

Abstract

The Thai Drug Users' Network (TDN) formed in 2002 in response to the deplorable health and human rights conditions facing illicit drug users in Thailand. In 2003, TDN submitted a proposal for funding to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). The proposal appeared destined to fail as it did not have the support of the Thai government and because the interventions proposed were highly incongruent with national policies. In the midst of an ongoing drug war, TDN took action to increase awareness of the harms of the drug war, the shortcomings in GFATM policies, and the need for peer-driven interventions. This article describes the circumstances surrounding this instance of successful drug-user organizing in order to identify the lessons that can be learned.

Le Réseau des Usagers de Drogues Thaïlandais (Thai Drug Users' Network) (TDN) a été créé en 2002 en réaction aux conditions déplorables en matière sanitaire (delete this s)s et de droits de l'homme auxquelles sont confrontés les usagers de drogues illégales en Thaïlande. En 2003, TDN a soumis une proposition de financement au fonds mondial de lutte contre le SIDA, la tuberculose et le paludisme (Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)). Cette proposition était vouée à l'échec, car elle n'avait pas le soutien du gouvernement thaïlandais, et les interventions proposées étant en contradiction avec les politiques nationales. Au milieu d'une guerre contre la drogue, TDN a lancé des actions pour augmenter la sensibilisation des dangers de la guerre contre la drogue, des déficiences des politiques du GFATM, et du besoin d'interventions par des pairs. Cet article décrit les circonstances entourant cet exemple d'organisation réussie d'usagers de drogues, afin d'identifier les leçons à en tirer.

La Red de Usuarios de Drogas Tailandesas (TDN, por sus siglas en inglés) se formó en 2002 como respuesta a las condiciones deplorables de salud y derechos humanos que los usuarios de drogas ilícitas encaran en Tailandia. En 2003, la TDN presentó una propuesta de financiamiento al Fondo Mundial de la Lucha contra el SIDA, la Tuberculosis y la Malaria (GFATM, por sus siglas en inglés). La propuesta parecía estar destinada a fracasar, ya que no contaba con el apoyo del gobierno tailandés y porque las intervenciones que se proponían eran altamente incongruentes con las políticas nacionales. En medio de una guerra de drogas que se libraba, la TDN tomó medidas para aumentar el conocimiento sobre los daños de la guerra de drogas, las deficiencias de las políticas de GFATM y la necesidad de intervenciones impulsadas por los propios usuarios. En este artículo se describen las circunstancias en torno a este caso en que se creó una organización exitosa de usuarios de drogas a fin de identificar las lecciones que se pueden aprender.

GETTING GLOBAL FUNDS TO THOSE MOST IN NEED: The Thai Drug Users' Network

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The history of the HIV/AIDS epidemic is marked by instances of severe human rights violations as well as remarkable victories in the face of such violations.^{1,2} In many instances, battles have been won at the grassroots level when organizations resist conventional power bases, take calculated risks, and build coalitions that span international borders.^{3,4}

In many settings, drug user organizations have been at the forefront of such victories. They have emerged in response to epidemics of HIV/AIDS and overdose and have been instrumental in bringing to light the deplorable human rights conditions that drug users commonly face.⁵ These organizations have garnered increasing attention in recent years due to their ability to address gaps in traditional public health interventions and their ability to initiate highly effective forms of activism, advocacy, and public education.⁶⁻⁸

The Thai Drug Users' Network (TDN) formed in Bangkok, Thailand, in December 2002, and in 2003 submitted a proposal for funding to the Global Fund to Fight

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AIDS, Tuberculosis, and Malaria (GFATM).⁹ The proposal was controversial and appeared destined to fail because it did not have the support of the Thai government and because the interventions proposed within it were highly incongruent with national policies. In the midst of a horrific “drug war” associated with widespread human rights violations in Thailand, TDN mobilized drug users and their supporters and engaged in various coalition-building and direct-action initiatives to ensure that their proposal to the GFATM was given appropriate consideration.¹⁰ They also wanted to be certain that problematic policies associated with the GFATM were addressed. We have sought to describe the circumstances surrounding this particular instance of drug user organizing in order to identify the lessons that can be learned from it and applied in other settings.

