materials was reducing their potential audience. One outreach worker pointed out that many older people both in Ruili and across the border) only speak *Dai*, consequently if a drug user takes a leaflet home their family may not be able to read it.

Translated versions of IEC materials are currently in production at the provincial level. In the interim, Ms Mao Chun Ling, who manages the NSP site at the language school in Jie Gao (see text box below: Local people, local services), has approached HAARP staff in Muse City and requested copies of their Burmese language materials. 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; however some key achievements have been made. In particular, MMT has now been made available to 40 Burmese citizens in Ruili County. Twenty one clients have been referred for voluntary counselling and testing (of whom ten tested HIV+).

In April 2010, China revoked its ban on HIV+ people entering the country – this change in policy has removed an additional barrier for cross border clients trying to access HIV services in China. For example, while treatment for the prevention of mother to child transmission of HIV (PMTCT) is offered free of charge to Burmese women, referring them for this service across the border was problematic.

Recently, the Ruili AIDS Department has begun to offer antiretroviral therapy to HIV+ Burmese wives of Chinese drug users. This is a bold move given that non-Chinese citizens are not eligible for these services and the change in policy has yet to be sanctioned by either the provincial or national government. Currently the Yunnan Provincial Bureau of HIV/AIDS Prevention and Control is pushing for national level funding to extend anti-retroviral therapy to Burmese citizens, however given the size of the budget and long-term nature of the investment, a decision may take some time.

Ruili project staff wanted to act faster. The capacity for providing anti-retroviral therapy in Muse is weak, only five of the ten people who qualify receive it at the Government Hospital. Referrals can also be made to Sans Frontier 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 ID card.

Local people, local services – harm reduction services in Jie Gao



Ms Mao Chun Ling moved to China from Burma (Myanmar) twelve 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 she crossed paths with the Ruili AIDS Department. The premises that Ms Mao selected for her school had been identified by the AIDS Department as an ideal location for a cross border needle syringe site. The fact that the site was occupied by a bilingual nurse made it even more attractive.

The needle syringe program was set up in Ms Mao's language school at the end of 2009. While she does not appear phased, 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 and believes she has covered nearly all Jie Gao's injecting drug users. This rapid growth in coverage illustrates the benefit of using local people to provide outreach services.

"I grew up here", explains Ms Mao. "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."

Ms 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 to a 'shooting gallery'. The warehouse is managed by a friend, who also helps Ms Mao with her outreach work.

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

5. Challenges and areas for improvement

5.1 Equal participation

Cross border cooperation is still at a somewhat superficial level. The majority of activities are generated on the Chinese side. While Burma (Myanmar) is beginning to link up with activities on the other side of the border, equal levels of engagement will take time and effort to develop.

5.2 Improvements in service delivery and referral

PMTCT and testing proved very challenging while the Chinese border ban on HIV+ people remained in effect. Now that this law has been revoked, referral still remains problematic as non-Chinese citizens do not qualify for many services and capacity in Burma (Myanmar) remains weak. The Chinese government is currently reviewing whether ART can be offered to non-Chinese citizens, but it may take some time to reach a final decision. Low levels of condom and IEC distribution also need to be addressed.

5.3 Emphasis on local context

Each of Yunnan's border counties (and their neighbouring counties in Burma (Myanmar), Vietnam and Lao) 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 where the local language is *Dai*, whereas in other Yunnan/Burma (Myanmar) counties *Jingpao* is more likely to be the lingua franca.

Similarly, low levels of condom distribution in Ruili County might be improved if local and rural cultural norms are addressed. In an ethnic group where extra-marital sex remains 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

Currently the majority of clients in Ruili County are male. While this may for the most part reflect the current situation, the local and provincial team need to ensure strategies are in place to reach females who inject drugs and the female sex partners of IDUs.

5.5 Selection and training of outreach workers

Ruili County has piloted the exclusive use of non-IDUs to conduct their outreach work. It would be worth further investigation as to how successful this has been. While some outreach workers (for example Ms Mao in Jie Gao) have rapidly built up a client base, others have struggled (for example Doctor Qiu 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 Dr Qiu's case to extend coverage. It is important that any new recruits receive official training at provincial level. Furthermore, safety training needs to be emphasised, as at least one of the outreach workers had gone to work in the field unaccompanied.

6. Lessons learnt and best practice in cross border working

The political and cultural context in China is very specific, as is the situation across the border in Burma (Myanmar). Furthermore circumstances also vary between Burmese states and between 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 the activities in Yunnan and Ruili, which can be used to inform future cross border work.

6.1 Use regional programs to facilitate cross border work

Setting up government-to-government cooperation frameworks can take a long time to set up, however within a regional program work across borders can be set up quickly. Where regional programs have already been ratified at a national level (such as HAARP), gaining multi-level approval for cross border working can be easier to achieve and government support can help instil confidence in activities. In Ruili/Muse the rapid set up of services owed a lot to the existing HAARP sites on either side of the border. Whereas, in Hekou and Yinjiang Counties, Yunnan Province, the lack of a HAARP counterpart site on the Vietnamese and Burmese side of the border accounts for some of the difficulties faced by the local project teams.

6.2 Importance of flexibility

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

Throughout the cross border project there has been a focus on less input and more output. When identifying project counties, the provincial team looked at existing project mechanisms and relationships to build on, for example 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 Dengxiu grocery store was initially meant to be located in Burma (Myanmar). When the Department was unable to gain permission for the NSP from the Burmese police, they set up a 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 made by the Ruili team and outreach workers such as Ms Mao, 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 behaviours among ethnic minorities and rural communities must be taken into account to ensure service provision is relevant and appropriate.

The backing of the local authorities is also critical. The Ruili AIDS Department freely admits that it wouldn't have been able to implement so many 'brave and bold' measures (such as bending the rules on antiretroviral therapy provision for non-Chinese citizens). Similarly, the AIDS Department were aware that previous NSP

projects had failed in Ruili because the public security department were not on board – as a result the project focused advocacy efforts on ensuring police support.

6.4 Need for advocacy and education first

The previous work done through ARHP in China and Burma (Myanmar) facilitated roll out of HAARP cross border project and general harm reduction work. Yet, there remains a gap between policy changes and actual implementation. For example, Yunnan Province's NSP policy was in place long before the Ruili government agreed that sites could be set up in their county.

There is a need to identify local level change agents and focus advocacy efforts on them, for example in Ruili it was necessary to get the public security department to accept NSP. Education also plays an important role in increasing uptake of services, for example it is important to explain to injecting drug users why they need to use clean needles, before setting up NSP sites.

6.5 Research into practice

Whereas ARHP focused on 'changing minds', HAARP and the cross border project have been an opportunity to put ideas into practice and generate evidence on what works.

The cross border project has generated a huge amount of strategic research, which unlike data produced by the CDC, can be disseminated and published. Being able to talk about epidemiological data and behavioural studies in real terms enables a more effective response on both sides of the border.

Furthermore, once the Ruili model for cross border working has been fully developed, this evidence can be used to advocate for policy change and the mechanisms employed can be rolled out to 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 situations. During the visit for this Positive Practice, entry to Burma (Myanmar) was not possible as foreign consultants were barred from the country in the run up to the 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 borderline. Again this is where the need for strong local knowledge comes into play.

Security is also an issue, as borders are often militarised areas. This can not only affect the safety of project staff, but it can also interfere in service delivery, for example police in Muse refused to allow Ruili staff to set up an NSP site on their side of the border.