The Thai Drug Users’ Network

The Thai Drug Users’ Network was formed to address the deplorable health and human rights situation confronting drug users in Thailand. The organization evolved out of a meeting initially set up to discuss the findings of a human rights documentation project based on 33 first-hand testimonials of Thai injection drug users (IDUs).¹¹ Undertaken in May 2002 by Karyn Kaplan of the International Gay and Lesbian Human Rights Commission (IGLHRC) in New York and Paisan Suwannawong, the acting Chair of the Thai Network of People Living with HIV/AIDS (TNP⁺), the project focused on barriers to health care among IDUs as well their experiences with Thai police and the judicial system.¹² The testimonials revealed an array of rights violations, including instances of arbitrary arrest and torture, discrimination in judicial and health care settings, and a lack of access to essential health information and materials.¹³ The results of the project were presented to indigenous leaders within the Thai IDU community and later presented to the National Human Rights Commission and the Thai Parliament. In response to the findings, leaders from the Thai IDU community decided to establish the Thai Drug Users’ Network, which is now an organization that is national in scope and includes over 100 current and former drug users from various regions in Thailand.

The birth of TDN was timely because shortly after, in February 2003, the Thai government initiated a highly publicized, large-scale law enforcement operation directed at the country's drug users and dealers.¹⁴ The reported aim of this initiative was to make Thailand "drug free." Reports later indicated, however, that this drug war was associated with the extrajudicial killings of over 2,200 alleged drug dealers and the incarceration of approximately 50,000 suspected drug users, many of whom were sent to military treatment camps.¹⁵⁻¹⁷ The Thai government came under considerable international pressure as various national governments and human rights organizations criticized the state-sponsored drug war.¹⁸⁻²⁰ An investigation conducted by Human Rights Watch with the support of TDN concluded that the drug war was associated with an array of human rights violations in addition to the extrajudicial killings. Violations included discrimination against drug users by police and within health care settings, arbitrary arrest and blacklisting, breaches of due process, intimidation, violence, coerced or mandatory drug treatment, and exclusion from essential health care, including government-sponsored HIV/AIDS treatment programs.²¹ In response to criticisms of the drug war, the Prime Minister of Thailand, Thaksin Shinawatra, repeatedly assured the Thai public that such criticisms were not to be taken seriously, and several other high-ranking officials voiced their support for the extreme measures taken by Thai police.²² In discussing the drug users targeted by the drug war, for instance, the Thai Interior Minister Wan Muhamad Nor Matha stated: "They will be put behind bars or even vanish without a trace."²³ On December 3, 2003, Prime Minister Thaksin Shinawatra declared victory in the 10-month operation, stating that it was a major success.²⁴

Much of the early work of TDN involved exposing the harms of the drug war. TDN also garnered considerable international attention in April 2003 at the International Conference on the Reduction of Drug-Related Harm in Chiang Mai when TDN members organized a peaceful protest during a presentation by the Thai Minister of Public Health.²⁵ Despite fear of potential backlash from the Thai government, TDN members held signs saying, "Clean nee-

dles save lives” and “Drug users have rights, too.” On June 12, 2003, with the help of their international partners, TDN organized an “International Day of Action” to protest the drug war.²⁶ Covered by media outlets worldwide, this event involved protests in various countries, including the UK, Canada, South Africa, the US, and Russia. In each country, individuals presented TDN’s demands to their respective Thai embassy.

Later that year, TDN and a number of their international partners determined that more had to be done to counter the harmful effects of the drug war and the ongoing discrimination against drug users in health care settings. Deciding that TDN needed to build its capacity to develop its own to drug user-run prevention, care, and support programs, the group elected to submit a proposal for a peer-driven intervention to the Global Fund.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria

The Global Fund to Fight AIDS, Tuberculosis, and Malaria is an independent nonprofit foundation that was established in 2002 to attract and disburse funds for the prevention, treatment, and care of AIDS, tuberculosis (TB), and malaria in low- and low-to-middle-income countries.²⁷ Funding priority is given to countries with the highest incidence of disease and the fewest resources to respond to those diseases.²⁸ The GFATM operates on a performance-based financing mechanism and has pledged \$4.8 billion to fund 214 proposals among 121 countries through 2008.²⁹

The GFATM promotes “national ownership” and encourages innovative public-private partnerships.³⁰ To put this principle into practice, the GFATM requires that applications be endorsed by a Country Coordinating Mechanism (CCM), which should, ideally, be chaired by a senior member of the relevant national government and include representation from the private, academic, community, nongovernmental, development, and faith sectors, as well as people living with HIV/AIDS, TB, or malaria.³¹ Thus, applications to the GFATM must involve, and be supported by,

national governments. While this model may help to facilitate country ownership and efficient use of resources, the level of partnership required can also create barriers for many applicants.

Some of the problems arising from the CCM requirements were anticipated by the GFATM, which created criteria to adjudicate non-CCM applications. Specifically, non-CCM applications can be considered under the following exceptional circumstances: 1) when countries are without a legitimate government; 2) when countries are in conflict or facing a natural disaster; and 3) if countries suppress or have not established partnerships with civil society and non-governmental organizations (NGOs).³² These criteria did not pose challenges for the GFATM through the first two rounds of proposal review, during which time five non-CCM proposals were approved.³³ Three of these instances involved applications from Madagascar, a country without a CCM, and two other proposals were approved on the condition that CCM support would eventually be obtained.³⁴

There are, however, limitations associated with the current GFATM CCM criteria that become amplified in circumstances in which people with HIV or at risk for HIV are experiencing human rights violations within their own country and are denied effective prevention, care, and treatment interventions. In these situations, a country may have an established CCM and partnerships with civil society organizations and NGOs, but proposed public health interventions may be highly incongruent with national government policies. The most obvious example of this pertains to nonabstinence-based HIV prevention, or “harm reduction,” programs for injection drug users, such as sterile syringe provision strategies, which, despite the evidence of their effectiveness, remain unpopular among many governments in both lower- and higher-income countries.³⁵⁻³⁷ During the GFATM’s third-round review, the aforementioned limitation was exposed by an application from TDN to implement a peer-driven HIV prevention and care intervention for Thai IDUs.³⁸

The TDN Proposal to the Global Fund to Fight AIDS, Tuberculosis, and Malaria

TDN began its proposal development process by furthering its collaboration with the Canadian HIV/AIDS Legal Network (CHALN), which sent staff to Thailand to help write the GFATM proposal. Through the proposal, TDN aimed to address the longstanding HIV epidemic among IDUs in Thailand, which has been characterized by persistently elevated HIV-incidence rates and current HIV-prevalence levels in the range of 30-50%.³⁹⁻⁴² Although considerable investment and political commitment have been devoted to addressing HIV/AIDS in Thailand among sex workers, their clients, women, and children, the Thai government has not initiated an evidence-based strategy to address the specific HIV prevention and care needs of IDUs.⁴³ In particular, despite the evidence supporting the efficacy of interventions such as sterile syringe provision and methadone maintenance in reducing HIV-risk behavior, these programs have not been well supported by the Thai government.^{44,45}

As a first step, TDN and the two other main project partners — Alden House and Thai AIDS Treatment Action Group (TTAG) — invited members from throughout Thailand to work with the staff from CHALN to create the structure of the peer-driven program. After three days of facilitated discussion and planning, the group developed a program structure that included an array of activities, such as capacity-building within TDN; provision of education concerning injection drug use and HIV/AIDS for health care providers, police, prison staff, and policy-makers; the establishment of four harm reduction centers from which TDN members would provide peer-based outreach, education, counseling, referrals, and support with voluntary HIV testing; and community-based research-focused program evaluation, policy research, and ongoing documentation of the harms experienced by Thai IDUs.

TDN knew that this proposal would be highly sensitive because of the ongoing drug war and the public support for it, as well as the peer-driven nature of the proposed activities. In light of these facts, TDN decided early on to convene

a meeting to present the proposal structure to various local stakeholders in order to convince them of the need for the project, obtain feedback, and garner their support. During this meeting, which included representatives from several Thai NGOs and one supportive Thai Senator, those in attendance expressed widespread support for the proposal. A critical development occurred during the meeting, when TDN raised the issue of CCM support for the proposal and facilitated a discussion concerning the pros and cons of moving ahead, with or without support from the established Thai CCM. The group decided that it was preferable to move ahead as a non-CCM applicant, as efforts aimed at seeking CCM support could potentially have jeopardized the entire project — the peer-driven and harm reduction components of the proposal, in particular.

Another critical coalition-building development occurred when TDN sought the support of the Raks Thai Foundation, which agreed to act as the principal recipient for any funding received from the GFATM for this project. A Raks Thai Foundation representative sat on the Thai CCM, and the organization was also the principal recipient for another GFATM project funded within Thailand, which greatly enhanced the credibility of the project management structure.

The final proposal was based on best practices and was supported by public health evidence concerning HIV-prevention and peer-driven interventions. TDN sought letters of support to accompany the applications, including letters from a Thai Senator, the Open Society Institute, Human Rights Watch, Médecins Sans Frontières-Belgium, Johns Hopkins School of Public Health, Gay Men's Health Crisis (GMHC), TNP⁺, the Thai NGO Coalition on AIDS, and the Harm Reduction Coalition (New York). These letters expressed full support for the proposal, including the decision to apply without CCM approval, and also helped to highlight the harms of the ongoing drug war in Thailand. The proposal, requesting US \$1.3 million in funding, along with the letters of support, was submitted to the GFATM Secretariat as a Round Three application in late April 2003. Additional developments in the following months likely af-

affected the outcome of TDN's GFATM proposal submission. First, in July 2003 in Paris, while at the International AIDS Society (IAS) meeting, a TDN leader met with other international activists and community members and made them aware of the ongoing drug war in Thailand and the TDN proposal to the GFATM. Following this, members of the Thai Ministry of Public Health (MOPH) held a community liaison meeting in preparation for the International AIDS Conference that would take place in the following year in Bangkok, Thailand. During the meeting, representatives from outside organizations showed their support for TDN by questioning the MOPH representatives about the ongoing drug war and their support for TDN's proposal to the GFATM. The representatives from the Thai MOPH responded by saying that they would work with the leadership of TDN to implement harm reduction programs in Thailand and thereby make things better for drug users.⁴⁶ Following this meeting, the MOPH representatives, who also held positions of influence within the GFATM structure, assured the leaders of TDN that their proposal to the GFATM would be supported.⁴⁷ TDN took this assurance with caution, however, believing that the MOPH representatives were unaware of the fact that the proposal had been submitted without CCM approval.

Further developments occurred as TDN greatly expanded its collaboration with various high-profile international agencies, including the United Nations Office of Drugs and Crime and the World Health Organization. Through lobbying efforts, TDN established itself as a leading contributor to various policy-making committees working to address issues such as harm reduction programming and AIDS treatment access for IDUs. As TDN's involvement with these agencies increased, they gained greater attention and respect from agencies and government officials within and outside of Thailand.

In the following months, TDN learned that their proposal had been "screened in" for review by the GFATM Technical Review Panel of the GFATM Secretariat. Later, in October 2003, the GFATM Board held its first meeting outside of Geneva. Ironically, this meeting was held in Chiang

Mai, Thailand, and the GFATM Board was using this meeting time to make final decisions regarding the proposals submitted during the GFATM's Round Three call for proposals. Prior to the meeting of the Board, one of the founding members of TDN encountered a Thai official attending the meeting who was reported to have asked in reference to the non-CCM proposal submitted by TDN, "Why are you doing this; why are you making Thailand lose face like this?" Despite this opposition, TDN once again demonstrated its skill in mobilizing its partners and organized a large, peaceful demonstration outside the GFATM meeting. TDN also issued press releases that were, in part, critical of the practices of the GFATM and included a list of related demands, among which were increased funding for the GFATM; increased community involvement on CCMs; increased support for applications from vulnerable groups; and equal access to GFATM support for vulnerable groups such as IDUs. The demonstration was supported by several Thai NGOs, including the TMP⁺ and the TTAG. In total, well over 100 people participated in the demonstration, with many holding signs that echoed the demands of TDN. The local and international protestors eventually made a united call for the executive director of the GFATM, Richard Feachem, to come out of the meeting to speak with the protestors. Eventually, Dr. Feachem acquiesced and spoke with TDN and others. The GFATM Board then issued a written statement indicating formal acknowledgment of the concerns expressed and a commitment to considering solutions to the issues that TDN had raised.

Inside the GFATM Board meeting, there was considerable debate concerning the TDN proposal. The submission of this proposal created a dilemma for the GFATM for several reasons and rendered the proposal simultaneously difficult to accept or reject. First, the proposal did not clearly meet any of the three non-CCM criteria. Although the application appeared to meet the third criterion (that is, coming from a country that suppressed or failed to establish partnerships with civil society/NGOs), in reality, two of the applicants listed on the TDN proposal were members of the national CCM, and one (Raks Thai Foundation) had already

been funded by the GFATM for other CCM-approved work in Round Two. Second, the proposal was technically sound, included evidence-based interventions, and involved partnerships with internationally recognized academic and NGO partners. Third, the applicants had secured credible letters of support from various organizations from within and outside of Thailand, supporting the applicants' claim that CCM approval was not possible. Fourth, the application stated that during the first two rounds of GFATM reviews, representatives of Thai NGOs had made several appeals to the county's established CCM to submit a proposal to address the HIV prevention and care needs of IDUs. These appeals had reportedly been dismissed and ignored, which in turn, prompted the submission of the non-CCM application in the GFATM's third round.

In order for applicants to be considered without CCM approval, the GFATM required that they state why the proposal could not be submitted with CCM approval, and the following reasons were provided:

- 1) The government of Thailand, and Thai society in general does not currently recognize the value of harm reduction;
- 2) While there are public health officials in government positions who support harm reduction, they are currently unable to express this support publicly given the current policy environment;
- 3) the applicants made contact with the Thai CCM, and it was indicated clearly that the proposal would not receive the required support from all CCM members;
- 4) in light of current Thai drug policies, harm reduction programming is urgently needed, and it is drug users themselves who are in the best position to deliver harm reduction programming since their peers may be reluctant to participate in similar government-initiated programs, as participation could be perceived to carry the risk of arrest, mandatory treatment and HIV testing — fears that could be further exacerbated given many existing practices, such as the sharing of information concerning drug users between hospitals and police; and
- 5) the applicants firmly believe that the Thai government will permit the proposed pilot project to proceed.⁴⁸

The debate at the GFATM Board meeting concerning the Thai proposal took various turns. Non-voting community representatives expressed their support for the pro-

posal, although there was opposition to the proposal by South East Asian delegates with voting privileges, who argued that the proposal should not have been screened in and should be sent back for consideration in the GFATM's fourth round. Varying reports circulating outside the meeting suggested that the Board had reached consensus; that consensus had been broken; and that consensus had again been reached. There were also reports indicating that some Board members were only prepared to vote in favor of the proposal if TDN and Raks Thai Foundation gained endorsement from the Thai CCM — an approach that the GFATM Board had taken with previous non-CCM proposals. By the end of the meeting, the GFATM Board had bravely approved the application despite the lack of support from Thailand's CCM, and despite the fact that the application had failed to clearly meet any of the GFATM non-CCM exemptions.⁴⁹ It was later learned that the Technical Review Panel of the GFATM had scored the proposal very highly; that they had had very few criticisms of it; and that the proposal had gone to the GFATM Board having been highly recommended for funding.

There was, however, some fallout from the approval of this particular proposal, although some of it was positive. It was reported that some GFATM Board members had requested that the GFATM Secretariat apologize to the Board for screening in the proposal for review. Additionally, in the wake of the approval of the TDN proposal, the GFATM portfolio manager for Thailand was moved to another country, with many observers feeling that this was, in part, punishment for his having screened in the TDN proposal for technical review. Finally, since the GFATM approved the non-CCM application from Thailand, but did so outside of its stated criteria, the GFATM Board asked the GFATM Secretariat to re-examine its non-CCM criteria and generate options and recommendations that can be applied for future rounds of the GFATM.

Conclusion

The Thai Drug Users' Network, despite being a new organization, managed to quickly mobilize its membership in the fight to promote the health and human rights of IDUs

living in Thailand. Like many of the more powerful responses to the AIDS epidemic that were not based on expert-driven interventions but rather on mobilizing affected communities to resist oppression, TDN repeatedly made those in the private and public arenas well aware of the concerns of drug users, garnered support, and built coalitions in the face of a brutal government-sponsored war against people allegedly involved with illicit drugs.^{50,51}

TDN grew out of a response to the findings of a local human rights documentation project, which, consistent with TDN's future efforts, had resulted from an effective collaboration between Thai and non-Thai organizations. By documenting and presenting the horrific health and human rights conditions faced by Thai IDUs, TDN founders gave voice to a highly marginalized population with few opportunities to speak for themselves. This approach is similar to that used by other drug user organizations, such as the Vancouver Area Network of Drug Users, whose initial objective was to make public "the cry of suffering users."⁵² TDN's efforts served to quickly mobilize its membership, who subsequently took swift and courageous action to publicly address the harms caused by a violent government-sponsored drug war, despite the obvious risks associated with such actions.

A further key to the success of TDN was the ongoing and constant development of coalitions within and outside of Thailand. TDN worked tirelessly with various international agencies, as well, including the United Nations and the World Health Organization, which, in turn, increased the profile and credibility of the organization.

TDN has also been remarkably successful in increasing public awareness of the ongoing war against Thai drug users. Through media alerts, the development of an "International Day of Action," and collaboration with human rights organizations, TDN ensured that the international community was made well aware of the human rights violations behind the reported success of the Thai government's drug war. This, in turn, created new pressures for both the Thai government and the GFATM Board as they considered TDN's application.

The experience surrounding TDN's application also raises important questions concerning the policies and practices of the GFATM as it attempts to address diseases that commonly occur among populations that are highly marginalized.^{53,54} For instance, many of the most rapidly spreading HIV epidemics are presently being driven by injection drug use, as is indicated by Thailand's epidemic.⁵⁵⁻⁵⁸ In many of these settings, however, HIV-prevention interventions, such as methadone maintenance therapy and sterile syringe provision, remain unsupported by governments and, in many instances, are illegal.^{59,60}

The GFATM may soon announce the establishment of new non-CCM application criteria. A decision to expand the criteria would have widespread implications for those prevention and care efforts that have been validated scientifically but remain unpopular among politicians in many settings.^{61,62} The development of formal criteria that would foster the consideration of relevant non-CCM approved proposals for funding would serve to send a strong message to the international community that the GFATM will do whatever it takes to combat HIV/AIDS, TB, and malaria and, in doing so, would establish the primacy of health and human rights over national and international politics.

Drug user organizations throughout the world have demonstrated that they can organize themselves to resist oppression and advocate for the recognition of their right to health.⁶³ TDN worked tirelessly to build coalitions, increase public awareness, and counter state-sponsored messages concerning the ongoing drug war. Eventually, through concerted and coordinated actions, they challenged and overcame a flawed policy of one of the world's largest international health funding agencies. This experience demonstrates the powerful role that affected communities can play in addressing their health and human rights concerns and suggests a need to explore novel methods for incorporating the activities of these communities into existing public health, education, and policy-making frameworks.

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